

CHAPTER 19: MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE COMMUNITY

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MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES IN THE COMMUNITY


This chapter should be read in conjunction with the earlier chapters, “Mental Health and Substance Abuse Services During Confinement” and “Health Insurance and Other Health Care Funding Sources in the Community.”

Accessing mental health services

Mental health services in the community are available in many different settings including community health centers, schools, faith-based programs, state agencies, hospitals, private offices and your home.

There are a range of types of services available. These include:

- office-based outpatient services such as individual therapy and/or family therapy, medication management and substance abuse treatment;
- Intensive non-residential outpatient services such as community services, family stabilization services, observation/partial hospitalization, psychiatric day treatment, and substance abuse treatment;
- emergency services such as crisis intervention and screening, short-term crisis counseling, emergency medication management, crisis stabilization;
- inpatient services such as hospitalization, short-term residential treatment, and longer-term residential treatment.

 **Tip for families:** To find services that are appropriate for your child, you might consult with, in addition to DYS, your mental health care insurance provider, your child’s pediatrician or other health care providers, your friends, your family, your religious advisor, your child’s school staff, and mental health care advocates, among others. If you need emergency services in a crisis, you can take your child to a hospital emergency room or call 911 and request assistance.

Most mental health services in the community are paid for by Medicaid or private insurance. Insurance coverage is discussed further in the chapter entitled “Health Insurance and Other Health Care Funding Sources in the Community.”

Department of Mental Health services

To receive continuing care services from the Department of Mental Health (DMH), an individual must meet DMH eligibility standards. The eligibility standards differ for children and adolescents (youth under age 19 at the time of application) and adults (age 19 and older).¹ Even after an individual has been found eligible, because there is high demand for DMH services, access to services also will depend on the availability of services and a determination of the youth's need for services compared with the needs of others.²

Eligibility

In order to be eligible for DMH continuing care services, an individual must have a qualifying mental disorder as the primary disorder requiring treatment, and meet functional impairment and illness duration criteria. The eligibility criteria vary depending on the age of the applicant, as follows:

Adult applicants

The adult applicant must have a severe and persistent mental illness that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.³ In addition, the qualifying mental disorder must have lasted for, or be expected to last for, at least one year.⁴

The qualifying mental disorders are:

- schizophrenia and other psychotic disorders (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
- mood disorders (excluding dysthymia and mood disorders due to a general medical condition);
- anxiety disorders (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
- dissociative disorders;
- eating disorders; and
- borderline personality disorder.⁵


Child and adolescent applicants


A child or adolescent applicant must be under age 19 at the time


of application.⁶ The qualifying mental, behavioral or emotional disorder must substantially interfere with or limit his or her role or functioning in family, school, or community activities.⁷ In addition, the serious mental disturbance must have lasted for, or be expected to last for, at least one year.⁸

The qualifying mental disorders are:

- schizophrenia and other psychotic disorders (excluding psychotic disorders due to a general medical condition and substance-induced psychotic disorders);
- mood disorders (excluding dysthymia and mood disorders due to a general medical condition);
- anxiety disorder (excluding anxiety disorders due to a general medical condition and substance induced anxiety disorders);
- dissociative disorders;
- eating disorders;
- borderline personality disorder;
- attention-deficit/hyperactivity disorder.⁹

 **Tip for families:** Individuals age 18 and 19 complete the adult application, but those individuals who are between age 18 and 18¾ who are not eligible for adult services will be considered under the child/adolescent eligibility criteria. Individuals between age 18¾ and 19 who are not eligible for adult services may receive short-term child/adolescent services.¹⁰

 **Tip for families:** There is a standard application for DMH eligibility, available from DMH or <http://www.mass.gov/dmh>, which should be submitted to a local DMH office. If your child has a mental health clinician, that person should assist in completing the application.

 **Tip for families:** Even if you are not sure of your child's eligibility, you may want to pursue services. DMH sometimes provides short-term services pending an eligibility determination.

Available services

For children under age 19 who are found eligible, DMH services may include:

- extended-stay inpatient treatment;
- residential treatment;
- day treatment and/or in-home treatment;

- case management and medication management services;
- family support services;
- after-school programs;
- skills training and support services for children and families;
- clubs and other community-based continuing care services; and
- through June 30, 2009, cCollaborative Assessment Program (CAP) services (specialized services for children with severe mental health concerns who are at serious risk for out-of-home placements).¹¹

The Juvenile Forensic Transition Initiative, a DMH-DYS partnership¹²

For some DYS-involved youth, access to DMH services is pursued by DYS in collaboration with a DMH Juvenile Forensic Transition Team (FTT) staff member while the youth is still confined. The Juvenile Forensic Transition Team Initiative is a program in which DYS and DMH collaborate to better serve DYS committed youth with psychiatric challenges that may make them eligible for DMH services as they prepare to reenter the community.

Three to six months prior to community re-entry, DYS Clinical Coordinators will identify youth who might meet the criteria for DMH services.¹³ The DYS Clinical Coordinators will then contact the DMH Juvenile FTT staff member to initiate the DMH eligibility process. FTT staff and DYS will complete a DMH eligibility determination and complete a community re-entry plan prior to the youth's release from secure treatment. If the DYS committed youth is already DMH eligible, the FTT staff member will work with DMH staff in re-entry planning, including making a determination of whether the youth will receive an extension of eligibility past age 19 (based upon the earlier eligibility for Child/Adolescent DMH services), or if an application should be made for DMH adult services eligibility.

While the Juvenile FTT program currently focuses upon youth with significant mental illness in DYS secure treatment settings, the ultimate goal is to expand the FTT process to DYS youth served in other treatment settings and in the community.

Accessing substance abuse services

Substance abuse treatment should be available to all DYS-involved youth being served in the community who need such services. Services may be provided by DYS or arranged through the Department of Public Health's Bureau of Substance Abuse Services.


DYS services

DYS contracts with the Institute for Health Recovery (IHR) to provide substance abuse care coordination and referral in each DYS region. IHR has sought to provide a substance abuse clinician for each DYS region to provide services at both long-term locked programs and Community Re-entry Centers.¹⁴ This arrangement is intended to allow clinicians to establish therapeutic alliances with youth in DYS long-term treatment programs and then to work more closely with them once they re-enter their communities.¹⁵ When youth are identified as having a significant substance abuse problem and released to the community, a specific substance abuse plan is developed.¹⁶


Bureau of Substance Abuse Services

In addition to the substance abuse services provided by DYS run or contracted programs, the Department of Public Health's Bureau of Substance Abuse Services (BSAS) also coordinates a range of substance abuse services, including mental health services for conditions related to substance abuse. These services are provided in schools, community agencies and health centers, neighborhood centers or other community-based locations.

Most outpatient substance abuse programs available through BSAS provide services regardless of a youth's insurance coverage. Certain community-based programs may be limited to youth in the program's community. There may be a wait to obtain services.

 **Tip for families:** To access adolescent outpatient substance abuse programs services, call the Massachusetts Substance Abuse Information and Education Helpline at (800) 327-5050. You also can read about the available services at the web site of the BSAS's Office of Youth and Young Adult Services at http://www.mass.gov/dph/bsas/treatment/young_adult_services.htm.


Among the services that BSAS coordinates are five short-term (an average of 90 days) residential treatment programs.¹⁷ There are girls' programs in Worcester and Lawrence and boys' programs in Danvers, Springfield, and Boston.¹⁸ There is also one recovery Home in South Boston for youth that offers gender-specific care.¹⁹ These programs are limited to high-risk teenagers, ages 13 to 17, whose issues have not been resolved in less intense, community-based levels of care.²⁰

 **Tip for families:** It is important to remember that if your child is still under DYS supervision, he will continue to be supervised by his DYS caseworker, even while he resides at one of these residential programs. He also will continue to be subject to the conditions of his grant of conditional liberty.

To access these residential programs, there is a process one must follow. Youth that exhibit high risk behavior must undergo a full substance abuse assessment by an approved outpatient adolescent services provider.²¹ If the assessment indicates the need for residential substance abuse treatment, the assessment is forwarded to a central intake coordinator, located at the Institute for Health and Recovery in Cambridge.²² The coordinator reviews referrals and coordinates admission. If an alternative program is appropriate, the coordinator will offer suggestions.²³

The residential programs are voluntary (i.e., youth sign themselves in).²⁴ The programs function like a group home.²⁵ The programs do not use behavior modification or restraint, so youth must be able to maintain self-control in order to be eligible for a slot.²⁶

Families will be asked to share the cost of residential treatment based on a sliding scale.²⁷ Family contribution, if any, will be arranged with the program based on individual circumstances.²⁸

 **Tip for families:** To locate an approved provider to conduct an assessment of the need for residential services or to learn more about the referral process, contact the Massachusetts Substance Abuse Information and Education Helpline at (800) 327-5050.

Substance abuse testing

Drug testing of DYS youth in the community may occur when health care providers determine that testing is clinically appropriate due to individual needs.²⁹ Testing is done when a medical provider determines that it is medically necessary as part of an individual substance abuse

treatment plan.³⁰ A graduated sanctions policy is in place for youth who test positive. For further discussion of drug testing in community programs, see the section on “Drug Testing” in the chapter entitled “Mental Health and Substance Abuse Services During Confinement.”

Endnotes

- 1 104 CMR 19.04(3).
- 2 104 CMR 19.04(4).
- 3 104 CMR 29.04(3)(a).
- 4 104 CMR 29.04(3)(a).
- 5 DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), [http: www.mass.gov/dmh](http://www.mass.gov/dmh).
- 6 104 CMR 29.04(3)(b).
- 7 104 CMR 29.04(3)(b).
- 8 104 CMR 29.04(3)(b).
- 9 DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), [http: www.mass.gov/dmh](http://www.mass.gov/dmh).
- 10 DMH, Guidelines for Eligibility for Mental Health Services (January 1, 2000), [http: www.mass.gov/dmh](http://www.mass.gov/dmh).
- 11 DMH, Our Organization, <http://www.mass.gov/dmh>.
- 12 Information in this section is based upon correspondence from Robert Kinscherff, Department of Mental Health to MHLAC (Feb. 2007).
- 13 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
- 14 DYS, 2005 Annual Report (Mar. 2007), http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf, at 24.
- 15 DYS, 2005 Annual Report (Mar. 2007), http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf, at 24.
- 16 DYS, 2005 Annual Report (Mar. 2007), http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf, at 24.
- 17 Institute for Health and Recovery, DPH Adolescent Residential Substance Abuse Treatment Programs Overview (undated).
- 18 Institute for Health and Recovery, DPH Adolescent Residential Substance Abuse Treatment Programs Overview (undated).
- 19 Institute for Health and Recovery, DPH Adolescent Residential Substance Abuse Treatment Programs Overview (undated).
- 20 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007).
- 21 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007).
- 22 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007).
- 23 Institute For Health and Recovery, Youth Substance Abuse Treatment Programs: Fact Sheet for State Agencies and the Courts (rev. 03/29/2007).
- 24 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).
- 25 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).
- 26 Telephone conversation with Maggie Giles, Director of Youth Services, Central Intake Coordinator, Institute for Health and Recovery (Feb. 20, 2007).
- 27 Institute for Health and Recovery, Pre-Admission Checklist (undated).
- 28 Institute for Health and Recovery, Pre-Admission Checklist (undated).
- 29 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).
- 30 DYS correspondence to MHLAC (Jan. 14, 2008).

