Accessing Substance Use Disorder Services
The Continuum of Care for PCC Plan Members

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Director of Addiction Services

October 16 and 17, 2019
Goals for this Webinar

- To orient medical practices to the array of substance use disorder (SUD) treatment services available to PCC Plan Members
- To describe the components of each SUD level of care and what services PCCs can expect Members will receive
- To provide information on how to locate and access these services
The Massachusetts Behavioral Health Partnership (MBHP) manages behavioral health services for MassHealth Primary Care Clinician (PCC) Plan Members.

- Behavioral health services do not require a PCC referral.
- Substance use disorder services do not require a prior authorization.

MBHP works collaboratively with PCCs to provide tools, data, and resources that support coordination of medical and behavioral health care for Members.
Most Frequently Utilized Specialty Services

- **Outpatient Levels of Care**
  - Outpatient Behavioral Health Services
  - Opioid Replacement Therapy
  - Structured Outpatient Addiction Program (SOAP)

- **24 Hour Levels of Care**
  - Residential Rehabilitation Services (RRS) – ASAM 3.1
  - Clinical Stabilization Services (CSS) – ASAM 3.5
  - Acute Treatment Services (ATS) – ASAM 3.7
  - Enhanced Acute Treatment Services for Individuals with Co-Occurring Disorders (E-ATS) – ASAM 3.7
  - Inpatient – ASAM Level 4
## Service Utilization

<table>
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<tr>
<th>Level of Care</th>
<th>Service Users FY 2016</th>
<th>Units FY 2016</th>
<th>Service Users FY 2018</th>
<th>Units FY 2018</th>
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<td>118</td>
<td>571 days</td>
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Outpatient Levels of Care

- Outpatient Behavioral Health Services
- Opioid Replacement Therapy
- Structured Outpatient Addiction Program (SOAP)
Corresponds to American Society of Addiction Medicine (ASAM) Level 1: Outpatient Services

- Behavioral health services provided in an ambulatory setting, such as an office, clinic, or Member’s home

- Time-effective, defined episodes of care focused on restoration, enhancement, or maintenance of a Member’s optimal level of functioning and alleviation or amelioration of significant and debilitating symptoms impacting at least one area of the Member’s life
Components of Outpatient Behavioral Health Services

- Bio-psychosocial evaluation
- Development of or updating a crisis plan
- Care coordination
- Individual, group, couples, or family treatment
- Provide or ensure access to all FDA-approved medications (except methadone), including buprenorphine, injectable naltrexone, and acamprosate
- Crisis response

Staffing disciplines
- Psychiatrist
- Psychologist (PhD, PsyD, EdD)
- Licensed Independent Clinical Social Worker; Licensed Clinical Social Worker
- Registered Nurse; Psychiatric Nurse Mental Health Clinical Specialist
- Licensed Mental Health Counselor; Certified Addiction Counselor; Licensed Alcohol and Drug Counselor; Certified Alcoholism and Drug Abuse Counselor; Licensed Alcohol and Drug Abuse Counselor; Licensed Marriage and Family Therapist
Joann has been prescribed a benzodiazepine to take as needed for occasional anxiety. Recently, she has been requesting refills much more frequently. During an appointment with her PCC to address concerns related to these requests, she admits that she has been taking the medication regularly, rather than as needed, to feel calmer. She also reports smoking marijuana daily. She agrees that she would be willing to further discuss her substance use.
Description of Opioid Replacement Therapy

- Corresponds to ASAM Level 1: Opioid Treatment Program (OTP); often referred to as Medication Assisted Treatment (MAT)

- OTPs provide medically monitored administration of methadone to individuals with opioid use disorder in conformance with federal regulations. Services will be expanding to include all FDA approved medications for opioid use disorder treatment.

- This service combines medical and pharmacological interventions with counseling, educational, and vocational services and is offered on a short-term (detoxification) and long-term (maintenance) basis.

- The goals of treatment include eliminating opiate use, eliminating injection drug use, reducing or eliminating alcohol or other drug use, improving health status, and improving the Member’s level of functioning.
Components of Opioid Replacement Therapy

- Bio-psychosocial evaluation
- Medical history, physical exam, and required lab work
- Observed daily dosing with ability to earn “take-homes”
- Development of behavioral treatment/recovery plans
- Individual, group, and/or family counseling
- Psycho-educational groups
- Random drug testing

Staffing disciplines

- MD who serves as medical director and writes orders
- Psychiatrist
- Psychologist (PhD, PsyD, EdD)
- Licensed Independent Clinical Social Worker; Licensed Clinical Social Worker
- Registered Nurse; Psychiatric Nurse Mental Health Clinical Specialist
- Licensed Mental Health Counselor; Certified Addiction Counselor; Licensed Alcohol and Drug Counselor; Certified Alcoholism and Drug Abuse Counselor; Licensed Alcohol and Drug Abuse Counselor; Licensed Marriage and Family Therapist
During a visit to her PCC for a routine physical, Maria complains of allergies because she has watery eyes and a runny nose that won’t stop. She also complains of nausea and early morning vomiting. During the exam, the PCC notices that her pupils are extremely dilated and what appear to be track marks on her arm. She admits that she has been injecting heroin and last used the previous day. Her physical exam and lab work also indicate that she is pregnant. The PCC contacts MCPAP for Moms at 855-MOM-MCPAP (855-666-6272) to receive real time behavioral health consultation and care coordination assistance. The PCC provides education about the strong evidence base for using medication-assisted treatment to ensure a healthy pregnancy, refers her to an OB-GYN with expertise in working with pregnant women with Opioid Use Disorders, and discusses the importance of narcan in preventing accidental overdose. The PCC also tells Maria about the Journey Recovery Project, an online resource for pregnant and parenting women (journeyrecoveryproject.com).
Description of Structured Outpatient Addiction Program (SOAP)

- Corresponds to ASAM Level 2.1: Intensive Outpatient Services

- SOAPs are clinically intensive, structured, day and/or evening substance use disorder services. They provide more support and education to help individuals maintain their recovery than outpatient services.

- SOAP provides multidisciplinary treatment to address the sub-acute needs of individuals with substance use and/or co-occurring disorders, while allowing them to maintain employment and participate in the community.

- It may be a step up from outpatient treatment or a step down from 24-hour levels of care.

- There are specialty programs for youth under age 18.
Components of Structured Outpatient Addiction Program (SOAP)

- Minimum of 3.5 hours of service including combination of at least two groups and one brief individual meeting daily, provided in a therapeutic milieu
- Programming is available at least five days per week.
- One individual counseling session per week
- One educational/support group for families and other natural supports per week
- Drug screening as indicated

Staffing disciplines

- Multidisciplinary team, including bachelor’s-level and master’s-level training clinicians
- Minimum of one full-time master’s-level clinician
During his annual physical, Joe complains of frequent heartburn, occasional heart palpitations and upset stomach. These symptoms happen most often on Monday, making it hard to get to work because he feels under the weather. Results from a standardized screening tool reveal that Joe drinks between 7-10 drinks once or twice a month when out with friends and a 6-pack during the Sunday football game. He does not drink daily and, until recently, had not suffered adverse consequences from his use. He has never been told that he is drinking at unsafe levels, but wonders if it might be creating problems like it did for his father.
24-Hour Levels of Care

- Residential Rehabilitation Services (RRS)
- Clinical Stabilization Services (CSS)
- Acute Treatment Services (ATS)
- Enhanced Acute Treatment Services for individuals with co-occurring addiction and mental health disorders (E-ATS)
- Inpatient
Description of Residential Rehabilitation Services (RRS)

- Corresponds to ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services
- A 24-hour voluntary service for individuals who require a safe, structured environment provided in a home-like setting that supports recovery, community reintegration and resumption of social, vocational or educational roles
- This service provides ongoing case management, education and counseling
- Programs are available for adults, adolescents, transitional age youth and young adults, pregnant/post-partum women, families and adults with co-occurring disorders
Components of Residential Rehabilitation Services (RRS)

- Daily schedule of activities designed to facilitate participation in a supportive, therapeutic milieu that promotes recovery
- Clinical and psycho-educational groups
- Individualized case management services
- Peer support and other recovery-oriented services

Staffing disciplines

- Masters-level licensed clinician to serve as clinical director
- Counselors and case managers trained in addiction treatment
- Recovery specialists to assist with milieu management
Scenario for Residential Rehabilitation Services (RRS)

Sarah is a new patient in your practice. During her exam, she tells you that she has been struggling with substance misuse since her early adolescence. She has had periods of recovery, but she is currently living with a boyfriend who also uses substances and can be physically abusive towards her when he is under the influence. She dropped out of high school because of her substance use and has not been able to find a job that would pay enough to allow her to move into her own place. She relies on her boyfriend to pay the bills and has a conflicted relationship with her family, but admits that they are supportive when she has been working on her recovery.
Description of Co-Occurring Enhanced RRS

- Corresponds to ASAM Level 3.1: Clinically Managed Low-Intensity Residential Services

- A 24-hour voluntary service for individuals with a serious mental health diagnosis in addition to a substance use disorder who require a safe, structured environment provided in a home-like setting that supports recovery, community reintegration and resumption of social, vocational or educational roles

- The service is intended for people who have had a recent psychiatric admission, multiple recent emergency department or emergency service program encounters, or involvement with the Department of Mental Health
Components of Co-Occurring Enhanced RRS

- Integrated psychiatry and addiction treatment services, including medication management, is provided on site
- Daily schedule of activities designed to facilitate participation in a supportive, therapeutic milieu that promotes recovery
- Clinical and psycho-educational groups
- Individualized case management services
- Peer support and other recovery-oriented services

Staffing disciplines

- Same as RRS with the addition of on site nursing and psychiatry
Joann has been diagnosed with schizoaffective disorder. Her psychiatric symptoms are exacerbated by her use of cannabis and cocaine. She has had several inpatient psychiatric admissions where trials of new medications are started, but she stops taking them and resumes her substance misuse when she is discharged. You speak with her about the possible connection between the substance use and her paranoia which has impacted her ability to live independently and has strained her interpersonal relationships with family and friends. You also discuss the importance of a sustained medication regimen and the benefits of ongoing medication management services to determine the best treatment protocol to manage her symptoms.
Description of Clinical Stabilization Services (CSS)

- Corresponds to ASAM Level 3.5: Clinically Managed High-Intensity Residential Services
- A 24-hour voluntary service for medically stable individuals with primary substance use disorders who require additional support as they begin to engage in recovery
- Members may be admitted directly from the community or as a transition from acute treatment and inpatient services.
- This service provides intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others, and aftercare planning.
Components of Clinical Stabilization Services (CSS)

- Therapeutic milieu and programming provided seven days per week
- Behavioral/health/medication education and planning
- Nursing assessment and services – four hours per day
- Psycho-educational groups
- Individual, group, and family counseling
- Peer support and other recovery-oriented services
- Aftercare and discharge planning/care coordination

Staffing disciplines
- Masters-level, licensed clinician to serve as clinical director
- Registered nurse, nurse practitioner or physician assistant
- CAC, CADAC, LADCI, LADCII, LADCIII (or equivalent) licensed clinicians
- Physician availability for consultation 24/7
- Psychiatric and psychopharmacology consultation available by referral
Scenario for Clinical Stabilization Services (CSS)

David visits his PCC for a routine follow-up medical appointment. He was recently discharged from a detox program where he successfully completed a withdrawal management protocol for his alcohol use disorder. He expresses a strong commitment to maintaining abstinence, but he is struggling with intense cravings to drink and worries that he will slip and start drinking again. He reports trouble sleeping and occasional panic attacks. He wonders if a benzodiazepine would help him, but the PCC is concerned about the risk of overdose associated with them.
Description of Acute Treatment Services (ATS)

- Corresponds to ASAM Level 3.7: Medically Monitored Intensive Inpatient Services
- Evaluation and withdrawal management for Members who are experiencing, or are at significant risk of developing, an uncomplicated, acute withdrawal syndrome as the result of an alcohol and/or other substance use disorder and who require medical monitoring to safely cease substance use
- Services are delivered by nursing and counseling staff following a physician-approved protocol and physician-monitored procedures.
- Withdrawal management/detoxification services are provided 24/7 in licensed, freestanding or hospital-based programs.
- There are specialty programs for youth under age 18.
Components of Acute Treatment Services (ATS)

- Medical history and physical examination
- Individualized, substance-specific withdrawal management protocols
- Bio-psychosocial evaluation
- 24-hour nursing care
- Medication and vital sign monitoring
- Minimum of four hours of clinical programming per day
- Individual, group, and family counseling
- Psycho-educational groups
- Discharge/aftercare planning and care coordination

Staffing disciplines

- MD who serves as medical director
- Multidisciplinary team including nurses, counseling staff, physicians and clinical assistant/nurses’ aides
- MD available on call 24/7
Scenario for Acute Treatment Services (ATS)

Scenario 1

During Joe’s annual physical, the PCC asks some questions relating to his current drinking because he is aware that Joe attended a SOAP program in the past. Joe tells his PCC that he completed the program and remained abstinent for several years, but that he relapsed eight months ago. Since then, his drinking has increased to the point that he is drinking daily. When he has tried to stop, he experienced heavy sweating, hand tremors, and rapid heartbeat. He has been having trouble getting to work every day, and his wife is telling him he needs to stop drinking or get out of the house.
Scenario 2

After a car accident, Jack was treated and released from his local ED with a 7-day supply of pain medication and instructions to follow up with his PCC. Between his discharge from the ED and his follow-up appointment three weeks later, he relapsed back to IV heroin use and has been unable to stop. His PCC is aware from past discussions that Jack has struggled with opioid use disorder and during the follow-up visit asked about any current substance use because he is concerned that he received a prescription for narcotics. Jack admits that he has resumed his IV use and is worried about physical symptoms he will experience if he stops. The PCC suggest that an ATS admission would be useful in managing his withdrawal symptoms, discusses the importance of narcan to help prevent accidental overdose, and provides a prescription.
Scenario 3

Sarah, age 15, and her mother have a routine appointment with the pediatrician. Sarah complains of nausea, vomiting, and a general loss of appetite. She also has bloodshot eyes and a runny nose. Her mother reports that Sarah has been very irritable lately, but she thinks it might just be normal adolescence. The pediatrician notices some sores around Sarah’s mouth and a chemical odor on her breath. When Mom is not in the room, the pediatrician asks Sarah about whether she has been using any substances, and she admits that she has been inhaling paint thinner. She says all of her friends are doing this and she is not sure that she will be able to stop. The pediatrician expresses concern about the dangers of this activity, and Sarah agrees to tell her mother and get additional treatment.
Description of E-ATS for Individuals with Co-Occurring Disorders

- Corresponds to ASAM Level 3.7: Medically Monitored Intensive Inpatient Services
- Intended for individuals who require substance use disorder services, up to and including withdrawal management, who are also experiencing acute mental health needs that do not require a locked setting
- E-ATS is a planned program of 24-hour, medically monitored evaluation, care, and treatment for Members whose co-occurring mental health disorder requires specialized services, including the prescribing and dosing of medications typically used for the treatment of mental health disorders.
Components of E-ATS for Individuals with Co-Occurring Disorders

- Bio-psychosocial evaluation
- Medical history and physical examination
- Nursing assessment and 24-hour nursing care
- Psychiatric evaluation and treatment
- Pharmacological evaluation and treatment
- Individual, group, and family counseling
- Minimum of four hours of clinical programming per day
- Withdrawal management utilizing individualized protocols
- Aftercare planning and coordination

Multidisciplinary treatment team includes:
- MD who serves as medical director
- Attending psychiatrist
- Registered nurse, nurse practitioner, or physician assistant
- Licensed practical nurse
- Licensed, master’s-level clinicians
Joann’s presenting complaint to her PCC is uncontrollable nose bleeds. During the exam, she seems jumpy and agitated, constantly looking over her shoulder and responding to questions with suspicion. She makes accusations about the office staff working for the FBI, comments that she is tired of people being out to get her, and says that she wants the voices in her head to stop. The PCC knows that she had outpatient therapy in the past related to use of benzodiazepines and marijuana. When the PCC asks about any recent substance use, she reports that she has been using them both, as well as snorting cocaine.
Description of Inpatient Substance Use Disorder Services

- Corresponds to ASAM Level 4: Medically Managed Intensive Inpatient Services

- This level of care provides a planned program of 24-hour medically managed evaluation, care, and treatment for Members who are experiencing severe withdrawal symptoms and/or acute biomedical complications as a result of a substance use disorder.

- ASAM Level 4 services are intended for Members with significant co-morbid medical conditions that impact the ability for withdrawal symptoms to be successfully managed outside of an acute care medical facility that can provide life support in addition to 24-hour physician and nursing care.
Components of Inpatient Substance Use Disorder Services

- Acute biomedical services provided on a defined addictions unit
- Bio-psychosocial evaluation
- Psychiatric evaluation
- Nursing assessment and 24-hour nursing care
- 24-hour physician care with daily individual physician contact
- Daily medical management
- Withdrawal management
- Psychopharmacology
- Group, individual, and family substance use disorder treatment provided by a multi-disciplinary treatment team
- Aftercare planning and ongoing care coordination
Joe comes to the PCC’s office reporting that he has been throwing up blood for the last few weeks. When asked about his drinking, Joe admits that his drinking has increased over the past few months, and he is currently drinking about a case of beer and two quarts of vodka a day. He admits that he drinks Listerine if he runs out of beer when the liquor stores are closed. He reports experiencing seizures the last time he tried to stop drinking.
Additional Services to Support Members

- Recovery Support Navigators (RSN)
- Recovery Coaching (RC)
- Emergency Services Program (ESP)
- Integrated Care Management Program (ICMP)
Description of Recovery Support Navigators (RSN)

- For Members with complex medical or behavioral health 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 (RSN)

- 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-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
Joe had two follow-up visits scheduled with the PCC but did not come for either. During an outreach call, he says he missed his appointment because it was too much hassle to come to the office. He lost his apartment and is staying with a friend. He no longer has a working car and doesn’t know the bus schedule in his new neighborhood. He hasn’t been monitoring his blood pressure to see if his new medications are working. When asked about the blood work for his liver function tests, he said he’d get to that soon. He reports that money is tight and he’s worried about being able to buy groceries. He has also had trouble getting to recovery support meetings and is worried about starting to drink again.
Recovery coaching is a mobile service provided by individuals with lived experience who are currently in recovery who 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 Coaching

- 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
All of the people described in the preceding scenarios are eligible for and could benefit from Recovery Coaching services if they interested and agree to meet with a Coach.
Description of Emergency Services Program (ESP)

- Purpose is to respond rapidly, assess effectively, and deliver a course of treatment intended to promote recovery, ensure safety, and stabilize the crisis.
- Services allow a Member to receive medically necessary services in the community, or if medically necessary, in an inpatient or 24-hour diversionary level of care.
- For Members of all ages experiencing a behavioral health crisis.
- Directly accessible to Members seeking behavioral health services on their own or referred by any other individual or resource.
- Available 24 hours per day, 7 days per week, 365 days per year.
- Services are community-based to bring treatment to Members in crisis.
Components of Emergency Services Program (ESP)

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

Staffing disciplines
- Master’s, doctoral, RN-level clinicians
- Bachelor’s-level staff
- Certified Peer Specialist

To locate an ESP in the Member’s area, call 1-877-382-1609 and enter the zip code where the Member is located.
During a follow-up visit with his PCC, Joe appears to be intoxicated. 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.
An enhanced care management program offered to Members with complex medical, mental health, and/or substance use disorders

Based in regional service centers with clinical staff who provide integrated medical and behavioral health care management including direct, face-to-face visits with Members

To make a referral, call 617-790-4165 or go to MBHP’s website to complete and submit an ICMP referral form which can be found by clicking on the “PCC Plan Providers” tab
The Role of the PCC
The Role of the PCC

- Conduct universal screening and have conversations about substance use
- Recommend that Members seek additional treatment when indicated
- Establish relationships with SUD treatment providers in your area
- Display educational materials in waiting and exam rooms
- Have substance use disorder hotline wallet cards available
The Role of the PCC

- Educate Members about overdose risk when prescribing opioid analgesics
- Educate Members and their family members/significant others about narcan and that it can be obtained without a prescription at local pharmacies; consider prescribing it along with prescriptions for opioid analgesics
- Prescribe FDA-approved medications for treatment of SUD; if not already waivered to prescribe buprenorphine, become waivered
Massachusetts Consultation Service for the Treatment of Addiction and Pain (MCSTAP)

- Offers real-time phone consultation to primary care practices on safe prescribing and managing care for adults with chronic pain, substance use disorder, or both.
- Consults on questions across a broad range of topics, from managing medications (including opioids, MAT and non-opioid pain medications) to pain management strategies.
- Provides information on community-based 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.
- Staffed by physician consultations with extensive expertise in treating addiction and pain management.
- To reach MCSTAP, call 1-833-PAIN-SUD (1-833-724-6783).
- Funded by Massachusetts Executive Office of Health and Human Services.
How to Access Services
Massachusetts Behavioral Health Access Website

- Bed availability in “real time”
- Provider contact information and referral procedures
- Accepted insurances
- Level of Care descriptions
- Accessible to the public

- Go to mabhaccess.com
Welcome to the new design of the Massachusetts Behavioral Health Access (MABHA) website!

WHAT IS NEW?

The Massachusetts Behavioral Health Access (MABHA) website helps both providers and members 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.

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.

Contact Us for further assistance.

Massachusetts Behavioral Health Partnership
Boston, MA
(800) 495-0080 | (617) 700-4000
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Massachusetts Behavioral Health Access Website

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

Find openings for providers that offer Substance Use Disorder Services

- Select Service:
  - ESP/MCI
  - ATS
  - CSS
  - TSS
  - HEATS
  - OTP
  - SOAP
  - YSS

- Specify Age:

- Location Type:

- Zip Code: Zip Code Value

- Miles: 10

Search

- Providers listed on MABHA are located across the entire Commonwealth of Massachusetts.
- Programs that provide services to Massachusetts residents may request to be included by communicating with us through the Contact Us page.

Massachusetts Behavioral Health Partnership
Boston, MA
(800) 495-0086 | (617) 790-4000
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Privacy Policy
Results for ATS, age 30, zip code 02118 in a 100 miles radius

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

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<td>Andrew House Stoughton</td>
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<td>11</td>
<td>781-232-5507</td>
<td>Y. Afere, RN</td>
<td>Male</td>
<td>14.85</td>
<td>9 hours ago</td>
</tr>
<tr>
<td>Brockton Addiction Treatment Center - ATS</td>
<td>Brockton</td>
<td>0</td>
<td>774-213-8435</td>
<td>0 MALE 0 FEMALE</td>
<td>All</td>
<td>17.11</td>
<td>3 hours ago</td>
</tr>
<tr>
<td>Northeast Behavioral Health - ATS</td>
<td>Danvers</td>
<td>0</td>
<td>978-739-7675</td>
<td></td>
<td>All</td>
<td>17.27</td>
<td>7 hours ago</td>
</tr>
</tbody>
</table>
Find an MBHP-Contracted Provider

www.masspartnership.com ➔ Find a Provider ➔ Find a Behavioral Health Provider
Bureau of Substance Addiction Services (BSAS) Helpline

- Funded by Massachusetts’ Department of Public Health
- Provides free and confidential information, education, and referral
- Includes a provider search function (Find a Treatment Center)

- Go to helplinema.org or call 1-800-327-5050
helplinema.org
Massachusetts Health Promotion Clearinghouse

See all of our health promotion materials at www.mass.gov/maclearinghouse
Welcome to the Massachusetts Health Promotion Clearinghouse website. The Clearinghouse provides free health promotion materials for Massachusetts residents, health care providers, and social service providers.

To order materials, please take a moment to register an account.

Featured Items

- **Know Your Risk Fact Sheet**
- **Diabetes Prevention 11x17 Poster - English**
- **Diabetes Prevention Fact Sheet**

**TOPIC AREAS**

- Adolescent Health
- Alcohol and Other Drugs
- Asthma

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- Cart

[Social media icons: Facebook, LinkedIn, Google, Twitter]
Massachusetts Health Promotion Clearinghouse

Home > Alcohol and Other Dr... > Massachusetts Substance Abuse Helpline Wallet...

Massachusetts Substance Abuse Helpline Wallet Card

Format: Wallet Card
Audience: For general audience
Item Number: IR1203

Vivid double-sided wallet card encourages those with substance abuse concerns about themselves or someone else to contact the Massachusetts Substance Abuse Information & Education Helpline. Printed with one side in English one side in Spanish. Includes toll-free Helpline telephone & TTY numbers as well as website address for easy reference.

This title is limited to 400 per order. If you would like to request more, please contact us at clearinghouse@hria.org.

In Stock
Additional Resources

MBHP Main Office:
1-800-495-0086 or (617) 790-4000
Monday through Thursday 8:30 a.m. – 5 p.m.
Friday 9:30 a.m. – 5 p.m.
Additional Resources

- Accessing Behavioral Health Services: The Continuum of Care for PCC Plan Members
  
  [http://www.masspartnership.com/provider/EventsAndTrainings.aspx](http://www.masspartnership.com/provider/EventsAndTrainings.aspx)

- Children’s Behavioral Health Initiative: Connecting PCC Plan Youth to Community-Based Services
  
  [http://www.masspartnership.com/provider/EventsAndTrainings.aspx](http://www.masspartnership.com/provider/EventsAndTrainings.aspx)
Questions?
Thank you

MassHealth
PCC Plan

MBHP
Massachusetts Behavioral Health Partnership
a Beacon Health Options company