Supporting Primary Care Clinicians to Address COVID-19 Behavioral Health Issues

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Presenters

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Why are we here?

We anticipate that PCCs will soon face considerable behavioral health (BH) issues; your support is critical.

Crisis

Stay at home

- PCCs experienced ~60% decrease in volume (*April PCC Survey*)

Stabilization

Stay at home orders lifted

- PCCs must reschedule missed appointments and see current patients
- PCCs must devote more time to BH issues during typical office visit

BH Training Support

Navigational Resources

Crisis Resources

Today's Objectives

- Discuss the behavioral health (BH) conditions most likely to present in primary care during COVID-19
- Provide suggested response strategies
- Provide resources that you can use to address BH needs

Pulse Check – Polling Questions

Chapter

01

COVID-19 Impact

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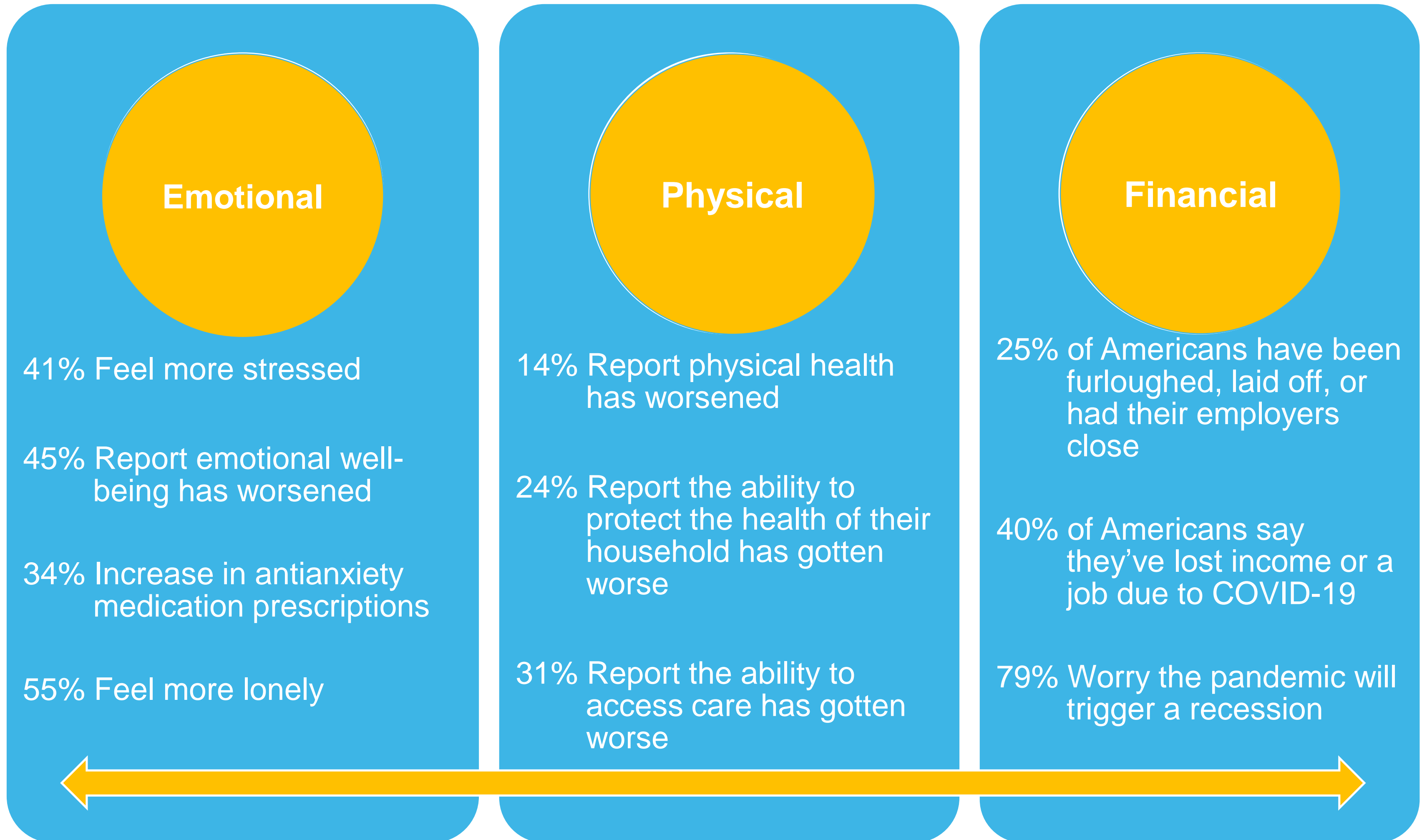
COVID-19 has created considerable stress and is driving physical and behavioral health impacts.

The outbreak of COVID-19 is stressful for people. Fear and anxiety about a disease, coupled with financial and other psychosocial stressors, can be overwhelming and cause great distress in individuals.

This distress can present in the following ways:

- Fear and worry about one's health and the health of one's loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Worsening of mental health conditions
- Increased use of alcohol, tobacco, or other drugs

Individuals report that they are experiencing emotional, physical, and financial impact as a result of COVID-19.



KFF.org – Coronavirus (COVID-19)
Axios-Ipsos Coronavirus Index

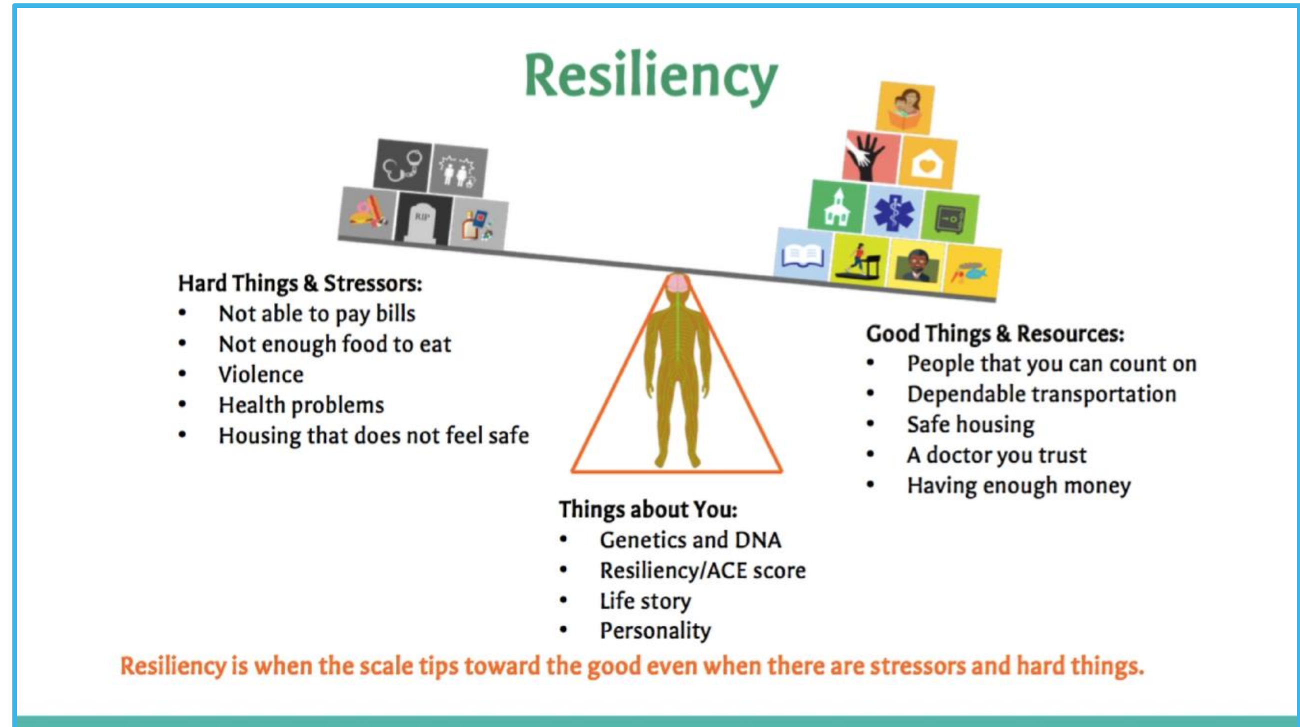
Chapter

02

BH Conditions Anticipated to Present in Primary Care

Across all diagnoses, a patient's baseline is the most useful predictor of COVID-19 response.

- PCC likely to know baseline or know who does
- Assess coping relative to baseline resiliency
- Resilient baselines will tend to have resilient response (unless had severe loss)
- **For BH symptoms in patient with resilient baseline, consider adjustment reaction**



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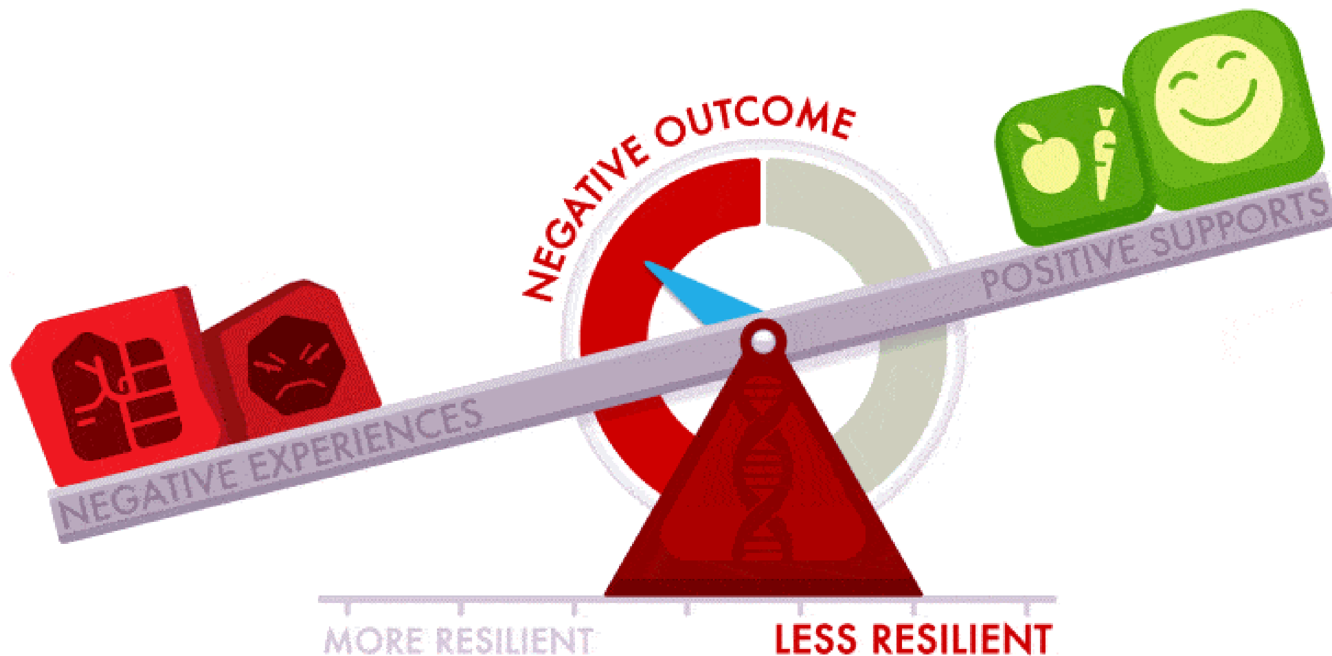
Resilience changes due to COVID-19 stress.

- Shifting any of three factors comprising resilience results in stress response change:
  - Stressors
  - Supports
  - Coping strategies
- Low baseline resilience most vulnerable to COVID stressors



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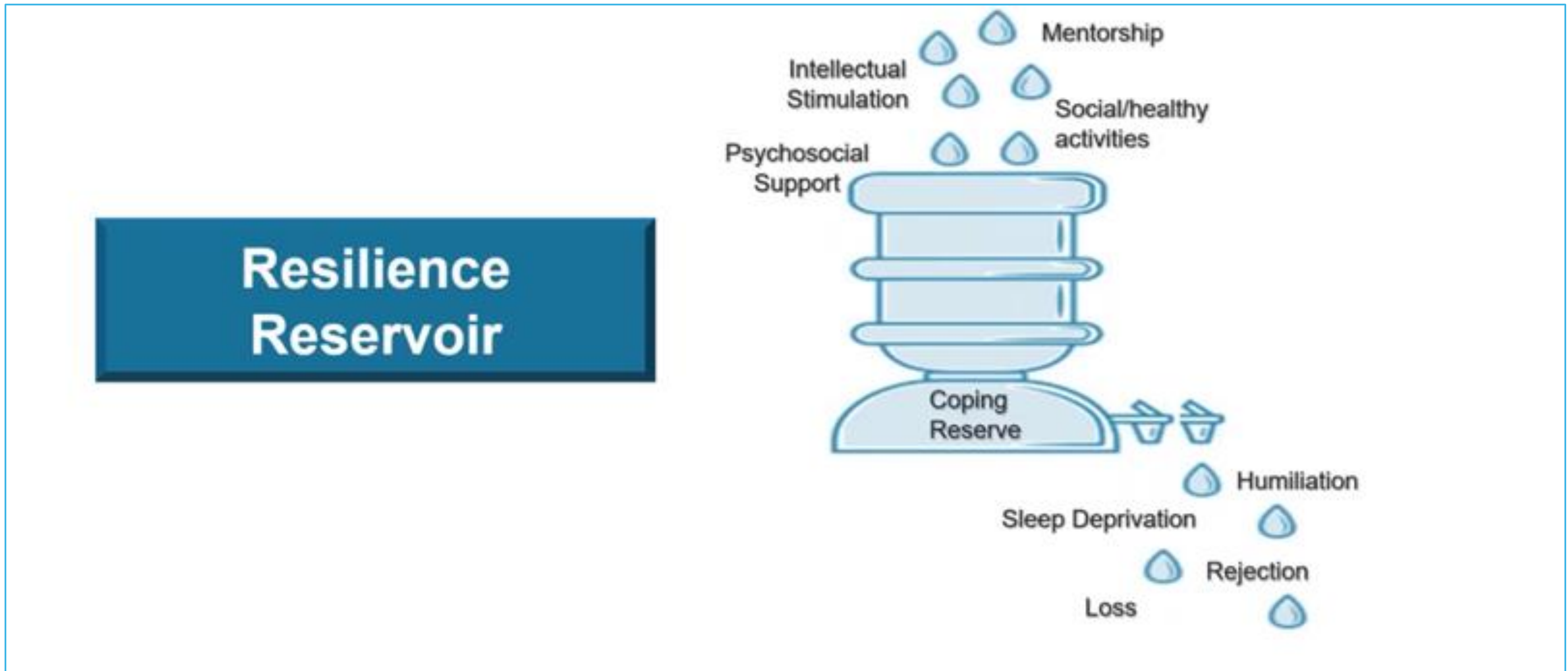
Changing factors that replete and replenish a patient's resilience change the coping "reserve."



Summary: Patient's baseline prior to COVID is a useful guide to assessing his/her post-COVID behavioral health.

If no significant baseline BH conditions:

- Likely high baseline resilience
- Expect mild response (COVID exceptions expected)
- In-office guidance
- Consider referral for short-term psychotherapy

If pre-existing BH condition

- Likely low baseline resilience
- Anticipate an exacerbation of baseline
- Anticipate need to increase level of behavioral health treatment

The general model guides interventions for patients without baseline BH conditions.

- Assess general emotional distress (use PHQ-9 and GAD 7 – links on next slide)
- If mild symptoms present
  - diagnosis adjustment reaction
- Interventions
  - In-office guidance on:
    - physical activity
    - maintaining schedules
    - limits to media
    - social connections
    - identify comforts (baths, pets, food, shows, books)
    - creative activities (journaling, art, home projects, music)
    - fun (virtual tours, online activities)
- Anticipate positive response
- Schedule follow-up to assess response (repeat PHQ)
- Consider referral for short-term therapy – based on response at follow up

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*Lancet Psychiatry, "Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic"

The general model can be applied to specific conditions such as anxiety, depression, and insomnia.

Stressors:

- Social isolation
- Loneliness
- Losses
- Financial hardship
- Chronic, unpredictable stress seen with COVID leads to toxic stress

Coping Resources:

- Baseline optimism/pessimism
- Problem-solving skills
- Baseline health

Supports/Resources:

- Basic: housing, food
- Social: family, community
- Spiritual
- Technology
- Financial resources

*Lancet Psychiatry, "Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic"

Expect worsening of symptoms in patients with baseline anxiety and/or depression.

- Administer PHQ-2, if positive ➔ PHQ-9 and GAD-7
  - Link to both PHQ and GAD-7: https://www.med.umich.edu/1info/FHP/practiceguides/depress/score.pdf
- Use SIGECAPS mnemonic to recall questions to ask during history:
  - **S**adness/Worry (or other mood changes)
  - **I**nterests
  - **G**uilt/self criticism
  - **E**nergy/fatigue
  - **C**oncentration/**c**ognition
  - **A**ppetite (weight change)
  - **P**sychomotor/**p**reoccupation
  - **S**leep/**S**omatic/**S**uicidal ideation

Review treatment changes, safety, and co-morbidities in patients with pre-existing anxiety and/or depression.

- Review change from pre-COVID treatment – stopped medication? stopped with therapy? admission?
- Assess suicidality (in separate section below)
- Assess co-morbidities (prior or new)
  - Substance Use Disorder (SUD)
  - Anxiety

Consider treatment changes in patients with worsening of baseline anxiety/depression.

- Non-pharmacological treatment
  - If non-adherent ➔ need to re-start
  - If adherent ➔ increase resources/frequency
  - Change/augment with cognitive behavioral therapy (CBT) approach
  - Consider office recommendations for mild symptoms (slide 14)
- Medication
  - Adherent ➔ increase or change dosing of current medication
  - Non-adherent ➔ need to increase/re-start
  - Change to new antidepressant
  - Add augmenting agent (in consultation with psychiatrist)
  - Medication needed for co-morbid condition (sleep, SUD)
  - Confirm plan with co-managing BH provider
  - Communicate plan for communication with BH provider to patient
- Anticipate return to baseline
- Establish monitoring and follow-up plan

Antidepressants are first line for anxiety and depression.

Start or combine with psychotherapeutic/behavioral interventions

Antidepressants:

- ✓ Rule out bipolar disorder
- ✓ Monitor for suicidal ideation or unusual change in behavior; increased risk of suicidality in children, adolescents, and young adults (black-box warning)
- ✓ Common side effects often improve within the first two weeks of treatment; a low-starting dose might help increase tolerance and adherence

Anxiolytics:

- ✓ Avoid long-term use; if tapering after long-term use, go slow
- ✓ Favor antidepressants for treatment of anxiety
- ✓ Monitor for abuse potential

Stimulants:

- ✓ Consider non-controlled:
  - Atomoxetine (Strattera)
  - Modafinil
  - Bupropion
- ✓ Stimulants (monitor for abuse)
  - Methylphenidate (1 mg/kg)
  - Adderall (1/2 mg/kg)

Some anxiety-related disorders are more susceptible to COVID stress.

Anxiety and Trauma-Related Disorders

- **Obsessive-Compulsive Disorder (OCD)**
- **Social Anxiety Disorder**
- **Acute and Post Traumatic Stress Disorder**
- Generalized Anxiety Disorder
- Panic Disorder
- Specific Phobia
- Panic Attack

Moderate Anxiety	GAD-7 > 10
Norm	5%
During COVID-19	22%

Bivariate and Multivariate Binary Logistic Regression Results Predicting Traumatic Stress	
Income	
£25,340 pa	2.314 (1.591 - 3.367)***
Lost income	
Not lost	- -
Lost	1.722 (1.356 - 2.186)***
Personal Risk of COVID 19 1 month	
Low	- -
Moderate	1.926 (1.378 - 2.691)***
High	4.451 (3.180 - 6.230)***

Lancet Psychiatry, "Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic" (pre reviewed draft)

Persistent Depression is particularly likely to worsen.

moderate depression	PHQ-9 > 10
Norm	2%
During COVID 19	22%

- **Persistent Depressive Disorder (Dysthymia) ➔ Major Depression**
- Premenstrual Dysphoric Disorder
- Post-Partum Depression
- Depressive Disorder Due to Another Medical Condition
- Other depressive disorder

Bivariate and Multivariate Binary Logistic Regression Results Predicting Anxiety/Depression
Income
£38,740 pa 385 2.120 (1.514 - 2.969)***
£25,340 pa 410 135 2.384 (1.715 - 3.315)***
£0 15,490 pa 2.773 (2.000 - 3.844)***
Lost income
Not lost - -
Lost 1.907 (1.557 - 2.335)***
Pre-existing health condition, self
No - -
Yes 1.528 (1.183 - 1.974)**
Pre-existing health condition, someone close
No - -
Yes 1.512 (1.218 - 1.876)***
COVID-19 Self
No -
Yes 3.465 (1.943 - 6.182)***
Personal Risk one month
Low - -
High 2.465 (1.908 - 3.185)***

Lancet Psychiatry, "Anxiety, Depression, Traumatic Stress, and COVID-19 Related Anxiety in the UK General Population During the COVID-19 Pandemic"

Insomnia is common with all levels of stress and is a key component to "resilience reserve."

Initial intervention should be sleep hygiene:

- Try to have regular sleep and waking time
- Relaxing bedtime routine
  - Reading, calming music, meditation
  - Keep bedroom cool, dark, quiet
  - Consider fan
- Avoid:
  - Stimulants (coffee, chocolate, and nicotine)
  - Stressful activities (TV, bills, checking social media/email)
  - Clock watching – can take out of bedroom or turn around
- Use your bedroom as a bedroom — not for work/TV
- Go to bed when tired (adjust regular schedule to this)
- If you don't fall asleep or wake > 30 minutes, go to another room – relax there
- Regular exercise in mornings or afternoons

If medication is needed for insomnia, try non-addictive options first.

- Melatonin
- Gabapentin
- Clonidine (particularly for ADHD patients and pediatrics)
- Minipress (prazosin) – for nightmares/PTSD insomnia
- Caution with antihistamines (diphenhydramine)
- Antidepressants like Trazodone, Remeron (mirtazapine)
- Caution with benzodiazepines and “partial” benzodiazepine sedatives (Ambien)

Externalizing conditions are high-risk, common conditions, likely to exacerbate during COVID.

Externalizing Disorders – put themselves and others at risk for COVID

- Mood disorders: Disruptive Mood Dysregulation Disorder (DMDD)
- Borderline and other personality disorders (PDs)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Assess with questions about increased impulsivity
- Ask about risk-taking behaviors
- Often co-morbid with other conditions
- Usually managed behaviorally
- Can sometimes benefit from mood stabilizers or SSRIs

The pre-COVID SUD epidemic has likely worsened during the pandemic.

Recommendations for all patients:

- Assess compliance with regimen during COVID
- Assess for changes in medication-assisted treatment (MAT), medication type, or dosing during COVID
- Establish referral sources for all levels of care: Motivational Interviewing (MI), outpatient, inpatient, MAT, groups
- Assess if motivation needs to be established/re-established

Address SUD exacerbation by recovery phase.

Consider pre-COVID phase of substance use/abuse

- **New onset**
  - Ask about use of substances as coping strategy during COVID
  - Ask about first time use with youth
- **At-risk patients**
  - History of coping with stress with substances
  - Pain conditions; chronic insomnia; history of depression/anxiety, COVID patients
- **Patients with sustained abstinence**
  - Review chronic illness/stages of change model: lapse not equal to relapse
  - Remind of what worked in past
- **Early recovery/early treatment**
  - Were supports maintained, which need to be restarted
  - Expect lapse
  - Expect need for return to higher level than pre-COVID
- **Chronic but untreated**
  - High risk of worsening ➔ increased opportunity for opportunity?
  - Assess how much, assess overdose risk

Questionnaire assessment and interventions for SUD exacerbation

NIDA quick screen – use first page; if positive, have patient complete remaining pages

Link: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf

Others (includes DAST, AUDIT, CAGE)

Link: https://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs

- ✓ Motivational interventions to determine level of treatment
- ✓ Implement changes to relaxed dosing regimens if indicated
- ✓ Step up for higher level if there has been slip
- ✓ Address guilt (likely worse if use has increased or lost abstinence) – review “slip/fall” principles
- ✓ Review past recoveries from lapse or relapse
- ✓ Re-start medication (in office or refer)
- ✓ Consider toxicology screen

Three general questions comprise a suicide/safety assessment: use for patients with increased stress.

1. Ideation: Is the patient having thoughts of suicide (hurting yourself, ending your life, killing yourself)?
   a. If yes ➔ assess intensity, frequency, duration

2. Plan: Has the patient thought of a way to end his/her life?
   a. If yes ➔ assess lethality

3. Intent (if ideation or plan present): How likely are you to carry out your plan (or thoughts)?
   a. Ask about practicing/rehearsal (started to act on plan/thoughts – pills in mouth, tied the rope)
   b. Prepared for acting on plan/thoughts (letters, insurance, visits, calls, giving things away)

Based on suicide assessment, determine need for further assessment versus need to admit.

A. High risk and need hospitalization (all of below)

   1. **Plan with rehearsal <u>or</u> preparatory behavior**
   2. **Severe psychiatric distress**
   3. **One or more of below:**
      a. Severe psychiatric symptoms
      b. Access to lethal means
      c. Poor social support
      d. Poor judgement
      e. Precipitating event

B. All others, based on severity of assessment:

   1. Call behavioral health Emergency Services Provider for in-office assessment
   2. Refer to behavioral health provider who can see that day if needed (use SAFE-T link from next slide to help in establishing referral network)

***Use Safe-T tool to establish behavioral health protocol for positive responses**

If concerned based on these three questions but not clear emergent need to hospitalize, administer questionnaires.

Columbia Suicide Severity Rating Scale

Link: https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf

***SAFE-T Suicide Prevention Toolkit for Primary Care**

(see safety assessment and planning section titled "patient management tools"- section four in document)

Link: http://www.sprc.org/settings/primary-care/toolkit

National Suicide Prevention Lifeline: 1-800-273-TALK

Dosomething.org Crisis Text Line: text "Support" to 741741

***Use Safe-T tool to establish behavioral health protocol for positive responses**

Other considerations in assessment of suicide risk

Who to assess:

- All patients with increased stress

Consider Risk Factors:

- Diagnoses (depression, bipolar, personality d/o, SUD, ODD/conduct - adolescents)
- Symptoms: anhedonia, hopelessness, recklessness/impulsivity (adolescents), voices if psychotic
- History – personal, family

Consider Protective Factors:

- Coping skills (problem solving, history of effective stress management v acting out/aggression)
- Frustration tolerance
- Religious/spiritual values
- Social support network (family, community (peers – adolescents))
- Help-seeking – use of professional when indicated

Pediatric-specific COVID-related considerations

- **Early pre/early latency**
  - Phobias
  - Separation anxiety
  - School anxiety (post-COVID-19)
  - Autism, congenital disabilities, intellectual impairments
  - Agency-affiliated members
- **Latency/pre-adolescence**
  - Schedules, routines
  - Obsessive-Compulsive Disorder (OCD)
  - School function: learning disabilities (LDs), ADHD (assess non-combined with anxiety)
  - Oppositional Defiant Disorder (ODD)
  - Somatic anxiety
  - Injuries
- **Adolescence**
  - Social anxiety
  - Conduct
  - Peer and adolescent family stress
  - Substance use disorders (SUDs)
  - Pre-psychosis

Pediatric-specific assessment tools

Screen for Child Anxiety-Related Disorders SCARED:

http://www.shared-care.ca/files/SCARED_Child_Updated_June_2015.pdf

Vanderbilt (ADHD):

https://www.nichq.org/sites/default/files/resource-file/NICHQ_Vanderbilt_Assessment_Scales.pdf

COVID considerations in patients with (SMI) symptoms

- Isolation impact on delusions, hallucinations
- High homelessness leads to difficulty monitoring during COVID
- Residential settings were particularly susceptible to COVID
- Smoking increased COVID risk
- Limited access to digital devices for outreach
- Medication non-adherence
- Treatment Refractory Depression
- Co-morbid conditions
- Members with frequent admissions to 24-hour levels of care (LOC)

Establish behavioral health protocol for needed additional resources - e.g., PACT, DMH application, specialized clinics

Medication considerations:

- Monitor side effects (EPS, weight gain)
- Monitor metabolic side effects
- Monitor for abnormal movement
- Monitor maintenance on long-acting injectable medication (LAIs)
- Assess clozapine ANC monitoring

We suggest that PCCs, if able, perform targeted outreach to at-risk patients.

- For at-risk populations - to prevent anticipated decompensation
- Base on above diagnoses and social history:
  - Trauma, domestic violence
  - Isolation
  - Loneliness
  - Age, physical health
  - Medication non-adherence/side-effects
  - Recent discharge acute level of care
  - Recent ED visit
  - History of suicidality
  - SUD history

Chapter

03

Resources Available to Assist PCCs and Your Patients

We are enhancing support for PCCs and Members to address COVID-19 needs.

Clinical Access Line

24/7 Clinical Access Line staffed by licensed behavioral health clinicians

Clinical Access Line number:

1-800-495-0086

PCCs select “3” and “2”

Members select “4” and “2”

Enhancements

- Triage intake
- Connections to behavioral health providers for scheduling appointments to occur within 48 hours

How can the Clinical Access Line help your patients?

- Max is a 23-year-old male who is in your office for his annual visit. He reports that since COVID-19 he is experiencing difficulty with sleep, his appetite has decreased, and he no longer wants to talk to any of his friends. During his visit, he is asked by the PCC if he is interested in seeing a therapist. He readily agrees, but he feels too overwhelmed at the prospect of finding a therapist and making an appointment. It is clear that if he leaves the office without an appointment, he will not schedule one on his own.
- Either the PCC office staff **or** Max calls Clinical Access Line directly.
- The Clinical Access Line secures a BH provider appointment the during call.

For patients in crisis, community-based BH Emergency Services Providers (ESPs) are available.

Rapid response:

- Crisis assessment
- Short-term crisis counseling/ intervention
- Crisis stabilization
- Disposition and referrals

ESP staffing:

- Master's, doctoral, RN-level clinicians
- Bachelor's-level staff
- Certified peer specialists

To locate an ESP in the patient's community, call 1-877-382-1609 anytime, 24/7, and enter the zip code where the patient is located.

How can BH Emergency Services Programs help your patients?

- During a visit with his PCC, Joe appears to be very anxious and depressed. Working at a restaurant, he lost his job due to closure resulting from COVID-19. He reports that he has frequent thoughts of wanting to die and has contemplated taking an overdose of pills. He scared himself recently when he yelled at a stranger who cut ahead of him in line at the store. He says that the response was involuntary and excessive, and afterwards he just walked out of the store, leaving his purchases behind.
- The PCC office staff locates an ESP in Joe's community.
- ESP will triage patient and determine appropriate clinical intervention.

Recovery Support Navigators (RSNs)

- For Members with complex medical or substance use disorder issues for which they have been unable to get appropriate treatment, due to issues like lack of transportation, linkages to community services, housing, or access to behavioral health treatment
- Directed primarily toward adults, although children and adolescents can be eligible
- Services vary according to duration type and intensity
- Intended to complement other clinical services
- Supports Member's attainment of clinical treatment plan goals

Components of Recovery Support Navigators (RSNs)

- Support during care transitions
- Assistance with improving daily living skills
- Service coordination and linkage
- Temporary assistance with transportation
- Assistance with obtaining benefits, housing, and health care
- Collaboration with Emergency Services Program

Staffing disciplines

- Bachelor’s-level paraprofessional
- Supervision and support provided by a licensed, master’s-level clinician with training and experience in providing support services to adults and/or youth with behavioral health conditions

Who can benefit from RSN services?

Leslie had two follow-up visits scheduled with the PCC but did not come for either. During an outreach call, she says she missed her appointment because she is concerned about leaving the house due to COVID-19. She lost her apartment and is staying with a friend. She no longer has a working car and doesn't know the bus schedule in her new neighborhood. She hasn't been monitoring her blood pressure to see if her new medications are working. When asked about the blood work for her liver function tests, she said she'd get to that soon. She reports that money is tight, and she's worried about being able to buy groceries. She has also had trouble getting to recovery support meetings and is worried about starting to drink again.

Recovery Coaches (RCs)

- Recovery coaching is a mobile service provided by individuals with lived experience who are currently in recovery and use their experiences to help their peers gain hope, explore recovery, and achieve life goals.
- The primary responsibility of the recovery coach is to support the voices and choices of the people they support.
- They work to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery.
- They serve as personal guides and mentors and link people to community based recovery supports.

Components of Recovery Coaches

- Emotional and social support for making positive life changes and developing recovery skills
- Sharing of recovery experiences to increase awareness of recovery capital and to encourage linkages to community-based recovery supports
- Support for the creation and implementation of an individualized Recovery Plan

Staffing disciplines

- Individuals with lived experience who have completed approved training and/or coursework

Who can benefit from RCs?

Debbie was seen by her PCC for her yearly physical. During her health screen, she admitted to gradually increasing her drinking since COVID-19; she is now drinking almost every day, and she has had five or more drinks on 12 occasions during the past month. She has a family history of alcohol use disorder, but no one has ever been in recovery. In fact, she doesn't know anyone who has been successful in managing a drinking problem. She is not sure exactly what recovery looks like and certainly can't imagine never drinking again. She has heard that Alcoholics Anonymous meetings are all about God and she doesn't think that will work for her. She doesn't have anyone in her life who she thinks would be supportive while she tries to decide what, if anything, she wants to do about her drinking.

Children's Behavioral Health Initiative (CBHI) Services

- Outpatient
- Intensive Care Coordination (ICC)/Family Support and Training (Family Partner) (FS&T)
- In-Home Therapy (IHT)
- In-Home Behavioral Services (IHBS)
- Therapeutic Mentoring (TM)
- Mobile Crisis Intervention (MCI)

CBHI Services

- PCCs may identify that a youth has a behavioral health need when doing routine screening or during an office visit.
- PCCs do not need to determine whether a youth is appropriate for a particular service.
- If a PCC believes that a youth could benefit from a CBHI service, he or she should make a referral to the CBHI provider agency with consent from the caregiver. The CBHI provider makes the determination whether or not a youth meets the medical necessity criteria for a service.

Massachusetts Behavioral Health Access (MABHA) Website

- Availability in “real-time” for some services
- Provider contact information and referral procedures
- Accepted insurances
- Level of care descriptions
- Accessible to the public
- Go to mabhaccess.com

Massachusetts Behavioral Health Access Website

Massachusetts Behavioral Health Access (MABHA)

administered by the Massachusetts Behavioral Health Partnership (MBHP)
a Beacon Health Options Company

Home | Youth and Family | Substance Use Disorder | Mental Health | Contact Us | Login

Select Language
Powered by Google Translate

Welcome!

The Massachusetts Behavioral Health Access (MABHA) website helps both providers and individuals locate openings in mental health and substance use disorder services. We welcome everyone to search for services that they can access directly from their community.

Take a look at the MABHA user guide with step-by-step instructions on how to use the site.

What can MABHA help with?

There are three groups of services available for public searching on MABHA. Please refer to each of these sections for details.

- Youth and Family Services
- Substance Use Disorder Services
- Mental Health Services

Please note that some 24-hour levels of care require Login.

Youth and Family Services	Substance Use Disorder Services	Mental Health Services
• Service Descriptions • Find Provider Openings	• Service Descriptions • Find Provider Openings	• Service Descriptions • Find Provider Openings

Massachusetts Behavioral Health Access Website

Massachusetts Behavioral Health Access (MABHA)

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Home | Youth and Family | Substance Use Disorder | Mental Health | Contact Us

Find openings for providers that offer Substance Use Disorder Services

* **Select Service:** ATS (Acute Treatment Services)

Acute Treatment Services [less]

- ATS is also known as detoxification or withdrawal management.
- ATS is for adults over the age of 18 who have withdrawal symptoms from alcohol and/or other drugs. These individuals do not need to be in a hospital but need to be medically-monitored.
- ATS is provided 24 hours a day to adults ages 18 and older.
- Special programs are available for youth under the age of 21 (see Youth Stabilization Services (YSS)) and for adults with co-occurring conditions (see Enhanced Acute Treatment Services (E-ATS)).

* **Specify Age:** 30

* **Location Type:** Zip Code

* **Zip Code:** 02118

* **Miles:** 100

Search

Massachusetts Behavioral Health Access Website

https://www.mabhaccess.com/SearchResults.aspx

MABHAccess

File Edit View Favorites Tools Help

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Select Language
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Results for ATS, age 30, zip code 02118 in a 100 miles radius

* Service availability is not guaranteed. Please call before going to facility.

Facility	City	Available Capacity (Openings)	Referral Phone	Comments	Gender	Distance (Miles)	Last Updated
Boston Treatment Center (formerly CAB) - ATS (Adult 18+)	Boston	1	617-247-1001	Male 1 / Female 0 ~jodi	Male	0.00	11 hours ago
Arbour-HRI ATS (Adult 18+)	Brookline	0	833-Intake1	On inpatient dual diagnosis unit	All	3.03	1 hour ago
Dimock Community Health Center - ATS (Adult 18+)	Roxbury	4	617-442-8800		All	3.47	2 hours ago
Arbour Hospital ATS (Adult 18+)	Boston	4	833-2Arbour	On inpatient dual diagnosis unit	All	4.49	1 hour ago
Andrew House Boston (Adult 18+)	Jamaica Plain	1	617-318-5602	9/20/18 4:32AM SC	Male	4.49	12 hours ago
Gavin Foundation ATS (Adult 18+)	Quincy	0	617-845-5785	0 male beds available ATS 0 female beds available ATS JD	All	5.21	1 hour ago
Spectrum - ATS (Adult 18+)	Weymouth	1	339-499-4092		Male	12.92	8 hours ago
Andrew House Stoughton (Adult 18+)	Stoughton	11	781-232-5507	Y. Afere, RN	Male	14.85	9 hours ago
Brockton Addiction Treatment Center - ATS (Adult 18+)	Brockton	0	774-213-8435	0 MALE 0 FEMALE	All	17.11	3 hours ago
Northeast Behavioral Health - ATS (Adult 18+)	Danvers	0	978-739-7675		All	17.27	7 hours ago

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Find an MBHP-Contracted Provider

www.masspartnership.com → Find a Provider → Find a Behavioral Health Provider

https://www.masspartnership.com/member/FindBHProvider.aspx

masspartnership.com

File Edit View Favorites Tools Help

Members and Families

- Getting Started
- MassHealth Info and Other Important Contacts
- Available Services
- Integrated Care Management Program
- Emergency Services Program/Mobile Crisis Intervention
- Find a Provider
  - *Find a Behavioral Health Provider*
  - *Find a Primary Care Clinician*
- Member Information
- Health and Wellness Resources

Find a Behavioral Health Provider

The MBHP behavioral health provider network is one of the largest in Massachusetts. It includes over 1,200 clinics, inpatient programs, individual practitioners such as social workers and psychologists, and many more. Many of our providers speak multiple languages, and they all share a commitment to providing high quality, culturally sensitive care. Services offered range from detox, to crisis counseling, to long-term therapy. Learn more about what services are available.

You can search for a provider using the form below. Here is a guide to help you fill out the search form. **If you have questions or need help finding a provider, call us anytime at 1-800-495-0086.**

If you would like additional information about the professional qualifications of providers, call **1-800-495-0086** and ask for Network Operations, e-mail MBHPNetworkOperations@BeaconHealthOptions.com, or send a fax to 1-877-390-2324.

Provider or Facility Name: [ ] Info on Accreditation

Provider Type: None Selected What does this mean?

Town/City: [ ] OR Region: None Selected

Zip Code: [ ] Distance: Within 5 Miles

Provider Gender: None Selected

Special Interest: None Selected What does this mean?

Special Interest: None Selected

FOR MEMBERS
Got a Question?

1-800-495-0086
Wondering if you are covered by MBHP? Looking for a therapist? Unsure of where to start for services? Call the MBHP Member Engagement Center anytime at 1-800-495-0086 and we'll talk you through it!

FOR MEMBERS
Getting Started

MBHP manages medical and behavioral health care for MassHealth PCC Plan Members and others. Start here to learn if you are covered by MBHP, what we offer, and answers to frequently asked questions. learn more

The Massachusetts Child Psychiatry Access Program (MCPAP) offers free consultation for pediatricians.

- Aims to improve a pediatric team's competencies in:
  - Screening, identification, and assessment;
  - Treating mild to moderate cases of behavioral health disorders;
  - Making effective referrals to community services; and
  - Coordinating care for patients who need community-based specialty psychiatric and behavioral health services.
- Three regional teams: Boston North (MGH and NSMC); Boston South (BCH, Tufts, McLean SE); Western/Central (UMass and Baystate)
  - Consist of child psychiatrists, licensed therapists, resource and referral specialists, and program coordinators.
  - Respond to inquiries from primary care providers and/or on-site behavioral health clinicians within 30 minutes.
- For more information visit www.mcpap.org
- Available Monday – Friday, 9 a.m. – 5 p.m.

Boston North: 855-627-2763 | **Boston South:** 844-636-2727

Western/Central: 844-926-2727

The Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP) offers free consultation on safe prescribing.

- Offers real-time phone consultation to PCCs on safe prescribing and managing care for adults with chronic pain and/or SUD
- Provides information on community resources to address the needs of these patients
- Available Monday – Friday, 9 a.m. – 5 p.m.
- Provides free consultations on all patients statewide, regardless of insurance
- Available at **1-833-PAIN-SUD** (1-833-724-6783) or www.mcstap.com
- Funded by the Massachusetts Executive Office of Health and Human Services

How can MCSTAP help you and your patients?

- Assists clinicians in using evidence-based practices when prescribing opioids and use of medication for treating SUD
- Consults on key questions including managing medications to holistic chronic pain management
- Provides personalized real-time and ongoing professional coaching on providers’ most complex patients
- Identifies community-based resources that can address patients' needs
- Helps build practices’ capacity to care for complex patients with chronic pain or SUD

Thank You

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