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Middlesex County Restoration Center Commission

Year Eight Findings and Recommendations

Prepared for:

Clerks of the Senate and House of Representatives
Senate Committee on Ways and Means
House Committee on Ways and Means
Joint Committee on Mental Health, Substance Use, and Recovery
Joint Committee on Health Care Financing

Prepared by:

Middlesex County Restoration Center Commission

Supported by ForHealth Consulting at UMass Chan Medical School

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Introduction

The Middlesex County Restoration Center Commission (Commission), established under Chapter 69 of the Acts of 2018, An Act Relative to Criminal Justice Reform (Act), as amended by Section 142 of Chapter 126 of the Acts of 2022, An Act Making Appropriations for the Fiscal Year 2023, hereby submits its Year Eight (November 2025–October 2026) findings and recommendations to the General Court as required by the Act. The Commission has worked since its inception to:

- Investigate the gaps and needs in behavioral health and diversionary services in Middlesex County that could prevent arrest and unnecessary emergency department (ED) utilization among individuals with behavioral health conditions.
- Develop a service model for a Restoration Center pilot program in Middlesex County and implement the program.

The Act tasked the Commission with planning and implementing "a county restoration center and program to divert persons suffering from mental illness or substance disorder who interact with law enforcement or the court system during a pre-arrest investigation of the pre-adjudication process from lock-up facilities and hospital EDs to appropriate treatment."[1] This report summarizes the activities the Commission completed in Year Eight and includes data on the first several months of operations at the Restoration Center (Center).

ForHealth Consulting®, the healthcare consulting and operations division of UMass Chan Medical School (UMass Chan), compiled this report on behalf of the Commission.

Commission members included:

- Middlesex Sheriff Peter J. Koutoujian, co-chair
- Dr. Danna Mauch, president and CEO, Massachusetts Association for Mental Health, co-chair
- Senator Cindy Friedman, 4th Middlesex District
- Representative Kenneth Gordon, Middlesex 21st District
- Lydia Conley, president and CEO, Association for Behavioral Healthcare
- Deirdre Calvert, director, Bureau of Substance Addiction Services
- Eliza Williamson, director of community education and training, National Alliance on Mental Illness of Massachusetts
- Chief Justice Paula Carey, Massachusetts Trial Court (Ret.)
- Chief Roy Frost, Billerica Police Department
- Audrey Shelto, former president and CEO, Blue Cross Blue Shield of Massachusetts Foundation (Ret.)

[1] Chapter 69 of the Acts of 2018.

- Dr. Lee Robinson, associate chief for Behavioral Health, MassHealth Office of Accountable Care & Behavioral Health
- Matthew Broderick, manager of Forensic Operations & Policy, Department of Mental Health (through April 2026)
- Bridget Nichols, acting assistant commissioner for Forensic Services, Department of Mental Health (starting May 2026)

Report Overview

First, this report describes activities the Commission completed in Year Eight, which include the following:

- Summary of Commission meetings held and deliberations of Commission members
- Description of the work completed to launch and start services at the Center

Next, this report describes the work completed by:

- Vinfen, the vendor that the Executive Office of Health and Human Services selected to operate the Center
- ForHealth Consulting, the organization that provides implementation assistance and conducts the evaluation of the pilot program

Finally, the report outlines findings and recommendations, which include:

- Pathways to fund and sustain components of the Center
- Implementation plan and timeline for the Restoration Center pilot program

Commission Processes

This section describes the Commission's processes to support the launch and implementation of the Center.

Commission Meetings

In Year Eight, the Commission met four times to:

- Discuss preparations for the launch of the Center,
- Identify early implementation successes and challenges,
- Provide support and guidance on operational components, and
- Strategize on funding and sustainability.

Commission leadership, the Massachusetts Executive Office of Health and Human Services (EOHHS), and Vinfen also met several times to share the status of the Center, identify potential challenges, discuss solutions, and initiate actions to advance implementation of the Center.

Commission Administration

The state fiscal year's 2027 budget appropriated funding for the Center to the EOHHS line-item 4000-0300. EOHHS continued to engage with ForHealth Consulting through an Intergovernmental Service Agreement to ensure implementation of the Center aligns with the model developed by the Commission and provide programmatic and policy guidance.

Commission Activities

This section describes Year Eight activities that the Commission undertook.

Provided Guidance on Launch and Implementation Activities

The Commission continued to support the development and refinement of the model through sharing guidance and lessons learned from other similar programs both within the state and nationally. Prior to launch, feedback and support primarily revolved around operational activities related to state contracting, funding, and regulatory agency requirements, the communications, messaging, and engagement with law enforcement. As Vinfen worked to develop relationships with local police departments and garner support for drop-offs, the Commission shared advice on the phased approach and strategies for gathering buy-in of the program.

Communicated the Importance of the Restoration Center

During the March 31 ribbon cutting ceremony for the Center, Commission leaders spoke about the importance of the services and anticipated outcomes associated with the Center. Coinciding with the ribbon-cutting ceremony, Vinfen and the Commission published a press release and the Lowell Sun covered the milestone. Commission members also sought opportunities to highlight the Center's role in the care continuum through participation in conversations on Teddy Panos'

InsideLowell podcast and attendance at walk-throughs with law enforcement and Department of Mental Health (DMH) leadership.

Identified and Operationalized Funding Sources

During Year Eight, Commission members continued to pursue funding opportunities to blend and braid funding for the Center. Funding sources secured included an ongoing annual appropriation of $1.5 million in EOHHS line-item 4000-0300 into the Criminal Justice and Community Support Trust Fund in FY27.

With support from the Commission, Vinfen submitted a $1.5 million request for Congressional-directed spending to Senators Ed Markey and Elizabeth Warren in March 2025. Vinfen received notice in early 2026 that the Senators secured $750,000 for the Center in the federal budget.[2] Vinfen executed the Substance Abuse and Mental Health Services Administration (SAMHSA) funding agreement in August 2026.

The Commission maintained efforts to identify additional funding sources and resources to sustain the Restoration Center pilot program financially during the pilot. Sources explored include the US Department of Justice, Office of Justice Programs applications, SAMHSA requests for proposals, and philanthropic opportunities.

Work Completed by Vendors to Operate and Support the Restoration Center

Vinfen

Vinfen, EOHHS, the Commission, and ForHealth Consulting continued to partner and collaborate during this year to prepare for, launch, and monitor the Center's services.

Restoration Center Location and Development

After finalizing the floorplan and selecting contractors, renovations started in late 2025 and wrapped up in March 2026. Vinfen intentionally designed the space to feel welcoming and encourage engagement and interaction. Features include anti-ligature fixtures and furnishings as well as anti-barricade doors. To help ensure safety, Vinfen installed "BRAVE Sensors" in each bathroom to track movement (with no video to protect privacy) and to detect possible overdoses. Staff are alerted when there is no motion detected within a three-minute timeframe.

A dedicated sallyport for law enforcement and first responders provides a safe and secure location for officers to drop people off at the Center and return to their shift. This bay has a functional garage door and a lockbox to secure an officer's firearm should they need to walk further into the Center. The photos on the following page provide an overview of the Center's space and layout.

[2] https://www.govinfo.gov/content/pkg/CREC-2026-01-20/pdf/CREC-2026-01-20-pt1-PgH949-7.pdf#page=1



A room for medical triage and first responder drop-off.



Living Room space for individuals seeking support from peer specialists.



Kitchen area in the 10-bed Respite program for individuals with serious and persistent mental illnesses.

Service Provision

In late 2025, Vinfen met with Department of Public Health (DPH) staff to discuss any necessary licenses for the Sober Support and Triage services prior to opening. DPH determined that Vinfen can provide services without a license but should keep DPH updated on the model and revisit the licensure discussion should the model evolve to one that is more clinical.

To help inform the creation of practices and processes at the Sober Support Unit, Vinfen visited the Supportive Place for Observation and Treatment (SPOT) that is operated by Boston Health Care for the Homeless. Furthermore, nurses at the Center shadowed SPOT staff prior to opening to understand best practices and how to support individuals who have recently used a substance. Vinfen staff also visited the Spurwink Center in Portland (ME), the BHN Living Room in Springfield (MA), and Advocates Living Room in Framingham (MA) to discuss their operations and inform the Center's Living Room development.

Center Activity - April 1 to September 30

Unique individuals visiting	289
Repeat visitors	174
Unique visitors to the Living Room	194
Visits to the Center	2,157
Average number of visits to the Center per visitor	9.4
Visits to the Living Room	1,629
Referrals / connections to care	683
Unique individuals referred to other services	142

Many of the individuals seeking services at the Center are navigating housing insecurity and high social determinant of health needs. This need was apparent on opening day as local winter protocols, such as hotel sheltering, ended on April 1. With a high predominance of individuals experiencing housing insecurity, Center leadership implemented processes to support this population while balancing the needs of the community and goals of the Center. The Center operates 24/7/365 but is not intended to serve as a shelter or provide short-term housing. For individuals who need a safe place to stay, Center leadership allows individuals to return to the Center for three consecutive evening stays, as space and need permits. To support housing applications and connections to MassHealth and other needed services or benefits, the Center allows individuals to use the Center as their mailing address.

Serving as a pathway toward other programs in the Greater Lowell area, Center staff are helping individuals access other social services providers and community-based behavioral health supports. Upon Spectrum's co-located Acute Treatment Services (ATS) and Clinical Stabilization Services (CSS) programs opening on September 8 and the Opioid Treatment Program accepting clients in July, Vinfen staff linked an increasing number of individuals to these services. Two ATS warm hand-offs were made directly to Spectrum's co-located ATS in September and these warm hand-offs will only increase when Spectrum's full cadre of insurances accepted comes online.

With a goal of serving as an alternative to unnecessary jail stays or visits to the Emergency Department for behavioral health related needs, the type of arrivals can help illustrate the diversionary role of the Center. In the first six months of operations, the Center received 62 law enforcement drop-offs from more than seven police departments. Lowell was the primary source of law enforcement drop-offs, with the Lowell Community Opioid Outreach Program (CO-OP) driving much of the volume. The Appendix provides detailed implementation data during the first six months of operations.

Staffing

After onboarding senior leadership at the Center last fall, Vinfen focused on hiring staff to provide services at the Center, including nurses, peer specialists, recovery coaches, case managers, and milieu staff. The Center employs approximately 45 staff. Similar to other behavioral health providers, staffing vacancies occurred after the opening but the Center has maintained staffing to continuously operate 24/7/365. The position vacancy rate remains around 20%, which is lower than Vinfen's overall vacancy rate of 22%. To address this vacancy rate, Vinfen is recruiting per-diem roles to reduce the reliance on agency staff and proactively ensure coverage. Vinfen Human Resources staff were also stationed on-site during the opening weeks to support staff, given the vicarious trauma rates within this type of program.

To support the development and implementation of the Center, and specifically the Sober Support Services, Vinfen brought on Jessie Gaeta, MD, as the Medical Director upon launch.

Sustainability

Vinfen, alongside EOHHS, the Commission, and ForHealth Consulting, continued to explore and identify funding opportunities. This included federal requests for proposals, including from the Department of Justice and SAMHSA, and philanthropic sources.

In addition to federal and philanthropic opportunities, Vinfen also developed a funding proposal to seek resources from DMH for the Living Room component at the Center. DMH funds three Living Rooms across the state, with the ones operated by BHN and Advocates being most similar to the one at the Center. Modeled after those two programs, Vinfen developed and shared a funding proposal outlining two operating scenarios: one that maintained the 24/7/365 program operations and another with reduced staffing and services provided for 40 hours a week, Monday through Friday. The vision is for the Center to continue operating as a 24/7/365 facility; however, as a proactive planning measure, Vinfen believed it was important to evaluate what reduced service hours would entail.

Community Engagement

Law Enforcement

A critical focus of the Center is diversion from unnecessary ED visits or jail stays. Police departments and officers are key partners in tackling this goal and Vinfen deployed several strategies to engage with departments and develop rapport and support.

Vinfen launched a working group, Restoration Nexus, composed of partners from the Lowell Police Department, Lowell General Hospital, Pridestar Trinity EMS, and the City of Lowell to discuss workflows related to law enforcement drop-off at the Center. Through this group, Vinfen developed a "Universal Principles of Care" document to guide law enforcement drop-off and expectations for partnering with the Center. Vinfen also facilitated tabletop scenarios and case studies, which helped to inform those principles and guide decision-making for drop-off at the Center or other locations. Billerica's Chief Frost, a member of the Commission, and chiefs representing departments across the county reviewed the guidance before Vinfen finalized. Vinfen also developed a "Transfer of Care" form for officers who may request documentation of the drop-off and Vinfen's acceptance of the individual into their care.

Vinfen attended and presented to police chiefs in the Greater Lowell region and at the Middlesex County Chiefs' Monthly Meeting prior to and after opening day to share information about the Center and how departments can use the services to support community members. In March 2026, Vinfen hosted an open house for law enforcement and co-response clinicians to view the space, ask questions, share concerns, and understand the available supports for community members. Approximately twenty individuals representing several police departments including Lowell, Ashland, Chelmsford, and Billerica and the Middlesex Sherriff's Office visited prior to or during the open house. Vinfen also provided tours to UMass Lowell and representatives from the Parole Board prior to and after opening.

Vinfen also conducted tabletop scenarios with the Lowell Police Department and at a meeting of the Greater Lowell Police Chiefs to engage departments and identify the potential needs of individuals who may benefit from the Center's services. This activity walked through scenarios of individuals with behavioral health needs who officers may encounter in the community. The group discussed each scenario and associated factors to determine how the case might be addressed. These conversations helped socialize the services at the Center and suggest individuals who are most appropriate for the space.

Additionally, Vinfen attended a Lowell Police Department roll call to talk directly to officers about the Center and plans to present at more police department roll calls in Lowell and surrounding departments in the coming months.

Project Administration

EOHHS and Vinfen executed two contract amendments this period. One aligns specific contract requirements with the updated model. Revisions reflected the arrangement to provide medication for addiction treatment through the partnership with Spectrum, the need to develop a plan for individuals who arrive with and will self-administer medications, staffing plan updates, an alignment with licensure decisions, and a $1.1 million budget reduction. The second contract amendment realigned costs across the remaining budget years to reflect revised spending projections.

ForHealth Consulting

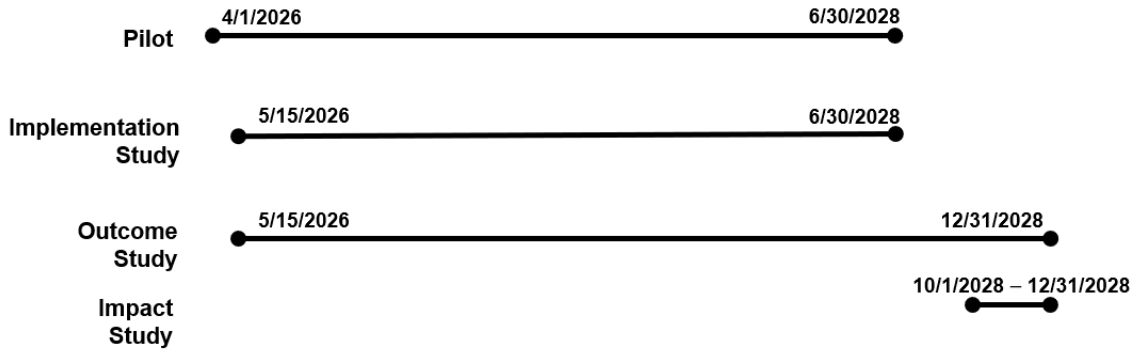
Technical Assistance and Monitoring Activities

ForHealth Consulting continued to provide insight into national best practices, develop implementation strategies, and monitor the progress and implementation of the pilot project. ForHealth Consulting staff toured the Living Rooms operated by BHN and Advocates to better understand processes, lessons learned, and implementation challenges and gain insights on-the-ground into operations and practices that can be applied to the Center. To amplify the Center's impact and share valuable lessons learned with jurisdictions interested in delivering similar services, ForHealth Consulting submitted conference session proposals to All Rise and the National Alliance on Mental Illness for their respective annual conferences. Both proposals were accepted and ForHealth Consulting chose to present at the All Rise Rise26 Conference. ForHealth Consulting staff, alongside Billerica's Police Chief Frost and the Center's Executive Director, Muriel Kramer, presented on the work the Commission and partners undertook to design and implement the Center.

Upon opening, ForHealth Consulting staff also regularly visited the space and met with Center staff. The in-person visits complemented the weekly calls to provide technical assistance, strategize plans to engage partners locally and at EOHHS, and monitor progress or barriers.

Evaluation Activities

ForHealth Consulting staff continued the rapid cycle evaluation to inform and drive improvements in the Center's model of care and demonstrate the impact of its services in achieving diversion goals. ForHealth Consulting's Research & Evaluation team will conduct three studies of the pilot: an implementation study, an outcome study, and an impact study.



Evaluation Timeline

In support of all evaluation activities, Vinfen and ForHealth Consulting staff continued to regularly meet to discuss data collection processes and data definitions. Vinfen provided staff with a walk-through of the Electronic Health Record to better understand the flow of data and the population behind each metric. Within the first few months of operational data, several

metrics had higher than anticipated levels of “unknown” data. After identifying the issue, data completion rates have improved, substantially reducing missing data. In addition to Vinfen’s actions to enhance data collection processes, outlined below, Research & Evaluation staff also provided support to Vinfen in their efforts to collect data and track performance.

For the quantitative component of the evaluation, ForHealth Consulting plans to match individual-level data of individuals at the Center with MassHealth, the Middlesex Sheriff’s Office, and the Trial Court data. All three organizations provided authorization to share this data and the ForHealth Consulting team developed data use agreements for each respective organization. The MassHealth data provides insights on healthcare utilization and cost by category of service and the justice data will help understand impacts of visits to the Center on arraignments, charges, bookings, length of stay, etc. To provide context to the evaluation, staff also engaged in discussion with individuals at the Lowell Police Department to gather aggregate data on arrests most likely associated with unaddressed behavioral health conditions (“quality of life” offenses).

To gather contextual information on implementation of the Center, the Research & Evaluation team undertook qualitative data collection during this reporting period. Information gathered was shared with Vinfen to improve services. The team conducted interviews with Center staff, referral sources, and clients in the Living Room and Site-Based Respite Care. ForHealth Consulting staff interviewed seven staff, one individual from referral sources, and 10 clients between May and July 2026. Interviews will be reviewed and analyzed to share preliminary findings with Vinfen and the Commission.

ForHealth Consulting staff also deployed a survey for law enforcement to complete at drop-off. The survey is available on an iPad and as a QR (quick response) code on business cards that Center staff provide to officers during drop-off. The survey provides information that will help the evaluation team to understand law enforcement’s engagement with the Center, including where the officer would have taken the individual if the Center did not exist. From April to September 2026, 10 individuals completed the survey. Initial findings indicate that respondents were satisfied with the Center. Insights gathered from interviews and the law enforcement survey will help identify opportunities for service improvement and provide context for the implementation and outcome studies.

Findings, Recommendations, and Implementation Timeline

Findings and Recommendations

Early Lessons Learned and Challenges

As with all new programs, early challenges offer an opportunity to revise practices and redirect efforts. As a pilot program, the ability to adapt and refocus is key. In this case, early lessons learned revolve around data collection, law enforcement engagement, intake and triage process, and messaging. These components were also highlighted in a 100-day report that was produced to share early findings from the pilot program.

Data Collection

ForHealth Consulting and Vinfen dedicated nearly two years to developing a data collection plan and metrics. Upon opening, many staff experienced a learning curve with this process and the information gathered on each client was not as comprehensive as initially envisioned. Several staff onboarded shortly before opening and did not have the necessary time to learn the Electronic Health Record or develop an understanding of the metrics. As Vinfen became familiar with service provision and participant flow, they shifted focus toward more comprehensive and robust data collection and provided staff with more training on data quality and metric definitions. Vinfen also refined their Electronic Health Record platform to enhance the staff experience and interactions. When it is busy in the Living Room—the space with the largest volume—staff self-identify who will primarily be responsible for capturing the data for the shift to ensure robust information.

Law Enforcement Engagement

Partnership and coordination with law enforcement are critical to the Center's success, as a primary goal is to divert individuals experiencing a behavioral health crisis from unnecessary hospitalization or incarceration. Prior to and following opening, Vinfen actively sought to develop relationships with local police departments in the Greater Lowell area and encourage buy-in for drop-offs at the Center by coordinating meetings with departments, presenting to area police chiefs, and conducting tabletop exercises to help identify the profiles of community members who would benefit from the services.

Relationships and trust take time to build. Other similarly situated diversion centers across the country report that approximately 25 to 35% of their volume comes from law enforcement drop-offs. Early data from the Center is promising and the Center has further to go to reach the drop-off volumes experienced in other jurisdictions. Vinfen continues to deploy strategies to engage and reengage departments to identify barriers to drop-off and encourage use of the Center. Plans include more direct outreach to embedded clinicians and shift commanders, scheduled tours, and presentations to department leaders. Vinfen also provides pick up services to

Middlesex County police departments, should officers be unable to transport individuals in need of Center services. Vinfen will also begin direct outreach to departments beyond the Greater Lowell area.

Intake and Triage Process

Vinfen developed intake and triage processes for the Center prior to opening. For Sober Support Services, this included a medical clearance form to capture vital signs, conduct a sedation assessment, and identify any medical concerns that would be best served at a hospital. However, the challenges in data collection limit the ability to understand the needs and circumstances leading to someone's visit to the Center.

To address this, Vinfen has continued to build out and enhance the intake process, especially for individuals utilizing the Living Room, to gain more insight into the needs of visitors and appropriate services. These revisions included gathering more information on demographics and social determinants of health needs and history. Vinfen also connected with Sobering Centers across the country and Living Room operators in Massachusetts to better understand the information they collect and the frequency with which they collect it.

Messaging

The Restoration Center model, mission, and service arrangement are novel ideas in Massachusetts. Messaging about the Center's available capabilities is paramount to ensure community members are connected to the appropriate services in a timely manner. Prior to and upon opening, Center leadership presented to staff within Lowell city agencies, law enforcement, and social service providers throughout the Greater Lowell area to share the available services and how the Center fit within the local care continuum.

However, with housing insecurity a great need for many, the 24/7/365 low-barrier nature of the Center initially attracted individuals seeking bed space. The Center was mistakenly listed as a housing resource, prompting some individuals to seek shelter there. Vinfen quickly corrected the listing, but housing insecurity remains common given its overlap with substance use disorders and mental health concerns. The Center continues to distinguish its role from shelter services.

Staff continued to share the message with various partners across the Greater Lowell social service space and reinforce the mission and available services at the Center. Activities in support of this goal included more presentations to key partners, follow-ups with referral sources, discussions with individuals seeking services, additional tours with referral partners, interdepartmental presentations within Vinfen, participation in multidisciplinary meetings, collaboration with THRIVE and other organizations working with justice-involved people, and social media posts.

Ambulance Drop-off

The Commission envisioned ambulance drop-off as a pillar in the Center's goal to reduce unnecessary ED utilization among individuals with behavioral health conditions. Current regulations permit ambulance drop-off at hospitals and community behavioral health centers

(CBHC). Drop-off at CBHCs can only occur if the provider has a clinic license with medical use designation, 24/7 nurse staffing, and an ability to prescribe certain medications, on-site, 24/7. Currently, only one CBHC meets this requirement, although the program pursuing this initiative is focused on mental health rather than substance use related drop-offs. The Center would most likely also need to meet these requirements, of which the Center only meets the 24/7 nursing criteria. The Restoration Center model would need to be revised to satisfy the other two requirements, and the Office of Emergency Medical Services (OEMS) would also need to modify regulations to allow for drop-off at the Center, similar to the change that allows for drop-off at the CBHCs.

One potential avenue that Vinfen and the Commission will explore is the possibility of partnering with a city that manages its own ambulance system. The SPOT program at Boston Health Care for the Homeless receives a few ambulance drop-offs monthly because the city is the ambulance operator. The SPOT program also utilizes mobile integrated health, a process whereby an ambulance company can apply to OEMS to allow for drop-off at alternate locations to the ED. Child & Family Services (CFS) undertook a similar partnership with New Bedford, as they operate the ambulance.

Billing Pathways

With funding primarily provided through state funds, the Commission will examine opportunities to unlock billing pathways to support sustained service provision. Prior reviews of potential billing capacity have not aligned with the Center's low-barrier model, which prioritizes ease of entry over complex or validated intake assessments. Equipped with data from the first six months of operations, conversations on potential pathways have started to coalesce around recovery coaches, peer support specialists, and nursing encounters.

Implementation Plan and Timeline

During Year Eight, ForHealth Consulting supported EOHHS in hosting Commission meetings, managing the Restoration Center pilot program vendor, providing technical assistance and guidance on programmatic, policy, and process pieces of the project, and developing an evaluation plan. ForHealth Consulting anticipated the Restoration Center pilot program implementation on the following schedule:

April 2026:	Restoration Center opened on April 1, 2026
April 2026 – June 2028:	Ongoing implementation, innovation, and quality improvement to measure outcomes, success in achieving specified goals, and improvement of the service model in collaboration with Vinfen, EOHHS, the Commission, and ForHealth Consulting.
June 2028:	Recommendations to be made regarding the continuation and/or expansion of the Restoration Center pilot program

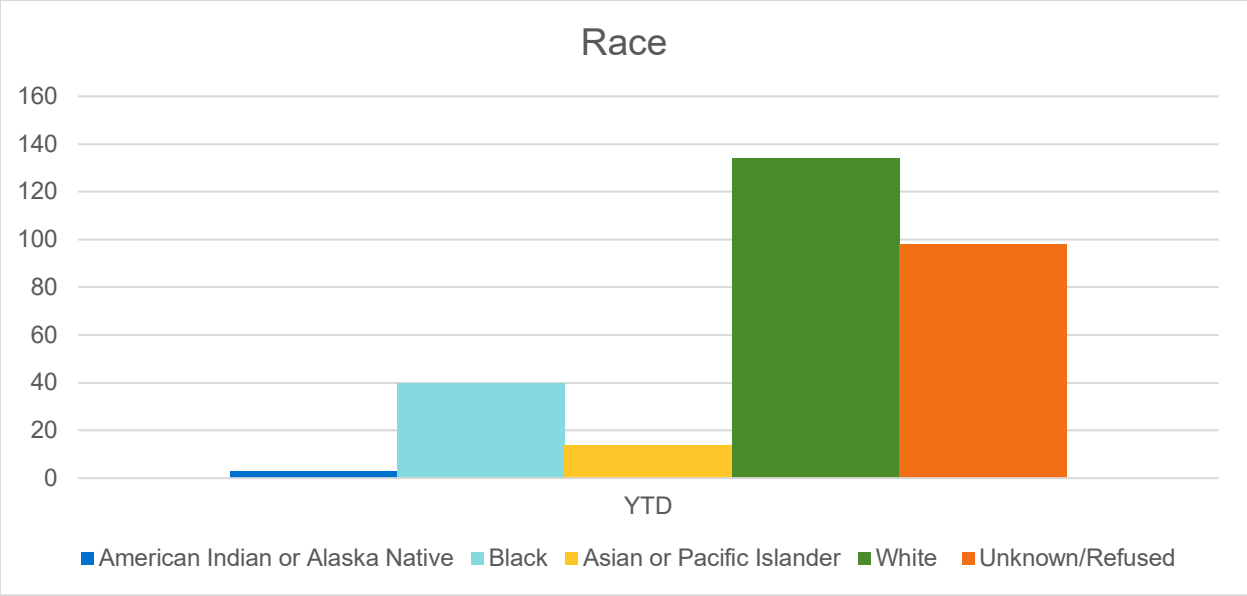
Looking Ahead

Year Eight marked the Commission's transition from planning to operations, with the Restoration Center opening its doors on April 1, 2026. In its first six months, the Center served 289 unique individuals across 2,157 visits, made 683 connections to care, and received 62 law enforcement drop-offs, while the Commission and its partners secured new state and federal funding and strengthened data collection to support the evaluation. In the year ahead, the Commission, Vinfen, EOHHS, and ForHealth Consulting will continue to implement and refine the Center's model through the remainder of the pilot, identify pathways to sustain its services, and complete evaluation activities to inform recommendations on the program's future.

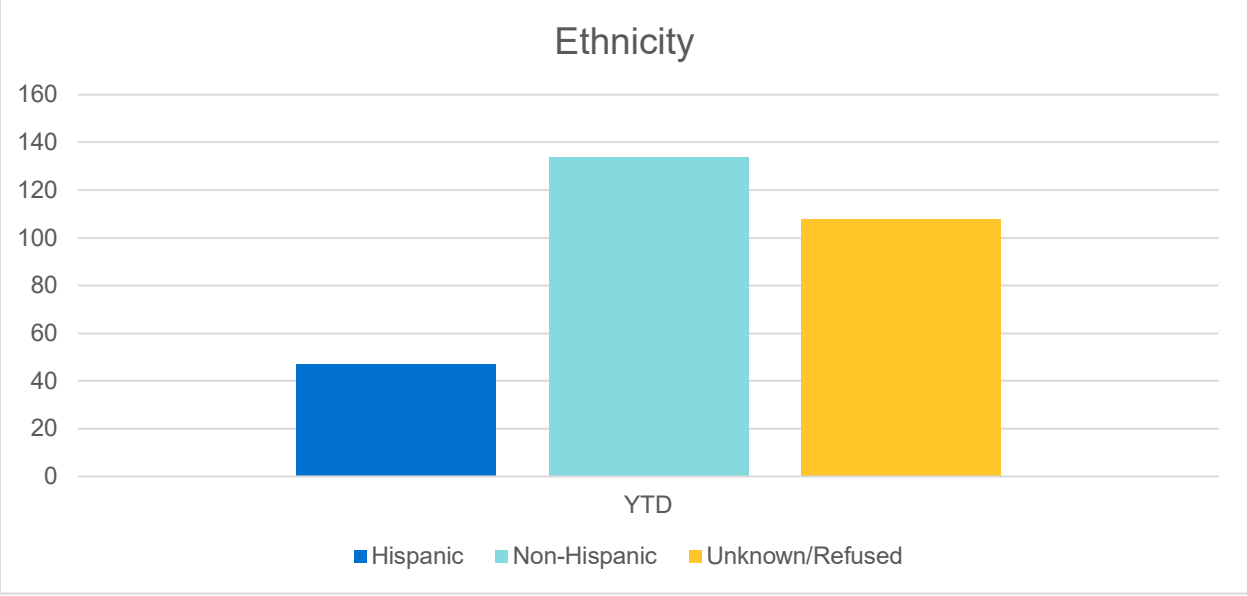
Appendix

Participant demographics

Race (unique individuals)

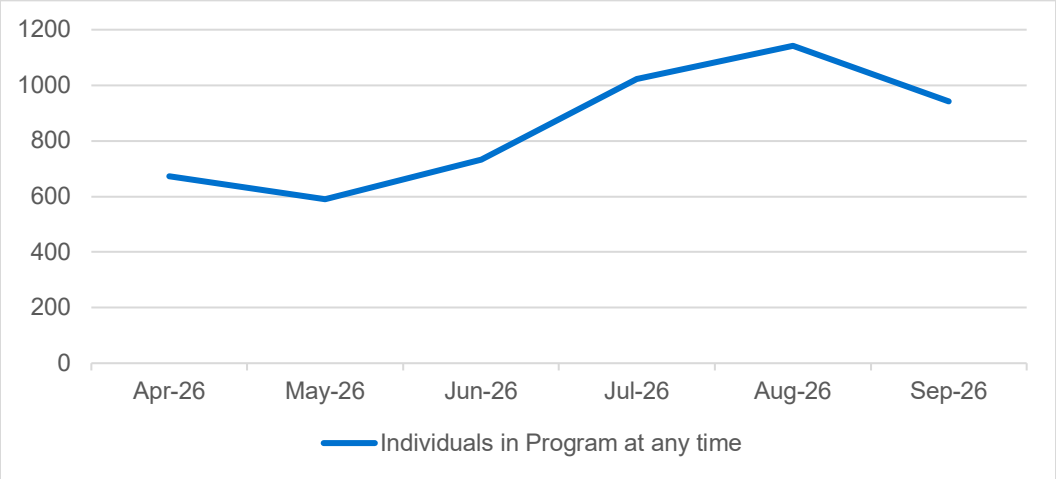


Ethnicity (unique individuals)

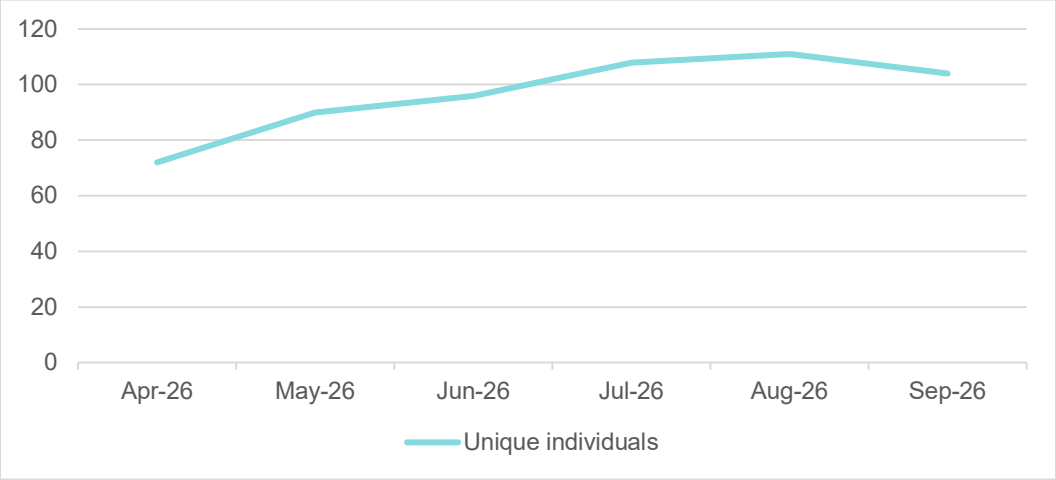


Visits

Visits by month

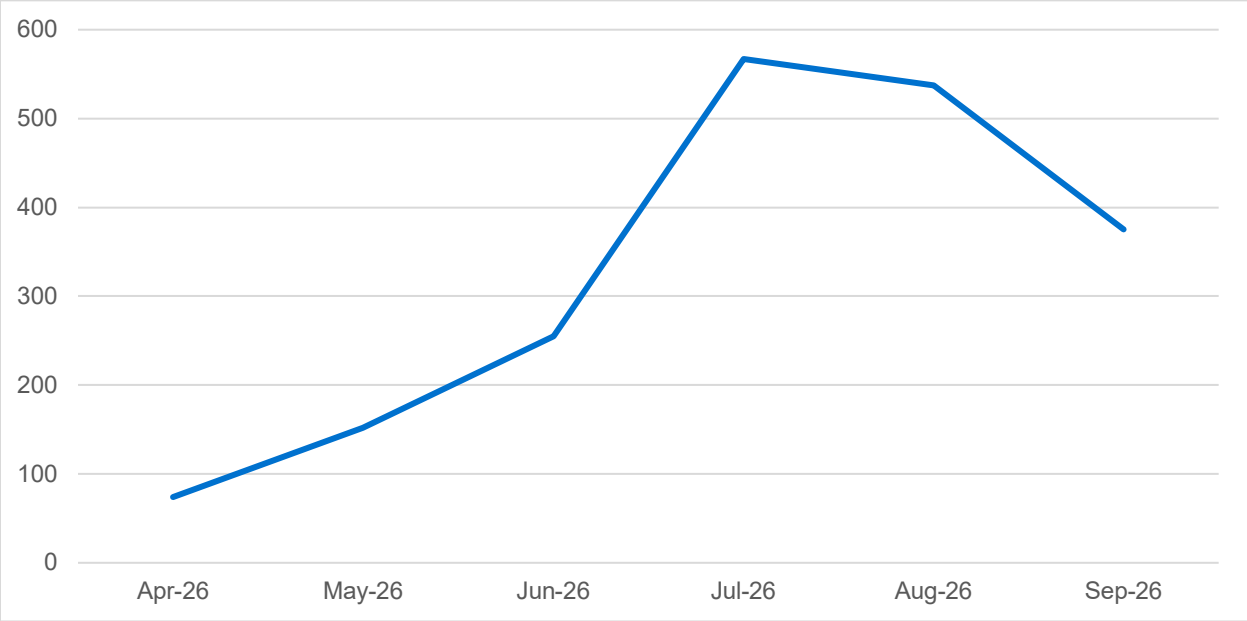


Unique individuals visiting by month

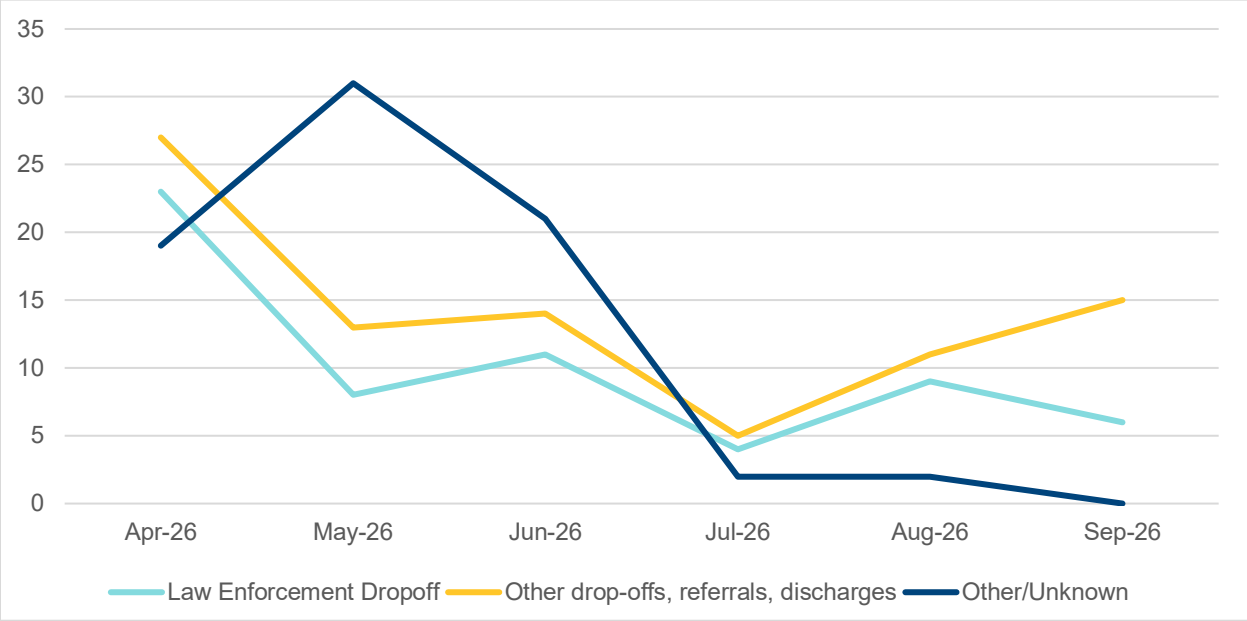


Arrival types

Walk-in arrivals by month

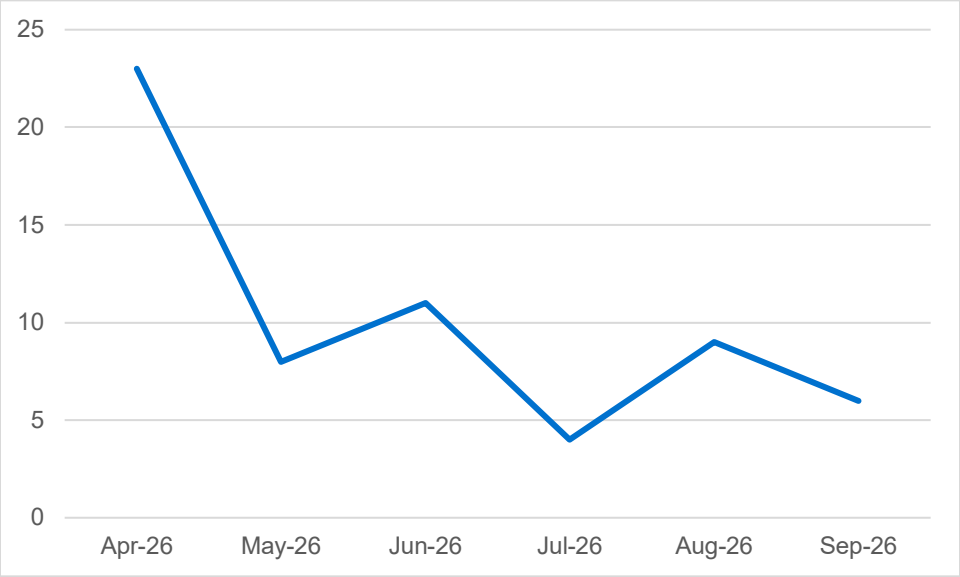


Other arrival types by month

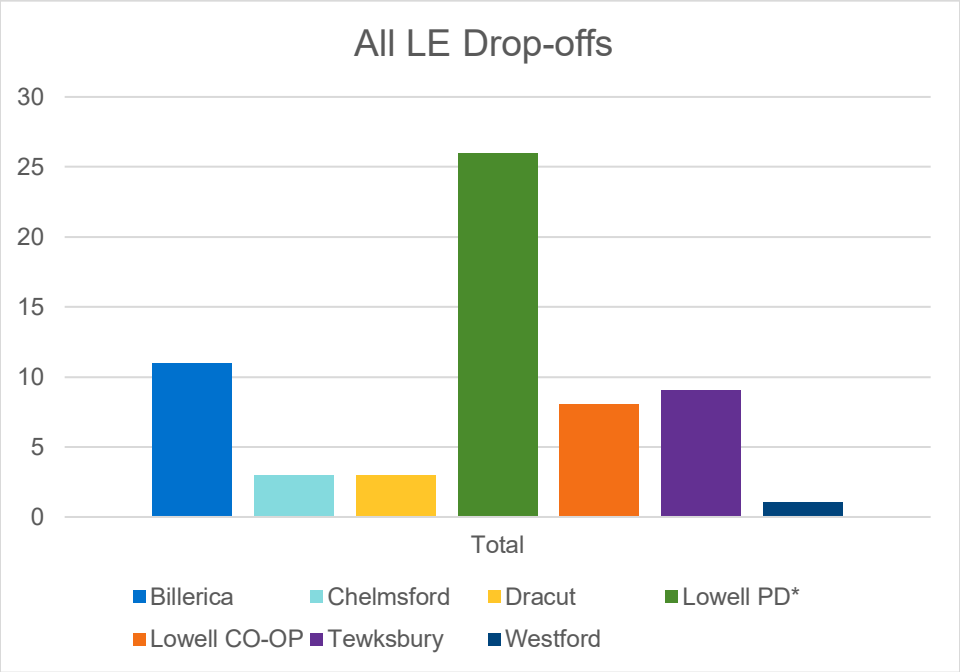


Law enforcement drop-offs

Law enforcement drop-offs by month

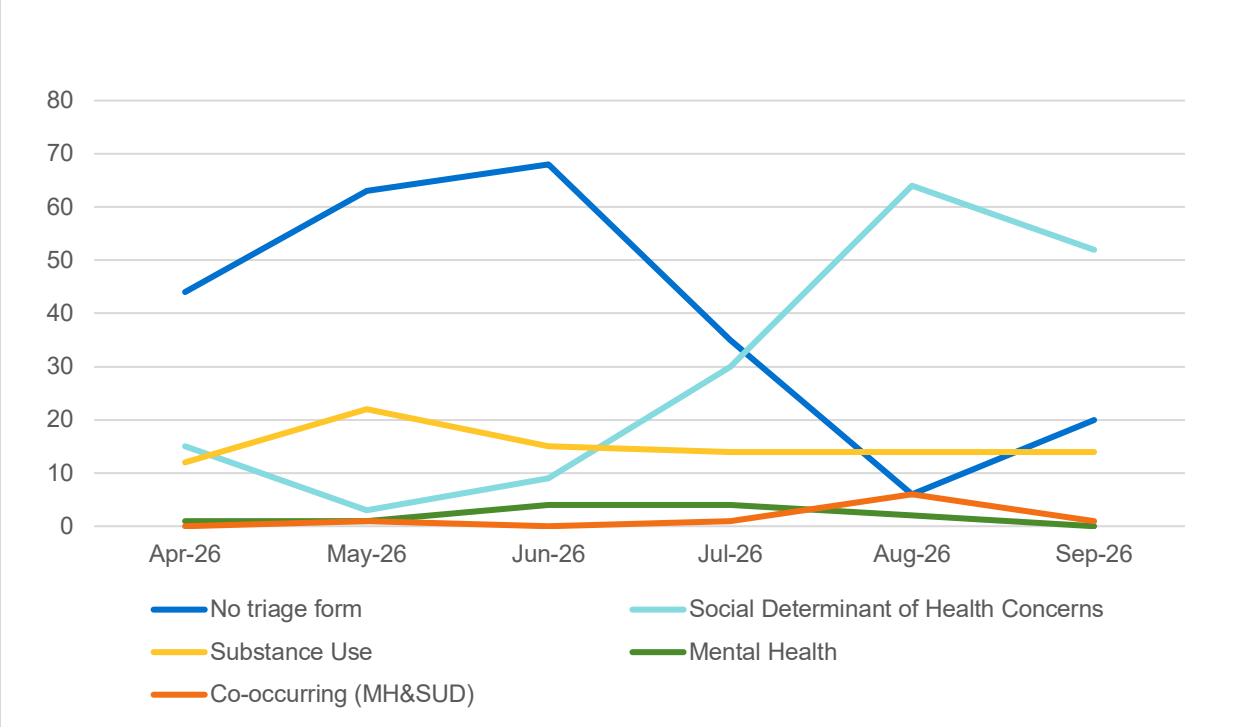


Law enforcement drop-offs by department, total

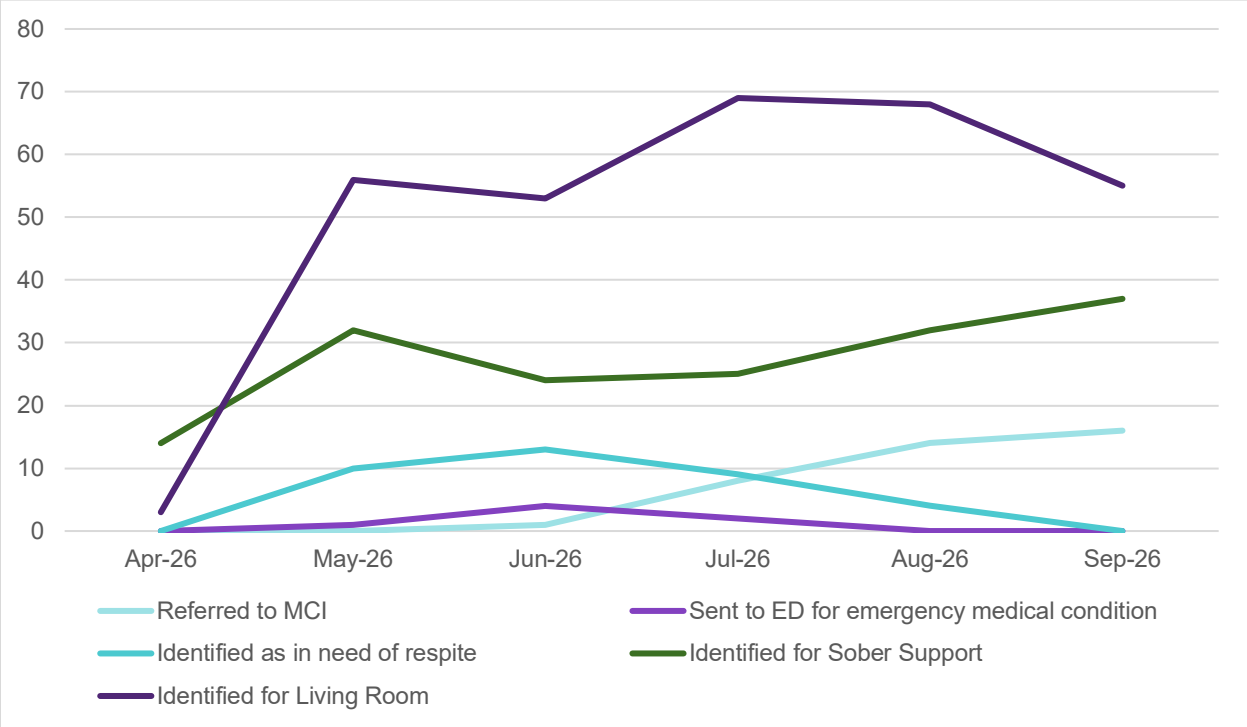


Triage

Triage presenting problem, by month (unique individuals)

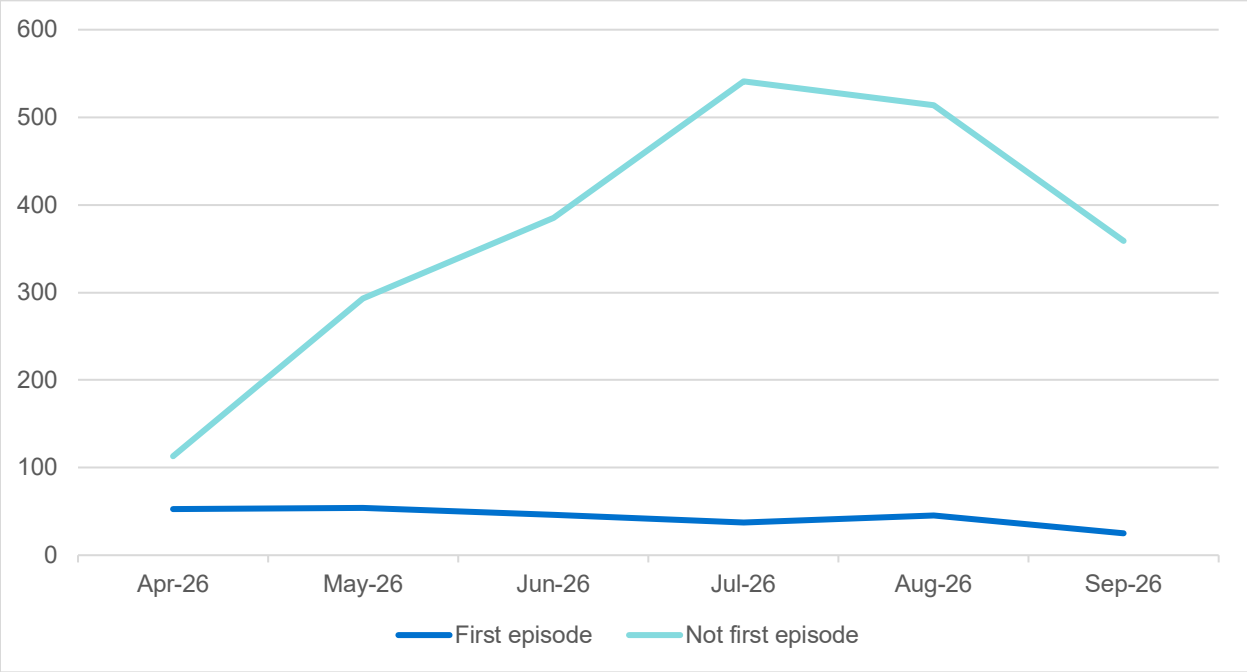


Triage disposition, by month

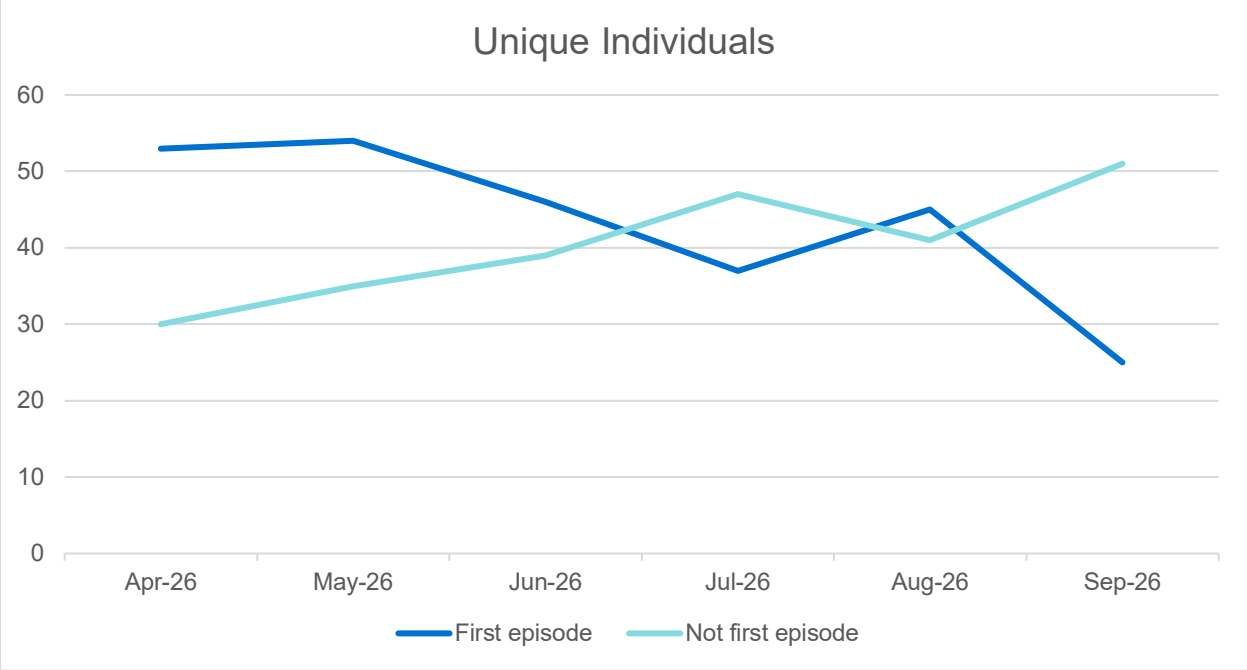


New / repeat episodes

First or repeat episode, all individuals, by month

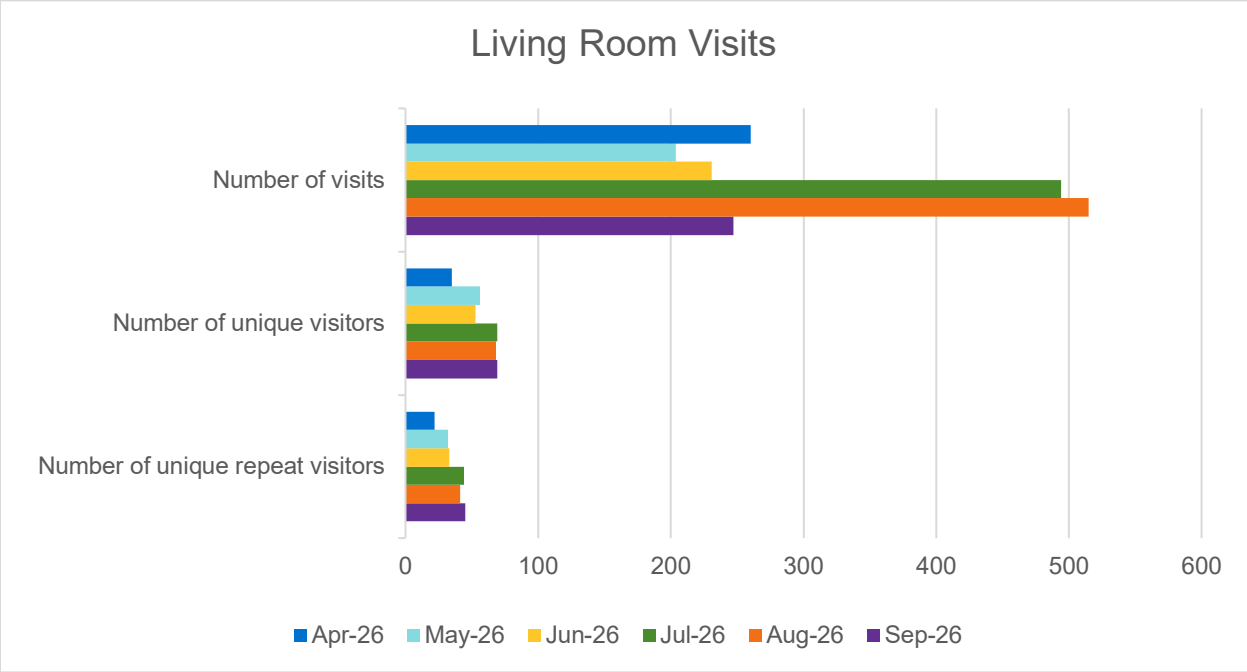


First or repeat episode, unique individuals, by month



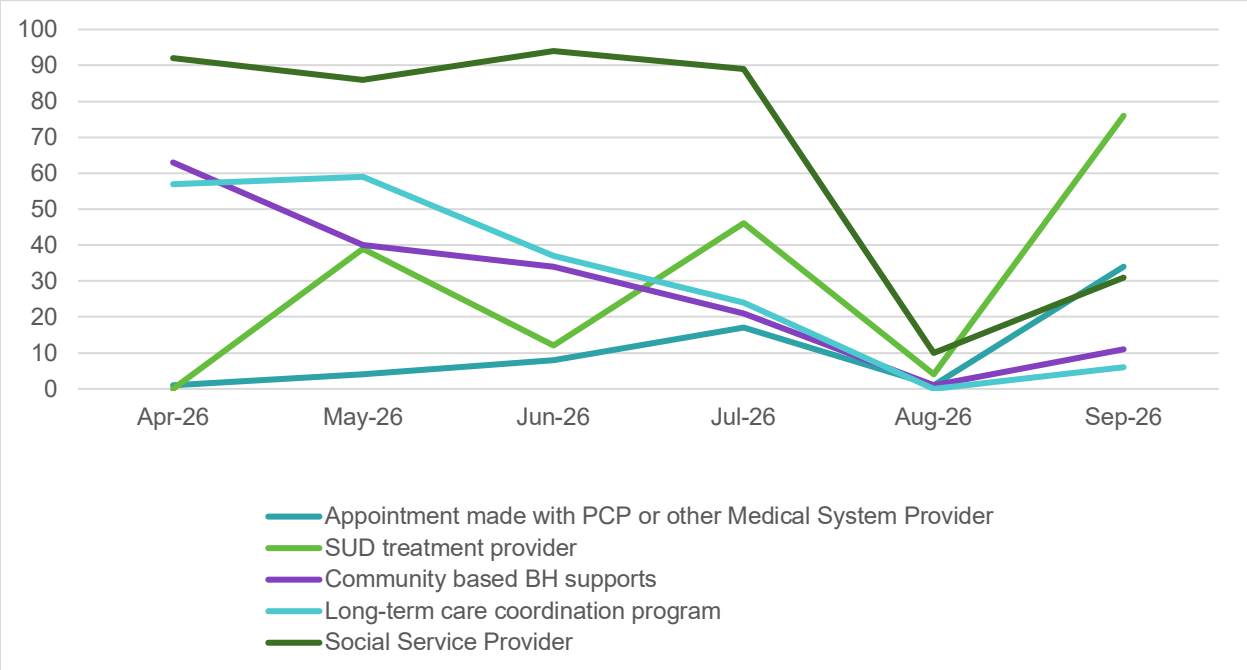
Living Room

Visits, unique visitors, and unique repeat visitors by month



Referrals and handoffs

Handoffs by month



* The Case Manager role was vacant for half the month of August, which resulted in the dip in warm hand-offs during the month of August.