

**GREATER LOWELL HEALTH ALLIANCE
2018/2019 COMMUNITY HEALTH INITIATIVES GRANT
APPLICATION FORM**

Please include the Application Form as the Cover Page. Complete all of the following information.

Project Title: BRIDGE/JDP Pilot Transpiration Initiative

Name of Contact Person: Timothy B. Sheehan

Full Legal Name of Organization/Group: Tewksbury Police Department

Address: 918 Main Street

City: Tewksbury State: MA Zip Code: 01876

Phone Number: 978-851-7373 X214 Fax Number: 978-851-8921

Email Address: tsheehan@tewksbury-ma.gov

Amount of Funding Requested: \$ 10,000.00

Health Priority: Substance Use and Prevention (SUP) , Mental Health (MH) , and Social

Determinants of Health(SDH).

List the name(s) of all active members on specific GLHA task force or GL Asthma Coalition: SUP:

Maria Ruggiero (Co-Chair), Ray Peachey (Westford), Donna McPartlan (Tyngsborough), Amanda

Glasser (Chelmsford), Michael Higgins (Billerica), Dave Outlette (Dracut); MH and SDH: Maria

Ruggiero (Tewksbury). Additional coalition members attend periodically as time allows.

NOTE: If your organization has a fiscal agent/conduit other than the applicant named above, please complete the following information.

Name of Fiscal Contact Person: Ron Florino

Name of Fiscal Agent/Conduit: Finance Director for the Town of Tewksbury

Address: 11 Town Hall Avenue

City: Tewksbury State: MA Zip Code: 01876

Phone Number: 978-640-4320 Fax Number: 978-851-6128

I. Organizational Overview

Substance abuse disorders (SUD) and mental (MH) health disparities, or dual-diagnosis, continue to plague our communities. One aspect of our collective mission is to assess community needs and implement programs addressing a variety of health disparities. The Tewksbury Jail Diversion Program (JDP) established in 2016, in collaboration with Lahey Health Behavioral Services (LHBS), provides service to the communities of Billerica, Chelmsford, Dracut and Tewksbury (the lead). This program staffs a mental health clinician contracted by LHBS to divert individuals away from hospitals and jail, to more appropriate and effective services. We continue to coordinate resources offering assistance to provide wrap around services to a larger population. One coordination is with the towns of Westford and Tyngsborough who are in the infancy stages of implementing a similar program, the Westford-Tyngsborough Overdose Reduction and Prevention Initiative. Led by Westford Health Department, a mental health clinician begins July 30, 2018 to respond within the two communities. According to the U.S. Census Bureau Quick Facts, the 6 communities have approximately 178,594 residents and cover a total of 136.32 sq. miles. Race and Hispanic Origin averages 87.85% for “white alone” (USA average 76.6%); the second highest demographic is “Asian alone” at 16.6% for Westford, 8.2% Tyngsborough, 4.4% Dracut, 5.4% Billerica, 9.3% Chelmsford and 3.4% Tewksbury. We are nestled within major highways of routes 495, 93 and 3 contributing to an additional transient population. The Tewksbury Police Department was established in 1855, Chelmsford police 1879, Billerica police 1891 and Dracut police 1928. Each police department has one Chief of Police and one Deputy Chief (exception Dracut has 2 Deputy Chiefs). Sworn law enforcement personnel total 219 with non-sworn support and administrative staff, including dispatchers, total 57. The Westford Health Department, established in 1892, is structured such that it includes a staff of 6 people with a Health Director, Environmental Services Director, Substance Abuse Prevention Coordinator, Health Agent, Public Health Nurse, Food Inspector, MRC Coordinator and Administrative Assistant.

JDP data collection (for the original 4 communities) continues to evolve for consistency and is a work in progress. In 2017 we responded to 458 mental health/dual diagnosis incidents with an additional 345 incidents involving SUD alone. Year to date (as of 7/20/18) response included 408 mental health/dual diagnosis incidents with 214 SUD services. As we analyze our efforts it is estimated that approximately 70% of individuals in Tewksbury alone did NOT utilize resources offered¹. In July 2018, we were awarded, in a highly competitive process, a “Capacity Building Fellow” from the Police Assisted Addiction and Recovery Initiative (PAARI) AmeriCorps program. This fellow, a Program Coordinator/Recovery Coach, will function based on individual need by strengthening and building community partnerships, data systems, and resources; developing manuals, providing and coordinating trainings and marketing materials and supporting current efforts within the original four communities. The PAARI initiative is a “nonprofit organization with a mission to help law enforcement agencies nationwide to create non-arrest pathways to treatment and recovery” working with 400+ police departments in 32 states and more than 80 local law enforcement agencies across Massachusetts. We are members of the Massachusetts Opioid Abuse Prevention (MOAPC), the lead agency on the Substance Abuse and Prevention Collaborative (SAPC) and members of the District Attorney Opioid Task Force. All 6 communities are members of the Substance Use and Prevention (SUP) Task Force, with Tewksbury servicing as a co-chair, and the Mental Health and Social Determinants of Health Task Forces. In 2018 the town of Tyngsborough became an active member of the SAPC initiative and SUP task force.

¹ We are in the process of collecting and analyzing data from remaining communities.

II. Proposal Summary

We propose a pilot regional transportation program to enhance our dual-diagnosis and SUD wrap around services in all 6 communities. The monies received would be earmarked solely for transportation costs via Uber Health or some other professional/insured and HIPPA compliant agency. Each community will have a series of administrators linked to one account 24/7 with the Tewksbury Police Department billed monthly. This service will allow for people who are in immediate transportation need but have no access to affordable transportation to attend; detox, intensive outpatient programs, partial hospitalization programs, outpatient therapy, medically assistant treatment (MAT) or any service needed to improve an individual's continuum of care. Data will be collected to provide a quantitative grasp on the necessity and success of incorporating a permanent transportation resource into our services.

III. Project Description

As we continue to identify and eliminate barriers in our wrap around dual-diagnosis and SUD services, transportation has been qualitatively identified as a barrier. Successful intervention and treatment of these disparities rely on following a consistent, well thought out action plan. Quantitative local data does not exist in any reliable sense and national data is minimal with multiple studies currently underway. This fact is indeed part of the problem. National data suggests transportation as a major barrier in accessing services directly reported by professionals working in the field, one-on-one with clients. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports in their National Survey of Substance Abuse Treatment Services (N-SSATS) report that “about 10% of adults who needed and tried unsuccessfully to get treatment reported transportation as a reason for not getting treatment”². Our rural communities have limited options for transportation with many treatment facilities out of geographic reach. Improving the continuum of care for people requiring intensive outpatient treatment (IOP), medication assisted treatment (MAT) and a variety of dual diagnoses services who often find themselves in a returning cycle of care (frequent flyers and frequent relapses) is and has always been a major goal of our collaboration. One factor contributing to this frequency is the lack of capacity and ability to engage in a successful continuum of care. Many treatment facilities, although often near public transportation, remain difficult to access from such an extensive rural region. This is specifically true of individuals who have lost access to personal transportation from lost privilege to drive and the ability to pay for public transportation. This pilot would help to provide an additional service as part of the wrap-around services already offered, an additional option not often available when in the field providing for “in the moment” treatment planning and referral coordination. While those who are MassHealth participants often have access to a public transportation program (PT-1), this often takes time and resources the client does not possess in order to complete an effective treatment plan. Allowing for the “in the moment” opportunities where a client is willing to engage will help provide a safe and reliable resource to clients who are on the fragile road to recovery. Services will begin immediately upon grant notification as it is a service enhancement.

² N-SSATS December 17, 2013 quoted from Center for behavioral Health Statistics and Quality (2012)
<https://www.samhsa.gov/data/sites/default/files/spot071-transportation-assistance-2013.pdf>

The program has two goals.

Goal 1: Provide transportation services to community members suffering from dual-diagnosis and substance use disorders where transportation has become a barrier to services.

Strategy	Target Group	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Provide transportation options to individuals seeking SUD and/or MH services	Individuals who lack access to health care services due to reliable transportation. Specifically the 70% of individuals not accessing services.	Increase the ratio of services utilized by a minimum of 10%	Provide reasonable, HIPPA compliant and immediate services to at risk-individuals who have transportation as a barrier	Provide reasonable HIPPA compliant on-going services to increase the continuum of care success	Reduce the amount of individuals presenting to ER, court system law enforcement/court systems, and provide critical health services to prevent relapse and exacerbations.

Goal 2: Collect quantitative data to determine the effectiveness of a permanent transportation program service.

Strategy	Target Group	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Create an effective database of total # of people accessing services due to transportation resource availability	Individuals with a break in his or her continuum of care due to lack of transportation	Collect data on every case estimated to exceed 500 across all 6 communities.	Create feasible method of collecting real time and accurate data.	Analyze outcomes to determine effectiveness of transportation piece	Reduce the amount of individuals presenting to ER, court system law enforcement/court systems, and provide critical health services to prevent relapse and exacerbations

GLHA CHIP Priorities

Our goals address the following GLHA CHIP health priorities.

Health Priority	Strategy	Justification
Substance Use and Prevention	Collaborate on strategies that emphasize treatment over punishment	Addresses gap in utilization of services for substance use disorder health disparity
Mental Health	Strengthen the integration of behavioral health services, based on awareness of cultural factors in substance use	Addresses gap in utilization of services for mental health and/or substance use disorders
Social Determinants of Health	Increase access and capacity to preventative care for low-socioeconomic populations	Individuals who have a break in continuum of care due to lack of transportation options.

CLAS Standards

Our predominant culture centers on biases and attitudes towards individuals suffering from dual-diagnosis and SUD disparities. By further developing our commitment to mental health and substance dependence issues we are able to provide a more compassionate and empathic response to the community’s needs. Each partner in the region will continue to increase our understanding of CLAS terminology and respond to the overall community needs. As the agency’s and region’s leader, the Tewksbury Police Department has a determined willingness to review policy and procedural modifications to strengthen our all of our standards including ones CLAS specific.

Standards	Strategy(ies)	Justification
1-4	<p>Create safe and welcoming environments</p> <p>Partnering with community organizations</p> <p>Organization self-assessment/updating regularly</p> <p>Meetings in different community sites</p> <p>Provide trainings that meet population needs (substance abuse and mental health)</p>	<ul style="list-style-type: none"> - Provides safe environment for people in crisis with no judgement and available resources - Encompasses a multitude of community organization partners such as LBHS, Tewksbury Detox, LGH, Clean Slate, and Learn to Cope. - We continue to self-assess our activities and abilities to serve population and make changes as needed. One example is the mental health trainings provided regionally - We alternate meeting sites within communities i.e. each month the MOAPC/SAPC meeting is held in a partner community - Mental Health for Safety Personnel (first responders) trainings held quarterly training 100+ people within the first year. - Substance abuse prevention trainings provided under the BSAS umbrella - Human diversity for law enforcement - South Asian Cultural Awareness
9-15	<p>Record data and review for incorporation</p> <p>CLAS sustainability (Mental health and substance abuse)</p> <p>Utilize internal resources for trainings</p>	<ul style="list-style-type: none"> - We continue to record data and review population needs - Mental Health for Safety Personnel continue to be provided region wide (and beyond) quarterly - Law enforcement in-service annually based on population need - Regional mental health clinician (as well as collaborating town of Wilmington) trained to provide mental health trainings internally regionally. Open trainings up to all agencies across region as well as state.

Evaluation

Goal	Evaluation
Goal 1: Provide transportation services to community members suffering from dual-diagnoses and SUD where transportation has become a barrier to services.	A monthly report will be generated and evaluated to determine if the services increases the success of healthy sustainable health outcomes.
Goal 2: Collect quantitative data to determine the effectiveness of a permanent transportation program service.	<ol style="list-style-type: none">1. We will continue to analyze data collected in 2017 and 2018 to determine a base line success rate for services offered.2. We will add method of transportation to current data collection.3. Compare the success rates two data sets to establish success of transportation pilot

Sustainability

When, as we suspect, the evaluation proves an increase in success rates with the transportation piece, the cost will be absorbed into each community's budget. This has proven to be true for all of our grant initiatives in the past such our annual substance abuse awareness events and the BRIDGE/JDP program itself. Both original grants, as well as multiple others within our communities, helped us to get these programs off the ground. Our communities pride ourselves on our adaptability of proven community resources and the transportation piece will not be any different.

IV. Budget and Justification

It is difficult due to the nature of the program to specifically itemize the individual cost due to a variety of factors; starting point, ending point and number of times service is needed. The service can provide a one-time need to a detox facility, or daily, weekly or monthly need to outpatient services. It is estimated that an Uber ride costs approximately \$1.00 per mile varying from time of day and starting point. This average will provide the 6 communities with 10,000 miles over the course of the grant. Some examples for a detox facility include: LGH/SMC to Lahey Behavioral Health-Tewksbury Campus at 9.0 miles one way, Danvers Campus at 30.0 miles or to AdCare Detox in Worcester at 40.0 miles. If the start point is in Westford, for ease of example we will use the Westford Health Department, the same are 16 miles (Lahey Tewksbury), 35 miles (Lahey Danvers) and 40 miles (Adcare Worcester). We will provide a detailed report on usage as requested by funders.