



National Alliance on Mental Illness

NAMI Massachusetts

MASSACHUSETTS EMERGENCY BEHAVIORAL HEALTH SERVICES PROGRAM

The National Alliance on Mental Illness of Massachusetts (NAMI Mass)
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The purpose of this paper is to inform the public of the “redesigned” Massachusetts emergency behavioral health services program. The redesigned Emergency Services Program (ESP) is sometimes referred to as “Crisis Teams.” The redesigned ESP became effective on June 30, 2009. There has been a complete “culture shift” in the way ESP services are provided to the uninsured and residents who are covered by MassHealth.

NAMI Mass would like this paper to accomplish these three important goals:

- 1) Raise public awareness about local ESPs and the services they provide;
- 2) Recommend that family members call the local ESP provider when their loved one is having a psychiatric emergency instead of calling the police or 911. Consider calling ESP instead of bringing a loved one to a crowded hospital emergency department because people with mental illness and their family members will receive more appropriate service by calling their local ESP providers; and
- 3) Make recommendations to strengthen the state-wide ESP program.

There are 21 ESP catchment areas covering every city and town in the State, each with an 800 telephone number staffed by professionals with clinical training. Each location is open a minimum of 12 hours per day on weekdays and eight hours per day on weekends. Some sites are open 24 hours per day, seven days per week, 365 days per year. In addition, the ESP has community sites and crisis respite beds. Both the crisis beds and the telephone coverage operate on a 24/7 basis.¹

(Please refer to attached Appendix A for State ESP Directory.)

Each ESP is community-based and recovery-oriented, and provides behavioral health crisis assessment, intervention, and stabilization services for people with psychiatric illness. Using ESP services saves thousands of dollars because most calls to an ESP avoid a trip to a hospital emergency room and/or hospitalization.

Mobilized ESP teams responding to an adult in crisis now include Certified Peer Specialists, non-professionals who support and share their personal experience of living with mental health diagnoses.

¹ Massachusetts Behavioral Health Partnership (MBHP) website, www.masspartnership.com.

A new position, Family Partner, was created under the Children's Behavioral Health Initiative and refers to a parent who has the lived experience of raising one or more children with mental illness.

Call the Local ESP 800 Number in a Behavioral Health Emergency

Each ESP offers better alternatives to dialing 911 (police) or going to the hospital emergency department for a person in a psychiatric crisis. It is a choice to keep a loved one from waiting hours in a crowded hospital emergency room. Unlike police departments, ESP providers are trained psychiatric clinicians who travel to where the crisis is occurring (to a home, school, or most community locations). The mobile service is 24/7 for all children and adolescents (under 21) and adults in residential facilities such as group homes.

Some Disturbing Consequences From Calling 911

As evidenced by the following encounters with the police, people with mental illness will receive more appropriate treatment by calling the local ESP provider.

In July, 2009, a 20 year old man with diagnosed bipolar disorder, who lives with his parents in a suburb of Boston, was experiencing a psychiatric crisis. Not knowing about ESP, and on the advice of his psychiatrist, his parents called the police for assistance. When the police arrived, the son was clutching a religious statue to his chest. The police asked that the young man give them the statue -- the young man refused. When a police officer attempted to take the statue from the young man, the police officer cut his hand. The young man was subdued and charged with assault on a police officer with a dangerous weapon and resisting arrest. He was then driven to a local hospital. The young man was later placed on one year of probation.

Throughout the entire incident, the young man's parents were on the phone with his psychiatrist and the police knew that the man was suffering from mental illness.

The parents spent approximately \$4500 for a lawyer and \$360 for the son's psychiatrist to appear in court. They went to court four times.

Use of ESP Services Saves Money

Using ESP services saves thousands of dollars because most calls to an ESP avoid a trip to a hospital emergency room and/or hospitalization and unnecessary use of the criminal justice system.

Costs to the State

Services used when ESP called	Services that may be used when Police called
ESP team	Police encounter
	Fire/Ambulance
	Jail
	Emergency room/Hospitalization
	Criminal charge and Court
	Attorney
	Parole officer

In July, 2002, the Cambridge police were called to the home of a 59 year old mentally ill man who was known to be mentally ill by the police. The man came to his door in a threatening manner, and the “police reacted the way officers have been trained to act for decades” – asserted their presence and tried to take over the circumstances – but this conduct can “intimidate a person who is psychotic” and the individual will most likely “get more belligerent.”

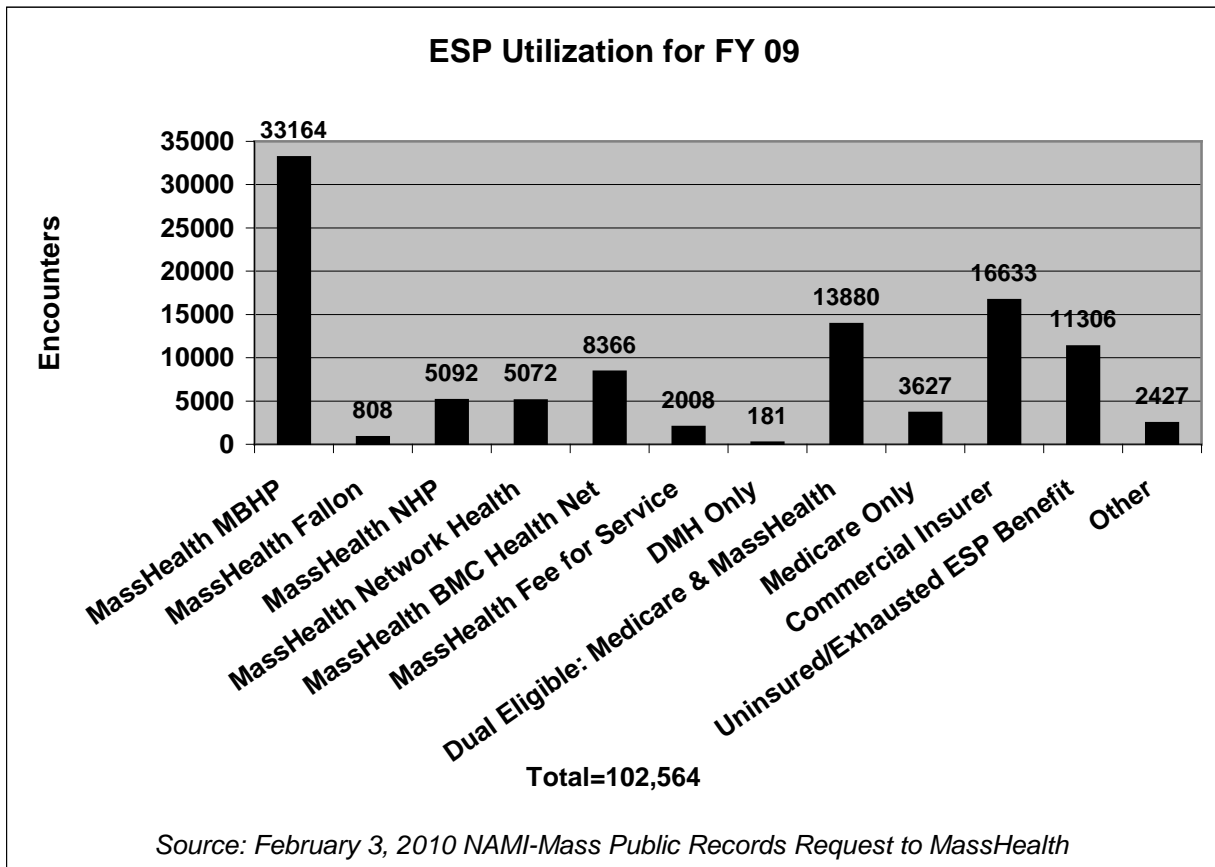
The police closed off the house and tried to negotiate a peaceful resolution. “When that failed, they broke down the door and tried to apprehend” the confused man. At least four officers went in and challenged him in his kitchen. The officers “fired three high-velocity beanbags at him,” which did not knock him down. “Pepper spray failed to stop him,” and then the man came at them with a hatchet. “An officer with four years of experience and no specialized training in dealing with suspects with psychiatric disorders shot him three times,” killing him.

This “death was the third time in three months that an armed and mentally ill suspect was shot and killed by Massachusetts law enforcement officials.”

Source: FURTADO SHOOTING PROMPTS QUESTIONS
By Douglas Belkin
BOSTON GLOBE, August 2, 2002

Who is Eligible for ESP?

On January 1, 2010, 1.3 million residents of the Commonwealth were on MassHealth. More than one in six residents of the Commonwealth has MassHealth. ESP services are available to individuals of all ages who have MassHealth, or are uninsured, as well as individuals covered by the following public payers: DMH, Medicare and Dual Eligibles (people on both Medicare and Medicaid (MassHealth)). People on MassHealth have one of six plans: 1) PCC Plan/MBHP; 2) MassHealth contracted Managed Care Entities (MCE) with either Fallon, BMC Health Net Plan, Neighborhood Health Plan (NHP) or Network Health; or 3) MassHealth Fee-For-Service.



ESP Services

The “redesigned” ESPs offer a number of new services, especially for children ages 21 and under, as mandated by the Rosie D. Lawsuit.² Pursuant to the Americans with Disabilities Act, any patient who uses ESP and requires an American Sign Language (ASL) interpreter must be provided with one, if requested.

² Rosie D. v. Romney, 410 F.Supp.2d 18, 2006. This federal class action, filed on behalf of the approximately 500,000 children covered by MassHealth, resulted in a decision requiring MassHealth to cover federally mandated mental health benefits, including providing home-based services such as mobile crisis intervention.

(New) Mobile Crisis Intervention

An important new ESP service is the Mobile Crisis Intervention (MCI) for children ages 21 and under, which is one of the new Children's Behavioral Health Initiative services required by the Rosie D. Lawsuit. MCI:

- Provides a short-term service (24/7) that is a mobile response to youth up to age 21 who are experiencing a behavioral health crisis. The purpose is to identify, assess, treat, and stabilize the situation and reduce immediate risk of danger to the youth or others consistent with the youth's risk management/safety plan, if any.
- Services include 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 medication intervention, as needed
 - Referrals to all medically necessary behavioral health services and supports
 - Family Partners are among the staff working in this program to support youth and their families

(Improved) Adult Mobile Crisis Intervention

Adults can receive mobile crisis services also.

- ESP services are provided to adults primarily through Adult Mobile Crisis Intervention.
- Now, rather than viewing ESP services as just an evaluation, it is now defined as an intervention process and provides a comprehensive level of care.
- Now operates a 24/7/365 centrally located hub of service in each catchment area to coordinate access to all ESP services.
- ESP clinicians travel to individuals' private homes and other community locations, such as residential programs, to provide ESP services.
- Services are provided to any community-based location, including private homes, from 7 a.m. to 8 p.m. Outside of these hours, Adult Mobile Crisis Intervention services are provided in residential programs and hospital emergency departments.

(Improved) Adult Community Crisis Stabilization

In addition to Adult Mobile Crisis Intervention, adults can receive services from Community Crisis Stabilization, which:

- 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.
- Now, primarily used as an alternative for inpatient; however, may also be used as a transition from inpatient services, if there are sufficient beds available.
- Admissions and discharges 24/7/365.

ESP Mobile Crisis Intervention in Action

Tom is a 10 year old boy with a history of impulsivity and anger management issues who lives with his mother and siblings. Tom's mother called her local ESP and requested a Mobile Crisis Intervention (MCI) evaluation, based on his school's recommendation after Tom, feeling very stressed, made violent threats to a peer at school. Tom was seen in his home by an MCI team, which included a clinician and Family Partner. The Family Partner worked closely with the mother to help her understand her rights as a parent of a child with special needs and provided information to assist the mother in working with the school system. The MCI team was able to assess Tom, who reported that he only made comments at school out of anger. The family was provided with a referral to In-home Therapy services to support Tom and his family.

When the Family Partner followed up with Tom's mother the following day, she Stated that the MCI team was extremely helpful and professional, and that it was great to talk with someone who could relate to her and had similar experience with her own children.

ESP Providers are Not Paid Equally³

MassHealth pays its behavioral health contracts differently. There is a wide discrepancy between rates that are paid to ESP providers throughout the State, depending on what the individual's MassHealth provider is, even though the ESP service provided is the same.

Mass Behavioral Health Partnership (MBHP) manages 17 of the 21 ESP providers across the State.

NAMI Mass believes that all MassHealth members, regardless of who the State contracts with to provide their Behavioral Health services, should be able to go to their ESP provider and know that all ESP providers are paid the same rate. According to MassHealth, the

³ February 3, 2010 NAMI Mass Public Records Request to MassHealth.

State pays different rates to its ESP MassHealth providers.⁴ Different rates inevitably lead to differences in quality.

NAMI MASS Recommendations to Strengthen the ESP Program

1. The State should create an 800 phone number for the entire state so anyone can call ESP (24/7), provide a zip code and be connected to a “live” ESP provider in the geographic area.
2. The State should require more community outreach & education efforts to inform community groups, including mental health providers, clinics, schools, parents, day care centers and police departments, about ESP services. Examples include State sponsored billboards, public service announcements and requiring police academies to receive training on what type of calls should be sent to ESPs.
3. ESP providers should be required to meet formally with all police departments, 911 dispatchers and school officials in their catchment areas to explain the ESP services and the necessity of contacting ESP providers when responding to an emergency behavioral health situation.
4. Whenever MassHealth makes field visits to ESP providers, the State should also contact and meet with a local NAMI Affiliate (chapter), or another advocacy group, to receive additional feedback on the overall effectiveness of the ESP.
5. MassHealth should design a public user/consumer satisfaction survey so it can receive ongoing feedback from consumers and family members of ESP services.
6. MassHealth should require all health plans to pay a uniform rate to ESP providers for a baseline ESP service.

Although they do not endorse this paper, NAMI Mass thanks MassHealth Behavioral Health, the Department of Mental Health, and the Mass Behavioral Health Partnership (MBHP) for providing material used in this position paper.

⁴MassHealth encourages the ESP encounter to happen in the community, school or home by paying its largest provider, Mass Behavioral Health Partnership (MBHP), an increased incentive rate for such encounters:

- ESP encounter in a hospital emergency department - \$488 reimbursement rate.
- ESP encounter in a community-based program as well as the mobile crisis in the home or school - \$538 reimbursement rate.

The contracts MassHealth has with the 4 MCEs provide for "capitated payments," which means that MCEs are paid varying rates for ESP encounters, ranging from \$220 to \$407.

APPENDIX A

Boston	Boston (Dorchester, South Boston, Roxbury, West Roxbury, Jamaica Plain, Mattapan, Roslindale, Hyde Park, Lower Mills), Brighton, Brookline, Charlestown, Chelsea, East Boston, Revere, Winthrop	Boston Medical Center/Boston Emergency Services Team (B.E.S.T.) 24-hour access number: (800) 891-4357
METRO BOSTON REGION		
Cambridge, Somerville	Cambridge, Somerville	Boston Medical Center/Cambridge Somerville Emergency Services Team (C.S.E.S.T.) 24-hour access number: (800) 981-4357
Norwood	Canton, Dedham, Dover, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, Wrentham	Riverside Community Care 24-hour access number: (800) 529-5077
South Shore	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth	South Shore Mental Health (SSMH) 24-hour access number: (800) 528-4890
WESTERN REGION		
The Berkshires	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor	The Brien Center for Mental Health and Substance Abuse 24-hour access number: (800) 252-0227
Greenfield	Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Millers Falls, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Turners Falls, Warwick, Wendell, Whately	Clinical & Support Options 24-hour access number: (800) 562-0112
Northampton	Amherst, Chesterfield, Cummington, Easthampton, Florence, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, Worthington	Clinical & Support Options 24-hour access number: (800) 562-0112
Southern Pioneer Valley	Agawam, Belchertown, Blandford, Bondsville, Chester, Chicopee, East Longmeadow, Granby, Granville, Hampden, Holyoke, Huntington, Indian Orchard, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, South Hadley, Southampton, Southwick, Springfield, Thorndike, Three Rivers, Tolland, Ware, Westfield, West Springfield, Wilbraham	Behavioral Health Network 24-hour access number: (800) 437-5922
CENTRAL REGION		
MetroWest	Acton, Ashland, Arlington, Bedford, Belmont, Boxborough, Burlington, Carlisle, Concord, Framingham, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Littleton, Maynard, Marlborough, Natick, Northborough, Sherborn, Southborough, Stow, Sudbury, Waltham, Watertown, Wayland, Westborough, Wilmington, Winchester, Woburn	Advocates 24-hour access number: (800) 640-5432
North County	Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, Winchendon	Community HealthLink, Inc. 24-hour access number: (800) 977-5555
South County	Bellingham, Blackstone, Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Holland, Hopedale, Medway, Mendon, Milford, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Sturbridge, Sutton, Upton, Uxbridge, Wales, Warren, Webster, West Brookfield	Riverside Community Care 24-hour access number: (800) 294-4665
Worcester	Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury, Spencer, West Boylston, Worcester	Community HealthLink, Inc. 24-hour access number: (866) 549-2142
NORTHEASTERN REGION		
North Essex	Amesbury, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Manchester by the Sea, Marblehead, Merrimac, Middleton, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Topsfield, Wenham, West Newbury	Health and Education Services (HES) 24-hour access number: (866) 523-1216
Lawrence	Andover, Lawrence, Methuen, North Andover	Health and Education Services (HES) 24-hour access number: (877) 255-1261
Lowell	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford	Health & Education Services (HES) 24-hour access number: (800) 830-5177
Tri-City	Everett, Lynn, Lynnfield, Malden, Medford, Melrose, Nahant, North Reading, Reading, Saugus, Stoneham, Swampscott, Wakefield	Eliot Community Services 24-hour access number: (800) 988-1111
SOUTHEASTERN		
Southern Coast	Acushnet, Carver, Dartmouth, Duxbury, Fairhaven, Halifax, Hanover, Hanson, Kingston, Marion, Marshfield, Mattapoisett, New Bedford, Pembroke, Plymouth, Plympton, Rochester, Wareham	Child and Family Services of New Bedford 24-hour access number: (877) 996-3154
Brockton	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, Whitman	Brockton Multi-Service Center 24-hour access number: (877) 670-9957
Cape Cod and The Islands	Aquinnah, Barnstable, Bourne, Brewster, Chatham, Chilmark, Cotuit, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Gosnold, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Woods Hole, Yarmouth	Cape & Islands Emergency Services 24-hour access number: (800) 322-1356
Fall River	Fall River, Freetown, Somerset, Swansea, Westport	Corrigan Mental Health Center 24-hour access number: (877) 425-0048
Taunton, Attleboro	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleborough, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Taunton	Norton Emergency Services 24-hour access number: (800) 660-4300