Managing the Opioid Crisis
**Scope of Problem**

Middlesex County

*Drug-Related Deaths 2012-2016*

- **HEROIN**
- **OPIATES/PRESCRIPTION DRUGS**
- **COCAINE**
- **OTHER/PENDING**
- **2014 ANY COLOR**
- **2015 ANY COLOR**
- **2016 ANY COLOR**

2012 - 65 deaths; 20 from Heroin
2013 - 80 deaths; 33 from Heroin
2014 - 145 deaths; 103 from Heroin
2015 - 185 deaths; 142 from Heroin
2016 - 251 deaths (as of 12.31.16)

*Drug classification is based on evidence identified at the scene by State Police Detectives assigned to the HDOA.*

*Updated December 31, 2016*
Scope of Problem

Middlesex County

*Drug-Related Deaths 2017-2018

- HEROIN
- PRESCRIPTION DRUGS
- COCAINE
- OTHER/PENDING

- 2017 ANY COLOR
- 2018 ANY COLOR

2017 - 222 deaths; 153 heroin-related
2018 - 126 deaths; 55 heroin-related

*Drug classification is based on evidence identified at the scene by State Police Detectives assigned to the MDAOG.

Updated August 8, 2018
# Number of Opioid-Related Overdose Deaths, All Intents by County, MA Residents: 2000-2017

**Massachusetts Department of Public Health**  
**POSTED: MAY 2018**

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<td>82</td>
<td>91</td>
<td>115</td>
<td>162</td>
<td>215</td>
<td>259</td>
<td>257</td>
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<tr>
<td>TOTAL DEATHS</td>
<td>379</td>
<td>506</td>
<td>526</td>
<td>614</td>
<td>514</td>
<td>575</td>
<td>660</td>
<td>642</td>
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<td>1,684</td>
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Tewksbury 2016 Overdose

Age Distribution:
- 13-17: 4
- 18-22: 4
- 23-27: 16
- 28-32: 16
- 33-37: 17
- 38-42: 15
- 43-47: 6
- 48-52: 5
- 53-57: 5
- 58-62: 6
- 63-72: 1

Narcan Administration:
- No: 50
- Yes (FD): 22
- Yes (PD & FD): 7
- Yes (PD): 9
- Yes (Hosp.): 4
- Yes (Family): 3

Outcome of OD:
- Fatal: 15
- Non-Fatal: 80

Sex:
- Female: 33
- Male: 62

Month:
- January: 4
- February: 2
- March: 5
- April: 4
- May: 8
- June: 11
- July: 13
- August: 9
- September: 7
- October: 8
- November: 7
- December: 11

Day of Week:
- Sunday: 16
- Monday: 11
- Tuesday: 12
- Wednesday: 11
- Thursday: 11
- Friday: 19
- Saturday: 15
Counseling /Treatment

• 2017 - Tewksbury had a total of 468 clients (MH/Dual = 232 and SUD = 236)
• 2018 - Tewksbury to date 468 clients (MH/Dual = 281 and SUD = 187)
• Total Served = 936
• Population Developed Through All Police Interactions Not Just Overdose Incidents
Managing the Opioid Crisis

What was LE doing before?
Managing the Opioid Crisis

What is LE doing now?
Managing the Opioid Crisis

What is Tewksbury PD doing?

• Prevention Education
• Enforcement
• Collaboration
• Counseling/Treatment
Managing the Opioid Crisis

Prevention Education

- Drug Disposal Kiosk
- Philosophical Change
- Stigma
- radKIDS
- SRO’s
- SAPC Grant (2014)
- Surveys
- Hidden In Plain Sight
- Chris Herren

- Cliff Crosby
- Kevin Brooks
- Chris Sullivan
- Mock Crash
- Sports Night
- SUP&E Week
- Speaker Series
  Tewksbury Public Library
Managing the Opioid Crisis

Enforcement (Overlap Outreach)

- Tracking Overdoses (2014)
- Narcan (October 2014) (Opioid Antagonist)
- Drug Unit 2014
- Zero Tolerance/Arrest Policy
- Surveillance/Buy-Busts
- Section 35/Section 12

- OUI-Drugs
- Drug Court/Diversion
- New Protective Custody Law G.L. c. 111E, § 9A (07/22/16)
- Shoplifting
- Press Releases
- Training
- Outreach (Lyons-Morris)
- PMP (2015 Massachusetts providers wrote 59.9 opioid prescriptions per 100 persons (4.07 million prescriptions) the average U.S. rate was 70 opioid prescriptions per 100 person) (75-85% Prescription)
Enforcement

For Immediate Release
June 12, 2018
Contact: Chief Timothy B. Sheehan
Tewksbury Police Department
(978)-851-7373 Ext. 214
tsheehan@tewksbury-ma.gov

Drug Trafficking Arrest

On June 12, 2018 the Tewksbury Police Department arrested Patricia Pimental, 24, of 101 Shawsheen Rd. Apt #9, Lawrence for trafficking heroin over 28 grams.

Detectives conducted an investigation into Pimental as a drug trafficker. A meeting was arranged at Highwood Drive where a drug transaction occurred resulting in the recovery of 33 grams of heroin. Pimental was placed into custody without incident.

U.S. Immigration and Customs Enforcement issued a detainer on Pimental for lacking immigration status in the United States.

Pimental is due to be arraigned at Lowell District Court on June 13, 2018.

The Tewksbury Police Department urges any citizens who suspect criminal activity to call the Dispatch Center @ 978-851-7373. If you wish to remain anonymous please call the Tip Line @ 978-851-0175 or send an email to tewks detectives@tewksbury-ma.gov

--End--
Section 35

How do I get someone committed?

According to the statute, only a qualified petitioner may request the court to commit someone to treatment under Section 35. They are: a spouse, blood relative, guardian, a police officer, physician, or court official. They must go to the local court and fill out papers. In legal language, they must “file a written petition or affidavit for an order of commitment”. Petitions may be filed at a District or Juvenile Court.
New Protective Custody Law

The law (July 22, 2016) only authorizes police officers to place “any person who is incapacitated” by reason of the consumption of a controlled substance or other substance other than alcohol into protective custody under G.L. c. 111E, § 9A. That person shall not be taken to the police station and/or booked and should get immediate transport to receive medical treatment (either to an acute care hospital, emergency facility).
Managing the Opioid Crisis

Collaboration

- Drug Court (May 2014)
- Learn to Cope Tewksbury
- Regional Jail Diversion Program-DMH
- Opioid Task Force
- Lowell House Advisory Board
- DDJ Whitehouse Program
- Drug Diversion Program- D.A.’s Office
- Bridge Program (All Calls)
- Narcan OEMS Legislation
- Treatment Providers
- Community Programs
- Pharmacy Partnerships
- Palm Cards
- Drug Pick-up
- Community/Parents
- LGH-Circle Health-GLHA (Grants)
- One Mind Campaign
- TPD Bridge Program Transportation Initiative
- PAARI-Recovery Coach
  Long Term Case Management
Managing the Opioid Crisis

Counseling /Treatment

• Bridge Program (Over 450 Intakes)
• JDP Program/LHBS
• Community Service Unit
• Outreach/Overdose/All Interactions
• Follow-up
• Collaboration (Mary O’Neill/Cathy Collins/Mike Duggan)
• Resource Cards (Officers Following Through-Detox-35)
• Drop-In Center
• MAT
• GRASP
How to Protect Yourself

- Proper Storage
- Monitoring Medication
- Safe Disposal
Help is Available

A Resource Guide for Substance Abuse Education, Information, & Support

If you suspect someone is overdosing...
CALL 911!

Recognizing an Opiate Overdose
Person will not wake up. No response to yelling. Blue lips or fingernails. Clammy, cool skin. Shallow, slow breathing. Seizures or convulsions. No response to knuckles being rubbed hard on breast bone.

Overdose Risk Factors
Using alone. Surviving a past overdose. Mixing drugs such as opioids, benzos, and alcohol. Change in drug purity. Weight loss, health issues or a period of non-use.

For Treatment
SAMSHA (Substance Abuse Mental Health Services Association): www.samhsa.gov
Massachusetts Bureau of Substance Abuse
Hotline: www.helpline-online.com
800-327-5050 or 888-449-8021
MOAR (Mass Organization of Addiction Recovery): moar-recovery.org

Support for Family and Friends
Learn To Cope: www.Learn2Cope.org
508-801-2647
Narcan Narcan Responder Training: 800-327-2050
Narcan temporarily reverses an opioid overdose-free training to become a Narcan responder.
Al-Anon/Alateen: ma-al-anon-alateen.org
508-366-0536
Alanon: ma-anon.org
888-425-2666
Families Anonymous: familiesanonymous.org
The Addict's Memo: addictsmemo.com
Drug Free: DrugFree.org
Wicked Sober: wickedsober.com

For information on Chapter 123-Section 35 (involuntary commitment):
http://www.mass.gov/rehrs/programs/substance/addictions/drugs-and-alcohol/section-35-fan.html or contact your local District Court Civil Clerks Office

Recommended Reading
Addict in the Family: Beverely Conyers
It's Not Okay to Be a Cannibal: How to Keep Addiction from Eating Your Family Alive by Andrew T. Wainwright

Sponsored by Circle Health

Inpatient Treatment
Lahey Health Behavioral Services Treatment Centers - also offers some outpatient services, www.nalthealth.org
Tewksbury: 978-359-7000
Danvers: 978-777-2121
Boston: 617-257-1001
AdCare Hospital**
Worcester: 800-345-3552 or 800-252-6465
Community Healthlink Inc**
Worcester: 508-860-1200
Institute for Health and Recovery - Inata for men inpatient services for adolescents and families with children. 617-661-3991
Spectrum Health Systems**
Waltham: 800-366-7732
Disnook Detox: Roxbury: 617-442-8800 x 1320
STAR - also provides services for pregnant women, star.org
Fall River: 800-937-3619 or 508-324-7763

Outpatient Detox
CleanSlate Centers
Tewksbury: 800-NEW-START
Adcare Hospital
Worcester: 800-345-3552 or 800-252-6465
Spectrum Health Systems
800-464-9555
Caritas NORCAP - also has inpatient services
Foxboro: 800-331-2900
Veterans Center - also has inpatient services*
Bedford: 781-687-2347 Urgent care: 781-687-2654

Community Support
Lowell Community Health Center Substance Abuse Treatment Office-based Opioid Treatment - 161 Jackson Street, Lowell: 978-937-9700
Lowell House Inc. - also provides outpatient substance abuse services,
555 Merrimack Street Lowell: 978-459-9556
Middlesex Recovery, P.C. - accepts MassHealth
23 Cummings Park, Woburn, MA 01801
781-305-3300
MA Substance Abuse Information and Education Helpline: helpline-online.com
800-327-5050
Narcotics Anonymous (NA) Meetings
866-624-3578
Alcoholics Anonymous (AA) Meetings
978-857-4690
Massachusetts Polcon Control Center
800-222-1222
Suicide Prevention Hotline (24 hrs): suicidepreventionlife.org 800-273-8255
Replacement Therapy (Medications) Habit OPCO
22 Old Canal Drive in Lowell: 978-452-0155
Replacement Therapy (Suboxone) - Find a trained prescribing doctor: HereToHelpProgram.com
866-973-4373
Replacement Therapy (Vivitrol): vivitrol.com/Get Started

* Provides discharge transportation
** Door to door transportation provided
*** Transportation from local train station
Visit www.drugfreegreaterlowell.org for a variety of additional resources
## Police Department Community Outreach Intake Form

### Date of Incident:
- Date Given to JDP:
- Time of Incident:
- Incident #: 
  - Nature of Call:
  - JDP Incident #: 
  - Mental Health
  - Substance Use
  - Dual Diagnosis

### Personal Information
- Full Name: _Last_ _First_ _MI_
- Address: _Street Address_ _State_ _Zip Code_
- Primary Phone: (_ _) _ _ _ Age: _ _ Gender: _ _
- Secondary Phone: (_ _) _ _ _ Veteran: _Yes_ _No_ Race: _ _

### Possible Charges
- Was Custody Diverted? _Yes_ _No_
- Were Charges Diverted? _Yes_ _No_
- List Possible Charges Here: _

### Insurance Information
- _Uninsured_ _Medicare_ _MC (Medicaid/Mass Health)_ _Private_ _VA Benefits_

### Substance Use Disorder
- At the time of the call is the client under the influence? _Yes_ _No_
- _Opioids_ _Alcohol_ _Other:_ _ _
- _Cocaine (Crack/Powder)_ _Prescription Medication_ _Treatment History:_ _Yes_ _No_

### Psycho-Social Information
- Living Arrangements:
  - _Assisted Care_ _Group Home_ _Homeless_ _Permanent Residence_ _Shelter/Temp_
- Resides With: _Parent_ _Spouse_ _Roommate_ _Self_
- Employment:
  - _Full-Time_ _Part-Time_ _Retired_ _Receive Benefits_ _Student_ _Unemployed_

### Assessment and Outcome
- _JDP Co-Response_ _MHFA Officer Assessment_ _CIT Officer Assessment_
- _Section 12_ _LHGH_ _LHG - Saints_ _Outpatient_
- _Section 18_ _Inpatient_ _Detox_ _Community Outreach_ _Family Support_
- _Section 35_ _ESP/Mobile Crisis Eval_ _Detox_ _Visit_

### Clinical Notes:
- 1st attempt _ _ 2nd attempt _ _
- Did not Respond with _ _
# Police Department Public Safety Communication Form

## Living Situation:
- [ ] Own Home
- [ ] Friend/Family
- [ ] Homeless
- [ ] Shelter
- [ ] Group Home

## State Of Home:
- [ ] Neat
- [ ] Average
- [ ] Messy
- [ ] Vandalized
- [ ] Hoarding
- [ ] Uninhabitable

## Observations:
- [ ] Poor Sleep
- [ ] Too Much Sleep
- [ ] Not Eating
- [ ] Poor Hygiene

## Behavioral Issue:

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<td>Suicide Attempt</td>
<td>□ Self Harm/Cut</td>
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<tr>
<td>Suicidal Thoughts</td>
<td>□ Bizarre Behavior</td>
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<tr>
<td>Homicidal Thoughts</td>
<td>□ Aggressive</td>
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<tr>
<td>Auditory Hallucinations</td>
<td>□ Special Needs</td>
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<tr>
<td>Visual Hallucinations</td>
<td>(autism, ADHD)</td>
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</table>

## Medical History:
- [ ] Taking Medications
  - [ ] Yes
  - [ ] No
- [ ] Substance Use
  - [ ] Yes
  - [ ] No

## Law Enforcement Encounter History: Frequent Interactions?
- [ ] Yes
- [ ] No

## Stressors:
- [ ] Loss/Death
- [ ] Financial
- [ ] Relationship
- [ ] Employment
- [ ] Housing
- [ ] Legal
- [ ] Veteran/PTSD

## Comments:

---

## Contact Name:

Phone: ___________________________

Date: ___________________________

Clinician Use:
- [ ] Utilized
- [ ] Not Utilized

Disposition:

Comments:
To:

Address:

Date:

Re:

Dear XXXXX,

The Tewksbury Police Department, in collaboration with Lahey Health Behavioral Services, provides resources for individuals that are struggling with mental health, substance use, and coexisting disorders. These resources are available to the individuals in need of assistance, their families, and their loved ones.

The Tewksbury Police Department recently responded to an incident in which you were listed as an involved party. During this incident, we were unable to obtain a phone number for follow-up and would like to connect with you to talk about the resources offered and to make sure you are safe.

If you would like more information about the program listed above, please feel free to contact me.

Thank you,

Jennie Welch
There are no active rides right now

To coordinate a new ride, click on the button below.
Prescription Drug Disposal Program
Partners Protecting Our Communities

SAFE & SECURE DISPOSAL
Did you know that you can go to your local police department to dispose of your expired or unused prescription and over-the-counter medications?

A drug collection box is located in the main lobby of your police department. Place your medication in a sealed plastic bag and deposit it in the drug collection box — no questions asked.

If you are elderly, disabled or experience a personal hardship, your local police will retrieve your medications upon request. To schedule a pick up, please call:

Chelmsford Police Department
Dispatch: 978-256-2521, ext. 0

Lowell Police Department
Dispatch: 978-937-3200

Tewksbury Police Department
Dispatch: 978-851-7373, ext. 0

By eliminating unused and unwanted medications from your home, you are helping to keep your family and your community safe.

According to the Environmental Protection Agency, proper disposal:

- Prevents poisoning of children and pets.
- Deters misuse by teenagers and adults.
- Avoids health problems from accidentally taking the wrong medication, too much of the same medication, or a medication that is too old to work well.
- Keeps medications from entering streams and rivers when poured down the drain or flushed down the toilet.

APPROVED ITEMS:
- Prescription & Over-the-Counter Medications
- Vitamins
- Medication Samples
- Veterinary Medications
- Narcotics

NON APPROVED ITEMS:
- Needles (any type)
- IV Bags
- Personal Care Products
- Hydrogen Peroxide
- Inhalers
- Thermometers & Other Mercury Items
- Empty Containers

(These are safe to dispose of in your regular recycling bin)
Lahey Health Behavioral Services
Proposed Plan to Tewksbury Police Department
Submitted for review 01/14/16

BACKGROUND
Lahey Health Behavioral Services (LHBS) provides human services, community healthcare, family and children services, substance abuse treatment, and education. For more than 50 years, LHBS has been committed to serving those who are most vulnerable: individuals with serious mental illness and other high-risk populations. We serve adults, teens, families, and children and work in a variety of settings including outpatient clinics, homes, schools, inpatient and residential settings, and hospitals. The core values of LHBS include respect for consumer needs and preferences; a commitment to serve individuals regardless of their needs, resistance, and presentation; increased access to service; value for individual natural support systems; and promoting needed services. LHBS provides comprehensive services to address the mental health and substance use needs of families as a whole.

OBJECTIVE
LHBS will assess treatment needs, make recommendations and coordinate care for community members at risk and their families through the support of the Tewksbury Police Department and other community resources. Ultimately bridging the gap between treatment providers and community partners, this initiative will increase awareness and education around behavioral health issues, including substance use, increased access to treatment and reduced recidivism.

TERM
On the effective start date of the program (hire date of employee), annually. Termination of the agreement without cause by either party will be honored with 90-day written notice.

BILLING & REIMBURSEMENT
Tewksbury Police Department will be invoiced for 1/12 of the budget amount to be paid within 30 days of receipt of invoice.

SCOPE OF WORK
LHBS will provide services to community members at risk who are identified by law enforcement and their families. LHBS clinical services will include assessment and referral, individual, group and family treatment, consultation, linkage to family substance use screening or other services, family sessions and appropriate therapy. The clinician will coordinate interventions with community providers delivering services to the individual and/or family. Other clinical services will include parental and family guidance, inclusion in transition/discharge planning and linkage to other community services and supports, parent education, instructional modeling.

LHBS will participate in monthly meetings with law enforcement, coalition and other community members/groups to promote the use of resources, family outreach and build community supports.

35% of the clinician’s time will be allocated to the assessment and treatment recommendations for referrals. In order to establish best clinical care, referrals per week should not exceed 14 for a full time (40 hour per week) clinician. The remainder of the clinician’s time will be allocated for care management and coordination, case consultation with providers and family members, community meetings, clinical documentation and travel.

STAFFING AND OPERATING HOURS
The project plan consists of .04 FTE (or 6 hours per month) Clinical Supervisor and 1.00 FTE (or 40 hours per week) Clinician. The Clinical Supervisor will provide ongoing or ad-hoc consultation to clinician and other contributing members to ensure best practice and care is considered. Clinician will also utilize clinical team meetings. Both clinician and supervisor have experience in working with a variety of age ranges, families and complex situations and are comfortable working in various settings. Specific hours will be determined, however, there will be at least 1 evening to help accommodate family schedules. The total weeks expected on site is 45, allowing for holidays, vacation, sick and personal time.

BUDGET NARRATIVE
See attached

DATA AND OUTCOME MEASURES
Data will be tracked to measure the following outcomes:

- At least one outreach attempt will be made to 100% of those referred and at least one family member of referred individual to offer services and/or support within 1 – 2 business days
- Referred individuals will receive an assessment with treatment recommendations within 2-3 business days of outreach (note: that this will be measured based on time allocation for assessments as defined under Scope of Work section)
- There will be an increase in assess to care and services for referred individual and/or family members
- There will be an increase in referrals to services and/or community supports
Lahey Health Behavioral Services  
Project Budget - Tewksbury Police Department

<table>
<thead>
<tr>
<th>Clinical Services</th>
<th>hrs/wk</th>
<th>Rate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician, TBD</td>
<td>40.00</td>
<td>$22.60</td>
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<table>
<thead>
<tr>
<th>Supervision</th>
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<tbody>
<tr>
<td>Shawn Markey, LMHC, Coordinator Court Serv</td>
<td>1.50</td>
<td>$28.85</td>
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<table>
<thead>
<tr>
<th>Subtotal Personnel</th>
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<tbody>
<tr>
<td>Fringe and Benefits</td>
<td>25%</td>
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<td>$12,312.50</td>
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| Total Personnel                         |        |        | $61,562.50 |

<table>
<thead>
<tr>
<th>Travel</th>
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</thead>
<tbody>
<tr>
<td>42 miles round trip for 45 weeks</td>
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<td>$0.49</td>
<td>$851.47</td>
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<tr>
<td>(Beverly Clinic to WPD)</td>
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<tr>
<td>75 miles round trip for 45 weeks</td>
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<td>$1,636.88</td>
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<tr>
<td>(Local travel - home based services, community meetings, etc)</td>
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<tr>
<td>Total Travel</td>
<td></td>
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<table>
<thead>
<tr>
<th>Other Expenses</th>
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<tbody>
<tr>
<td>Cell phone</td>
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</tr>
<tr>
<td>Laptop</td>
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<td>Office Supplies</td>
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<tr>
<td>Total Travel</td>
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<td>$1,950.00</td>
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</table>

| Subtotal                                |        |        | $66,000.84 |

| Administrative Overhead                 | 14%    |        | $9,240.12 |

| Total                                   |        |        | $75,240.96 |