COMMONWEALTH OF MASSACHUSETTS
THE GENERAL COURT
STATE HOUSE BOSTON 02133 1053

October 30, 2025

Senator Michael Rodrigues, Chair
Senate Committee on Ways and Means
24 Beacon Street
Room 212 – State House
Boston, MA 02133

Representative Aaron Michlewitz, Chair
House Committee on Ways and Means
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Governor Maura Healey
24 Beacon Street
Room 280
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Senator John Velis, Chair
Joint Committee on Mental Health, Substance Use and Recovery
24 Beacon Street
Room 513 – State House
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Representative Mindy Domb, Chair
Joint Committee on Mental Health, Substance Use and Recovery
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Senator Cindy Friedman, Chair
Joint Committee on Health Care Financing
24 Beacon Street
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Executive Office of Public Safety and Security
1 Ashburton Place, Suite 2133
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Secretary Kiame Mahaniah
Executive Office of Health and Human Services
1 Ashburton Place
Boston, MA 02108

Dear Senate Clerk Hurley and House Clerk Carroll, Governor Healy, Chairs Velis and Domb, and Secretaries Terry and Mahaniah:

We write as the co-chairs and legislative members of the Restoration Center Commission ("Commission") established under *An Act Relative to Criminal Justice Reform*, Chapter 69 of the Acts of 2018 ("Act") and amended under *An Act Making Appropriations for the Fiscal Year 2023*, Chapter 126 of the Acts of 2022. The Act directs the Commission to provide an annual report to the legislature by November 1.

The attached Year Seven Findings and Recommendations were compiled by ForHealth Consulting at UMass Chan Medical School on behalf of the Commission and detail the following:

- Commission meetings, administration, and activities in Year Seven,
- Activities that the Restoration Center vendor, Vinfen, and ForHealth Consulting have accomplished, and
- Findings and recommendations.

We look forward to reporting to you a year from now on the successes and lessons learned in implementing the Middlesex County Restoration Center pilot.

Sincerely,

Co-Chair, Sheriff Peter J. Koutoujian
Middlesex County

Co-Chair, President and CEO Danna Mauch, PhD
Massachusetts Association for Mental Health

Senator Cindy F. Friedman

Representative Kenneth Gordon

cc: Senate President Karen Spilka

House Speaker Ronald Mariano

forHealth® CONSULTING at UMass Chan Medical School

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Middlesex County Restoration Center Commission

Year Seven Findings and Recommendations

Prepared for:

Clerks of the Senate and the 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

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Oct. 30, 2025

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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 Seven (November 2024-October 2025) 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 emergency departments to appropriate treatment."[1] This report summarizes the activities the Commission completed in Year Seven and includes an overview of efforts to launch 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 Middlesex County Restoration Center 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
- Scott Taberner, special advisor, Executive Office for Health and Human Services (through March 2025)
- Nancy Connolly, assistant commissioner for forensic services, Department of Mental Health (through June 2025)
- Deirdre Calvert, director, Bureau of Substance Addiction Services
- Eliza Williamson, director of community education and training, National Alliance on Mental Illness of Massachusetts

[1] Chapter 69 of the Acts of 2018.

- Chief Justice Paula Carey, Massachusetts Trial Court (Ret.)
- Chief Roy Frost, Billerica Police Department
- Audrey Shelto, president and CEO, Blue Cross Blue Shield of Massachusetts Foundation
- Dr. Lee Robinson, associate chief for Behavioral Health, MassHealth Office of Accountable Care & Behavioral Health (starting April 2025)
- Matthew Broderick, manager of Forensic Operations & Policy, Department of Mental Health (starting July 2025)

Report Overview

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

- Summary of Commission meetings held in Year Seven
- Description of the work completed to launch and start services at the Restoration Center

Next, this report describes the work completed by:

- Vinfen, the vendor selected to operate the Restoration Center
- ForHealth Consulting, the organization that provides implementation assistance and conducts the evaluation of the pilot program

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

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

Commission Processes

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

Commission Meetings

In Year Seven, the Commission met twice to:

- Receive progress updates from the selected vendor, Vinfen, on implementation of the Restoration Center.
- Discuss programmatic elements and provide feedback,
- Brainstorm sustainability opportunities.

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

Commission Administration

The state fiscal year's 2026 budget once again appropriated funding for the Center to the Executive Office of Health and Human Services (EOHHS) line-item 4000-0300. EOHHS continued to engage with ForHealth Consulting through an Intergovernmental Service Agreement to ensure preparations to open the Restoration Center align with the model developed by the Commission and provide programmatic and policy guidance.

Commission Activities

This section describes Year Seven activities for the Commission.

Provided Insight and Guidance on Programmatic Elements, Sustainability, and Evaluation

The Commission developed two working groups—one focused on the Sober Support Unit that transformed over time into sustainability efforts and another on ForHealth Consulting's evaluation of the pilot project.

Sober Support Services and Sustainability Working Group

A group of Commission members—Dee Calvert, Jonna Hopwood, on behalf of the Association of Behavioral Health, Danna Mauch, and Lee Robinson—met several times since the beginning of 2025 to talk about the Sober Support Services at the Restoration Center. The group reviewed and finalized the admission criteria and supports that will be made available to individuals in the Vinfen-developed program. Once the service components were agreed upon, the discussion shifted to developing strategies to ensure sustainable funding. As a relatively new model both nationally and within Massachusetts, sobering support lacks a dedicated funding mechanism,

though it remains a core element of the Restoration Center model. The group devoted several meetings to exploring potential pathways to licensure, which in turn would enable billing capacity. Licensing options discussed include a clinic with mental health services, an outpatient program, or a BSAS special project designation.

Evaluation Working Group

ForHealth Consulting and Vinfen met throughout Year Seven to explore available participant data, determine aggregate metric definitions, and discuss data sharing mechanisms. ForHealth Consulting developed an evaluation plan, per the legislative mandate of the Commission, and presented it to a working group of Commission members in July. Commission members participating in the working group were Sheriff Koutoujian, Danna Mauch, Senator Friedman, Paula Carey, and Audrey Shelto. The group discussed the metrics that ForHealth Consulting will collect to describe implementation, provide information about the population receiving services, and measure outcomes. The evaluation timeline and metrics are detailed under the ForHealth Consulting section.

Communicated the Importance of the Restoration Center

To celebrate the selection of the Restoration Center's location, engage key community and government stakeholders, and share initial floor plan designs, Vinfen and Spectrum hosted a gathering in May. Sheriff Koutoujian, Danna Mauch, and Senator Friedman provided remarks, alongside the leaders of the host organizations, Jean Yang of Vinfen and Kirk Isaacson of Spectrum, and Lowell City Manager Thomas Golden. The Commission leaders reflected on the work completed to date and described the promise of the Restoration Center to connect individuals to community-based behavioral health care once the doors open in April 2026. Following the gathering, the Lowell Sun published a story detailing the Restoration Center services and its goals.[2]

As the preparations for the Restoration Center's opening continued, Vinfen recommended updating the name from the "Middlesex County Restoration Center" to the "Restoration Center of Greater Lowell." The Commission agreed upon the revised name, which will help to reduce any potential confusion of the state operating the Center as well as allow for potential replications in Middlesex County or other counties.

Identified and Operationalized Funding Sources

During Year Seven, Commission members continued to pursue funding opportunities to blend and braid funding for the Restoration 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 FY26.
- $1 million annually in FY26 and FY27 from the Opioid Remediation and Recovery Fund (ORRF).

[2] https://www.lowellsun.com/2025/05/15/restoration-center-of-greater-lowell-to-open-in-2026/

In March 2025, Vinfen submitted a $1.5 million request for Congressional-directed spending to Senators Ed Markey and Elizabeth Warren, with letters of support from the Commission co-chairs. At the time of this report, no funding was allocated to the federal budget.

The Commission maintained efforts to identify additional funding sources and resources to sustain the Restoration Center pilot program financially during the pilot. For the Sober Support Unit, one of the services without a dedicated and sustainable funding mechanism, Vinfen, EOHHS, and the Commission explored options, including local philanthropic resources and a potential pathway towards third party payment via licensing.

The Commission expressed interest in applying for a Request for Proposals (RFP), released by the Department of Justice's (DOJ) Bureau of Justice Assistance in January 2025, to fund programs aimed at improving collaboration between law enforcement and mental health services. However, that RFP, along with most other federal grant opportunities from the DOJ, was revoked in February. Vinfen and EOHHS also explored funding opportunities from the Theodore Edson Parker Foundation, Kraft Prize for Excellence and Innovation in Community Health, and the Sozosei Foundation, and determined they were not appropriate to pursue.

Work Completed by Vendors to Operate and Support the Restoration Center

Vinfen

Following the execution of the contract in December 2023, Vinfen, EOHHS, and ForHealth Consulting began meeting weekly to advance progress on the Center's opening, navigate obstacles, engage with interested stakeholders, and coordinate on administrative matters.

Restoration Center Location

In continuing the work from the previous year, Vinfen and Spectrum, the selected partner for the remaining space in the building, collaborated to formally secure the building at 10 Technology Drive in Lowell. On Dec. 2, 2024, the engineer, Vinfen, and Spectrum presented the renovation plan for the space to the Lowell Planning Board, which approved it with several conditions and no public opposition.[3] The Lowell Sun published an article about this development.[4] Spectrum finalized the sale of the building in December. Vinfen holds a lease with Spectrum for the lower floor of 10 Technology Drive to operate the Restoration Center. In March, Spectrum and Vinfen secured the appropriate permits for the renovations. Vinfen released the request for general contractor bids in April, for which it received bids from seven vendors. Vinfen selected AmCon, a family-owned Women's Business Enterprise, as the general contractor. AmCon began to order materials and mobilize subcontractors in July. Renovations started in September.

Staffing

At the organizational level, Vinfen hired two staff who will oversee the operations of the Restoration Center. In May 2025, Jonathan Chines joined Vinfen to serve as the Chief Operating Officer and is responsible for oversight of all Vinfen services, including the Restoration Center. Katie Tyler started in August 2025 as the Vice President for Behavioral Health responsible for Vinfen's Community Behavioral Health Center and Restoration Center.

In addition, Vinfen filled key Restoration Center management positions including:

- Director of Service, who will lead operational and implementation activities.
- Director of Program Development, who will assist in the development of clinical policies, procedures, and training. In addition, they will support sustainability planning as well as evaluation and stakeholder engagement work.
- Community Liaison, who will develop and strength relationships with stakeholders in the Greater Lowell region and support the implementation of a Greater Lowell communications plan designed to enhance implementation and ongoing operations.

[3] https://lowellma.gov/AgendaCenter/ViewFile/Minutes/_12022024-3307
[4] https://www.lowellsun.com/2024/12/03/restoration-center-to-open-in-lowell/

- Clinical Program Director, who will provide management and oversight for the Respite and Mobile Respite components of the Restoration Center.
- Community Health Worker for the respite program.

Vinfen continued to develop staffing and recruitment plans and aims to fill most staff roles by February-March 2026. Vinfen actively recruited for a Nurse Manager, Medical Director, and a Manager of Peer Services at the time of this report.

Ambulance Drop-Off

Vinfen and EOHHS have identified four regulatory steps that are required for the Restoration Center to receive ambulance transports. The table below outlines each of the steps and notes the status of Ambulance Drop-Off at the Community Behavioral Health Centers, which is a comparable entity.

	Required Regulatory Step	CBHC Status
1	Department of Public Health (DPH) amends Emergency Medical Services (EMS) regulations (105 CMR 170) to allow ambulances to transport to the Restoration Center. Specifically, the Restoration Center needs to be included in definition of appropriate health care facility.	On Jan. 6, 2023, the DPH amended EMS regulations to include CBHCs in the definition of an appropriate health care facility. DPH also issued a memo stating that the regulations will not go into effect until DPH issues an approved "Point of Entry Plan."
2	DPH develops an approved "Point of Entry Plan" for the Restoration Center.	DPH has not yet developed an approved "Point of Entry Plan" for CBHCs. Draft minimum criteria developed by Office of Emergency Medical Services (OEMS) of DPH require that ambulances transport patients to the Mobile Crisis Intervention (MCI) unit at the CBHC.
3	DPH approves the Restoration Center of Greater Lowell.	In the summer of 2024, DPH conducted site visits to a few CBHCs, but none have been approved and the minimum criteria shared by OEMS remained in draft form.
4	Insurance rules are changed to require reimbursement for ambulances to transport people to healthcare facilities other than hospital emergency departments or satellite emergency departments.	Unknown

Sustainability

As outlined in the Commission's sustainability working group, Vinfen and EOHHS continued to investigate pathways to sustainability for the Restoration Center. There are three site-based service components within the Restoration Center that are not currently defined as a service type within the Massachusetts Health and Human Services system: 1) Triage, 2) Living Room, and 3) Sober Support Unit. The sustainability pathway for the fourth service component, Respite

(site and mobile) is projected to be through an ongoing contract with the Department of Mental Health. The sustainability pathway will determine whether and which specific licenses are required. Below are potential sustainability pathways with notes on licensure requirements:

- Triage: Vinfen believes the triage function will need to be integrated into the sustainability plans of the other services as triage is not a standalone service but an entry point to the Restoration Center as a whole.
- Living Room: Three current Living Room providers in Massachusetts receive grants funded by the Department of Mental Health via MassHealth. Vinfen and EOHHS are aligning the Restoration Center Living Room with the other Living Rooms.
- Sober Support: Vinfen identified several possible pathways for sustainability for this service and are vetting these ideas through discussions with other behavioral health providers in Massachusetts and state regulators:

Sober Support Sustainability Pathways	Billing mechanism	License
Adult Community Crisis Stabilization: develop a CBHC contracted satellite ACCS program at 10 Technology Drive that would provide sobering services within the ACCS.	Adult CCS daily rate	Adult CCS license through DMH
Mobile Crisis Intervention (MCI) service with sobering: develop a sobering service within a site-based MCI program.	MCI evaluation	MCI license
Respite program that includes a sobering service.	DMH respite	DMH respite license

Stakeholder Engagement

Vinfen continued to lead the Lowell HUB/Situation Table as an upstream, integrated community-based response to individuals with high risks by convening a meeting with approximately 20 attendees representing more than 15 organizations. Since its inception, the Situation Table has completed 27 situations. As the mobile respite program launched, Vinfen engaged with approximately 20 community providers and stakeholders to share information about the services and encourage referrals.

With the Restoration Center's major goal of reducing criminal justice system engagement, engagement with law enforcement remained a major priority. Over the past 12 months, Vinfen leadership:

- Met with Lowell Superintendent Hudon and three Deputy Superintendents in August to discuss workflows and implementation of police drop-off at the Restoration Center. The group decided to form a working group with all the stakeholders involved in police drop-off at the Restoration Center to formalize workflows and align them with community resources.

- Met with the Chelmsford Police Department Lieutenant to discuss coordination and the Restoration Center operations.
- Provided in-depth information about the mobile respite program with the Billerica Police Chief Frost, Superintendent Hudon, and the Lowell Police.
- Held preliminary discussions with Advocates, the Lowell based co-response team, Pridestar/Trinity, the Lowell based EMS provider, Lowell General Hospital, and Lowell Police, in preparation for a six to eight-week meeting series termed “Restoration Nexus” designed to develop and align workflows around first responder engagement with the Restoration Center. Vinfen hosted the Restoration Nexus kick-off meeting and three subsequent meetings in October. During these meetings, the group reviewed scenarios to differentiate between the profiles of individuals who should be transported to the ER versus the Restoration Center as well as criteria to inform drop-off at the Center.
- Conducted weekly outreach with the City of Lowell’s Homeless outreach team to build relationships with service providers and people with behavioral health conditions who are unhoused.

The Restoration Nexus working group is part of a larger strategy of engagement with all the police departments within Greater Lowell area that will inform the development of a “Law Enforcement Drop Off Principles of Care” document. The Principles of Care document will provide unifying best practice standards around law enforcement drop-off. Vinfen will draft the Principles of Care document and seek input from the police departments within the immediate Restoration Center catchment area prior to finalizing and releasing it to all relevant stakeholders. This is the first step in establishing clear workflows and protocols around law enforcement drop-off with all police departments within the Restoration Center service area.

In addition to relationship building with local police leaders and staff, Vinfen also continued to introduce and plan for the Restoration Center with Lowell General Hospital and the City of Lowell, as well as the following community based entities: Thrive!, Cambodian Mutual Assistance Association, Lowell Senior Center, the COOP Team, the Lowell Community Health Center, Eliot, the Greater Lowell Health Alliance Behavioral Health Task Force, the Lowell Hunger and Homelessness Task Force, Coalition for a Better Acre, CTI, House of Hope, Wayside, The Megan House Foundation, Riverbend, Project Compass, Bridgewell, AgeSpan, New American Association of Mass, NFI MA, and the YMCA of Lowell.

Service Provision

Vinfen’s Connections to Care team continued to provide services to individuals who self-identify as justice-involved and/or have a behavioral health condition and health-related social needs. This population is a key target for future Restoration Center services, as many meet the clinical criteria for programs such as Community Support Program (CSP), Community Partners (CP), or recovery support navigation—but are underinsured or uninsured. These services are presently offered at Vinfen's CBHC but will eventually move to the Restoration Center after the building is ready for occupancy. In this model, care coordinators connect individuals to timely and appropriate follow-up services outlined in an individual's treatment plan, arranging for services

and providing referrals, and subsequently enrolling individuals in longer term care coordination programs. Services are tailored to the unique needs of individuals. To maintain rapport and build trust with the target population, the program will not verify justice system involvement with respective entities. The care coordinator serves approximately 15-20 individuals for up to 90 days. In the last 12 months, Vinfen served 77 people through this specific care coordination program. Vinfen's Connections to Care team will sunset at the end of the calendar year as the launch of the mobile respite, detailed below, has allowed for intensive care coordination supports for those who are uninsured or underinsured.

In July 2025, Vinfen received a contract from the Department of Mental Health (DMH) for a Blended Respite Program (10 respite beds within the Restoration Center facility and community-based mobile respite services for 10 individuals). Unique to the Restoration Center, individuals do not need to be DMH clients to receive respite services. On Aug. 1, 2025, Vinfen launched the mobile respite component. Mobile respite is an intensive clinical outreach program that provides stabilization and daily support. The goal of these services is to develop coping skills and a return to baseline for individuals at high risk or in crisis, with the goal of connecting them to a longer-term program. Both the site-based and mobile respite programs are designed as a 30-day intervention but can be extended if needed. Since launch, 12 unique individuals engaged in mobile respite.

Communications

In early 2025, staff from EOHHS, Vinfen, Middlesex Sheriff's Office, Senator Friedman's Office, Spectrum, and ForHealth Consulting began meeting biweekly to develop and implement a communications plan. The plan establishes communications goals, identifies key stakeholders, provides talking points and Q&A guidance, and sets monthly communications initiatives. As part of this effort, Vinfen created a flyer for community providers offering an overview of the behavioral health services in the Greater Lowell region, including programs that will be offered at the Restoration Center. Moving forward, the communications team will:

- Develop additional collateral materials as needed including translating those materials into the commonly spoken languages of Greater Lowell.
- Plan, execute, and promote events around the official opening of the Restoration Center, positioning the launch as a community milestone.
- Work proactively to engage local and regional press, ensuring that the Restoration Center's mission, services, and impact are widely understood across the region.

Knowledge and Best Practices Gathering

Representatives from Vinfen and ForHealth Consulting attended the MacArthur Foundation's Safety and Justice Challenge Convening in Chicago in April 2025 to learn about best and promising practices from other similarly situated centers. These staff also regularly attended the bimonthly "Operationalizing Crisis Centers" calls hosted by Policy Research Associates and monthly network calls hosted by the National Sobering Collaborative as opportunities to connect with peers, ask questions, and understand what is or isn't working well.

Vinfen obtained consultation on its proposed program and facility design from the following national and state leaders:

- Spurwink's Living Room Crisis Center (Portland, ME): site visit in 2024, phone consultations, second site visit conducted in October 2025.
- Highpoint Treatment Center (Brockton, MA): phone consultation to learn about its integrated SUD and mental health treatment programs, including a sober service within the MCI and an integrated ATS/ACCS program as well as ambulance drop-off; site visit planned for November 2025.
- Behavioral Health Network (Springfield, MA): several phone consultations related to police drop-off, ambulance drop-off and Living Room program; site visit planned for November 2025.
- Boston Medical Center (Boston, MA): phone consultations with Grayken Center and CBHC leaders on Sober Support, police drop off, ambulance drop off.
- The Sobering Center (Austin, TX): phone consultations on facility and sober support service.
- Boston Health Care for the Homeless (Boston, MA): consultation specifically related to its service that is like the Restoration Center's Sober Support Unit.

Vinfen, EOHHS, and ForHealth Consulting continue to engage with staff from relevant state agencies, such as BSAS and MassHealth, to seek guidance on certain topics, learn about ongoing efforts in the region, and understand promising practices. These conversations also provided space to discuss opportunities for collaboration.

Project Administration

The longer than anticipated Request for Responses and contract negotiation period, and the extended time to identify, secure, and permit a building, resulted in a compressed timeframe for service provision and the Center's delayed opening date. Therefore, EOHHS engaged in conversations with Vinfen about a contract amendment to extend the end date from June 30, 2027, to June 30, 2028. Vinfen provided a revised budget estimate for the original period of performance, a six-month extension, and a year extension. After extensive conversations with EOHHS leadership, EOHHS and Vinfen agreed to extend the contract for a year and add approximately $250,000 to the allocated contract amount. The parties executed the contract amendment in June 2025.

ForHealth Consulting

ForHealth Consulting continued to provide insight into national best practices, develop implementation strategies, and monitor the progress of the project. ForHealth Consulting staff toured the Austin, Texas Sobering Center in April 2025 to better understand ramp-up activities, innovative practices, and implementation challenges. The tour provided on-the ground insight into operations and practices that can be applied to the Restoration Center.

As part of the enabling legislation for the Restoration Center, an independent evaluator will conduct a rapid cycle evaluation of the implementation to inform improvements to the Center's

model of care and demonstrate the impact of the Center's services and diversionary goals. EOHHS selected a team at ForHealth Consulting to undertake this task.

Throughout Year Seven, EOHHS, Vinfen, and ForHealth Consulting met biweekly to discuss data sources, finalize the definition of a Restoration Center "episode of engagement," and determine the data elements/metrics that will be included in the evaluation. During the pilot phase, ForHealth Consulting's Research and Evaluation team will conduct two studies:

- An **implementation study** that will collect descriptive statistics to document characteristics of participants, caseload dynamics, Restoration Center services received, handoffs at the end of the engagement, what worked well and what didn't, and if the program was implemented as designed.
- An **outcome study** that will measure the health services outcomes, including diversions from the emergency department and MassHealth utilization by service; criminal justice outcomes such as arrest diversions, jail bookings, charges, and jail days; and overdose outcomes.

The Research and Evaluation team developed a preliminary plan for an impact study, but due to delays in program initiation, claim lags, and the time needed for individuals to participate in services, this component falls outside the scope of the current ISA between EOHHS and ForHealth Consulting.

ForHealth Consulting met with the Middlesex Sheriff's Office and Trial Court to discuss potential criminal justice data for the evaluation. After discussing data sharing options and available data, the Research and Evaluation team determined it would be most beneficial to move forward with a data use agreement with the Sheriff's Office for booking and jail-related metrics. Local police department data, such as arrests, and Trial Court data will bolster the evaluation. ForHealth Consulting will pursue access to these data sources over the following year.

Findings, Recommendations, and Implementation Timeline

Findings and Recommendations

Throughout Year Seven, the Commission, Vinfen, EOHHS, and ForHealth Consulting continued in-depth conversations about sustainability for the Restoration Center at large and programs such as the Sober Support Unit. EOHHS and ForHealth Consulting worked closely with other state agency stakeholders to share funding models for similar programs across the country. Of note, both California and Maryland received approval to include sobering services within the Medicaid benefit. Given uncertainty at the federal level, it is unlikely the Commonwealth could pursue the same mechanism, but the Commission encouraged continued thinking on this topic.

Implementation Plan and Timeline

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

January 2024 – March 2026:	Contractor readiness activities, including finding a location for a Restoration Center pilot program in Middlesex County, renovating the physical space in accordance with facility requirements, hiring and training staff, etc.
April 2026:	Estimated launch date of all facility-based Restoration Center pilot program services
April 2026 – June 2028:	Ongoing innovation and continuous quality improvement to measure outcomes, success in achieving specified goals, and improvement of the service model in collaboration between Vinfen, ForHealth Consulting, and the Commission
June 2028:	Recommendations to be made regarding the continuation and/or expansion of the Restoration Center pilot program