

Massachusetts Behavioral Health Partnership (MBHP)  
ESP PERFORMANCE SPECIFICATIONS

# EMERGENCY SERVICES PROGRAM (ESP)

Providers contracted for this level of care will be expected to comply with all requirements of these service-specific performance specifications. Additionally, **providers of this service and all contracted services will be held accountable to the “General” performance specifications**, located at the beginning of this section of the MBHP Provider Manual.

## Philosophy

The Emergency Services Program (ESP) provides crisis assessment, intervention, and stabilization services 24 hours per day, seven days per week, and 365 days per year (24/7/365) to individuals of all ages who are experiencing a behavioral health crisis. The purpose of the ESP is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis in a manner that allows an individual to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care. In all encounters with an individual in crisis, the ESP will provide a core service including crisis assessment, intervention, and stabilization. In doing so, the ESP will conduct a crisis behavioral health assessment and offer short-term crisis counseling that includes active listening and support. The ESP provides solution-focused and strengths-oriented crisis intervention aimed at working with the individual and his/her family and/or other natural supports to understand the current crisis, identify solutions, and access resources and services for comfort, support, assistance, and treatment. The ESP arranges the behavioral health services that the individual selects to further treat his/her behavioral health condition based on the assessment completed and the individual’s demonstrated medical need. The ESP coordinates with other involved service providers and/or newly referred providers to share information (with appropriate consent) and make recommendations for the treatment plan. The ESP also provides the individual and his/her family with resources and referrals for additional services and supports, such as recovery-oriented and consumer-operated resources in their community. While it is expected that all ESP encounters minimally include the three basic components of crisis assessment, intervention, and stabilization, crisis services require flexibility in the focus and duration of the initial intervention, the individual’s participation in the treatment, and the number and type of follow-up services.

ESP services are directly accessible to individuals who seek behavioral health services on their own and/or who may be referred by any other individual or resource, such as family members, guardians, community-based agencies, service providers, primary care physicians, residential programs, schools, state agency personnel, law enforcement, courts, etc. ESP services are community-based in order to bring treatment to individuals in crisis, allow for consumer choice, and offer medically necessary services in the least restrictive environment that are most conducive to stabilization and recovery. Local ESPs provide crisis behavioral health services in the community, through mobile crisis intervention services, accessible community-based locations, and adult Community Crisis Stabilization (CCS) programs.

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The mission of the ESP is to delivery high quality, culturally competent, clinically and cost-effective, integrated community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

**Components of Service**

1. The ESP provider is contracted to provide crisis behavioral health services in a specified catchment area in the Commonwealth of Massachusetts.
2. The Emergency Services Program (ESP) is a comprehensive, integrated program of crisis behavioral health services, including services delivered through the ESP’s mobile crisis intervention services for adults and youth, in the ESP’s accessible, community-based location, and in the ESP’s adult Community Crisis Stabilization (CCS) program.
3. This Covered Service includes the following: crisis screening, which for the purposes of these performance specifications will be referred to as “crisis assessment”; short-term crisis counseling, which for the purposes of these performance specifications will be referred to as “short-term crisis counseling,” as well as in the context of “crisis intervention”; crisis stabilization, which will be referred to as “crisis stabilization” in these performance specifications; follow-up services by the ESP deemed clinically indicated during the initial intervention; such follow-up services may exceed the initial 24-hour period and include, but are not limited to, telephonic support and face-to-face contact, which for the purposes of these performance specifications will be referred to as “follow-up services”; and medication evaluation and specialing, both of which will be arranged by ESP providers when needed by individuals participating in ESP services. While the “core” ESP service is referred to throughout this document as “crisis assessment, intervention and stabilization,” it is understood that all recipients of ESP services will have access to all the services listed above: crisis screening, short-term crisis counseling, crisis stabilization, follow-up services, medication evaluation, and specialing.
4. The ESP provides a discreet level of care that minimally includes the core ESP services – behavioral health crisis assessment, intervention, and stabilization, including follow-up services – to all recipients of ESP services in all ESP service components and venues.
5. The ESP conducts all clinical, medical, quality, administrative, and financial oversight functions across all the services provided by the ESP and all locations in which these services are provided, including any ESP services provided by subcontractors. More specifically, management functions include:

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	<ul style="list-style-type: none"><li>• Staff recruitment, hiring, training, supervision, and evaluation</li><li>• Triage</li><li>• Clinical and medical oversight</li><li>• Quality management/risk management</li><li>• Information technology, data management, and reporting</li><li>• Claims and encounter form submission</li><li>• Oversight of subcontracts</li><li>• Interface with payers including the MassHealth-contracted Managed Care Entities (MCEs)</li><li>• Interface with MBHP for contract management purposes</li></ul> <p>6. The ESP provides services to all uninsured consumers as well as those enrolled in or covered by the following payers: MassHealth plans including the PCC Plan (MBHP), the MassHealth-contracted MCOs and MassHealth fee-for-service or “unmanaged” plans; DMH only; Medicare; and Medicare/Medicaid.</p> <ul style="list-style-type: none"><li>• Payment will not be provided to ESPs for ESP or adult CCS services for individuals with commercial insurance. ESPs are not mandated by this RFR to provide ESP and/or adult CCS services to those populations, and any resulting contract with MBHP shall not require ESPs to provide ESP and/or adult CCS services to such populations. ESPs are encouraged to seek contracts with commercial payers for the provision of ESP and adult CCS services to their members.</li></ul> <p>7. ESP services are available to individuals of all ages.</p> <p>8. ESP services are available to individuals who present with mental health, substance use, and/or co-occurring mental health and substance use disorders.</p> <p>9. The ESP ensures that ESP services are accessible throughout the entire catchment area 24/7/365.</p> <p>The ESP responds to all requests for crisis assessment, intervention, and stabilization in a timely fashion, in order to be responsive to the individual’s and/or caretakers’ sense of urgency, intervene in behavioral health crises early, and prevent the adverse impact that treatment delay may have on individuals, families, and settings in which those individuals await these services, particularly hospital emergency departments (EDs), in order to minimize the duration of individuals’ time in this more restrictive setting, thereby contributing to efforts to reduce ED overcrowding and boarding. The ESP ensures that a maximum response time of 60 minutes from the time of the</p>
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	<p>individual's readiness for ESP crisis assessment is provided in every encounter and maintained across his/her program.</p> <ol style="list-style-type: none"><li>10. All ESP services in a given catchment area are accessed by phone through a toll-free number (TFN), which may include an 800, 888, 877, or 866 number, operated by the contracted ESP provider 24/7/365. The TFN is generally expected to operate at the ESP's community-based location. The TFN, accessible by voice or TTY, is published in all major telephone directories in the ESP's catchment area, under both "Mental Health Services" and "Substance Abuse Services."</li><li>11. The ESP triages calls to its most appropriate ESP service component, the one that will provide crisis behavioral health services to the individual in the least restrictive setting, ensuring safety and responsiveness to consumer and family choice.</li><li>12. The ESP ensures that, upon the request of a court clinician conducting a psychiatric evaluation pursuant to M.G.L. c. 123 12(e), a crisis assessment is provided, appropriate diversionary services are identified, and assistance is provided to access the diversionary service.</li><li>13. The ESP's priority is to ensure safety by providing immediate intervention in life-threatening situations involving imminent risk of suicide, homicide (except in cases where law enforcement is clearly needed), or significant violence directed toward self, person(s), or property.</li><li>14. The ESP supports resiliency, rehabilitation, and recovery of all individuals to whom they provide crisis behavioral health services, by integrating mental health, substance use, and co-occurring rehabilitation and recovery principles and practices throughout the service delivery model and implementing specific recovery-oriented services, including Peer Specialist and Family Partner services.</li><li>15. ESP's must provide assessment of current or past use of substances and indications for arranging immediate medical treatment or medical follow-up, including the capacity to screen for intoxication or withdrawal.</li><li>16. The ESP operates a community-based location that serves as a primary venue through which the ESP provides community-based access to the core ESP services of crisis assessment, intervention, and stabilization, including follow-up services.<ol style="list-style-type: none"><li>a. The ESP provides ESP services on site at its community-based location for a minimum of 12 hours per day on weekdays and 8 hours per day on weekends. Recommended minimum hours are 7 a.m. to 11 p.m. on weekdays and 11 a.m. to 7 p.m. on weekends. ESPs operate Adult and Youth Mobile Crisis Intervention services and the adult CCS 24/7/365.</li></ol></li></ol>
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	<ul style="list-style-type: none"><li>b. It is generally expected that all ESP services are located at, and in the case of Adult and Youth Mobile Crisis Intervention, dispatched from, the ESP's community-based location.</li><li>c. The ESP's community-based location must be an easy-to-find, centrally located, handicap accessible site in a population center within the catchment area and perceived as "in the community" to those who live there. The site must be accessible to persons relying on public transportation.</li><li>d. The ESP community-based location offers an environment that encourages individuals and families to seek crisis services in this less restrictive, community-based setting. The physical environment and interpersonal climate is one that is welcoming and communicates respect, patience, compassion, calmness, comfort, and support. Concurrently, the environment communicates that this is a setting to receive help for crisis behavioral health needs rather than for routine services or general support and socialization.</li><li>e. ESP may operate more than one community based location and/or operate mobile services from more than one location throughout the catchment area.</li></ul> <p>17. The ESP provides Mobile Crisis Intervention services to both youth and adults as an integral part of their comprehensive behavioral health crisis services continuum and a key strategy in reducing the use of unnecessary hospital emergency department (ED) and inpatient psychiatric services. (Refer to the Youth Mobile Crisis Intervention Performance Specifications for more details about ESP provider requirements relative to that ESP service component.)</p> <p>18. The core ESP service of crisis assessment, intervention, and stabilization, including follow-up services, is provided to adults primarily through the ESP's Adult Mobile Crisis Intervention services, in addition to ESP services provided to adults at the ESP's community-based location. The ESP provides Adult Mobile Crisis Intervention services to any community-based location, including private homes, from 7 a.m. to 8 p.m. Outside of those hours, Adult Mobile Crisis Intervention services are provided in residential programs and hospital EDs. Upon request, ESP's are also expected to conduct crisis behavioral health assessments on medical floors in hospitals within the ESP's catchment area. ESP performance is measured against established targets for the percentage of services that are provided on a "mobile" basis, exclusive of hospital EDs. For any triage decisions to provide ESP services in the community based location or an ED setting, when a mobile service has been requested, an administrative review within the ESP program must occur at the time of this triage decision is made.</p>
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19. The ESP operates an adult Community Crisis Stabilization (CCS) program that serves adults ages 18 and older, which shall include services under the Children’s Behavioral Health Initiative (CBHI) for young adults from ages 18 to 21. The ESP’s adult CCS is co-located with the ESP community-based location. (Refer to the Adult Community Crisis Stabilization (CCS) Performance Specifications for more details about ESP provider requirements relative to that ESP service component.)
20. The ESP provides adult and child psychiatric consultation 24/7/365. The ESP provides access to psychiatric and medication evaluations through which medication is prescribed according to written policies and procedures and applicable Massachusetts General Laws and Regulations.
21. The ESP continually assesses risk for individuals who participate in ESP services, as well as for staff who provide them, and takes action to mitigate risk to the extent possible. Strategies include but are not limited to:
  - a. Offering various venues for services, as well as acknowledging that some individuals will continue to require the services of a hospital ED
  - b. Technology resources, including cell phones with GPS and laptops
  - c. Staffing infrastructure, including Certified Peer Specialists, Family Partners, and bachelor’s-level staff, who provide support and comfort to consumers and families, as well as to be available to provide a two-person response, along with a master’s-level clinician, to many requests for Adult and Youth Mobile Crisis Intervention services
  - d. Specific “safety” staffing in the ESP community-based locations, whose role and title is defined by the ESPs in a manner that helps to promote a calm and safe environment, mitigate risk, and facilitate safety in these settings. ESPs choose to use these positions in a variety of ways that contributes to a safe environment. In part, this staffing will enable providers to ensure that at least two staff are present in the community-based location during at least high-volume operating hours.
22. Subject to applicable state and federal regulations that entitle MassHealth Members to seek emergency services for an Emergency Medical Condition, the ESP strives to interrupt patterns of over-reliance on hospital EDs as the first point of contact in the event of a behavioral health crisis. The ESP is organized around the diversion of behavioral health utilization from those settings when there is not a physical condition or level of acuity that requires medical assessment

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	<p>and intervention, while understanding that MassHealth Members are entitled to seek emergency services in an ED if they believe they have an Emergency Medical Condition. The ESP develops and implements specific strategies to change referral and utilization patterns in its communities and shift volume from hospital EDs to its community-based services, specifically its Youth and Adult Mobile Crisis Intervention services, ESP community-based locations, and adult CCSs. ESPs create a service pathway that screens for the need to refer up to a hospital ED rather than step-down from hospital-based emergency care.</p> <p>23. The ESP identifies and implements strategies that maximize utilization of community-based diversionary services and reduce unnecessary psychiatric hospitalization, in a manner that is consistent with medical necessity criteria.</p> <p>24. ESPs are responsible for arranging transportation for consumers, inclusive of private ambulances, to the appropriate levels of care determined for disposition. ESPs also provide transportation for consumers and their families to and from the ESP, home setting, or appropriate outpatient and/or medication service following an ESP intervention. ESPs assist consumers to arrange MassHealth transportation benefits.</p> <p>25. The ESP practices in accordance with all <i>Alerts</i> issued by MBHP, including:</p> <ul style="list-style-type: none"><li>a. Network Alert #87, July 2001 <i>Medical Clearance Guidelines for Emergency Service Programs (ESP) &amp; Acute Inpatient Facilities: A Consensus Statement</i></li><li>b. Provider Alert #24, October 2007 <i>Emergency Behavioral Health Services Policies and Procedures for Emergency Service Programs and Hospital Emergency Departments for MBHP Members and Uninsured Consumers</i></li><li>c. Provider Alert #26, November 2007 <i>Behavioral Healthcare Access Protocol for DYS and MBHP (Updated Protocol to be issued in Summer of 2012)</i></li><li>d. Provider Alert #113 issued April 10, 2012: <i>Protocol for Accessing Acute Behavioral Health Care Services for Children Involved with the Department of Children and Families (DCF)</i></li></ul> <p>26. The ESP implements protocols developed by MBHP regarding medical evaluation or “clearance.” The ESP refers differentially to hospital EDs and primary care clinicians, within a timeframe that is based on the urgency of that need.</p> <p>27. The ESP develops protocols for obtaining information related to risk management/safety plans, communicating the status to ESP clinicians</p>
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	<p>and MBHP (if a risk management/safety plan was not developed in conjunction with MBHP), and notifying relevant providers, family members, and significant others, as necessary and with the appropriate informed consent.</p> <p>28. The ESP ensures that all service delivery integrates the following populations:</p> <ul style="list-style-type: none"> <li>• Children, adolescents, and their families</li> <li>• Adults</li> <li>• Persons with mental health conditions</li> <li>• Persons with substance use condition</li> <li>• Persons with co-occurring mental health and substance use condition</li> </ul> <p>29. The ESP ensures that service delivery facilitates communication, access, and an informed clinical approach with special populations including but not limited to:</p> <ul style="list-style-type: none"> <li>• Intellectual and developmental disabilities</li> <li>• Deaf and hard of hearing</li> <li>• Blind, deaf-blind, and visually impaired</li> <li>• Cultural and linguistic populations</li> <li>• Elders</li> <li>• Veterans</li> <li>• Homeless</li> <li>• Gay, lesbian, bisexual, transgendered</li> </ul> <p>30. The ESP utilizes the statewide functions available to support them in their work with all utilizers of ESP services within the population and payer scope defined in the “Service Component” section of this document, in items #6, 7, and 8, including the bed access technology. ESPs may utilize the Massachusetts Behavioral Health Access technology to locate services for any and all populations, including commercial payers.</p> <p>31. The program bills for all available third-party revenue and bills MBHP and Medicaid in accordance with the billing requirements as outlined in the ESP Amendment to Exhibit A annual contract.</p>
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<b>Staffing Requirements</b>	
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	1. It is expected that the provider organization contracted as an ESP
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	<p>provider has resources to support the management and delivery of ESP services, including administrative and financial oversight, medical leadership, and technology infrastructure.</p> <ol style="list-style-type: none"><li>2. The ESP uses its staffing resources in an integrated and flexible manner, utilizing all available resources to respond to the needs of individuals who require its services on a daily basis, with fluctuations in volume, intensity, location of services, etc.</li><li>3. ESP staffing is based on a multidisciplinary team, including the following positions:<ol style="list-style-type: none"><li>a. <i>ESP Medical Director</i>: This board-certified or board-eligible psychiatrist is responsible for clinical and medical oversight and quality of care across all ESP service components. It is expected that the ESP provider will appoint one of the psychiatrists, who is in the staffing pattern for the ESP and/or adult CCS and works directly in one or both of those service components on at least a part-time basis, as the ESP's Medical Director. This individual coordinates the functions of his/her ESP medical director role, the psychiatric care delivered by him/herself and/or other psychiatric clinicians during business hours, and the after-hours psychiatric consultation function fulfilled by him/herself and/or other psychiatric clinicians. Included is the responsibility for supervising all psychiatric clinicians performing psychiatric functions in any of the ESP service components. The Medical Director is responsible for developing and maintaining relationships with medical providers and other stakeholders in the catchment area, including medical directors at local outpatient, diversionary, and inpatient services programs, hospital emergency department (ED) physicians, and primary care clinicians. This individual is available for clinical consultation to ESP staff members and community partners, including negotiating issues related to medical clearance and inpatient admissions.</li><li>b. <i>ESP Director</i>: The ESP Director is a full-time position. This master's or doctoral level licensed behavioral health clinician shares responsibility with the ESP Medical Director for the clinical oversight and quality of care across all ESP service components. He/she is also responsible for the administrative and financial oversight of the ESP contract, along with administrative and finance leadership of the contracted ESP provider agency. The ESP Director is the primary point of accountability to MBHP for the ESP contract and is responsible for all subcontracts and interface with public payers. The ESP Director ensures compliance with all requirements set forth by MBHP, including standard clinical assessment tools, electronic encounter forms, and other data collection mechanisms. The ESP Director is responsible for</li></ol></li></ol>
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	<p>ensuring the provision of the core ESP service of crisis assessment, intervention, and stabilization, including follow-up services, to clients of all ages in all ESP service components and locations, including both Mobile Crisis Intervention services and those provided on-site in the ESP's community-based location. He/she is responsible for staff recruitment, orientation, training, and supervision. He/she provides administrative and clinical supervision to key program level supervisory staff. The ESP Director also develops and maintains working relationships with all appropriate community stakeholders.</p> <p>c. <i>Quality Management/ Risk Management Director</i>: This master's- or doctoral-level staff person has a behavioral health background and is responsible for developing and implementing the quality and risk management program across all ESP service components. The Quality Management/Risk Management Director is responsible for all MBHP reporting requirements and for utilizing data reporting to track and trend quality indicators, ensure compliance with standards of care, and implement quality improvement initiatives. This individual is responsible for managing, resolving, and reporting all critical incidents, complaints, and grievances. The Quality Management/Risk Management Director advises clinical staff on risk assessment, risk management/safety planning, and risk management. This individual is responsible for implementing and utilizing all assessment and/or outcomes tools as required by the ESP contract with MBHP and implementing stakeholder satisfaction surveys.</p> <p>d. <i>Clinical Supervisor</i>: These licensed, master's- or doctoral-level behavioral health clinicians provide clinical supervision to all direct service staff across the ESP service components. Clinical supervisors of clinicians providing ESP services to children and adolescents must be child-trained clinicians.</p> <p>e. <i>Triage clinicians</i>: These master's- or doctoral-level behavioral health clinicians (or bachelor's-level staff with master's-level clinicians and supervisors available to consult with bachelor's-level staff and take calls when indicated) answer all incoming phone calls and are responsible for triaging calls to the appropriate ESP service component, or to another appropriate resource, including 911 in acute emergencies. Triage clinicians provide general information to callers, serving as a resource by assisting them in accessing care throughout the behavioral health system. Triage clinicians facilitate access to diversionary services, including setting up urgent psychopharmacology appointments, etc.</p> <p>f. <i>Clinicians</i>: These master's- or doctoral-level behavioral health clinicians provide crisis assessment, intervention, and stabilization,</p>
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	<p>including follow-up services, across all service components. Clinicians providing ESP services to children and adolescents must be child-trained clinicians.</p> <p>g. <i>Psychiatry</i>: These board-certified or board-eligible MDs and Psychiatric Nurse Mental Health Clinical Specialists provide consultation across all ESP service components.</p> <p>h. <i>Psychiatric consultation (after hours)</i>: These board-certified or board-eligible psychiatrist and/or Psychiatric Nurse Mental Health Clinical Specialist provide access to child and adult psychiatry consultation outside regular business hours. This consultation is provided to ESP staff members and others involved in the assessment, treatment, and/or disposition planning for individuals.</p> <p>i. <i>Certified Peer Specialists (CPSs)</i> help to make community-based ESP services welcoming, comfortable, supportive, and responsive to individuals who utilize them and their families. Certified Peer Specialists provide support to the consumer, update them on the ESP process as it unfolds, and offer such concrete assistance as food and drink. CPS staff convey hope and provide psycho-education, including information about recovery, rehabilitation, and crisis self-management. They have in-depth knowledge of the particular catchment area served by the ESP and will facilitate access to specific community-based resources, including recovery-oriented and consumer-operated programs. Certified Peer Specialists assist in arranging the services to which the individual is being referred after the ESP intervention, and they will work with the consumer and family to support them during the transition to those follow-up services. CPS staff also provide similar services in the ESP's Adult Mobile Crisis Intervention service and adult CCS as staffing and time permit. ESPs are required to employ one or more Certified Peer Specialists (CPS) to work in the ESPs' community-based locations.</p> <p>j. <i>Bachelor's-level staff</i> supports the master's-level clinicians in providing ESP services to individuals, particularly during Adult Mobile Crisis Intervention services, as well as in the community-based location. These staff members help to support the individual and his/her family, and they will perform such tasks as assisting with implementing the disposition determined by the master's-level clinician. This additional support brings efficiency to the system by allowing adult mobile response master's-level clinicians to focus exclusively on the provision of direct clinical services. ESP providers are encouraged to hire bachelor's level staff who are also credentialed as Certified Peer Specialists.</p> <p>k. <i>"Safety" staff positions</i> in the ESP community-based location</p>
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	<p>serve as a flexible resource to support ESPs in maintaining a calm and safe environment, mitigating risk, and allowing services to be delivered safely in a community-based setting. ESPs may choose to use these positions in a variety of ways that contribute to a safe environment. In part, this staffing will enable providers to ensure that a minimum of two people are present in the ESP's community-based location during at least high-volume operating hours, or during low-volume hours when fewer clinical staff are working.</p> <ol style="list-style-type: none"><li>4. The ESP cooperates with hospitals that require ESP clinicians to be credentialed in order to provide crisis assessments in the hospital ED, according to Network Alert #19 <i>General Hospitals Credentialing ESPs</i>.</li><li>5. The ESP provides consultation by a psychiatrist or Psychiatric Nurse Mental Health Clinical Specialist, 24/7/365. The psychiatric clinician is available for phone consultation within 15 minutes of request. The ESP provides access to child psychiatry as detailed in the Youth Mobile Crisis Intervention Performance Specifications.</li><li>6. The ESP ensures access to timely, face-to-face psychiatric and medication evaluations for individuals assessed during an ESP intervention to require urgent access to these services. The ESP may utilize psychiatric staffing in his/her ESP and/or in his/her or other providers' outpatient mental health clinics to access these services.</li><li>7. The ESP ensures that all ESP clinicians and other ESP staff receive training and meet core clinical competencies in serving the following populations who represent the majority of individuals who utilize ESP services. The ESP ensures 24/7/365 access to clinical staff with expertise that is consistent with the populations served:<ul style="list-style-type: none"><li>• Children, adolescents, and their families</li><li>• Adults</li><li>• Persons with mental health conditions</li><li>• Persons with a substance use condition</li><li>• Persons with co-occurring mental health and substance use conditions</li></ul></li><li>8. The ESP ensures that all ESP clinicians and other ESP staff receive training and meet core clinical competencies in serving the following special populations. The ESP ensures 24/7/365 access to clinical staff with expertise that is consistent with the populations served:<ul style="list-style-type: none"><li>• Intellectual and developmental disabilities</li><li>• Deaf and hard of hearing</li></ul></li></ol>
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	<ul style="list-style-type: none"> <li>• Blind, deaf-blind, and visually impaired</li> <li>• Cultural and linguistic populations</li> <li>• Elders</li> <li>• Veterans</li> <li>• Homeless</li> <li>• Gay, lesbian, bisexual, transgendered</li> </ul> <p>9. All ESP staff receive ongoing supervision appropriate to their discipline and level of training and licensing. For Certified Peer Specialists and Family Partners, this supervision includes peer supervision. Any licensed subcontractor shall provide direct supervision of its clinical staff consistent with the requirements of its license.</p>
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**Service, Community, and Collateral Linkages**

	<ol style="list-style-type: none"> <li>1. The ESP has a clear command of the local community crisis continuum – the strengths and limitations, resources, barriers, and practice patterns – and, in collaboration with MBHP, initiates strategies aimed at strengthening service pathways and the safety net of resources.</li> <li>2. ESP staff is knowledgeable of available community mental health and substance use disorder services within their ESP catchment area and statewide as needed, including the MBHP levels of care and their admission criteria, as well as relevant laws and regulations. They also have knowledge of other medical, legal, emergency, and community services available to the individual and their families, including recovery-oriented and consumer-operated resources and resources for the populations listed in the Staffing Requirements section, items #7 and 8 above.</li> <li>3. The ESP develops and maintains close working relationships with recovery-oriented and consumer-operated resources in their local communities, such as Recovery Learning Communities (RLCs), Clubhouses, and AA/NA. A specific linkage with the RLCs is the interface between the ESP and warmline services, if offered by their local RLC. These working relationships are expected to be with recovery-oriented and consumer-operated organizations that support not only adults but youth and families as well.</li> <li>4. The ESP develops and maintains linkages relevant to services for children, adolescents, and families, as required in the Youth Mobile Crisis Intervention Performance Specifications. This knowledge includes ESP staff being fully aware of, and knowing how to access, Children’s Behavioral Health Initiative (CBHI) services.</li> </ol>
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	<ol style="list-style-type: none"><li>5. The ESP is knowledgeable about community-based outpatient and diversionary services, inpatient psychiatric services, and substance use treatment services, including ATS and E-ATS, and develops effective relationships with the providers of those services, ensuring effective consultation and referral processes and seamless transfer and coordination of care.</li><li>6. The ESP also communicates, consults, collaborates, refers to, and ensures continuity of care with many other resources involved with utilizers of ESP services including, but not limited to, the following:<ul style="list-style-type: none"><li>• Primary care services and hospitals</li><li>• Recovery-oriented and consumer-operated resources including, but not limited to, regional Recovery Learning Communities (RLCs)</li><li>• State agencies</li><li>• Schools</li><li>• Residential programs</li><li>• Law enforcement entities</li></ul></li><li>7. The ESP disseminates information, to individuals who receive ESP services, about community resources that will aid in the amelioration of stressors, including those that offer food, clothing, shelter, utility assistance, homelessness support, supported housing, supported employment, landlord mediation, legal aid, educational resources, parenting resources and supports, etc.</li><li>8. The ESP develops and maintains relationships with the hospitals in its catchment areas characterized by ongoing and consistent communication, problem solving, and planning. The ESP works with the ED to evaluate ED and inpatient service utilization patterns, identify strategies to reduce unnecessary hospitalization, and plan how to divert utilization from the ED setting to the ESP's alternative community-based services, as well as how to best care for individuals who present for services in both the ED and the ESP settings. The ESP negotiates roles with the ED, develops contingency plans for fluctuations in utilization, and creatively uses hospital and community resources to meet the needs of its communities.</li><li>9. When necessary, the program provides or arranges transportation for crisis evaluation and disposition into each level of care within MBHP's continuum of care.</li><li>10. When consent is given, consultations with current providers are to be made as early as possible in the assessment and disposition formulation phase and are documented within the individual's medical record, including notification to an outpatient provider of where an individual</li></ol>
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	<p>was hospitalized, with appropriate consent.</p> <p>11. The program develops and maintains a comprehensive community-resource directory that is updated on an ongoing basis and is readily available to clinical staff, consumers, and families. Reasonable provisions should be made to allow consumers to make copies of the directory. The directory should include, but not be limited to:</p> <ol style="list-style-type: none"> <li>a. the name of the resource;</li> <li>b. the location/address;</li> <li>c. the phone number;</li> <li>d. the services available;</li> <li>e. the hours of operation, including evenings and weekends; and</li> <li>f. accepted payment methods.</li> </ol>
<b>Quality Management (QM)</b>	
	<ol style="list-style-type: none"> <li>1. The ESP develops and maintains a quality improvement plan, at least annually, that contains improvement goals in accordance with MBHP’s overall statewide improvement goals for ESPs.</li> <li>2. The ESP implements all Quality Management tools and initiatives required by MBHP, including standardized assessment instruments, outcomes measures, stakeholder satisfaction services, medical record reviews, reporting requirements, review of ESP Continuity of Care reports (profiling data), etc.</li> </ol>
<b>Process Specifications</b>	
<p><b>Triage, Crisis Assessment, Treatment Planning, Crisis Intervention, Stabilization, and Documentation</b></p>	<ol style="list-style-type: none"> <li>1. Within the populations defined in items #6-8 in the section “Components of Service” earlier in this document, the ESP accepts requests/referrals for ESP services directly from individuals who seek them on their own and/or who may be referred by any other individual or resource, such as family members, guardians, community-based agencies, service providers, primary care physicians, residential programs, schools, state agency personnel, law enforcement, courts, etc.</li> <li>2. The ESP triages calls to its most appropriate ESP service component that will provide crisis behavioral health services to individuals in the least restrictive setting, which ensures safety and is responsive to consumer and family choice.</li> <li>3. Triage calls may be answered by master’s-level staff or bachelor’s-level staff with master’s-level clinicians and supervisors available to</li> </ol>

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	<p>consult with bachelor's-level staff and take calls when indicated. ESPs are expected to develop and maintain written protocols for this back up and decision making regarding access to master's-level clinicians.</p> <ol style="list-style-type: none"><li>4. An ESP clinician begins a crisis assessment as soon as possible and no later than one hour of time of readiness.<ol style="list-style-type: none"><li>a. <i>Readiness</i> is the point at which the consumer is able to participate in a behavioral health assessment. If the assessment occurs in a hospital ED, consumers are considered to be ready for the behavioral health evaluation to begin when <i>medical clearance</i> has been completed, as required by each hospital ED's protocol. If the intervention occurs in the community, <i>medical clearance</i> may or may not be required, depending on the presentation of the consumer.</li><li>b. <i>Readiness</i> also assumes that the consumer is awake and sufficiently cleared from the effects of substances so that he or she may participate in the evaluation.</li><li>c. The determination of whether a client may be psychiatrically evaluated ("time of readiness") or transferred to another level of care following an intervention should not be based exclusively on the results of a urine or serum drug or alcohol test.</li></ol></li><li>5. For all calls requesting mobile crisis intervention services:<ol style="list-style-type: none"><li>a. The ESP accepts calls from referral sources, such as residential programs and hospital EDs, giving the ESP early notification that an individual will be referred via a second call as soon as he/she is ready for an assessment. The ESP uses this early notification for triage, dispatching, and staff management purposes.</li><li>b. The ESP triage clinician or other staff keeps the referral source informed about the anticipated response time, including if the ESP is unable, in rare circumstances, to respond within the required one-hour time frame. The ESP arranges the necessary staff resources or otherwise ensures a response as close to this time frame as possible, keeping the referral source informed in the process.</li><li>c. If an occurrence of the ESP being unable to arrive within one hour of time of readiness occurs in a hospital ED setting with MBHP Members, the ED has the option to perform the crisis assessment and intervention utilizing their own staff and then present the clinical information directly to the MBHP Clinical Access Line for review and authorization of care. If the ED chooses to do so:<ol style="list-style-type: none"><li>i. The ESP informs the Clinical Access Line that the ED will be doing so. If the ED has not received confirmation from the ESP that the MBHP Clinical Access Line has approved of their doing</li></ol></li></ol></li></ol>
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	<p>so, the ED may call the Clinical Access Line directly.</p> <ul style="list-style-type: none"><li>ii. The ESP informs the Clinical Access Line that the ED will be doing so. If the ED has not received confirmation from the ESP that the MBHP Clinical Access Line has approved of their doing so, the ED may call the Clinical Access Line directly.</li><li>iii. The ED must use a master's- or doctoral-level behavioral health clinician to perform the assessment.</li><li>iv. When an ED does the assessment under these circumstances, it is expected that they will also complete the bed search, if needed, and follow the case through to disposition.</li></ul> <p>6. Triage and disposition decisions are made in conformance with the medical necessity criteria of MBHP or the individual's other payer, for authorization into each level of care within the payer's continuum of care. For MBHP Members, the ESP contacts MBHP, presents all relevant assessment information, and obtains authorization for subsequent services based on MBHP medical necessity criteria.</p> <p>7. Upon presentation to the ESP, the ESP asks the individual, significant others accompanying him/her, and/or community providers as to the existence of an established risk management/safety plan, and/or access any risk management/safety plan on file at the ESP for the given individual.</p> <p>8. During the ESP intervention, the clinician updates any existing risk management/safety plan or creates one with the individual. The plan includes the presenting problem, the specific problem to be addressed along with a treatment plan, preferred disposition plan, and the involvement of others who may be available to support the individual before or during crises (i.e., providers, agencies, significant others, and/or family members). The purpose of this plan is to expedite a consumer-focused disposition based on the experience gained from past treatment interventions.</p> <p>9. The documentation of each ESP encounter includes but is not limited to: name of consumer; date and time of request; start time; location; presenting problem; mental status exam; involvement of other person(s) and agencies; action taken; clinical/diagnostic formulation; reason for rule-out of less restrictive alternatives; time of disposition; target problems to be addressed at the next level of care; and identifying information, signature, and title of staff person. The assessment includes short-term treatment planning with goals focused on pre-crisis and crisis intervention, stabilization, and disposition(s) in accordance with written risk management/safety plans when available.</p> <p>10. ESP assessments and dispositions are reviewed on a scheduled basis for clinical appropriateness by the ESP director, medical director, and/or</p>
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	<p>designee and documented in the individual’s record within 48 hours of the intervention. The ESP implements an ongoing feedback loop to continually educate staff about opportunities to improve quality of care, including the identification of diversion opportunities.</p> <p>11. Under the supervision of the ESP’s medical director, the ESP follows written procedures for assessing medical needs (with specific sensitivity to recognizing valid medical concerns of those presenting with mental health and/or substance use conditions), including the need for a medical evaluation, medical stabilization, or a referral to a hospital for emergency medical services.</p> <p>12. The ESP manages the flow of communication throughout the ESP process with a given individual. ESP staff checks in with and updates consumers and the family/significant others accompanying them regarding the status of the evaluation and/or disposition process no less than every 30 minutes. ESPs will similarly keep informed the referral source and/or stakeholders in the setting in which the ESP services are being provided, such as a school, residential program, or a hospital ED.</p> <p>13. During and subsequent to the crisis assessment, the ESP clinician provides crisis counseling and crisis intervention. The ESP clinician listens and offers support. The ESP clinician provides solution-focused and strengths-oriented crisis intervention aimed at working with the individual and his/her family and/or other natural supports to understand the current crisis, identify solutions, and access resources and services for comfort, support, assistance, and treatment.</p> <p>14. Telephonic contact is recognized as therapeutic and may be utilized when clinically indicated and as defined by internal program policies and procedures (e.g., telephone “check-in” by a consumer in a residential placement as part of his or her risk management/safety plan or non life-threatening crisis calls responsive to telephonic support and problem solving).</p> <p>15. While it is expected that all ESP encounters minimally include the three basic components of crisis assessment, intervention, and stabilization, crisis intervention requires flexibility in the focus and duration of the initial intervention, the individual’s participation in the treatment, and the number and type of follow-up services.</p> <p>16. The ESP ensures that each crisis assessment, intervention, and stabilization, including follow-up services, is documented in writing and that an ESP Encounter Form is completed and electronically submitted to MBHP within the time frame established by MBHP.</p>
<p><b>Disposition Planning and Documentation</b></p>	<p>1. The ESP develops and maintains protocols for assisting the ESP clinician and consulting with others in the event that there is a question and/or disagreement regarding the level of care that is medically</p>

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	<p>necessary for a given individual. Protocols include the clinician's review of the disposition plan with the ESP Director and/or Medical Director and/or ESP psychiatric clinician. These ESP staff are available to consult and collaborate with others to resolve the medical necessity determination and disposition as needed, such as ED physicians, MBHP clinicians, and MBHP psychiatrists.</p> <ol style="list-style-type: none"><li>2. The ESP arranges the medically necessary behavioral health services that the individual requires to further treat his/her behavioral health condition based on the crisis assessment completed and the individual's medical needs and preferences.</li><li>3. The ESP coordinates with other involved service providers and/or newly referred providers to share information (with appropriate consent) and make recommendations for the treatment plan.</li><li>4. The ESP provides the individual and his/her family with resources and referrals for additional services and supports, such as recovery-oriented and consumer-operated resources in their community.</li><li>5. For individuals assessed to meet medical necessity criteria for inpatient mental health service or another 24-hour level of care, the ESP begins a bed search to arrange admission.</li><li>6. The ESP promotes continuity of care for individuals who are readmitted to inpatient mental health services by offering them readmission to the same provider when there is a bed available in that facility.</li><li>7. For individuals who meet medical necessity criteria for inpatient mental health services, or another 24-hour level of care, the ESP arranges an admission to the closest facility with a bed available, consistent with the provider network and policies and procedures of the individual's health insurance payer. The following guidelines are utilized:<ul style="list-style-type: none"><li>• Closest proximity – Referrals within the ESP's DMH Area</li><li>• Moderate proximity – Referrals within a contiguous DMH Area</li><li>• Extended area – Referrals in a non-contiguous DMH Area</li></ul></li><li>8. For uninsured adults who meet medical necessity criteria for inpatient mental health services, the ESP must first refer to acute care (general) hospitals in closest, moderate, and extended areas, as defined above. If no general hospital has an available bed, the ESP should refer to a private psychiatric hospital.</li><li>9. MBHP recognizes that there are times that inpatient disposition has been delayed during periods of high volume. If an ESP has contacted all MBHP in-network facilities and has been unable to secure a bed, the ESP is expected to call the MBHP Clinical Access Line or MBHP regional office. During business hours, MBHP regional staff will then</li></ol>
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	<p>assist the ESP in accessing an inpatient admission through direct contact with MBHP network providers. After hours, the MBHP Clinical Access Line will support the ESP with information on potential bed availability. ESPs are encouraged to call other payers for assistance in similar situations with their covered individuals.</p> <p>10. In the event that there are still no in-network beds available and no discharges are expected from in-network facilities within a reasonable time period of no more than six hours of the beginning of the bed search, the ESP may call out-of-network facilities. If needed, the ESP may ask the MBHP Clinical Access Line for suggestions of out-of-network facilities and related contact information. If a bed is located in an out-of-network facility, the ESP may then request an out-of-network authorization from the MBHP Clinical Access Line. ESPs are encouraged to call other payers for assistance in similar situations with their covered individuals.</p> <p>11. When an individual is awaiting admission to a 24-hour level of care, the ESP remains responsible for continuing the bed search on an ongoing basis until disposition. Additionally, the ESP is required to provide a Mental Status Exam (MSE) update every 24 hours from the original ESP intervention and determination of level of care until resolution of a disposition for individuals awaiting a 24-hour level of care. During this process, the ESP keeps the Member, his or her guardian or caregiver, and the hospital ED informed on a regular basis about the status of this process.</p> <p>12. When the ESP secures a bed for a given MBHP Member, the ESP obtains an authorization (or reference number for uninsured consumers) from the MBHP Clinical Access Line and arranges transfer of the consumer to the admitting facility. For individuals with other health insurance coverage, the ESP follows the appropriate authorization policies and procedures.</p> <p>13. If an ESP psychiatrist, or an ED in which they are providing services, has concerns that an inpatient provider or provider or another 24-hour level of care is requesting additional medical tests beyond what is usual and customary in order to admit an individual, the ESP psychiatrist and/or ED physician with reservations should discuss the matter with the inpatient psychiatric unit physician requesting the tests. Hopefully, both parties will come to an agreement. If not, for MBHP Members and uninsured consumers, the ESP or ED may call MBHP's Clinical Access Line to notify them of this situation and be prepared to provide the following information: date, calling facility, name of caller, facility requesting additional testing, region of requesting facility, name of Member, and what tests were requested. MBHP will address this issue with the inpatient facility on the next business day. ESPs are encouraged to call other payers for assistance in similar situations with</p>
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	<p>their covered individuals.</p> <p>14. The ESP follows written protocols for follow-up services with the individuals who received ESP services, particularly those who successfully remain in the community after ESP services, to ensure stabilization and facilitate the disposition.</p>
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