



Provider Alert

ALERT #26

Date: November 20, 2007

BEHAVIORAL HEALTHCARE ACCESS PROTOCOL FOR DYS AND MBHP

The following information should be noted immediately to your chief executive officer, chief operating officer, program director, billing director, and staff.

This alert serves to clarify the **protocol for access to behavioral health services for youths in the custody of the Department of Youth Services (DYS)**. To ensure safety, access, and quality of care for **DYS** youths needing Massachusetts Behavioral Health Partnership (MBHP) behavioral health services, MBHP network providers as well as **DYS** and MBHP staff should adhere to the following protocol.

The protocol is to serve as a resource for MBHP providers, and MBHP and **DYS** staff. The attachments below are an integral part of this protocol. Each can be found following this alert. Please review each attachment.

- Attachment A - Contact Information for **DYS** and MBHP Staff (attached at the end of this alert)
- Attachment B – Emergency Services Program (ESP) Directory
- Attachment C - Discharge Planning Policy for **DYS** and MBHP
- Attachment D - MBHP Crisis Plan Format
- Attachment E - Care Management Summary
- Attachment F- Care Management Intake and Referral Form

I. Communication and Collaboration

Within MBHP, two departments will provide assistance with access to behavioral health services. Those departments are the Clinical Access Line and the Regional Office. Throughout this Alert, it is clearly indicated which department to contact for assistance on key issues. The Clinical Access Line is available 24 hours a day, providing authorizations for inpatient/CBAT level of care, and assisting the ESP with bed availability. The Regional Offices assist in resolving access issues for members, and is the lead contact for state agency personnel to consult on member level or facility matters. Throughout this Alert, contact information is provided for the MBHP Clinical Access Line and Regional Offices.

- A. The need for timely and thorough communication and collaboration are central to the issues outlined above, which are summarized below and further addressed throughout this protocol.
- **Managing the service access needs and quality of care for **DYS** youths** can best be accomplished at a local or regional level. The following chain of communication should be followed throughout the processes delineated in this protocol. Please refer to Attachment A for contact lists.

- Whenever concerns arise, the DYS regional clinical coordinator (or designee) should first contact the MBHP network provider involved, and both should make every effort to resolve any issues.
- If the DYS regional clinical coordinator needs further assistance, he/she should contact the MBHP regional clinical supervisor (RCS) with any clinical issues relating to accessing behavioral health services, or quality of care once a youth is admitted to an acute service.
- If the DYS regional office needs further assistance, or for more complicated clinical or systemic access issues, the DYS regional director should contact the MBHP regional director.
- If these issues cannot be resolved at the regional level, senior staff should become involved. The DYS director of clinical supervisor or designee should contact the MBHP vice president for network management and recovery initiatives or the vice president of clinical services.
- **Crisis prevention, crisis intervention, evaluation, and disposition planning** should also be coordinated on a local or regional level. It should involve the director of the local ESP (or designee), the DYS regional clinical coordinator (or designee), and the MBHP RCS. If assistance is needed from MBHP during the weekend or after 5 p.m., the ESP or DYS may contact the MBHP Clinical Access Line, which may contact the MBHP administrator on call (AOC) if needed.
- Efforts should be made to **avoid potential problems** by anticipating them through crisis prevention planning and related communication. However, there will inevitably be communication problems, differences in perception, and procedural issues that may arise. These issues should also be addressed at the local/regional level whenever possible. Senior staff can address broader systemic crisis management issues as described above.

II. Procedures

A. **Crisis Intervention and Management Strategies**

- **Early Identification:** For youths in the custody of DYS, who may be at risk or have specifically been placed on “watch status” as defined by the DYS Suicide Prevention Policy or other applicable policies, when appropriate, contact is made with the local ESP Team by the DYS regional clinical coordinator or designee. The purpose of this communication is to identify youths who may require an ESP evaluation at a later time.
 - The following elements frame the communication:
 - A description of the precipitant and current behavioral management strategy
 - A list of interventions considered (e.g., medication, use of a special DYS staff relationship) that might defuse the situation
 - A description of the program, staff, or other resources that have been identified to manage the situation
- **To avoid multiple admissions** to different hospitals, a primary hospital provider should be identified in the member’s MBHP crisis plan. Identifying a primary hospital provider does not preclude a member from being admitted to another appropriate hospital provider if the primary facility is not available.
- **Crisis Planning:** ESP’s and the MBHP RCS are available to work with DYS staff and providers to develop a crisis response plan that supports appropriate placement, and avoids unnecessary hospitalizations. To initiate this process,
 - a DYS clinical coordinator or other staff or providers may contact the RCS in the appropriate MBHP regional office;

- the MBHP RCS will maintain that plan as part of the member’s digital record, and the ESP will keep a copy on file at the ESP; and
- a format for the MBHP crisis plan is included in Attachment D.
- Throughout the crisis intervention and management process, MBHP and DYS staff should communicate according to the chain of communication outlined in the Communication section above.

B. Evaluations

For those DYS youths in residential programs who are in crisis (i.e., are at risk to self or others), a master’s level DYS program clinician (or designee) will contact the local ESP and discuss the case. If needed, an evaluation will then be arranged within one hour of the initial phone call or within another agreed-upon timeframe. Due to security and safety concerns, the preferred location for the evaluation is at the DYS facility. These mobile evaluations will be arranged within 90 minutes of the initial phone call or within another agreed-upon timeframe.

- **DYS should provide all pertinent clinical information** including prescription medications, treatment history, psychosocial history, and current providers. When appropriate, DYS should also provide a list of criminal charges.
- **If at any time DYS has concerns about the response from an ESP**, such as response time, response to multiple concurrent assessments, and/or quality of care, the ESP director should be contacted. If this contact does not resolve the issue, DYS may contact the MBHP RCS or regional director.

C. Accessing Care

- For **evaluations taking place in the Emergency Department (ED)** of a hospital:
 - DYS staff will make appropriate staffing arrangements in order to facilitate a timely evaluation.
 - When medically necessary, MBHP will authorize one-to-one “specializing” on a case-by-case basis with MBHP supervisory approval and according to MBHP protocols for the authorization of this service.
- At the conclusion of the evaluation process, ESPs and MBHP staff will use **MBHP medical necessity criteria** to determine the disposition of those youths.
- If a youth is evaluated by the ESP and found to meet the criteria for inpatient acute care, a hospital bed is identified by the ESP Team.
- **If a bed search has been exhausted** (i.e., the ESP has called every applicable network facility and a bed has not been secured), the ESP Team will call the DYS program director (Please see contact list in Appendix A) about the current status of the bed search and plan. In addition, the ESP will call the MBHP Clinical Access Line to report the exhausted bed search. The Clinical Access Line will alert the appropriate MBHP regional office for assistance. (Please refer to Appendix A for MBHP Clinical Access Line and regional office contact information.)
 - DYS, in collaboration with the ESP, ED staff, and MBHP, will make a determination as to where and how a youth will be maintained in safety and security until a bed is located and transport arranged. All parties agree to remain actively engaged in the case until resolution is reached.
 - If the DYS Regional Directors or Clinical Coordinators have concerns about this process, the MBHP RCS or regional director will be contacted (i.e., between 8 a.m. to 5 p.m.), or the MBHP Clinical Access Line after business hours.

D. Care Management

- **MBHP care management services are available to DYS youth.**

- MBHP offers three levels of care management. Please refer to appropriate attachment for program descriptions and referral forms.
- Care management services may include, but not be limited to, increased assessment, treatment resources, and contingency planning for acute crises.

If you have any questions, please contact our Community Relations Department at **1-800-495-0086 (press #3 then #1 to skip prompts)**, Monday through Thursday, 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.

BEHAVIORAL HEALTH ACCESS PROTOCOL FOR DYS AND MBHP

Attachment A: DYS and MBHP Regional Directors

**DYS Clinical Coordinators /
MBHP Regional Clinical Supervisors**

**DYS Regional Directors /
MBHP Regional Directors**

Southeast

Linda Watt, Clinical Coordinator
Southeast Area
Department of Youth Services
Murray Building
60 Hodges Ave.
Taunton, MA 02780
Ph: (508) 824-1484, Ext. 1108
Fax: (508) 880-3516
Linda.T.Watt@state.ma.us

John Gardner, Regional Director
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Joanne Waithaka, Regional Director
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Central

Colleen McGuane, Clinical Coordinator
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MetroBoston

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Northeast

Jean Tomich, Clinical Coordinator
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Department Of Youth Services
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Western

Rich Romboletti, Clinical Coordinator,
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Department of Youth Services
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Springfield, MA 01129
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Fax: (413) 783-0331
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Ruth Rovezzi, Regional Director,
Western Area
Department of Youth Services
280 Tinkham Rd.
Springfield, MA 01129
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Katherine Oscar, Regional Clinical Supervisor
MBHP
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Central Office Contacts

MBHP senior staff

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DYS Communications and Information Center
27 Wormwood St.
Boston, MA 02210
Ph: (617) 960-3333
Fax: (617) 951-2409
No general e-mail address for communications and information center

DYS senior staff

Yvonne Sparling, Director of Clinical Services
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Attachment B

Region 1

Emergency Service Provider	ESP Director Contact	Service Area
Boston Emergency Services Team (B.E.S.T.) Boston Medical Center 818 Harrison Ave. Boston, MA 02111 (800) 981-4357 Fax (617) 414-8306	Carley Lubarsky (617) 414-8307 carly.lubarsky@bmc.org (617) 414-5000	Boston, Brookline, Chelsea, Revere, Winthrop, (Dorchester, South Boston, Charlestown, Brighton, East Boston)
B.E.S.T. Bay Cove Human Services 85 E. Newton Street Boston, MA 02118 (800) 981-4357 Fax (617) 414-8306	Carley Lubarsky (617) 414-8307 carly.lubarsky@bmc.org (617) 414-5000	Boston, Brookline, Chelsea, Revere, Winthrop, (Dorchester, South Boston, Charlestown, Brighton, East Boston)
B.E.S.T. North Suffolk 25 Staniford Street Boston, MA 02114 (800) 981-4357 Fax (617) 414-8306	Carley Lubarsky (617) 414-8307 carly.lubarsky@bmc.org (617) 414-5000	Boston, Brookline, Chelsea, Revere, Winthrop, (Dorchester, South Boston, Charlestown, Brighton, East Boston)
B.E.S.T. Mass General Hospital 55 Fruit Street Boston, MA 02114 (800) 981-4357 Fax (617) 414-8306	Carley Lubarsky (617) 414-8307 carly.lubarsky@bmc.org (617) 414-5000	Boston, Brookline, Chelsea, Revere, Winthrop, (Dorchester, South Boston, Charlestown, Brighton, East Boston)

Region 2

Emergency Service Provider	ESP Director Contact	Service Area
The Brien Center for Mental Health & Substance Abuse Services (Formerly MHSAB) 333 East Street Pittsfield, MA 01201 (413) 499-0412 (800) 252-0227 Fax (413) 499-0995	MARYBETH MALACARNE (413) 499-3913, Ext. 357 mmala@mhsab.com	Alford, Becket, Dalton, Egremont, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlboro, Otis, Peru, Pittsfield, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Windsor

<p>The Brien Center for Mental Health & Substance Abuse Services</p> <p>(Formerly MHSAB) (North) 28 Marshall Street North Adams, MA 01247 (413) 664-4541</p>	<p>MARYBETH MALACARNE</p> <p>(413) 499-3913, Ext. 357 mmala@mhsab.com</p>	<p>Adams, Cheshire, Clarksburg, Florida, Monroe, North Adams, Savoy, Williamstown</p>
<p>Clinical & Support Options, Inc.</p> <p>140-144 High Street Greenfield, MA 01301 (800) 562-0112 Fax (413) 773-8429</p>	<p>NICK FLEISHER</p> <p>(413) 772-0249 (413) 774-1000 Fax (413) 773-8429 (Mental Health) 164 High Street Greenfield, MA 01301 nfleisher@csoinc.org</p>	<p>Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Milers Falls, Montague, Northfield, Rowe, Shelburne, Shutebury, Sunderland, Turner Falls, Wendell, Whately</p>
<p>ServiceNet Emergency Services</p> <p>131 King Street Northampton, MA 01060 (413) 586-5555 (800) 322-0424 Fax (413) 585-1352</p>	<p>JEANNE BISHOP</p> <p>(413) 582-9526 jbishop@servicenetinc.org</p>	<p>Amherst, Chesterfield, Cummington, Easthampton, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, Worthington</p>
<p>Behavioral Health Network-Holyoke</p> <p>40 Bobala Drive Road Holyoke, MA 01040 (800) 437-5922 (413) 536-2251 Fax (413) 532-8271</p>	<p>MEG MASTRIANA</p> <p>(800) 437-5922 megm@bhn-inc.com</p>	<p>Belchertown, Bondville, Chicopee, Granby, Holyoke, Ludlow, Monson, Palmer, South Hadley, Southampton, Thorndike, Three Rivers, Ware</p>
<p>Behavioral Health Network-Springfield</p> <p>503 State Street Springfield, MA 01109 (413) 733-6661 Fax (413) 733-7841</p>	<p>MEG MASTRIANA</p> <p>(413) 733-6661 megm@bhn-inc.com</p>	<p>East Longmeadow, Hampden, Longmeadow, Springfield, Wilbraham</p>
<p>Carson Center for Human Services</p> <p>77 Mill Street Westfield, MA 01085 (413) 568-6386 Fax (413) 572-4144</p>	<p>TOM SAWYER</p> <p>(413) 568-6386 tsawyer@carsoncenter.org</p>	<p>Agawam, Blandford, Chester, Granville, Huntington, Montgomery, Russell, Southwick, Tolland, Westfield, West Springfield</p>

Region 3

Emergency Service Provider	ESP Director Contact	Service Area
<p>Advocates Psychiatric Emergency Services 27 Hollis Street Framingham, MA 01702 (800) 640-5432 (508) 872-3333 Fax (508) 875-2600</p>	<p>SARA TRONGONE (508) 935-0765 strongone@advocatesinc.org</p>	<p>Ashland, Dover, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Natick, Northborough, Sherborn, Southborough, Sudbury, Wayland, Westborough</p>
<p>Community HealthLink, Inc. The Lipton Center 45 Summer Street Leominster, MA 01453 (978) 534-6116 (800) 977-5555 Fax (978) 534-3294</p>	<p>PAUL WALKER (978) 534-6116 pwalker@communityhealthlink.org</p>	<p>Ashby, Ayer, Berlin, Bolton, Clinton, Fitchburg, Groton, Harvard, Lancaster, Leominster, Lunenburg, Pepperell, Shirley, Sterling, Townsend</p>
<p>North Central Human Services P.O. Box 449 31 Lake Street Gardner, MA 01440 (978) 632-9400 (800) 379-9404 Fax (978) 630-3085</p>	<p>JAMES KEEVAN (978) 632-9400, Ext. 122 jamesk@northcentralhumanservices.org</p>	<p>Ashburnham, Athol, Barre, Erving, Gardner, Hardwick, Hubbardston, New Braintree, New Salem, Oakham, Orange, Petersham, Philipston, Princeton, Royalston, Rutland, Templeton, Warwick, Wendell, Westminster, Winchendon</p>
<p>Blackstone Valley Emergency Services Riverside Comm Care/Blackstone Em. Svcs. 206 Milford Street Upton, MA 01568 (508) 634-3420 (800) 294-4665 Fax (508) 529-7001</p>	<p>MICHAEL RUBIN (508) 634-3420 mrubin@riversidecc.org</p>	<p>Bellingham, Blackstone, Douglas, Franklin, Grafton, Hopedale, Medway, Mendon, Milford, Millbury, Millville, Northbridge, Sutton, Upton, Uxbridge</p>
<p>Harrington Memorial Hospital 100 South Street Southbridge, MA 01550 (508) 765-9771 X 2580 Fax (508) 765-3147</p>	<p>SUSAN MOORE BUTLER (508) 765-9702/dial tone/2581 sbutler@harringtonhospital.org</p>	<p>Brimfield, Brookfield, Charlton, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield</p>
<p>UMASS Memorial Medical Center 55 Lake Avenue North Worcester, MA 01655 (508) 856-3562</p>	<p>Ana Wolanin Office: (508) 856-2534 Pager: (508) 727-7160 Email: WolaninA@ummh.org</p>	<p>Auburn, Boylston, Holden, Leicester, Paxton, Shrewsbury, West Boylston, Worcester</p>

Fax (508) 856-1695

Region 4

Emergency Service Provider	ESP Director Contact	Service Area
Health & Education Services HES 41 Mason Street Salem, MA 01970 (866) 523-1216 Fax (978) 744-1379	DAVID RAFFERTY (978) 524-7107 drafferty@hes-inc.org JACK PETRAS, VP of HES ESP (978) 794-9996, Ext. 309 jpetras@hes-inc.org	Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem, Topsfield, Wenham
HES-Lawrence (formerly Greater Lawrence MHC) 30 General Street Lawrence, MA 01841 (877) 255-1261 Fax (978) 682-9333	JACK PETRAS, VP of HES ESP Interim Director 978) 794-9996, Ext. 309 jpetras@hes-inc.org	Andover, Lawrence, Methuen, North Andover
Choate Emergency Services 391 Varnum Ave. Lowell, MA 01854 (800) 830-5177 Fax (978) 322-5134	BETH SHAPIRO (978) 322-5121 choateesp@yahoo.com	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford
North Essex Mental Health Center HES 60 Merrimack Street Haverhill, MA 01830 (800) 281-3223 Fax (978) 521-7767	COLLEEN BABSON (978) 521-7777 cbabson@hes-inc.org JACK PETRAS, VP of HES ESP (978) 794-9996, Ext. 309 jpetras@hes-inc.org	Amesbury, Boxford, Georgetown, Groveland, Haverhill, Merrimac, Newbury, Newburyport, Rowley, Salisbury, West Newbury
Tri-City Mental Health Center 95 Pleasant Street Lynn, MA 01901 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	LAURIE SANDLER (781) 581-4423 lsandler@tcmhc.org	Lynn, Lynnfield, Nahant, Saugus, Swampscott
Tri-City Mental Health Center 173 Chelsea Street Everett, MA 02149 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	LAURIE SANDLER (781) 596-9205 lsandler@tcmhc.org	Everett, Malden, Medford, Melrose, North Reading, Stoneham, Wakefield, Reading
Tri-City Mental Health Center 26 Princess Street Wakefield, MA 01880 (800) 988-1111	LAURIE SANDLER (781) 596-9205 lsandler@tcmhc.org	Everett, Malden, Medford, Melrose, North Reading, Stoneham, Wakefield, Reading

(781) 596-9222
Fax (781) 581-9876

Region 5

Emergency Service Provider	ESP Director Contact	Service Area
The Cambridge Hospital 1493 Cambridge Street Cambridge, MA 02139 (617) 665-1560 Fax (617) 665-1843	SUZANNE BIRD (617) 665-1560 Pager: (617) 339-4203 sbird@challiance.org	Cambridge, Somerville
The Edinburg Center Formerly Center for MH & MR 1040 Waltham Street Lexington, MA 02421 (800) 540-5806 Fax (781) 860-7636	Larry Trust (781) 862-3600, Ext. 251 ltrust@edinburgcenter.org	Acton, Arlington, Bedford, Belmont, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Maynard, Stow, Waltham, Watertown, Wilmington, Winchester, Woburn
Riverside Community Care 190 Lenox Street Norwood, MA 02062 (781) 769-8674 (800) 529-5077 Fax (781) 769-6717	KATE O'CONNELL (781) 769-8674 kateoconnell@riversidecc.org	Canton, Dedham, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, Wrentham
South Shore Mental Health SSMHC 460 Quincy Ave. Quincy, MA 02169 (800) 528-4890 Fax (617) 479-0356	LESLIE CHIATASSO (617) 774-6065 lchiotas@ssmh.org	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth

Region 7

Emergency Service Provider	ESP Director Contact	Service Area
Brockton Multi-Service Center 165 Quincy Street Brockton, MA 02302 (508) 897-2100 Fax (508) 586-5117	Steve Spakowski (508) 897-2107 Fax (508) 586-5117 steve.spakowski@state.ma.us	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, Whitman
Cape Cod Emergency Services 270 Communication Way, Unit 1E Hyannis, MA 02601 (508) 778-4627 (800) 322-1356 Fax (508) 790-0899	CATHERINE THOMAS (508) 778-4627 catherine.thomas@state.ma.us	Barnstable, Bourne, Brewster, Chatham, Chilmark, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Yarmouth
Corrigan Mental Health Center 49 Hillside Street Fall River, MA 02720	JAMES FARRELLY (508) 235-7251 james.farrelly@dmh.state.ma.us	Fall River, Freetown, Somerset, Swansea, Westport

(508) 235-7277 Fax (508) 235-7345		
Child and Family Services, Inc. 543 North Street New Bedford, MA 02740 (877) 996-3154 Fax (508) 991-8082	MIKE PAGE (508) 984-5566, Ext. 145 mpage@cfservices.org	Acushnet, Dartmouth, Fairhaven, Gosnold, Marion, Mattapoisett, New Bedford, Rochester, Wareham
Family Continuity Program, Inc. 118 Long Pond Road, Suite 100 Plymouth, MA 02360 (800) 469-9888 Fax (508) 747-7838	AUDREY DANA (508) 747-7783 adana@fcpinc.org	Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton
Taunton/Attleboro Emergency Service 108 West Main St., Bldg. #2 Norton, MA 02766 (508) 285-9400 (800) 660-4300 Fax (508) 285-6573	Pat Mulligan (508) 285-8048 pat.mulligan@dmh.state.ma.us	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleboro, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Taunton

Attachment B (of Attachment C)



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Youth Services

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KERRY HEALEY
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RONALD PRESTON
SECRETARY

MICHAEL C. BOLDEN
COMMISSIONER

Massachusetts Department of Youth Services

Release of Medical Information Statement

The Massachusetts Department of Youth Services (“DYS”) is a “correctional institution” within the meaning of the “Privacy Rule” of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as defined in Federal Regulation, 45 C.F.R. §164.501.

As a correctional institution, the Massachusetts Department of Youth Services is entitled to receive medical information, with the exception of “psychotherapy notes,” for DYS clients from medical providers who have provided medical care to clients while in the custody of DYS.

The Massachusetts Department of Youth Services needs this medical information for (a) the provision of health care to its clients; (b) health and safety of its clients; (c) the health and safety of the officers or employees, agents, and visitors at DYS; (d) the health and safety of its clients and the officers or other persons responsible for transporting them from one location to another; (e) the effectuation of law enforcement on the premises under the supervision of or contracted with the Department of Youth Services; and (f) the administration and maintenance of the safety, security, and good order of DYS facilities and those of DYS providers, in accordance with 45 C.F.R. § 164.512 (k)(5).

For additional information relative to the Department of Youth Services and our use of medical information, please contact Susan Campbell, Ph.D., R.N., Director of Medical Services, at (617) 727-7575.

Attachment D: DYS/MBHP CRISIS PLAN

Name:

Primary address:

Current address (if different from above):

Custodian/legal guardian:

Primary language spoken:

Service providers:

MBHP DMR Probation

DSS CAP Parole

DYS DOE pediatrician

Names and phone numbers of providers checked above:

BH Provider name	Phone number
Primary care provider name	Phone #

Primary BH outpatient treater:

Preferred BH and Medical inpatient facility:

Preferred BH Emergency Service Provider (ESP):

Member BH and medical diagnosis:

History of present emotional disturbance:

Baseline behavior/symptoms:

Additional information:

Cause of crisis:

Most effective crisis stabilization used:

Other pertinent information:



Attachment E

Massachusetts Behavioral Health Partnership (MBHP)

How to Refer for Care Management Services

There are three levels of Care Management services:

1) Targeted Outreach: focuses on short-term problem solving for consumers who are not able to follow their medical and/or behavioral health treatment plan

- Designed to help primary care clinicians (PCCs) better serve their medically compromised patients for whom psychiatric illness or psychosocial issues may be interfering with their ability to access medical treatment
- Also designed for consumers who are not engaging in outpatient and/or community-based services, which places them at medical risk
- Referrals come from PCCs, behavioral health providers, state agencies, etc., after they have made three unsuccessful outreach attempts.
- Coordinated by an MBHP clinician at the Boston office who arranges for Community Support Program (CSP)/Family Stabilization Team (FST) workers to provide outreach and care coordination in the community. Services may include temporary transportation to and from the PCC and similar supportive care.

2) Care Coordination: These support services are designed to improve the appropriate use of behavioral health and medical services for consumers with behavioral health needs. The goals are to prevent decreased function, exacerbation of symptoms, crises, and the need for higher levels of care.

- Provides many of the same services as the Intensive Clinical Management (ICM) program (described below) but is designed for members whose symptoms and/or needs are somewhat less complicated than traditional ICM clients
- Care Coordination is managed from the Boston office by a care coordinator who arranges for CSP/FST workers to provide outreach and care coordination in the community.

3) Intensive Clinical Management (ICM): Provides ongoing support to consumers who have a significant, persistent behavioral-health need, with a focus on those who require multi-agency involvement. ICM also provides support for pregnant women with alcohol and/or substance abuse problems (Pregnancy Enhanced Services).

- The ICM Program is managed in the regional offices and is coordinated by the regional clinical supervisor (RCS) or team leader and a staff of intensive clinical managers (ICMs).
- ICMs monitor and coordinate the care of our most vulnerable members, based on clinical risk and/or history of high utilization. Services include CSP, FST, development of an Individualized Care Plan and crisis plan, and monitoring of wraparound services.

All three levels of Care Management may utilize two primary services:

Community Support Program (CSP) and Family Stabilization Team (FST).

(See the reverse of this sheet for a description of these services and the referral process.)

Referral Process

- Referrals for all levels of care management are accepted and processed by the Assessment Unit in the Boston office, which then determines the most appropriate level of care management. To reach the Assessment Unit, please call 1-800-495-0086, ext. 5633, or fax the referral, consent, and release of information forms to 617-790-4128.
- **Referrals for ICM can still be made directly to the regional offices by calling the regional clinical supervisor or by faxing the referral, consent, and release information forms (see phone numbers below).**

AREA	RCS	PHONE NUMBER	FAX NUMBER
Gr. Boston/Boston	Sharon Singer	617-350-1914	617-350-1988
Northeast	Ronna Sanchez	617-350-1928	617-350-1988
Southeast	Tara Fischer	617-350-1905	617-350-1988
Central Mass.	Mike Zwalsky	508-890-6404	508-890-6410
Western Mass.	Katherine Oscar	413-322-1805	413-322-1810

All three levels of Care Management may utilize two primary services: Community Support Program (CSP) and Family Stabilization Team (FST).

Community Support Program (CSP)

CSP is a community-based service for all age groups. The purpose of this service is to support the member's treatment and his or her tenure in the community. CSPs provide one or more of the following services:

- Transportation to and from therapy or medical appointments
- Care coordination between providers
- Collateral contacts
- Various other tasks designed to support the member's treatment plan

Family Stabilization Team (FST)

FST is also a community-based service similar to CSP but designed to support children/adolescents and their families. FSTs offer members and their parents:

- skills training and enhanced knowledge about behavioral health disorders and treatment (psycho-education);
- early behavioral interventions;
- information about MBHP's levels of care for children and adolescents, including how to access services; and
- community resources.

For more complete information about MBHP's Care Management services, including the eligibility criteria and referral forms, please refer to Clinical Alert Volume 5, #4 "New Care Management Model," Oct. 31, 2001.

Attachment F

MBHP Care Management Intake and Referral Form

DATE: _____

Enrollee Name: _____ Region: _____

Address: _____ Town: _____ Phone #: _____

DOB: _____ Gender: _____ RID#: _____ Member #: _____

Legal Guardian/Custody: _____ Cultural Background: _____

Language: _____ Where is Enrollee now? _____

Referred by: (name) _____ Agency / Dept. / Phone: _____

Agency/Agencies Involved: include ALL State agencies, LEA, outpatient provider, primary care clinicians, etc.

Agency/Provider Name	Contact Person	Regional Office	Phone Number
Primary Care Clinician			
Outpatient Therapist			
Psychiatrist			
DMH			
DCF			
DYS			

Diagnosis: (include name and code)

AXIS I _____

AXIS II _____

AXIS III _____

AXIS IV _____

AXIS V (CAF) _____ (HAF) _____

Reasons for Referral:

Please indicate applicable clinical criteria from the following choices:

Acute Psychiatric Care Services:

- 52 days or more of acute Behavioral Health level of care (i.e., 24-hour level of care such as inpatient, DDART, ART, detox, etc.) during the past 12 month period
- Readmission to an acute Behavioral Health level of care within a:
 6 month period 12 month period
- Initial admission to an acute Behavioral Health level of care where cultural or linguistic needs are present
- Initial admission to an acute Behavioral Health level of care for a Member with a newly diagnosed Major Mental illness

Treatment Engagement:

- Non-attendance of psychotherapy appointments
- Non-attendance of medication appointments
- Poor attendance or inappropriate use of health services (e.g., >2 ER visits in 6 months, no primary care visit within a 1 year period)

- Multiple use of behavioral and medical emergency services with poor follow through, which is likely to result in hospitalization
- Unresponsiveness to behavioral health or medical services placing the Member at risk for hospitalization:
 - Unresponsive to services for 3 months
 - Unresponsive to services for 6 months
- 3 or more unsuccessful outreach attempts by medical and/or behavioral health providers

Clinical Risk:

- Catastrophic event(s) which place the Member at risk for behavioral health hospitalization
- Homeless individuals with a history of mental illness and/or substance abuse
- Active use of alcohol and / or drugs during pregnancy
- Co-morbidity of behavioral health diagnosis and complex medical illness and / or physical disability

Other Conditions:

- Multiple family members utilizing behavioral health and / or state agency services
- "Aging-out" of DCF, DYS, DMH or special education services by a Member who also has a behavioral health diagnosis
- Presence of ethnic, linguistic, and culturally sensitive issues
- Member utilizing acute Behavioral Health levels of care and is responsible for child(ren) under age of five

For Child and Adolescent referrals, please indicate if any of the following apply:

- Child and family failing to stabilize during extended FST services
- Newly diagnosed with a major mental illness which places the child at risk for acute Behavioral Health levels of care
- Parent with a history of substance abuse and/or mental illness, which puts child at risk
- Extensive history of trauma
- Failed out of home placement(s) during the past 6 months
- Transitioning from a long term care placement or state facility to the community

Please attach a separate page with any additional information regarding this referral. Please include any clinical risk issues not covered by the checklist above. Also please list any potential goals for Care Management and/or the Community Support Program.

Fax Completed Referral to the attention of the Assessment Unit at (617) 790-4128

For MBHP Use	
<i>Name / Signature of MBHP Clinician Receiving Intake:</i> _____	
<i>Referral Accepted:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Date:</i> _____
<i>Level of Care:</i>	<input type="checkbox"/> TO <input type="checkbox"/> CC <input type="checkbox"/> ICM



AUTHORIZATION FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION

When you complete this form, you are authorizing the disclosure and/or use of individually identifiable health information, as set forth below, consistent with state and federal laws concerning the privacy of such information. If you do not provide all the information requested, this Authorization may not be valid.

Member/Individual Name: _____

Member/Individual ID or Social Security: _____

Member/Individual Date of Birth: _____

Member address: _____

Member phone: _____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize MBHP to release my health information to:
(Persons or organizations to whom information may be disclosed)

1. PCC (please include names and addresses):

5. O/P therapist:

2. FST/CSP agency:

6. O/P psychiatrist/RNCS/APRN:

3. State agency:

7. Crisis team:

4. Hospital/CBAT:

8. Other:

PURPOSE OF REQUESTED USE OR DISCLOSURE

- | | |
|--|---|
| <input type="checkbox"/> Coordination of care or case management | <input type="checkbox"/> Response to HHS or other government agency |
| <input type="checkbox"/> Appeal or grievance resolution | <input type="checkbox"/> Response to court order or subpoena |
| <input type="checkbox"/> Treatment and follow up | <input type="checkbox"/> At the request of the Member |
| <input type="checkbox"/> Assessing compliance with testing | <input type="checkbox"/> Other _____ |

INFORMATION TO WHICH THE AUTHORIZATION APPLIES

- | | |
|--|---|
| <input type="checkbox"/> Claims information (from _____ to _____) | <input type="checkbox"/> Appeal and review information (from _____ to _____) |
| <input type="checkbox"/> All claims information | <input type="checkbox"/> All appeal and review information |
| <input type="checkbox"/> Clinical information (from _____ to _____) | <input type="checkbox"/> Designated record set (from _____ to _____) |
| <input type="checkbox"/> All clinical information | <input type="checkbox"/> The entire designated record set |

Exceptions: _____

This authorization expires (date or event): _____

INFORMATION TO WHICH THIS AUTHORIZATION APPLIES

All health information pertaining to any medical history, mental, or physical condition, and treatment received

All health information pertaining to any medical history, mental, or physical condition, and treatment received, except:

Only the following records or types of health information (including any dates):

I specifically authorize the release of personal health information relating to drug and/or alcohol abuse. The recipient of drug and/or alcohol abuse information disclosed as a result of this Authorization will need my further written authorization to redisclose this information.

Signature: _____

I specifically authorize the release of information relating to acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV).

Signature: _____

NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization. Treatment, payment, enrollment, or eligibility for benefits will not be conditioned on my providing or refusing to provide this Authorization. I may take back (“revoke”) this Authorization at any time. To revoke this Authorization, I must send a letter, which has been signed by me or on my behalf to MBHP, 150 Federal Street, Boston, MA 02210. My revocation will be effective upon receipt by MBHP, but will not affect disclosures already made in reliance on prior consent.

Except as described above with respect to drug and alcohol abuse records, information disclosed as a result of this Authorization could be redisclosed by the recipient and might no longer be protected by federal confidentiality laws.

I may inspect or obtain a copy of the health information be used or disclosed as permitted under federal or state law.

SIGNATURE

Date: _____

Time: _____ a.m. / p.m.

Signature: _____

Individual/Member/Authorized Representative

If signed by someone other than the individual or Member, state your legal relationship to the individual or Member:
