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Restoration Center of Greater Lowell

First 100 Days of Services

Prepared by:

Middlesex County Restoration Center Commission

Supported by ForHealth Consulting at UMass Chan Medical School

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On opening day, an individual called because he was referred by the Chelmsford co-responder/community response team. He was very reluctant to believe that anyone could help him — he worried the Center would "make [him] stay" or "try to convince [him] to take meds," and the Center's executive director attempted to allay his fears. He was offered a ride via the Center van so he could see the space. He replied with an emphatic "No." The Center's executive director asked if she could check in the next day; he agreed and gave his number.

He called the Center and arrived on his own that same day, and staff supported his slow entry into the space. The executive director checked on him within an hour of arrival and found him deep in conversation with a peer support specialist—not nearly as guarded. He has come back several times and reported, "The place is great; they treat me like a human being."

Two representatives from the Chelmsford Police Department Behavioral Health Response team subsequently toured the Center. They relayed that they had to see the space after hearing such good things from the person served.

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Dear Report Readers; Policy Makers; and Executive, Judicial, Legislative, and Partner Communities:

We write as the co-chairs 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 research the gaps in behavioral health and criminal justice diversionary services that lead to disproportionate rates of arrest and hospitalization of individuals with behavioral health conditions, identify a model for behavioral health and social services that could fill these gaps, and then design and launch a pilot of such services.

On behalf of the entire Commission, we are pleased to report that the Restoration Center of Greater Lowell (the Center) opened its doors on April 1, 2026. The Center provides a low-barrier, voluntary, and supportive alternative for adults experiencing a behavioral health crisis. Open 24/7/365, the site accepts both walk-ins and drop-offs, helping divert individuals from arrest, emergency department visits, and unnecessary hospitalization. Located in Lowell and operated by Vinfen, the Restoration Center offers triage, medical clearance, crisis assessments via the Community Behavioral Health Center's Mobile Crisis Intervention (MCI) services, Sober Support Services, Living Room, and on-site and mobile Respite Care. The Center also provides coordination with the Community Behavioral Health Center's services including the Community Crisis Stabilization (CCS) unit in Lowell, and connections to the co-located, Spectrum-operated Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), and Opioid Treatment Program (OTP).

The first 100 days of service provision highlight the critical gap that the Center fills within the Greater Lowell behavioral health service landscape. In these early days, community members have walked in and law enforcement officers have dropped off individuals who could benefit from these newly available services and support during a crisis. Since launch, 174 unique individuals have visited the Center nearly 2,000 times. The following report details how the Center provides community-based behavioral health crisis care, diverts individuals from unnecessary incarceration or hospitalization, and strengthens the behavioral health continuum of care in Greater Lowell and Middlesex County.

These early numbers are promising but much work lies ahead during this pilot project. We look forward to sharing the progress, impact, and lessons learned from this important initiative.

Sincerely,





Co-Chair, Sheriff Peter J. Koutoujian
Middlesex Sheriff's Office

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

Glossary of Key Terms

- **Acute Treatment Services (ATS)**: Also known as 24-hour Diversionary Services Medically Managed Withdrawal Treatment, this consists of 24-hour substance use disorder treatment services provided in freestanding or hospital-based settings. It features 24-hour, seven-day per week nursing and medical supervision that include withdrawal symptom management as part of medically supervised withdrawal and/or induction onto maintenance treatment.
- **Clinical Stabilization Services (CSS)**: Clinical Stabilization Services (ASAM Level 3.5) are provided in a nonmedical setting and include 24-hour per-day supervision, observation, and support.
- **Community Behavioral Health Center (CBHC)**: An entity that serves as a hub of coordinated and integrated behavioral health disorder treatment for individuals of all ages. Available support includes routine and urgent behavioral health outpatient services, mobile crisis services for adults and youth, and community crisis stabilization services for adults and youth.
- **Community Crisis Stabilization (CCS)**: Community-based program that serves as a medically necessary, less-restrictive alternative to inpatient psychiatric hospitalization when clinically appropriate. It provides short-term staff-secure, safe, and structured crisis stabilization and treatment services for individuals with mental health and substance use disorders.
- **Living Room**: A space that is available to individuals in a developing crisis, a current crisis, or a post crisis, staffed by a peer to provide support, encouragement, and guidance – or just a place to "be" for a while. The Living Room is an open space with comfortable seating to enable individuals to relax, grab a snack and engage with peer support specialists to plan for stabilization and return to the community.
- **Mobile Crisis Intervention (MCI)**: A community-based behavioral health service available 24/7/365 and providing short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization to individuals experiencing a behavioral health crisis.
- **Opioid Treatment Program (OTP)**: SAMHSA-certified and Department of Public Health Bureau of Substance Addiction Services-licensed program comprised of a facility, staff, administration, patients, and services, providing supervised assessment and treatment, using FDA-approved medications (including methadone, buprenorphine, and naltrexone), of individuals who are addicted to opioids. OTPs also provide access to counseling, case management, and other clinical services.
- **Peer Support Specialist**: Trained professional who shares their lived experience of mental health recovery, resilience, and healing as a means to inspire individuals' hope, optimism and courage to act to strengthen their own unique pathway in life.

- **Recovery Coach**: A person currently in recovery from substance use disorder, has lived experience with substance use, and has been trained to help individuals with a similar experience to gain hope, explore recovery, and achieve life goals. A Recovery Coach shares their recovery stories and personal experiences to establish an equitable relationship and support individuals in obtaining and maintaining recovery.
- **Respite Care**: Respite Services provide temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible. Respite Services provide supports that assist people to maintain, enter or return to permanent living situations and are provided in Site-Based locations or Mobile (in person's home or other community setting).
- **Sober Support Services**: Sober Support Services provide a supportive environment for adults 18 years of age and older experiencing the effects of substance use, who have no urgent health risk associated with the withdrawal process, but who actively have substances in their system and agree to and would benefit from a safe, medically supervised, therapeutic environment. Distinct from withdrawal management, Sober Support is not intended to result in full cessation or abstinence of a substance. Sober Support may be considered "pre-detox," where care is aimed primarily at the risk of acute intoxication before signs or symptoms of withdrawal and connecting individuals to recovery coaches.

Restoration Center's Mission and Goals

The Restoration Center Commission worked since 2018 to develop a program that would address the challenges community members and providers experienced when connecting to behavioral health services within Middlesex County. The Restoration Center's mission is to provide an alternative, 24/7 location for urgent and crisis behavioral healthcare that supports police and first responders' efforts to divert individuals, 18 years old or older, who are experiencing a mental health or substance use crisis, from arrest, the emergency department (ED), and unnecessary hospitalization. The goals of the Center are to:

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

As Massachusetts continues to build a robust continuum of care, primarily through Community Behavioral Health Centers (CBHCs), the Restoration Center pilot advances this goal by enhancing access to community-based care, connecting underserved populations to support, and offering upstream services. The Restoration Center aims to complement the CBHC by offering additional support and services that are aligned with the Behavioral Health Roadmap's programs creating a front door to care. The Restoration Center components, when seamlessly integrated into a CBHC, offer a direct line to additional care that could be a better fit for individuals, especially those who are not ready for treatment. Services at the Center also help to fill gaps in the current continuum of care by bolstering both front end, diversionary support and longer-term access to care. This aims to close access gaps beyond the original vision of the behavioral health roadmap.



Kitchen in the Site-Based Respite



Living Room kitchenette and computers



Site-Based Respite bedroom



Building exterior



Site-Based Respite common area

Outcomes and Accomplishments During the First 100 Days

After nearly a decade of planning for the Center, the need for this resource was clearly demonstrated when individuals seeking support began accessing the Center on opening day—many of whom continued to utilize services to address their needs. Police officers from departments across the Greater Lowell area have also dropped off individuals who they believe would benefit from the Center's care, diverting likely stays at the hospital or jail. Early implementation data focuses on three priorities:

- Providing community-based behavioral health crisis care.
- Diverting individuals from unnecessary incarceration or hospitalizations.
- Strengthening the behavioral health continuum of care in Greater Lowell and Middlesex County.

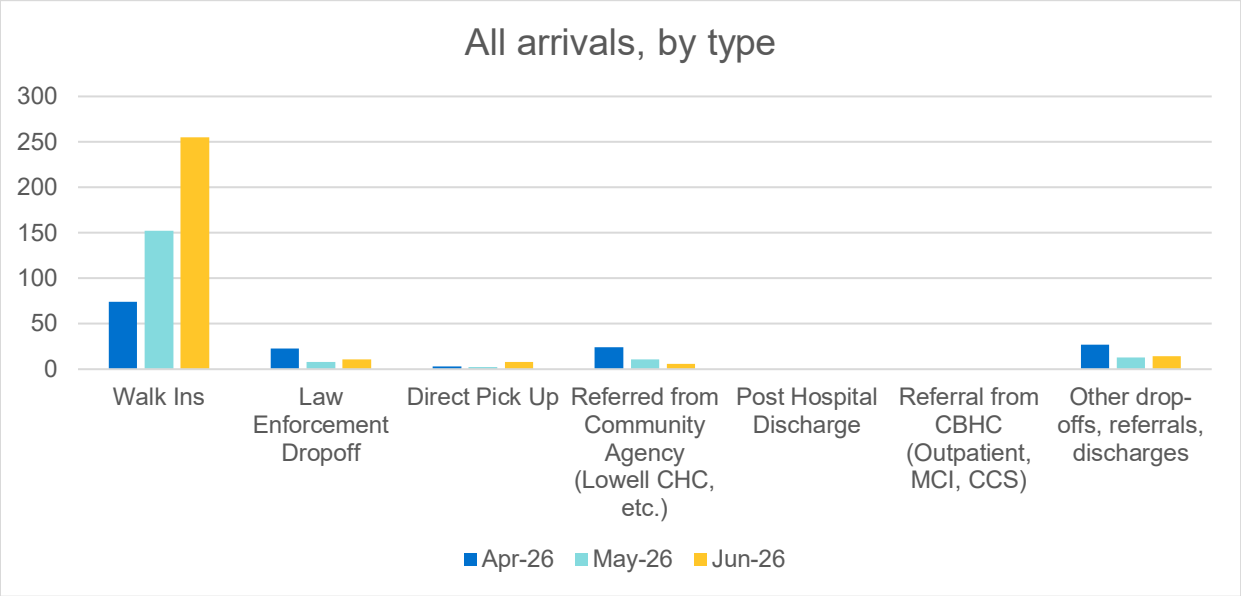
NOTE: Missing data limits our ability to fully understand who is accessing the Center, why, and how. Several metrics have higher than anticipated levels of "unknown" data. Vinfen is implementing processes to collect more robust and comprehensive data for all individuals at the Center. Activities include increased staff training on data collection, changes to the Electronic Health Record workflow, and more routine data collection during each shift.

Providing Community-Based Behavioral Health Crisis Care

A primary goal of the Restoration Center is to connect individuals to appropriate community-based care. The Center offers new services and another access point to established programs.

Arrival Type

The Center is a welcoming place for individuals to receive trauma-informed and person-centered care with low barriers to entry. Individuals can access services by walking in, being dropped off by a first responder, or through referral sources. Most individuals arrive at the Center by walking in, with 146 unique individuals accessing the services by this method within the first three months. Law enforcement drop-offs and referrals from another community agency are the next two most frequent arrival types.



Walk-ins represent the largest share of arrivals, by type, over the first 3 months and have trended upwards during the 100-day period.

NOTE: Missing data limits our ability to fully understand who is accessing the Center, why, and how. Several metrics have higher than anticipated levels of "unknown" data. Vinfen is implementing processes to collect more robust and comprehensive data for all individuals at the Center. Activities include increased staff training on data collection, changes to the Electronic Health Record workflow, and more routine data collection during each shift.

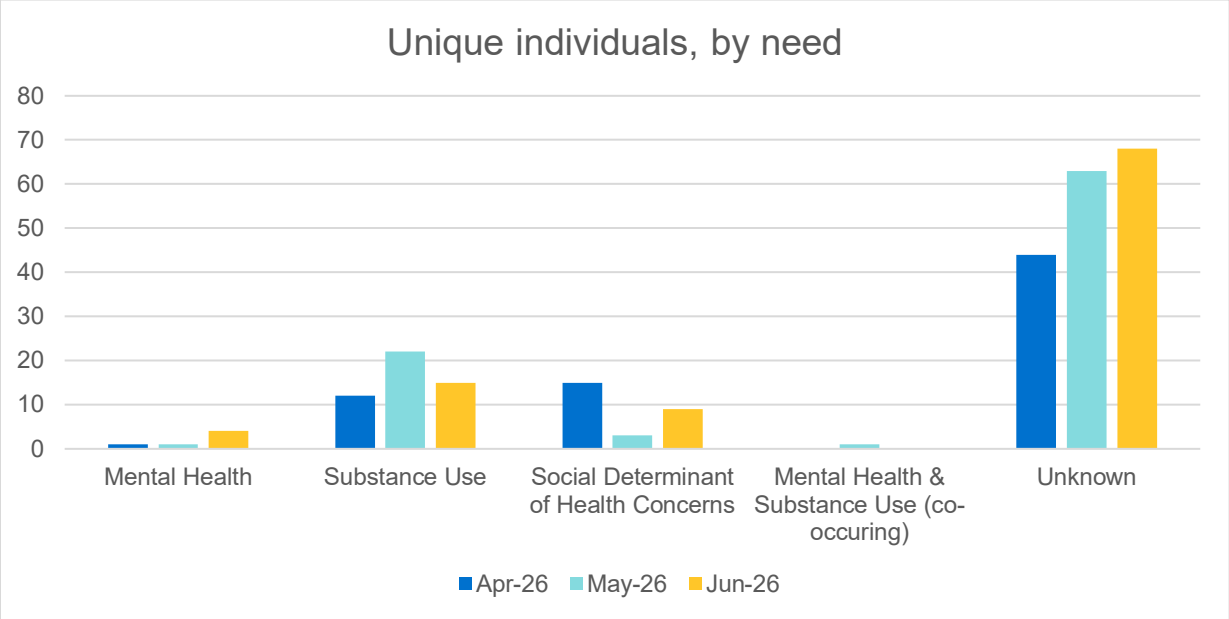
Visits

As more individuals learned about the Center and available services, the number of visits increased during the first three months. A total of 1,996 visits were made to the program during this period by 174 unique individuals. The number of unique individuals per month remained steady around 90.



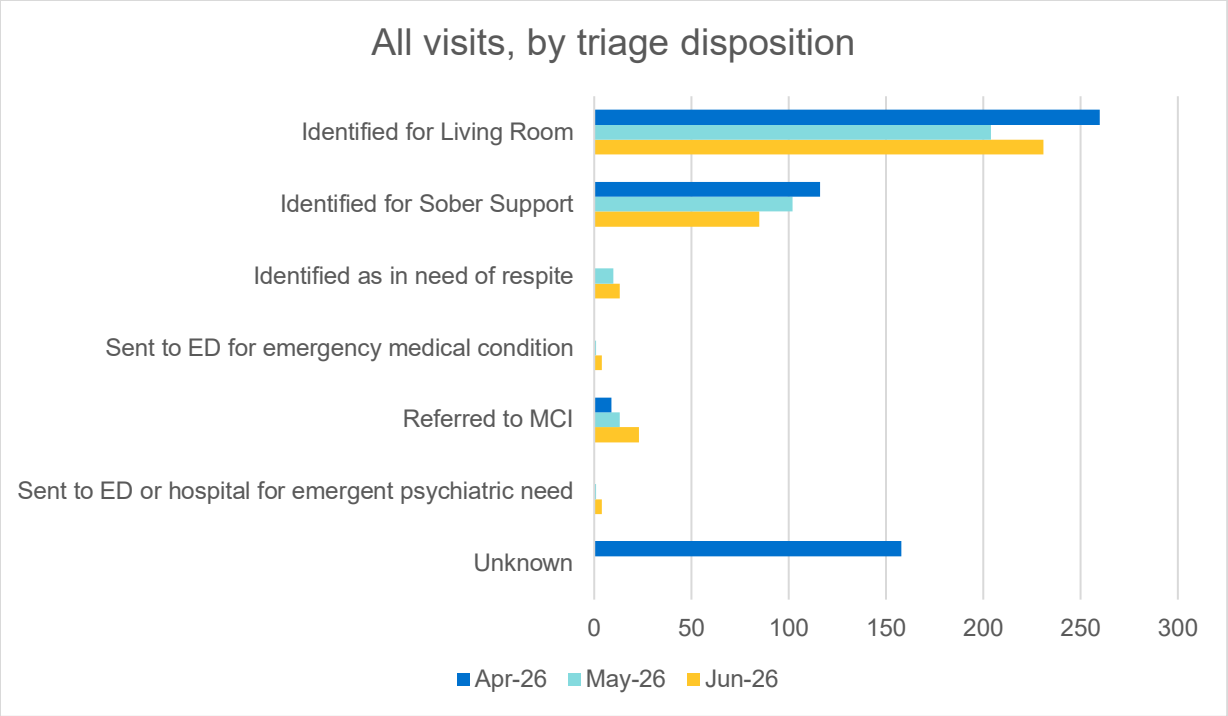
Triage Presenting Need

For most individuals seeking services at the Center for whom we have data, substance use is the primary presenting need. However, a significant proportion of new intakes are missing data on the primary presenting need.



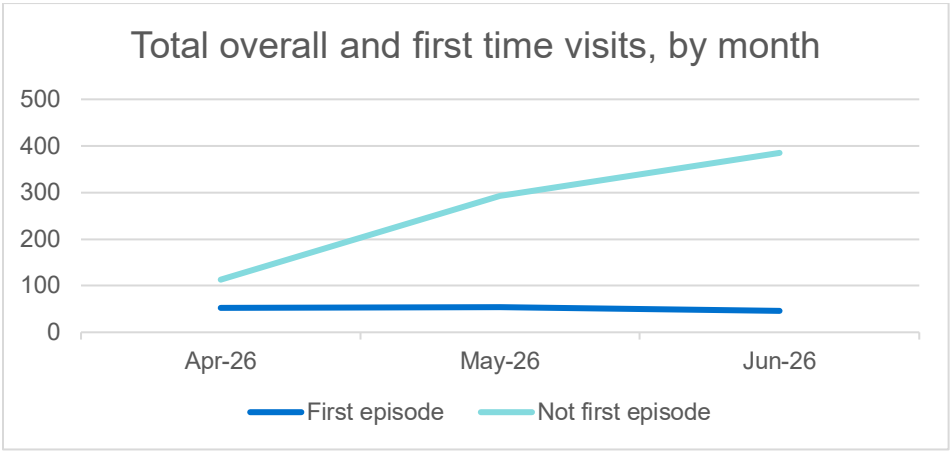
Triage Disposition

Upon arrival at the Center, all individuals are assessed and triaged by Vinfen to identify the best service(s) to address their needs and ensure they are medically appropriate for the space. Most arrivals to the Center result in a visit to the Living Room for connections to peers and a safe place to seek support. The second most frequent disposition is a stay at the Sober Support Services unit, which is reflective of the high proportion of individuals visiting the Center with an identified substance use need.

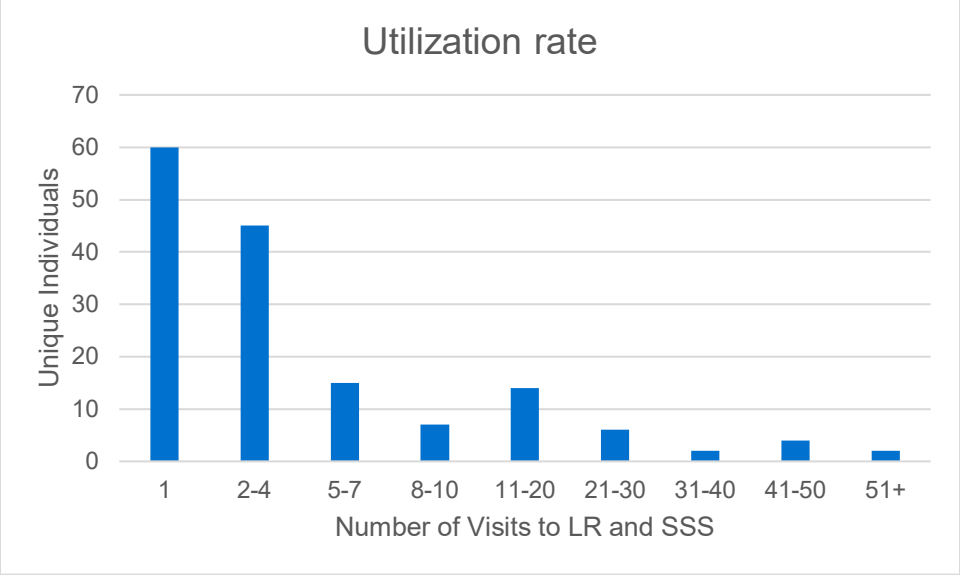


Multiple Visits

Many individuals visit the Restoration Center multiple times within a month, reflecting a continued need for services and comfortability with the space. Per month, about 50 people are visiting the Center for the first time. Across the first three months of operations, approximately 100 unique individuals visited the Center more than once.

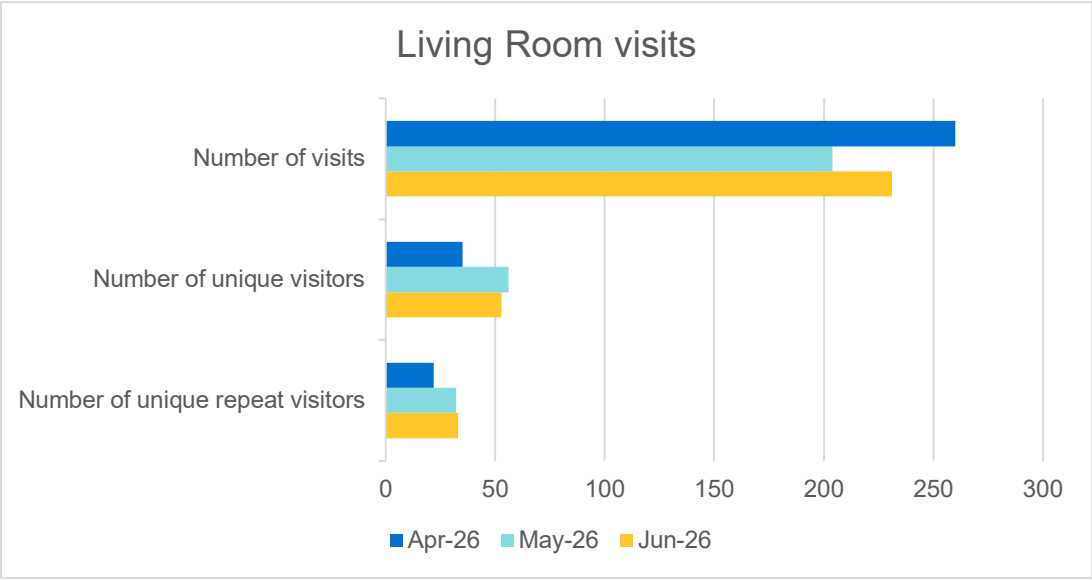


For individuals accessing the Living Room and Sober Support Services, 95 unique individuals visited those spaces more than once and 60 unique individuals were supported in those spaces during only one visit in the first quarter of operations. Two people sought services more than 51 times.



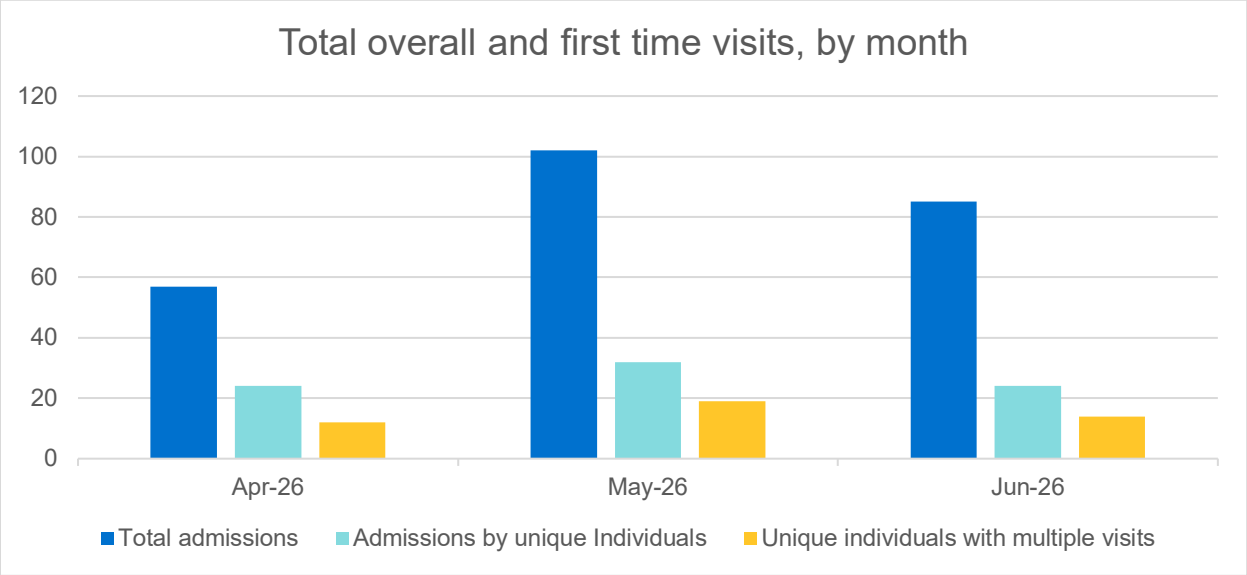
Living Room Visits

The most frequented component of the Center is the Living Room. This space has experienced a steady increase in the number of visits since opening. Approximately 50 unique individuals utilize the space each month and of those people, about 30 visit more than once. Peer Support Specialists are available to speak with individuals about their needs and goals during their stay. Many of the community members who seek support in this space are experiencing housing instability or insecurity and are connected to housing resources during their visit.



Sober Support Services

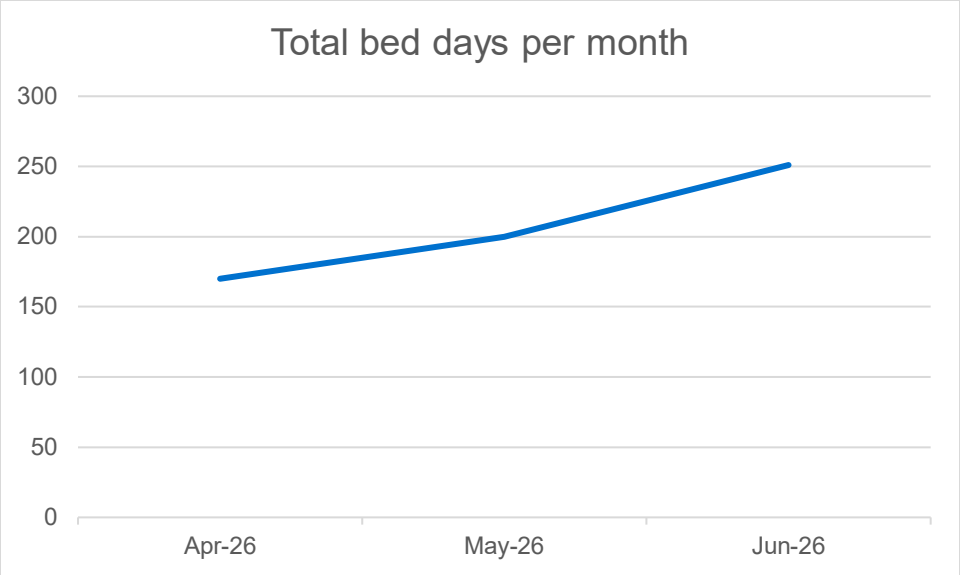
As a new service in Massachusetts, Sober Support Services offer a safe place for individuals who have recently used substances to connect with a Recovery Coach and rest, while being medically monitored by nurses. During the first three months of implementation, 60 unique individuals received these services and 29 visited multiple times. On average, people stay approximately six hours during their visit.



> *"Sasha" entered Sober Support Services and worked with the Center's Recovery Coach as she was interested in maintaining sobriety. She completed the sobering process and was transported to Spectrum's Acute Treatment Services (ATS) in Westborough on the same day.*

Site-Based Respite

The Department of Mental Health (DMH) contracted with Vinfen to operate 10 site-based respite beds at the Center. The space provides temporary short-term, community-based clinical and rehabilitative services that enable a person to live in the community as fully and independently as possible. Since opening, 36 unique individuals sought support at the site-based respite. The average length of stay is about five weeks. The space remains close to full capacity (which equates to 300 bed days in a month with 30 days).



> *"Jen" entered the Respite after completing her Community Crisis Stabilization (CCS) stay. She engaged in Respite on day one and received peer support, case management, and medication management services. She engaged positively in the milieu and reported that she hopes to work for Vinfen one day. During her Respite stay, she started a new job.*

Mobile Respite

Mobile respite is also funded by DMH and has the same goals as site-based respite but is provided in an individual's home or other community setting. Vinfen began offering these services in August 2025, before the opening of the Restoration Center, and has 10 slots available. During the first three months after the Center opened, there were 18 admissions into the service and 366 touchpoints.

Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), and Community Crisis Stabilization (CCS)

To support individuals who are ready for their next step in accessing care, Vinfen and Spectrum partnered to provide 16 ATS and 44 CSS beds co-located at the Restoration Center. Vinfen's Community Behavioral Health Center, two miles away from the Restoration Center, offers CCS beds for Restoration Center clients. The co-located ATS and CSS beds did not open during the first 100 days, but Vinfen and Spectrum coordinated to transport individuals to the Westborough facility in the interim. Since opening, 10 unique individuals have been connected to a substance use disorder treatment provider.

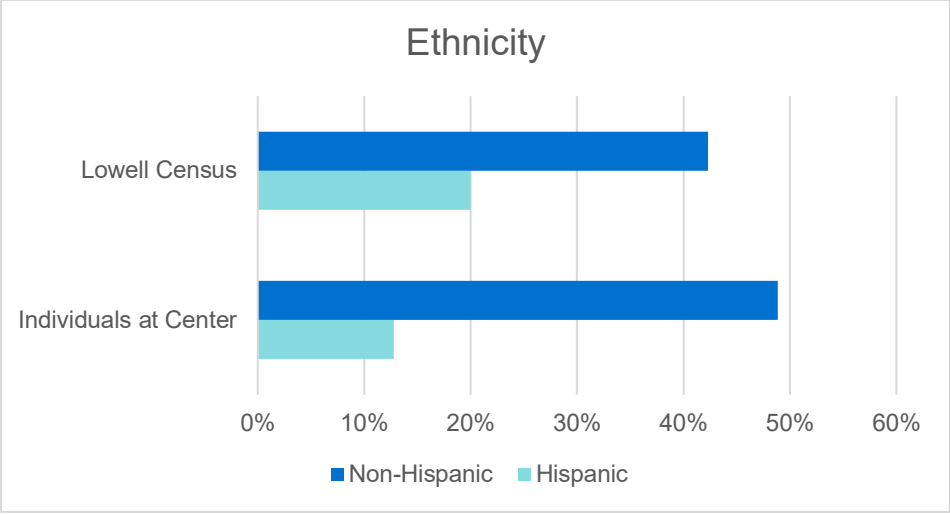
> *"Ben" was admitted into the Respite program and started showing signs of withdrawal from Methadone. He was taken to the local OTP clinic where he was provided take-home medications. He is actively maintaining sobriety.*

Demographics

Many of the individuals seeking services at the Center identify as white, comprising 47% of the unique individuals at the Center within the first 100 days. This mirrors the 47% white population in Lowell in the 2020 Census.[1] Approximately 15% of the individuals identified as Black, who make up 10% of the population in Lowell. Five percent of the population receiving services at the Center identify as Asian or Pacific Islander, while this category accounts for 22% of the Lowell population.

Race	Individuals at Center	Lowell Census
White	47.1%	46.7%
Black	15.1%	10.3%
Asian or Pacific Islander	4.7%	22.0%
American Indian or Alaska Native	1.2%	0.0%
Unknown/Refused	32.0%	N/A

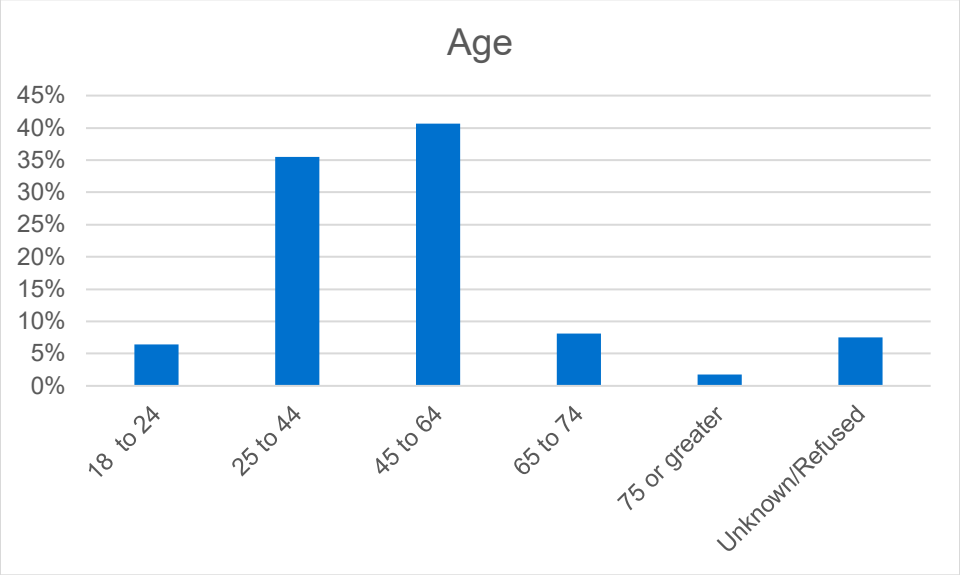
Almost half of the individuals at the Center identified as non-Hispanic and approximately 13% identified as Hispanic. In Lowell, the Hispanic or Latino population is 20%.[2]



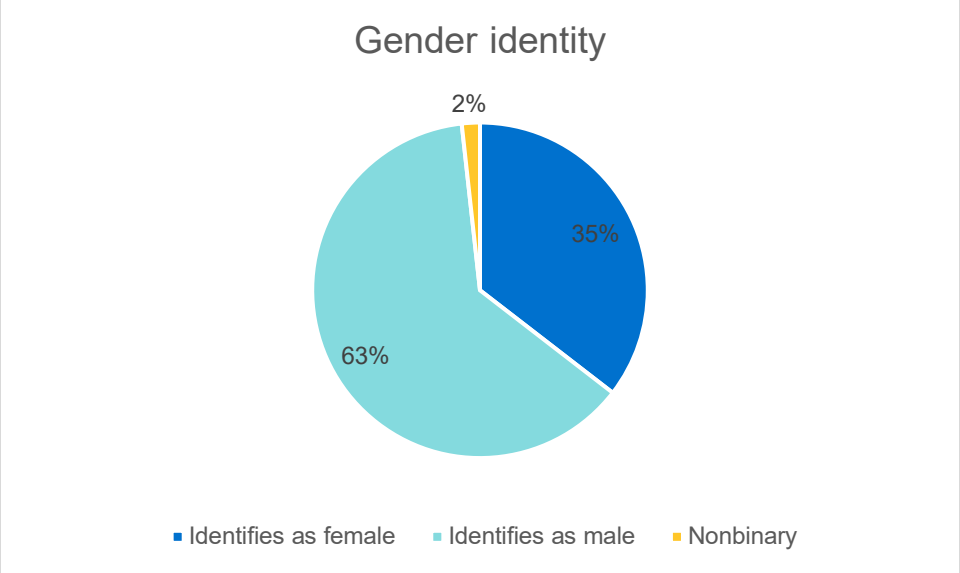
[1] U.S. Census Bureau QuickFacts: Lowell, Massachusetts. Accessed August 7, 2026. https://www.census.gov/quickfacts/fact/table/lowellcitymassachusetts/PST045225.

[2] Ibid.

More than three-quarters of the individuals at the Center within the first 100 days were in the 25 to 64 year-old age range. This trend remained consistent during this time period.



Almost two-thirds of the Center's visitors identified as male, and one-third identified as female.[3]



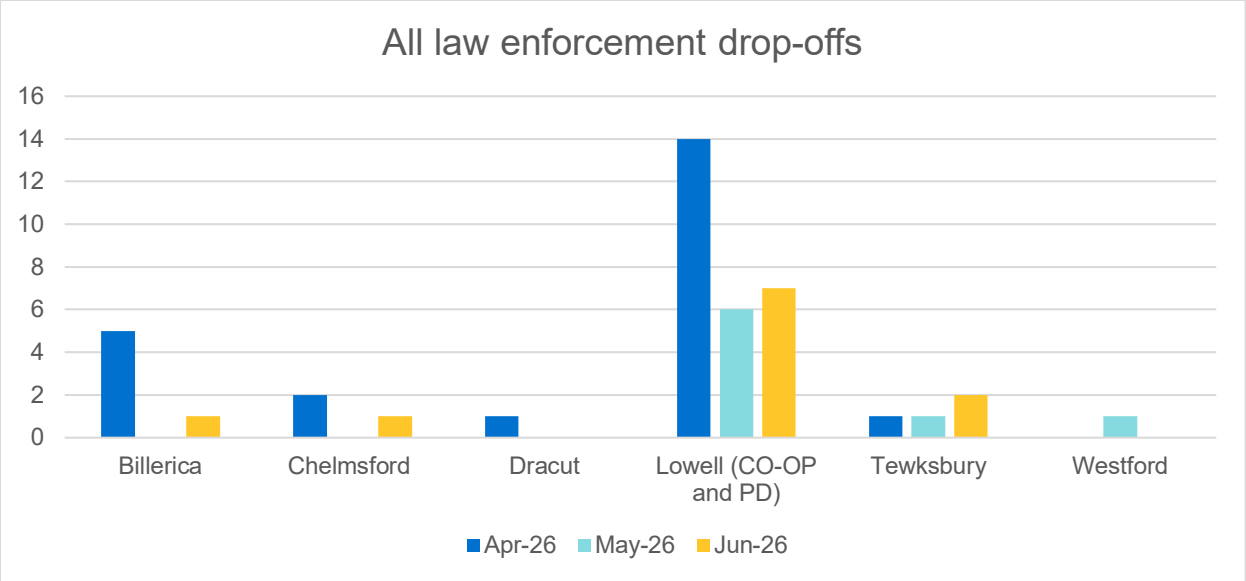
Diverting Individuals from Unnecessary Incarceration or Hospitalizations

The Commission developed the model with a focus on diversion from jail or the hospital to community-based behavioral health services for people experiencing a crisis. The Commission and Vinfen made efforts and dedicated time to developing, building, and supporting relationships with local police departments to garner buy-in and encourage drop-offs.

[3] Female and male categories combine self-identified gender and gender that is identified by Center staff.

Law Enforcement Drop-offs

The Center received a total of 23 drop-offs in April, eight in May, and 11 in June, which made up 16%, 4%, and 4%, respectively, of all arrivals in those months. Lowell, through either the Police Department or the Lowell Community Opioid Outreach Program (CO-OP), has been the primary source of drop-offs. Most of the Lowell drop-offs are from the CO-OP. Some of the surrounding departments also dropped off individuals, and Vinfen is working to further engage departments beyond the immediate area and across the county.



Law Enforcement Engagement Activities

In an effort to socialize the Center and its resources with law enforcement, Vinfen led several activities before and after opening, including:

- **Presenting** at the Behavioral Health Unit Police Collaborative and Middlesex County Police Chiefs meetings.
- **Participating in ride-alongs** with clinicians from the local Behavioral Health Unit.
- **Attending and presenting at roll calls** at the Lowell Police Department to meet with officers and answer questions.

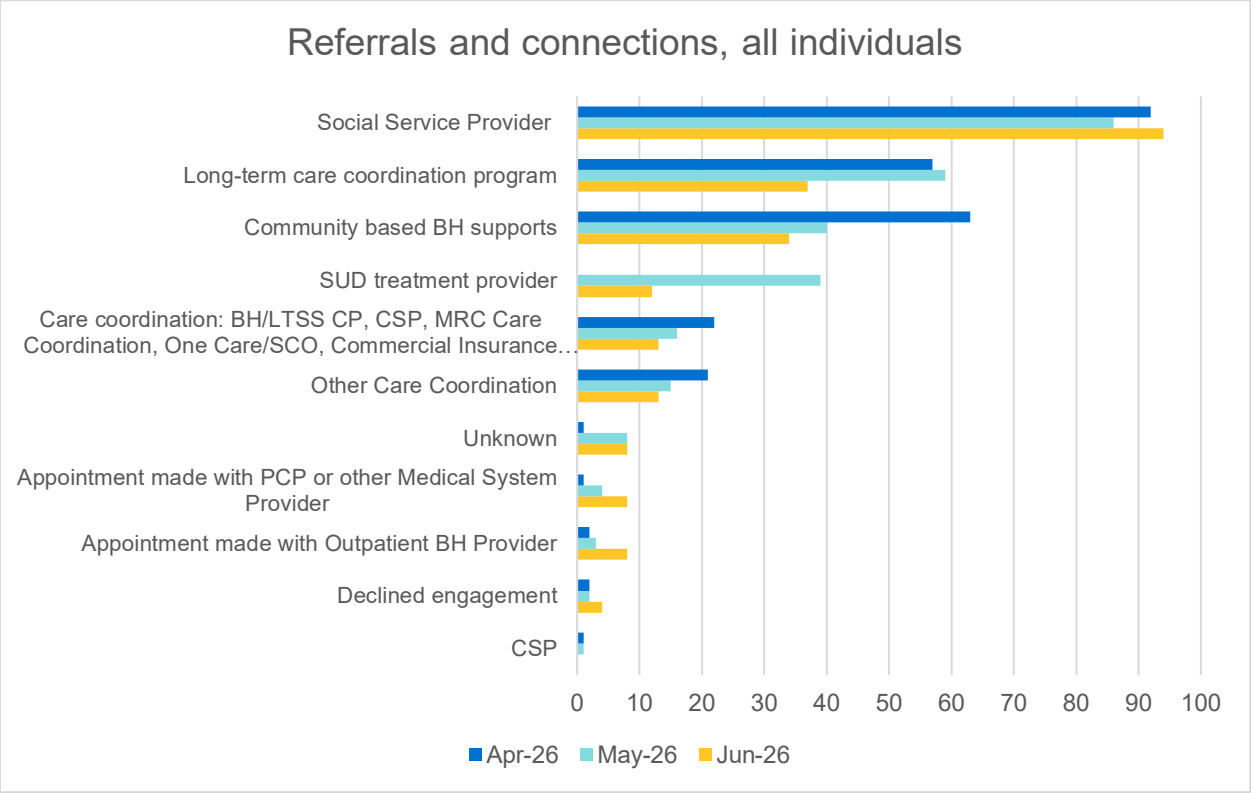
Vinfen coordinated and hosted meetings for a group of Lowell-based first responders and partner agencies to develop workflows to support the Restoration Center. Staff from local emergency medical service providers, Lowell Police Department, Lowell Department of Health, Spectrum, and others participate. This group developed a transfer of care document for Vinfen staff to hand over to law enforcement upon drop-off. To outline criteria for drop-off and guide the partnership, they collaboratively developed the universal principles of care. Vinfen also conducted tabletop exercises to walk through several case studies. This activity helped the group to identify who would be appropriate to drop off at the Center, typical scenarios that officers experience, and associated policies and processes.

Strengthening the Behavioral Health Continuum of Care in Greater Lowell and Middlesex County

The Center not only diverts individuals from jail or hospitalization but also connects them to an appropriate next step based on their readiness for change.

Connections to Care After Visiting the Center

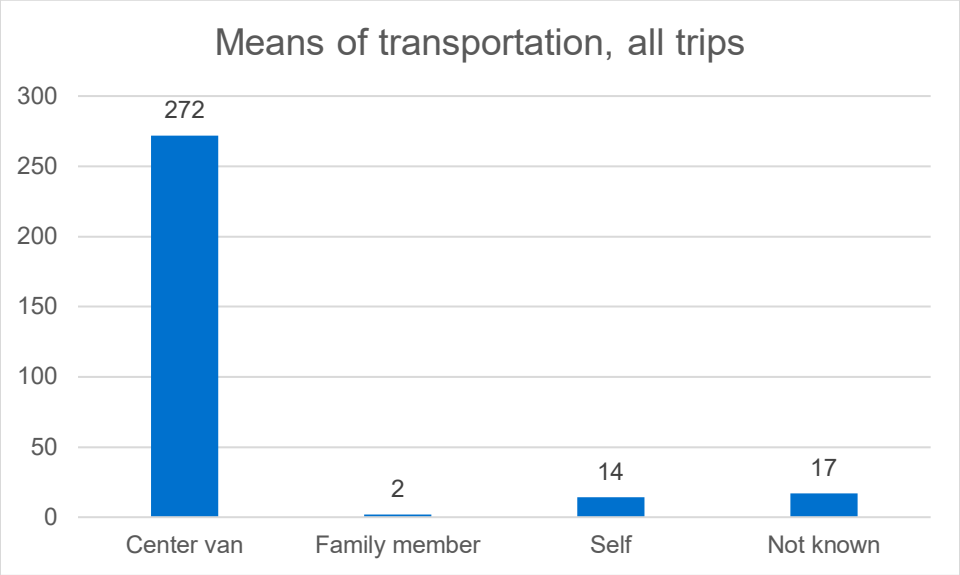
As the Living Room and Sober Support Services are designed for short stays, Restoration Center staff prioritize warm hand-offs to appropriate next step services. Most connections are to social services providers that match the individual's needs and preferences, including housing, employment, education, vital documents, food access, and transportation. Staff also frequently connect people to long-term care coordination programs, such as One Care and the Community Support Program (CSP), or to behavioral health supports including outpatient therapy, the Recovery Cafe Lowell, and a Community Behavioral Health Center.



> *A housing insecure couple entered the Restoration Center on opening day. They had experienced homelessness for a long time and worked with the Center's case manager to get a homelessness verification letter from the Center and reconnect to ongoing work with another provider. After several engagements with the Center, the executive director drove the couple to see their new apartment. The woman expressed in disbelief, "Oh my, I have keys in my hand!"*

Transportation to Follow-up Activities

A barrier to service engagement is often transportation. To help individuals connect with services at the Center or follow-up services, the Restoration Center can transport individuals in a van. Of the individuals with an identified need for follow-up services, nearly 80% used the van as their means of transportation. Recognizing the need for transportation to and from services, Vinfen worked with Lowell leaders to add a bus stop in front of the Center.



Building Relationships with Local Partners

Prior to opening, Vinfen conducted outreach to providers and community organizations to learn about current programs and what is most needed, as well as to share the mission and purpose of the Restoration Center. This work includes connecting with social service providers in the area to develop relationships and attending local community-based meetings, such as:

- Outreach at Eliot Church and Eliot Church Weekly Housing Update
- Hunger & Homeless Commission and City Manager Task Force on Homelessness Services Subcommittee
- Lowell Mayor's Opioid Task Force and Middlesex County Opioid Task Force
- RISE Coalition
- Greater Lowell Reentry Roundtable (THRIVE)
- DMH Collaboration Meeting
- Greater Lowell Health Alliance Behavioral Health Task Force and Substance Use and Prevention Task Force

Early Lessons Learned and Challenges

As a pilot program, the Commission, Vinfen, and the Executive Office of Health and Human Services continue to identify areas that work well and opportunities for improvement. The above metrics demonstrate the immediate need for the Center's services as 174 unique individuals

visited the Center within the first 100 days of operations. Community members are accessing services and returning to the space for continued support, thereby remaining in the community and engaged. Vinfen is also connecting individuals to providers along the continuum of care and helping people with their next steps. Focus areas for improvement include engaging with law enforcement, establishing and refining data collection, and improving the intake and triage process.

Engaging Law Enforcement and First Responders

As a primary goal of the Center is to divert individuals experiencing a behavioral health crisis from unnecessary hospitalization or incarceration, partnership and coordination with law enforcement is key. Vinfen worked to develop relationships with local police departments and encourage buy-in for drop-offs at the Center. To achieve this, Vinfen coordinated meetings with departments, presented to police chiefs, and conducted tabletop exercises to help identify the profiles of community members who would benefit from the services.

In other similarly situated diversion centers across the country, approximately 25 to 35% of the volume is from law enforcement drop-offs. Early drop-off data from the Restoration Center are promising but do not align with these projections. Vinfen continues to deploy strategies to engage and reengage departments to identify barriers to drop-off and encourage use of the space. Plans include more tabletop scenarios, presentations to department leaders, working groups with shift commanders, and tours.

Establishing and Refining Data Collection and Robustness

As is the case with many new programs, establishing consistent data collection proved a challenge during this first period of implementation. As Vinfen strengthened their intake process and service provision unfolded, they enhanced their data collection practices. Vinfen is committed to improving data collection standardization and consistency across all elements of the Center's services. This included more training for staff about the importance of data collection and the definition of each metric. 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.

Improving Intake and Triage Processes

Prior to opening, Vinfen developed intake and triage processes for the Restoration Center. 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, as reflected in the triage presenting need data, Vinfen's intake and triage process did not capture this metric for many individuals.

During the first three months of operations, Vinfen continued to build out and enhance their 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 providers in Massachusetts to better understand what information is collected and how frequently it is collected.

Plan for Remaining Pilot Period

The first 100 days represent a little more than 10% of the total pilot period, with the early data representing positive connections to care and diversions from inappropriate jail stays or hospitalizations. Much work remains to be done during this period. As processes are refined and services evolve to meet the needs of community members, efforts will continue to focus on engagement with first responders and identifying sustainability pathways.

Continue to Engage with First Responders to Encourage Drop-offs

With a primary goal of diversion from jail and hospitals for those who would be best served by community-based behavioral health services, engaging with first responders remains a top priority. Vinfen plans to continue engaging with police chiefs in Greater Lowell and throughout the County to share how the Center can help officers connect individuals to care and enhance public safety. These activities include attendance at regular meetings, presentations at roll calls, and facilitated tabletop scenarios. The Commission also maintains a focus on the feasibility of ambulance drop-off at the Restoration Center. Ongoing conversations with state agencies will continue.

Examine Implementation and Identify Areas for Enhancements

The Commission developed the Restoration Center model to respond to community members' needs. As the service landscape and residents' behavioral health concerns in Greater Lowell and Middlesex County shift, the Center will adapt accordingly. The Commission and Vinfen are committed to innovation and quality improvement to ensure supports are responsive to community needs while maintaining the core components of the model.

Identify Sustainability and Replicability Opportunities

Designed to be low-barrier and minimize the gaps in the current behavioral health continuum of care, the Center's services are funded by state resources. The Commission and Vinfen remain steadfast in their efforts to identify other sources to support the pilot and, if successful in its goal, sustain the model. Data on the outcomes and impacts will help to identify potential billable pathways and opportunities.