

Section 35 Commission

Meeting Minutes
February 28, 2019
3:00-5:00 pm

Date of meeting: Thursday, February 28, 2019

Start time: 3:05 pm

End time: 5:00 pm

Location: Massachusetts Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109

Members in attendance	Vote 1*	Vote 2
Monica Bharel, MD, MPH – Department of Public Health (acting chair)	A	x
Michael Finn – Massachusetts House of Representatives	x	x
Ruth Balser – Massachusetts House of Representatives	x	x
Cindy Friedman – Massachusetts State Senate	A	x
William Brownsberger – Massachusetts State Senate	A	x
David Podell, PhD – MassBay Community College	x	x
Paula Carey – Chief Justice, Trial Court	x	x
Neal S. Hovey – Topsfield Police Department	x	x
Nancy Connolly, PsyD – Department of Mental Health (DMH)	A	x
Sabrina Selk, ScM, ScD – Office of Health Equity, DPH	x	x
Maryanne Frangules – Massachusetts Organization for Addiction Recovery	x	x
David Munson, MD – Boston Healthcare for the Homeless Program	x	x
Carol Mallia, RN, MSN – Massachusetts Nurses Association	x	x
Leo Beletsky, JD, MPH – Northeastern University	x	x
Carrie Jochelson, PMHCNS-BC – Massachusetts Association of Advanced Practice Psychiatric Nurses	x	x
Kristin Beville – National Association of Social Work	x	x
Jessie Rossman – American Civil Liberties Union of Massachusetts	x	x
Mark Larsen – Committee for Public Counsel Services	x	-
Leigh Simons Youmans – Massachusetts Health and Hospital Association	x	x
Vicker V. DiGravio III – Association for Behavioral Healthcare	x	x
Todd Kerensky, MD – Massachusetts Society of Addiction Medicine	x	x
Marcia Fowler – Bournewood Health Systems	A	x
Mark Green, MD – The Psych Garden	A	x
Alain Chaoui, MD – Massachusetts Medical Society	x	x
John Rosenthal – PAARI	A	x
Scott Weiner, MD, MPH – Massachusetts College of Emergency Physicians	A	x
Members participating remotely		
Richard G. Frank, PhD – Harvard Medical School	x	x
Members absent		
Marylou Sudders – Executive Office of Health and Human Services (Chair)	-	-
David Stewart, MD – Massachusetts Psychological Association	-	-

* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

Proceedings

Commissioner Bharel, acting Chair called the meeting to order at 3:05 pm. She noted that one of the Commission members would be participating remotely and all votes taken during the meeting would need to be conducted by roll call.

Vote 1 to approve the minutes: Commissioner Bharel requested a motion to approve the minutes from the Commission's previous meeting on December 6, 2018. Senator Brownsberger introduced the motion, which was seconded by Senator Friedman and approved by roll-call vote; Dr. Frank indicated his vote in the affirmative over the phone (see detailed record of vote above). The motion passed.

Commissioner Bharel introduced the panelists from the Department of Public Health (DPH): Michael Richardson, Section 35 Coordinator, Bureau of Substance Addiction Services (BSAS); Dana Bernson, Assistant Director, Special Analytic Projects in the Office of Population Health; and Hermik Babakhanlou-Chase, Director of the Office of Statistics and Evaluation at BSAS.

Mr. Richardson began the presentation with an overview of the Section 35 program, commitment criteria, and capacity of the facilities that house Section 35 patients. He noted that much of the analyses in the presentation were based on data for the three programs managed by the Massachusetts DPH/BSAS: the Women's Addiction Treatment Center (WATC) in New Bedford, the Highpoint Treatment Center at Shattuck Hospital in Jamaica Plain, and the Men's Addiction Treatment Center (MATC) in Brockton. He noted that these analyses were based on comparison populations of 3,239 Section 35 enrollments and 5,065 enrollments from licensed acute treatment service (ATS) and clinical stabilization service (CSS) programs. He stressed that the data did not cover the Section 35 facilities run by the Department of Mental Health (DMH) and the Massachusetts Department of Correction (DOC). (Refer to [PowerPoint presentation](#) posted online to the Section 35 Commission's Meeting Materials webpage for additional details.)

Commissioner Bharel noted that the largely descriptive data in the presentation is what DPH has access to currently. She added that the data presented in the final two slides of the presentation was from the Chapter 55 analyses, which included data for the 2011-2015 period. She stated that DPH is currently conducting a literature review on the differences in outcome data for coerced versus non-coerced patients.

Senator Friedman requested more information on the current capacity and number of beds, as well as the rate setting process for establishing the rate of \$36 for enhanced services.

In response to a question from Chief Justice Carey, Ms. Bernson noted that DPH is currently reviewing 2016/2017 outcome data for patients who had undergone voluntary versus involuntary treatment. Commissioner Bharel reminded members that the Chapter 55 data was from 2011-2015 and stated that the team is currently reviewing the data for 2016 and 2017.

In response to questions from Ms. Fowler and Rep. Balser regarding the rate of Section 35 patients who do not transition into a treatment program, Mr. Richardson noted that patients may be seeking follow-up treatment through their primary care provider or through private programs, but DPH does not have access to that data, so it is not reflected in the presentation. Commissioner Bharel noted that the information in the presentation is limited to transitions within BSAS's tracking system.

Commissioner Bharel highlighted the information in the presentation on priority residential programming for Section 35 clients, as well as the community-based programming that clients have access to for 12 months following their commitment.

In response to a question from Ms. Frangules regarding outcome data for female commitments, Director Babakhanlou-Chase stated that DPH is working with DMH to compare outcome data for the WRAP and WATC programs.

In response to a question from Dr. Kerensky regarding the outcome data for the two cohorts listed, Ms. Bernson noted that DPH will be conducting additional analyses on this data.

Commissioner Bharel reiterated that the comprehensive analyses on opioid datasets that were permitted under the Chapter 55 law passed in 2015 have not been used to conduct similar analyses on the existing data on Section 35 commitments. She noted that the Commission could request such analyses going forward.

In response to a question from Mr. Larsen, Mr. Richardson stated that within the next two years, the request for response (RFR) for Section 35 will be released as part of the procurement process.

Mr. DiGravio requested that data from DOC facilities be shared with the Commission. Dr. Connolly noted that data for DMH-managed facilities is available and could be shared with the Commission.

Professor Beletsky requested that adjusted analyses be conducted by DPH, as well as longitudinal studies. He added that it would be helpful to receive data on the availability of opioid agonist therapies at Section 35 facilities, or whether the facilities provide detoxification and abstinence-based treatment.

Rep. Finn stated that there is a lack of beds for facilities outside Boston, noting that transport times to facilities in western Massachusetts for individuals committed under Section 35, particularly women, can be very long. He added that the length of stay at the Stonybrook facilities is 7-10 days longer than the statewide average. Rep. Finn stated that he has spoken with Sheriff Cocchi and proposed Commission members visit the Hampden County and Springfield facilities.

In response to a question from Dr. Munson regarding the 23.7% of clients that were homeless, Director Babakhanlou-Chase stated that DPH uses both algorithms and survey questions to determine whether individuals are homeless.

In response to a request from Dr. Chaoui for data on the percentage of individuals who received community-based case management services following their release, Mr. Richardson stated that they would be able to provide the information to the Commission at a later date.

Dr. Frank reiterated members' request for adjusted analyses to be conducted on the data. He stated that the \$36 daily rate for enhanced services seems low and requested more information be provided to the Commission on the rate setting process and enhanced treatment services being offered to clients.

Commissioner Bharel thanked the panelists for their presentation and introduced the next group of panelists: Chief John McCarthy, Chief of Police for the Gloucester Police Department; Leslie Woods Milne, MD from the Department of Emergency Medicine at Massachusetts General Hospital; Leonard Shubitowski, MPH, NREMT, Deputy Superintendent of Field Operations, Boston EMS; and Steven Garceau and John Rosa, EMTs with Squad 80 for Boston EMS.

Dep. Superintendent Shubitowski introduced himself and gave a brief overview of his work with Boston EMS. He commented on the particular challenges his teams face working with opioid use disorder, and highlighted the need to continue improving cross-agency communication and data sharing.

Mr. Garceau and Mr. Rosa introduced themselves and provided an overview of their work with Squad 80, the program launched in 2018 that engages with substance abuse and outreach workers, responding to

Unknown-EMS and EMS-Investigation calls in high-utilization areas such as the Melnea Cass, Massachusetts Avenue intersection, Boston Common, and Downtown Crossing. They noted that Squad 80 circulates high-utilization areas in a non-transporting SUV and responds to emergency calls for which an ambulance may not be required.

Chief John McCarthy introduced himself and provided an overview of the high-risk task force in Gloucester, which was assembled in 2009 and meets monthly to bring together first responders and representatives from 20 local agencies working to support individuals with substance use disorders. Chief McCarthy noted that he considers a Section 35 a helpful tool of last resort for individuals most at risk. He recommended enhancing the Section 35 statute to allow police to hold individuals overnight, and expand the list of those authorized to file a Section 35 petition to include EMS personnel. He also called for greater coordination between law enforcement and correctional facilities to ensure newly-released individuals receive aftercare and well as medication-assisted treatment options such as naltrexone.

Dr. Milne introduced herself and provided an overview of patient data collected as part of a study conducted by Massachusetts General Hospital's Emergency Department. (Refer to [PowerPoint presentation](#) posted online to the Commission's Meeting Materials webpage for additional details.)

In response to a question from Director Selk, Dep. Superintendent Shubitowski reiterated his belief that data sharing between police and EMS remains an issue.

In response to questions from Professor Beletsky, Chief McCarthy noted that decisions about whether to file a Section 35 petition are made on a case by case basis in consultation with the high-risk task force. Chief McCarthy stated that he will share research that the high-risk task force has conducted with the Commission.

In response to a question from Dr. Weiner, Dep. Superintendent Shubitowski stated that programs like PAARI and the Angel program that take a multi-dimensional approach to opioid use and recovery are gaining force across Massachusetts and the country. Chief McCarthy added that law enforcement's response to substance use and addiction has evolved and cited the growth of pilot programs to allow officers to carry naloxone. He reiterated that programs like the Angel program are best suited for those seeking treatment voluntarily, while the Section 35 process exists for those who are unable to decide.

Dr. Kerensky stated that as a result of the limitations placed on EMS due to confidentiality laws, the task of following up with high-risk patients falls to law enforcement, with whom patients may not typically interact. Professor Beletsky added that high-risk patients' experiences within the emergency department may not be positive and that increased focus should be placed on improving systems of care to help incentivize individuals to enter treatment voluntarily.

In response to a question from Mr. Rosenthal regarding first responders' supplies of naloxone, Mr. Garceau noted that they have adequate supplies. Dep. Superintendent Shubitowski added that the availability and education related to naloxone has improved.

Commissioner Bharel clarified that while prescription drugs such as naloxone are federally-restricted, the state level standing order for naloxone has facilitated its widespread availability across the state.

In response to questions from Dr. Green and Ms. Simons Youmans, Dr. Milne noted that the Section 35 process exists for those patients who are most at risk. She stated that the decision about whether to file a Section 35 petition are made on a case by case basis and that staff consider the severity of each individual's case.

Senator Brownsberger requested more information on the content of treatment, particularly related to readiness for change and the development of motivation to enter treatment.

Commissioner Bharel thanked the panelists and reminded members that the next Commission meeting is scheduled for April 25, 2019.

Vote 2 to adjourn the meeting: Commissioner Bharel requested a motion to adjourn the meeting. Director Selk introduced the motion, which was seconded by Mr. DiGravio and approved unanimously by roll-call vote; Dr. Frank indicated his vote in the affirmative over the phone (see detailed record of vote above). The motion passed.

The meeting was adjourned at 5:00 pm.