



**Middlesex County Restoration Center
Friday, March 1, 2019
400 Mystic Ave.
Medford, MA**

MINUTES

Attendees: Sheriff Peter J. Koutoujian, co-chair; Danna Mauch, Massachusetts Association for Mental Health, co-chair; Senator Cindy Friedman; Representative Kenneth Gordon; Jennifer Barrelle, Department of Public Health; Courtney DeWolfe, MassHealth; Nancy Connolly, Department of Mental Health; Judge Rosemary Minehan, MA Trial Court; Chief Bongiorno, Bedford Police Department; Vic DiGravio, Association for Behavioral Healthcare; Kati Mapa, National Alliance on Mental Illness; Jenna Sirkin, Abt Associates; Alicia Sparks, Abt Associates; Meg Chapman, Abt Associates; Dawn Reeby, Middlesex Sheriff's Office; Marisa Hebble, MA Trial Court; Dave Swanson, Office of Senator Cindy Friedman; Sonya Khan, Middlesex Sheriff's Office; David Ryan, Middlesex Sheriff's Office; Catia Sharp, Middlesex Sheriff's Office; Preston Schwartz, Middlesex Sheriff's office; Anna Robinson, Abt Associates; Rachel Bishop, MassHealth.

11:00 AM: INTRODUCTION

Sheriff Koutoujian called the meeting to order. He welcomed the newest member of the Commission, Chief Robert Bongiorno of the Bedford Police Department, citing Chief Bongiorno's long history with Bedford and Arlington police departments, and his leadership on the Data-Driven Justice Initiative in partnership with the Middlesex Sheriff's Office.

11:05 AM: LEGISLATIVE UPDATE

Neither Senator Friedman nor Representative Gordon had any updates on pending legislation to share with the Commission.

11:10 AM: ABT PRESENTATION

The Sheriff turned over the meeting to Abt Associates to present on their work to date.

Alicia Sparks kicked off a discussion of Abt Associates' progress on a gaps analysis. She talked about information and data collection activities performed to date. Then, she talked about the gaps in the data that are available, including:

- County-level estimates of behavioral health condition prevalence
- County-level estimates of the number of law enforcement interactions involving behavioral health issues
- County-level estimates of individuals being transported to the jail or ED with behavioral health conditions by law enforcement and EMS
- Unmet behavioral health needs in for form of wait lists for services, average wait times for services, etc.
- Payments for services that come from commercial insurance and self-paying individuals

Vic DiGravio thought that it didn't make sense to look at DMH eligibility, because it is so narrowly defined. It is a very small population of individuals who are eligible, and those individuals have access to a decent array of services.

Alicia noted that looking at DMH is a component of a thorough review of the entire continuum of behavioral health services, additionally including services funded by MassHealth and commercial insurance, as required in the Commission's work.

Judge Minehan agreed with Vic that the DMH population is very small. She added that DMH respite beds are very valuable as a component of the behavioral health system, and that they are therefore often over-subscribed.

Senator Friedman added that the request of DMH included who is eligible, why they are eligible for these specific services, why aren't others eligible for these services, and are there services that those who are ineligible for DMH need? In other words, what is the gap in people who need DMH-level services but aren't DMH-eligible?

Danna Mauch asked whether DPH has any of the data for the county level.

Jennifer Barrelle offered to check.

Senator Friedman thought that MassHealth should know how many beds there are.

Alicia Sparks noted that an important distinction from the perspective of a gaps analysis would be to look at the number of available beds as well as the number of people who are served by those beds across payers. This would provide more information about the gaps between what exists now and how much additional need is going unmet.

Senator Friedman reassured Abt Associates that a valid outcome of the review is to find out what we don't know, from a data perspective. She noted that this ought to be something the Commission and staff work on over the next year of the project.

Jenna Sirkin led a focus group of the Commission members. She provided some of the preliminary themes from Abt's stakeholder interviews and facilitated Commission discussion on emerging themes. She noted that these themes are subject to change, given that the Abt team has not yet completed all stakeholder interviews and the focus group with individuals with lived experience.

Theme 1: primary system linkages, including relationships between law enforcement, EMTs/paramedics, ESPs, hospital staff, and co-responders

Chief Bongiorno shared that he believes that the co-responder model funded by DMH is superior to the CIT model also funded by DMH. He explained that having a person with specific training on behavioral health inside the police department, as opposed to training officers to handle such incidents, better enhances public safety and security.

Senator Friedman asked for clarification about whether the varying interest in engagement was with a co-responder model or with ESPs. Abt confirmed that stakeholder interest in engaging with ESPs varies among departments; although those with co-responder models were more likely to engage local ESPs. This was most common when the embedded clinician was from the same agency as the local ESPs.

With regard to a point about limited data sharing across sectors, Commissioners had the following suggestions:

Chief Bongiorno suggested that Abt look at Plymouth County data sharing MOU's between police and hospitals to address the opioid epidemic.

Sheriff Koutoujian added that his office is hiring counsel with specific knowledge of Health Insurance Portability

and Accountability Act (HIPAA) to support the Data-Driven Justice Initiative.

Marisa Hebble suggested that Abt look into the various Hubtables, or case conferencing sessions among various law enforcement, first response, and provider entities, that are popping up around the state. She noted an example in Medford and Somerville.

Danna Mauch suggested that Abt look at the protocols that Advocates have developed through their WISR program and jail diversion program in Worcester County, as well as Judge Sragow's specialty court in Cambridge, in which information is shared between probation, DMH, police, and court officers).

Senator Friedman suggested that the recommendations section of the report indicate specifically what is allowed and not allowed in terms of data sharing under HIPAA, 42 CFR Part 2, and CORI.

Sheriff Koutoujian suggested that the BJA grant his office received to fund reentry services might provide another model of data sharing.

Theme 2: lack of reliable information about available services/wait times, and confusion about eligibility requirements

Vic DiGravio concurred with the idea that insurance can be a barrier for specific types of services. He noted that the difference between what commercial insurance covers and what MassHealth covers is stark. He noted that most commercial plans don't pay for ESP services, for example. Most commercial plans don't cover crisis stabilization beds that are part of the MassHealth benefits.

Danna Mauch noted that legislation is pending to require commercial insurance to cover ESP services, but that this would not completely solve the problem of the discrepancy between MassHealth and commercial insurance in covering other types of behavioral health services.

Courtney DeWolfe asked whether Abt is asking in stakeholder interviews about how hard it is to get services in MassHealth as opposed to commercial insurance. She agreed with Vic that commercial insurance covers fewer behavioral health services than MassHealth.

Senator Friedman clarified that even MassHealth members have a hard time accessing services for behavioral health conditions. She said that in theory everybody is supposed to be getting services right away under state programs, but that this isn't happening in practice.

Jenna Sirkin noted that, in recent meetings with MassHealth, DPH, and DMH, representatives from the agencies suggested that most people in the target population are likely MassHealth clients or MassHealth eligible.

Vic asked what this was based on. He suggested that the Commission question the underlying assumption that most members of the Restoration Center target population are MassHealth members. Once a person is in the criminal justice system, they are typically MassHealth eligible, but those who interact with police might be commercially insured.

Sheriff Koutoujian noted that most people coming into custody at the jail and House of Corrections are MassHealth eligible.

Senator Friedman asked how the ESP relationship works, since ESP's are primarily funded by MassHealth.

Vic DiGravio shared that the frustration he has seen from law enforcement is that the ESP will ask law enforcement on the phone about the insurance status of the individual they are working with. The ESP will then decline to respond if the person has commercial insurance, because the ESP cannot get reimbursed for that trip.

Chief Bongiorno noted that he has never had an ESP not respond to his calls.

Marisa Hebble responded that this varies by ESP, as evidenced by the SIM mapping sessions she has run across the state.

Vic added that the ESP is losing money when they go out on calls for non-MassHealth clients, but that some ESP's will still do that to maintain positive relationships with law enforcement.

Chief Bongiorno asked for clarification. He had thought that DMH funds ESP services. He asked what state entity had designated Advocates as the ESP for his region.

Courtney DeWolfe responded that MassHealth contracts with ESPs, and is responsible for making the map of ESP territories. For this reason, ESPs are primarily funded by MassHealth. She also pointed out that many of the ESP providers leverage other funding through SAMHSA, BCBSMA Foundation, and other grants to support their overall business model, allowing them to be better community partners.

Kati Mapa added that, because commercial insurance plans often have large gaps in behavioral health coverage, even if an ESP does agree to respond to a commercially-insured individual in crisis, they often cannot make an appropriate placement in services for that individual because the next step service is not covered by their insurance plan. For this reason, many commercially-insured individuals end up in the emergency department regardless of their contact with an ESP.

Judge Minehan said that there is a similar problem for individuals coming out of court clinics. Beds aren't available after the court clinician says that a person needs an inpatient level of care. The insurance issue is driving the whole system. Lack of appropriate medical clearance results in people unnecessarily going to the emergency department from the court clinic and starting the bed search all over again from that point.

Danna Mauch added that this is why it is important to have a place where police can rapidly drop someone off and that person can have a resolution to their crisis, because it is not in the job description of police to work with these people.

Judge Minehan added specificity by sharing that police may have a person in their lock-up who is at risk of suicide, and police departments are not equipped with clinical staff (or even adequate levels of law enforcement staff) to ensure that individual's safety in lock-up.

Chief Bongiorno shared a recent example of this from Bedford to support his belief that a regional lock-up is very important. The Bedford Police Department recently

arrested a person in crisis who is known to the police department from prior incidents. They had attempted to voluntarily bring the individual to the Bedford VA Hospital for care. Instead, the individual boarded a local school bus. This presented a security risk, and forced the police to arrest the individual in order to address the community safety concern he posed. In their lock-up, he posed a suicide risk and presented major mental health and behavioral management challenges for law enforcement. The Chief called the Sheriff to request that the individual be held at the jail, where health services staff are equipped to treat this individual and manage this type of behavior. When staff evaluated the individual and determined that he needed a hospital level of care, they attempted to get him a bed at the VA. However, the VA refused to serve the individual due to a history of violence at that facility. After being sent to a different hospital, the hospital discharged him within two hours, and law enforcement was forced to bring the individual back to jail.

Sheriff Koutoujian shared that the jail had staff who were U.S. military veterans who were able to connect with the individual and de-escalate the situation from there.

Judge Minehan added another example in which a police officer died while attempting to transport an individual on a Section 12. The individual had disarmed the officer and shot the officer with his weapon. This happened on a weekend, when it is even more challenging to find placements for services and when the court system is not open to process involuntary commitment paperwork. For this reason, the courts created the Section 18 process to facilitate involuntary commitments over the weekend. She explained that in this way, everyone gerrymanders what they have to do to deal with people, because the issues we are being presented with don't fit neatly into the processes the system has developed. For Section 12's, insurance is driving the whole thing. Officers are forced to arrest people because of barriers to care put up by insurance, but if you arrest the person, you know they will get care.

Chief Bongiorno shared that it used to be the case that his department would not request Section 12's from the court because they didn't feel comfortable with their own knowledge of mental illness. Now, with jail diversion clinicians and CIT training for law enforcement, they are

using the Section 12 much more as an alternative to arrest. However, the new problem is that individuals are not staying in care settings.

Vic DiGravio concluded that he thought the Commission should be looking at commercial insurance in addition to MassHealth when it looks at the gaps.

Judge Minehan added that individuals end up in the criminal justice system because of private insurance gaps, and then they may end up on MassHealth when they lose financial stability as part of their justice involvement. She added that Abt ought to talk to Laura Pelligrini about private insurance.

Vic DiGravio also brought up another gap among veterans who are often in crisis, but do not want to identify as veterans for fear they may lose services.

Chief Bongiorno added that individuals don't want to self-identify as veterans.

Theme 3: education necessary about services and programs to reduce silos

Senator Friedman suggested talking to the folks doing the sequential mapping.

Theme 4: transportation to emergent, urgent, and other services

Sheriff Koutoujian shared that his agency is often called to do transports [for Section 35's]. He also highlighted questions about security in transporting individuals for treatment. This includes questions like should people be restrained, given that they are not in custody, for their own safety and the safety of the transportation staff?

Marisa Hebble added ambulances may not transport individuals to anywhere other than emergency department under state law.

Chief Bongiorno asked to confirm his understanding that police cannot do Section 12 transports. His department uses ambulances for that purpose.

Judge Minehan responded that under the statute for Section 12A, the police are supposed to bring people straight to a DMH inpatient psychiatric facility. However, in practice, they always take the patient to the emergency department

because inpatient facilities prefer to only take individuals who have been medically cleared by a hospital first.

Vic DiGravio concurred that he hears from the ESPs that psychiatric hospitals won't take people without ED-level medical clearance.

Nancy Connolly also supported this claim, but noted the exception of Highpoint, who will do medical clearance on-site.

Catia Sharp added that medical clearance at detox facilities where Section 35's are sent is also a barrier. Either the courts are told not to transport an individual to the detox facility in the first place for lack of medical clearance, or the individual shows up at the facility and doesn't pass the medical clearance performed on-site due to an acute medical concern that requires additional transportation to an emergency department.

Danna Mauch agreed that medical clearance is a barrier to direct linkage to inpatient psychiatric care.

Courtney DeWolfe suggested Abt look at DMH's mobile integrated health initiative, which is part of their effort to do field-based medical clearances.

Theme 5: transitions from the community – where to?

Theme 6: transitions from the ED

Theme 7: housing first or part of care connections?

Jennifer Barrelle commented that a potential reason for Lowell standing out as high need area for housing is because of combination of population growth and downsizing of the primary shelter in the community.

Stakeholder considerations for the Restoration Center

Danna Mauch suggested the addition of the idea of navigation support for the behavioral health system, in addition to navigation support for the criminal justice system.

Chief Bongiorno noted that if the Restoration Center contracts with an ambulance company to do any of its transportation, it will annoy communities that work with other ambulance companies. For example, a community who contracts Armstrong Ambulance will not want the Restoration Center to send Cataldo Ambulance to their community.

Representative Gordon added that local zoning and permitting will be an issue, given the recent experience of Wilmington rejecting the proposed location of a new detox facility.

Vic DiGravio shared the idea of having a virtual Restoration Center or to build it into an existing facility in order to avoid some of the citing concerns.

Danna Mauch noted that whatever is built will need to be connected to other services or it won't be successful.

Sheriff Koutoujian said that he thought Vic's idea for a virtual center is interesting, and perhaps could incorporate video conferencing and/or telehealth.

Senator Friedman said that she thought the Commission ought to operate on the basis of no preconceived notions about what a Restoration Center is, and therefore a virtual center should be on the table. She also added that the key is to make it easy for the user, which in this case means making it easily accessible to law enforcement and EMS.

Courtney DeWolfe suggested modeling after CBHI to create centers of excellence for justice involved populations, designating certain CMHCs that have staff with specialized skills to do intake for justice involved that would incorporate criminogenic specialized assessments for suicidality, homicidality, antisocial behavior, and then staff who are specially trained to understand what resources these individuals need access to, deserve access to, are eligible for.

12:55 PM: NEXT STEPS

Catia Sharp shared scheduling information with Commission members for upcoming meetings and site visits.

1:00 PM: CLOSING

Sheriff Koutoujian adjourned the meeting.