

INTRODUCTION TO MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH SERVICES

**Prepared by the Mental Health Legal Advisors Committee
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What is the Department of Mental Health's mandate?

DMH operates pursuant to Massachusetts state statute, Mass. Gen. L. ch. 19,¹ and DMH regulations, 104 CMR.² DMH's statutory mandate is to provide treatment and services to citizens with long-term or serious mental illness(es), and to research into the causes of mental illness.³

To this end, DMH provides or arranges for DMH continuing care services to adults with serious and long term mental illness and children and adolescents with serious emotional disturbance who are determined eligible and are prioritized for such services.⁴

Are there mental health services that an individual can obtain without going through the DMH clinical service authorization (i.e. eligibility) process?

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Adults and youth can receive immediate evaluation and stabilization services from an Emergency Service Provider (ESP) crisis team to determine if hospitalization is needed. This service is available not only to DMH clients, but also to MassHealth recipients and uninsured individuals. A guide to ESP services is available on the DMH web site.⁵

Adults and youth can receive acute hospitalization services without being a DMH client. Acute hospitalization services are provided by general and psychiatric hospitals in Massachusetts and are paid for by private insurance, MassHealth, Commonwealth Care,⁶ and, partially, by Medicare (the same as other Medicare services).⁷

Adults and youth can receive outpatient mental health services without being a DMH client. These services are paid for by private and public insurance.

Adults and youth can contact hot lines and warm lines. Warm lines are run by and for consumers who need to talk to someone but are not in crisis. A list of hotlines and warmlines is available.⁸

Adults and youth can receive services from recovery learning communities (RLCs). RLCs are DMH consumer-run networks providing self-help, peer support, information and referral, advocacy and training activities. RLCs provide training in recovery concepts, advocacy forums, and social activities. A list of RLCs is available in DMH's Consumer and Family Resource Guide, at <http://www.mass.gov/eohhs/provider/guidelines-resources/clinical-treatment/mental-health/dmh-resource-guides.html> at 10.

Adults and youth can use the Peer Educators Project. The Project provides information on recovery from mental illness using a peer-to-peer model. The project also provides groups for recovery from dual diagnoses (Double Trouble in Recovery). The project may be contacted at (877) 284-6336. The phone component of this project is particularly liked by youth.

How is the DMH service system structured?

DMH has a central office in Boston. It divides the state into large geographic areas, each of which has a DMH administrative office. Within each DMH area, DMH also has a number of site offices. These site offices house case management services and are designed to be places accessible to DMH clients.

In 2010, DMH restructured its statewide system into three areas. Previously, there had been six areas. The three areas are:

- Metro Boston-Southeastern Area
- Metro Suburban-North East Area
- Western and Central Mass. Area

DMH publishes and periodically updates a DMH Resource Guide, available on the DMH web site at <http://www.mass.gov/eohhs/docs/dmh/publications/dmh-resource-guide.doc>.

This directory lists the DMH Areas, Service Site Offices, facilities, their staff, and their contact information. A listing of cities and towns allows you to determine the appropriate DMH Site Office for one living in that location.

What is DMH's role re licensing mental health facilities?

DMH licenses inpatient mental health facilities, but not hospital emergency rooms, which are licensed by the Department of Public Health.

In addition, of the various facilities into which a youth with mental health needs might be placed, some but not all are licensed by DMH.

- Intensive residential treatment programs (IRTPs) – licensed by DMH.
- Clinically Intensive Residential Treatment (CIRT) programs -- licensed by DEEC, not DMH, as group care facility. DMH contracted, purchased, and monitored. DMH identifies referral pool, assigns case manager.
- Secure behavioral intensive residential treatment (BIRT) program for adolescents in DCF custody -- licensed by DMH as an IRTP, but is slightly different -- hence the name BIRT, funded by DMH, run by a vendor. For moderately ED/MR kids. It will have a permanent waiver to accept 12 year olds, not just 13-18 year olds. Joint contract of DMH and DCF (I.e. procurement by both agencies). DCF prioritizes the clients. DMH contracts.

- Community-based Acute Treatment (CBAT) (formerly Acute Residential Treatment) – licensed by DEEC. A community-based, staff secure, therapeutic 24-hour treatment program with high levels of supervision, structure, and intensity of services. Programs serve children and adolescents who require a protected and structured environment. Treatment is less restrictive than inpatient treatment yet more restrictive than partial hospitalization or outpatient treatment. CBAT offers a wide array of services including a therapeutic environment, along with multi-disciplinary, multi-modal therapies. May serve child and/or adolescent age boys and girls.
- Residential facilities for minors are licensed by the Department of Early Education and Care.

¹ <http://www.mass.gov/legis/laws/mgl/19/gl-19-toc.htm>.

² <http://www.mass.gov/courts/case-legal-res/law-lib/laws-by-source/cmr/100-199cmr/104cmr.html>.

³ M.G.L. c. 19, § 1.

⁴ 104 CMR 29.03(1).

⁵ <http://www.mass.gov/eohhs/docs/dmh/publications/esp-resource-guide.doc>.

⁶ Although private insurers are merely subsidized under Commonwealth Care.

⁷ Medicare covers care in specialized psychiatric hospitals which only treat mental illness when in-patient care is needed for active psychiatric treatment. As with care in a general hospital, Medicare pays for necessary in-patient hospitalization for up to 90 days per benefit period. Medicare beneficiaries who need to be in a hospital for more than 90 days are entitled to 60 lifetime reserve days which can be used only once in a life time.

Unlike care in a general hospital, care in a specialized psychiatric hospital is limited to a total of 190 days in a lifetime. Once this maximum has been reached, Medicare coverage of psychiatric hospitalization is exhausted and cannot be renewed. Moreover, if the patient is hospitalized in a psychiatric hospital on the first day he or she becomes eligible for Medicare, that day and any previous days of the psychiatric hospitalization are deducted from the psychiatric hospital days available in the patient's initial benefit period. (42 C.F.R. § 409.63.) This limitation can be hard for individuals who need frequent and/or lengthy in-patient treatment in a specialized hospital. If they require lengthy hospitalizations for treatment of physical ailments, no such limitation would be placed on the number of covered hospitalizations to which they would be entitled.

⁸ DMH, Consumer and Family Resource Guide, <http://www.mass.gov/eohhs/docs/dmh/publications/consumer-family-resource-guide.doc>, at 5-6.