



**Middlesex County Restoration Center
Tuesday, November 12, 2019
State House Room 222
Boston, MA**

MINUTES

Attendees: Sheriff Peter J. Koutoujian, co-chair; Danna Mauch, Massachusetts Association for Mental Health, co-chair; Senator Cindy Friedman; Representative Kenneth Gordon; Eliza Williamson, National Alliance on Mental Illness; Scott Taberner, MassHealth; Nancy Connolly, Department of Mental Health; Marisa Hebble, MA Trial Court; David Ryan, Middlesex Sheriff's Office; Michael Blatus, Middlesex Sheriff's Office; Sonya Khan, Middlesex Sheriff's Office; Catia Sharp, Middlesex Sheriff's Office.

12:00 PM: WELCOME AND INTRODUCTION

Danna Mauch called the meeting to order. She reviewed the staff work that has happened since the last Commission meeting: a police survey was circulated; a provider listening session was held; a Request for Proposals (RFP) was released for a planning grantee; and a bidder's conference was held pursuant to the RFP. Danna thanked Michael Blatus and Dave Ryan in the Sheriff's Office for their work on the procurement.

12:05 PM: LEGISLATIVE UPDATE

Senator Friedman and Representative Gordon had no updates on pending legislation to share with the Commission.

Danna Mauch reported that she, Sheriff Koutoujian, and Senator Friedman testified before the Joint Committee on Revenue in late October in support of a bill Senator Friedman has filed to create a criminal justice diversion trust fund, in part intending to fund a restoration center.

12:10 PM: APPROVAL OF MINUTES FROM YEAR ONE

The Commission tabled this agenda item until later in the meeting to await a quorum to approval the minutes.

12:15 PM: POLICE SURVEY PRESENTATION AND DISCUSSION

Danna Mauch asked Catia Sharp to present to the Commission on the results of a survey of police departments in Middlesex County.

Catia shared that the survey had five domains: first responder dispatch; mental health incident response; incident reporting; incident disposition; and diversion. There were 37 responses from 30 communities and two universities, primarily from chiefs of police, but also from clinicians and other civilian and non-civilian law enforcement personnel. There was a good mix of responses from urban and rural communities. Nearly all responding departments operate their own 911 call center, and no respondents said they participate in a regional call center. Most call centers do not provide behavioral health training for dispatchers, but of those who do, mental health first aid (MHFA) is the primary training regimen. About 2/3 of respondents said they have direct connection capabilities from the 911 call center to a suicide hotline or ESP.

Eliza Williamson asked whether there is a preference for a specific kind of training for 911 dispatchers, including between MHFA and crisis intervention training (CIT). She also asked whether departments who said they provide CIT training to dispatchers are providing dispatcher-specific CIT (which is available in Massachusetts), or if they are including dispatchers in law enforcement officer CIT.

Catia Sharp responded that the survey was not developed with a preference in mind for a specific type of training, but instead was attempting to identify how much training is happening and what type. The question of preference for a particular training could be a subject for Commission discussion. Catia also responded that the survey did not go enough in-depth to find out whether CIT for dispatchers was dispatcher- or officer-specific.

Sheriff Koutoujian noted that the idea of regionalizing 911 has come up in Massachusetts, including in response to success in Maryland. However, it has not been widespread here. He cited the example of the Essex County regional 911 center that was recently developed, but which is struggling. In the Sheriff's opinion, there is value in regionalizing 911 due to the cost savings that could be achieved. He added that he had not before considered the additional value of regionalizing 911 service to standardize training, including behavioral health training.

Senator Friedman agreed that there is difficulty with regionalizing 911 service and with providing additional training to 911 call takers and dispatchers. These services are locally-operated and funded primarily through state local aid. Because of state funding, the state could require 911 dispatcher training, but there is strong local resistance to requirements tied to local aid funding.

Sheriff Koutoujian agreed, adding that leadership from the top would be needed to make changes like regionalizing 911 service or requiring standardized training of dispatchers.

Danna Mauch added that many of the national models for restoration centers are backed by regional call centers, and that the finding from the police survey of the fractionalized nature of 911 service in Middlesex County may be a complicating factor in developing a restoration center here.

Nancy Connolly wanted to know, for those departments responding “yes” to the question about direct connections to suicide hotlines, who they connect to.

Catia Sharp responded she cannot answer that question, because those departments did not respond to the follow-up question asking who they connect to.

Scott Taberner thought that the Behavioral Health and Community Policing Advisory Committee that he co-chairs would benefit from a presentation of this information to their committee. They might be able to answer Eliza Williamson’s question about the most appropriate training for dispatchers.

Representative Gordon asked whether there might be an opportunity for a carrot and stick approach to expanding behavioral health training of 911 dispatchers.

Catia Sharp shared that there is as wide a variety of the dispatch protocols among the responding police departments as there is variety in dispatch centers. The answer to “who responds to a behavioral health emergency?” is “it depends.” 7 responding departments dispatch police, EMS, and fire; 7 dispatch police and EMS; 5 dispatch only police; and 3 dispatch only EMS. She highlighted Lowell Police Department, which dispatches police and EMS on all behavioral health calls, but only sends the Fire Departments if the call has a medical component like self-harm or overdose.

Senator Friedman added that dispatch may also depend on time of day and available resources.

Catia Sharp reviewed information on the use of Emergency Services Providers (ESPs). 2/3 of responding departments accurately identified their local ESP provider, which means most but not all departments are educated on this. The chart in the presentation shows that there is higher ESP utilization on a weekly basis for those departments who estimate that the ESP comes within an hour than those who say it comes in hours or days. Most respondents estimated that ESPs respond within the hour window set by MassHealth. Catia added that responses seemed to indicate that there may be both a misunderstanding among law enforcement personnel (even those who know who their ESP is) of the role of the ESP and/or of what constitutes a behavioral health emergency, as well as a mismatch of the needs of law enforcement and the role of the ESP. There is often a need for immediately addressing social problems like homelessness even if the individual is not in a mental health crisis that requires immediate hospitalization or in-person intervention.

Catia Sharp shared a map of hospital catchment areas, adding that most communities (except for the Lowell area and the Concord/middle county area) have choice when it comes to hospitals. There are three decision criteria that first responders use: patient condition and match to available services (for example, the fact that some hospitals have acute inpatient psychiatric facilities); patient choice; and proximity.

Catia Sharp reviewed transportation options to a restoration center. When asked their preferred method of transportation to a restoration center, police departments overwhelmingly said they prefer to use an ambulance (advanced life support or ALS), followed by a chair car (basic life support or BLS), and then a police cruiser. However, there are 46 different providers of ALS and BLS in Middlesex County (including municipal Fire Departments), with nearly half of municipalities running their own emergency medical services (EMS) through the Fire Department. This could be a lot of providers to contract with for restoration center transportation or to create Mobile Integrated Health programs with to allow for restoration center drop-off as opposed to emergency department drop-off.

Catia Sharp reviewed responses related to involuntary hospitalization. In agreement with formerly presented information about the widespread preference for ambulance transportation for behavioral health purposes, the vast majority of departments said they only use ambulances (not police cruisers) to transport individuals to the hospital under a Section 12 order. Most departments said they receive less than one warrant per week pursuant to Section 35 substance use commitments. Extrapolating the average warrants per week among responding departments, that could total 4,454 warrants per year in the county as a whole.

Senator Friedman asked what percentage of all statewide Section 35 warrants this represents.

Nancy Connolly responded that there are roughly 7,500 Section 35 warrants per year statewide.

Catia Sharp cautioned against using Department of Mental Health (DMH) numbers to compare survey results to, because the methodologies for data collection are different.

Catia Sharp showed that the survey revealed additional police department participation in diversion programs that had not been discovered in the Commission's first year of operation by comparing a map of diversion programs included in the Commission's Year One Findings and Recommendations to an updated map of survey results. She noted that most of the additional diversion programs were co-responders or CIT training that were not funded by DMH. She also noted that when asked, 2/3 of departments report that their officers are involved in regular case conferencing with social services (sometimes using a Hub Table model).

Senator Friedman asked which programs on the diversion program maps were specific to substance use or mental health.

Catia Sharp responded that most programs are not specific, though Police-Assisted Addiction and Recovery Initiative (PAARI) is specific to substance use.

Danna Mauch added that the Law Enforcement-Assisted Diversion (LEAD) program developed in Seattle is not specific to substance use, but is more often used for these types of needs.

Sheriff Koutoujian shared that the International Association of Chiefs of Police (IACP) has a MHFA training program, and asked whether the survey showed which departments are using this funding source.

Catia Sharp responded that the survey did not go into that level of detail, but perhaps this could be a subject of additional follow up with some departments.

Catia Sharp shared that DMH is the largest funder of co-responders, followed by grants, police departments, and municipal governments. She also added that there is a wide variety of choices among departments doing CIT as to what percentage of their sworn officers to train.

Sheriff Koutoujian asked why there is such a wide variety of CIT trained officer percentages.

Catia Sharp responded that this is a subject of debate that lacks sufficient research. Leon Evans in San Antonio advocates for

training 25% of the force because he believes CIT officers should be those who seek out doing this type of work; others believe that every officer should have training to deal with individuals in behavioral health crisis because all officers will at some point encounter such individuals.

Danna Mauch pointed out the difference between CIT, a 40-hour training program that accompanies a management structure aimed at diverting individuals with mental health conditions, and MHFA, an 8-hour course on the basic signs and symptoms of behavioral health.

Scott Taberner wondered if there should be a training standard in Massachusetts, because that is a subject of his Behavioral Health and Community Policing Advisory Committee.

Catia Sharp discussed how police departments flag behavioral health emergencies in both 911 data (in Computer-Aided Dispatch (CAD) databases) and police incident reports. Most responding departments have a primary CAD code for mental health, and many also have a secondary CAD code for overdose. Otherwise most departments do not track these items.

Danna Mauch asked in what circumstances an incident report is completed.

Sonya Khan responded that departments have different rules around what incidents require reports – for example, an arrest likely always requires an incident report, but an interaction with an individual that does not result in any action being taken may not warrant a report.

Sheriff Koutoujian added that CAD data is more inclusive than incident report data.

Sonya Khan added that CAD data is also “dirtier” than incident report data, in the sense that it often has less information on a single emergency than incident report data.

Senator Friedman asked whether the number of departments saying they have behavioral health flags has changed since the Sheriff’s Data-Driven Justice Initiative (DDJI) started.

Sonya Khan thought that the number of departments using flags may have increased, but said that the question is more whether or not they use the flags. Some departments who shared data through DDJI had flags, but almost never used the flags.

Catia Sharp showed that every department responded that they would use a restoration center in Middlesex County. Most said they would use it for diversion from arrest for low-level offenses, followed by diversion from voluntary emergency department transports; providing services to individuals who otherwise would have no formal disposition to hospital or arrest; Section 12 and Section 35 diversion; and lastly, diversion of arrest for high-level crimes.

Sheriff Koutoujian shared ideas on how to get more departments to respond to the survey.

The rest of the Commission agreed that more responses should be solicited, and a plan was made to do so.

1:00 PM: APPROVAL OF MINUTES FROM YEAR ONE

Sheriff Koutoujian asked for motions to approve the minutes from year one of Commission meetings.

Scott Taberner made the motion.

Nancy Connolly seconded the motion.

The Commission unanimously approved the minutes from year one.

1:05 PM: UPDATE ON PLANNING GRANT PROCUREMENT

Sheriff Koutoujian asked his Director of Purchasing, Michael Blatus, to present an update on the procurement of a planning grantee.

Michael Blatus shared with Commission members that a Request for Responses (RFR) to procure a planning grantee was released, and a bidder's conference held. A two week extension of the deadline was requested by potential bidders and granted by the MSO.

Nancy Connolly asked who was present at the bidder's conference.

Michael Blatus said that participants included representatives from Adcare, Advocates, Vinfen, South Bay, others.

Scott Taberner thought that it was impressive that providers from outside Middlesex County are interested in bidding on this procurement.

Danna Mauch opined that providers do not want to miss an opportunity to be on the cutting edge of designing a new, desperately needed service. She added that she has heard that there

is at least one group of providers considering submitting a joint bid.

1:15 PM: EOHHS REQUEST FOR INFORMATION COMMISSION RESPONSE

Danna Mauch shared that EOHHS has released a request for information (RFI) related to their behavioral health ambulatory care redesign effort, which the Commission should respond to.

Scott Taberner agreed that the Commission ought to respond.

Catia Sharp shared that responses are due back on December 20. Given the Commission's interest in submitting a response, Catia will be drafting a response. She invited any Commission members who want to participate in the drafting and/or editing of the response to directly contact Catia, but that all Commission members will receive a copy of a final response document.

1:20 PM: UPDATE TO DIVERSION WHITE PAPER

Danna Mauch let Commission members know that she and Catia Sharp have updated the white paper on diversion services, and copies are in Commission member packets and will be shared electronically. For the sake of time, she did not review the updates with Commission members.

Danna Mauch also shared that she will be on panels at the Mental Health Legal Advisors Committee conference this month talking about the white paper and the Restoration Center Commission.

Sheriff Koutoujian shared a conversation he had with Audrey Shelto of the Blue Cross and Blue Shield of Massachusetts Foundation recently, in which she expressed interest in the work of the Restoration Center Commission. He shared that he hopes to get her more involved in the work of the Commission, including inviting her to travel to Tucson with the Commission to view their restoration center.

Scott Taberner asked about scheduling the Tucson trip.

Catia Sharp asked Commission members to hold January 14-16 for such a trip, though these dates have not been confirmed by Tucson.

1:30 PM: NEXT STEPS AND CLOSING

Sheriff Koutoujian and Danna Mauch adjourned the meeting.