Update on:

Health Planning Council - Behavioral Health

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Associate Commissioner
Department of Public Health
11 June 2014

Agenda for Presentation

- Statutory Charge
- Analytic Plan
- Deliverables
- Inventory
  - Mental Health
  - Substance Abuse
- Analysis Plan for Utilization Data
- Timeline

Statutory Charge

- Section 16T in Chapter 6A establishes a Health Planning Council within the Executive Office of Health and Human Services
- The health planning council shall submit a state health plan
- The state health plan shall:

  -identify needs of the Commonwealth in health care services, providers, programs and facilities; the resources available to meet those needs; and, the priorities for addressing those needs

  -include the location, distribution and nature of all health care resources in the Commonwealth; the statute specifies certain categories of resources

  -make recommendations for the appropriate supply and distribution of resources, programs, capacities, technologies and services on a state-wide or regional basis based on an assessment of need for the next 5 years and options for implementing such recommendations

Statutory Charge

- EOHHS with the Council shall conduct a public hearing on the plan
- The Department shall issue guidelines, rules or regulations consistent with the state health plan for making determinations of need
- The Department may prescribe uniform reporting requirements

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Health Resources Planning:
Three levels of Analysis/Assessment

- Level 1 = Inventory Only
- Level 2 = Inventory and Forecast (population based forecast; limited narrative about issues)
- Level 3 = Inventory, Estimates of Future Need, Trends and Issues Spotlight

Level 1 – Inventory Only	Level 2 –Inventory and Forecast	Level 3 – Inventory and Estimates of Future Need, Trends and Issue Spotlight
• Dental • Ob-Gyn • Midwifery • "Health Screening and Early Intervention" · Mammography · Early Intervention Programs • Optometry • Chiropractic • Pharmacy and Pharmacological Services • Assisted Living • Rad Onc: LINAC, SRS, Proton • MRI • Nuclear Medicine Scanners • CT Scanners • Home Health Care • Lithotripsy • PET • Pulmonary Specialty Care (Vent Beds in LTACs) · Open Heart Surgery/LVAD • Air ambulance • Organ Transplant Programs • ECMO	• Dialysis units • "Emergency Services" • "Acute Care Units" · Med/Surg Beds · Pedi Inpatient Beds · "Surgical" - Outpatient and Inpatient Operating Room, ASC · Labor & Delivery · "Post OB Care" · "ICU" (Adult) • Specialty Care Units · Coronary Care Units · Burn · "Neonatal Care" · "ICU" (Pedi)	• **"Behavioral and Mental Health Services", includes Mental Health and "Substance Abuse Treatment and Services"** · **Providers, sites of care** · **Inpatient, Outpatient & Residential Behavioral Health & Substance Abuse** • "Primary Care Resources" · Providers · FQHCs • Post Acute Care · Skilled Nursing · Inpatient Rehab Units · Long Term Acute Care · Long Term Care · Hospice and Palliative care (pending full review of data availability) • PCI • Trauma • ASC

2013 – 2014 Proposal: Deliverables

- **Deliverable 3: Level III Analysis**

Deliverable	Description	Date (2014)
Identification of key questions	• Prioritize areas for further analysis • Ascertain whether there are areas where additional targeted data collection is desirable/feasible	RFI
Estimation of Need	• By service/provider/bed type • Including projections of future need	Complete
Definitions	• Drafted and vetted with stakeholder participation • To include ideal occupancy rates and other standards	Complete
Inventory	• Start with services included in Deliverable 1 Maps, with potential for additional refinement	Complete
Analysis of Capacity	• Based on accepted industry standards, where possible • Standards vetted with experts and stakeholders, if needed	In progress
Issues Brief	• Identification of laws, policies, etc. known to affect system • Narrative description of expected effect	In progress
Public Hearings	• Goal to hold hearings in geographic areas of state identified as being over- or under-capacity in analysis	Q1 FY15
Final Report	• Completed and submitted to legislature	Q2

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Analytic Outline: Current List of Services for Inclusion in the Resource Plan

Mental Health

- Acute Inpatient Psychiatric Units/Facilities (child/adult/geriatric)
- DMH Continuing Care Units/Facilities
- Licensed Outpatient Mental Health Clinics
- Outpatient Mental Health Services- General/Private Sector
- Diversionary Services:
  - Partial Hospitalization Programs
  - Day Treatment Programs
  - Emergency Service Programs
  - Crisis Stabilization Services
- Community Service Agencies
- DMH Site Offices- DMH Provided/Funded Community Support Services
- Clubhouse Services
- Recovery Learning Communities (RLCs)

Substance Abuse

- Acute Inpatient Substance Abuse Beds (adult/youth)
- Clinical Support Services (Clinically Managed Detox)
- Short and Long Term Residential Substance Abuse Beds (adult/family/youth)
- Outpatient Substance Abuse Counseling & Day Treatment
- Opiate Treatment Service Providers (OTP, OBOT)
- Outpatient Substance Abuse Counseling- General/Private Sector including OBOT
- Recovery Support Centers
- Community Support Programs and Services

Cross Sector

- Long Term Services & Supports (BH subset); Multiple Potential Programs—such as Adult Day Centers & Rest Homes
- School-based Services
- Preventative Services

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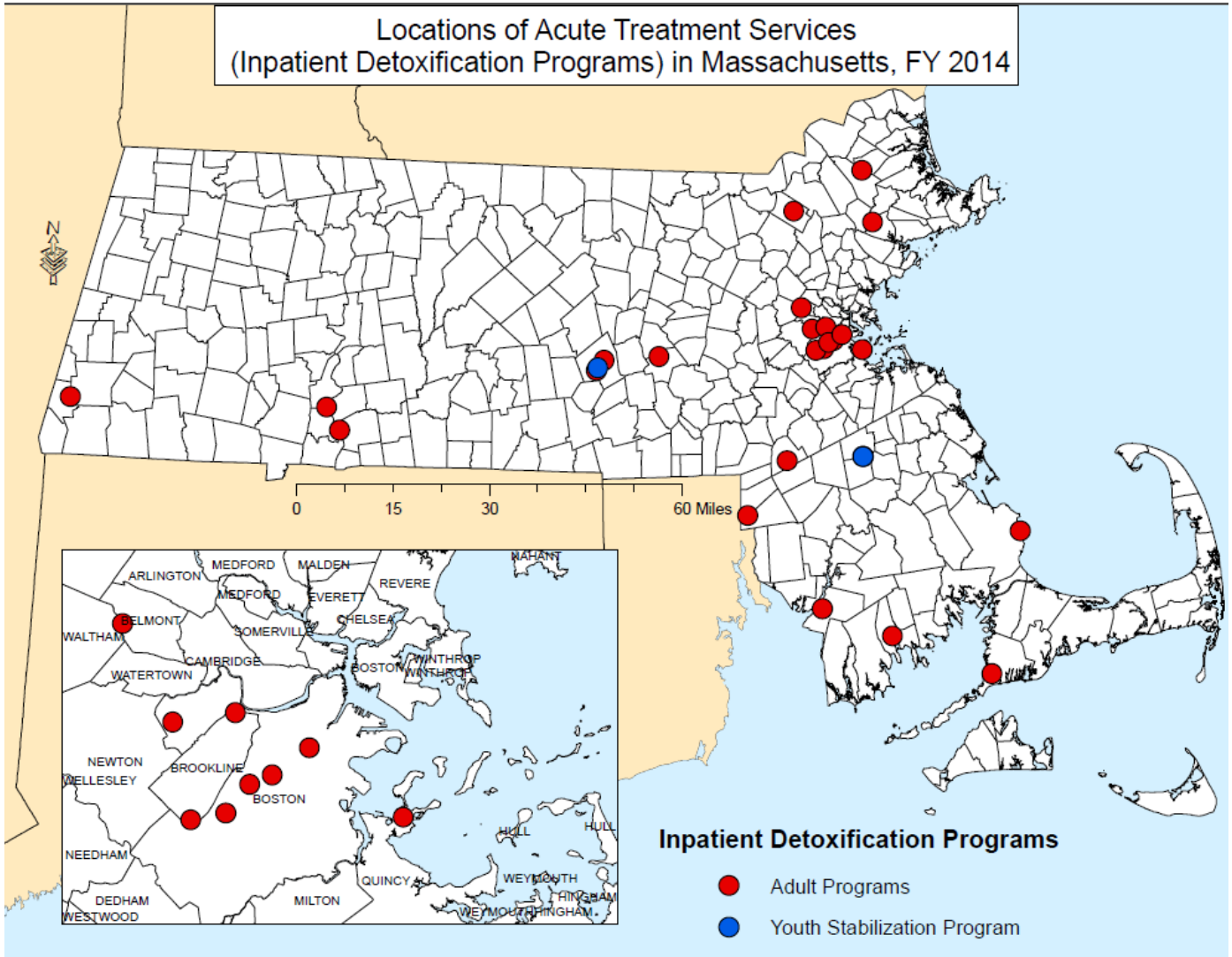
Service Map : Acute Treatment Services (Inpatient Detoxification Programs)



Acute Treatment Services (ATS)

•ATS programs are commonly referred to as inpatient detoxification programs. These programs operate in free standing and hospital based settings. The primary purpose of ATS programs is to medically treat withdrawal symptoms in persons who are dependent upon alcohol and/or other drugs.

•Specialized inpatient services are available to adolescents under 18 years of age who require ATS services. These services are referred to as Youth Stabilization Programs.

•All adolescent and adult programs encourage individuals who complete detoxification to continue receiving addiction treatment in other settings such as residential rehabilitation or outpatient settings.

•Services are available to people with public insurance, and to those with private insurance that contract with these providers.

•Dots represent the Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) licensed Substance Abuse Acute Treatment Services (including adult & adolescent) either as units in a hospital or a freestanding facility .

Data reflects a point in time and is updated as of 12/27/13
Dots represent location; not reflective of capacity or volume

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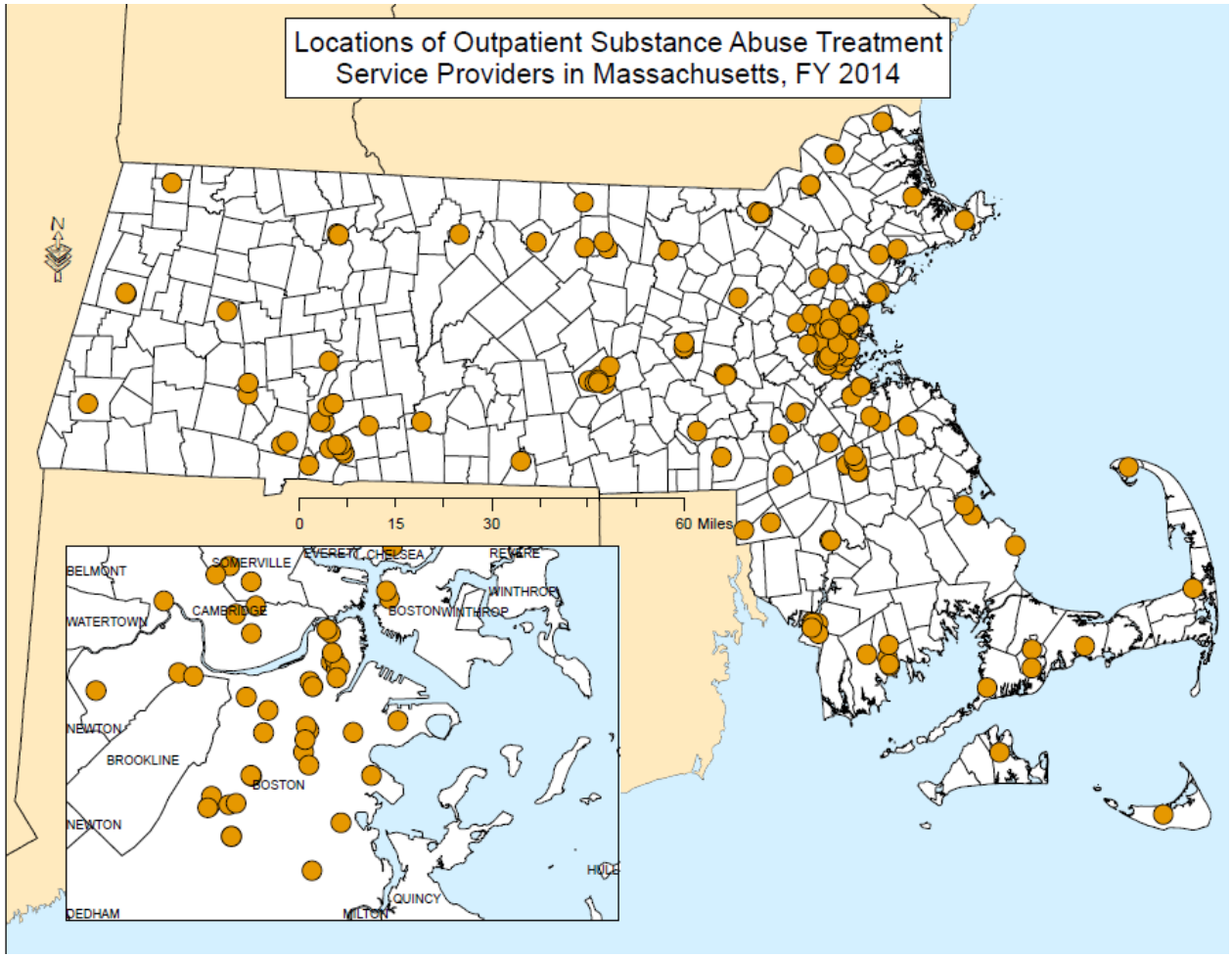
Service Map: Outpatient Substance Abuse Treatment



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Outpatient Substance Abuse Treatment

- Outpatient Substance Abuse Treatment is provision of in-person addiction counseling services to individuals, aged 13 and older, who are not at risk of suffering withdrawal symptoms and who can participate in organized services in an ambulatory setting such as a substance abuse treatment program, mental health clinic, hospital outpatient department or community health center.
- Services may include individual, group and family counseling, intensive day treatment and educational services for persons convicted of a first offense of driving under the influence of drugs or alcohol. Some outpatient substance abuse treatment programs meet additional regulatory requirements to provide these services to specialty populations including adolescents, age 13-17, pregnant women, persons with co-occurring mental health disorders, persons age 60 or older and persons with disabilities
- Services are available to people with public insurance, and to those with private insurance that contract with these providers.
- Dots represent programs that are either licensed or approved by the Department of Public Health (DPH) Bureau of Substance Abuse Services (BSAS).
- Although any of the locations may treat individuals with a “dual diagnosis” of substance abuse and mental health, a subset of the clinics receive additional specific licensure from the DPH, Bureau of Health Care Safety & Quality to treat persons with primary mental health problems.
- Of note, licensed mental health clinics may provide addiction counseling services to persons with primary addictive disorders under their outpatient mental health clinic licensure. Those clinics are not represented on this map. The map also does not represent any of the “private practitioners ” who offer substance abuse treatment & counseling.

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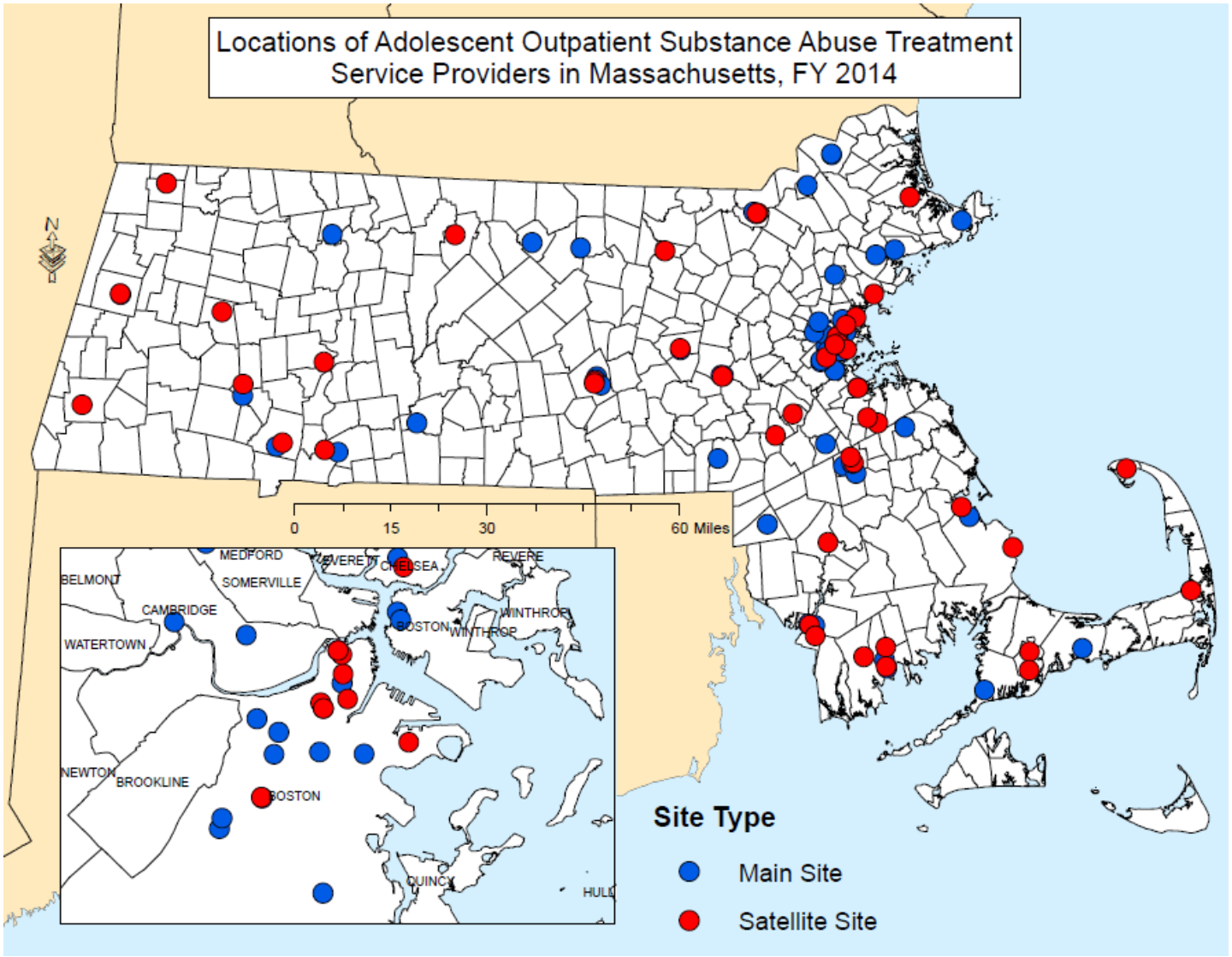
Service Map: Adolescent Outpatient Substance Abuse Treatment (Subset)



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Adolescent Outpatient Substance Abuse Treatment (Subset)

- These licensed outpatient substance abuse treatment providers have met additional, regulatory requirements to provide services to adolescents, 13-17 years old.
- Of note, licensed mental health clinics may provide addiction counseling services if they maintain compliance with the Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) regulations. However, they are not required to seek BSAS licensure or approval. Therefore this map does not represent the outpatient mental health clinics that may be providing addiction treatment services under their mental health clinic licensure.
- Dots do not represent any of the "private practitioners" who offer substance abuse treatment & counseling services.

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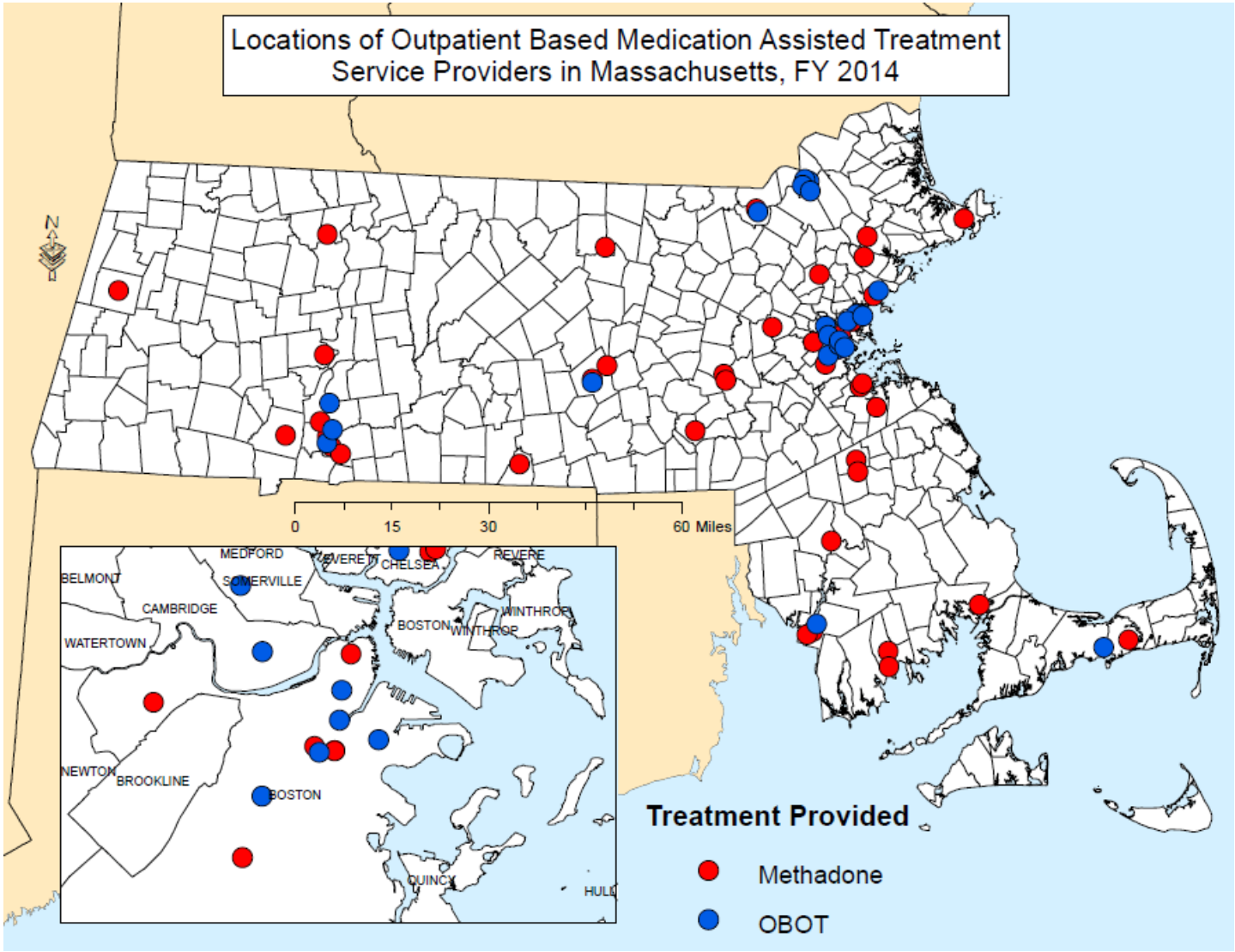
Service Map: Outpatient Based Medication Assisted Treatment Providers



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Opioid Treatment Programs

- The Department of Public Health, Bureau of Substance Abuse Services (BSAS) licensed opiate treatment programs provide medication, such as methadone, along with a comprehensive range of medical and rehabilitative services in an ambulatory setting to individuals to alleviate the adverse medical, psychological or physical effects incident to opiate addiction. Opioid treatment includes both maintenance and detoxification.

Office Based Opiate Treatment (OBOT) Programs

- BSAS funds 14 OBOT programs in community health centers across the state. These programs provide medication (buprenorphine) for the treatment of opiate addiction in a primary care setting. Buprenorphine treatment includes both maintenance and detoxification. This treatment does not require BSAS licensure.
- Dots represent only the 14 BSAS-funded OBOT programs and does not reflect the hundreds of physicians who are able to provide this treatment in their medical practices.

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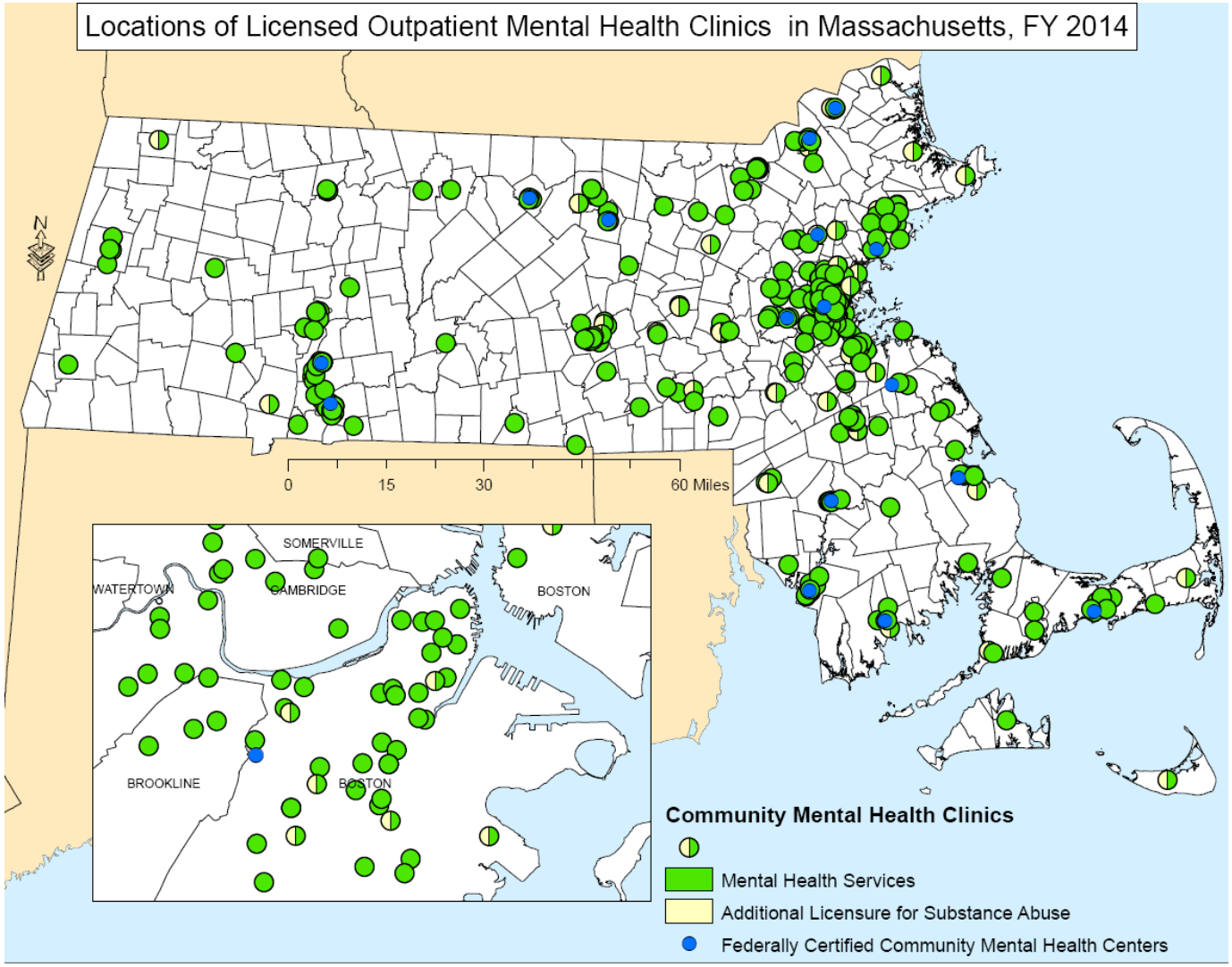
Service Map: Outpatient Mental Health Clinics



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Outpatient Mental Health Clinics

- Outpatient mental health clinics deliver comprehensive diagnostic and psychotherapeutic treatment services in interdisciplinary team under the medical direction of a psychiatrist. Services include: diagnosis and evaluation; medication management; consultation; and individual, family and group treatment for people with Mental Health or Substance Abuse disorders.
- The green/yellow dots represent clinics licensed by the Department of Public Health (DPH), Bureau of Health Care Safety & Quality. Blue dots represent locations that meet federal requirements for mental health centers. Although any of the locations may treat individuals with a "dual diagnosis" of mental health & substance abuse, a subset of the clinics receive additional specific licensure from the DPH, Bureau of Health Care Safety & Quality to treat substance abuse. The dots do not represent any of the "private practitioners" who offer mental health or substance abuse treatment nor the clinics that are separately licensed by the DPH, Bureau of Substance Abuse Services.
- Services are available to people with public insurance or to those with private insurance that contract with these providers.

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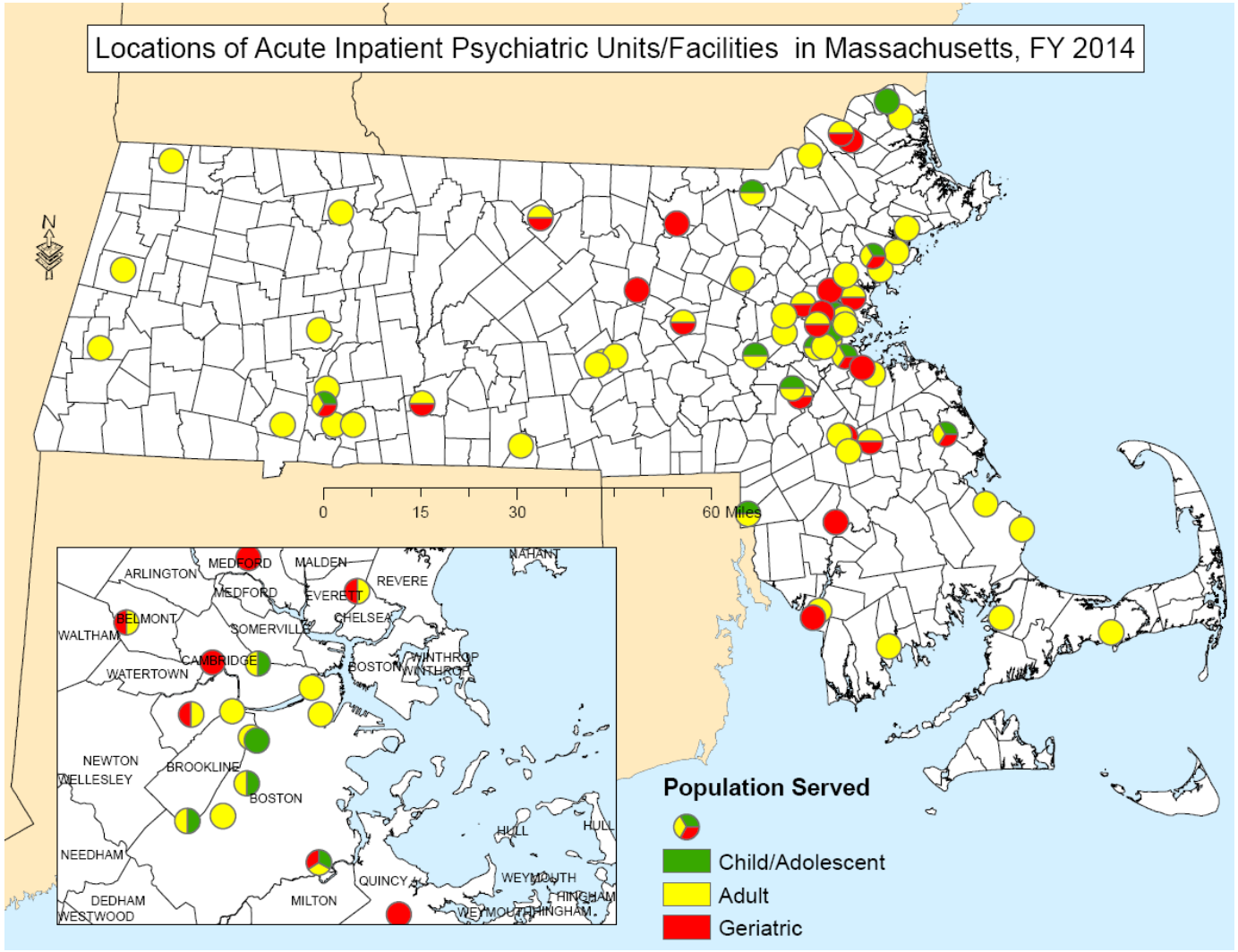
Service Map:
Acute Inpatient Psychiatric Units/Facilities



Acute Inpatient Psychiatric Units/Facilities

- Most individuals who need psychiatric inpatient care receive such services at an acute inpatient psychiatric unit in a general hospital or a private psychiatric facility.
- Psychiatric units in general hospitals and private psychiatric hospitals provide short-term, intensive diagnostic, evaluation, treatment and stabilization services to individuals experiencing an acute psychiatric episode.
- The dots represent the general hospital psychiatric units and private acute psychiatric hospitals licensed by the Department of Mental Health (DMH). In addition, DMH operates two inpatient units at Community Mental Health Centers in the Southeast region.
- Services are available to people with public insurance and to those with private insurance that contract with these providers.

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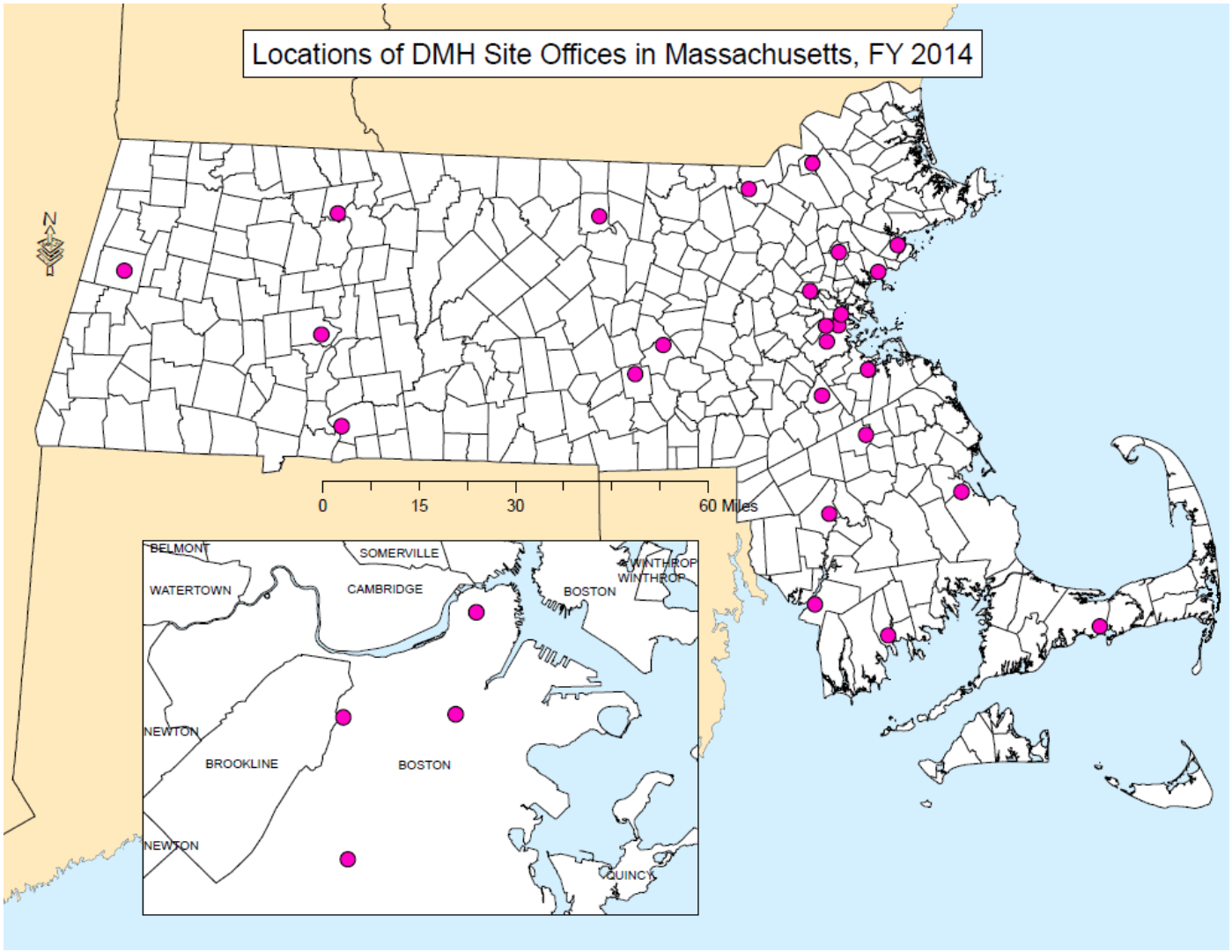
Service Map: DMH Site Offices



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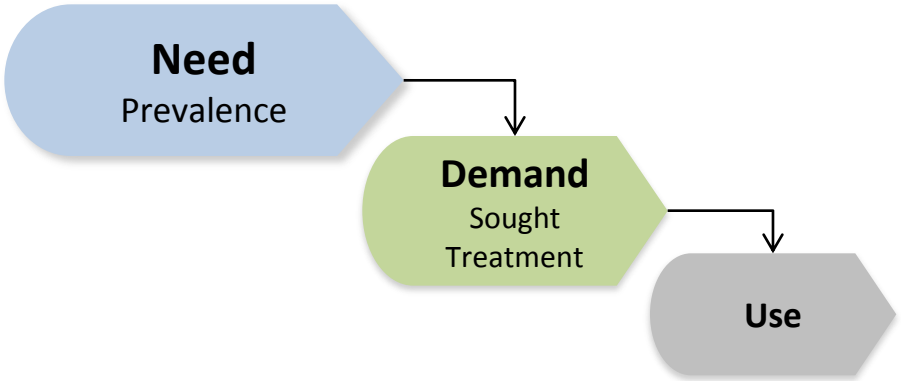
Department of Mental Health (DMH) Site Offices

- DMH provides services through 27 site offices within 25 locations across Massachusetts. The site offices provide case management and oversee an integrated system of community rehabilitative and recovery-based services for adults and youth.
- Individuals must apply to DMH to receive community-based services to determine they have a "qualifying mental disorder" as the primary disorder requiring treatment, and meet functional impairment and other criteria. There are "needs & means" criteria, in addition to clinical criteria, as part of the review for access.
- Services are delivered flexibly, often in individuals' homes and local communities. Services are designed to meet the behavioral health needs of individuals of all ages, enabling them to live, work, attend school and fully participate as valuable, contributing members of our communities.
- DMH also offers a range of supports to parents and people receiving mental health services through peer and parent support organizations. Individuals and families do not need to be authorized for services to access these supports.

Need, Demand and Use

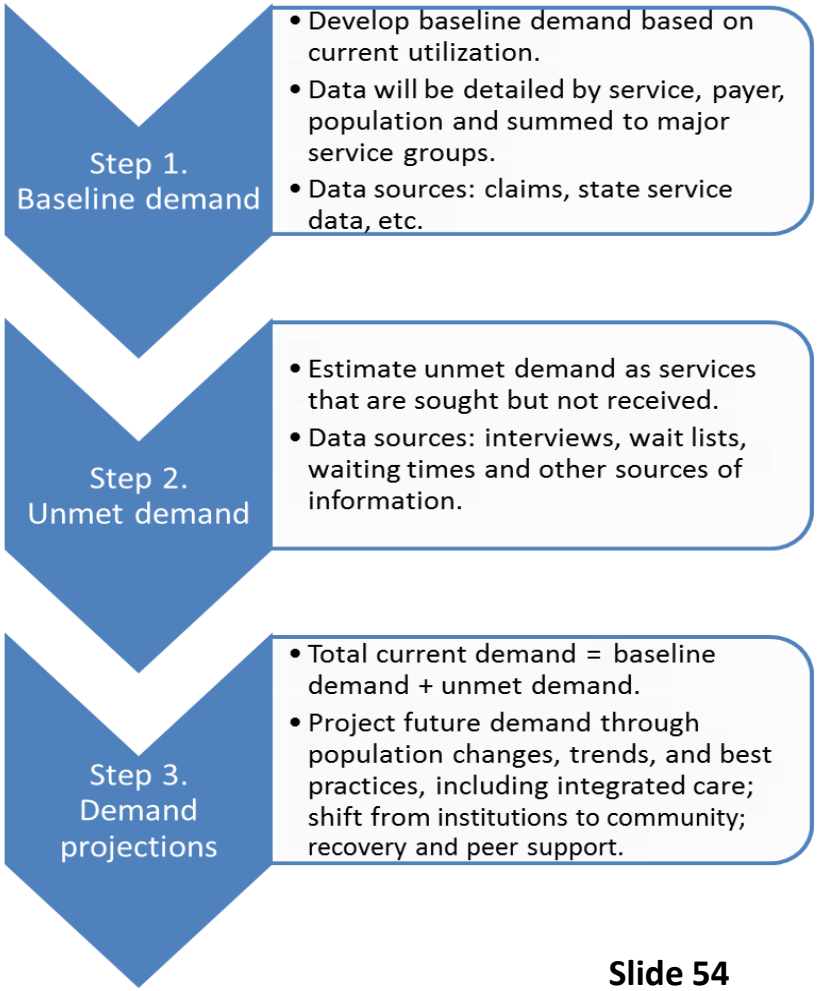


Need is characterized by the fundamental *underlying conditions* in the population (prevalence data from NSDUH).

Demand is expressed as the people that *seek treatment* and it will be estimated according as the portion of people that actually *use* treatment (use) plus estimates of unmet demand.

Use is known from claims and other reporting sources though people may be duplicated in some of these sources.

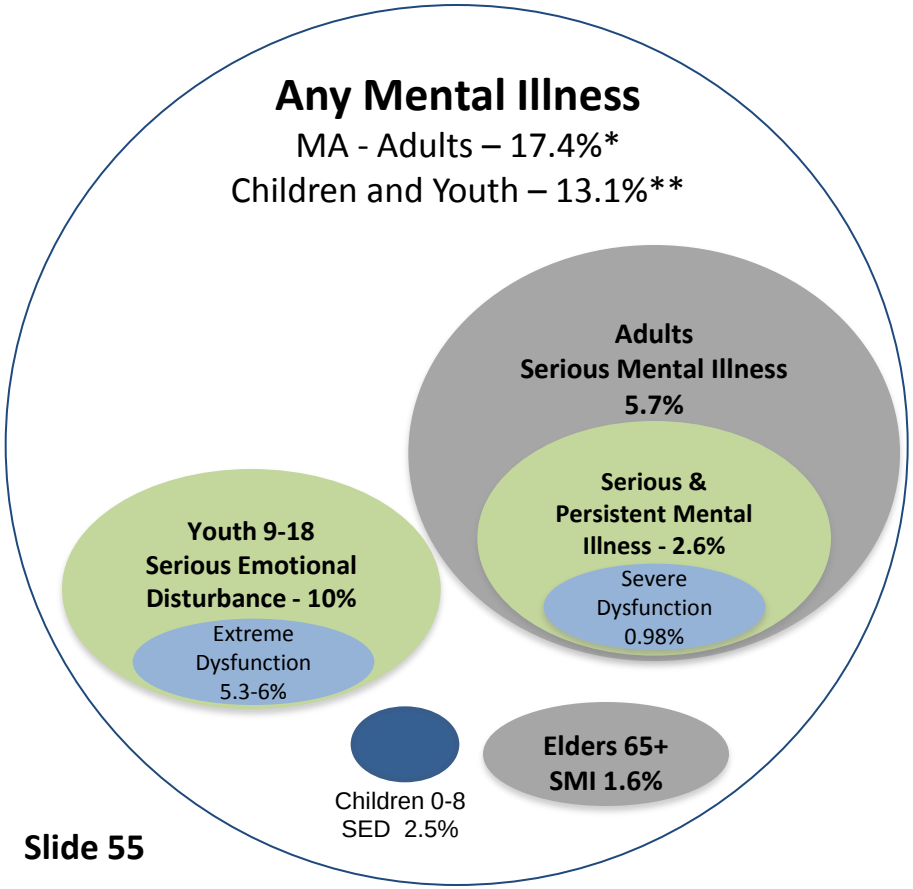
Demand Estimation Methods



Mental Health Conditions

Mental Health Conditions

MA DMH State Plan: Step 2 Unmet Needs and Service Gaps



Slide 55

- - 2011/2012 National Survey of Drug Use and Health
- ** -CDC National Health and Nutrition Examination Survey – Ages 8-15

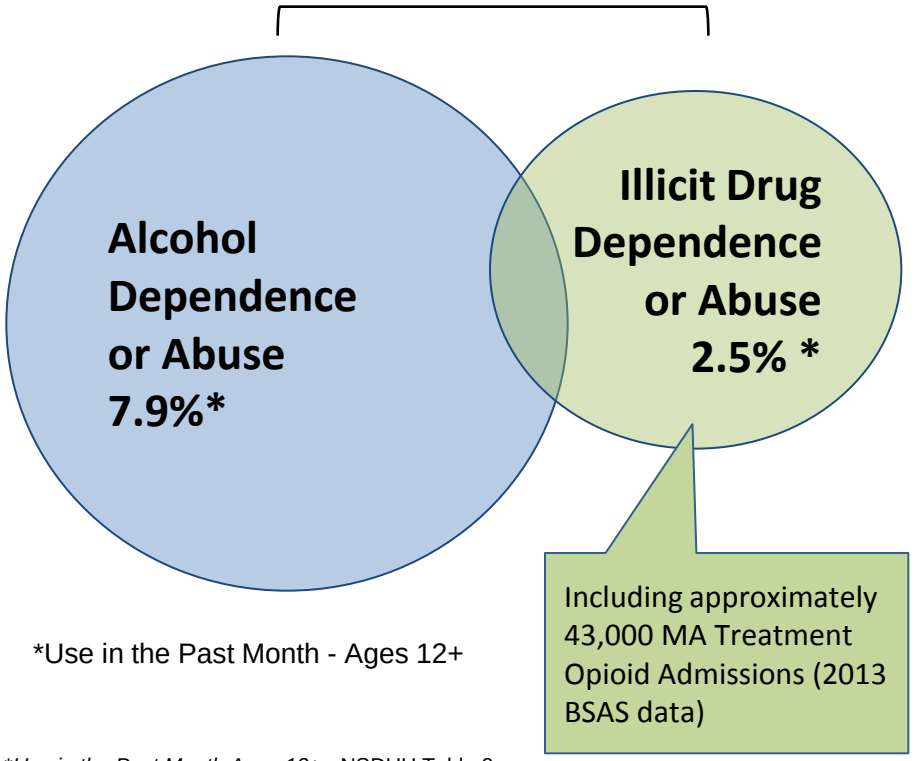
- **Any Mental Illness** (AMI): having (currently or at any time in the past year) a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV, regardless of functional impairment.
- **Serious Mental Illness** (SMI) Adults 18+ is defined as having a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the 4th edition of DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- **Serious Emotional Disturbance (**SED) Youth: SED is defined as a diagnosable disorder that causes problems in a child's functioning that substantially interferes with or limits the child's role in home, school or community activities; it is further distinguished by either "extreme dysfunction" or "substantial functional impairment." MA also categorizes separately children 0-8 with SED in need of mental health services from those 9-18 with SED.
- **Serious and Persistent Mental Illness** [best definition being sought].
- **Severe Dysfunction:** Those unable to provide for basic self-care

Substance Use, Dependence, Abuse (MA)

Substance Dependence and Abuse (MA)

(2011-2012 NSDUH)

Overall – 9.1% of the Population

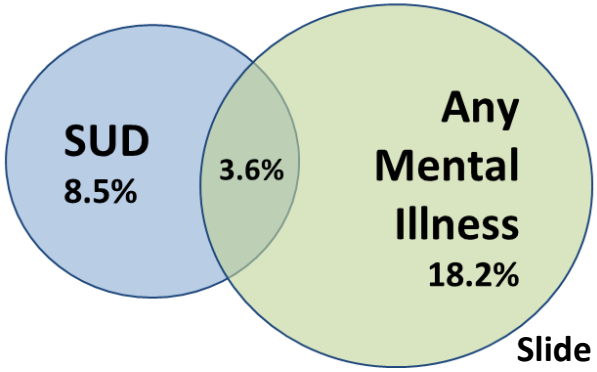


*Use in the Past Month - Ages 12+

**Use in the Past Month Ages 12+* - NSDUH Table 9, Table 10; Table 1.
*** Dependence or Abuse Past Year Ages 12+* – NSDUH Table 20; Table 16; Table 18.

- Dependence or Abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
- Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically

Co-occurring Substance Use Disorder & Mental Illness Conditions (US – 2012)



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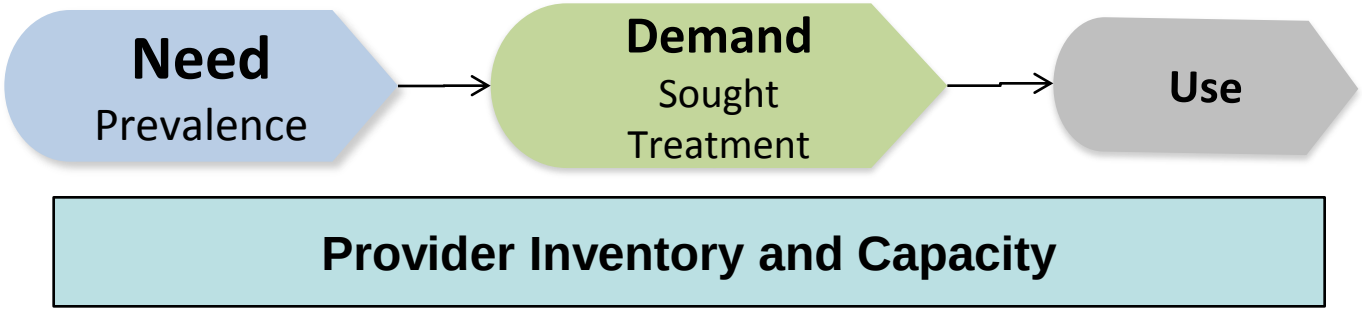
Analytic Road Map and Framework – Report



- Needs will be estimated using national prevalence and survey data. The framework and the overall need data were shared last meeting.
- Demand for services in behavioral health is highly elastic and data such as wait lists are not readily available. Many people meeting diagnostic criteria are not "ready" for treatment. Interviews, document review and comparisons of claims levels will help us comment on demand.
- Use data will come from six primary sources: DPH-BSAS; DMH; MassHealth; Medicare 5%; commercial data from CHIA-APCD; and hospital discharge data which includes general acute care hospitals (not freestanding) and hospital ER.
- Provider inventory is available primarily for licensed programs and is covered in this presentation. Capacity estimates for inpatient and other selected services will be developed in the final report.

Inventory

Inventory Analysis

- Developed inventory from DMH and DPH licensing and contract data
- Uses the 15 Health Policy Commission planning regions
- Provider inventory and other data are summarized as follows:
  - Statewide and regional MH and SA bed inventory by service – total # of beds and beds/100,000
  - Hospital and other acute inventory has been mapped to display geographical distribution
  - Statewide and regional clinic locations and #s of sites (no capacity data)
  - Statewide and regional locations for CBFS and other MH services
  - Substance abuse licensed services and other programs, by location
  - Select data summarized here

Mental Health

DMH Roles

- DMH provides services to over 21,000 DMH clients:
  approximately 2,300 children with serious emotional disturbance and 19,000 adults with serious and persistent mental illness.
- More than 90% of DMH clients served in the community
- DMH services provide rehabilitation and support to enable people to live, work and participate in the community
- *Acute* care for DMH clients and all other state residents, including outpatient clinic and hospital acute care, is mostly funded through public and private insurance
- DMH licenses acute-care psychiatric units at general hospitals and at free-standing psychiatric hospitals
- *DPH* (not DMH) licenses outpatient mental health clinics

Inpatient Mental Health

- 65 acute freestanding and general psychiatric facilities across the state
- 2,399 acute inpatient psychiatric beds:
  - 44% in free-standing hospitals
  - 56% in general hospitals
- 36 acute beds per 100,000
- 10% of beds for kids, 73% of beds for adults, 17% in specialized geriatric units
- Bed capacity, from 2010 to 2014, has grown 5% among the free-standing hospitals and 2% among all hospitals; general hospital beds showed no change.

Licensed MH Clinics

- 380 clinics statewide licensed by DPH provide MH services – two-thirds of the total clinics*
- Among the 558 clinics providing medical care, mental health care or both:
  - 51% provide mental health care only
  - 17% provide both mental health and medical care
  - 32% provide medical care only
- MH Clinics can provide both mental health and substance abuse services

* Numbers of clinics include license-holding clinics and their satellite clinics, each counted separately. Among the excluded clinics are those that provide only dental, pharmacy, physical rehab or MRI services. Also not included are physician-owned offices, which are not licensed by DPH.

Other Mental Health Services

- Community Based Flexible Supports, the "cornerstone" of the DMH community mental health system for adults with serious mental illnesses
  - provides services in partnership with clients and their families to promote and facilitate recovery
  - Point-in-time capacity in 2013: 11,814 individuals
  - Includes rehabilitative and support services to manage psychiatric symptoms and medical conditions in the community and that support independent living, wellness and employment
- Other important DMH services include: adult respite, intensive residential treatment programs for children, case management, and recovery learning centers

Inpatient Psychiatric Beds

Inpatient Psychiatric Beds in Free-Standing and General Hospitals by Region, 2014

Region	# of Hospitals or Psychiatric Units*				# of Beds				Population	Beds per 100,000	Ratio to Statewide Average
	Free-Standing	General	State-Operated	Total	Free-Standing	General	State-Operated	Total			
A - Berkshires	0	2	0	2	0	15	0	15	132,821	11	0.3
B - Pioneer Valley/Franklin	1	7	0	8	30	213	0	243	689,005	35	1.0
C - Central Mass	0	6	0	6	0	132	0	132	763,769	17	0.5
D- W. Merrimack/Middlesex	1	2	0	3	41	47	0	88	680,688	13	0.4
E - East Merrimack	2	2	0	4	122	74	0	196	265,081	74	2.0
F - Upper North Shore	0	2	0	2	0	32	0	32	65,020	49	1.3
G - Metro West	0	2	0	2	0	54	0	54	333,858	16	0.4
H - Metro Boston	5	14	0	19	490	428	0	918	1,575,595	58	1.6
I - Lower North Shore	0	4	0	4	0	144	0	144	391,184	37	1.0
J - Norwood/Attleboro	2	1	0	3	177	61	0	238	326,752	73	2.0
K - Metro South	1	3	0	4	30	52	0	82	407,120	20	0.5
L - South Shore	3	2	0	5	149	41	0	190	413,670	46	1.3
M - Fall River	0	1	1	2	0	16	16	32	141,534	23	0.6
N - New Bedford	0	1	0	1	0	31	0	31	198,870	16	0.4
O - Cape and Islands	0	1	1	2	0	20	16	36	243,352	15	0.4
Statewide Total	**15**	**50**	**2**	**67**	**1,039**	**1,360**	**32**	**2,431**	**6,628,319**	**37**	1.0
Percent	22%	75%	3%	100%	43%	56%	1%	100%			

*For free-standing and general hospitals, each hospital with psychiatric beds is counted once. The two state-operated psychiatric units, Corrigan in Fall River and Pocasset on Cape Cod, are located within state mental health centers.

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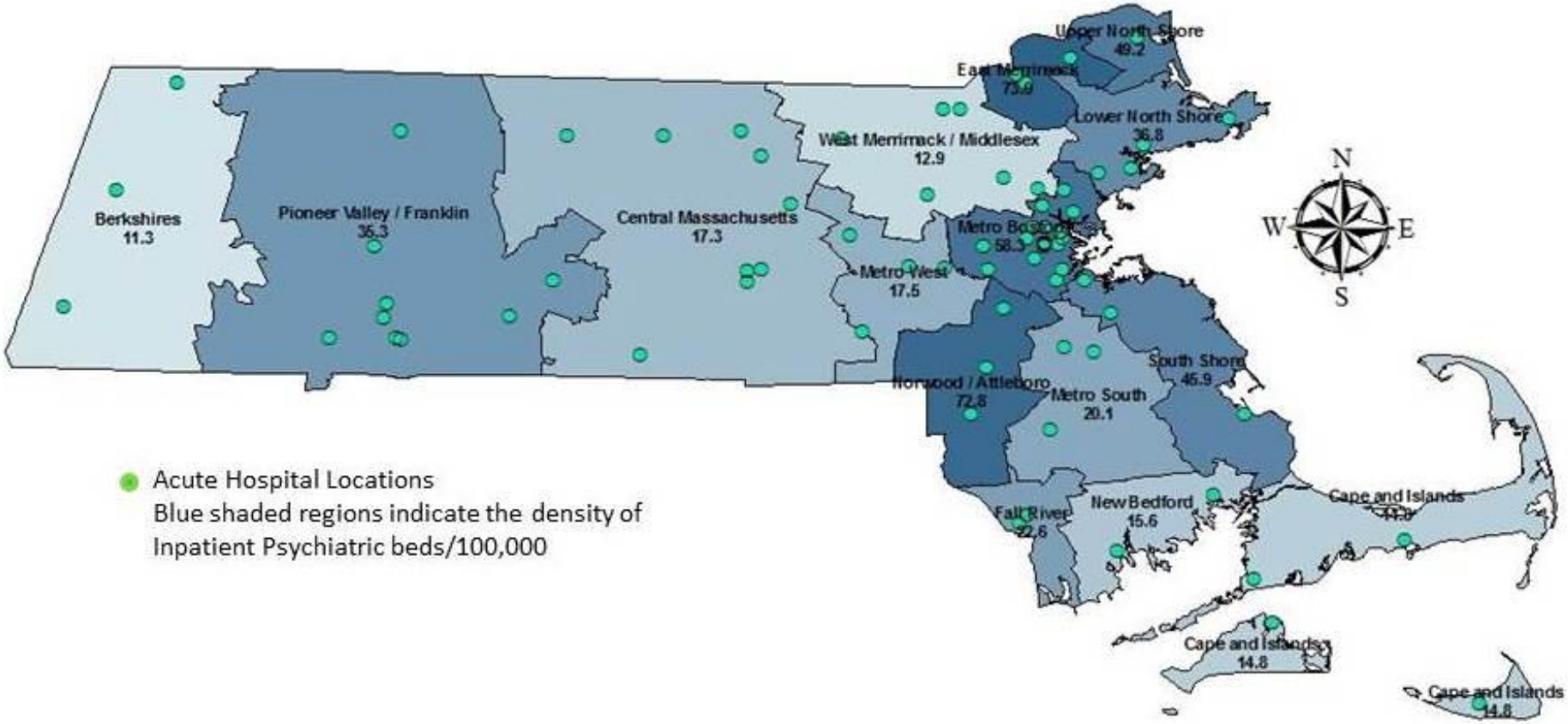
Map: Inpatient Psychiatric Beds

Inpatient Psychiatric Beds per 100,000 in Free-Standing, General, and State-Operated Hospitals by Region, 2014



Changes in Inpatient Psychiatric Beds: 2010-2014

Number of Inpatient Psychiatric Beds in Free-Standing Psychiatric Hospitals, General Hospitals and State-Operated Psychiatric Units, 2010-2014

	Number of Beds						
						Change 2010-2014	
Hospital Type	2010	2011	2012	2013	2014	Number	Percent
Free-Standing	990	1,005	1,025	1,034	1,039	49	5%
General	1,366	1,353	1,353	1,354	1,360	-6	0%
State-Operated	32	32	32	32	32	0	0%
Total	2,388	2,390	2,410	2,420	2,431	43	2%

- Freestanding hospital bed growth (5%) over the last four years contrasts with no growth for general acute hospital psychiatric beds that may provide care for more complex, medically involved cases.

DPH-Licensed Clinics

Licensed Outpatient Clinics Providing Mental Health and Medical Services by Region, 2014

Region	Numbers of Licensed Clinics Providing Indicated Services				
	Mental Health	Mental Health Only	Mental Health *and* Medical	Medical Only	Total Three Types of Clinics (MH only, MH and Med., Med. only)
A - Berkshires	**7**	7	0	6	13
B - Pioneer Valley/Franklin	**49**	44	5	21	70
C - Central Mass	**45**	34	11	39	84
D- West Merrimack/Middlesex	**23**	17	6	15	38
E - East Merrimack	**18**	16	2	10	28
F - Upper North Shore	**1**	1	0	1	2
G - Metro West	**12**	11	1	15	27
H - Metro Boston	**105**	61	44	21	126
I - Lower North Shore	**29**	16	13	10	39
J - Norwood/Attleboro	**9**	9	0	6	15
K - Metro South	**22**	20	2	6	28
L - South Shore	**24**	21	3	16	40
M - Fall River	**13**	11	2	5	18
N - New Bedford	**7**	7	0	2	9
O - Cape and Islands	**16**	12	4	5	21
Total Statewide	**380**	**287**	**93**	**178**	**558**
Share of All Clinics	**68%**	**51%**	**17%**	**32%**	**100%**

Notes: The clinics described in this table are ambulatory care providers licensed by the DPH Division of Health Care Quality for specific services such as medical care or mental health care. The numbers of clinics include both license-holding clinics and their satellite clinics, each counted separately. Data from April 25, 2014.

The counts of clinics in this table represent only a subset of the clinics licensed by DPH: Clinics that do not provide either mental health or medical services were excluded.

In addition, because DPH regulation excludes from its licensing requirements those medical offices and group practices wholly owned and controlled by their physicians, such offices and practices are also not included in the table.

HPC Regions and DMH Site Offices

- DMH funded services are contracted or operated from 26 local site offices. Most of these services are provided within the person's own community, often in the home or other settings chosen by the client
- DMH capacity data reflect the region with the location of the site office where the contract is held or service is operated
- DMH site offices do not align with the HPC regions. The DMH system of site offices has been built around community boundaries while the HPC regions are based upon hospital service areas and hospital referral regions. Some HPC regions have multiple site offices, some have none.

Substance Abuse

DPH: The Role of Bureau of Substance Abuse Services

- Single State Authority
- The Bureau of Substance Abuse Services (BSAS):
  - Oversees substance abuse prevention, intervention, treatment and recovery support services for adults and adolescents (available to youth and adults 13 years of age and older)
  - Licenses treatment facilities and alcohol and drug counselors
  - Funds a continuum of programs and services including detoxification, step-down services, residential rehabilitation, outpatient counseling, medication assisted treatment and community-based recovery support.
  - Tracks substance abuse trends in the state

DPH Licensing Responsibilities

- BSAS licenses substance abuse treatment programs, e.g., day treatment, methadone programs.
- The Division of Health Care Quality (DHCQ) licenses general hospitals and outpatient clinics, some of which provide substance abuse treatment services.

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Substance Abuse Service Inventory

Service Group	Tables by Service
All	Overview of All Beds
All Inpatient and Other Acute Care	Number of All Acute and Other Beds and CSS Beds by Region, 2014
Inpatient and Other Acute Care	Number of Acute Level IV Inpatient Beds by Region, 2014
	Number of Acute Level III.7 Treatment Service Beds by Region, 2014
	Number of Clinical Stabilization Service Beds by Region, 2014
Intermediate Care	Number of Transitional Support Services Beds by Region, 2014
Residential Care	Number of Residential Beds by Region, 2014
Outpatient Care	Opioid Treatment Programs by Region, 2014

Note: Additional tables provided in a comprehensive set of tables on all services.

Additional detail on the inventory of services above is being developed by the team. This will include other important SA services: Day Treatment, Outpatient Substance Abuse Counseling, Recovery Support Services, Recovery High School, Naloxone distribution.

Overview of Licensed Beds

Summary of All Beds to Treat Substance Abuse Licensed by DPH

Major Service Group	Service	Beds	Beds per 100,000
Inpatient and Other Acute	Medically-managed	165	3
Inpatient and Other Acute	Medically-monitored	752	14
Inpatient and Other Acute	Clinical Stabilization Services	284	5
Inpatient and Other Acute	Section 35 (May 2014)		
	Medically monitored	56	1
	Clinical Stabilization Services	142	3
A) Inpatient & Other Acute Care	Total of services listed above	1399	25
B) Intermediate Care	Transitional Support Services	291	5
C) Residential Care	Residential Services	2341	42
	TOTAL BEDS (A + B + C)	**4031**	**73**
	Eligible population, all persons 13 years of age and older, 2010	*5,554,121*	

Note: All data except otherwise noted is based on March 2014 reports.
Note: 117 families are also served by DPH, these numbers are not noted on this overview table.

Intermediate Substance Abuse Services

- Transitional Support Services (may follow inpatient detox):
  - 7 programs
  - 291 beds
  - 5 beds per 100,000
- 49 day treatment programs
  - These 49 programs fall under the 120 licensed outpatient programs.
  - Programs must be licensed as an outpatient program to provide day treatment.

BSAS licensing data as of March 27, 2014

Residential Rehabilitation Services

- 2,341 residential beds
  - 42 beds per 100,000
  - 94% single adult beds
  - Gender breakdown an important planning issue
  - Proportion of beds by gender (May 2014):
    - 56% men only
    - 28% women only
    - 16% co-ed
- Additional capacity to serve 117 families in residences

BSAS licensing data as of March 27, 2014

Outpatient Care

- 120 counseling programs
- 50 medication-assisted treatment programs
  - 36 DPH-licensed opioid treatment programs (methadone)*
  - According to SAMHSA, there are 72 office based opioid treatment (OBOT) programs providing Buprenorphine in Massachusetts.
  - BSAS funds 14 OBOT programs
  - See the SAMHSA Treatment Locator for more information
    http://dpt2.samhsa.gov/treatment/directory.aspx
  - Limited capacity information

* BSAS licensing data as of March 27, 2014

Opioid Overdose Intervention

- Intervention Programs funded by DPH
  - Naloxone distribution programs for bystanders and first responders (14 programs with 19 sites)
  - Learn to Cope (one program with 12 sites)

Provides training on overdose prevention, recognition and response; distribute naloxone kits to people in the community who are likely to witness an overdose. Likely bystanders include opioid-users, their friends and family members, and human services providers who serve opioid-users.

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Overview of All Beds Substance Abuse Services

All Inpatient and Other Acute Beds, 2014
Medically Managed, Medically Monitored, and Clinical Stabilization Services

Region	Beds	Population (≥13 y.o)	Beds per 100,000
A - Berkshires	21	115,642	18
B - Pioneer Valley/Franklin	90	583,165	15
C - Central Mass	258	617,789	42
D- West Merrimack/Middlesex	17	520,171	3
E - East Merrimack	76	225,494	34
F - Upper North Shore	0	55,053	0
G - Metro West	0	306,636	0
H - Metro Boston	270	1,336,899	20
I - Lower North Shore	79	331,980	24
J - Norwood/Attleboro	58	269,678	22
K - Metro South	64	337,324	19
L - South Shore	111	350,397	32
M - Fall River	67	121,612	55
N - New Bedford	0	167,586	0
O - Cape and Islands	90	214,695	42
Total Statewide	**1201**	**5,554,121**	**22**
Total Section 35-Medically Monitored and CSS	**198**	**5,554,121**	**4**
All Inpatient and Other Acute	**1399**	**5,554,121**	**25**

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: This includes all medically managed and medically monitored beds including Section 35 beds, as of May 5, 2014.

Acute Inpatient Medically Managed Substance Abuse Services

Acute Inpatient Beds (Level IV), Medically Managed in a Hospital, by Region, 2014

Region	Beds	Population (≥13 y.o)	Beds per 100,000
A - Berkshires	0	115,642	0
B - Pioneer Valley/Franklin	0	583,165	0
C - Central Mass	114	617,789	18
D- West Merrimack/Middlesex	17	520,171	3
E - East Merrimack	14	225,494	6
F - Upper North Shore	0	55,053	0
G - Metro West	0	306,636	0
H - Metro Boston	20	1,336,899	1
I - Lower North Shore	0	331,980	0
J - Norwood/Attleboro	0	269,678	0
K - Metro South	0	337,324	0
L - South Shore	0	350,397	0
M - Fall River	0	121,612	0
N - New Bedford	0	167,586	0
O - Cape and Islands	0	214,695	0
Total Statewide	**165**	**5,554,121**	**3**

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Clinical Stabilization Services
Substance Abuse Services

Clinical Stabilization Services, Beds by Region, 2014

Region	Beds	Population (≥13 y.o)	Beds per 100,000
A - Berkshires	0	115,642	0
B - Pioneer Valley/Franklin	30	583,165	5
C - Central Mass	30	617,789	5
D- West Merrimack/Middlesex	0	520,171	0
E - East Merrimack	0	225,494	0
F - Upper North Shore	0	55,053	0
G - Metro West	0	306,636	0
H - Metro Boston	54	1,336,899	4
I - Lower North Shore	23	331,980	7
J - Norwood/Attleboro	0	269,678	0
K - Metro South	32	337,324	9
L - South Shore	30	350,397	9
M - Fall River	30	121,612	25
N - New Bedford	0	167,586	0
O - Cape and Islands	55	214,695	26
Total Statewide	**284**	**5,554,121**	**5**

Section 35 CSS beds:

K - Metro South	76	5,554,121	1
N - New Bedford	66	5,554,121	1
Total	**142**	**5,554,121**	**3**

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.
Note: The Section 35 beds listed on this table are CSS beds and represent only a portion of the beds funded by DPH. This data is as of May 5. 2014.

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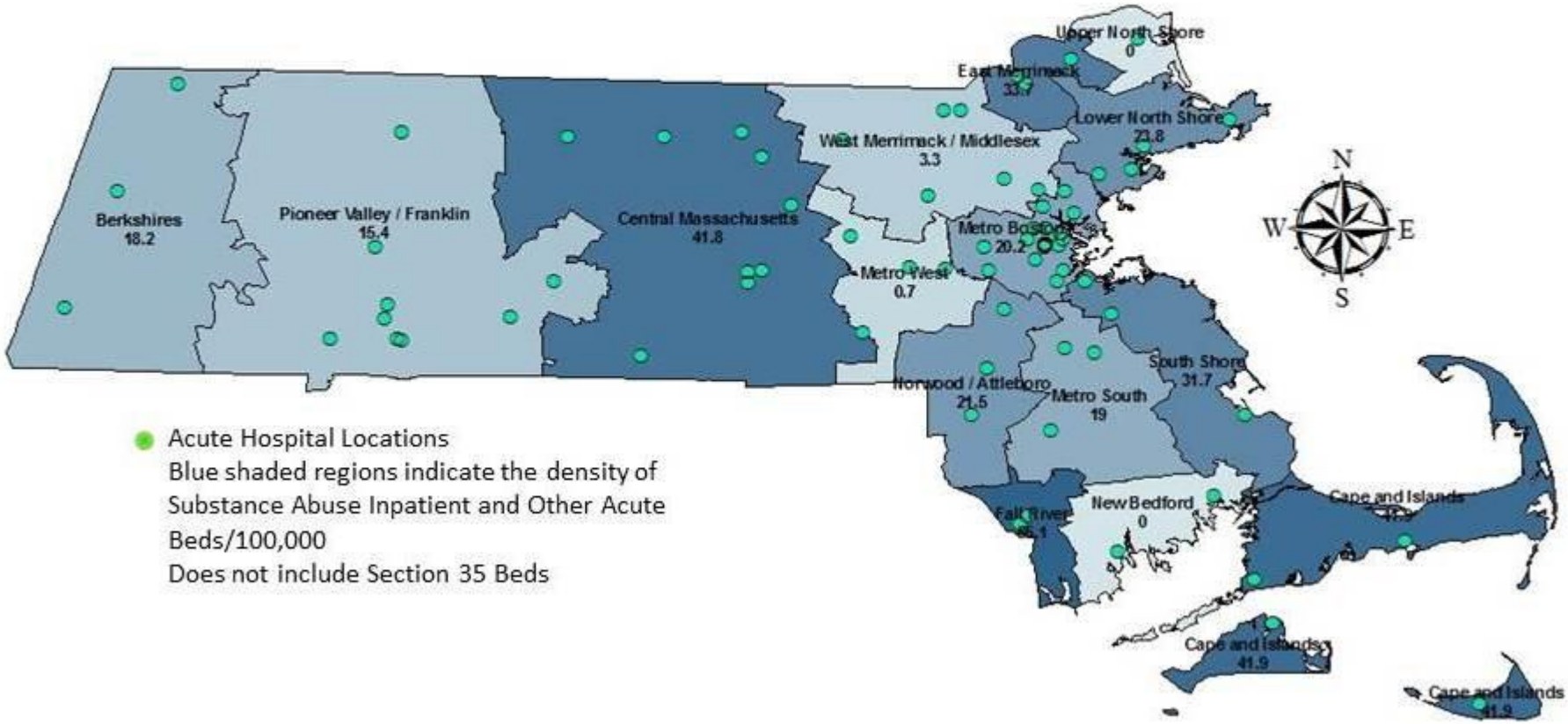
Map: Inpatient and Other Acute SA Services

Substance Abuse Inpatient and Other Acute Beds per 100,000:
Medically Managed, Medically Monitored, and Clinical Stabilization Services by Region, 2014



Transitional Support Substance Abuse Services

Transitional Support Services Beds by Region, 2014

Region	Beds	Population (≥13 y.o)	Beds per 100,000
A - Berkshires	0	115,642	0
B - Pioneer Valley/Franklin	27	583,165	5
C - Central Mass	72	617,789	12
D- West Merrimack/Middlesex	0	520,171	0
E - East Merrimack	0	225,494	0
F - Upper North Shore	0	55,053	0
G - Metro West	0	306,636	0
H - Metro Boston	71	1,336,899	5
I - Lower North Shore	25	331,980	8
J - Norwood/Attleboro	0	269,678	0
K - Metro South	0	337,324	0
L - South Shore	60	350,397	17
M - Fall River	0	121,612	0
N - New Bedford	36	167,586	21
O - Cape and Islands	0	214,695	0
Total Statewide	**291**	**5,554,121**	**5**

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

Note: This list includes beds that are made priority for Section 35 court-ordered treatment.

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Residential Rehabilitation Substance Abuse Services

Total Residential Beds and Capacity to Serve Families by Region, 2014

Region	*Adults*			Beds			Calculation		Capacity to Serve Families
	Male	*Female*	*Co-Ed*	Adults	Transitional Age and Adolescents	Both	Population (≥13 y.o)	Total Beds per 100,000	
A - Berkshires	*0*	*0*	*24*	24	0	24	115,642	21	0
B - Pioneer Valley/Franklin	*113*	*65*	*47*	225	16	241	583,165	41	21
C - Central Mass	*163*	*97*	*164*	424	33	457	617,789	74	12
D- West Merrimack/Middlese	*0*	*40*	*18*	58	26	84	520,171	16	15
E - East Merrimack	*15*	*15*	*0*	30	0	30	225,494	13	0
F - Upper North Shore	*20*	*0*	*0*	20	0	20	55,053	36	0
G - Metro West	*33*	*35*	*0*	68	0	68	306,636	22	22
H - Metro Boston	*586*	*181*	*60*	827	45	872	1,336,899	65	34
I - Lower North Shore	*0*	*28*	*40*	68	15	83	331,980	25	0
J - Norwood/Attleboro	*146*	*0*	*0*	146	0	146	269,678	54	0
K - Metro South	*0*	*23*	*0*	23	0	23	337,324	7	0
L - South Shore	*72*	*0*	*0*	72	0	72	350,397	21	0
M - Fall River	*23*	*30*	*0*	53	0	53	121,612	44	0
N - New Bedford	*47*	*55*	*0*	102	0	102	167,586	61	0
O - Cape and Islands	*28*	*38*	*0*	66	0	66	214,695	31	13
Total Statewide	*1246*	*607*	*353*	**2206**	**135**	**2341**	**5,554,121**	**42**	**117**
	56%	*28%*	*16%*	**100%**					

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010.

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Opioid Treatment Services
Substance Abuse Services

Opioid DPH-Licensed Treatment Programs and Office-Based DPH-Funded Treatment Programs, 2014
This list does not include satellites.

Region	Opioid Treatment Programs, Licensed by DPH, (methadone programs)	Office-Based Opioid Treatment Programs, Funded by DPH (suboxone programs)	Both program types
			Number
A - Berkshires	1	0	1
B - Pioneer Valley/Franklin	6	2	8
C - Central Mass	4	1	5
D- West Merrimack/Middlesex	1	1	2
E - East Merrimack	1	1	2
F - Upper North Shore	0	0	0
G - Metro West	2	0	2
H - Metro Boston	8	6	14
I - Lower North Shore	4	1	5
J - Norwood/Attleboro	0	0	0
K - Metro South	3	0	3
L - South Shore	0	0	0
M - Fall River	2	1	3
N - New Bedford	3	0	3
O - Cape and Islands	1	1	2
Total Statewide	**36**	**14**	**50**

Note: Data as of March 27, 2014. Numbers may not sum to total due to rounding. Census data is 2010. This is a partial list of the opioid treatment programs in Massachusetts, based on programs either licensed or funded by DPH. DPH licenses opioid treatment programs providing methadone treatment, but does not license OBOT programs. There are 72 OBOT programs licensed in MA. DPH funds 14.
611 physicians have waivers to prescribe buprenorphine/suboxone used in OBOT.
Not all certified physicians may be actively treating patients with buprenorphine and/or be accepting patients.

See http://buprenorphine.samhsa.gov/bwns_locator/dr_facilitylocatordoc.htm

Analysis Plan for Utilization Data

Proposed Approach for BH analysis

Utilization Metrics

- Setting of care
  - During an inpatient stay based on stay dates
  - Outside of inpatient stay dates
- Measures
  - Days of stay
  - Episodes/Admissions
  - Encounters – unduplicated days-provider type-patient ID counts for outpatient services
  - Users of services

Organization of Tables by Patient Type

- Demographics
- Region and region characteristics
- Administrative/Payor status
- BH condition flags
- Utilization flags

5 Overarching Findings from Interviews and RFI

The following 5 points summarize the stakeholder input:

1. Compared to public payors, commercial insurers currently provide more limited coverage of residential recovery or treatment and other community services for mental health and substance abuse care.
2. Patient access to an optimal continuum of mental health and substance abuse care is seriously reduced by the limited capacity of residential and community care and of some types of inpatient care.
3. Low payment rates and funding are reported to adversely affect system capacity and access.
4. Divided responsibilities and a lack of statewide planning capacity have inhibited comprehensive understanding and improvement of behavioral services.
5. Data sources available to document the extent of the unmet demand for community services are in need of further development

What's Next for Health Planning…

- Next up:
  - Post-Acute Care
  - PCI
  - Trauma

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2013 – 2014: Timeline

	Oct. 2013	Nov. 2013	Dec. 2013	Jan. 2014	Feb. 2014	Mar. 2014	Q2 2014	Q3 2014	Q4 2014
Council Meetings	Strategic Plan Presented	Check point	Check point	First deliverables reviewed					
Advisory Committee Meetings		Strategic Plan Presented	Check point	First deliverables reviewed					
Deliverable 1: Analytic Outline, Service Line Maps				✦					
Deliverable 1 Complete				Deliverable 1 submitted					
Deliverable 2: Key Definitions									
Deliverable 2 Complete						Deliverable 2 submitted			
Deliverable 3: Level III Analysis									
Public Hearing on Deliverable 3								Public Hearing	
Deliverable 3 Complete									Deliverable 3 Complete

✦ = delayed by one month due to missing the November meeting