A Multi-Stakeholder Developed Roadmap to Designing and Implementing a Crisis Diversion Center

forHealth® CONSULTING at UMass Chan Medical School

Presented to:

RISE 26

July 20-23, 2026 • Nashville, Tennessee

Presented by:

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Billerica MA Police Department

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July 21, 2026

Agenda

- Welcome and Introductions
- Getting to know who is in the room
- Overview and History of the Commission
- Model Development
- Working and Engaging with Law Enforcement
- Implementation Preparation and Ongoing Work
- Q&A & Wrap-up

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Welcome and Introductions

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Overview and History of the Commission

Commission Mandate and Members

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- To plan and implement a county restoration center and program to divert persons suffering from mental illness or substance use disorder who interact with law enforcement or the court system during a pre-arrest investigation or the pre-adjudication process from lock-up facilities and hospital emergency departments to appropriate treatment.
- Members:
  - Middlesex Sheriff Peter Koutoujian *(co-chair)*
  - Senator Cindy Friedman
  - Deirdre Calvert, Bureau of Substance Addiction Services
  - Lydia Conley, Association for Behavioral Healthcare
  - Lee Robinson, MassHealth
  - Eliza Williamson, National Alliance for Mental Illness of MA
  - Dr. Danna Mauch, MA Association for Mental Health *(co-chair)*
  - Representative Kenneth Gordon
  - Chief Justice Paula Carey, MA Trial Court
  - Chief Roy Frost, Billerica Police Department
  - Audrey Shelto, Blue Cross Blue Shield of MA Foundation (retired)
  - Bridget Nichols, Department of Mental Health

Commission History and Background

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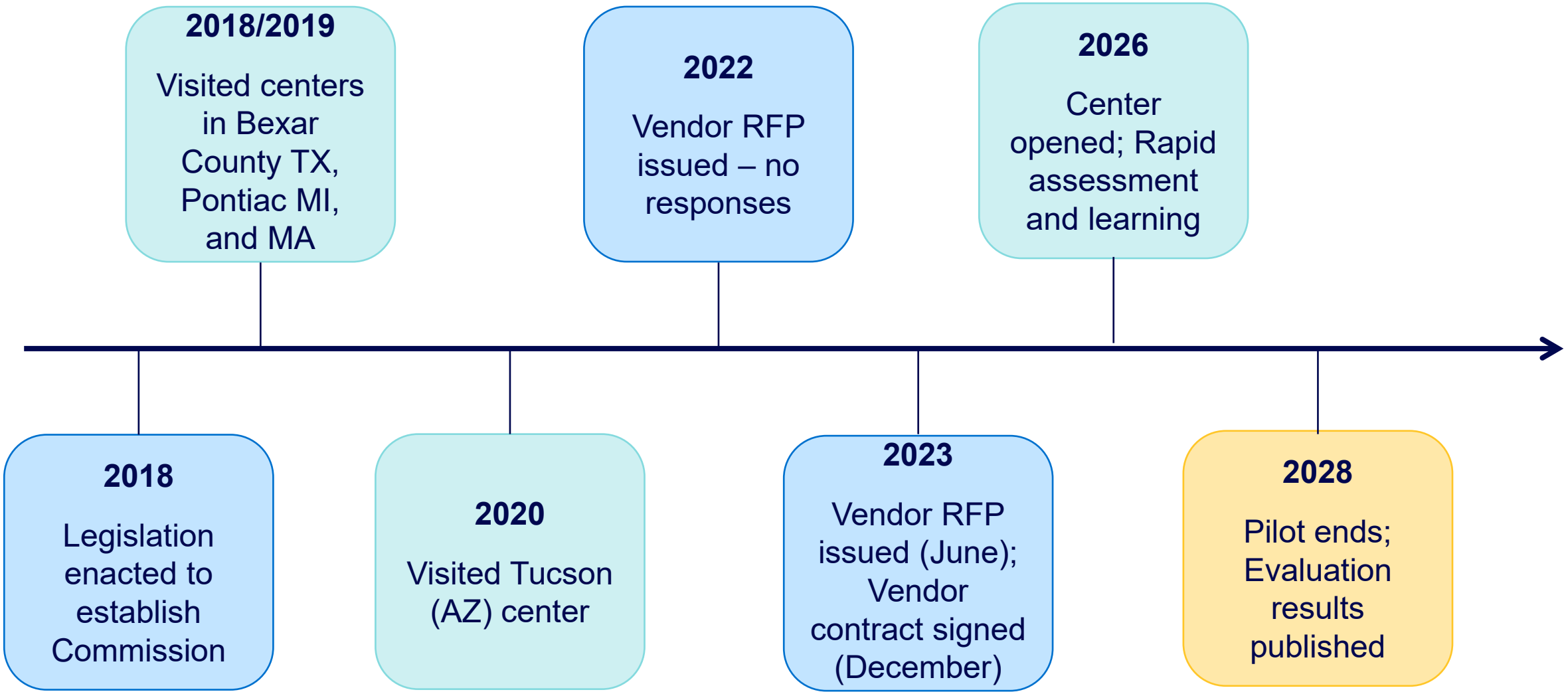

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Model Development

Strategic Planning Framework (1)

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Strategic Planning Framework (2)

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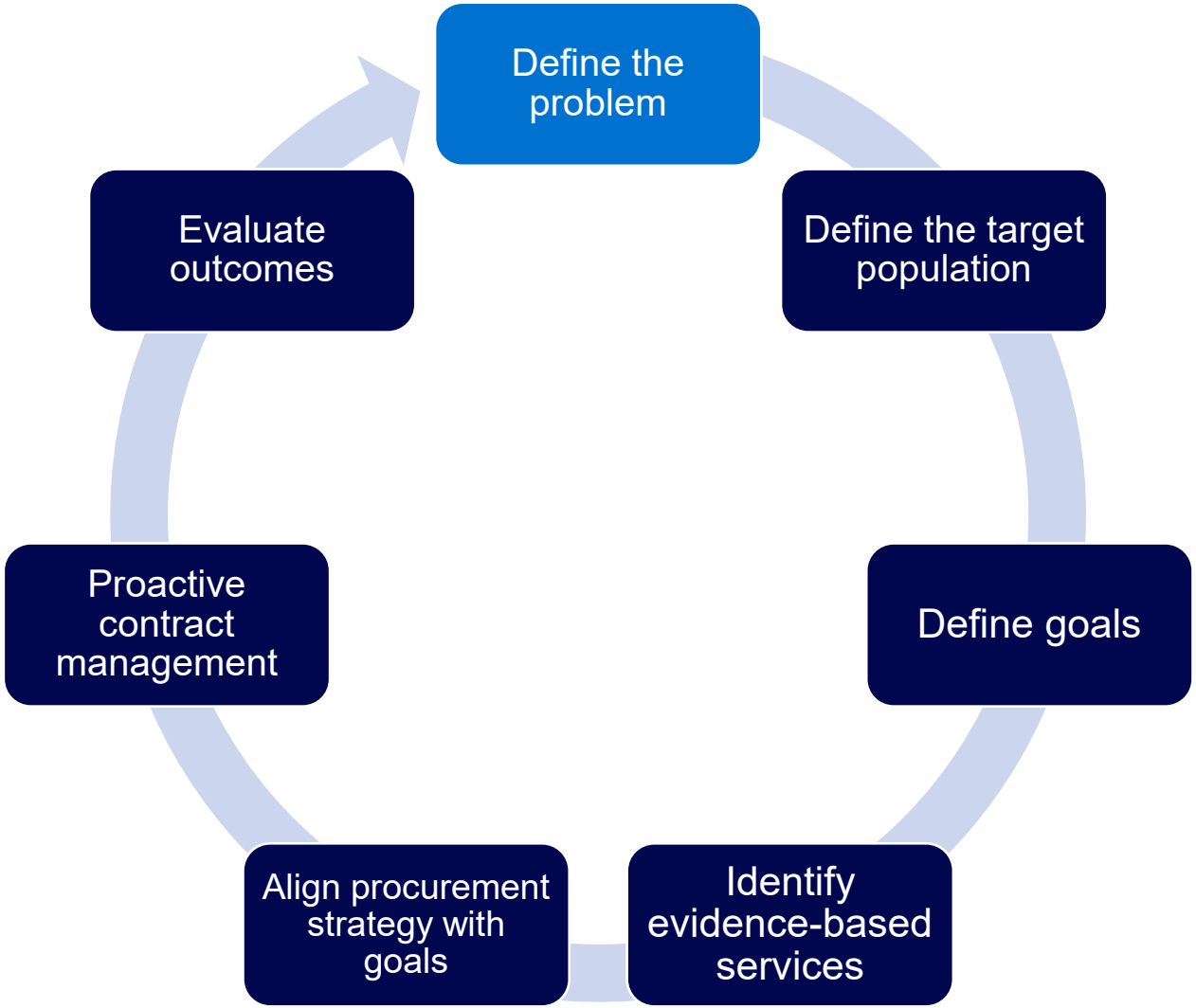

Problem statement:

Individuals living with mental illness and/or substance use disorder too often interact with law enforcement and the court system or are incarcerated or hospitalized.

Strategic Planning Framework (3)

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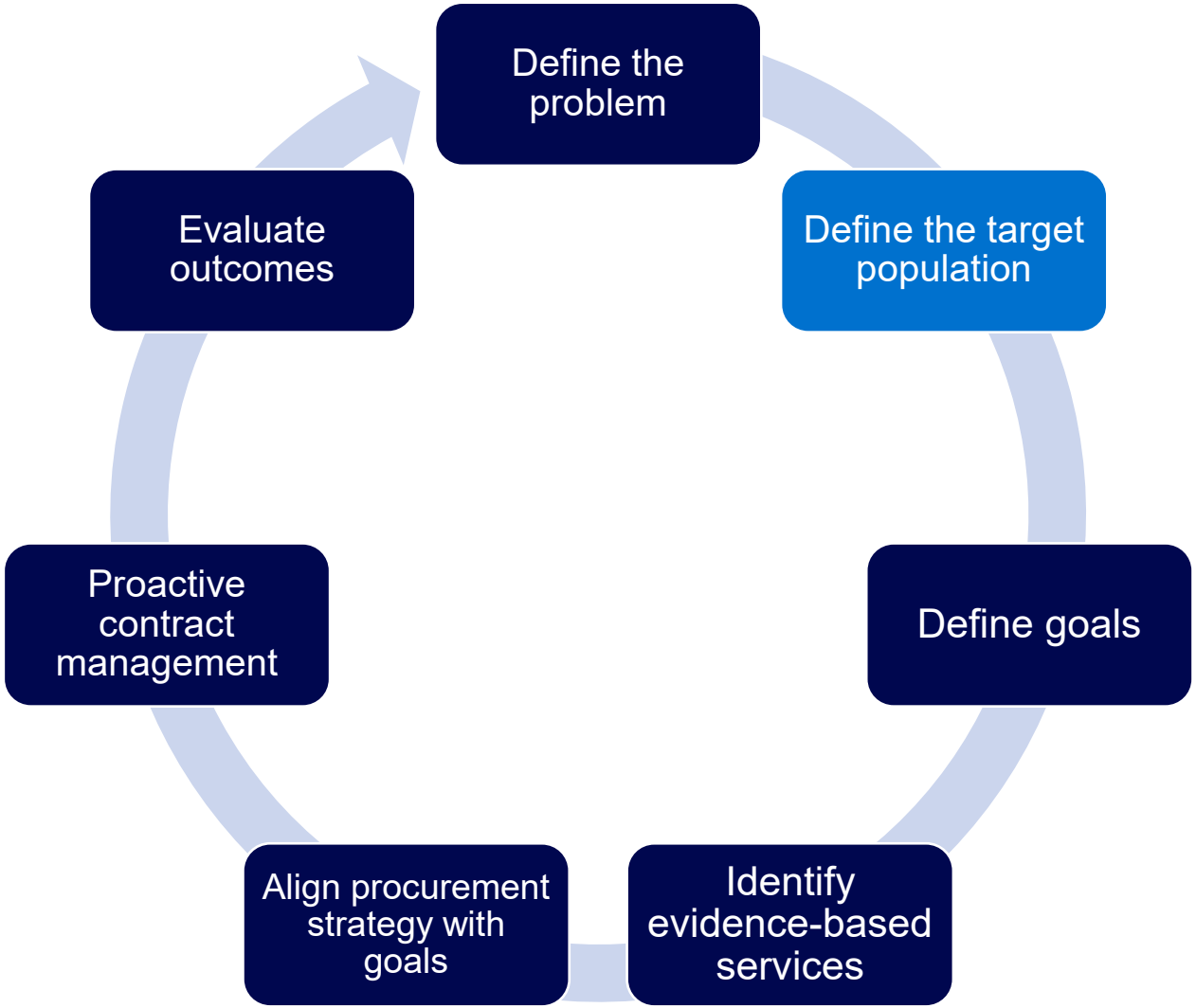

- For whom is this problem?
- For whom is the Commission solving this problem?

- Already involved with the criminal legal system through, at a minimum, interaction with law enforcement or the court system; *OR*
- At high risk of becoming involved with the criminal legal system due to their behavioral health status, and who could benefit from urgent access to behavioral healthcare that could prevent initial law enforcement contact.

Strategic Planning Framework (4)

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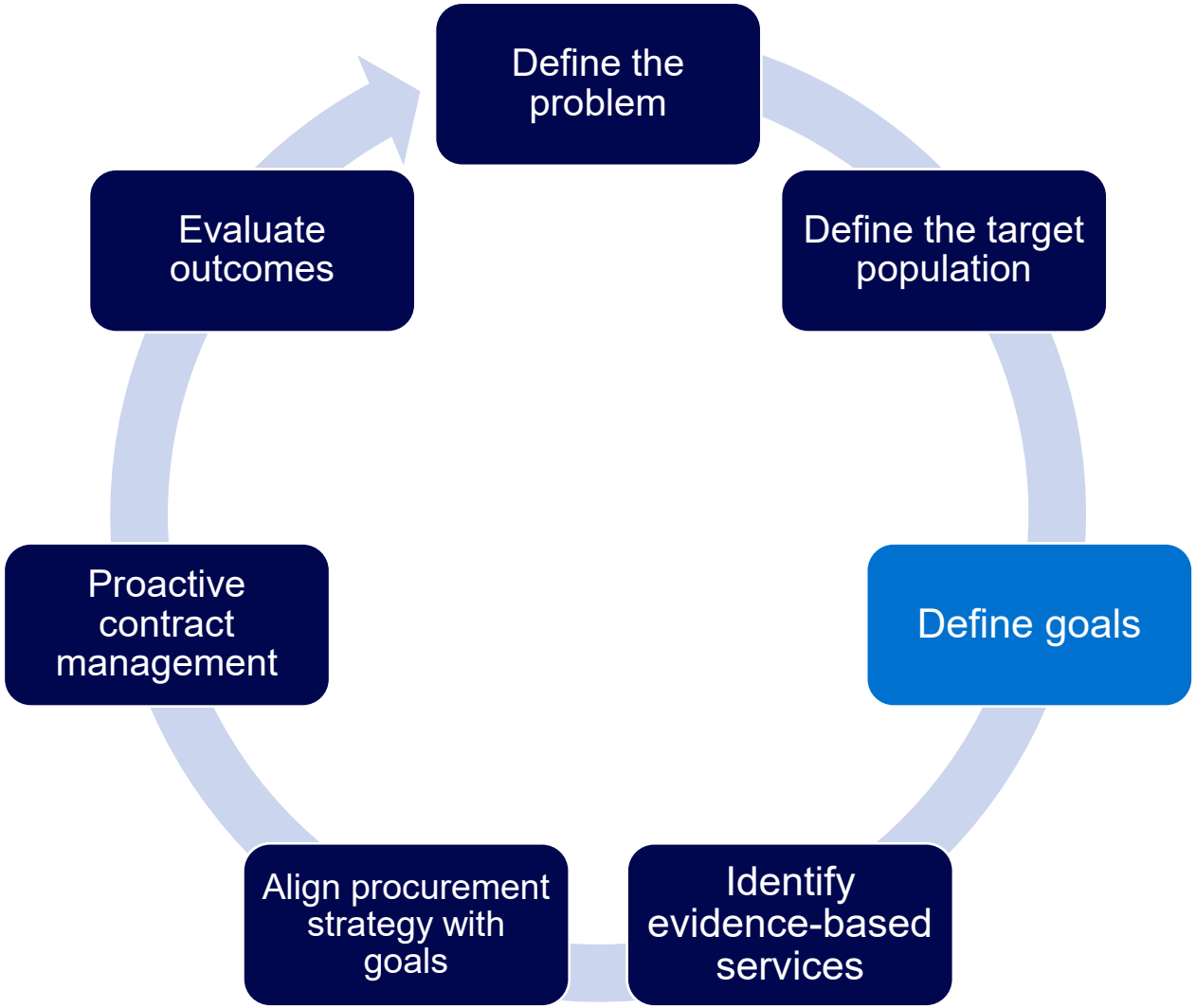

- **Reduce arrest** by providing a safe treatment alternative;
- **Reduce arraignment** by providing a safe treatment alternative to police lock-up;
- **Reduce reconviction** by providing improved community-based treatment options to those reentering community from incarceration;
- **Reduce days spent incarcerated** by improving health outcomes;
- **Improve health outcomes and community tenure** by more effectively triaging individuals with behavioral healthcare needs;
- **Reduce emergency department visits** by providing urgent behavioral healthcare for individuals who can be served in this less-restrictive setting;
- **Reduce emergency department boarding** by reducing emergency department utilization and improving health outcomes;
- **Increase use of community-based behavioral healthcare** by more effectively triaging individuals to less-restrictive, community-based care settings; and
- **Increase use of services** by supporting social determinants of health by more effectively linking individuals to other human services.

Strategic Planning Framework (5)

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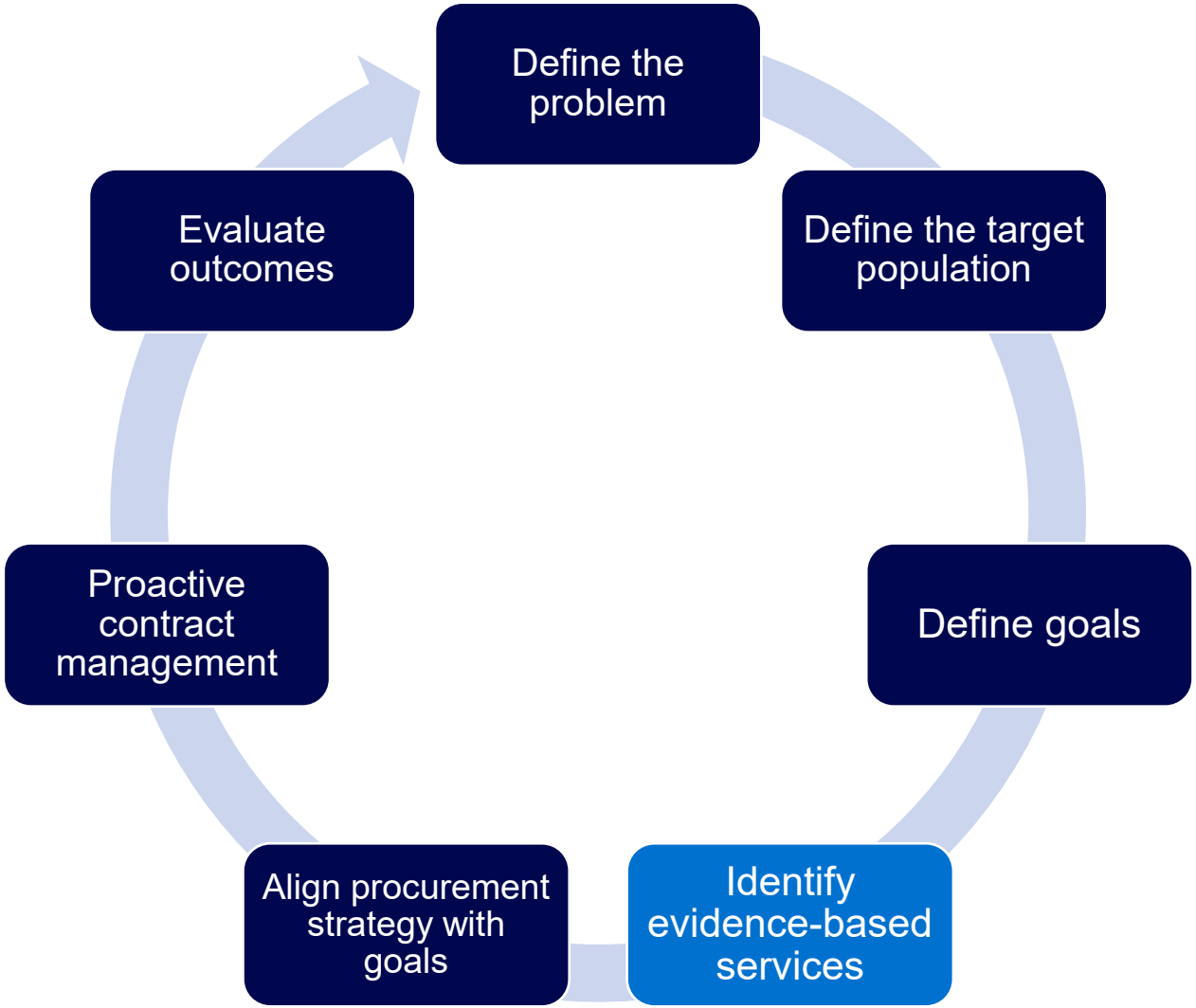

Reviewed services such as:

- Crisis stabilization
- Respite
- Mobile crisis teams
- Case management and navigation services
- Transportation services
- Outpatient treatment
- Urgent psychiatric treatment
- Psychopharmacology, including medication-assisted treatment

- What are other jurisdictions' approaches?
- What services already exist in Middlesex County?
- What initiatives are state and local agencies already undertaking in Middlesex County that could address the problem statement?
- What are the costs and benefits of services in relation to outcomes of interest?

Recommendations From Partners

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A restoration center is a viable alternative to the emergency department for non-acute behavioral health crisis or needs and should:

- Be **insurance agnostic**, requiring braiding MassHealth coverage, regulatory requirements for commercial insurance parity, and supplemental state funding.
- Be the **easiest alternative for first responders**, including by funding safe, fast, and reliable transportation for law enforcement and locating near public transit.
- Be sited in the geographical area of **highest need**.
- **Leverage existing local services**; don't duplicate.
- Be a **welcoming, non-stigmatizing** environment focused on the mutuality of care with timely connections to next steps; include peer professionals.
- Have **housing resources** or staff to help individuals connect to local resources and permanent supportive housing.
- Provide **support for clients** to navigate post-release, parole, probation, and scheduling/transportation for appearing in court.
- Provide **water, food, telephone and internet access, and childcare** for clients.
- Include **officer and EMS training** in rollout of the center.
- Include field-based medical clearance to appropriately **triage between ED and restoration center** transports at the initial point of contact.

Strategic Planning Framework (6)

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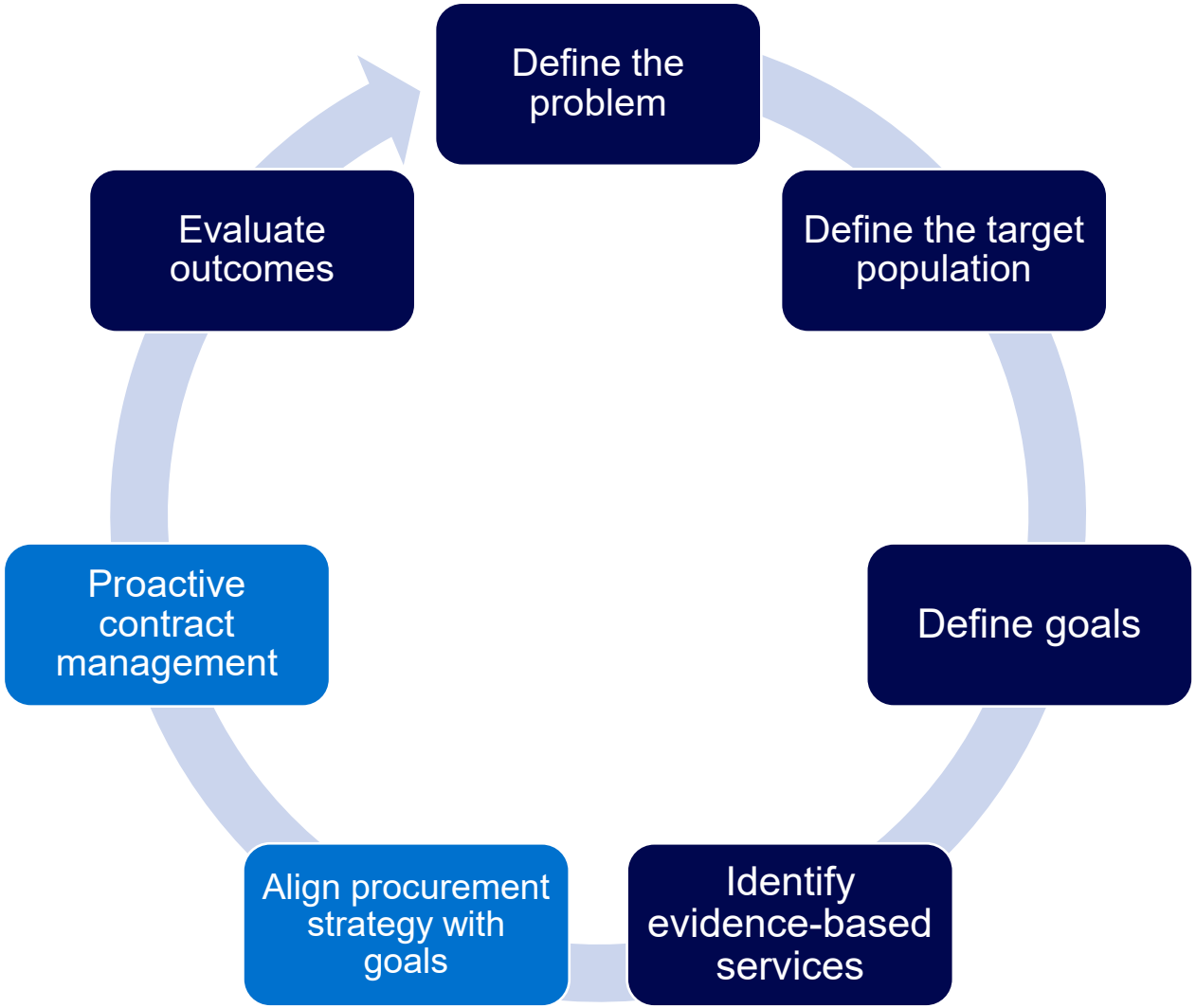

- **Issued original RFP** in 2022 – no responses
- **Issued Request for Information** (RFI) to identify RFP results and procured vendor to help with 4 tasks identified in RFI
  - Siting and location
  - Outreach and engagement with community organizations, local governments, and residents
  - Sustainability planning
  - Communications support
- **Issued revised RFP** in 2023 – received responses
- Continued **technical assistance, support, monitoring, and oversight** during pilot

Strategic Planning Framework (7)

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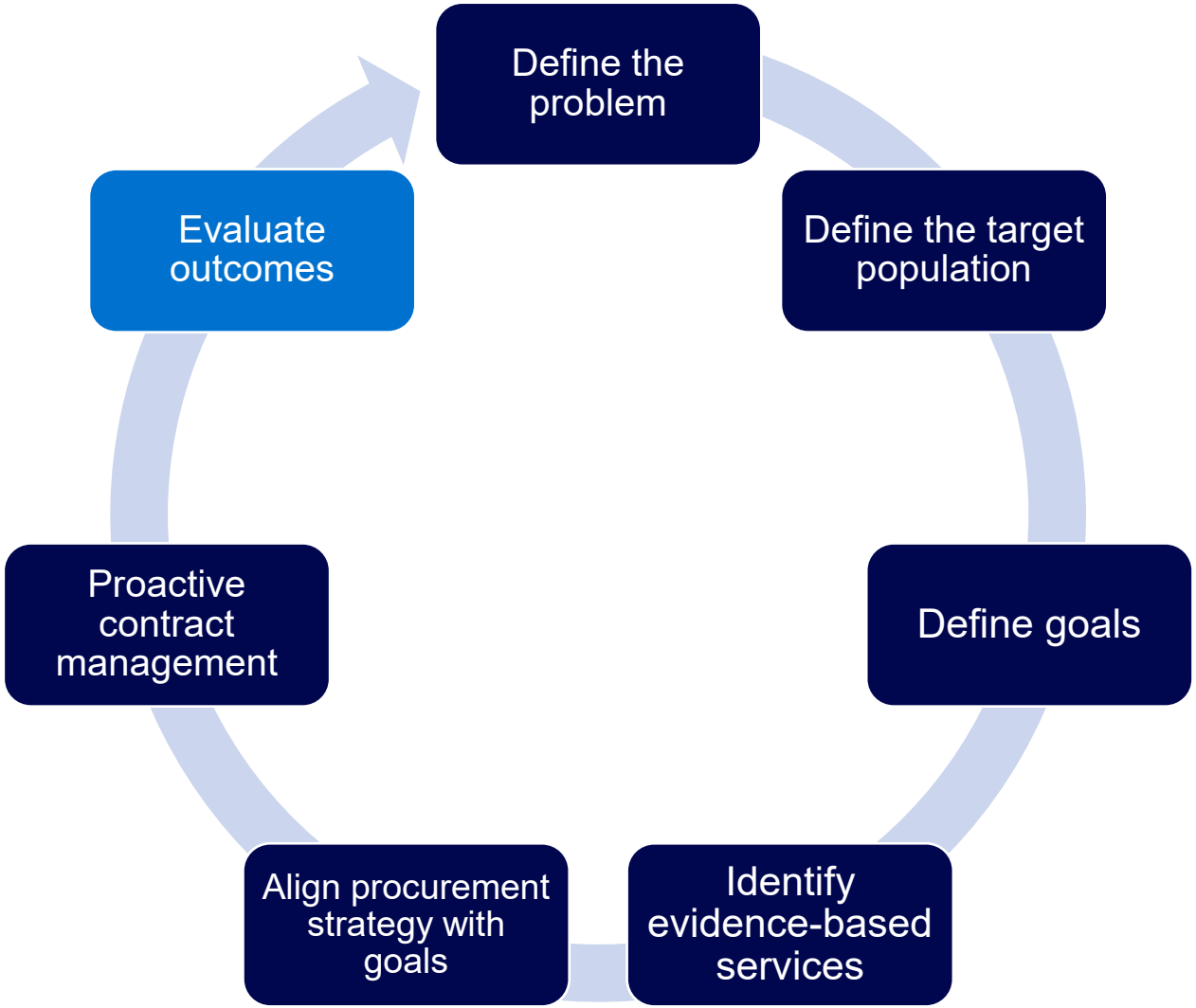

Data collection activities:

- Monthly aggregate data
- MassHealth claims data
- Middlesex Sheriff's Office and Trial Court data
- Surveys from officers during drop-off
- Interviews with clients
- Interviews with staff

Three components:

- Implementation study
- Outcome study
- Impact study

Restoration Center Mission

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Provide an alternative, 24/7 location for urgent and crisis behavioral healthcare that supports police and first responder's efforts to divert individuals, 18 years old or older, who are experiencing a mental health or substance use disorder crisis, from arrest, the emergency department, and unnecessary hospitalization.

Restoration Center Goals

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- **Enhance capacity to triage, assess, stabilize**, and provide respite for residents experiencing a behavioral health crisis, especially those **involved with the criminal legal system**
- **Reduce arrest, ED visits and boarding**, arraignment for individuals with behavioral health conditions
- **Increase use of community-based behavioral healthcare** and social services and supports
- **Improve equity and reduce racial and ethnic disparities** in access to services and behavioral health and public safety outcomes

Restoration Center Model

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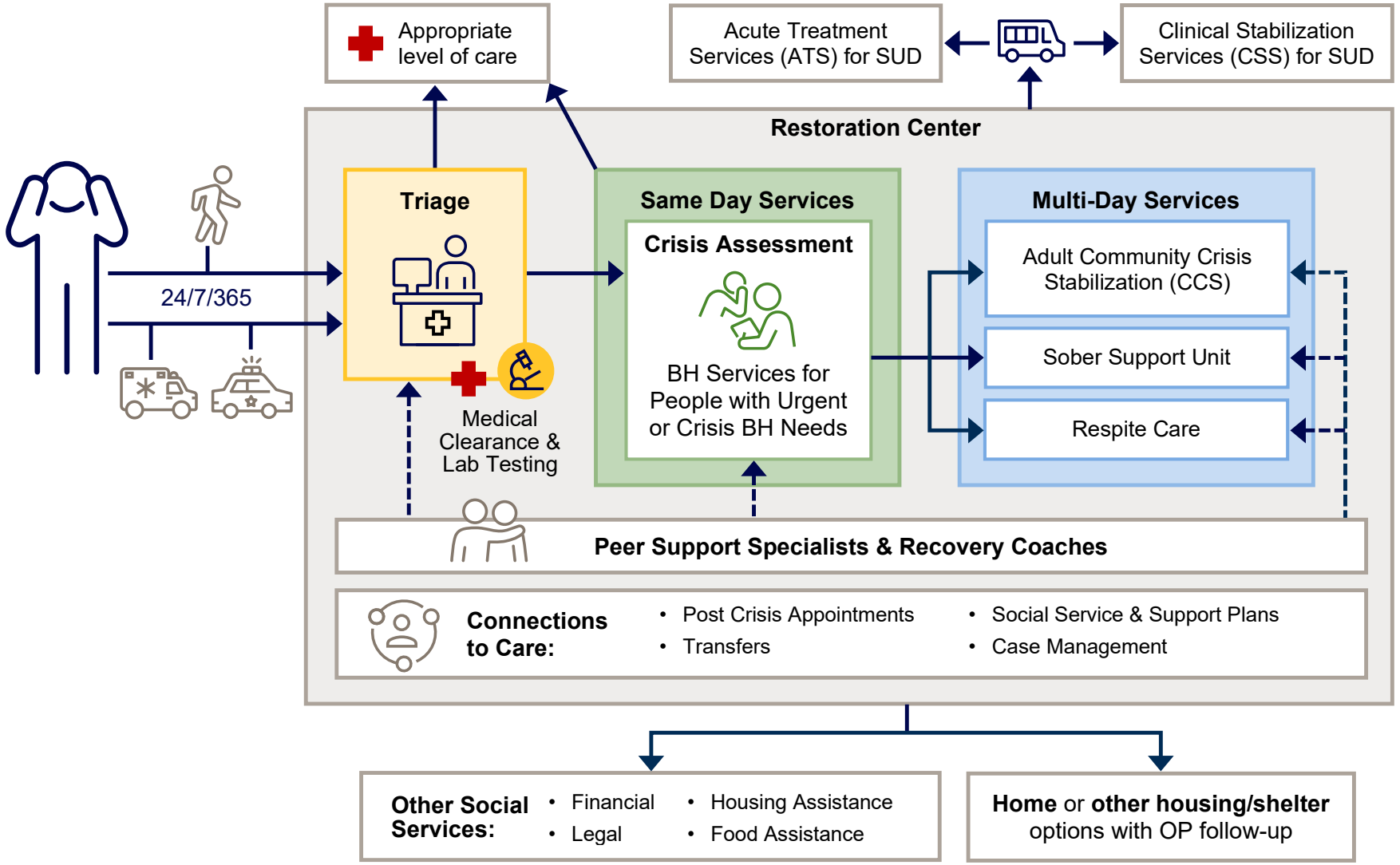

- A "no wrong door" triage relationship with the community behavioral health center (CBHC) a few miles away
- 24/7/365 access via police drop-off, CBHC transfer, and walk-in
- Co-located with new substance use disorder treatment capacity

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Working and Engaging with Law Enforcement

Law Enforcement Engagement

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- Focus of the Center as a diversionary model
- Activities
  - Crisis Intervention Training (CIT)
  - Partnership with clinicians
  - Chiefs' meetings
  - Situation Table
  - Tabletop exercises
- Information sharing and Critical Incident Management System (CIMS)

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Implementation Preparation and Ongoing Work

The Restoration Center of Greater Lowell

OPENED APRIL 1, 2026

Vinfen

Transforming lives together

www.vinfen.org

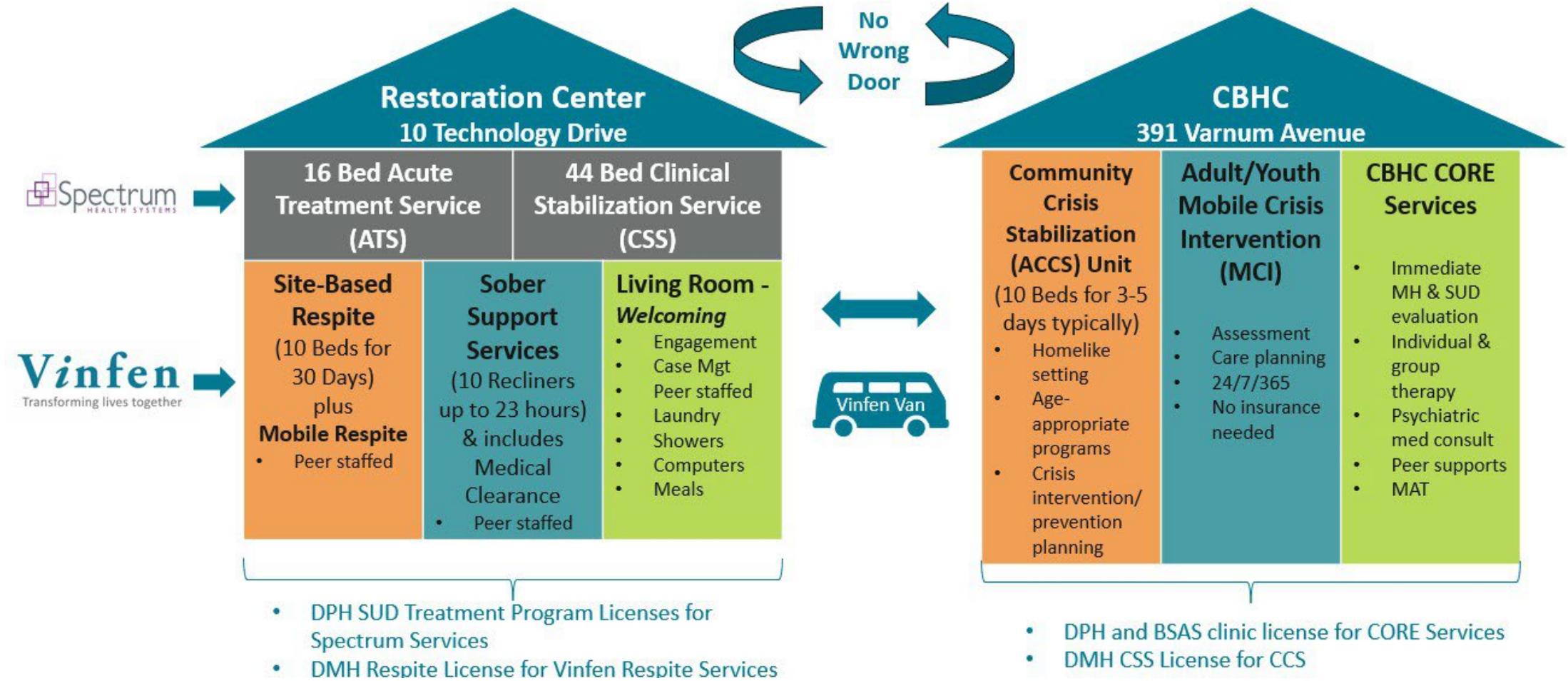
July 2026

Mission: Provide alternative, 24/7/365 location for urgent and crisis behavioral health care that ***supports first responder's efforts to divert individuals, 18 years old or older***, who are experiencing a behavioral health, including substance use disorder, crisis. Diversion from arrest, the emergency department (ED), and unnecessary hospitalization combined with enhanced access to needed services is our priority.

Goals:

- Enhance capacity to triage, assess, stabilize, and provide respite for residents experiencing a behavioral health crisis, especially those involved with the criminal legal system
- Reduce arrest, arraignment, and ED visits and boarding for individuals with behavioral health conditions
- Increase use of community-based behavioral health care and social services and supports
- Improve equity and reduce racial and ethnic disparities in access to services and behavioral health and public safety outcomes
- Provide real time supports and advocacy to connect persons served with services they need and desire

Restoration Center / Community Behavioral Health Center (CBHC) Services



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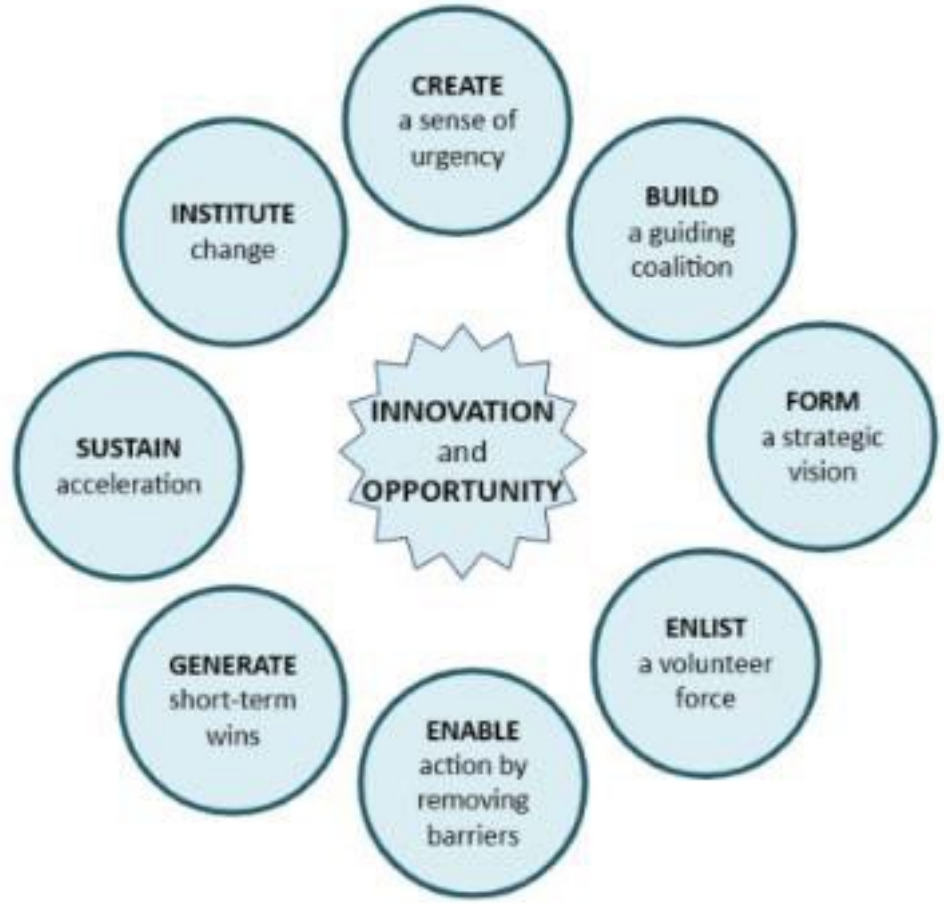
Innovation Necessitates Change AND Change Management

1. Inspire people to act
2. Build a coalition of invested changemakers
3. Define how the future will be different and why that matters
4. Leverage the existing change agents in the system to help others rally around the opportunity
5. Identify and address barriers to change
6. Create opportunities for short-term wins – measure progress, create buy-in, and build momentum
7. Build on those early wins to maintain energy for long-term change
8. Evaluate – use data! Adjust and evaluate again. Aim for iterative improvement.



[The 8-Step Process for Leading Change | Dr. John Kotter]

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Share the Mission and the Why

Vinfen leadership began in early 2024 outreaching to providers and community-based organization to both learn what is in place and what is most needed as well as sharing the mission and purpose of the Restoration Center.

- Met with the Police Chiefs in the communities in the Greater Lowell area
- The Executive Director participated in ride-alongs with clinicians from the behavioral health unit locally
- Attended roll calls at changes of shift
- Spoke to BH leadership at local hospitals and Emergency Medical Services (EMS)
- Attended and maintain attendance at local community-based meetings and outreach opportunities

Situation Table – Vinfen runs	Outreach at Eliot Church and Eliot Church Weekly Housing Update	Hunger Homeless Commission and City Manager Task Force on Homelessness Services Subcommittee
Lowell Mayor's Opioid Task Force and Middlesex County Opioid Task Force	RISE Coalition	Greater Lowell Reentry Roundtable (THRIVE)
Jail Diversion and Community Collaboration	DMH Collaboration Meeting	GLHA BH Task Force and GLHA SUD Task Force

Law Enforcement Nexus Meetings

Weekly meetings began October of 2026

- Key informants from EMS, Lowell Police Department including a BH clinician co-responder, Lowell Department of Health, Vinfen, Spectrum and others
- Focus: Operationalizing the model in Lowell with key partners
- Developed Universal Principles of Care Document for use with all PDs
- Developed Triage Clearance Form
- Developed LE Sign-off Document
- Supported engagement with Greater Lowell Police Chiefs
- Supported engagement with all Middlesex County Police Chiefs
- Next steps are building on initial roll call in Lowell to engage with Command Staff for Patrol Officers

Tabletop Scenarios

Scenario 1: The COOP is performing following up when they observe John Doe at 2pm out in the community and John is walking through traffic in downtown Lowell, causing a potential public safety concern. John appears intoxicated and possibly under the influence of a substance. The responding officer offers John the option to connect with a local support program. John is coherent enough to confirm that it would be nice to get some support and agrees to be transported to the Restoration Center. He poses no immediate threat to others or himself. YES – Drop Off at RC

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Universal Principles of Care

… This guidance ensures timely, safe, coordinated care for individuals experiencing behavioral health (BH), which includes mental health (MH), substance use disorder (SUD), and/or co-occurring disorders (COD), or other related emergencies, while also supporting the needs of law enforcement professionals. …

Vinfen's approach to collaboration with law enforcement is rooted in the following principles:

Together we are committed to public safety and providing services for those that may be most at risk due to BH, SUD, COD, or HRSN concerns.

The RC is committed to working with public safety partners to be able serve those community members who may be at highest risk using a "Get to Yes" approach.

We recognize the inherent value of each individual we serve and are dedicated to a "No Wrong Door" approach to providing needed BH, SUD, COD, and HRSN services, whether at the RC or the CBHC.

We are committed to collaboration to provide the highest quality intervention at the right time and in the right setting to help individuals lead full and productive lives.

…

Universal Principles of Care

…

The individual must not need emergency department (ED) level of care. Individuals will be connected to higher or more appropriate levels of care as needed.

If known that this is their first episode of MH crisis including psychosis, EMS will be contacted Individuals will be connected to EMS or emergency care for symptoms including the following:

- Repeated episodes of vomiting
- Active seizures
- Chest or abdominal pain
- Obvious signs of head trauma
- Stroke-like symptoms
- Active bleeding or blood in their vomit

If there are indications of (or reports of) sexual assault or sexual trauma, the RC staff will encourage the individual to seek emergency care and support the individual as needed including accompanying them at the ED when desired and if possible.

…

Universal Principles of Care

…

To ensure a smooth and safe process:

The RC will provide Middlesex County Police Departments current bed or space capacity at the start of every shift by email at 7A, 3P, and 11P daily.

LE may call ahead to the general program number to ask about capacity at any time.

The Nurse Manager or Recovery Coach will meet the police officer and person served either at First Responder Drop Off or at the Main Entrance to the RC, and the person served will be asked to provide consent for services.

Triage Staff will conduct the medical screening within 15 minutes and notify the police officer that the person may or may not stay.

The police officer will be provided with the "Transfer of Care" Document signed by RC staff. The form will document the reason indicated if the person served is not able to stay.

Once admitted, the person served will be escorted to the Sober Support Services area, the Living Room, or On-site Respite for services as appropriate.

…

Universal Principles of Care

…

We recognize that police officers are on the frontlines of the BH crisis. Vinfen is committed to:

Responsive bidirectional communication to support referrals and provide supports to law enforcement.

Ongoing collaboration to address and improve processes to address concerns as they arise.

Ongoing collaboration in community engagement efforts to improve and streamline processes and to improve outcomes for persons served.

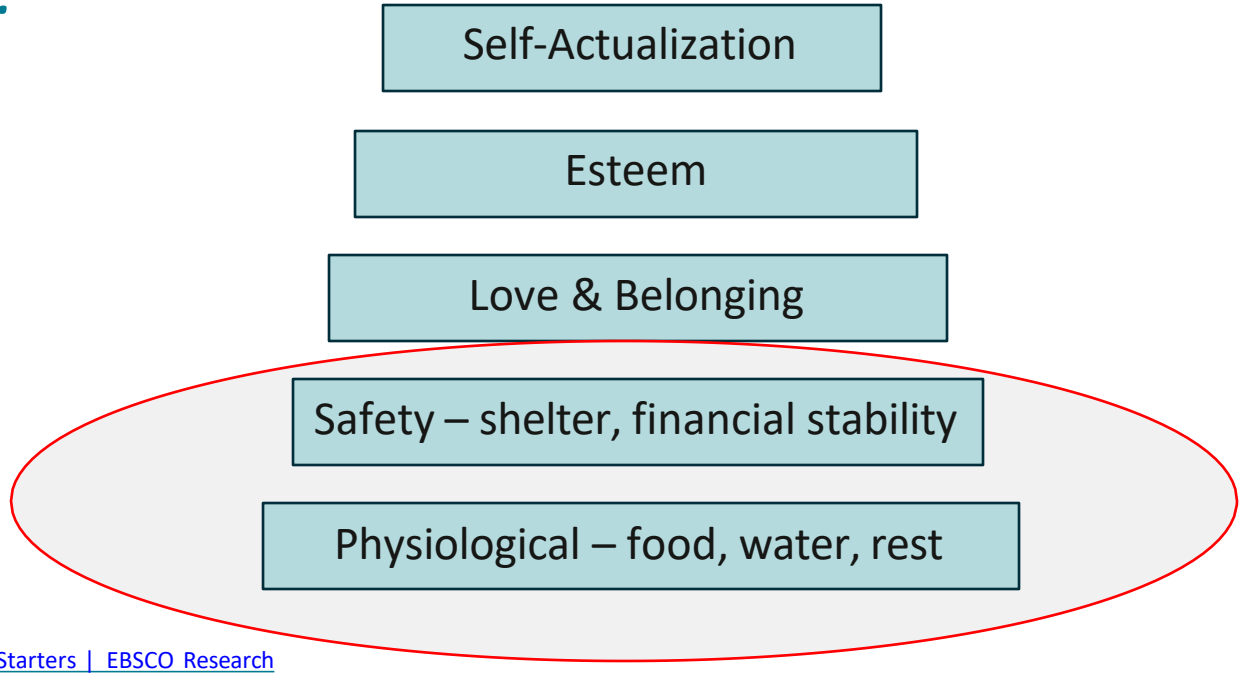
Ongoing collaboration on Community Education and Prevention Efforts

After action debrief sessions as needed to improve processes for the future.

…

Foundation for Model of Care at the Restoration Center

The Restoration Center work begins with understanding that people need to be respected, safe, warm, fed, and rested to truly be able to respond to greater engagement and then potentially set or address goals including goals for change.



Maslow's hierarchy of needs | Psychology | Research Starters | EBSCO Research

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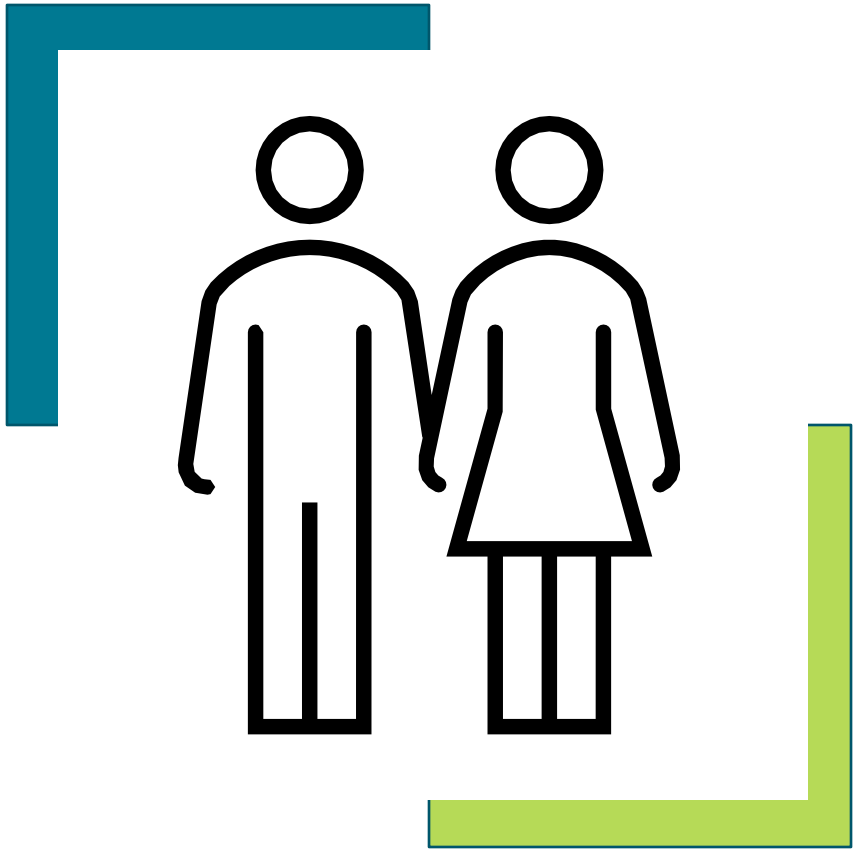
Case Study



Law Enforcement Drop-off

44 y.o. Male and 42 y.o. Woman

Unhoused, displaced by winter protocols for extended housing ending, both in methadone maintenance.

Dropped off at Living Room (LR) for housing supports and subsequently transported to clinic for dosing.

Following several hours in LR, both became obviously sedated and difficult to rouse following a smoke break.

Nurses engaged to assess, vital signs within acceptable parameters, so transitioned to Sober Support (SS) for monitoring.

Length of Stay (Day 1): approximately 20 hours

Visited 3- 4 days per week for next 2 weeks, LR and SS depending on sedation measures

Case Study

Law Enforcement Drop-off

Mid fifty y.o., Female

Had been living with daughter for extended period while successful abstaining from alcohol use. Daughter told her to leave after a return to use “celebrating her birthday”

Dropped off at LR, medically assessed stable, and not needing Sober Support monitoring – experiencing some dry heaving.

Interviewed by peer, expressed no needs other than a bed temporarily. She has a community-based caseworker, a recovery coach, a primary care provider and psychiatrist, and care management services. “I can stay with a friend for a few nights.”

Charged phone, napped, and called friend for pick up to stay with her temporarily.

Length of Stay - approximately 5 hours

Case Study

Referral from Community-based Provider

38 y.o. Male, homeless since 17, reports starting substance use at 11; woke in the morning to find partner expired from apparent accidental overdose.

Admitted to Site-based Respite for 30 day stay, found using in space and extremely sedated 8 days later, referred to Sober Support for monitoring. Discharged from Respite, but utilizes Sober support and living room somewhat regularly for 2 -4 weeks

Connecting again through Mobile Respite with a goal of a site-based placement then a longer-term placement in a sober program

Engagement continues across program offerings, and person served is actively engaging in next steps with each visit.

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Q&A

Thank You

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Appendix


MECH. ROOM
+/- 10,250 SF
ELEVATOR
EYE WASH
TRIAGE AREA
CRASH CARTS
HAZARDOUS WASTE
SECURED BELONGINGS
SECURED CORRIDOR
EMERGENCY SERVICES ENTRY
DRIVE-IN DROP-OFF
BATH W/ SHOWER
SECURE HOLDING AREA
SECURE AREA
EXISTING GARAGE DOOR OPENING
WIDTH: 8'-1"
6 PASSENGER VAN DIMENSIONS
FORD TRANSIT:
SHOULD FIT WITH MIRRORS FOLDED
Height: 6'-10"
Width with mirrors: 6'-1 1/2"
Width with mirrors folded: 6'-11 1/4"
MERCEDES BENZ SPRINTER:
SHOULD FIT WITH MIRRORS UNFOLDED:
Overall height: 9'-5"
Overall width with mirrors: 7'-8"
SOBER BED
JANITOR CLOSET
LAUNDRY
SHOWER ROOM
BATH
NURSE'S STATION
DIRTY ROOM
CLEAN ROOM
MEETING ROOM
MEETING ROOM 1
MEETING ROOM 2
KITCHENETTE
SEATING AREA
TV WALL
COMPUTER LAB
OFFICE
LIVING ROOM AREA
STORAGE
MECH. CLOSET
SUPPLY CLOSET
MECH./IT
STAIR - 3
UP
SPRINKLER
STAIR-1
CORRIDOR
OFFICE
DIRECTOR'S OFFICE
GROUP ROOM
KITCHEN
NURSE'S OFFICE
RESPITE BED
SHOWER
CLOSET
RECEPTION & WAITING AREA
ELECTRIC
COPY/ PRINT
NEW ELEVATOR
OUTPATIENT/ GUEST ENTRANCE
VESTIBULE
CONFERENCE ROOM
BREAKROOM
STAFF STATION
LINE OF FLOOR ABOVE
MAIN ENTRY
1:12 ADA RAMP
NEW 42"W ENTRY DOOR

Vinfen

Welcome and Safe to Stay

- 18 years or older
- Experiencing a BH (mental health (MH), substance use disorder (SUD), co-occurring disorder (COD), or health related social need (HRSN)) exacerbation
- Not needing higher level of care
- Not posing an imminent risk to self or others
- Insurance is not needed at the Restoration Center

Medical triage provided when indicated or when person served appears under the influence

- Vitals within acceptable parameters
- No concerning signs including repeat episodes of vomiting, seizures, chest or abdominal pain, or active bleeding
- Triage provided in 15 minutes or less – key especially for Law Enforcement drop-off

We deploy a Multi-disciplinary Team (MDT)

› Nurses, Certified Nurse Assistants (CNAs), Certified Peers and Recovery Coaches, Direct Care staff, a Case Manager, and BH Clinicians

Model includes:

› Sobering Support Services – 10 medical recliners for individuals experiencing the effects of substances who would benefit from a safe, medically supervised, therapeutic environment to sober and potentially engage with Recovery Coaches and explore treatment as desired.

› Living Room – welcoming, low barrier, and trauma informed space providing persons served an opportunity to engage with Peers and case management to address their whole health care needs including linkages to primary care, supports for BH or SUD concerns, and address health related social needs (HRSN) like employment or housing.

› Onsite Respite – 10 beds, 30-day stays providing therapeutic and rehabilitative interventions to support an individual in achieving their personal goals. Respite Care provides short-term, person-centered care through connection to community supports, Peer Support Specialists, medication support, and nursing staff to provide health assessments and case management services. Also 10 outreach based Mobile Respite slots, 30 days.

RC Potential Outcomes to Measure

- Housing Application/Supports
- SSI/SSDI Benefits Application
- MassHealth Application/Reinstatement
- DMH Application/Reinstatement
- SUD Treatment OTP / OBAT / ATS / CSS
- Higher level MH Treatment Services
- Vital documents: ID, birth certificate, green card
- Integrated Care Services
- MCI/CBHC/ACCS
- Site Based Respite
- Food Supports
- Employment Supports
- Education Supports
- Community Supports
- Veterans Benefits/VA
- Primary Care/Routine Screening/ Infectious Disease Screening/ Vaccines or Immunizations
- Primary Care Physician
- Psychiatry/ OP MH Services
- Lowell Community Health Center (LCHC)