

**Appendix G:  
Behavioral Health**

**Exhibit 1: MassHealth Emergency Services Programs (ESPs) Provider List  
As of 07/31/2019**

<b>BOSTON</b>		
<b>Area: Boston</b>		<b>24-hour access number: (800) 981-4357</b> <b>Centralized fax number: (617) 414-8306</b>
<b>ESP Provider: Boston Medical Center/Boston Emergency Services Team (B.E.S.T.)</b>		
<b>ESP Director:</b> Tasha Ferguson (617) 414-8379 Tasha.Ferguson@bmc.org <b>Assistant ESP Director:</b> Elizabeth Lindblad (617) 414-8307 Elizabeth.piper@bmc.org <b>Mobile Crisis Intervention Manager: TBD</b>		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>BEST Community-Based Location</b> 85 E. Newton Street Boston, MA 02118 (800) 981-4357 (617) 414-8336 Fax (617) 414-8333	<b>7 a.m. - 11 p.m. weekdays</b> <b>9 a.m. - 5 p.m. weekends</b>	Boston (Dorchester, South Boston, Roxbury, West Roxbury, Jamaica Plain, Mattapan, Roslindale, Hyde Park, Lower Mills), Brighton, Brookline, Charlestown, Chelsea, East Boston, Revere, and Winthrop
<b>BEST Community-Based Location</b> 25 Staniford Street Boston, MA 02114 (800) 981-4357 (617) 523-1529 Fax (617) 523-1207	<b>7 a.m. - 5 p.m. weekdays</b>	
<b>BEST/Boston Medical Center</b> 818 Harrison Ave Boston, MA 02118 (800) 981-4357 (617) 414-7612 Fax (617) 414-4209	<b>24/7</b>	
<b>BEST/Mass General Hospital</b> 55 Fruit Street Boston, MA 02114 (800) 981-4357 (617) 726-2994 Fax (617) 724-3727	<b>24/7</b>	
<b>BEST Community Crisis Stabilization Program</b> 20 Vining St. Boston, MA 02118 (800) 981-4357 (617) 371-3000 Fax (617) 516-5070	<b>24/7</b>	
<b>BEST Community Crisis Stabilization Program</b> 85 E. Newton Street Boston, MA 02118 (800) 981-4357 (617) 371-3000 Fax (617) 414-8319	<b>24/7</b>	

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<b>METRO BOSTON</b>		
<b>Area: Cambridge Somerville</b>		<b>24-hour access number: (800) 981-4357</b>
<b>Provider: Boston Medical Center/Cambridge Somerville Emergency Services Program (C.S.E.S.P.)</b>		
<b>ESP Director:</b> Tasha Ferguson (617) 414-8379 Tasha.Ferguson@bmc.org Direct Fax: (617) 414-4769		
<b>Assistant ESP Director:</b> Elizabeth Lindblad Elizabeth.piper@bmc.org 617-414-8307		
<b>Mobile Crisis Intervention Manager:</b> TBD		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>CSESP Community-Based Location</b> 660 Broadway Somerville, MA 02145 (800) 981-4357 (617) 616-5111 Fax (617) 623-1817	<b>7 a.m. - 11 p.m. weekdays</b> <b>8 a.m. - 4 p.m. weekends</b>	Cambridge and Somerville
<b>CSESP / Cambridge Hospital</b> 1493 Cambridge Street Cambridge, MA 02139 (800) 981-4357 (617) 665-1560 Fax (617) 616-5410	<b>24/7</b>	
<b>Area: Norwood</b>		<b>24-hour access number: (800) 529-5077</b>
<b>ESP Provider: Riverside Community Care</b>		
<b>ESP Director:</b> Chris Lauzon (800) 529-5077 clauzon@riversidecc.org		
<b>Assistant ESP Director:</b> Caitlyn Collins (781) 769-8674 ccollins@riversidecc.org		
<b>Mobile Crisis Intervention Manager:</b> Evan Marcus (781) 769-8674 emarcus@riversidecc.org		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>Riverside Community-Based Location</b> 190 Lenox Street Norwood, MA 02062 (800) 529-5077 (781) 769-8674 Fax (781) 440-0740	<b>8 a.m. - 8p.m.</b> <b>7 days/week</b>	Canton, Dedham, Dover, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, and Wrentham
<b>Riverside Community-Based Location</b> 15 Beacon Ave Norwood, MA 02062 (800) 529-5077 (781) 769-8674 Fax (781) 769-6072	<b>8 a.m. - 8p.m.</b> <b>7 days/week</b>	
<b>Riverside Community Crisis Stabilization Program</b> 15 Beacon Ave Norwood, MA 02062 (800) 529-5077 (781) 769-1342 Fax (781) 769-0197	<b>24/7</b>	
<b>Area: South Shore</b>		<b>24-hour access number: (800) 528-4890</b>
<b>ESP Provider: South Shore Mental Health (SSMH)</b>		
<b>ESP Director:</b> Colleen Babson (617) 774-6036 cbabson@ssmh.org		
<b>Mobile Crisis Intervention Manager:</b> Nathalie Bailey (617) 774-6036 nbailey@ssmh.org		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>SSMH Community-Based Location</b> 460 Quincy Ave Quincy, MA 02169 (800) 528-4890 (617) 774-6036 Fax (617) 479-0356	<b>24/7</b>	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, and Weymouth
<b>SSMH Community Crisis Stabilization Program</b> 460 Quincy Ave Quincy, MA 02169 (800) 528-4890 (617) 774-6036 Fax (617) 479-0356	<b>24/7</b>	

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<b>WESTERN MASSACHUSETTS</b>		
<b>Area: The Berkshires</b>		<b>24-hour access number: (800) 252-0227</b>
<b>ESP Provider: The Brien Center for Mental Health and Substance Abuse</b>		
<b>ESP Director:</b> Rebecca Phelps (413) 629-1062 <a href="mailto:Rebecca.Phelps@briencenter.org">Rebecca.Phelps@briencenter.org</a>		
<b>Mobile Crisis Intervention Manager:</b> April Gardner (413) 447-2024 <a href="mailto:april.gardner@briencenter.org">april.gardner@briencenter.org</a>		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>The Brien Center Community-Based Location</b> 34 Pomeroy Ave Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 499-0995	<b>24/7</b>	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, and Windsor
<b>The Brien Center Community-Based Location</b> 66 West Street Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 447-3245	<b>8 a.m. - 12 a.m. 7 days/week</b>	
<b>The Brien Center Community-Based Location</b> 124 American Legion Drive North Adams, MA 01247 (800) 252-0227 (413) 664-4541 Fax (413) 662-3311	<b>9 a.m. - 5 p.m. weekdays</b>	
<b>The Brien Center Community-Based Location</b> 60 Cottage Street Great Barrington, MA 01230 (800) 252-0227 (413) 664-4541 Fax (413) 528-8187	<b>9 a.m. - 5 p.m. weekdays</b>	
<b>The Brien Center Community Crisis Stabilization Program</b> 34 Pomeroy Ave Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 499-0995	<b>24/7</b>	
<b>Area: Greenfield</b>		<b>24-hour access number: (800) 562-0112</b>
<b>ESP Provider: Clinical &amp; Support Options</b>		
<b>ESP Director:</b> Dan Sontag (413) 774-5411 <a href="mailto:dsontag@csoinc.org">dsontag@csoinc.org</a> Fax: (413) 773-8429		
<b>Assistant Program Director:</b> Kristin Smith (413) 774-5411 <a href="mailto:kristinsmith@csoinc.org">kristinsmith@csoinc.org</a>		
<b>Mobile Crisis Intervention Manager:</b> Ashley Adam (413) 774-5411 <a href="mailto:ashley.adam@csoinc.org">ashley.adam@csoinc.org</a>		
<b>Service Locations</b>	<b>Operating Hours</b>	<b>Cities/Towns in Area</b>
<b>Clinical &amp; Support Options Community-Based Location</b> 298 Federal St., Condo B3 Greenfield, MA 01301 (800) 562-0112 (413) 774-5411 Fax (413) 773-8429	<b>24/7</b>	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, Shutebury, Sunderland, Turners Falls, Warwick, Wendell, and Whately
<b>Clinical &amp; Support Options Community-Based Location</b> 491 Main Street Athol, MA 01331 (800) 562-0112 (978) 249-9490 Fax (978) 249-3139	<b>8 a.m. - 8 p.m. weekdays</b>	
<b>Clinical &amp; Support Options Community Crisis Stabilization Program</b> 298 Federal St., Condo B3 Greenfield, MA 01301 (800) 562-0112 (413) 774-5411 Fax (413) 773-8429	<b>24/7</b>	



# CENTRAL MASSACHUSETTS

**Area: Metro West**

**24-hour access number: (800) 640-5432**

**ESP Provider: Advocates**

**ESP Director:** John DeRonck (508) 661-2043 [jderonc@advocatesinc.org](mailto:jderonc@advocatesinc.org)

**ESP Director:** Carla Antonellis (781) 893-2003 [cantonellis@advocatesinc.org](mailto:cantonellis@advocatesinc.org)

**Mobile Crisis Intervention Manager:** Kimberly Ward (508) 620-0010 x109 [Kimberly\\_ward@waysideyouth.org](mailto:Kimberly_ward@waysideyouth.org)

Service Locations	Operating Hours	Cities/Towns in Area
<b>Advocates Community-Based Location</b> 354 Waverly Street Framingham, MA 01702 (800) 640-5432 (508) 872-3333 Fax (508) 875-2600	24/7	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, and Woburn
<b>Advocates Community-Based Location</b> 28 Mill Street Marlboro, MA 01752 (800) 640-5432 (508) 786-1584 Fax (508) 786-1585	24/7	
<b>Advocates Community-Based Location</b> 675 Main Street Waltham, MA 02451 (800) 540-5806 (781) 893-2003 Fax (781) 647-0183	24/7	
<b>Advocates Community Crisis Stabilization Program</b> 28 Mill Street Marlboro, MA 01752 (800) 640-5432 (508) 786-1580	24/7	

**Area: North County**

**24-hour access number: (800) 977-5555**

**ESP Provider: Community HealthLink, Inc.**

**ESP Director:** Matthew Walsh (508) 373-7982 [mwalsh02@communityhealthlink.org](mailto:mwalsh02@communityhealthlink.org)

**Mobile Crisis Intervention Manager:** Wendy Martel (978) 840-9340 [wmartel@communityhealthlink.org](mailto:wmartel@communityhealthlink.org)

Service Locations	Operating Hours	Cities/Towns in Area
<b>Community HealthLink, Inc. Community-Based Location</b> 40 Spruce Street Leominster, MA 01453 (800) 977-5555 (978) 534-6116 Fax (978) 537-4966	24/7	Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon
<b>Community HealthLink, Inc. Community Crisis Stabilization Program</b> 40 Spruce Street Leominster, MA 01453 (800) 977-5555 (978) 534-6116 Fax (978) 534-3294	24/7	

## CENTRAL MASSACHUSETTS (continued)

**Area: South County                      24-hour access number: (800) 294-4665**

**ESP Provider: Riverside Community Care**

**ESP Director:** Amanda Rutherford (508) 634-3420 arutherford@riversidecc.org  
**Mobile Crisis Intervention Manager:** Karen Corson (508) 634-3420 kcorson@riversidecc.org

Service Locations	Operating Hours	Cities/Towns in Area
<b>Riverside Community-Based Location</b> 32 Hamilton St. Milford, MA 01757                      (800) 294-4665 (508) 634-3420 Fax (508) 533-2462	<b>24/7</b>	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, and West Brookfield
<b>Riverside Community-Based Location</b> 206 Milford Street Upton, MA 01568                      (800) 294-4665 (508) 634-3420 Fax (508) 533-2462	<b>9 a.m. - 8 p.m. weekdays</b>	
<b>Riverside/Harrington Memorial Hospital</b> 100 South Street Southbridge, MA 01550                      (800) 294-4665 (508) 765-3035 Fax (508) 533-2462	<b>24/7</b>	
<b>Riverside Community Crisis Stabilization Program</b> 32 Hamilton St. Milford, MA 01757                      (800) 294-4665 (508) 422-8095 Fax (978) 533-2462	<b>24/7</b>	

**Area: Worcester                      24-hour access number: (866) 549-2142**

**ESP Provider: Community Healthlink, Inc.**

**ESP Director:** Janeane Daniels (978) 401-3820 jdaniels@communityhealthlink.org  
**Mobile Crisis Intervention Manager:** Lori Simkowitz-Lavigne (774) 312-2474 lsimkowitz-lavigne@communityhealthlink.org

Service Locations	Operating Hours	Cities/Towns in Area
<b>Community HealthLink, Inc. Community-Based Location</b> 12 Queen St. Thayer Building, 2nd floor Worcester, MA 01610                      (866) 549-2142 (508) 860-1283 Fax (508) 304-6277	<b>24/7</b>	Auburn, Boylston, Grafton, Holden, Leicester, Milbury, Paxton, Shrewsbury, Spencer, West Boylston, and Worcester
<b>UMASS Memorial Medical Center</b> 55 Lake Avenue North Worcester, MA 01655                      (866) 549-2142 (508) 334-3562 Fax (508) 856-1695	<b>24/7</b>	
<b>Community HealthLink, Inc. Community Crisis Stabilization Program</b> 72 Jaques Ave Thayer Building, 2nd floor Worcester, MA 01610                      (866) 549-2142 (508) 860-1283 Fax (508) 421-9370	<b>24/7</b>	

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## NORTHEASTERN MASSACHUSETTS

**Area: North Essex                      24-hour access number: (866) 523-1216**

**ESP Provider: Lahey/Northeast Behavioral Health**

**ESP Director: Ellen Jarmusik (978) 744-1585    Ellen.M.Jarmusik@Lahey.org**

**Assistant ESP Director: Haskell Brooks (978) 521-7777    E.H.Brooks@Lahey.org**

**Mobile Crisis Intervention Manager: TBD**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Lahey/NBH Community-Based Location</b> 62 Brown St., Suite 305 Haverhill, MA 01830                      (800) 281-3223 (978) 521-7777 Fax : (978) 521-7767	<b>8 a.m. - 8 p.m. M-Th</b> <b>8 a.m. - 5 p.m. Fri</b>	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, and West Newbury
<b>Lahey/NBH Community-Based Location</b> 35 Congress St., Suite 2150 Salem, MA 01970                      (866) 523-1216 (978) 744-1585 Fax (978) 744-1379	<b>24/7</b>	
<b>Lahey/NBH/Salem Hospital - North Shore Medical Center</b> 81 Highland Avenue Salem, MA 01970                      (866) 523-1216 (978) 354-4550 Fax (978) 745-9021	<b>24/7</b>	
<b>Lahey/NBH Community Crisis Stabilization program</b> 35 Congress St., Suite 2150 Salem, MA 01970                      (866) 523-1216 (978) 744-1585 Fax (978) 744-1379	<b>24/7</b>	

**Area: Lawrence                              24-hour access number: (877) 255-1261**

**ESP Provider: Lahey/Northeast Behavioral Health**

**ESP Director: Tyrone Scott (978) 620-1250    Tyrone.scott@Lahey.org**

**Mobile Crisis Intervention Manager: Suzanne McPhail 978-620-1250    suzanne.b.macphail@Lahey.org**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Lahey/NBH Community-Based Location</b> 12 Methuen St., 2nd Floor Lawrence, MA 01841                      (877) 255-1261 (978)-620-1250 Fax (978) 682-9333	<b>8 a.m. - 12 a.m.</b> <b>7 days/week</b>	Andover, Lawrence, Methuen, and North Andover
<b>Lahey/NBH Community Crisis Stabilization Program</b> 12 Methuen St., 2nd Floor Lawrence, MA 01841                      (877) 255-1261 (978)-620-1250 Fax (978) 682-9333	<b>24/7</b>	

**Area: Lowell                                      24-hour access number: (800) 830-5177**

**ESP Provider: Lahey/Northeast Behavioral Health**

**ESP Director: Kate Bergeron (978) 455-3397    Kathryn.Bergeron@Lahey.org**

**Mobile Crisis Intervention Manager: Alyson Arcand (978) 455-3397**  
 alyson.m.arcand@lahey.org

Service Locations	Operating Hours	Cities/Towns in Area
<b>Lahey/NBH Community-Based Location</b> 391 Varnum Ave Lowell, MA 01854                      (800) 830-5177 (978) 455-3397 Fax (978) 459-9096	<b>8 a.m. - 8 p.m.</b> <b>7 days/week</b>	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, and Westford
<b>Lahey/NBH Community Crisis Stabilization Program</b> 391 Varnum Ave Lowell, MA 01854                      (800) 830-5177 (978) 455-3397 Fax (978) 459-9096	<b>24/7</b>	



## NORTHEASTERN MASSACHUSETTS (continued)

**Area: Tri-City**

**24-hour access number: (800) 988-1111**

**ESP Provider: Eliot Community Services**

**ESP Director: Zachary Thompson (781) 581-4422 zthompson@eliotchs.org**

**Mobile Crisis Intervention Manager: Donna Kausek (781) 581-4493 dkausek@eliotchs.org**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Eliot Community-Based Location</b> 95 Pleasant Street Lynn, MA 01901 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	<b>8 a.m. - 8 p.m. weekdays</b> <b>9 a.m. - 6 p.m. weekends</b>	Everett, Lynn, Lynnfield, Malden, Medford, Melrose, Nahant, North Reading, Reading, Saugus, Stoneham, Swampscott, and Wakefield
<b>Eliot Community-Based Location</b> 173 Chelsea Street Everett, MA 02149 (800) 988-1111 (781) 388-6220 Fax (781) 581-9876	<b>8 a.m. - 8 p.m. weekdays</b>	
<b>Eliot Community Crisis Stabilization Program</b> 95 Pleasant Street Lynn, MA 01901 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	<b>24/7</b>	

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## SOUTHEASTERN MASSACHUSETTS

**Area: Southern Coast      24-hour access number: (877) 996-3154**

**ESP Provider: Child and Family Services of New Bedford**

**ESP Director: Pam Bolarinho (508) 996-3154   pbolarinho@cfservices.org**

**Mobile Crisis Intervention Manager: Matthew Boyd (508) 996-3154   mboyd@cfservices.org**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Child and Family Services Community-Based Location</b> 543 North Street New Bedford, MA 02740      (877) 996-3154 (508) 996-3154 Fax (508) 991-8082	<b>24/7</b>	Acushnet, Carver, Dartmouth, Duxbury, Fairhaven, Halifax, Hanover, Hanson, Kingston, Marion, Marshfield, Mattapoisett, New Bedford, Pembroke, Plymouth, Plympton, Rochester, and Wareham
<b>Child and Family Services Community-Based Location</b> 202 South Meadow Rd., Unit 5B Plymouth, MA 02360      (877) 996-3154 (508) 747-8833 Fax (508) 747-8835	<b>24/7</b>	
<b>Child and Family Services Community Crisis Stabilization Program</b> 543 North Street New Bedford, MA 02740      (877) 996-3154 (508) 996-3154 Fax (508) 991-8082	<b>24/7</b>	

**Area: Brockton      24-hour access number: (877) 670-9957**

**ESP Provider: Community Counseling of Bristol County (CCBC) Brockton**

**ESP Director: Courtney Matto (508) 897--2100   cmatto@comcounseling.org**

**Mobile Crisis Intervention Manager: Gayle Kirk (508) 580-0801   gkirk@comcounseling.org**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Community Counseling of Bristol County Community-Based Location</b> 56 Cherry Street Brockton, MA 02301      (877) 670-9957 (508) 580-0801 Fax (508) 580-0690	<b>8 a.m. - 8 p.m.</b>	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, and Whitman
<b>CCBC Crisis Stabilization Program TBD</b> (877) 670-9957	<b>24/7</b>	

**Area: Cape Cod and The Islands      24-hour access number: (833) 229-2683**

**ESP Provider: Baycove / Cape Cod & the Islands Emergency Services**

**Service Director: Lori Myles (508) 815-5375   lmyles@baycove.org**

**ESP Director: Jamie Shorten (508) 815-5373   jshorten@baycove.org**

**Mobile Crisis Intervention Manager: Rebecca Stanley (508) 815-5373   rstanley2@baycove.org**

Service Locations	Operating Hours	Cities/Towns in Area
<b>Cape Cod Community-Based Location</b> 270 Communication Way, Unit 1E Hyannis, MA 02601 (508) 815-5373 Fax (508) 815-5361	<b>7 a.m. - 11 p.m. weekdays 9 a.m. - 5 p.m. weekends</b>	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, and Yarmouth
<b>Martha's Vinyard Community-Based Location</b> 111 Edgartown Road Vineyard Haven, MA 02568 (508) 693-7900 Fax (508) 696-0401	<b>7 a.m. - 11 p.m. weekdays 9 a.m. - 5 p.m. weekends</b>	
<b>Nantucket Community-Based Location</b> 35 Old South Road Nantucket, MA 02554 (508) 228-3955 Fax (774) 763-6055	<b>7 a.m. - 11 p.m. weekdays 9 a.m. - 5 p.m. weekends</b>	
<b>Cape Cod Community Crisis Stabilization Program</b> 270 Communication Way, Unit 1E Hyannis, MA 02601 (508) 790-4094 Fax (508) 790-0899	<b>24/7</b>	

## SOUTHEASTERN MASSACHUSETTS (continued)

<b>Area: Fall River      24-hour access number: (877) 425-0048</b>		
<b>ESP Provider: Boston Medical Center (BMC) / Fall River Emergency Services</b>		
<b>Clinical Director:</b> Elizabeth Mandell    elizabeth.mandell@bmc.org <b>ESP Director:</b> Julie Sanders    (508)-985-6630    jsanders@baycove.org <b>Mobile Crisis Intervention Manager:</b> Julius Franco    (508)-985-6630    jfranco@baycove.org		
Service Locations	Operating Hours	Cities/Towns in Area
<b>Boston Medical Center (BMC) Fall River Emergency Services</b> 49 Hillside Street Fall River, MA 02720      (877) 425-0048 (508)-985-6630 Fax (508) 235-7345	<b>24/7</b>	Fall River, Freetown, Somerset, Swansea, and Westport
<b>Child and Family Services Community Crisis Stabilization Program</b> 543 North Street New Bedford, MA 02740 (508) 996-3154 Fax (508) 991-8082	<b>24/7</b>	
<b>Area: Taunton/Attleboro      24-hour access number: (800) 660-4300</b>		
<b>ESP Provider: Community Counseling of Bristol County (CCBC) Taunton Attleboro</b>		
<b>ESP Director:</b> Andee Peters-Kurtz    (508) 285-9400    apeters-kurtz@comcounseling.org <b>Mobile Crisis Intervention Manager:</b> Melissa Riley    (508) 285-9400 mriley@comcounseling.org		
Service Locations	Operating Hours	Cities/Towns in Area
<b>Community Counseling of Bristol County (CCBC) Taunton Attleboro Community-Based Location</b> 108 West Main St., Bldg. #2 Norton, MA 02766      (800) 660-4300 (508) 285-9400 Fax (508) 285-6573	<b>8 a.m. - 8 p.m.</b>	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleborough, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, and Taunton
<b>Community Counseling of Bristol County (CCBC) Taunton Attleboro Crisis Stabilization Program</b> 108 West Main St., Bldg. #2 Norton, MA 02766      (800) 660-4300 (508) 285-9400 Fax (508) 285-6573	<b>24/7</b>	

Every ESP provides behavioral health crisis assessment, intervention and stabilization services, 24 hours per day/7 days per week/365 days per year, through 4 service components: Mobile Crisis Intervention (MCI) services for youth, adult mobile services, ESP community based locations, and community crisis stabilization (CCS) services for ages 18 and over. The operating hours for the ESP community based locations and CCS programs are noted above. The operating hours for Mobile Crisis Intervention services for youth are 24 hours per day/7 days per week at any and all locations. The operating hours for adult mobile services are 24 hours per day/7 days per week: during this time period, mobile services will be available from 7 a.m. to 8 p.m. at any/all locations, and from 8 p.m. to 7 a.m. this service will be available in residential programs and hospital emergency departments.

All ESP service components and locations may be accessed through the ESP's toll free number. Where applicable, local numbers for specific locations have also been provided above. It is recommended that individuals and families call the ESP's toll free number first, so the ESP can help them access the most appropriate services. Please refer to [www.masspartnership.com](http://www.masspartnership.com) and click on "ESP" on the left side of the homepage for more information including updates to this directory.

**Exhibit 2: State-Operated Community Mental health Centers**

Brockton Multi-Service Center 165 Quincy Street Brockton, MA 02402
John C. Corrigan Mental Health Center 49 Hillside Street Fall River, MA 02729
Mass. Mental Health Center 75 Fenwood Rd, Boston, MA 02115
Pocasset Mental Health Center 830 Country Road Pocasset, MA 02559

**Exhibit 3: State Operated Facilities Providing Inpatient Mental Health Services, Outpatient Behavioral Health Services, and Diversionary Behavioral Health Services**

<b>Type of Service/Appendix C Category</b>	<b>Provider Name</b>	<b>Location</b>	<b>NPI</b>	<b>Claim Form<sup>1</sup></b>	<b>Service</b>
Hospital Based Services	Cape Cod and Islands Mental Health Center	Pocasset	1851477491	UB04	Inpatient Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1700964947	UB04	Inpatient Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1194803288	UB04	Outpatient Services*
Hospital Based Services	Cape Cod and Islands Mental Health Center	Pocasset	1851477491	1500	Professional Services
Hospital Based Services	Corrigan Mental Health Center	Fall River	1700964947	1500	Professional Services
Diversionary Services	Substance Abuse Program "WRAP"	Taunton	1508212416	1500	Acute Treatment Services
Diversionary Services	Substance Abuse Program "WRAP"	Taunton	1508212416	1500	Clinical Support Services
Clinic services	Brockton MultiService Center	Brockton	1326155458	1500	Clinic
Clinic services	MassMental Health Center	Boston	1073638805	1500	Clinic

<sup>1</sup> Professional services are also billed for these programs on a 1500 claim form.

**Exhibit 4: Public and Private Institutions for Mental Disease (IMD)<sup>2</sup>**

**Private IMDs – Inpatient Hospital Services**

*(As of May 2019)*

<b>Provider ID</b>	<b>Hospital Name</b>	<b>NUM_TAX_ID</b>	<b>Provider Type</b>
110026750A	Adcare Hospital of Worcester	042053042	74
110020804E	Arbour Hospital	232238962	73
110027416A	Arbour HRI Hospital Inc	232238958	73
110027414A	Bournewood Hospital	042844287	73
	Brattleboro Retreat Hospital (VT)		73
110027429A	Fuller Hospital	232801395	73
110032615B	Hampstead Hospital (NH)		73
110150907B	Haverhill Pavilion		73
110150798B	Hospital for Behavioral Medicine		73
110027417A	McLean Hospital (Partners HealthCare)	042697981	73
110027393D	Pembroke Hospital		73
110105912B	Southcoast Behavioral Health		73
110027437A	Walden Behavioral Care	200060125	73
110119411A	TaraVista Behavioral Health Care		73
110131276B	Westborough Behavioral Healthcare Hospital		73

**Public IMDs - State-Owned Non-Acute Hospitals Operated by the Department of Mental Health**

*(As of June 2014)*

<b>Provider ID</b>	<b>DMH Hospital Name</b>
110000091G	SC Fuller Mental Health Center
110000084H	Taunton State Hospital
110000091D	Worcester State Hospital

<sup>2</sup> In accordance with 42 CFR 438.3(e)(2) and 438.6(e)

## Exhibit 5

### DEPARTMENT OF MENTAL HEALTH DIVISION OF CLINICAL AND PROFESSIONAL SERVICES LICENSING DIVISION – BULLETIN #19-01 March 1, 2019

#### Clinical Competencies/Operational Standards for DMH Licensed Inpatient Facilities

This bulletin, and the attachments hereto are issued pursuant to Department of Mental Health (DMH) regulations 104 CMR 27.03(5)&(8), which provide that DMH “may establish clinical competencies and additional operational standards for care and treatment of patients admitted to facilities<sup>3</sup> licensed pursuant to 104 CMR 27.00, including for specialty populations.” The purpose of this regulatory provision is to assist the Department in assuring that DMH licensed facilities have the capability to provide the level of care needed by individuals who meet criteria for inpatient hospitalization, thereby increasing access to services required by citizens of the Commonwealth.

The attached clinical competencies/standards were developed by a broad stakeholder group that included DMH clinical and licensing staff, representatives of DMH licensed facilities, public and commercial payers, and professional trade associations. They are intended as guidelines to inform practice and to provide a baseline for DMH licensing reviews of individual facility’s compliance with licensing regulations. The competencies/standards cover the following areas:

- Clinical Competencies/ Operational Standards Related to Co-occurring Medical Conditions: Psychiatric units within General Hospitals
- OMITTED
- Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk
- Clinical Competencies/ Operational Standards Related to Co-occurring Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ID/DD)
- Clinical Competencies/ Operational Standards Related to Co-occurring Substance Use Disorders (SUD)

While it is expected that all facilities will generally be able to meet the clinical competencies/standards (including provision of services and equipment), it is not necessarily expected that each facility will have the resources or staff available at all times to meet all competencies and standards at all times, as circumstances within facility at any given time may limit its ability to be in compliance. Facilities must, however, have a plan in place to provide additional staff coverage or equipment as may be needed to facilitate admission of patients who require such coverage or equipment, and should be prepared to engage with public and commercial payers proactively as indicated.

The DMH Licensing Division will begin referring to the attached competencies/standards in its licensing reviews beginning May 1, 2019.

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<sup>3</sup> The term “facility” as used in this bulletin includes DMH licensed units within general hospitals.

Questions regarding this bulletin should be directed to the DMH Licensing Division at 617-626-8117 or [DMH.Licensing@massmail.state.ma.us](mailto:DMH.Licensing@massmail.state.ma.us).

Attachments:

Clinical Competencies/ Operational Standards Related to Co-occurring Medical Conditions: Psychiatric units within General Hospitals

OMITTED

Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk

Clinical Competencies/ Operational Standards Related to Co-occurring Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ ID/ DD)

Clinical Competencies/ Operational Standards Related to Co-occurring Substance Use Disorders (SUD)



# ***Department of Mental Health***

## ***Inpatient Licensing Division***

### ***Clinical Competencies/ Operational Standards Related to Co-Occurring Medical Conditions***

#### ***Psychiatric Units within General Hospitals***

Psychiatric units in general hospitals are expected to have the capability, or the ability to secure the capability within a reasonable period of time (in hours or, for very complex medical care needs, days), to provide necessary medical care to patients requiring inpatient psychiatric hospitalization who also have medical conditions requiring the following services.

**Each inpatient psychiatric unit in a general hospital shall have policies to assure that it has the capacity to provide care for persons with the following medical needs or conditions. If resources are not immediately available for patients with certain medical conditions, the facility must have a plan to secure the resources necessary to provide the care (e.g., securing “just in time” training for nurses from a specialty nurse educator, availability of a specialist to consult with the attending psychiatrist, etc.) through training, supplemental staff, etc. within a reasonable period of time:**

- Intravenous (IV) hydration
- Continuous Positive Airway Pressure (CPAP)
- Diabetes Care
- Oxygen Therapy
- Alcohol Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Opiate Detoxification (See specific competencies required for treatment of co-occurring Substance Use Disorders)
- Methicillin-resistant Staphylococcus aureus (MRSA) or other antibiotic-resistant infections or communicable infections
- Assistive devices/specialty equipment (e.g., walkers, canes, wheelchairs, hospital beds, specialty mattresses)
- Occupational Therapy (OT)/ Physical Therapy (PT)
- Anticoagulation therapies
- Eating disorders
- Incontinence
- Foley catheter
- Ostomy care
- Seizures – History and/ or risk of
- Respiratory conditions
- Wound care (any stage)
- Patient in need of in-house Lab services
- Patient in need of internal medicine resources on site

Each facility shall ensure that all staff designated to provide the listed services receive education and demonstrate competencies (i.e., upon hire, as needed, and/ or annually) that are consistent with their role in patient care regarding the above competencies. Each facility shall further ensure that medical and nursing care staff are trained in and can demonstrate knowledge of the facility's policy or plan for securing the resources necessary to provide the listed services and to provide just-in-time training to all staff who will provide care to the patient being admitted.

DMH recognizes that some capabilities may be beyond the capacity of certain general inpatient units within general hospitals. It is necessary; however, that these capabilities be present within the Commonwealth's hospital system, even if they may require extra resources, transportation or preparation. Facilities are encouraged to develop these capabilities, either through direct service arrangements, affiliations with outside providers or otherwise. These capabilities include, but are not limited to:

- IV medications
- Bilevel Positive Airway Pressure (BiPAP)
- Dialysis
- Suction
- Nasogastric (NG) Tube
- Eating disorders – severe restrictive or purging
- Pregnancy

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable\* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - ***Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

\* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

# *Department of Mental Health*

## *Inpatient Licensing Division*

### *Clinical Competencies/ Operational Standards Related to Severe Behavior/ Assault Risk*

Inpatient psychiatric facilities licensed by the Department of Mental Health are expected to have the capability to provide care to patients who require inpatient psychiatric hospitalization and who present with high level of acuity, including severe behavior and assault risk.

**Each general inpatient psychiatric facility shall assure that it has the capacity to:**

- Provide treatment to patients with severe behavior/assault risk, including evaluating patients during the intake and admissions process to determine if additional staffing supplementation is required.
- Adjust staffing levels to meet varying levels of unit acuity.
- Evaluate and document care needs during the referral and acceptance process which serves as preparation for direct care staff and others to incorporate risk and individualized crisis prevention planning (ICPP) upon admission. (While safety tools are generally completed within 48 hours of admission, a person admitted with this risk level should have their safety tool or ICPP completed as soon as possible after arrival.)
- Provide a range of intervention approaches to address the needs of patients with higher levels of acuity. Aggressive, assaultive patients may benefit from behavior management plans, anger management, relaxation techniques, occupational therapy, and social skills development. Consideration for consultation with behavior specialists should be given.
- Provide ongoing training and demonstration of competencies in verbal de-escalation, including hands on experience, to reduce likelihood of harm.
  - De-escalation and Preventative Skills that can assist direct care staff to safely respond to patient agitation or aggression include but are not limited to:
    - Motivational Interviewing
    - Trauma Informed Care
    - Person-Centered Approaches
    - Stigma/ Countertransference
    - Mindfulness
    - Flexible Rules
    - Strength-based interventions
    - Approachability of staff for providing help
    - Anger Management
    - Leadership Rounds regularly on units
- Security specialists/ guards who may participate in direct interactions with patients experiencing episodes of severe behavior or assault risk should have training (e.g. CPI, Handle With Care, MOAB) that is consistent with training received by the direct care psychiatric inpatient staff, as should any additional staff who may participate in such episodes.
- Ensure robust debriefing processes, including incidents that qualify as “near misses.”

- Provide Medication Management with proactive use of PRNs and use of withdrawal protocols as indicated.
- Ensure that staff on all shifts have access to Sensory Tools, and the training required to select and work with patients to use these tools as coping skills and methods for decreasing frustration and aggression.
- Involve community treaters, state agency representatives, and the legal system (if involved) in treatment and discharge planning as soon as possible after admission in order to assess the patient's current continuum of care and foster successful outcomes.
- Ensure that wraparound community services are in place (e.g., get/fill medications, an outpatient medication/injection clinic (if needed), access transportation to appointments, stable housing, and case management).
- Engage patients who are identified as having "personality disorders or traits," utilizing Trauma Informed Care (TIC), Motivational Interviewing (MI), Sensory Tools, attention to diet (e.g., polydipsia, excessive caffeine or sugar intake), and Mindfulness Training.
- Work with court system, families and/ or guardians to expedite the process of commitment if necessary.
- Provide increased security presence, specialized psychopharmacology interventions, and active treatment with the patient to identify and practice greater behavioral control skills.
- Ensure all staff receive consistent education and maintain current trainings and certifications (i.e., upon hire, as needed, and annually) to work with and care for these patients.

**Each general inpatient psychiatric facility is recommended to consider:**

- When possible, create flexibility in the physical plant for non-restraint and seclusion management of behavior. This can involve providing special observation/single rooms and higher staffing ratios for patients requiring assault precautions to mitigate the risk to roommates and other patients on the unit. It is ideal that a unit be able to provide a distinct, spacious area for the most acute patients with specialized group programming, activity space, and comfort space (if possible). Patients could move to the regular section of the milieu when able to tolerate more stimulation.
- Consideration should be given to the inclusion of Peer Support Specialists in milieu treatment.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable\* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See *DMH Licensing Bulletin #18-01 - Documentation of Unit Conditions and Facility Denial of Inpatient Care* and 104 CMR 27.05 (3) (d).]

\* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

# *Department of Mental Health*

## *Inpatient Licensing Division*

### **Clinical Competencies/Operational Standards Related to Co-occurring Autism Spectrum Disorder or Other Intellectual and Developmental Disabilities (ASD/ID/DD)**

Inpatient psychiatric facilities licensed by the Department of Mental Health are expected to have the capability to provide care to patients who require inpatient psychiatric hospitalization, who present with Autism Spectrum Disorders or Other Intellectual and Developmental Disabilities (ASD/ID/DD), but who do not require specialized treatment due to their ASD/ID/DD beyond the competencies listed below.

#### **Each general inpatient psychiatric facility shall assure that it has the capacity to:**

- Provide care to patients with mild to moderate presentations of Autism Spectrum Disorder or other intellectual and/or developmental disabilities whose baseline level of functional impairment is mild to moderate as well. Patients with significant maladaptive behavior, inability to maintain ADLs, as well as those with significant self-injurious or violent behavior, due to their ASD/ID/DD may have needs that exceed the expected capability of a general inpatient psychiatric unit.
- Recognize the clinical needs of common co-occurring physical conditions that are associated with many patients with ASD/ID/DD (e.g., severe constipation, diarrhea, urinary tract infections, food allergies, etc.).
- Provide sensory supports for varying levels of functioning.
- Ensure all staff receive consistent education and maintain current trainings (i.e., upon hire, as needed, and annually) to work with and care for this population.
- Provide ongoing trainings and demonstration of competencies in de-escalating behaviors of patients with ASD/ID/DD, as part of the general de-escalation program.
- Evaluate and document care needs during the referral and acceptance process, and use this information to incorporate the inclusion of behavioral triggers/warning signs, as well as strengths, motivators and any sensory tools that have been successfully employed for direct care staff and the multidisciplinary team.
- Notify and collaborate with the Department of Developmental Services, as appropriate and with the Department of Education (DOE), town or city special education departments to ensure the continuity of special education services for eligible students.
- Engage the Children's Behavioral Health Initiative (CBHI) teams, Department of Education (DOE) teams, DMH, and/or DDS for consultation and discharge planning as needed.
- Minimize the difficulty with transitions, especially by providing discharge information to care managers and outpatient services. Ideally, the same team members (both inpatient and outpatient) would work with these patients as they move across the care continuum.
- Work with families and other caregivers before discharge to enhance successful transition of level of care and reduce recidivism.

**Each general inpatient psychiatric facility is recommended to consider:**

- Flexible availability of a separate, designated, less stimulating space is best.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable\* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - *Documentation of Unit Conditions and Facility Denial of Inpatient Care* and 104 CMR 27.05 (3) (d).]

\* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.

# *Department of Mental Health*

## *Inpatient Licensing Division*

### **Clinical Competencies/ Operational Standards Related to Co-Occurring Substance Use Disorders (SUD)**

The Department of Public Health Bureau of Substance Addiction Services (BSAS) licenses inpatient psychiatric facilities that also provide a separate, identifiable inpatient SUD treatment program. Such units/ facilities are required to be dually licensed by DMH and BSAS.

A DMH licensed facility that provides SUD treatment or services, such as medication assisted treatment (MAT), incidental to the evaluation, diagnostic and treatment services for which it is licensed under 104 CMR 27.00, and that does not offer a separate, identifiable inpatient substance use disorder treatment unit or program, or represent themselves to the public as providing substance use disorder treatment or services as a primary or specialty service, must comply with DMH licensing requirements at 104 CMR 27.03(11) but is not subject to BSAS licensure requirements.

**As part of its licensure obligations under 104 CMR 27.00, each inpatient psychiatric facility that is not subject to BSAS licensure shall assure that it has the capacity to:**

- Identify potential for addictive disorders through evidence-based screening and assessment tools during the admission assessment process.
- Evaluate for, order, assess, and provide medication assisted treatments for alcohol, benzodiazepine, and opioid withdrawal and for addictions to these substances within limitations of licensure. Medication assisted treatment, education, orientation, and initiation is required when clinically indicated. (See SAMHSA Treatment Improvement Protocol 63 –Medications for Opioid Use Disorder)
  - This includes:
    - Assessing the patient for the appropriateness of induction on MAT using one of the three FDA-approved medications for the treatment of Opioid use disorder: buprenorphine, methadone, or naltrexone; and
    - Ensuring that once an induction begins, referrals for an outpatient provider (ex. OTP, OBOT) are secured.
  - Any physician or other authorized hospital staff in DMH-licensed inpatient facilities can administer or dispense methadone and buprenorphine without additional state or federal oversight or approval, provide the methadone or buprenorphine is administered or dispensed incident to the patient’s medical treatment for a condition other than substance use disorder. This includes MAT induction for a patient with a secondary diagnosis of substance use disorder on either methadone or buprenorphine.
    - DEA regulations<sup>4</sup> authorize physicians or other authorized hospital staff to administer or dispense buprenorphine or methadone in the hospital, which includes psychiatric

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<sup>4</sup>21 CFR Part 1306.07. Note that these regulations also include the “three-day rule”, which allows any physician to administer methadone or buprenorphine without additional state or federal oversight or approval. This includes MAT induction for a patient being treated for acute withdrawal symptoms. The rule allows MAT treatment to relieve acute withdrawal symptoms, provided the treatment is limited to 72 hours where Second Amended and Restated Accountable Care Partnership Plan Contract, Appendix G – Behavioral Health

hospitals, in order to maintain or detox a patient “as an incidental adjunct to medical or surgical treatment of conditions other than addiction”. In effect, this allows a physician or other authorized hospital provider to administer or dispense MAT to patients at the hospital, without time limitation, where SUD is a secondary diagnosis.

- Practitioners who are DATA- waived<sup>5</sup> can prescribe, administer, or dispense buprenorphine to patients in DMH-licensed inpatient facilities.
- Administer opioid antagonist, if needed. All units must have naloxone available on unit and staff trained to order/administer.
- Provide group and/ or individual therapeutic programming and patient education, provided by appropriately trained staff, which addresses recovery and relapse prevention planning related to SUD. Engage, inform, and support parents and guardians of minors with SUD (on adolescent units). Suggested training for staff may include effects of substance use disorders on the family and related topics such as the role of the family in treatment and recovery.
- Provide active discharge planning to next step placements based on the patient’s care plan. Placements should address ongoing needs related to mental health, addiction, and other biopsychosocial needs and may include step down to subacute levels of care, 24 hour settings, partial hospitalization, intensive outpatient, ongoing outpatient treatment, access to peer services, and other community and housing supports as appropriate. When appropriate, discharge planning must include access to ongoing medication management, both for psychiatric and addiction medications; for continuity of treatment with the goal of reducing readmissions and the likelihood of relapse. This includes having knowledge of Clinical Stabilization/Stepdown Services (CSS) and Transitional Support Services (TSS), Outpatient Medication Management, Sober Houses, and step down to subacute level of care.
- Understand deterrents to successful discharges such as housing, financial assistance for medication copayments, transportation to non-24-hour programs, applying for a prescription for transportation PT-1 form for those with financial issues, etc.
- Ensure a physician dispenses buprenorphine or morphine at discharge or a DATA-waived practitioner provides “bridge” prescriptions for buprenorphine (and other medications) until outpatient appointments can be secured and prescriptions provided for in the outpatient setting.
- Provide direct care staff with a general overview of addictions medicine.

### **Each inpatient psychiatric facility is recommended to:**

- Facilities are strongly encouraged to provide access to all FDA-approved medications for the treatment of opioid use disorder.
- Consider engaging Substance Use Recovery Coaches and/or Peer Specialists within staffing models.
- Include credentialed staff with experience in SUD treatment and resources, ideally, but not necessarily as Licensed Alcohol and Drug Abuse Counselor (LADC) or Certified Alcohol and Drug Abuse Counselor (CDAC) levels.
- Consider referrals to ensure a continuum of care for the client, including arrangements for further substance abuse treatment and post-discharge counseling and other supportive service.

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not more than one day’s medication is administered to a person at a time. The 72-hour period cannot be renewed. For more information, see 21 CFR Part 1306.07(b).

<sup>5</sup> The Drug Addiction Treatment Act (DATA) of 2000 authorized physicians to dispense or prescribe buprenorphine in settings other than an opioid treatment program (OTP), subject to certain limitations. This has subsequently been expanded to also authorize nurse practitioners and physician assistants to dispense or prescribe buprenorphine, subject to certain limitations. Information on the process for submitting a waiver to SAMHSA and the DEA can be accessed here: <https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver>

Second Amended and Restated Accountable Care Partnership Plan Contract, Appendix G – Behavioral Health



- Consider entering into formal agreements (Qualified Services Organization Agreement - QSOA's) with community-based Substance Use Disorder treatment providers to support continuation of care.

A facility with available beds may deny admission to a patient whose needs have been determined by the facility medical director, or the medical director's physician designee when unavailable\* to exceed the facility's capability at the time admission is sought. The medical director's determination must be written, and include the factors justifying the denial and why mitigating efforts, such as utilization of additional staff, would have been inadequate. [See DMH Licensing Bulletin #18-01 - ***Documentation of Unit Conditions and Facility Denial of Inpatient Care*** and 104 CMR 27.05 (3) (d).]

\* The medical director's physician designee must be a physician who is vested with the full range of the medical director's authority and responsibility in the medical director's absence.