



**Middlesex County Restoration Center
Thursday, September 27, 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; Judge Rosemary Minehan (ret.); June Binney, J.D., National Alliance on Mental Illness; Mandy Gilman, 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; Rebecca Tsopelas, Arlington Police Department; David Ryan, Middlesex Sheriff's Office; Kathleen Skarin, Middlesex Sheriff's Office; David Swanson, Senate office of Cindy Friedman; Marisa Hebble, MA Trial Courts; Sonya Khan, Middlesex Sheriff's Office; Catia Sharp, Middlesex Sheriff's Office; Janice Peters, Massachusetts Health and Hospital Association; Leigh Simons Youmans, Massachusetts Health and Hospital Association; Anuj Goel, Massachusetts Health and Hospital Association

2:00 PM: INTRODUCTION

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

Sheriff Koutoujian welcomed guests Steve Walsh, Anuj Goel, Leigh Simons Youmans, and Janice Peters from the Massachusetts Health and Hospitals Association.

2:05 PM: LEGISLATIVE UPDATE

Senator Friedman provided a legislative update. The Senator noted the MAT bill that had passed since the Commission's last meeting. The bill creates a pilot in

which five county Sheriffs, including Middlesex, will begin to offer all forms of MAT (Vivitrol, methadone, and suboxone) to inmates with prescriptions.

2:10 PM: REVIEW OF FAIRFAX COUNTY, VIRGINIA NIC-SPONSORED SITE VISIT

Shawn Jenkins from the Middlesex Sheriff's Office provided an overview of a site visit he and Catia Sharp participated in to Fairfax County, Virginia. The visit was part of a National Institute of Correction (NIC)-sponsored peer learning exchange. Representatives of Whatcom County, Washington, Franklin County, Ohio, and Fairfax County, Virginia came to Middlesex County to see the MATADOR program and PACT young offender unit in the Middlesex County House of Correction. Shawn and Catia then traveled to Virginia to tour the county jail and restoration center there.

Shawn shared that Fairfax County differs from Middlesex in that the county operates under a unified county government. The unified government has a health and human services division which owns and operates the Merrifield Center, which contains the Merrifield Crisis Response Center. The Center has 60 staff, including ~25 security staff from the Sheriff's office and the police department. Individuals can walk-in to the center or be transported through a secure sally port by police officers. Those transported by police can either be coming in for involuntary or voluntary treatment. Services at the crisis center include urgent psychiatry, tele-psychiatry, and connections to peer supports. The center has a maximum stay of 24 hours. Shawn and Catia toured clinical exam rooms, "calming room" with comfortable furniture and subdued lighting, and "nap rooms" with day beds.

Judge Minehan asked how they handle medical clearance.

Shawn explained that paramedics on site do their medical clearance, and send individuals to the emergency department of the local hospital if needed.

Catia added that the center discussed medical clearance with the area hospitals, gathering the criteria that each hospital uses for their medical clearance. The center is now developing a master medical clearance that will include all criteria from all local hospitals so that paramedics can align their clearance process with that performed in an emergency department before sending anyone to the hospital.

Scott Taberner asked whether the center includes any step-down services.

Shawn explained that the Merrifield Center also includes outpatient care and other services that an individual might need after crisis services, but that individuals might not necessarily receive their step-down services on-site.

Catia added that the Merrifield Center has robust services for various types of involuntary treatment, including involuntary outpatient treatment.

Shawn handed out a report from the initiative called “Diversion First,” and offered to circulate additional materials after the meeting.

2:30 PM

PRESENTATION ON MASSHEALTH, SCOTT TABERNER

Scott Taberner presented on an overhaul of MassHealth behavioral health services. This includes the transition from Managed Care Entities (MCO’s) to Accountable Care Organizations (ACO’s). The transition will also include the creation of Physical Health Community Partners and Behavioral Health Community Partners (BH CP’s), which will be responsible for coordinating the care of individuals with more complex and/or chronic needs in these categories. BH CP’s are of relevance to the work of the Restoration Center Commission.

Rebecca Tsopelas asked about information sharing, given the barriers to access to service when siloed agencies cannot share information.

Scott suggested taking up that discussion during the following presentation, which would cover an initiative among hospital emergency departments in Massachusetts to do just that.

Senator Friedman wanted to know whether this system of care would expand behavioral health services from what was previously available, citing historical access issues faced by MassHealth members to behavioral health services.

Scott answered that the BH CP’s will add a level of care coordination and case management, not direct services.

Senator Friedman commented that the networks might not be adaptable enough to help people get the care they need.

Rebecca Tsopelas inquired whether the Restoration Center would be open to non-MassHealth members.

Scott responded that this is a decision that is up to the Commission, but that it wouldn’t necessarily make sense to limit access to a Restoration Center only to MassHealth members.

Senator Friedman said that we don’t yet know what we need, so she questioned how we could discuss bringing in MassHealth services at this time.

Danna Mauch noted that the Commission should be developing what it wants out of a Restoration Center and using that to inform how to leverage MassHealth payments for the services, possibly by adding benefits to MassHealth.

The question was raised by several Commission members as to the rate of MassHealth insurance coverage among the target population. Sheriff Koutoujian noted that 25 percent of individuals booked into the jail are uninsured, but that most individuals are eligible for MassHealth, so the jail and House of Correction do their best to enroll individuals in MassHealth before they leave.

Scott also described the related work at Health and Human Services to overhaul the Department of Mental Health (DMH)-funded system of care, and better integrate that system of care with the MassHealth network of ACO's and BH CP's to close what Scott called a "donut hole" in the care continuum.

Finally, Scott described a pilot project MassHealth is undertaking to provide reentry in-reach services to individuals who are incarcerated and have behavioral health conditions to help them better transition to the community. MassHealth is working with Middlesex County Sheriff's Office, Probation, the Department of Correction, and the Worcester County Sheriff's Office on this initiative, which builds on a federal Bureau of Justice Affairs grant-funded reentry program the Middlesex County House of Correction is currently launching.

3:15 PM

PRESENTATION FROM MASSACHUSETTS HEALTH AND HOSPITAL ASSOCIATION, ANUJ GOEL, LEIGH SIMONS YOUNANS, AND JANICE PETERS

Anuj Goel introduced a presentation from the Massachusetts Health and Hospital Association (MHA), presented by his colleagues Leigh Simons Youmans and Janice Peters.

Leigh presented on a new program to induce patients onto medication-assisted treatment (MAT) for opioid addiction in emergency departments in Massachusetts hospitals, as required by the opioid bill that passed this summer.

Sheriff Koutoujian asked how hospitals plan to link patients to long-term care after induction onto MAT medications, explaining that in the MATADOR program (a similar program at the Middlesex House of Corrections), the most important part of the program is the link to long-term supports after release.

Anuj said that the hospitals are working on a plan to connect individuals to long-term care using their extensive networks of providers.

Sheriff Koutoujian suggested that hospitals ought to consider all forms of MAT medications instead of just the cited suboxone and methadone. MAT provided in jails and prisons across the state will also include vivitrol. The benefits of vivitrol include that it only needs to be administered once per month.

Amanda Gilman added that vivitrol requires a five to seven day detoxification period before administration where the patient has not consumed opioids. This detoxification happens in jails and prisons because detained and incarcerated individuals are cut off from a supply of opioids, but that in an emergency department setting, there may not be sufficient time elapsed since the patient's last consumption of an opioid.

Janice Peters presented an effort underway by MHA to share patient records between emergency departments and other care settings to improve the delivery of care in the emergency room.

Rebecca Tsopelas asked whether the same data sharing was available with police, who are often working with emergency department super-utilizers but never get feedback as to whether people they interact with get linked up with better long-term care and supports. This means police don't have the necessary information the next time they interact with a person who has been linked to treatment.

June Binney added that police often know where people who are super-utilizers are even when ESP's don't.

Sonya Khan from the Middlesex Sheriff's Office stepped in to note that the Data-Driven Justice initiative may provide an opportunity to have a better flow of information.

June Binney noted that available beds for children are hard to come by, and that police are filling in the gaps between when families identify a problem and when the child can get a placement.

Danna Mauch commented that police have no responsibility to step in when children are a problem for their parents, and was surprised to hear June Binney's comment.

June Binney clarified that families are calling 911 when they can no longer obtain compliance from their children.

Amanda Gilman noted that there is often a problem with prior authorization for services where different insurers have different practices and procedures.

Senator Friedman asked for the Commission to begin tracking a list of barriers to service that the Restoration Center Commission could be responsive to, including the prior authorization problem.

3:15 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. Catia will also be in touch scheduling the next Commission meeting.