

Emergency Services Program (ESP)

Overview

ESP Redesign and Procurement

- **MBHP collaborated with DMH and MassHealth Behavioral Health to redesign the Emergency Services Program**
 - Conducted multiple stakeholder focus groups and gathered written input statewide
- **MBHP completed a procurement**
- **Effective date: 6/30/09**

Mission

The mission of the Emergency Services Program is to delivery high quality, culturally competent, clinically and cost-effective, integrated community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

Goals

- **Discrete level of care**
- **Timely**
- **Community-based**
- **Diversion**
- **Recovery-oriented**
- **Clinical quality and consistency**
- **Cultural competence**
- **Linkages**
- **Regional variance**
- **Information**
- **Financial restructuring**
- **Efficiencies**

Scope of ESP: Population - In Scope

- **Age:**
 - ESP - all ages
 - Adult CCS - 18+
- **Diagnosis**
 - ESP services - mental health, substance use, and/or co-occurring conditions
 - Adult CCS - mental health or co-occurring conditions
- **Payer**
 - ESP services, including adult CCS services - uninsured and public payers: MassHealth plans (PCC Plan/MBHP, MassHealth-contracted MCEs, and MassHealth fee-for-service); DMH only; Medicare; and Medicare/Medicaid.

Scope of ESP: Population - Out of Scope

- **Diagnosis**
 - Adult CCS services - not available if the sole/primary focus of the crisis intervention is a substance use condition.
- **Payer**
 - Payment will not be provided to ESPs for ESP or adult CCS services for individuals with commercial insurance.
 - ESPs are not mandated to provide ESP and/or adult CCS services to this population, and any resulting contract with MBHP shall not require ESPs to provide ESP and/or adult CCS services to such populations.
 - ESPs are encouraged to seek contracts with commercial payers for the provision of ESP and adult CCS services to their members.

ESP System Structure

- **Local ESPs**

- 21 catchment areas covering every city and town
 - 17 MBHP-managed catchment areas
 - DMH-operated ESPs (Southeast region)
- Some areas have been reconfigured, effective 6/30/09.
- See provider list (handout)

Emergency Services Program

- **One locally based provider to administer the Emergency Services Program (ESP) for each catchment area**
 - a comprehensive, integrated program of crisis behavioral health services
- **4 Service Components**
 - ESP Community-Based Location (CBL)
 - Mobile Crisis Intervention
 - Adult Mobile Crisis Intervention
 - Adult Community Crisis Stabilization (CCS)

Emergency Services Program

- **Access: 24/7/365, 800#**
- **Triage**
- **Integration**
- **Local variation**
- **Management and oversight functions**
- **Key Staffing with functions across the ESP program**
 - ESP Director
 - ESP Medical Director
 - ESP Quality Director
 - MCI Manager
 - Clinical supervisor
 - Triage clinician
 - Psychiatry

ESP Community-based location

- **Purpose:**
 - 24/7/365 “hub” to coordinate the operation of, and access to, all ESP service components
 - Operate 800#, triage, dispatch
 - directly deliver its core service of crisis assessment, intervention, and stabilization at the ESP community-based location
 - Minimum 12 operating hours/day weekdays, 8 hours weekends
 - provide an alternative to hospital emergency departments (EDs) for individuals seeking behavioral health services when use of the ED may be avoided and/or is not voluntarily sought
- **Staffing**
 - Master’s, doctoral, RN- level clinicians
 - Bachelor’s- level staff
 - Certified Peer Specialist
 - Staffing flexibility with mobile crisis intervention for adults and youth as well as adult CCS

Mobile Crisis Intervention

- **One of the new CBHI remedy services**
- **The youth-serving component of each ESP**
 - All ESP services for MassHealth-enrolled children and adolescents
 - Integrated into the ESP's infrastructure, services, policies and procedures, staff supervision and training, and community linkages
- **Considerable congruence with redesigned ESP model**
- **Must adhere to *Wraparound* principles:**
 - Family Voice and Choice
 - Team-Based (includes child and family)
 - Use of Natural Supports
 - Collaboration
 - Community-Based
 - Culturally Competent
 - Individualized
 - Strengths-Based
 - Persistence
 - Outcome-Based

Mobile Crisis Intervention

- **Provides a short-term service (24/7) that is mobile, onsite, face-to-face therapeutic response to a youth experiencing a behavioral health crisis for the purpose of identifying, assessing, treating, and stabilizing the situation and reducing immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any.**
- **Services: crisis assessment, development of a risk management/safety plan, up to 72 hours of crisis intervention and stabilization services including:**
 - Onsite, face-to-face therapeutic response
 - Psychiatric consultation and urgent psychopharmacology intervention, as needed
 - Referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

Mobile Crisis Intervention

- **Location**

- Mobilizes to the home or other site where the youth is located (e.g., school, group home, residential program, etc.)

- **Staffing:**

- MCI program manager
- Board-certified or board-eligible child psychiatrist or Psychiatric Nurse
Mental Health Clinical Specialist
- Master's-level clinicians trained in working with youth and families
- Bachelor's-level staff, experienced or trained in navigating the behavioral health crisis response system that support brief interventions that address behavior and safety, some of whom are Family Partners

Adult Mobile Crisis Intervention

- **ESP services will be provided to adults primarily through the ESP's Adult Mobile Crisis Intervention services**, in addition to ESP services provided to adults at the ESP's community-based location.
 - ESPs will “mobile” or travel to individual's private homes and other community locations, such as schools and residential programs, to provide ESP services.
 - Provided to any community-based location, including private homes, from 7 a.m. to 8 p.m. Outside of those hours, Adult Mobile Crisis Intervention services shall be provided in residential programs and hospital EDs.
- **Staffing**
 - Master's-level clinicians
 - Bachelor's-level staff, preferably those with lived experience or CPS

Adult Community Crisis Stabilization (CCS)

- **Provides staff-secure, safe, and structured crisis treatment services in a community-based program that serves as a less restrictive and voluntary alternative to inpatient care**
 - Serves adults ages 18 and older
 - Primarily used as a diversion from inpatient; however, may be used secondarily as a transition from inpatient services, if there is sufficient service capacity, and the admission criteria are met
 - Admissions and discharges 24/7/365
- **Location**
 - Required to be co-located with the ESP community-based location, upon initiation of the ESP contract, or within the 6 months thereof

Adult Community Crisis Stabilization (CCS)

- **Capacity**
 - More acute clinical care, increased ability to respond to a higher level of acuity through a more robust staffing pattern, including nursing, increase the use of CCS as a diversion from psychiatric hospitalization
 - Adult CCS in every catchment area as well as a more consistent geographic distribution of CCS capacity across the state
 - Each ESP has been allocated an adult CCS capacity - most have 6 or 8.
- **Staffing**
 - Nurse Manager (RN) and LPNs
 - Psychiatry
 - Master's- level clinicians
 - Milieu staff: Bachelor's-level staff, preferably those with lived experience or CPS

Recovery-Oriented Services

ESPs shall support resiliency, rehabilitation, and recovery by integrating mental health, substance use, and co-occurring rehabilitation and recovery principles and practices throughout the service delivery model and implementing specific recovery-oriented services, including:

- **Certified Peer Specialists;**
- **Family Partners; and**
- **relationships with recovery-oriented and consumer-operated resources.**

Resources and Linkages

- **CBHI levels of care, initially including**
 - Intensive Care Coordination (ICC)
 - Family Support and Training
- **Other linkages**
 - Schools, residential programs, PCCs, health centers, hospitals, police, fire, ambulance, courts, youth/family/advocacy organizations, consumer operated programs, state agencies, behavioral health providers, etc.

Services for Special Populations

- **Local ESP response**
 - Access
 - Core clinical competency
 - Special services
- **Statewide response**
 - Statewide support from state agencies
 - Special population consultation services (“statewide function” managed by MBHP)
 - Intellectual disabilities
 - Deaf and hard of hearing

Massachusetts Behavioral Health Access System

- “Statewide function” managed by MBHP
- Web-based system through which ESPs will located available beds for 24 hour levels of care, initially including
 - Adult community crisis stabilization
 - ICBAT and CBAT
 - Inpatient mental health

Performance and Outcomes measurement

- **Indicators will include**
 - **Response time** (60 minutes)
 - **Community based access to emergency services**
 - Service location: mobile, CBL, ED
 - ED diversion
 - **Disposition**
 - Use of community-based services
 - Use of adult CCS as diversion (vs. step down)
 - Inpatient diversion

Resources

- **To access services**
 - Call your local ESP (see handout)
- **For more information**
 - Call your local ESP
 - Call your MBHP regional office (see handout)
 - www.masspartnership.com