



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Mental Health
25 Staniford Street
Boston, Massachusetts 02114-2575

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

MARY A. BECKMAN
Acting Secretary

BROOKE DOYLE
Commissioner

(617) 626-8000
www.mass.gov/dmh

February 8, 2023

The Honorable Aaron M. Michlewitz, Chair
Joint Committee on Ways and Means
Massachusetts House of Representatives
State House, Room 243
Boston, MA 02133-1099

Dear Chairman Michlewitz:

As required by the Fiscal Year 2023 Budget Line Item 5011-0100, the Department of Mental Health (DMH) was asked to report to the House and Senate Committees on Ways and Means on its emergency room diversion initiative including, but not limited to: (i) details on the use of funds for the purposes of the initiative; (ii) the number of individuals served, broken down by age and region; and (iii) the cost per individual treated under the initiative.

Enclosed please find the Department of Mental Health's FY23 Emergency Room Diversion Initiative Report.

I appreciate the assistance our agency has received from you and your staff. Please do not hesitate to contact me if you need additional information.

Sincerely,

A handwritten signature in cursive script that reads "Brooke Doyle".

Brooke Doyle, M.Ed., LMHC
Commissioner

Attachment

cc: Brian Donahue, Budget Director



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The Honorable Michael J. Rodrigues, Chair
Joint Committee on Ways and Means
Massachusetts Senate
State House, Room 212
Boston, MA 02133-1099

Dear Chairman Rodrigues:

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Brooke Doyle, M.Ed., LMHC
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cc: Christopher Marino, Budget Director

THE OFFICE OF
GOVERNOR MAURA HEALEY

LT. GOVERNOR KIM DRISCOLL

Mary Beckman

**ACTING SECRETARY OF THE EXECUTIVE OFFICE
OF HEALTH AND HUMAN SERVICES**

Brooke Doyle

COMMISSIONER

Emergency Room Diversion

Initiative

Fiscal Year 2023

**MASSACHUSETTS DEPARTMENT
OF MENTAL HEALTH**

Introduction

Pursuant to Line Item 5011-0100 in the FY23 Budget, the Department of Mental Health (DMH) was asked to report to the House and Senate Committees on Ways and Means on its emergency room diversion initiative including, but not limited to: (i) details on the use of funds for the purposes of the initiative; (ii) the number of individuals served, broken down by age and region; and (iii) the cost per individual treated under the initiative.

Description of use of funds

DMH's Emergency Department (ED) Diversion Programs partner hospitals with community-based providers to deliver services to youth and adults experiencing behavioral health crises who do not require treatment at an inpatient psychiatric facility and can be safely served in the community. These services provide immediate crisis stabilization to individuals and assistance with connection to behavioral health treatment services and other services and supports that promote community tenure. The goal is to help address issues that may have contributed to the Emergency Department visit and prevent future ED use.

The youth programs utilize mobile teams to deliver services to youth and families in their home and community which allows youth to remain connected to school, peers, and family. The average length of treatment in the youth ED Diversion program is three months. The adult program utilizes mobile and site-based options. Site-based programs provide 24/7 environment to support the person to return home following an Emergency Department visit. The average length of treatment in the adult ED Diversion program is four months. These services are available to anyone regardless of insurance status and do not need DMH service authorization.

These programs help to relieve longstanding challenges with Emergency Department boarding that have been exacerbated by the COVID-19 pandemic, while expediting access to behavioral health treatment and support. DMH's ED Diversion programs have established partnerships in 47 hospitals across the Commonwealth.

Individuals served by age and region

For the period **July 1 – November 30, 2022**, the unduplicated count of individuals served by age and DMH service area are reflected below.¹

Youth ED Diversion

DMH Service Area	Youth (0-17)	Transition Age Youth (18-21)	Adult (22+)	TOTAL
West	31	0	0	31
Central	52	0	0	52
Northeast	46	3	1	50
Southeast	53	0	0	53
Metro Boston	34	1	0	35
TOTAL	216	4	1	221

¹ Individuals may enroll into the program more than once so these figures represent the number of unique individuals served rather than the count of enrollments/episodes of care.

Adult Mobile Respite

DMH Service Area	Youth (0-17)	Transition Age Youth (18-21)	Adult (22+)	TOTAL
West	0	0	0	0
Central	32*	12	145	189
Northeast	0	1	9	10
Southeast	0	0	0	0
Metro Boston	0	0	1	1
TOTAL	32	12	145	189

*2 programs also serve youth

Adult Site-Based Respite

DMH Service Area	Transition Age Youth (18-21)	Adult (22+)	TOTAL
West	4	44	48
Central	4	40	44
Northeast	1	15	16
Southeast	0	29	29
Metro Boston	0	0	0
TOTAL	9	128	137

Cost per enrollment

The average cost per enrollment served is broken out below for the program types. While infrequent, it is possible for an individual to enroll in the program more than once, thus the cost reported below is per enrollment not per individual.

Program type	Avg cost per enrollment
Youth ED diversion	\$8,521.50
Adult respite ² (includes costs for adult mobile respite teams and site based respite)	\$5,064.03

² This represents the average cost per enrollment for mobile and site-based respite programs. The average is based on enrollment not an unduplicated count of individuals as it is possible that an individual who was in site-based respite and moved to mobile or vice versa would be counted as two enrollments.