

MassHealth Behavioral Health Services for Children and Youth

A Guide for School Personnel



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Note: This publication uses the term “caregiver” and “parent” to describe a person who nurtures and cares for a child. A parent may be a biological, foster, or adoptive parent; a grandparent; relative; caregiver; or guardian. In addition, although generally referring to how parents and families can help children to access services, this publication covers MassHealth members younger than 21, including members who do not need parental consent to obtain treatment services.

Introduction

Since the passage of the 2008 Children’s Mental Health Law, Massachusetts has promoted several school climate related initiatives and laws: Supporting and integrating behavioral health in public schools; preventing dropout, bullying, and truancy; increasing trauma sensitivity in the classroom; and limiting the use of suspension and expulsion while encouraging positive approaches to discipline, to name a few.

As diverse as they are, these initiatives share the common aims of fostering school environments that support all students, improving overall safety, and providing targeted interventions to address the needs of specific students. Together they reflect an understanding that schools better serve their educational missions when they support the well-being and safety of all their students.



MassHealth behavioral health services can help schools to support students with social, emotional, and behavioral needs. These services support youth and families and promote their success across all the environments where they live and learn. Schools and behavioral health providers are natural allies in supporting students with behavioral health needs. Both seek to serve children in the least-restrictive environment. Both hope to cultivate a child’s ability to succeed and function independently in all aspects of life, including full participation in school life.

Collaboration between families, schools, and service providers can improve the coordination of care, support the use of consistent and effective interventions, and promote students’ ability to develop and generalize important social, emotional, behavioral, and independent living skills.

What's in this Guide?

This guide is written for anyone in the school building who interacts with students, including but not limited to teachers, teacher aides, school nurses, administrators, health educators, psychologists, social workers, and adjustment counselors.

In this Guide you will find the following.

- Basic information on MassHealth and eligibility
- Descriptions of MassHealth's home- and community-based behavioral health services
- Guidance on how to help families select the right starting point for their children
- Specific steps to help families access services

Collaboration Between Schools and Behavioral Health Providers includes suggestions for how schools can collaborate with behavioral health services. In particular, there's a focus on Intensive Care Coordination using the Wraparound process, an approach to individualized care planning that is very effective for some youth with complex needs. This section will be useful to school personnel who may be invited to participate on a youth's Wraparound team, and to school administrators who need to understand the framework for participation in Wraparound. The section also includes specific tips for working with Mobile Crisis Intervention (MCI), a crisis- stabilization service that can serve students in the home, community, or school.

For school administrators and others interested in building systematic behavioral health supports for their students, this section also describes how school participation in a local System of Care Committee can help to build connections and relationships that benefit students, families, and schools. For school administrators, we provide information on how your district may be able to bill certain referral activities to Medicaid. And throughout this section, you will find "Voices from the Field," first-person accounts of effective collaborations between schools and behavioral health providers.

Finally, at the end of the Guide you will find ***Additional Resources*** for your school and families, including the following.

- Ordering information for "Worried about the way your child is acting or feeling," a MassHealth brochure which provides family-friendly descriptions of MassHealth home- and community-based behavioral health services
- A guide for applying for health care coverage through MassHealth
- A family guide to behavioral health assessment using the Child and Adolescent Needs and Strengths (CANS) tool
- A worksheet to help families prepare for initial appointments with providers
- Links to other helpful resources

We hope this guide will be a helpful resource to you and your school.

Who is Eligible for MassHealth Behavioral Health Services?

MassHealth is our state's Medicaid program. It provides comprehensive health insurance to more than one million Massachusetts children, families, seniors, and people with disabilities. In 2009, MassHealth, as part of the Children's Behavioral Health Initiative (CBHI), significantly expanded home- and community-based behavioral health services (mental health and substance abuse services) for MassHealth-eligible children and youth younger than 21.

The goal of the service expansion was to ensure that children and youth with serious mental health challenges, and their families, obtain the services they need for success in home, school and community, and throughout life.

In order to obtain the services described in this Guide, a child or youth must be enrolled in MassHealth and must have a medical need for the services. There are various "coverage types" within MassHealth. Most MassHealth enrolled children have either the Standard or CommonHealth coverage type.





A child or youth enrolled in MassHealth Standard or CommonHealth may access any “medically necessary” MassHealth service.

- To be enrolled in MassHealth Standard, a family’s income must be less than 150% of the federal poverty level.
- CommonHealth is available to a child or an adult with a disability, regardless of income. However, higher-income families must pay a “sliding scale” premium, based on income. The definition of disability includes behavioral health conditions, and the disability standard for children and youth under age 18 is more permissive than the standard for adults.
- Some families who are not eligible for MassHealth Standard, and either have not applied for or are not eligible for CommonHealth, are covered by MassHealth’s Family Assistance program. Children and youth enrolled in Family Assistance may access certain medically necessary MassHealth behavioral health services (see table below).

If a child or youth’s family is covered by MassHealth but is unsure of the coverage type, they can do one of the following.

- Call MassHealth’s Customer Service Center at **1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled)**.
- Call the health plan (the name and phone number will be on the insurance card he or she uses when going to the doctor).

If the student is **not** already a MassHealth member, you can help by encouraging the family to apply. See **Appendix A** for a guide on applying for health care coverage through MassHealth/CommonHealth.

Below is a summary of MassHealth coverage types and the behavioral health services¹ under them for children and youth younger than 21. Descriptions of these services can be found in ***When Is It Time to Seek Services?***. Note: This list of services covered by MassHealth provides only general information. Parents or youth should call their MassHealth health plan for the most up-to-date, accurate information.

Behavioral Health Service	MassHealth Coverage Types
Outpatient Therapy	Standard, CommonHealth, Family Assistance*
Mobile Crisis Intervention	Standard, CommonHealth, Family Assistance*
Structured Outpatient Addiction Program	Standard, CommonHealth, Family Assistance*
In-Home Therapy	Standard, CommonHealth, Family Assistance*
Intensive Care Coordination	Standard, CommonHealth
Family Support and Training (Family Partners)	Standard, CommonHealth
In-Home Behavioral Services	Standard, CommonHealth
Therapeutic Mentors	Standard, CommonHealth

Understanding coverage and eligibility guidelines can be stressful and confusing for many families (and professionals). You can help by encouraging families to call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). Knowledgeable staff can provide helpful information for the family’s decision-making.

1 Note: Some members younger than 19 who are eligible for Family Assistance receive Premium Assistance as their only MassHealth benefit. For these members, MassHealth pays the premium for commercial insurance but does not reimburse providers directly for services. These members are not eligible for MassHealth behavioral health services. Additionally, some families with Family Assistance also have commercial health insurance coverage. As a result, their children are not eligible for enrollment in any of MassHealth’s managed-care programs, nor are they eligible for community-based MassHealth behavioral health services (with the exception of Mobile Crisis Intervention). Families can call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to learn more.

When Is It Time to Seek Services?

Behavioral health needs, including mental health, emotional, and substance abuse concerns, can be hard to recognize. Too often, it takes a crisis for families to get the help they need. But research shows that earlier interventions for children and youth with mental or behavioral health needs can prevent more serious problems in young adulthood and beyond.

With your help, families could start getting the services they need sooner, which can mean better outcomes for the child or youth.

If you have concerns about a student in your school, it may help to write them down. Consider the following questions.

- Is this a dramatic change in behavior or mood for the student?
- How severe is it?
- Does this behavior occur at specific times of day?
- How long has it been occurring?
- How does this behavior compare with that of peers?
- Is there a possible health or developmental issue that could be causing the behavior/mood change?
- Are there changes within the student's home life or other events (i.e., death, divorce, new child, remarriage, move to new home/housing instability, etc.) that could be affecting his or her behavior?
- Is the student experimenting, using, or abusing alcohol and other drugs?
- Is the student having trouble at school resulting in disciplinary actions, academic challenges, or relationship problems with friends/classmates?
- Is the student having relationship problems with friends outside of school?
- Is the student having relationship problems with other family members?

Whenever you have any concerns about a student, follow your school's procedures for communicating concerns with families.

When talking with a parent about your concerns, it may help to keep the following in mind.

1. Plan ahead. Think carefully about what you want to say and what you hope the conversation will accomplish.
2. Make yourself available. Find a good time with no distractions that works for both of you. Depending on the parent's availability, this can mean a face-to-face meeting or a phone call.
3. Start with the positive: For example, you can share an observation about something you appreciate in the student.
4. Let the parent know that your goal is to help his or her child be successful. Reassure the parent that the school is doing everything it can to make that happen, but that you also need help from the parent. Describe what you are seeing without attaching a meaning or judgment to the behavior.
5. Ask the parent if he or she has similar concerns or has experienced similar situations. Ask which solutions have worked at home. Parents often have ways of working with their children that can help in other settings. If they do not have solutions, this can be the opening they need to share their concerns.
6. Be ready with information and useful resources to share with the parent. Understand that parents may not be ready to address a need immediately, but they may appreciate being able to look into these resources later. Offer the parent a few options for moving forward, and allow the parent to choose. You can always check in at a later time if he or she shows little interest at the moment.
7. Above all, listen to the parent. Keep your mind open for new information. Be mindful and respectful of cultural differences. Be sure to check your tone, body language, and facial expression, because your nonverbal communication can speak just as loudly as your words.



Of course, a worried parent could come to you first. The same principles of good communication described above apply here as well. When a parent approaches you, set aside time without distraction so that you can really listen to his or her concerns. Parents who approach you first are demonstrating their trust in you, so it is important to honor that trust.

Parents who approach you first are also being proactive. They may simply want your reassurance, or they may have serious concerns and are unsure what to do next. Make space for them to share their worries and ask them to share their observations. You can ask them the same questions (see above in this section) that you would consider yourself if you were worried about a student.

Asking parents these questions shows that you take their concerns seriously and that you are being systematic by considering all explanations for a behavior. You are also helping them to make concrete observations that could help them describe their concerns to a pediatrician (see Behavioral Health Screening below) if they decide to seek a more in-depth evaluation.

If you have concerns of your own, this can be your opportunity to share them. Even if you have no concerns of your own, you can support parents by providing information and resources included at the end of this guide and by encouraging them to talk with their pediatricians. The pediatrician or PCP's office is often the best place for a concerned parent to start in order to determine if there is an underlying medical or developmental issue.

Behavioral Health Screening

If the student receives MassHealth benefits, the pediatrician/PCP must offer to conduct a **behavioral health screening** during the yearly well-child visit, or when the parent requests it at any other office visit. If the student has private insurance, the parent can still ask the pediatrician about a behavioral health screening. Screening helps to spot potential concerns early so that a child can get help sooner.

MassHealth requires PCPs to offer to use a standardized screening tool to check the child's or youth's behavioral health. The tools typically consist of a short list of questions or a checklist, which the parent (or age-appropriate youth) fills out during the visit. The pediatrician will review the results and talk about them with the parent or youth. If there are concerns about a child's or youth's behavioral health, the pediatrician will work with the parent or youth to decide if a referral to a behavioral health provider for further assessment and treatment is needed, or if the child or youth's needs can be managed by the pediatrician.

The PCP can also help the parent or youth connect with needed services. MassHealth offers several kinds of mental health services that may help children and youth younger than 21.

Appendix B includes a worksheet that parents can use to help prepare for an appointment with the pediatrician (or other provider). For more information on the types of screening tools used, see www.mass.gov/masshealth/cbhi and click on Screening for Behavioral Health Conditions.

What Services are Available?

The following pages provide brief descriptions of MassHealth’s home- and community-based services. This information is intended to provide school personnel with guidance on how to help families and students to access appropriate MassHealth behavioral health services. It is important to note that MassHealth members may also self-refer to any behavioral health service they think might be helpful. Families and youth are always welcome to inquire with a provider about a particular service.



This guidance is intended to be informative and to illustrate the potential usefulness of each service. It does **not** replace the Medical Necessity Criteria. (To view or download Medical Necessity Criteria for these services, go to www.mass.gov/masshealth/cbhi and then click on Home- and Community-Based Behavioral Health Services for Families and Children.) Providers of each of the services will use the Medical Necessity Criteria (MNC) to evaluate whether the child or youth has a medical need for the service. Medical Necessity decisions made by providers may be reviewed by the child’s or youth’s MassHealth managed-care plan.

Hub Services

To help families get the right level of service and better-coordinated care for their children, MassHealth behavioral health services have been organized around three “hub” services: Outpatient Therapy, In-Home Therapy, and Intensive Care Coordination (ICC). Hub-service providers are the primary behavioral health care provider for a child or youth receiving MassHealth home- and community-based behavioral services.

Each hub is responsible for overseeing a comprehensive behavioral health assessment, which includes using the CANS tool (*see text box on page 15 for more information on the CANS*) and developing an overall care plan for the child. A hub-service provider is responsible for coordinating care and collaborating with other service providers who work with the child and family (e.g., making regular phone calls to people involved in the child or youth’s life, such as parents, providers, teachers, therapists, coaches, etc.; holding meetings with the family and other treatment providers; or convening Care Planning Teams for ICC).

The following hub services are listed in ascending order of level-of-care coordination capacity: **Outpatient Therapy**, **In-Home Therapy**, and **Intensive Care Coordination (ICC)**. When the child or youth is involved in more than one hub service, care coordination is provided by the hub with the highest level of care coordination capacity.

Hub services do not require a referral from a doctor or other “gatekeeper.” Families choose the hub that they think may be best, and then call the provider directly to learn more. The provider will work with the family to see if the service is right for the child’s needs and the family’s situation, and, if not, the provider will help the family get a more appropriate service.



Outpatient Therapy

Outpatient Therapy is the service closest to the community and is a foundation of mental health treatment for children and youth. Alone, it meets the needs of many children and youth who need mental health treatment. Moreover, it is usually the place that families go first when they need help, and where children and youth return after receiving a higher level of care.

Outpatient Therapy can be used to treat a variety of behavioral health and/or substance abuse issues that significantly interfere with functioning in at least one area of the child's life (e.g., family, social, school, job). It may include individual, family, and group therapies.

Outpatient Therapy is usually delivered in a clinician's office, although it may take place in other settings.

Who is likely to need Outpatient Therapy?

If the child or youth has not previously received counseling or other behavioral health services, or has **benefited** from outpatient therapy before, outpatient therapy is a good place to start. An Outpatient Therapist can provide an initial assessment for other needed services that the clinician and/or family identify.

Outpatient Therapy can also provide follow-up support for children and youth who are "stepping down" from more intensive services or settings.

Who may need a different behavioral health service?

- **A child or youth in an immediate behavioral health crisis.** The family should immediately call for Mobile Crisis Intervention through their local Emergency Services Provider (ESP). Mobile Crisis Intervention is a MassHealth service that offers face-to-face, onsite crisis intervention wherever the child or youth is located. See Emergency Services: Mobile Crisis Intervention in this guide for more information.
- **A child or youth who already has an outpatient clinician or psychiatrist but who continues to struggle at home, school, or in the community.** The family or youth should be encouraged to talk with their provider about changing the treatment plan or the need for additional behavioral health services. The child's outpatient clinician or psychiatrist may also recommend additional behavioral health services.
- **A child or youth with significant behavioral health needs or history of trauma who is not currently seeing an outpatient clinician or psychiatrist.** Review the three Hub services with the family or youth to help them decide where to start. If the family or youth selects ICC or In-Home Therapy, tell them that they can call a nearby ICC or In-Home Therapy provider directly to schedule an appointment for a behavioral health assessment and determination of medical need for the service.

In-Home Therapy

In-Home Therapy is a flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. In-Home Therapy providers work with the family to understand how the family functions and how relationships can be strengthened to benefit the child.

In this service, a clinician and a trained paraprofessional work with the family to develop and implement a treatment plan, identify community resources, set limits, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child's development.

In-Home Therapy offers greater flexibility than Outpatient Therapy, not only in intensity, but also in treatment setting. Therapeutic work in a natural environment can offer opportunities for rehearsing new strategies not available in a clinical setting.

Who is likely to need In-Home Therapy?

- Families whose home dynamics are affected by a child or youth's behavioral health needs and who need more urgent or intensive help with a child's emotional and behavioral challenges than can be addressed through Outpatient Therapy.
- Families who have identified their primary need as learning new ways to relate to one another, or new ways to set limits or regulate their child's behavior, or who have tried Outpatient Therapy but have not found it effective.

Who may need Intensive Care Coordination instead of (or in addition to) IHT?

- A child or youth who needs or is receiving MULTIPLE services.
- A child or youth who needs or is receiving services from state agencies and/or special education.
- A child or youth whose caregivers need help learning how to be effective advocates for their child and/or coordinate their child's care.
- A child or youth whose caregivers need help restoring or creating social support systems for themselves and their child.

Intensive Care Coordination (ICC)

Unlike the other hubs, ICC is not therapy. It is an intensive, individualized care-planning and management treatment for children and youth with **serious emotional disturbance** that uses the [Wraparound](#) process. ICC is provided by 32 Community Service Agencies. A Wraparound facilitator is a master's- or bachelor's-level mental health clinician called the Care Coordinator, who works with a family to convene a team whose purpose is to create and implement an Individual Care Plan for the child or youth.

The Care Planning Team often includes therapists, school administration and/or school support staff (i.e., nurses, adjustment counselors, behavioral health staff, psychologists, etc.), social workers, and representatives of all child-serving agencies involved with the youth. It also includes "natural supports," such as family members, friends, and people from the family's neighborhood or community. In partnership with the team, the family actively guides the child's care. Together they come up with ways to support the family's goals for the child (or youth's goals, in the case of an older child) set in the individual care plan, which builds on the family's strengths and respects its cultural preferences.

The individual care plan lists all behavioral health, social, therapeutic, or other services needed by the child and family, including informal and community resources. It guides the child's care and involves all providers and state agencies to integrate services.

The Care Planning Team may meet monthly or with greater frequency for a child or youth with more complex needs. At these meetings the team seeks to

- help the family obtain and coordinate all services that the child needs and/or receives from providers, state agencies, special education, or a combination thereof;
- create a structured process that facilitates collaboration between team members to help the child reach the goals in the Individual Care Plan;
- chart progress, solve problems, and make adjustments to the Individual Care Plan; and
- find creative and sustainable solutions for the child and family beyond their involvement in ICC.

Who is likely to need ICC?

A child or youth who needs or receives services from multiple providers, schools, or state agencies may benefit from ICC. ICC can help prioritize goals and monitor progress, ensuring that interventions and services are effective and coordinated. ICC can also address needs other than behavioral health, such as connecting families and/or youth to a variety of sustainable supports, like recreational activities for the child or youth, support groups, faith communities, and community-based social events.

Geographically-Based CSAs

There are 29 Community Service Agencies (CSAs) that correspond to the catchment areas of the Department of Children and Families.



Culturally and Linguistically Specialized CSAs

In addition, there are three culturally and linguistically specialized CSAs. These CSAs were chosen for their demonstrated ability to serve specific cultural or linguistic communities. Like all CSAs, Specialized CSAs are expected to serve any family seeking appropriate service without regard to race, ethnicity, or language.

- Children's Services of Roxbury specializes in serving the African-American population in Greater Boston.
- The Gandara Center specializes in serving the Latino population in the Springfield/Holyoke area.
- The Learning Center for the Deaf at the Walden School specializes in serving the Deaf and Hard of Hearing population, both in eastern and western Massachusetts.

Families are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.

Standardized Behavioral Health Assessment, using the Child Adolescent Needs and Strengths tool (CANS)

MassHealth requires behavioral health providers to use a uniform assessment process for children and youth younger than 21. This process includes a comprehensive needs assessment using the Child and Adolescent Needs and Strengths (CANS) tool. Hub services (Outpatient Therapy, In-Home Therapy, and ICC) must all use the CANS as part of their behavioral health assessment process with each child or youth.

The CANS organizes information gathered through initial assessment and regular updates. It provides a common framework and language that families, providers, state agency staff, and others can use to talk about the child's and family's strengths and needs. It is also used as a decision-support tool to guide care planning, and to track changing strengths and needs over time.

There are two forms of the Massachusetts CANS: CANS Birth through Four and CANS Five through Twenty. Both versions also include questions that enable the assessor to determine whether a child meets the criteria for Serious Emotional Disturbance (SED). Meeting the definition of SED is a component of the Medical Necessity Criteria for the Intensive Care Coordination.

To help explain the CANS, you can share a copy of the CANS Family Guide in **Appendix C**. You can help parents/caregivers prepare for the assessment by encouraging them to think about important information they want to share with the provider about their child's needs and strengths. **Appendix B** contains a worksheet parents that can use to prepare for an appointment with a pediatrician or any other provider.



How do I help Families Access Hub Services (Outpatient Therapy, In-Home Therapy, Intensive Care Coordination)?

There are several ways to help families find Hub Providers.

- To find **In-Home Therapy (IHT)** and **Intensive Care Coordination (ICC)**, parents can search providers by zip code at www.mabhaccess.com. You can see a provider's ability to accept new referrals, although it does not guarantee an appointment or placement.
- To find **Intensive Care Coordination**, parents can refer to the directory of Community Service Agencies (CSAs) in **Appendix B**. There are 29 CSAs that correspond to the catchment areas of the Department of Children and Families and three additional CSAs who specialize with specific linguistic/cultural groups. Families are not required to choose a CSA in their area or a culturally or linguistically specialized CSA, but may choose to work with any CSA.
- To find **Outpatient Therapy**, parents can call their MassHealth Managed Care Plan customer service line to locate providers. A directory of MassHealth Customer Service lines is included as **Appendix A**.
- Parents can also find provider contact information through a MassHealth brochure, [*Worried about the way your child is acting or feeling?*](#) It describes MassHealth behavioral health services and lists local contact information for providers. It is available in English, Spanish, Portuguese, Haitian Creole, Chinese, and Vietnamese. You can order free copies of the brochure for your agency by calling MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). You may also order copies online—go to www.mass.gov/masshealth/cbhi and click on [CBHI Brochure and Companion Guide](#). Scroll down until you come to the order form. Please note that provider listings do change. You can find the most current listings at www.mabhaccess.com.
- You can also call hub providers directly on behalf of a child *with a parent's or guardian's permission*. The providers will then contact the parent/guardian directly to complete the intake process and schedule an appointment.



“Hub Dependent” MassHealth Behavioral Health Services

MassHealth also pays for additional home- and community-based behavioral health services: **Family Support and Training**, **In-Home Behavioral Services**, and **Therapeutic Mentoring**. These are specialty services that support the interventions of the hub service.

Enrollment in these services usually requires a referral from a hub-service provider (Outpatient Therapy, In-Home Therapy, or ICC described above) because the services should address goals set in a treatment plan developed through a hub service. Together with the family, the Hub Provider would determine which of these hub-dependent services should be included in the treatment plan.

Tell families interested in the following services to first contact a Hub provider. The family and provider can discuss whether to include these hub-dependent services in the child’s treatment plan. As with all services, the child must meet medical necessity criteria in order to enroll in these services. See above for ways you can help families find hub providers.

Family Support and Training (Family Partners)

A Family Partner is an individual with lived experience who is the caregiver of a child or youth with behavioral health or special health care needs. Family Partners are trained to assist families in either of two MassHealth services: Family Support and Training (FS&T, a hub-dependent service through a Community Service Agency), or Mobile Crisis Intervention (MCI).

Most Family Partners provide the FS&T service, and while they often pair with Care Coordinators to implement the Wraparound process with families, they can also work with families in other hubs, either In-home Therapy or Outpatient. On MCI teams, Family Partners pair with clinicians to provide support to youth in crisis and their families. The Family Partner provides emotional support for the caregiver and fosters empowerment and expression of family voice. Family Partners often share parts of their own stories as an intentional way of helping caregivers develop motivation and actionable insight.

In-Home Behavioral Services

In-Home Behavioral Services offer valuable support to a child or youth who has challenging behaviors that interfere with everyday life. A clinician and a trained paraprofessional work closely with the child and family to create and implement treatment plans that diminish, extinguish, or improve specific behaviors. The trained paraprofessional, also known as a behavior support monitor, works with the child and his or her family to implement the child’s behavior plan.

In-Home Behavioral Services are generally available to members in their home, but also can be provided in locations such as school, child care, and other community settings.

Therapeutic Mentoring Services

Therapeutic Mentoring is a support service that pairs a child or youth with an adult mentor with the purpose of building and enhancing the child's social, communication, and life skills. The Therapeutic Mentor works one on one with the child to achieve goals in the plan written by an Outpatient Therapist, In-Home Therapy provider, or an Intensive Care Coordination (ICC) team.

Therapeutic Mentoring services can be delivered in the home, school, child care and other community settings, as well as in social and recreational settings.

Emergency Services: Mobile Crisis Intervention (MCI)

MCI is the youth-serving component of an Emergency Services Program (ESP) and is a short-term treatment service that is available 24 hours a day, seven days a week, to children under the age of 21 and their families. Unlike older models of crisis intervention, MCI does not simply assess the need and refer for hospitalization or medication. Instead, MCI is a treatment service.

MCI staff is available to identify, assess, treat, stabilize, and otherwise help children and families to resolve crisis situations to reduce the immediate risk of danger to the child or others. Interventions may take the form of counseling; problem-solving; collaborating with family members, schools, or treatment providers; and safety planning.

MCI may include psychiatric consultation and urgent psychopharmacology intervention, as needed, and referrals and linkages to all medically necessary behavioral health services and supports. MCI may stay involved for up to seven days offering additional support, ensuring that a plan is working or helping to coordinate care. MCI may also step a youth up to an emergency department or inpatient hospital unit when necessary.

The MCI service can be provided nearly anywhere in the community based on the preferences of the child or family and in consideration of any coexisting medical conditions or safety needs of the child in crisis. Settings that are most conducive to crisis resolution are those that are natural to the child—in the home, school, or community. For families who prefer their child to be seen in an office setting, each ESP operates a walk-in, community-based crisis facility. All of the walk-in facilities are open seven days a week, and several of them are open around the clock.

To find your local MCI program by zip code, call 1-877-382-1609, or see *Appendix F* for a directory.

For a more in-depth discussion of MCI and Schools please see *Change to Collaboration Between Schools and Behavioral Health Providers*.

Other MassHealth Behavioral Health Services

A student does not need to be enrolled in one of the hub services in order to access these services. For more information about how to access the following services, a parent can contact MassHealth or the child's MassHealth managed-care plan. You can also call on behalf of the student with the parent's permission.



Structured Outpatient Addictions Program (SOAP) for Adolescents

SOAP is a short-term, clinically intensive, structured day or evening substance abuse service. It provides multidisciplinary treatment to address the subacute needs of teens with addiction or co-occurring addiction and mental health conditions, while allowing them to continue to work or attend school and be part of family life.

Partial Hospitalization Program

Partial Hospitalization Program is a nonresidential treatment program that may be hospital-based. The program provides clinical, diagnostic, and treatment services on a level of intensity equal to an inpatient program, but on less than a 24-hour basis. These services include therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans.

Psychiatric Hospitalization

Psychiatric hospitals are designed to be safe settings for intensive mental health treatment, including observation, diagnosis, individual and group psychotherapy, and medication management. Inpatient treatment should be part of an overall plan of care, a coordinated effort between the individual, the family or other supporters, the inpatient treatment team, and outpatient service providers.

Collaboration between Schools and Behavioral Health Providers

This section lays out suggestions for how schools can coordinate and collaborate with behavioral health providers.

Any student younger than 21 engaged with MassHealth home- and community-based behavioral health services will have a hub (ICC, In-Home Therapy, or Outpatient Therapy) designated as a primary behavioral health provider. Under that designation, the Hub provider is responsible for communicating with the various service providers in the student's life, including school personnel.



Outside of home, schools are where children and youth generally spend most of their time, and that makes them vital partners for behavioral health providers. Open communication and collaboration between school personnel and hub providers is crucial for helping students reach their treatment goals and focus on learning. In general, schools can work effectively with their students' behavioral health providers by

- identifying a school staff member as the main contact person for external behavioral health providers;
- including external behavioral health providers in the IEP process, with parents' permission; and
- coordinating school-based clinical and behavioral-management approaches with home-based behavioral health providers. For instance, a Behavior Support Therapist (providing In-Home Behavioral Services) could collaborate with school staff to implement aspects of a student's behavior-support plan in the classroom and other school settings.

To encourage such collaborations, Massachusetts formed the Behavioral Health Public Schools (BHPS) Taskforce² (2010) to develop a framework and tool to help schools integrate a behavioral health approach and more effectively serve students with behavioral and emotional needs, including those eligible for MassHealth behavioral health services.

The framework offers suggestions for how schools can take an active role in facilitating access to MassHealth behavioral health services for students and their families. Developing a referral process for MassHealth behavioral health services is a good starting point. The framework suggests including the following elements.

- Guidance for school staff on identifying students with social-emotional/behavioral health needs
- Education and outreach to families on MassHealth behavioral health services
- Facilitated referrals for interested families and students
- Structures for frequent communication between school and families

In addition, schools can establish policies and procedures for coordinating with providers of MassHealth behavioral health services, especially ICC and MCI. The framework recommends including the following elements.

- Guidance for school staff working with a student's hub provider, in particular ICC
- Guidance for how school staff can support the work of MCI teams dispatched to schools to treat students in crisis
- Inclusion of a student's hub provider (Outpatient, IHT, or ICC) in any school-based team meetings upon consent from parents/guardians or a student age 18 and older
- Inclusion of school staff in community-based meetings, including the Individual Care Planning Teams formed for children and youth enrolled in ICC, at the family's request
- Resources for understanding the interface between MassHealth and special education entitlements

Having policies, procedures, and protocols in place allows schools to be proactive when they identify students with needs. Earlier identification and intervention can reduce or prevent the need for more intensive services later in a student's life.

2 In 2014, Massachusetts passed An Act Relative the Reduction of Gun Violence (2014), which contains the Safe and Supportive Schools provisions and convenes the Safe and Supportive Schools (SaSS) Commission, a successor to the BHPS Taskforce. Among its charges, the SaSS will make recommendations to refine, update, and improve the framework first described by the BHPS. The revised framework will go beyond behavioral health and will be a tool to help schools and districts organize and coordinate the many different initiatives they are charged with carrying out in order to foster safe and supportive environments for all learners. For more information please see the SaSS Commission website: www.doe.mass.edu/ssce/safety.html?section=commission.

Voices from the Field

A district-level administrator from a western school district describes the benefits of working with an external BH provider in the building.

“One Principal gave permission for a local behavioral health provider agency to start sending a clinician into the school. The clinician spent the day at the school counseling students and consulting with teachers. The principal saw the benefit of having an external provider—kids got the attention they needed, which led to fewer classroom disruptions and increased time on learning. So the principal invited the clinician in for more days, which allowed her to expand the number of students she saw.”



How Does the School Collaborate in Intensive Care Coordination (ICC)?

ICC is the highest level of care coordination in the continuum of MassHealth home- and community-based behavioral health services, so it merits special consideration here. With an ICC coordinator, the family selects a team of people who will create their child's individual care plan. Schools can provide valuable insight into a child's needs, learning styles, and behaviors. As a result, ICC coordinators encourage the family to invite or otherwise involve a school representative.

School staff participating in ICC should note that care planning is separate from the Individualized Education Program (IEP) process, although good communication between each process can inform and improve the other. Sometimes parents will ask the Care Coordinator or (more often) the Family Partner or other providers to attend IEP meetings with them.

While not educational advocates, these individuals can play a valuable role in helping the family understand and engage in the IEP process. Similarly, these individuals, along with other members of the child's Care Planning Team, can be natural allies in the pre-referral process to address needs before the IEP Process. With the family's permission, these providers can also share relevant clinical expertise, strategies, and experiences that could serve the student in other settings.

The length of enrollment in ICC varies depending on the needs of the child, but in many cases the range is nine to 16 months. Meetings are typically held monthly at locations and times convenient for the family and team members. Sometimes meetings are held at school, either early in the morning or after school in order to enable school personnel to participate. Meetings typically last an hour. Members may also call into meetings.

If a member is unable to attend a meeting, the Care Coordinator is responsible for communicating with that individual before and after the meeting to keep the member informed. Participating on a Care Planning Team is a significant commitment.

While it is the decision of the school administration to permit a staff member to participate, it is ultimately up to the family to decide whether a school representative should be invited to attend, and if so, which school representative they will invite.

Why Should Schools Participate in ICC Care Planning Teams?

There are many compelling reasons for school personnel to participate on a Care Planning team and to collaborate with other home-based service providers. The school is an important player in the care- planning process, and participation from the school on a team can improve a student's success at school.

- A representative from the school can ensure that treatment goals are supported during the school day while the care coordinator team can support educational objectives outside of the school day.
- Together, the school representative and the care coordinator team can integrate behavioral health interventions into the school day and IEP as appropriate.
- The care coordinator can share recommendations and strategies with the school for supporting the student during the school day and provide guidance for how to address challenging behaviors.
- The students enrolled in ICC are more likely to be children with complex needs that affect their school success.
- By participating on a Care Planning Team, school staff is able to draw on additional, outside resources to promote the student's success in school.

There are several benefits to schools that result from participating on a Care Planning Team.

- If the student is absent for an extended period (e.g., for hospitalization, foster or residential care, residential placement, etc.), you will be informed and updated about discharge planning.
- With parents' permission, school staff can participate in meetings to plan for a student's re-entry or reintegration to school after an absence due to hospitalization or residential care.
- If a student experiences a crisis, you are not alone, because your student has a crisis and safety plan that the family, therapist, and involved state agencies support.
- As the academic year ends, you are not alone in thinking about the structure that your student needs for the summer. You have a team that will stay with the student while school is out.
- Your student has more than a therapist: She or he has a team that will continue over the long term to support the student's plan for success.
- You are less isolated in working with your high-risk student: You work with a team.
- If the parents did not see you as an ally in the past, now there is a team framework to help them work with you in a positive way.

Schools can derive similar benefits from working with other hub providers. Whether providing ICC, In-Home Therapy, or Outpatient Therapy, all hub providers are expected to act as the central point of communication and coordination for the children and youth in their care. That means that they will keep school personnel informed of and engaged in treatment planning.

Voices from the Field

A school social worker from a Central MA district describes her experience participating on an ICC Care Planning Team.

“We were dealing with a girl who had seriously challenging behaviors, i.e., inappropriate language, physical aggression, refusal to comply with adult directives, disruptive behavior in the classroom. She had a trauma history, and her single working mom was also busy raising younger children.

“For almost two years we had been working on school-based interventions: restorative justice, conferencing, behavior plans, etc. None of these approaches got us anywhere. It seemed like we were always calling her mother in for a meeting or suspending the girl. Each time that we had to call her mother was time she had to take off from work. Needless to say, our relationship with the girl and her family was seriously frayed. Instead of helping, we felt like the enemy.

“At some point, the student’s mother petitioned for services from the Department of Children and Families (DCF) and they were referred to a Community Service Agency (CSA) for Intensive Care Coordination (ICC). The Care Coordinator reached out to the school (with the mother’s permission) and invited us to join the care-planning team. We were often invited but never able to attend the meetings due to locations and timing. We offered to host a meeting, since that seemed the best way to guarantee that the multiple school staff working with the student could join.

“This was in the early days of CBHI, so we weren’t sure what to expect; but that first meeting went really well. The team was excited to be at the school, and the ICC staff was thrilled by how open we were to family voice and collaboration. This student didn’t have an IEP, but it seemed very clear to us that an ICC team would give us the necessary structure to work more constructively with the family than we had in the past. We offered to host the monthly meetings going forward since we had the space. It was in our interest to be active members on the team, because ICC was helping us to repair our relationship with the student and her family. We contributed to the student’s overall care plan and were able to set some specific school behavioral goals with the family (such as prompt arrival at class each day, instead of lingering in the hallways and entering late) as well as connecting with her home-based therapy and family work to bolster her school goals.

“For the first time, we were seeing a difference in her behavior in school. She was in class for longer stretches of time because she was better able to de-escalate or self-regulate. As a result, we didn’t have to send her home nearly as much, nor call her mother in for disciplinary meetings. Spending more time in class also improved her grades. Whenever we reached a goal, we celebrated as a team. It didn’t feel adversarial anymore, which was a relief to everyone.”

Mobile Crisis Intervention and School

Because of the unique nature of the school setting, there are some important considerations in any request for MCI services.

Eligibility

MCI services are available to persons who are enrolled in any type of MassHealth (Medicaid) plan; those who are uninsured; and many who contract with commercial insurance companies. However, some ESPs provide mobile crisis services for all children regardless of type of insurance. The best way to find out is to contact the MCI manager for your local ESP. Call your local ESP provider to learn about service eligibility for the students in your school. You can find your local provider by calling 1-877-382-1609.



Consent

Anyone can contact MCI for a child in crisis. It is recommended that schools contact a parent or legal guardian before requesting the MCI service, or at least before the team arrives at the school. You can discuss the best setting for the intervention; the availability of the parent to join the intervention; whether the child already has a treatment provider for the crisis intervention, etc.

Based on the urgency of the situation, if the parent or guardian is unreachable, an MCI team may initiate treatment services while continuing attempts to reach the parent or guardian.

Safety

MCI is a rapid treatment service, but it should not be confused with the public safety response provided by law enforcement and fire departments. MassHealth specifications require that MCI respond within 60 minutes of a request. MCI team members will assist the family to help the child or youth gain control over their behavior, but neither MCI clinicians nor Family Partners will physically intervene with (i.e., restrain) children.

School personnel must assess the nature of the crisis and determine whether immediate medical treatment or law enforcement intervention to ensure safety is necessary. Even while the MCI team is on route, the school may reevaluate the need to call 911.

Often, children in crisis can be calmed, moved to a safe place, and assisted in gaining self-control while waiting for MCI to arrive. Schools are often well-attuned to what will work in the interim for a particular child—what would be a calming setting, what staff person the child might respond to, what activity might help—until outside help arrives. It may be that in conversation with the parent or guardian, it would work best for the parent to take the child home for the MCI evaluation, with a plan for follow-up communication to the school.

Time of Day

One of the most challenging aspects of providing MCI in schools is the clock! Schools are on a pre-established schedule, but crisis intervention is not. Initial interventions generally take from one-to-two hours, but sometimes get very complex, which means that they may not be resolved by the time lunch is served or the dismissal bell rings.

For interventions that occur later in the day, a member of the school leadership team must be willing to remain at the school until the intervention is complete. If this will be a hardship, the MCI team will work with the parent and school to develop a different plan for the initial intervention. Perhaps the team will meet the family at home or in the community-based walk-in clinic instead of in the school.

Space

Space is at a premium in most schools. The MCI teams know that. Nonetheless, team members will ask for a private, quiet space to meet with the child and parent. Some may ask for access to an outlet to plug in a laptop computer. There may be times that a school staff member will be asked to be involved in part of the intervention.

Coordination

Each crisis situation is unique, while coordinating logistics and decision-making can be complex. However, schools and crisis teams can increase the predictability and the efficacy of their joint interventions through outreach, advanced planning, and a clear understanding of one another's needs.

It is highly recommended that schools identify key personnel who can work with MCI any time that they are invited to the school. In many cases, these could be the same personnel identified by your school's crisis plan, which can help schools stay consistent in practice. School staff and MCI teams can work together to determine the following.

- Who in the school can authorize the request for MCI to come to the school? (It is recommended that this be the principal or the principal's designee.)
- Who will contact the parent or guardian to discuss the situation and options for interventions?
- Among staff who have access to information about the child and the nature of the crisis, who will contact the MCI team?
- Who will be the point person for the MCI team while they are on school grounds?
- Who can assist the MCI team in supporting the child and parent following the crisis and incorporate strategies to prevent or manage a future crisis?
- What space can be made available to the MCI team to meet with students and their families to conduct their work?
- If necessary, who has the authority to both remain in the school after dismissal and, if a parent were unavailable to come to the school, to see that the child gets home safely?

MCI teams always appreciate the opportunity to provide crisis intervention in schools. However, proactive crisis- and safety-planning is also an important focus for MCI. MCI teams welcome the opportunity to partner with schools to build on their existing crisis plans.

Please do not hesitate to contact the manager of your local MCI team if you would like more information about their services or learn how to enhance your partnership to better coordinate responses.



Voices from the Field

A student-services administrator from a northeast district describes the benefits of a working relationship with the local MCI Team.

“We have a great relationship with our local team. Once a year, our MCI director comes out to make a presentation to school administration, team chairs, and counselors. Since there is turnover every year, it is crucial to continually train staff about MCI. The director clarifies what the service is and when to call, and helps us troubleshoot. This is a great opportunity to problem-solve together. For instance, less-than-ideal experiences have resulted from school staff calling an MCI team on a Friday afternoon. The school staff didn’t realize how long the process would take, not to mention how difficult it would be for the MCI team to reach our building in the midst of afternoon traffic. Based on experiences like that, we developed an informal agreement with our local MCI that that when school staff initiates a call in the afternoon, whenever possible the parent will come pick up the child and meet the MCI team at home.

“The MCI director clears up misconceptions. Some schools have been reluctant to call MCI because in their experience, MCI is the step just before a student is hospitalized. When the MCI director heard this, she noted that while in some cases that may be the appropriate outcome, it may also indicate that the school should have called sooner. She has helped us understand where MCI falls in the continuum of emergency responses. With known students, we have school teams work with the therapist and MCI to create an emergency plan.

“Our MCI program gave us a Crisis Alert Form to fill out for kids that we are really concerned about. Let’s say that the weekend is coming up, or there is a long break and we are worried about a kid deteriorating. We’ll chat with the parents and let them know that we are filling out this form as a precaution. It asks for the child’s demographics, insurance, contact information. It is a pre-intake that we give to the MCI team so they have the child and family on file and can respond faster in the event of a crisis. Having this kind of relationship with our local MCI allows us to be proactive instead of reactive.”

An Important Reminder

Calling your local MCI is **not** the same as calling other emergency services, which may arrive within minutes of a call. An MCI team will arrive within 60 minutes of being called. If you feel there is an immediate risk to safety, call 911.

System-Level Collaboration through System of Care Committees

A System-of-Care Committee (SOC) is convened by the Community Service Agency (CSA), who provides the hub service Intensive Care Coordination. There are 32 CSAs throughout the state (see *What Services Are Available?* for more information on Intensive Care Coordination), and each convenes a local SOC Committee. SOC Committee meetings provide venues for connecting with other service providers and resources that could benefit the families of the students in your school.

Each SOC committee includes community stakeholders (e.g., family members, providers, community organizations, school representatives, etc.). It brings interested parties and organizations together to map community resources, identify service gaps, and address barriers to accessing services and supports. SOC Committees do not discuss individual families.

SOC committees meetings are open. Family members, representatives from state agencies, local behavioral health service providers, representatives from community-based organizations, and the courts are all invited to attend. As a result, a SOC committee meeting offers a unique opportunity to

- inform community stakeholders about your school and the resources it offers;
- learn about other community resources;
- plan collaborative responses to community issues and needs affecting your school; and
- share feedback about how services are working, and collaborate with the CSA and other providers to solve problems and improve processes.

SOC committee meetings vary by CSA and generally occur on a monthly basis. Your school/ school district doesn't need a representative at every meeting in order to participate. You can contact the CSAs in your area to get a meeting schedule. See *Appendix D* for a directory of CSAs.

Voices from the Field

A student-services administrator and committed System of Care Committee member describes how participating in these meetings benefits the students and families she serves.

“To me, the greatest value of the System of Care meetings has been the web of relationships that has sprung up between schools, providers, agencies, and families. Most of the families at my school are not actually on MassHealth, but through the SOC meetings I have been able to find out the types of insurance that providers accept, and then I can connect them with families who carry that insurance. I have also been able to connect families to providers who can assist them in applying for CommonHealth [*MassHealth coverage for children and adults with a disability regardless of income level*] so they can access the full range of CBHI services. For some families who are not eligible for MassHealth or CommonHealth, I have been able to work with a BH provider to step up and take on a primary behavioral health care coordination role.

“At these meetings, we work out ways to better serve families. A supervisor once described the difficulties her clinicians faced just getting into the building to work with students. How could I reduce this friction? One simple fix was to create a packet of all the required forms (e.g., CORI, release of information) a BH provider needs to submit in order to work with students in the building. As soon as we know that a student will be working with an outside provider, we can send out the packet (or even hand it over at an SOC meeting) so they can hit the ground running. No more paper chasing.

“By regularly attending SOC meetings, I have developed relationships. I know the providers, I know their faces, and they know mine. We have each other’s contact information and can reach out to each other. I can coach external providers in navigating the school system. Because I know the providers and the families, I can help facilitate the intake process, share contact information on both sides, and then fade out to let the provider and family take over the relationship. Families are extremely grateful to have the school navigate the intake and insurance matching, since it is the place where families most need help and have the least amount of support to understand a challenging system.”





Voices from the Field

An administrator from a western district describes a collaboration that grew out of participation in a local SOC meeting.

“We needed an even more focused meeting to bring together school and behavioral health folks, so we started a Joint Systems of Care meeting for school representatives. It includes the director of clinical services, chief of pupil services, special education supervisors, and our partner behavioral health agencies. We meet every other month to share information about school policies and how the agencies can collaborate on the needs of students. These meetings are a great opportunity to let the providers know where we are coming from and to build bridges between our professional disciplines.

“For instance, I gave a presentation on PBIS (positive behavioral interventions and supports) and we saw a light bulb go on with our provider colleagues. They thought about how they could take the same behavioral expectations at school and adapt or transfer them to the home environment. We encouraged the clinicians to find out if their clients were attending PBIS schools and to find out what behavioral expectations they set. Could the same expectations be taught at home or incorporated into treatment plans?

“This kind of relationship-building has been very good for all of us: We let them know what is happening in schools, which has an impact on treatment plans they develop, and those in turn can have an impact on in-school behavior and time spent on learning.”

Claiming under School-Based Medicaid

The School-Based Medicaid Program allows local education authorities (LEAs), such as cities and towns, charter schools, public health commissions, and regional school districts, to seek payment for providing medically necessary Medicaid services (direct services) to eligible MassHealth-enrolled children. This program also allows such agencies to seek payment for participating in activities that support the administration of the state's Medicaid program (administrative activities). This would include outreach and those activities that aid the delivery of direct services to Medicaid-enrolled children with individualized education plans (IEPs).

When school personnel inform families about MassHealth or participate in ICC Care Planning teams, they are also performing administrative activities that can be claimed under School Based Medicaid (SBM). To ensure that this work is included in SBM administrative claiming, make sure to include staff likely to perform these activities in the Random Moment Time Study (RMTS) quarterly participant list. Be sure to include cost data for this staff in the SBM Quarterly Administrative Activity Claim.

Here are examples of administrative activities related to MassHealth's new and improved services that can be included in SBM claims.

- **Performing activities that inform eligible or potentially eligible individuals about MassHealth and how to access it**—this includes telling families about the home- and community-based services and telling them how they may apply to MassHealth.
- **Assisting individuals in becoming eligible for MassHealth**—this includes helping a family member apply for MassHealth.
- **Performing activities associated with the development of strategies to improve the coordination and delivery of MassHealth-covered services to school-age children**—this includes attending your local SOC meeting.
- **Making referrals for, coordinating, and monitoring the delivery of MassHealth-covered services**—this includes participating in an ICC meeting.

For more information, and links to relevant publications and regulations, visit the School-Based Medicaid website: www.mass.gov/eohhs/provider/insurance/masshealth/school-based-medicaid/what-is-school-based-medicaid.html.

Additional Resources

School Climate-Related Resources

Behavioral Health and Public Schools (BHPS) Taskforce Final Report

Released in 2011, the report summarizes the recommendations of the BHPS Taskforce, pursuant to the 2008 Children's Mental Health Law, and lays out the framework that schools and districts can use to create supportive school environments, based on the Flexible Framework developed by the Trauma Learning Policy Initiative (see below). The report is available at www.doe.mass.edu/research/reports/2011/08BehavioralHealth.pdf.

Behavioral Health and Public Schools Self-Assessment Tool for Schools

This assessment was developed by the BHPS Taskforce to help schools examine the current activities and strategies that their staff engage in to create supportive school environments. Schools are encouraged to use the Self-Assessment Tool in order to develop their Safe and Supportive School plans. The tool is available at www.bhps321.org.

Safe and Supportive Schools Commission

A successor to the Behavioral Health and Public Schools Taskforce (see above). Among its charges, the SaSS Commission is working to refine, update, and improve the BHPS framework and forming recommendations on how to best integrate and coordinate the many different required improvement processes that schools and districts must implement. For more information visit www.doe.mass.edu/ssce/safety.html?section=commission.

CSEFEL/Pyramid Model

The Center on Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social-emotional development and school-readiness of young children from birth to age five. It is a national resource center funded by the Office of Head Start and the Child Care Bureau, and disseminates research- and evidence-based practices to early childhood programs across the country. CSEFEL developed the Pyramid Model, a conceptual framework for supporting and teaching social and emotional competence in young children that also aims to reduce challenging behaviors.

The CSEFEL/Pyramid Model provides training and coaching that equips early education and care staff and programs with the skills to create supportive environments that promote social and emotional health in all children. The model also supports the development of skills to intervene with children who are at risk of social and emotional delays and children with persistent challenging behaviors. For more information, resources, and handouts, visit csefel.vanderbilt.edu.



Positive Behavioral Interventions and Supports (PBIS)

PBIS is a proactive approach to establishing the behavioral supports and social culture needed for all students in a school to achieve social, emotional, and academic success. It shares the same DNA as the CSEFEL/Pyramid Model, though geared towards school-age and older students. For more information, resources, and handouts on this framework, be sure to visit www.pbis.org.

Helping Traumatized Children Learn—Flexible Framework

The Trauma Learning Policy Initiative developed the Flexible Framework to help schools and districts maintain a whole school focus as they create trauma-sensitive schools. This framework is at the center of the Safe and Supportive Schools provisions enacted within An Act Related to Gun Violence Prevention (2014) and is consistent with the one recommended by the Behavioral Health and Public Schools Task Force in 2011. For more information, visit <http://traumasensitiveschools.org>.

Other School Climate-Related Resources

- International Institute for Restorative Practices, www.iirp.edu
- National School Climate Center, www.schoolclimate.org
- National Center for Safe and Supportive Learning Environments, <http://safesupportivelearning.ed.gov>

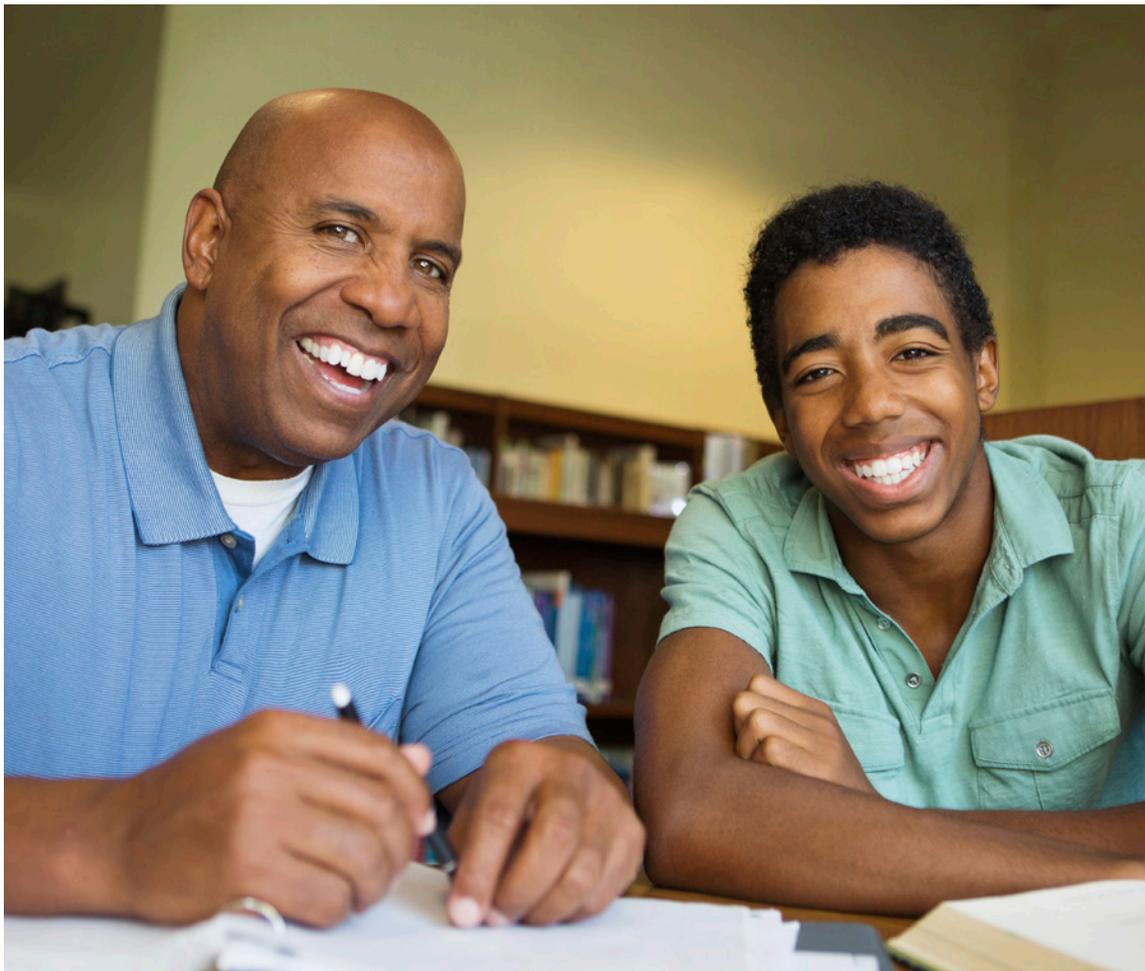
Helping Families to Access Services

CANS: A Family Guide

MassHealth behavioral health providers are required to use the Child and Adolescent Strengths and Needs (CANS) tool. This handout explains what the CANS is and how providers use it during the assessment process. To view or download the guide, click [here](#) or go to www.mass.gov/masshealth/CANS, and select Clinical Guidance on the CANS. A copy of this guide is also included as *Appendix C*.

Bureau of Substance Abuse Services—Office of Youth and Young Adult Services (BSAS-OYYAS)

BSAS-OYYAS connects youth, young adults, and their families experiencing substance use and other co-occurring disorders to high quality services. To find services, call Youth Central Intake at 617-661-3991 or 866-705-2807 (TTY: 617-661-9051). Visit www.mass.gov/dph/youthtreatment.



The Family Resource Centers (FRCs) of Massachusetts

The Family Resource Centers (FRCs) of Massachusetts is a statewide network providing community-based, multicultural parenting programs, support groups, early-childhood services, information, and referral resources and education for families whose children range in age from birth to 18.

Supported through funding from the Massachusetts Executive Office of Health and Human Services in collaboration with the Department of Children and Families, a Family Resource Center is located in each of the 14 Massachusetts counties. To locate your local FRC, visit www.frcma.org.

How to Apply for Health Coverage for Your Child

CBHI developed a step-by-step application guide that provides instructions for applying for MassHealth coverage. It contains practical tips to ensure a smooth application process; links to required application forms; and instructions for finding these forms on the MassHealth website.

To view or download the guide, click [here](#), or go to www.mass.gov/masshealth/cbhi and then click on CBHI Information for Members and Families. A copy of this guide is also included as *Appendix A*.

Mobile Crisis Intervention (MCI)

To find your local provider, call 1-877-382-1609 or see *Appendix F* for an informational flyer and a directory.

Mass 2-1-1

Mass 2-1-1 (www.mass211.org) is an easy-to-remember telephone number that connects callers to information about critical health and human services available in their community. It serves as a resource for finding government benefits and services, nonprofit organizations, support groups, volunteer opportunities, donation programs, and other local resources.

Mass 2-1-1 is always a confidential call and maintains the integrity of the 9-1-1 system, so that 9-1-1, a vital community resource, is reserved for life-and-death emergencies. Mass 2-1-1 is available 24 hours a day, seven days a week, and is an easy way to find or give help in your community.

Massachusetts Behavioral Health Access

School personnel can help families identify available service providers and their contact information using the website www.mabhaccess.com. This site allows anyone to search for available providers by zip code and service type. It also allows someone to determine a provider's current capacity to accept new referrals, although this does not guarantee that a family will get an appointment or placement.



“Worried About the Way Your Child is Acting or Feeling?”

CBHI created a full-color family friendly brochure, “Worried about the way your child is acting or feeling?” that includes brief descriptions of MassHealth home- and community-based services, including information on how to access them. This publication is distributed in five regional versions and multiple languages, each containing contact information for local providers delivering Mobile Crisis Intervention, In-Home Therapy, and Intensive Care Coordination (ICC).

You can order bulk copies of the brochure [here](#) (or go to www.mass.gov/masshealth/cbhi and then click on CBHI Brochure and Companion Guide).

More Information on MassHealth and Services

Medical Necessity Criteria and Performance Specifications

Each of the MassHealth home- and community-based behavioral health services has specific Medical Necessity Criteria and Performance Specifications. To view or download these documents, click [here](#) (or go to www.mass.gov/masshealth/cbhi and then click on Home- and Community-Based Services for Families and Children).

National Wraparound Initiative

For more information on Wraparound, please visit <http://nwi.pdx.edu>.

Practice Guidelines

CBHI developed Practice Guidelines to support the alignment of MassHealth home- and community-based services with the values that are important to families, support positive outcomes, and reflect the best intentions and expectations of CBHI. The Guidelines reference professional standards, recommended practices, required service components, and quality measures consistent with Wraparound principles.

You can view or download these documents by visiting the CBHI website (www.mass.gov/masshealth/cbhi) and selecting CBHI Resources for Providers.

Systems of Care Philosophy—TA Partnership on Children and Family Mental Health

At the heart of CBHI and MassHealth's home- and community-based behavioral health services is Systems of Care (SOC). SOC is a philosophical and organizational framework that involves collaboration across agencies, families, and youths for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families.

For more information on SOC, please visit www.tapartnership.org/systemsOfCare.php.

Appendices

Appendix A. How to Apply for Health Care Coverage for Your Child

Appendix B. Preparing for Your Appointment

Appendix C. CANS Family Guide

Appendix D. Community Service Agency (CSA) Directory

Appendix E. MassHealth Customer Service Lines

Appendix F. Emergency Service Provider/Mobile Crisis Intervention (ESP) Directory





HOW TO APPLY FOR HEALTH COVERAGE FOR YOUR CHILD

MassHealth is the Massachusetts Medicaid program. More than 1 million people in the state get health care services with help from MassHealth.

This guide explains options you have in applying for health coverage for your child.

If you are a parent or caregiver who wants your child to get MassHealth Standard or CommonHealth for behavioral health services, this guide will help you. The guide also may be useful for anyone else who would like to apply for coverage under MassHealth.

MassHealth Standard

MassHealth Standard offers a full range of health care benefits. To obtain MassHealth Standard for your child aged 0-18 years, your family's income must be less than or equal to 150% of the federal poverty level.

As of March 1, 2015, 150% of the federal poverty level for a family of four is \$36,372. If you are not sure if your household income meets this requirement, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

MassHealth CommonHealth

MassHealth CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard.

- There is no income limit for CommonHealth.
- There is a sliding-scale premium based on family income, and some adults may have to meet a one-time deductible.

For more detailed information on MassHealth, please see the [Member Booklet for Health and Dental Coverage and Help Paying Costs \(ACA-1\)](#), available at www.mass.gov/masshealth. Click on the [Member Library](#) button and follow the [MassHealth Member Applications](#) link.

How do I apply for MassHealth Standard or CommonHealth for my child?

1. You must fill out the [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form. You can get the ACA-3 form in several ways.
 - ◆ Go online and create an account at www.MAhealthconnector.org. Applying online may be a faster way for you to get coverage than mailing a paper application.
 - ◆ Go to www.mass.gov/masshealth and click the [Member Library](#) button. Then follow the [MassHealth Member Applications](#) link. You can print out the ACA-3 form and fill it out by hand.
 - ◆ Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). They can mail you an ACA-3 form.
 - ◆ Visit a MassHealth Enrollment Center (MEC) to apply in person. See the [Member Booklet for Health and Dental Coverage and Help Paying Costs](#) for a list of MEC addresses.

2. When you fill out the [ACA-3](#) form

- ◆ You will need to include all household members on the application. Tell us about all the household members who live with you. If you file taxes, we need to know about everyone on your tax return. You do not need to file taxes to get MassHealth.
- ◆ Be sure to answer all questions on the application.
- ◆ Be sure to answer YES to question 12 about injury, illness, or disability in Step 2 of the paper application for each person with a disability. If you complete your application by telephone or online, you will also be asked this question.

Navigators and Certified Application Counselors can help you apply for MassHealth. These trained individuals can help you from application through enrollment and answer your questions. To find a Navigator or Certified Application Counselor organization near you, go to www.betterMAhealthconnector.org/get-help.

3. You can submit your completed application in any of the following ways.

- ◆ **Go online** and sign in to your account at www.MAhealthconnector.org.
- ◆ **Mail** your filled-out, signed [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form to
 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**
- ◆ **Fax** your filled-out, signed ACA-3 application to 1-857-323-8300.
- ◆ **Call** the MassHealth Customer Service Center at 1-800-841-2900 and apply over the phone (TTY: 1-800-497-4648).

If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that MassHealth got your application.

- ◆ The date MassHealth gets your application affects the date that MassHealth can pay for medical services if you are found eligible.
- ◆ Do not send more than one copy of your application. An application review can take up to 45 days. The extra paperwork will delay review.
- ◆ Keep a copy of everything you send for your records.

What happens after I submit the application?

MassHealth will try to verify the information on the application. If additional information (such as proof of income, citizenship, or immigration status) is needed, we will send you a Request for Information notice that will list all the required documents and the deadline for submitting them.

MassHealth works with UMass/Disability Evaluation Services (DES) to look at disability requests. DES will follow up with you and may send you more paperwork to complete. The paperwork DES sends you helps them review your child's disability request for MassHealth. This process can take up to 90 days.

You can speed up the disability review process by following the three steps below. (To download the forms described below from a computer, go to www.mass.gov/masshealth. Click the **Member Library** button and follow the **Member Forms** link.)

1. When you get the **ACA-3** form, also get one of the two forms below. (You can download them or ask for them if you call the MassHealth Customer Service Center.)
 - ▶ **MassHealth Child Disability Supplement Form**
Fill out this form if your child is age 17 or younger. It tells MassHealth about your child's medical and mental health providers, daily activities, and educational background.
 - ▶ **MassHealth Adult Disability Supplement Form**
If your child is age 18 or older, you or your child needs to fill out this form. Some work requirements may apply to youths between the ages of 18 and 21.
2. Be sure to sign the **Medical Records Release** forms at the end of the disability supplement forms (above). Sometimes MassHealth needs more information about your child's medical conditions. When you fill out the MassHealth Medical Release form, you give DES permission to contact your child's providers for such information.
 - ◆ The information helps DES decide if your child is disabled under state and federal law. Fill out one form for each provider by name.
 - ◆ If your child is in an Early Intervention Program or has an IEP or 504 Plan at school, you will need to fill out a release form for these providers/teachers.
 - ◆ Five blank copies of this form are also included in the Disability Supplement Form.
3. Send the completed Disability Supplement and signed Medical Records Release forms to  **Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796**

If you have any of the following, send copies with the Medical Records Release and Disability Supplement forms. Sending the documents below can help speed up the review process.

- ◆ Your child's medical records
 - ◆ Individualized Family Services Plan (IFSP)
- or
- ◆ Individualized Educational Plan (IEP), testing results, or other records that describe your child's condition(s).

After you have mailed this information, a staff member from the UMass/Disability Evaluation Services may contact you if MassHealth needs more information.

- ◆ Keep a copy of everything you send for your records.
- ◆ If you mail your application at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ Check with all your child's providers to make sure they sent the requested information to the UMass/Disability Evaluation Services.

My child already has MassHealth Family Assistance. How do I apply for CommonHealth?

If your child has a disability, he or she may be eligible for CommonHealth. You will need to fill out the [MassHealth Child Disability Supplement](#), including the MassHealth Medical Records Release forms. (Five of these forms are included in the supplement.)

You can get these forms by

calling the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648); or **visiting** www.mass.gov/masshealth and clicking the [Member Library](#) button and then following the [Member Forms](#) link. Fill out the forms and send them to

 **Disability Evaluation Services (DES), P.O. Box 2796, Worcester, MA 01613-2796**

- ◆ If you mail these forms at the post office, make sure to ask for a return receipt. This way you have proof that DES got your forms.
- ◆ If you need help filling out these forms, you can call the UMass/Disability Evaluation Services Help Line at 1-888-497-9890.
- ◆ Keep a copy of everything for your records.

Reminder: required documents to apply for MassHealth/CommonHealth

If you want to apply for MassHealth/CommonHealth, you will need to mail or submit two separate sets of documents.

1. Send your Application for [Massachusetts Application for Health and Dental Coverage and Help Paying Costs \(ACA-3\)](#) form by **Mail** to

 **Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780**

Fax: 857-323-8300, or

Go Online and sign into your account at www.MAhealthconnector.org.

2. The following documents also are required for MassHealth CommonHealth.
 - ▶ Completed MassHealth Child Disability Supplement or Adult Disability Supplement form for children aged 19 years and older
 - ▶ Completed MassHealth Medical Records Release form(s)
 - ▶ Copies of records that describe your child's condition. Examples include medical records, an Individualized Educational Plan (IEP), an Individualized Family Services Plan (IFSP), and psychological testing results.

Send these documents to

 **Disability Evaluation Services, P.O. Box 2796, Worcester, MA 01613-2796**

Where can I get additional help? If you have questions or need help completing the ACA-3 form, call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648). You can also find help located near you by visiting <https://betterhealthconnector.com/enrollment-assisters>.

CANS: A Family Guide



What Is the CANS?

MassHealth requires behavioral health providers to do a comprehensive assessment when they first start working with children and youth younger than 21.* The provider will spend time getting to know you and your child, the problems your child is facing, and your hopes for treatment. The first time you meet with your child's behavioral health provider (for example, a clinical social worker, family therapist, mental health counselor, or psychologist), he or she will probably begin a "CANS" for your child.

The CANS is a form that providers use to gather information during the assessment process. It may be filled out by hand on paper, or electronically with a computer.

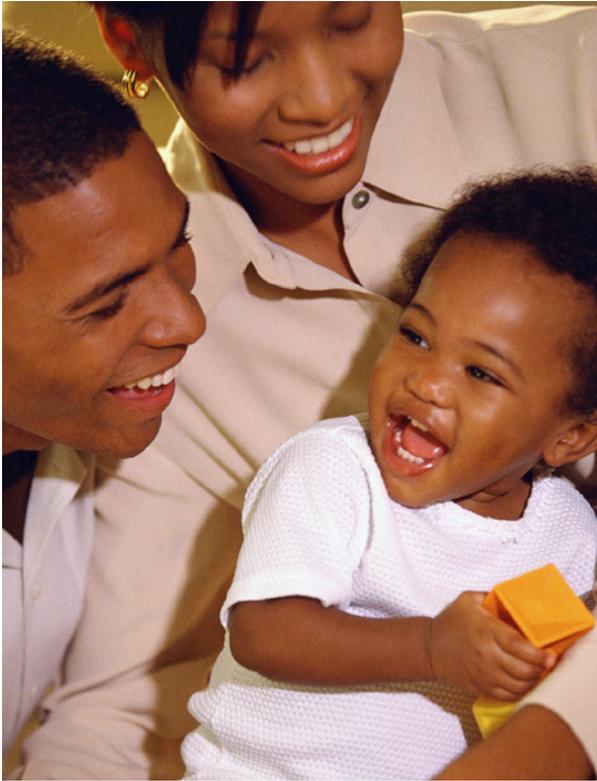
CANS stands for **C**hild and **A**dolescent **N**eeds and **S**trengths. Strengths are areas of your child's life where he or she is doing well or has an interest or ability. Perhaps your son loves art or your daughter has volunteered in an animal shelter. Or your family has many caring friends and relatives. Needs are areas where your child requires help or serious intervention. Perhaps your child seems depressed or is having behavior problems.

Providers use the assessment process to get to know the children and families they work with and to understand their strengths and needs. The CANS can help you decide which of your child's needs are the most important to address in a treatment plan. The CANS also helps you and your child pick out strengths, which can be the basis of a treatment plan. By working with the provider during the assessment process and talking together about the CANS, you can develop a treatment plan that works with your child's strengths and needs.

* MassHealth offers several types of behavioral health services for children and youth younger than 21. Certain services involve complete assessment and coordination of care when the child is involved in other services. Known as "Hub Services," these include Intensive Care Coordination, In-Home Therapy, and Outpatient Therapy. Some children may be involved in more than one Hub Service. As a MassHealth provider, each Hub Service provider is required to use the CANS form and must complete and update it every 90 days.

Another set of services includes Family Support and Training (Family Partners), In-Home Behavioral Health Services, and Therapeutic Mentors. They are "Hub-Dependent Services," that is, they need a referral from a Hub Service. Providers of these services do not need to complete the CANS but should review the CANS done in the Hub Service.

You should get copies of your child's CANS from his or her provider to share with other providers who work with your family.



How Are CANS Ratings Given?

The CANS is made up of seven sections that focus on different areas in the child's life. Each section consists of a group of items that include how your child functions in everyday life, specific emotional or behavioral concerns, risk behaviors, strengths, and for older children, skills needed to move into adult life. One section asks about your family's beliefs and preferences, while another asks about general family concerns. The provider gives a number rating to each of these items. These ratings help the provider understand where intensive or immediate action is most needed, and where your child has strengths that could be a major part of the treatment plan.

Of course, ratings do not tell the whole story of a child's strengths and needs. Each CANS section also has a comment space where a provider can give more information about that area of life. The provider can note questions that need to be explored further, or areas where people involved with the child have different ideas about him or her.

Updating the CANS

Providers can update the CANS to track progress and revise plans. Each provider normally updates the CANS every 90 days. This is a good time for you to talk with your provider about what has been accomplished through treatment, how the plan is working, and any changes that should be made.

What Is CANS Consent?

Why Is Consent So Important?

Your child's provider will ask for your consent or permission to enter the CANS ratings and comments into MassHealth's secure online database known as the Virtual Gateway. When you give permission, you are allowing MassHealth, your child's managed-care plan, and other providers at the same organization who work with your child to see his or her CANS records. Your child may work with other providers from different organizations. They will also ask for your permission to enter your child's CANS information into the Virtual Gateway and to see CANS records entered by other providers. Only providers who have your permission can do this. Providers who do not have your permission must complete the CANS on paper and keep it in your child's medical record.

Your consent **does not** allow other state agencies, such as the Department of Youth Services or Department of Children and Families, to see your child's CANS record. To protect your child's privacy MassHealth keeps tight control over who has access to the database. Access to your CANS record is restricted and protected under state and federal privacy laws.

What Are the Benefits of Giving Consent?

With your permission, all providers caring for your child will be able to share the CANS online. Sharing the CANS helps everyone to be "on the same page" for your child, and may save you from having to answer the same questions for different providers.

Giving permission for the provider to enter your child's CANS information into the database allows him or her to print a CANS report for you at any point in your child's treatment. If you wish to share a CANS assessment that was completed on paper with other providers, you will need to ask for a copy.

Updating the CANS in the database is easy for your provider. He or she can simply edit the CANS that was done the last time, leaving more time to focus on your child's treatment plan.

Finally, MassHealth uses the CANS to understand how its services are helping families. Having this information allows MassHealth to improve services in ways that can help your child and others in the future.



Appendix D: Community Service Agency (CSA) Directory

CSAs provide Intensive Care Coordination for children and youth who require or are already using multiple services, or are involved with multiple child-serving systems, such as child welfare, special education, juvenile justice, or mental health. There are 32 CSAs throughout the state.

One of the things that CSAs do is to convene local System-of-Care (SOC) Committee meetings. Contact your local CSA to find out the schedule for these meetings.

Metro Boston

Bay State Community Services (Coastal)	617-471-8400, Ext. 163
Children's Services of Roxbury (Boston)	617-989-9499
Justice Resource Institute (Jamaica Plain)	617-522-0650
The Guidance Center (Cambridge)	617-354-1519, Ext. 114
Home for Little Wanderers (Boston)	1-855-240-4663
The Learning Center for the Deaf, Walden School (Statewide) Videophone	1-508-875-9529 1-774-999-0949/1-774-406-3723
North Suffolk Mental Health Association (Harbor)	617-912-7792
Riverside Community Care (Arlington)	1-877-869-3016

West

Behavioral Health Network (Chicopee, Springfield, Ware)	1-413-737-0960/1-866-577-8860
Brien Center for Mental Health and Substance Abuse Services (Pittsfield)	1-413-499-0412
Carson Center for Human Services (Holyoke)	1-888 877-6346/1-413-572-4111
Clinical & Support Options	
Athol, Orange	1-978-249-9490
Greenfield	1-413-774-1000
Northampton	1-413-582-0471
Gandara Center	1-413-846-0445 or
Springfield, Holyoke	1-413-846-0446
The Learning Center for the Deaf, Walden School (statewide) Videophone	1-508-875-9529 1-774-999-0949/1-774-406-3723

Central

Community Healthlink	
North Central	1-877-240-2755
Worcester	1-877-778-5030
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723
Wayside Youth & Family Support Network (Framingham)	1-508-309-0369
Y.O.U., Inc.	1-855-4YOUINC (1-855-496-8462)

Northeast

Children's Friend and Family Services	
Lawrence	1-978-682-7289
Lynn	1-781-593-7676
Eliot Community Human Services (Malden)	1-781-395-0457
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723
Lahey/Northeast Behavioral Health Corporation (formerly HES)	
Cape Ann	1-978-922-0025
Haverhill	1-978-374-0414
Wayside Youth & Family Support Network (Lowell)	1-978 460-8712

Southeast

BAMSI (Brockton)	1-508-587-2579, Ext. 30
Bay State Community Services (Plymouth)	1-508-830-3444, Ext. 321
Child & Family Services (New Bedford)	1-508-990-0894
Community Counseling of Bristol County, Inc. (Attleboro)	1-508-977-8185
Family Service Association (Fall River)	1-508-730-1138
Justice Resource Institute (Cape Cod)	1-508-771-3156
The Learning Center for the Deaf, Walden School (statewide)	1-508-875-9529
Videophone	1-774-999-0949/1-774-406-3723

Appendix E: MassHealth Customer Service Lines

MassHealth Customer Service Center 1-800-841-2900 (TTY: 1-800-497-4648)

MassHealth Website www.mass.gov/masshealth

MassHealth Managed Care Plans Customer Service Lines

Boston Medical Center HealthNet Plan

Members 1-888-566-0010 (TTY: 1-800-421-1220)

Mental Health and Substance Use Disorder Services 1-888-217-3501 (TTY: 1-888-727-9441)

Fallon Community Health Plan

Members 1-800-341-4848
(TTY users please call TRS Relay 711)

Mental Health and Substance Use Disorder Services 1-888-421-8861 (TTY: 1-877-608-7677)

Health New England

Members 1-800-786-9999 (TTY: 1-800-439-2370)

Mental Health and Substance Use Disorder Services 1-800-495-0086 (TTY: 1-617-790-4130)

Neighborhood Health Plan

Members 1-800-462-5449 (TTY: 1-800-655-1761)

Mental Health and Substance Use Disorder Services 1-800-414-2820 (TTY: 1-781-994-7660)

Tufts Health Plan

Members 1-855-393-3154 (TTY: 1-888-391-5535)

Mental Health and Substance Use Disorder Services 1-855-393-3154 (TTY: 1-888-391-5535)

Primary Care Clinician Plan

Members 1-800-841-2900 (TTY: 1-800-497-4648)

Mental Health and Substance Use Disorder Services 1-800-495-0086 (TTY: 1-617-790-4130)

Massachusetts Behavioral Health Access

You can find available mental health service providers and their contact information by using the www.mabhaccess.com website, which allows anyone to search for available providers by zip code and service type. It also allows anyone to determine a provider's current capacity to accept new referrals, although *this does not guarantee* that a family will get an appointment or placement.

Appendix F: Mobile Crisis Intervention (MCI)

Emergency Services Programs (ESP)

Emergency mental health and/or substance use disorder services are available in your community!

Who Can Receive ESP Services?

People of **ALL AGES** with the following insurance coverage

- All MassHealth (Medicaid) plans
- Medicare

**You can receive ESP services even if you're uninsured.
And many ESPs also contract with commercial insurance companies.**

Operating Hours

Every ESP has its own toll-free number.
ESPs are open and ready to provide services 24 hours a day, 365 days a year.

**To get the toll-free number for your ESP,
see the listing on the next page.**

You can also call the free statewide number (1-877-382-1609).
Just enter your zip code to get the phone number.

There are alternatives to hospital emergency departments!

Please go to <https://www.masspartnership.com/member/ESP.aspx>
for more details and an electronic version of this flyer.

BOSTON		
Boston	Boston (Dorchester, South Boston, Roxbury, West Roxbury, Jamaica Plain, Mattapan, Roslindale, Hyde Park, Lower Mills), Brighton, Brookline, Charlestown, Chelsea, East Boston, Revere, Winthrop	Boston Medical Center/Boston Emergency Services Team (B.E.S.T.) 24-hour access number: 1-800-981-4357
METRO BOSTON		
Cambridge, Somerville	Cambridge, Somerville	Boston Medical Center/Cambridge Somerville Emergency Services Team (C.S.E.S.T.) 24-hour access number: 1-800-981-4357
Norwood	Canton, Dedham, Dover, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, Wrentham	Riverside Community Care 24-hour access number: 1-800-529-5077
South Shore	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, Weymouth	South Shore Mental Health (SSMH) 24-hour access number: 1-800-528-4890
WEST		
The Berkshires	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, Windsor	The Brien Center for Mental Health and Substance Abuse 24-hour access number: 1-800-252-0227
Greenfield	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, Shutesbury, Sunderland, Turners Falls, Warwick, Wendell, Whately	Clinical & Support Options 24-hour access number: 1-800-562-0112
Northampton	Amherst, Chesterfield, Cummington, Easthampton, Florence, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, Worthington	Clinical & Support Options 24-hour access number: 1-800-322-0424
Southern Pioneer Valley	Agawam, Belchertown, Blandford, Bondsville, Chester, Chicopee, East Longmeadow, Granby, Granville, Hampden, Holyoke, Huntington, Indian Orchard, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, South Hadley, Southampton, Southwick, Springfield, Thorndike, Three Rivers, Tolland, Ware, Westfield, West Springfield, Wilbraham	Behavioral Health Network 24-hour access number: 1-800-437-5922
CENTRAL		
MetroWest	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, Woburn	Advocates 24-hour access number: 1-800-640-5432
North County	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, Winchendon	Community HealthLink, Inc. 24-hour access number: 1-800-977-5555
South County	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, West Brookfield	Riverside Community Care 24-hour access number: 1-800-294-4665
Worcester	Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury, Spencer, West Boylston, Worcester	Community HealthLink, Inc. 24-hour access number: 1-866-549-2142
NORTHEAST		
North Essex	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, West Newbury	Northeast Behavioral Health 24-hour access number: 1-866-523-1216
Lawrence	Andover, Lawrence, Methuen, North Andover	Northeast Behavioral Health 24-hour access number: 1-877-255-1261
Lowell	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford	Northeast Behavioral Health 24-hour access number: 1-800-830-5177
Tri-City	Everett, Lynn, Lynnfield, Malden, Medford, Melrose, Nahant, North Reading, Reading, Saugus, Stoneham, Swampscott, Wakefield	Eliot Community Services 24-hour access number: 1-800-988-1111
SOUTHEAST		
Southern Coast	Acushnet, Carver, Dartmouth, Duxbury, Fairhaven, Halifax, Hanover, Hanson, Kingston, Marion, Marshfield, Mattapoisett, New Bedford, Pembroke, Plymouth, Plympton, Rochester, Wareham	Child and Family Services of New Bedford 24-hour access number: 1-877-996-3154
Brockton	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, Whitman	Brockton Multi-Service Center 24-hour access number: 1-877-670-9957
Cape Cod and The Islands	Aquinnah, Barnstable, Bourne, Brewster, Chatham, Chilmark, Cotuit, Dennis, Eastham, Edgartown, Falmouth, Gosnold, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Woods Hole, Yarmouth	Cape & Islands Emergency Services 24-hour access number: 1-800-322-1356
Fall River	Fall River, Freetown, Somerset, Swansea, Westport	Corrigan Mental Health Center 24-hour access number: 1-877-425-0048
Taunton, Attleboro	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleborough, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, Taunton	Norton Emergency Services 24-hour access number: 1-800-660-4300

