PROGRAM UPDATE | REGIONAL SUPPORT FOR PARTICIPATING MUNICIPAL DEPARTMENTS

RIDGE

RURAL INTERVENTION, DIVERSION, GUIDANCE, ENGAGEMENT

A practical behavioral health follow-up and case-coordination resource for Franklin County's smaller jurisdictions

PROGRAM STATUS	The RIDGE pilot includes Shelburne, Buckland, Conway, and Colrain. Town-specific MOUs for all four participating communities have been legally reviewed and executed. The CIMS Behavioral Health Module is configured for program integration. Program kickoff is scheduled for November 1, 2026.

THE CORE IDEA

RIDGE creates a structured option between emergency involuntary hospitalization and no organized follow-up. Municipal officers handle the immediate call; Franklin County Sheriff's Office clinicians and caseworkers provide voluntary outreach, screening, resource connection, and case coordination after a qualifying referral.

The service gap

Section 12 is an emergency legal authority, not a general referral mechanism. Many people encountered by officers do not present the likelihood of serious harm required for emergency involuntary hospitalization, yet clearly need more than a brochure and a suggestion to call someone later.

- The immediate danger is resolved, but the underlying behavioral health or substance-use concern remains.
- Family members are concerned, but the legal threshold for involuntary action is not met.
- The person may face housing, transportation, insurance, benefits, or treatment-access barriers.
- Without follow-up, police may return days or weeks later to a more serious situation.

How RIDGE works

1. An officer identifies a person who may benefit from non-emergency behavioral health follow-up.
2. The participating department submits a referral through the CIMS Behavioral Health Module.
3. FCSO clinicians or caseworkers review the referral and generally attempt outreach within 72 hours.
4. The team screens needs, connects services, reduces barriers, and coordinates care when appropriate.
5. The outcome is documented in CIMS and communicated back within the limits of law, policy, consent, and the applicable MOU.

Potential services

SERVICE	WHAT IT MEANS
Post-call outreach	Follow-up contact after qualifying police encounters
Screening and care coordination	Needs screening and connection with providers and community agencies
High-utilizer support	Individualized planning for repeated police or emergency-service contact
Barrier reduction	Help addressing transportation, benefits, housing, and access
Treatment linkage	Behavioral health and substance-use referrals
Outcome tracking	Outreach, engagement, referrals, services, and repeat-call trends

WHAT CHIEFS SHOULD KNOW

How RIDGE differs from Clinical & Support Options (CSO)

	CSO CRISIS / CO-RESPONSE	RIDGE
Primary role	Crisis assessment, stabilization, and real-time clinical support	Post-call outreach, screening, resource navigation, and case coordination
Timing	During an active crisis or urgent need	After the immediate police response; outreach generally targeted within 72 hours
Best fit	Immediate clinical evaluation and crisis stabilization	People who do not require hospitalization but need structured follow-up
Funding model	Dedicated capacity may require ongoing local or grant funding	Shared regional staffing without a standalone municipal program
Relationship	Essential crisis-service partner	Complementary; does not replace CSO, EMS, 911, or Section 12

Local control is not negotiable

THIS IS REGIONAL CLINICAL INFRASTRUCTURE - NOT REGIONAL POLICING

Each chief retains authority over department operations, personnel, policies, investigations, arrests, and Section 12 decisions. FCSO becomes involved only through a participating department's referral under its MOU. RIDGE does not transfer police jurisdiction or municipal responsibility.

CIMS integration is operational

- The CIMS Behavioral Health Module has been configured and is being utilized for RIDGE integration.
- Creates one consistent referral workflow instead of scattered emails, calls, and paper notes.
- Tracks whether outreach was attempted, contact occurred, services were offered, and referrals were completed.
- Supports outcome analysis while requiring role-based access, auditability, and limited lawful information sharing.

Participating communities and MOU status

COMMUNITIES	IMPLEMENTATION STATUS
Shelburne and Buckland	Town-specific MOUs have been legally reviewed and executed; both communities are preparing for the November 1 kickoff
Conway and Colrain	Town-specific MOUs have been legally reviewed and executed; both communities have joined the November 1 regional rollout

November 1 kickoff plan

1. Complete final workflow validation and participating-personnel orientation across the four communities.
2. Confirm role-based access and conduct final testing within the configured CIMS Behavioral Health Module.
3. Begin RIDGE referrals across participating communities on November 1, 2026.
4. Monitor early referrals, outreach results, system use, and operational issues during the initial rollout.

Bottom line: We are already responding to these calls. RIDGE gives smaller departments a practical, accountable way to ensure something constructive happens after the cruiser leaves.

Sources: Franklin County Sheriff's Office Behavioral Health Response Program proposal (May 18, 2026); executed RIDGE MOUs for Shelburne, Buckland, Conway, and Colrain (October 2026); M.G.L. c. 123, sec. 12; Clinical & Support Options crisis-services materials. Program operations remain subject to applicable policy, training, confidentiality requirements, and operational readiness.