



**Middlesex County Restoration Center  
Friday, May 3, 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; Scott Taberner, MassHealth; Nancy Connolly, Department of Mental Health; Judge Rosemary Minehan, MA Trial Court; Chief Bongiorno, Bedford Police Department; Vic DiGravio, Association for Behavioral Healthcare; Eliza Williamson, National Alliance on Mental Illness; Jenna Sirkin, Abt Associates; Alicia Sparks, Abt Associates; Meg Chapman, Abt Associates; Kimberly Burnett, Abt Associates; Anna Robinson, Abt Associates; 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; Rachel Bishop, MassHealth; Courtney DeWolfe, MassHealth.

10:00 AM: INTRODUCTION

Sheriff Koutoujian called the meeting to order. Danna welcomed Eliza Williamson from the National Alliance on Mental Illness of Massachusetts, who is new to the Commission.

10:05 AM: LEGISLATIVE UPDATE

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

10:10 AM: COMMISSION REPORT STRUCTURE AND PLAN

Danna Mauch let Commission members know that Abt Associates had limited time and data to perform the work they were hired by the Commission to do. The Commission also had many great presentations from Commission members and others over the course of their first year of work. All of this data collection will be included in the filing to the legislature through a Commission Findings and Recommendations report.

10:20 AM: ABT ASSOCIATES PRESENTATION OF REPORT

The Sheriff turned over the meeting to Abt Associates to present their final findings.

Meg Chapman reviewed the charge of the Commission and objective of Abt's work before Alicia Sparks discussed the results of Abt's assessment of the behavioral health system. She first discussed national and Massachusetts estimates of the number of individuals with mental illness and/or substance use conditions in various settings to help define the target population that the Commission seeks to serve, before presenting the programs reviewed and capacity of those programs.

Senator Friedman noted that the definition of the target population was missing the group of individuals who could be diverted from emergency department utilization.

Sheriff Koutoujian suggested that the Data-Driven Justice Initiative that his office is working on could help to provide information on the number of individuals using emergency departments who could be diverted to a restoration center.

Sonya Khan from the Middlesex Sheriff's Office noted that they are working on a pilot that would look at emergency department utilization and law enforcement interaction.

Danna Mauch suggested that MassHealth could also look at emergency department utilization among their members, including using Middlesex Sheriff's Office data to cross-reference those who are involved in the criminal justice system.

During presentation of the substance use continuum of care, Judge Minehan asked whether the presented continuum is exclusive of providers who serve individuals civilly committed to treatment under Section 35. She also asked whether the American Society of Addiction Medicine (ASAM) level 4 services listed were for detoxification from polysubstance use.

Alicia Sparks confirmed that this understanding is correct.

Vic DiGravio added that ASAM level 4 medically managed detox might be for polysubstance use, but might also be for individuals detoxing from a single substance but who require medical management based on the severity of symptoms.

Judge Minehan noted that those individuals who go through the court system and who are too sick to be supported by BSAS beds end up in the hospital.

Vic DiGravio suggested that Abt apply sub-levels to the services using the ASAM continuum.

Courtney DeWolfe added that the average length of stay at each level of care is also an important piece of information.

Alicia Sparks confirmed that these items are in the full report text.

Danna Mauch credited the Department of Public Health and legislature with adding bed availability in recent years, and also noted that the current system capacity appears insufficient to meet the needs of people in Middlesex County.

Scott Taberner noted the newly created co-occurring residential recovery support beds at ASAM level 3.1.

Courtney DeWolfe noted that Outpatient Treatment Providers (OTP) and Medication-Assisted Treatment (MAT) providers (which provide methadone) should not be discussed in the absence of reference to Office-Based Opioid Treatment (OBOT) providers, which provide suboxone and vivitrol.

Vic DiGravio added that as of July 1, 2019, OTPs will be able to provide suboxone and vivitrol to clients as well. He also added that these services are not limited to serving individuals who reside in Middlesex County, even if the providers are based in the county.

Danna Mauch agreed, and noted that it was difficult for Abt Associates to analyze services in Middlesex County because regional boundaries for health services do not align with county boundaries.

In response to a map of the residences of Middlesex Sheriff's Office detainees and inmates and the number of adult inpatient psychiatric beds,

Chief Bongiorno noted that the largest increase his department has seen in calls for service related to mental health and substance use conditions is in the under 18 year old population, even though beds are only shown for individuals who are 18+ in age.

Senator Friedman asked to confirm whether there are truly no inpatient psychiatric beds in Lowell.

Catia Sharp confirmed this.

Jenna Sirkin reviewed facilitators and barriers to service delivery from stakeholder interviews and focus groups.

Danna Mauch noted that the Commission was tasked with looking at diversion from both arrest and emergency department utilization. In response to points about data sharing, she noted that people often use the same regulations to come to different interpretations on what data sharing is allowable. She also highlighted that transportation is definitely an issue, and is not an uncommon challenge. It is a surmountable challenge – for example, Texas has figured it out, as evidenced by the Commission site visit to San Antonio.

Senator Friedman added that the Mobile Integrated Health (MIH) legislation passed in 2018 is intended to help with the transportation challenges for behavioral health urgent and crisis care.

Courtney DeWolfe noted that, among MIH applications received by the Department of Public Health so far, no one has submitted a plan that includes emergency department diversion yet. She also noted that a MassHealth program called “PT1” provides same-day transportation to health appointments (though it is not available for crisis or emergency transportation).

Jennifer Barrelle added that the low number of applications may be due to the need to establish community partnerships before applying, and also the high application fee.

Scott Taberner added that MassHealth is trying to make sure that MIH and ESP mobile interventions are integrated and linked.

Danna Mauch cited a home-based follow-up care program developed by Boston Children’s Hospital that is aimed at patients who board in the emergency department.

Chief Bongiorno noted that when an Emergency Services Provider (ESP) takes too long to respond to a call, law enforcement will typically call the ambulance because the longer the police are there, the more trauma they are inflicting on patients.

Scott Taberner commented that the presentation from Abt Associates is focused on the current status of the system, but that the Executive Office for Health and Human Services (EOHHS) is currently working on a stakeholder engagement process to inform redesigning the ambulatory behavioral health system. This could include ESPs, crisis stabilization, and urgent care. He also noted that most states do not have ESP services – this is something special in Massachusetts that EOHHS wants to build on.

Senator Friedman responded that it is difficult to base a report on future actions of EOHHS, and that it remains helpful to report on the current status of behavioral health services and barriers. She also added that a critical thing that is being presented by Abt Associates is the extra steps a person in mental health crisis has to go through before getting to treatment, including medical clearance.

Vic DiGravio agreed about the importance of rapid triage to care, adding that field-based medical clearance would be the lowest-barrier way to accomplish these competing goals.

In response to a slide on first responder use of a restoration center, Chief Bongiorno shared the perspective of many police chiefs, which is that the center be located close enough for them to drive to, but not in their town.

In response to a slide on stakeholder and focus group recommendations for restoration center staff and services, Courtney DeWolfe asked whether anyone recommended that medical doctors (MDs) be included. She noted that MDs can supervise Advanced Practice Registered Nurses (APRNs) who can prescribe medication-assisted treatment (MAT) and are easier to find than MD psychiatrists.

Senator Friedman asked which stakeholders suggested that the restoration center include medical triage. Jenna Sirkin responded that all of the stakeholders recommended this because it addresses potential liability issues.

Eliza Williamson thought that recovery coaches are not necessarily peers, because the certification does not require a mental health background. She also thought that family partners are important to include.

Chief Bongiorno asked whether the state has come up with requirements for certified peer specialists, and Jenn Barrelle responded that there is a commission that is seeking to help expand the certification.

Senator Friedman expressed that the needs described in Abt's presentation would take decades to fully address, and suggested that the Commission identifies specific needs that can be addressed as part of a restoration center.

Judge Minehan asked what staff do at the Community Healthlink, one of the models that Commission members toured, when a patient attempts to voluntarily leave. She asked about the liability for that patient.

Sheriff Koutoujian asked whether Abt reviewed capacity for a potential restoration center in their report.

Jenna Sirkin responded that the limitation for Abt is sticking to what the data tells them.

Senator Friedman said that as a result of the Abt report, the Commission now knows that there are a lot of people who need services, and that there is a balance between getting data and doing something. She felt that the data presented indicates a need for a restoration center, and that the work of the Commission is to move forward.

Danna Mauch agreed, adding that there is a lot of information in the drafts that act as guideposts to things that are the Commission's decision, not Abt's decision. The Abt report provides enough information to say that there is a need for a restoration center, and provides a lot of evidence from other jurisdictions on how to do a restoration center well.

Dana Hunt from Abt Associates added that there are also access challenges that Abt points out that contribute to gaps in capacity, and that these serve as guideposts for the Commission to also address systemic issues.

Kimberly Burnett from Abt Associates presented the cost-benefit analysis.

In response to a slide describing the target population for a restoration center, Chief Bongiorno noted that, in addition to arrest and emergency department transports, a lot of people who interact with police due to a mental health or substance use condition are ultimately left in the

community without transportation to behavioral healthcare because of a lack of urgent care options.

Vic DiGravio also asked whether the cost-benefit analysis assumed that the client population would include walk-ins in addition to police drop offs. Kimberly responded that it did assume walk-ins.

In response to a slide about the base model used, Chief Bongiorno asked whether there is a minimum utilization rate that would be needed to make a restoration center sustainable. Kimberly responded that the more utilization that occurs, the better, because the benefits are very sensitive to utilization rates and a restoration center has a lot of fixed costs. She added that utilization is why a transportation component will be so critical.

Chief Bongiorno asked whether there are any other sites that share staff with other services to address the problem of fixed costs.

Danna Mauch noted that Tucson is on-site at a hospital, but that they don't share staff with the emergency department.

Sheriff Koutoujian also raised the Bexar County model that Commissioners visited, which has a very large campus with many different services, but thought that staff didn't necessarily cross over between programs. The Sheriff also asked what transportation would entail.

Kimberly shared that she assumed the cost of commercial transportation options like taxis or ridesharing platforms, because mental health crises often do not require medical equipment like that found in an ambulance.

Chief Bongiorno thought that taxi service would not make law enforcement feel comfortable using the service as an alternative to an ambulance because of the risk of a medical crisis en route or the assurance that the person follows through on the ride and enters a restoration center. The Chief felt that transportation would need to be done using private ambulances with a minimum of the basic life support level or chair cars. He acknowledged that this would increase the cost of providing transportation.

Senator Friedman added that there will be many instances where people are making choices based on not wanting to be institutionalized, and that the Commission will have to think about the best way to get people to the door.

Sheriff Koutoujian added that a lot of people already get transported by police or by ambulance, so Chief Bongiorno's suggestion would not be much of a change from current practice.

Senator Friedman noted that in Bexar County, police were doing drop-offs at the Restoration Center.

Representative Gordon noted, however, that Bexar County is a relatively contained geographical area. Chief Bongiorno added that there are a limited number of municipalities with a limited number of police departments in that area.

Senator Friedman suggested that the Commission consider a higher cost of transportation than taxi or ride sharing service.

Chief Bongiorno asked whether MassHealth could cover ambulance transportation to a restoration center.

Scott Taberner responded that MassHealth would like to do that.

Courtney DeWolfe added that ambulances currently cannot do non-medical transportation, or transportation to a destination other than a hospital.

Judge Minehan added that the restoration center should take into account what would make police comfortable to do transports themselves.

Senator Friedman posed a question to the Commission: what is the role of the municipality in this mode of treatment? What needs to change so that these pieces can come together cost-efficiently?

Scott Taberner echoed these questions, and added the question of which of these costs are new as opposed to things that already exist but need to be leveraged for this purpose?

In response to a slide comparing facility costs of various models, Senator Friedman asked what the difference is between state ownership and private ownership.



Kimberly Burnett responded that the state ownership model assumes the costs associated with a Division of Capital Asset Management and Maintenance (DCAMM) project, as opposed to the costs of leasing this type of medical space on the private market.

Chief Bongiorno asked whether DCAMM would be involved in the private rental option, since this would be a state-contracted project. Danna Mauch responded that DCAMM would not necessarily need to be involved.

Vic DiGravio added that the contracting authority would approve the renovation costs.

Danna Mauch added that state-owned and operated Section 35 wards are identical in design to privately owned and operated wards, except that they are much more expensive to build and maintain.

Sheriff Koutoujian noted that there are lots of benefits that were not included in the cost-benefit analysis performed by Abt Associates, including potential savings to the court system from reduced arrests and arraignments; savings to probation and parole from reduced sentencing; the benefits to society of reduced crime; and the benefits to society of increased economic opportunity. He also asked how to best leverage anticipated reductions in the cost of emergency department utilization and boarding to fund a restoration center – he posed the question of whether hospitals might chip in for the center.

Vic DiGravio was skeptical of the prospect of hospitals helping to finance a restoration center, because decreased emergency department utilization actually means reduced revenues to the hospitals from insurance.

Scott Taberner thought this could be used as a point of leverage with hospitals because the cost of treating individuals in behavioral health emergencies in the emergency department is higher than the reimbursement rate from MassHealth and many commercial insurers.

Sheriff Koutoujian cited that the Massachusetts Health and Hospital Association (MHA) is excited to participate in the Data-Driven Justice Initiative spearheaded by his office, and that this might be an indication that they would be interested in participating in a restoration center.

Danna Mauch noted that there may be pent-up demand for outpatient and other community-based treatment options that individuals are not currently accessing, and that better connecting individuals to these levels of care may actually increase system costs on community-based care even while saving money on hospitalization and emergency department utilization and boarding.

Senator Friedman noted that the purpose of including a pilot phase in this project was to add more specific data to the Commission's knowledge and understanding of these issues. The Commission needs to do a deeper dive during the pilot phase, and be more focused on what it is going to measure.

Sheriff Koutoujian expressed concern that the language in the Abt report might be interpreted by some as suggesting that we do not need a restoration center.

Senator Friedman suggested that this is why a pilot should get more specific about costs and benefits. She also thought the Commission should be careful about how it talks about capacity, because capacity should be defined as the ability to provide appropriate treatment models to people that adequately addresses their needs at the right time, as opposed to a strict count of the number of beds available.

Representative Gordon added that on the trip to Michigan, Commission members heard that benefits are not only decreased incarceration rates, but also decreased rates of recidivism.

12:55 PM: NEXT STEPS

Senator Friedman reiterated the legislative mandates for year 1 and year 2 of the Commission's work, describing the required reporting that the Commission would need to submit to the legislature in the coming weeks. She then described the expectations in the legislation for a pilot to be undertaken by the Commission in its second year.

1:00 PM: CLOSING

Sheriff Koutoujian adjourned the meeting.