

Child, Youth & Family Statewide Services

Department of Mental Health (DMH) - Child, Youth
& Family



Learning Objectives

The Department of Mental Health (DMH) has various roles in our behavioral health care system, facilitating the Request for Transfer (RFT) process is just one of those roles.

Our primary role is to provide supplemental services in the community for children with the most serious major mental health diagnoses.

Participants will:

- Increase their understanding of treatment provided in statewide services
- Increase their understanding of who the statewide services are designed to treat
- Identify the required information and documentation necessary to submit a completed “Request for Transfer” to DMH

DMH CYF Adolescent Statewide Services

- Post acute inpatient psychiatric services for youth, ages 13-18, with serious mental illness
- Most intensive of clinical services available through DMH in the Commonwealth of MA
- Locked level of care
- 24-hour psychiatric care with medical oversight
- Trauma informed care, using evidence-based practices (ARC, CBT, DBT, etc.)
- Committed to restraint/seclusion prevention and reduction
- Milieu-based treatment
- Risk Assessments
- Committed to building community connections
- Family Service Leaders and Peer Mentors
- Access to pet therapy
- Family focused, permanency planning, and assessment of future community supports needed

Commonwealth's Statute for Psychiatric Commitment (M.G.L.c.123.ss.7&8)

Imminent risk of harm to self or others,
and/or severely impaired judgment
due to a mental illness
that requires treatment in a **LOCKED** setting.

Medical Necessity

In addition to meeting criteria for civil commitment, youth must meet **at least one** of the following:

- Requires ongoing medication treatment which can only be safely monitored in a locked setting
- Unable to perform ADLs and requires inpatient nursing and psychiatry-directed medical interventions
- Presents with medical problems that complicate psychiatric care
- Cannot be safely treated in a less restrictive setting
- Services must be reasonably expected to improve a youth's condition

WRCH Adolescent Continuing Care Unit (ACCU)

- Two inpatient (all gender) units at the Worcester Recovery Center and Hospital (WRCH)

Intensive Residential Treatment Program (IRTP)

- NFI Evolutions 1 and Evolutions 2 (all gender) located in Westborough
- JRI Cohannet Academy (AFAB*) located at Taunton State Hospital
- JRI Centerpoint (AMAB**) located at Tewksbury State Hospital
- JRI Merrimack (all gender), a program for youth with developmental and intellectual disabilities and co-occurring mental health needs, located at Tewksbury State Hospital

Clinically Intensive Residential Treatment (CIRT)

- Three Rivers (all gender) located in Belchertown

**DMH CYF
Statewide
Services**

These programs serve youth who...

Meet civil commitment criteria

Are admitted to and unable to leave a
secure acute inpatient psychiatric setting

Completed a thorough course of acute
psychiatric inpatient treatment

Reached a level of readiness for admission
to statewide services

Continue to pose exceptional evaluation
and treatment challenges

Clinically Intensive Residential Treatment (CIRT)

Youth 6 to 12 years of age

Youth can be referred by inpatient or CBAT

Staff secure, but not locked

All gender

Campus based with on-site school

Intensive focus on permanency planning and in-home treatment



Consult with DMH:

Prior to submitting a Request For Transfer (RFT), we strongly recommend an informal review with the DMH Area to discuss the appropriateness of the referral and assess for other levels of care



Essential Components of the Clinical Summary/ Hospital Course

Mental health history including current functional capacity of the youth

Medication treatment plan, past medication trials

Evidence of a thorough medical evaluation, including height, weight and BMI

Milieu interventions attempted

Individual and family therapy summary

Biopsychosocial formulation including diagnoses ruled in and ruled out

Attempts at less restrictive levels of care

Future vision

Youth/family strengths and complicating factors

School Plan

Rationale for requiring continued treatment in a locked setting

Status of youth and LAR consensus with the RFT

please defer recommendations about specific statewide programs

Psychopharm Treatment Plan

- ❖ Practicing within established community C&A standards of psychopharmacology
- ❖ Informed by diagnostic assessment and/or target symptoms
- ❖ Demonstration of effectiveness and adequacy of trials to date
- ❖ Adequate duration and optimal dosages of medication trials
- ❖ Withdrawal of ineffective or toxic medications
- ❖ Rationale for polypharmacy
- ❖ Assess impact on overall health of the youth
- ❖ If needed, documentation of Rogers or substituted judgment
- ❖ Rationale for use of PRN IM/PO medications
- ❖ If youth is non-adherent, address why, and how that is being managed

Medical Evaluation

This thorough evaluation must rule in or rule out medical or neurological etiology of the current presentation. The evaluation may include:

- Lab tests
- Brain imaging
- EKG
- EEG
- Neuropsychological testing
- STI and HIV status
- Specialty medical consultation





Refer to the [DMH website](#) and submit all required documents to transferscreenings@mass.gov



DMH Central Office will communicate, **within 1 business day**, to the acute care hospital to notify RFT is received, and status of completeness of the transfer checklist



Once the transfer checklist of required documents is complete, referral will be sent to the DMH Area and a Screener will be assigned to begin the RFT process

Initiating a Request for Transfer

Initiating a Request for Transfer: The CYF DMH RFT Check-List



Checklist to Refer Youth to a DMH Statewide Service (ACCU/IRTP/CIRT)

Please review the [Statewide Services Flow Chart](#) before submitting a referral. To complete a referral for a DMH Statewide Service (ACCU/IRTP/CIRT), please use the checklist below. Documents can be securely submitted to transferscreenings@mass.gov

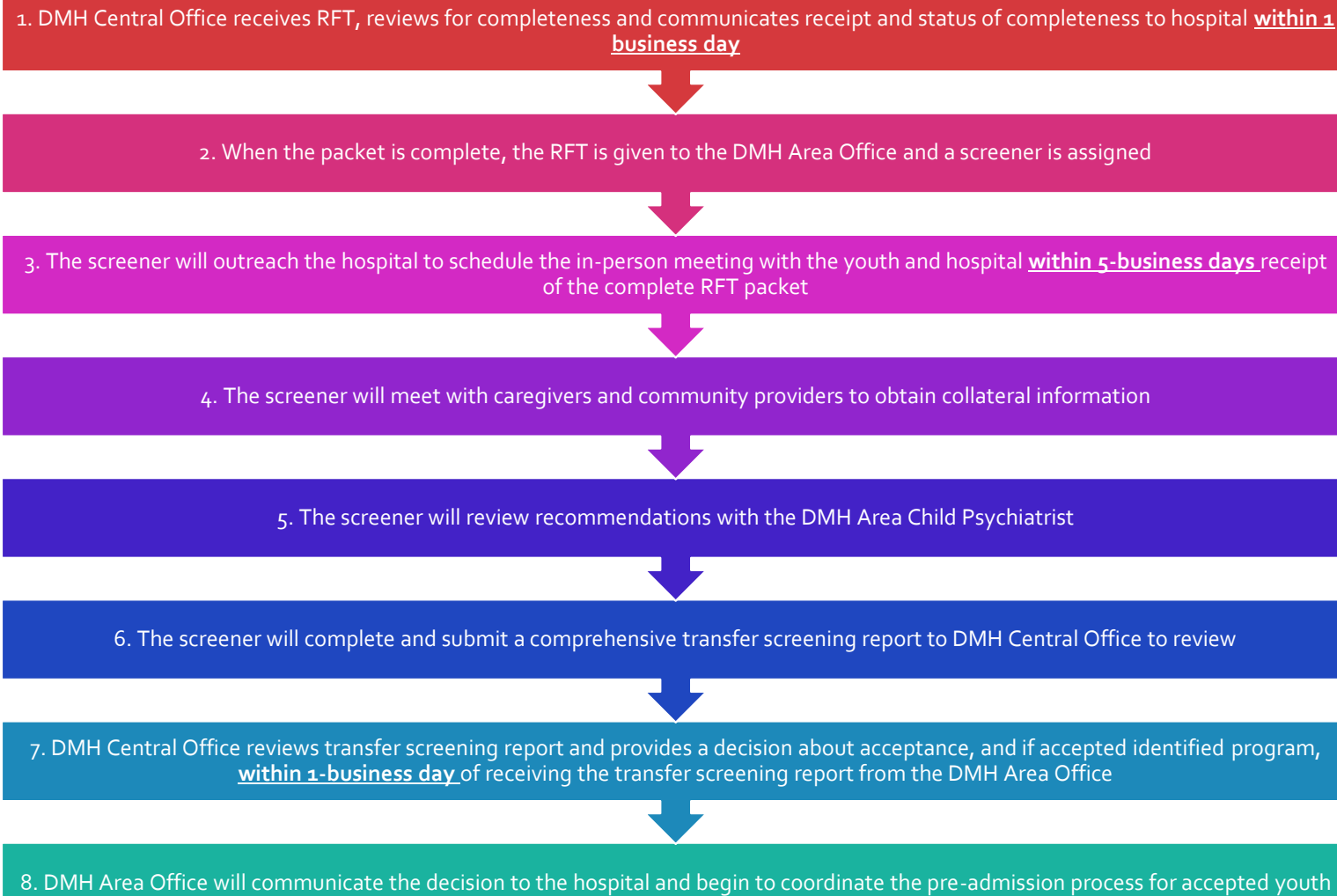
Check If Included	Medical Records Documentation	For DMH Use Only – Document Verification
<input type="checkbox"/>	Psychiatric Initial Evaluation (including relevant psychiatric history and current diagnoses)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Physical Examination (including relevant medical history)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Clinical Assessments (including psychosocial, psychological, nutrition or neuropsychological)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Psychiatrist's/APRN's narrative of hospital course, including:	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
	•Treatment course	
	•Patient's adherence to treatment	
	•Medication trials	
	•Diversionary efforts	
	•Rationale for <u>lowest-level</u> of care	
<input type="checkbox"/>	Nursing Progress Notes (the last 7 days prior to submission)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Psychiatrist's/APRN's Notes (the last 7 days prior to submission)	
<input type="checkbox"/>	Current Medications (including <u>last</u> 7 days of MAR prior to submission)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Testing Information (including labs, radiology, and consultations)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A Date Received

Check If Included	Referral and Legal Documents	For DMH Use Only – Document Verification
<input type="checkbox"/>	Psychiatrist's Request for Transfer to DMH Facility .	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	1 signed DMH Two-Way Authorization for Release of Medical Records between hospital and DMH (signed by Legally Authorized Representative)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
If applicable:		
<input type="checkbox"/>	Current Willingness/Guardianship/Conservatorship	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	Section 88/Current Rogers Order and Treatment Plan	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received
<input type="checkbox"/>	DMH Request for Services Application (If youth is not a current DMH client)	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Received

Patient Name		Social Worker Assigned:	
Social Worker Assigned Phone:		Social Worker Assigned Email:	
Date of Submission		Date of Complete Packet received:	

Effective May 6, 2025, this form is subject to ongoing review and revision as indicated.

DMH Response to Request for Transfer (RFT)



Additional Documents Required for Accepted Youth Prior to Transfer

Immunization records

Medical clearance

Current IEP

Current medication list (**no less than 3 days before transfer**)

Coping/Safety Tool

Height & Weight

Restraint/Seclusion Forms/Notes

Insurance Information

Charges for Care at the Adolescent Continuing Care Unit (ACCU)

- State law requires DMH to charge for care of any person in its facilities
- Care provided at the ACCU at The Worcester Recovery Center and Hospital (WRCH) is NOT FREE

DMH does not want families to forgo treatment for their child because of concerns about charges for care

- There are options for families for the coverage of this service:
 - DMH will attempt to use insurance, or other third-party reimbursement, whenever available as payment for care or the services that is providers
 - The WRCH may be able to negotiate single case agreements with insurers to cover the treatment services provided at the hospital in cases where WRCH is considered out of network
 - DMH also has sliding scale fees and other financial hardship options
- Prior to admission families should contact their insurance company to better understand coverage of the ACCU at WRCH

In Conclusion...

- The decision to submit a RFT is ultimately the responsibility of the inpatient psychiatric team. Outside agencies, community providers or families may inquire or request this service, but **the decision falls to the current inpatient team** to determine if it is appropriate. DMH is always available for consultation to discuss the decision to submit an RFT.
- DMH has created a Transfer Request Flow Chart to assist with determining if a RFT should be submitted:
 - Online Version:
[When to submit a Transfer Screening Request to DMH CYF statewide programming | Mass.gov](#)
 - Printable Version:
Flow Chart.

