



**Middlesex County Restoration Center  
Tuesday, October 20, 2020  
3:30 – 5 pm  
Zoom**

**MINUTES**

Attendees: Sheriff Peter J. Koutoujian, co-chair; Danna Mauch, Massachusetts Association for Mental Health, co-chair; Representative Kenneth Gordon; Judge Minehan; Nancy Connolly, Department of Mental Health; Deirdre Calvert, Bureau of Substance Addiction Services; Lydia Conley, Association for Behavioral Health; Scott Taberner, MassHealth; Marisa Hebble, MA Trial Court; Dave Ryan, MSO; Catia Sharp, MAMH; June Binney, member of the public; Richard Sheola, member of the public; Sarah Waldron, member of the public.

**3:30 PM: WELCOME AND INTRODUCTION**

Sheriff Koutoujian called the meeting to order.

**3:35 PM: LEGISLATIVE UPDATE**

Senator Friedman could not attend the meeting.

Danna Mauch noted that the state fiscal year 2021 budget is now under consideration by the legislature and reminded Commissioners about the budget proposal that the Commission discussed earlier this year.

Representative Gordon said that he has advocated for the \$140,000 option to House Ways and Means. The House expects to consolidate a full season of budget negotiations into a few weeks, which might mean more of a unified approach where House and Senate budgets are developed on collaboration rather than as a way to establish negotiating positions.

June Binney, member of the public, asked if the Commission will be weighing in on policing reform, given the conference committee that is reviewing House and Senate versions of a police reform bill.

Sheriff Koutoujian responded that the mission of the Commission is to look at a Restoration Center, and that as a body we probably should not be advocating on police reform.

June Binney responded that the Commission is so far advanced in terms of what the state is doing that it could be establishing the blueprint for emergency response to social service needs. It would behoove the Commission be a leader in this space. The Restoration Center is inextricably linked to how policing works.

Sheriff Koutoujian suggested that he could talk to Cindy Friedman about this.

Ken Gordon added that the police reform bill is already in conference committee, so the current legislation has to stay within the parameters of the Senate and House bills going into conference committee.

June Binney added that it is hard to tell from the press what the remaining issues are and what are the specifics that are holding up the bills.

Ken Gordon noted the limited mission of the Commission, which might not make sense to advocate on that bill.

Sheriff Koutoujian added that his understanding is that behavioral health components of the bills are not the point of contention between the House and Senate versions of the police reform bill.

3:45 PM: APPROVING THE MINUTES FROM THE LAST MEETING

Sheriff Koutoujian mentioned that Catia Sharp sent out the minutes from last meeting.

Catia Sharp introduced members of the public in attendance who have never attended before. Sarah Waldron works for Eliot Human Services at the Medford courthouse on behavioral health diversion and is working to reduce Section 35s.

Sheriff Koutoujian motioned to approve the minutes from the last meeting. Under the auspices of new guidance for virtual public meetings in light of COVID-19, a roll call vote was taken. Results of the roll call vote are as follows:

Sheriff Koutoujian: yes  
Danna Mauch: yes

Representative Gordon: yes  
Judge Minehan: yes  
Scott Taberner: yes  
Deirdre Calvert: yes  
Nancy Connolly: yes  
Lydia Conley: yes

3:50 PM: MEDIA UPDATE

Sheriff Koutoujian shared that he had a Zoom call with members of the Boston Globe editorial board. He and Danna will have a meeting with them soon about the Restoration Center.

June Binney, member of the public, told the Commission about conversations she has had with the sister of Juston Root, who is also talking to the Globe editorial board. Her family's story highlights the need to keep people healthy and safe in the community before they get to the point of crisis like Juston Root. The Restoration Center is one of the solutions to this.

Eliza Williamson noted that NAMI has also been meeting with her. The case is complicated in a number of ways and using Juston's case as an example of someone who could have been diverted using a Restoration Center is complicated because he did have a weapon, even if it was a BB gun. We should consider that when we think about using certain people's experiences to elevate the need for a Restoration Center.

3:55 PM: TELEHEALTH

Sheriff Koutoujian noted that we will be swapping the order of the next two agenda items because of some presenter's need to get to another meeting.

Sheriff Koutoujian said that the jail is doing some telehealth. He then handed the floor over to Lydia Conley from the Association for Behavioral Healthcare.

Lydia Conley shared preliminary data from an ABH telehealth survey. Members had served ~57,000 individuals via telehealth. Most cannot tell based on current recordkeeping whether telehealth services were rendered telephonically or using video, but of those who did collect that information, 50% were audio and 50% were video. No-shows were reduced by 25.8%. Wait time went from 34 days to 22 days (36% reduction in wait time). Access gains for individuals who speak a language other than English went from 43 days to 20 days (50% reduction in wait times).

Deirdre Calvert said that the BSAS telehealth survey went out yesterday. The most important thing that BSAS is looking at is the implementation of the federal waiver which allows buprenorphine to be prescribed by phone, as well as

telehealth more broadly. BSAS provided telephones and data services to many OBOTs to ensure that telehealth was happening. BSAS is hearing anecdotally that no-show rates went down with the implementation of telehealth (one particular provider had their no-show rate go down to 5% at one point). Deirdre opined that telehealth not a panacea but certainly has increased access for parents who have to stay home with kids, those who struggle with transportation, etc.

Nancy Connolly stepped in to talk about some challenges in implementing telehealth that she has seen. DMH court clinics have implemented teleconferencing during the pandemic, and Nancy reported that it has been a massive uphill battle to get minimally adequate services for court-based mental health evaluations. Nancy stated that in-person evaluations/assessments are best, and video is much better than audio in terms of the quality of the evaluation since body language is important in behavioral health. Video is also the most challenging method of telehealth to implement because you need hardware and software on both sides. Many evaluations were being done by telephone for a while at the court clinics as well, which is according to Nancy completely inadequate for this purpose – “it’s not clinically sound to do initial interviews not in person for this purpose.” Video is adequate in Nancy’s opinion for the most part, but a telephone interview is not. The problem is that people’s liberty is at stake because court clinic assessments are used to commit people to the hospital against their will. The best video conferencing experience that court clinics have had is for people housed in jail settings using video. You need staff on both sides of the screen to make it work well. Privacy is also a concern, because you do not know who is in the house with the person.

Sheriff Koutoujian though it was very helpful to understand the challenges related to telehealth. In the jail, there are a lot of staff around which helps to get the session up and running and functional (to the point about needing staff on both sides of the screen to be successful). Sheriff Koutoujian said he would check what makes a productive telehealth engagement work in the jail.

Nancy Connolly said you need clinical people present, but you also want to reduce other people being there for privacy reasons. But if telehealth can reduce the need for transportation, it is good.

Sheriff Koutoujian said that we should be factoring in the extra body or two that need to be there as part of the cost of the telehealth call.

Nancy Connolly added that it is not in anybody’s job description to sit through a clinical interview currently.

Deirdre Calvert noted that there is a difference between Section 35 assessments, where people’s liberty is at stake, and an OTP where the telehealth engagement can help people keep up with the program from home. Telephonic telehealth is

never going to be the preferred method over in-person or video-based, but it can expand access to critically needed services like MAT.

Marisa Hebble asked Deirdre if anything will be changing with take-home methadone going forward?

Deirdre Calvert responded that she was not aware of any impending changes. She explained that the federal government expanded the ability of providers to send methadone home with people during COVID who were previously considered too unsafe for take-home. BSAS providers went up to 52% multiple-day methadone take-home. They are seeing that people are more responsive to clinical conversations and keeping up with it better.

Sheriff Koutoujian added that he is in touch with the acting director of DEA, and that SAMHSA is also involved in regulating MAT. If there are other ways to continue the discussion with DEA and/or SAMHSA, the Sheriff would like to know in order to pursue those options. He added that he recently received interesting information about Portugal's complete legalization, where they have mobile vans doing methadone. He said this fit into people's lives rather than them needing to fit into the methadone system.

Deirdre Calvert said that methadone treatment has not been changed in 40 years. There is no thought to the psycho-social parts of treatment, even though MAT is an evidence-based program. The Sheriff is correct that the waiver she mentioned earlier is through SAMHSA in conjunction with the DEA. SAMHSA has been clear that relaxing methadone restrictions requires federal law changes to allow for this (expanded take-home prescriptions of methadone) long-term. We have had less illicit substance use in Massachusetts during the pandemic, and we have had NO overdoses with this program. We have had a very small number of people need to have their take home allowance reversed. We find that when you treat people like adults, they behave like adults most of the time.

Sheriff Koutoujian asked Deirdre to talk more about this on the law enforcement side. How do you know illicit substance use is down?

Deirdre Calvert said that BSAS providers still call people in for tox screens randomly through the methadone programs.

Scott Taberner asked how should we think about these successes/challenges in the context of the Advocates model for a Restoration Center documented in the Commission's Year Two Report?

Judge Minehan added that what Nancy is talking about is a real issue: in the courts, people end up committed because a judge put them there. That is a significant curtailment of their liberty. Judge Minehan noted that it is one thing for telehealth to help you keep up with your methadone. Modifying court processes is harder.

Catia Sharp said she would share a set of guided questions with Commission members to chew on before next meeting to Scott's point of thinking about telehealth successes and challenges in the context of our proposed Restoration Center model.

4:25 PM: 1115 WAIVER UPDATE

Scott Taberner discussed the basic structure of the state's work to design its 1115 waiver update, which is due to the federal government next year. He described the problem statement as being in alignment with the Restoration Center Commission mission. BH-JI is ongoing and is one part of the answer to that problem statement. A procurement to expand BH-JI statewide will go out later this year, with services beginning in FY22. The 1115 waiver could allow MassHealth to expand our ability to collect FMAP for the community services component of this, but not for the in-reach component (because of the Medicaid Inmate Exclusion Policy (MIEP)). Deirdre from BSAS is also working with MassHealth and the Sheriffs to expand MAT to HOCs – up to 9 HOCs. A key target population for this 1115 waiver update is the justice-involved population with behavioral health needs. MassHealth is looking to improve eligibility and plan enrollment for individuals who are in state and county correctional facilities. Third, MassHealth is looking at an MIEP exemption to help coordinate care better, reduce costs, improve billing, and improve outcomes. Two states have done preliminary efforts to put something like this in front of CMS, but it is only for the last 30 days of an incarceration. CMS has not approved these yet, but indications are that they are open to this even under the Trump administration. EOHHS is looking at options for this that go beyond the 30 days, but conversations are still very preliminary. Scott specifically thanked Sheriff Koutoujian and others on the Commission for their support of and engagement in these efforts – the process would not be possible nor successful without it.

Sheriff Koutoujian proposed that the Commission have a further discussion when we have more information, and asked Scott to please keep us updated.

Scott Taberner underscored the importance of the partnerships between corrections and healthcare to get this done and noted that the Restoration Center model should be an adjacent piece of the puzzle.

Danna Mauch commented that the EOHHS criminal justice initiative is a tremendous piece of work and noted that several people on the Commission have worked hard on this, so congratulations to them. She added that the ambulatory

care redesign roadmap is coming out soon, and she has been doing her best to keep the Restoration Center in that conversation, as well as the conversation about the 1115 waiver update and MassHealth services to justice-involved people.

Marisa Hebble asked who are the two other states?

Scott Taberner responded that the other two states who proposed MIEP exclusions are New York and Utah, but it is a little bit clouded where their applications sit and what level of approval they have received.

Sheriff Koutoujian asked what are the next steps?

Scott Taberner said that he will be talking to Carrie Hill and Andy Peck about this soon. He wants to get Sheriff Koutoujian and Secretaries Turco and Sudders together to discuss this list of priorities. He wants to accomplish that before Thanksgiving.

4:55 PM: NEXT STEPS AND CLOSING

Danna Mauch thanked everyone for another very productive meeting. She asked Commission members and observers to stay tuned in and engaged in the next few weeks on budget advocacy, because the people we serve have a lot at stake.

Sheriff Koutoujian adjourned the meeting.