

# Department of Public Health Bureau of Substance Abuse Services



## Overview of Services

2/13/15

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# AGENDA



- Introduction to BSAS
- Inventory of current programs and services
- New Investments
- Discuss priority areas for further analysis

# BSAS History Key Dates



- 1950 Division of Alcoholism established within DPH
- 1970 Division of Drug Rehabilitation established within DMH
- 1986 two divisions merged within DPH as the Bureau of Substance Abuse Services

# BSAS Major Responsibilities



- Single State Authority
- Overall responsibility for system development
- Overall responsibility for quality of care
- Fund prevention, intervention, treatment and recovery support services
- License treatment facilities
- License addiction counselors



# FY15 Bureau of Substance Abuse Services Funding



Account Name	Amount
State Appropriation	\$91,317,333
Federal Block Grant	\$39,563,072
Post-detox Step Down	\$4,800,000
Jail Diversion Program	\$2,000,000
Family Intervention Services	\$1,500,000
Naloxone Expansion	\$1,000,000
Gambling Prevention	\$1,500,000
Substance Abuse Trust Fund	\$10,000,000
Other Federal Funds	\$9,488,805
<b>Total Funding</b>	<b>\$161,169,210</b>

# What BSAS funds

- Prevention services
- Licensed treatment services  
BSAS is the payer of last resort for clients with no other resources or where there is no other payer
- Non licensed services
  - Case management
  - Recovery High Schools
  - Recovery Support Centers
  - Narcan distribution
- Workforce development
  - Training
  - Free materials for providers and clients
- Pilot programs (via federal grants)

# BSAS Payer of Last Resort Policy (POLR)



BSAS dollars provide treatment access for uninsured individuals who are MA residents

BSAS dollars also provide treatment access for services not covered by insurance

# BSAS Priority Populations



BSAS requires providers to prioritize for admission those persons who are IDUs, HIV+, pregnant and those at highest risk including persons who are homeless, have criminal justice involvement and/or racial and ethnic minorities.



# BSAS Guiding Principles



- Addiction is a chronic, progressive, relapsing disorder
- Cannot be cured, but managed effectively with long term, ongoing support
- Adherence to prescribed treatment regimens are on par with other chronic conditions such as asthma, diabetes and hypertension
- Effective treatment attends to the multiple needs of the individual, not just substance use
- Paradigm shift away from acute and episodic care to a more holistic approach over the life cycle



# Principles of Effective Treatment



- No single treatment approach is appropriate for all individuals
- Treatment needs to be readily available
- Effective treatment attends to the multiple needs of the individual, not just substance use
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Most studies indicate a minimum of 90 days
- Counseling (individual, family and/or group) and other behavior therapies are critical components of effective treatment
- Medications are an important element of treatment for many people, especially when combined with counseling and other behavior therapies



# Principles of Effective Treatment



- Addicted individuals with co-existing mental disorders should be treated in an integrated way
- Medical detoxification is only the first stage and by itself does little to change long term use
- Treatment does not need to be voluntary to be effective
- Treatment programs should provide assessments and counseling to prevent and treat HIV, hep B and C
- Recovery is a long term process that frequently requires multiple episodes of treatment



# Chronicity of the Illness

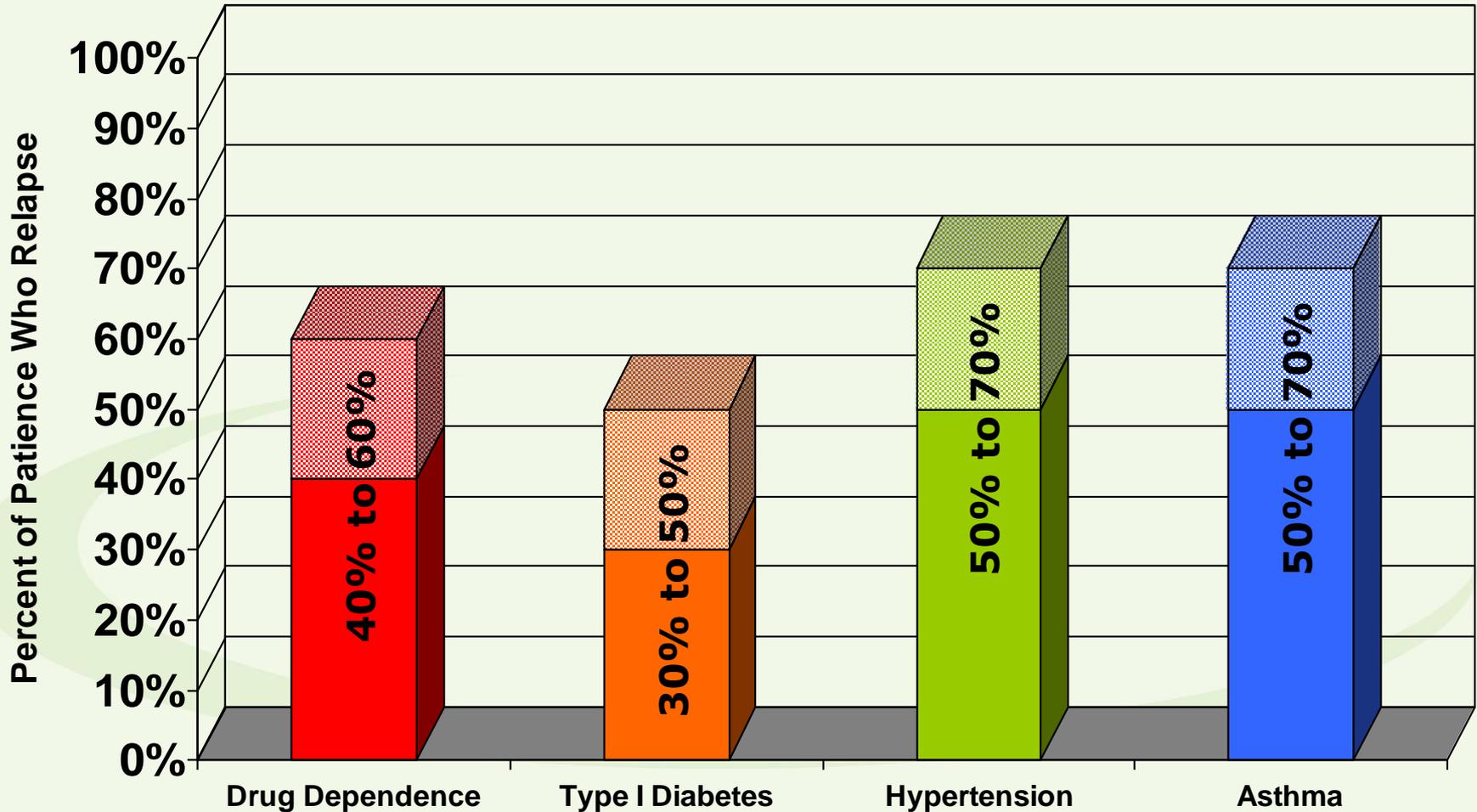


- Median time from first treatment to one alcohol/drug free year is 9 years, with 3-4 treatment episodes
- Median years of use was significantly longer for people who started using at under the age of 15 as compared to those who started using after 20 years of age
- People who enter treatment within ten years of beginning use reach that milestone in an average of 15 years compared to 35 years for those who enter treatment after 20 years or more
- Substance use careers are shorter the sooner people enter treatment

Dennis, 2005

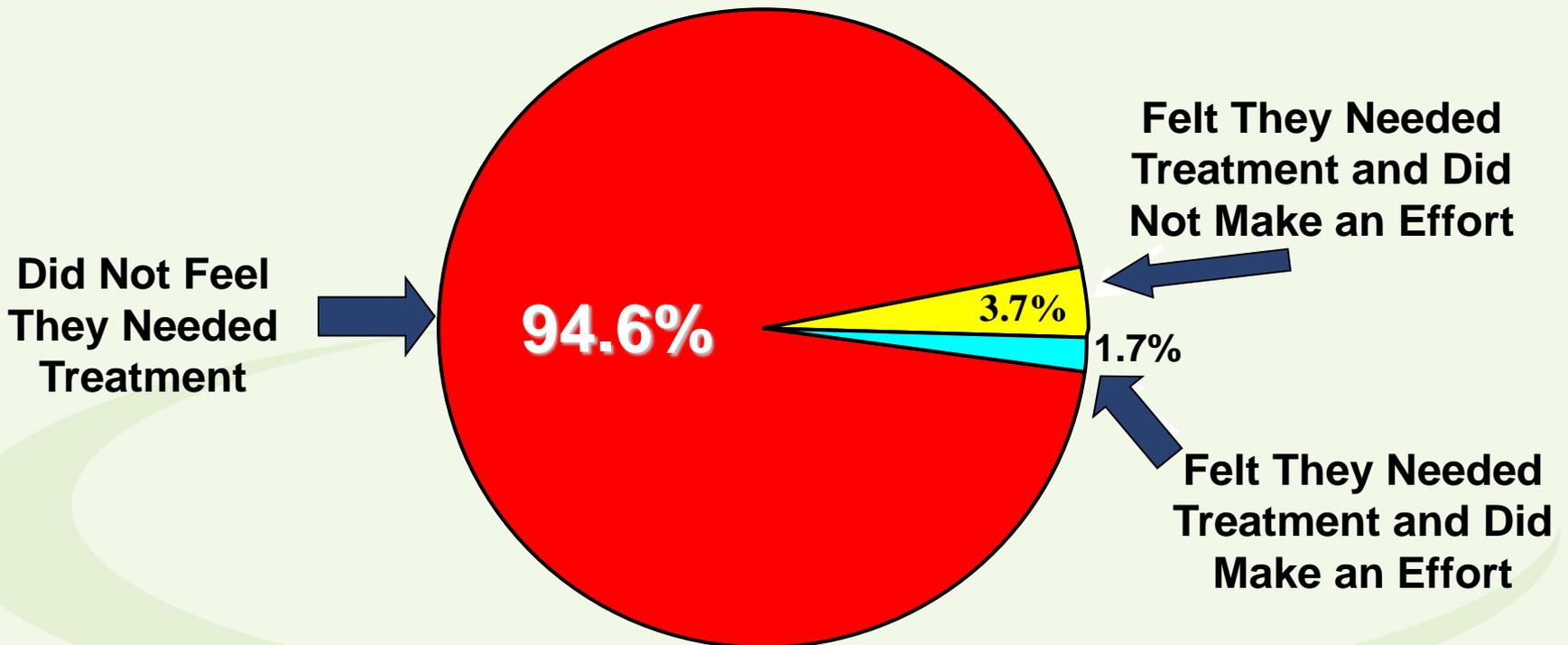


# Treatment Non Compliance Rates Are Similar for Drug Dependence and Other Chronic Illnesses





# Most People in Need of Treatment Do Not Seek It



**20.6 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use**



# Characteristics of FY 14 enrollments served N=153,948



- **Client Gender**
  - 67% male
  - 33% female
  - < 1% transgender
- **Primary Drug of Choice**
  - 48% heroin
  - 8% other opiate drugs
  - 31% alcohol
- **Other Characteristics**
  - 39% between the ages of 16 and 29
  - 60% report opiates as their primary or secondary drug of choice
  - 65% unemployed
  - 14% homeless

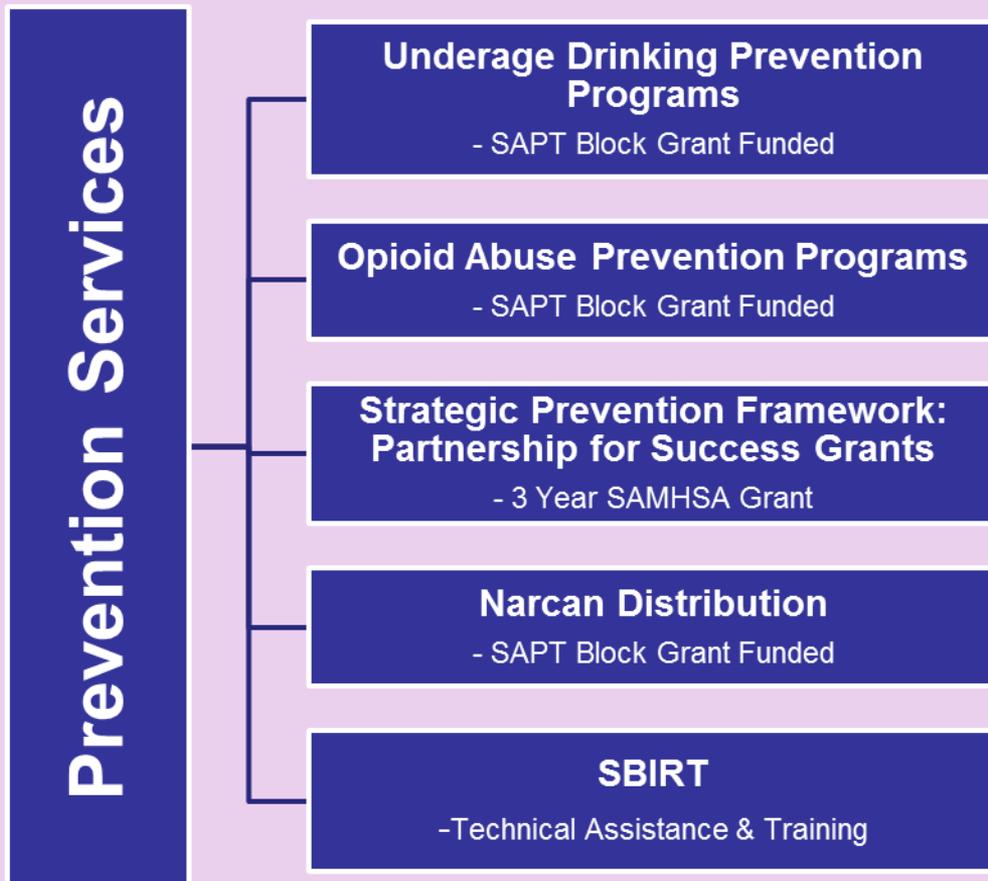


# Characteristics of Transitional Age Youth FY14 Enrollments Served (16-24 years old)



- 28,220 enrollments served, 18% of total enrollments served
- 16,541 unique clients
- **Client Gender**
  - 62% male
  - 38% female
  - < 1% transgender
- **Primary Drug of Choice**
  - 53% heroin
  - 9% other opiate drugs
  - 20% alcohol
- **Other Characteristics**
  - 66% report opiates as their primary or secondary drug of choice
  - 66% unemployed
  - 10% homeless
  - 19% had children under 6 years old

# Prevention Services

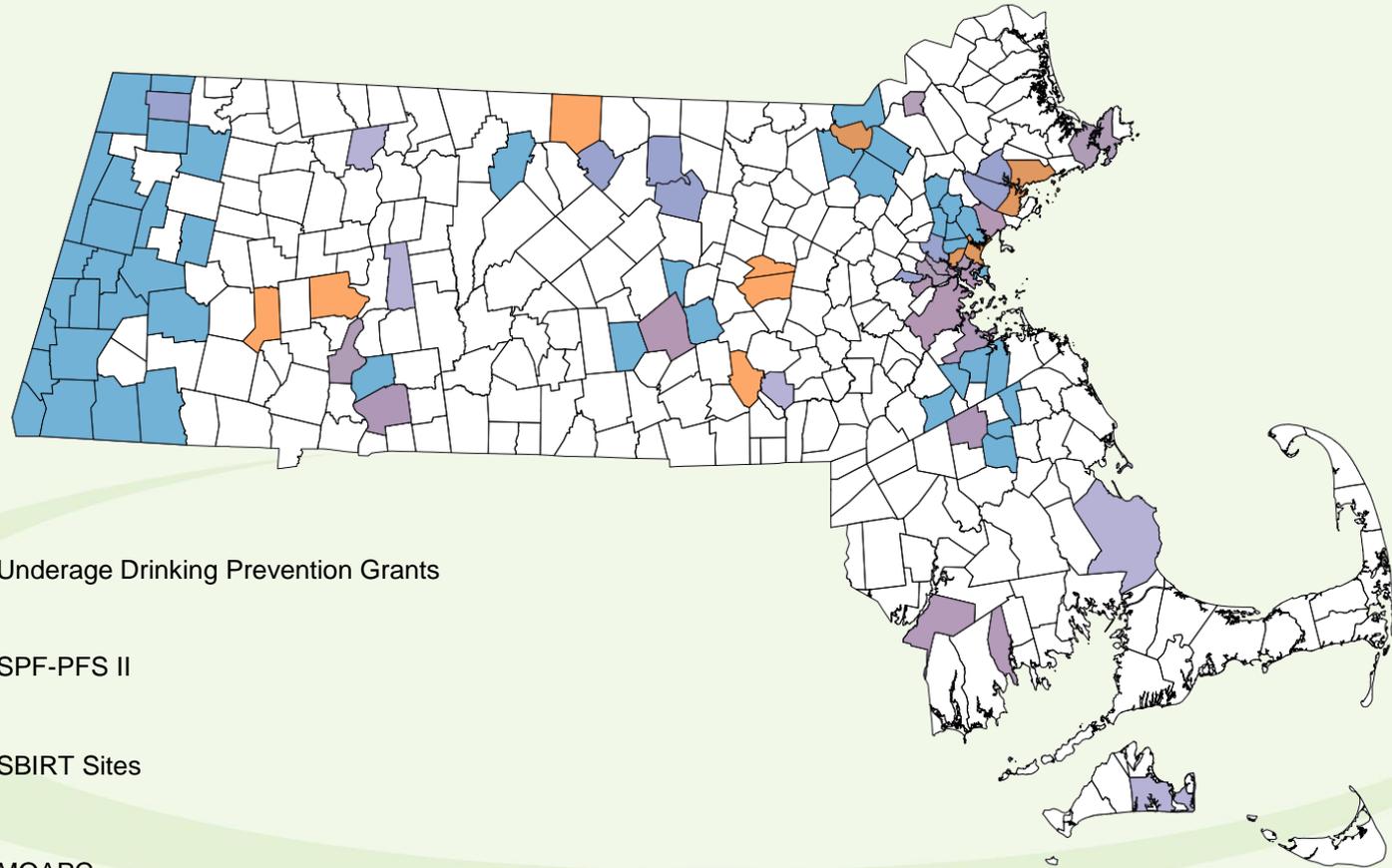


SAPT = Substance Abuse Prevention and Treatment

SAMHSA = Substance Abuse Mental Health Services Administration

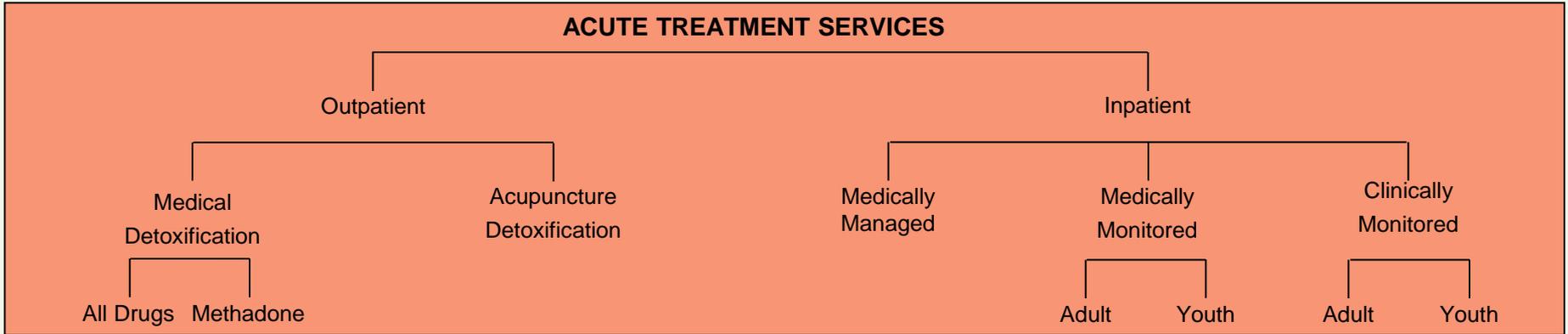
SBRIT = Screening, Brief Intervention & Referral to Treatment

# Prevention

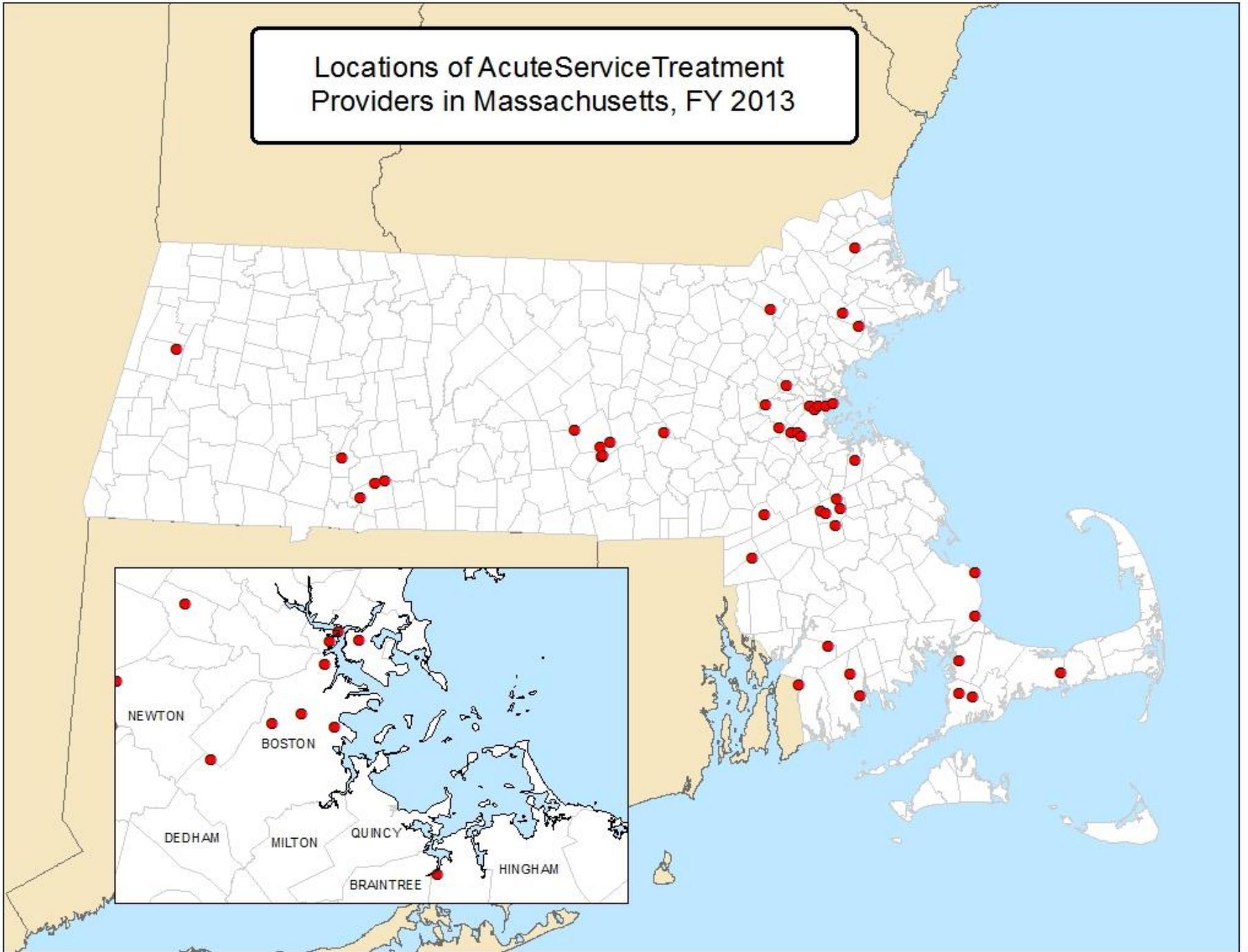


-  Underage Drinking Prevention Grants
-  SPF-PFS II
-  SBIRT Sites
-  MOAPC

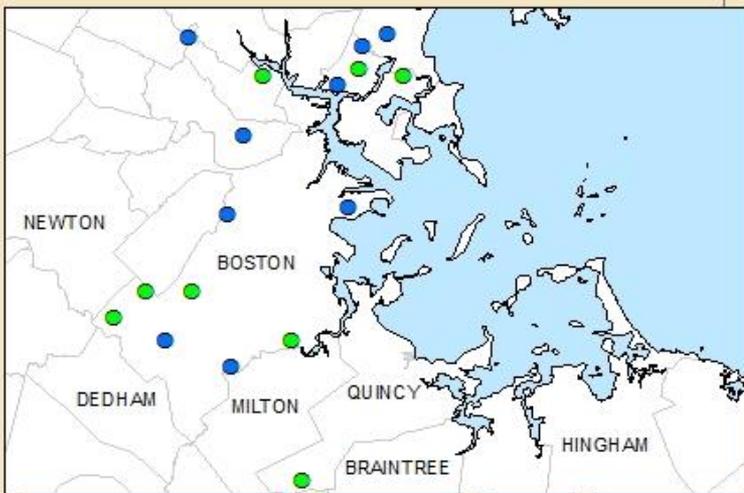
# Licensed Acute Treatment Programs (detoxification)



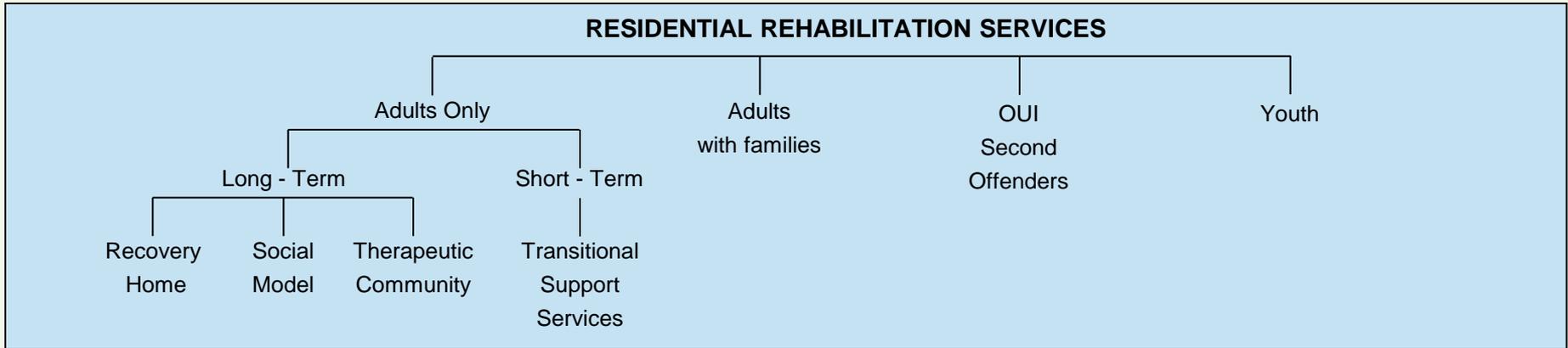
Locations of AcuteServiceTreatment  
Providers in Massachusetts, FY 2013



Locations of MAT Providers in Massachusetts, FY 2013  
(Methadone = Green / OBOT = Blue)



# Licensed Residential Treatment Programs



# FY15 Allocation for Residential Services



- 26% of the total BSAS budget was allocated for adult residential treatment services
- 5% of the total BSAS budget was allocated to family residential treatment
- 4% of the total BSAS budget was allocated for youth residential services

These allocations exclude all detoxification, clinical stabilization and transitional support services allocations

# Adult Inpatient & Residential Bed Counts as of 2/06/2015



894 Adult Detoxification (744 Level 3.7)  
329 Clinical Stabilization Services  
198 Section 35 (108 men, 90 women)  
339 Transitional Support Services  
58 Second Offender Residential  
2,281 Adult Residential  
Family Residential (110 families)

# Youth and Young Adult Residential Bed as of 2/06/15



## **Adolescent Services (13-17 years old)**

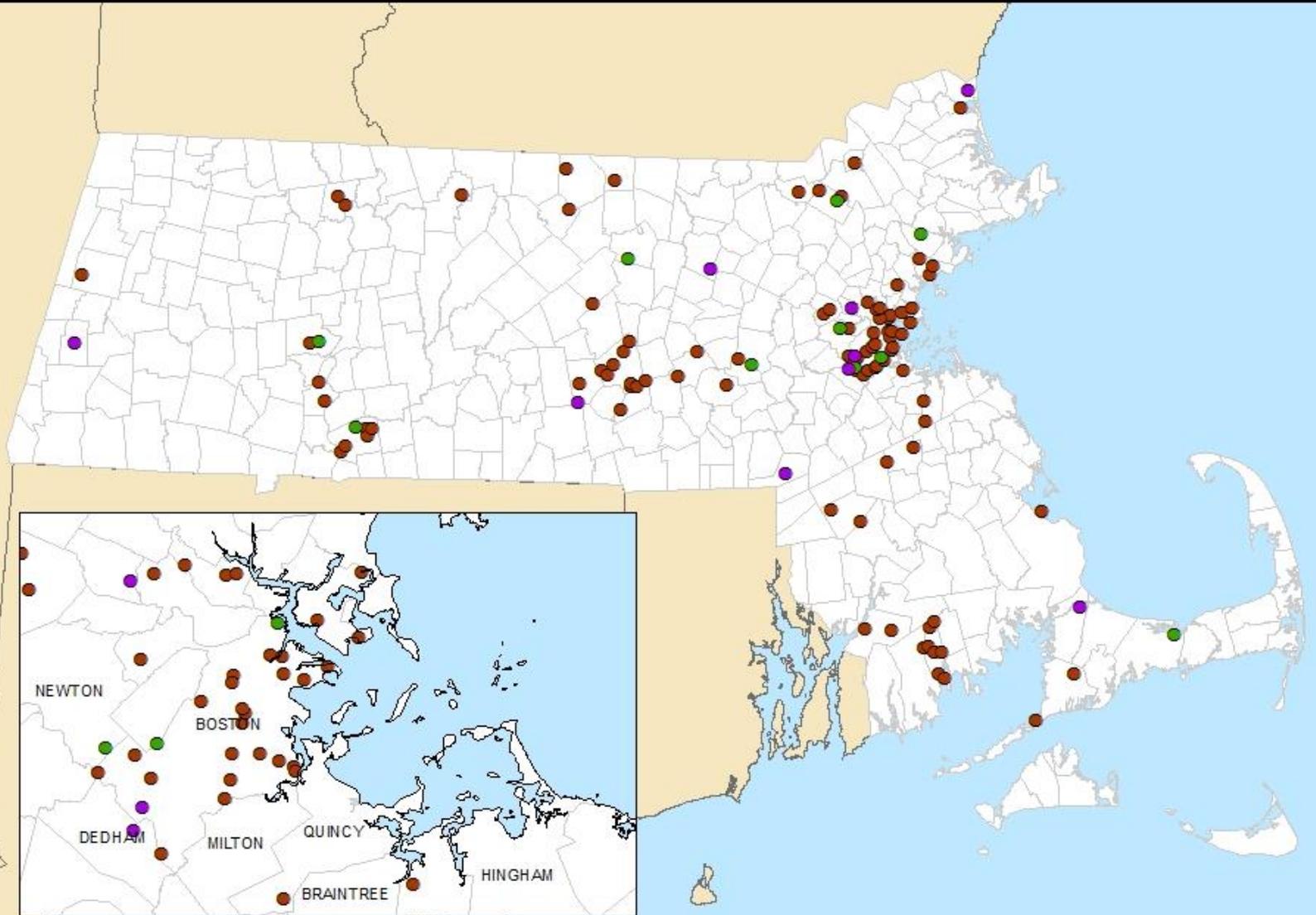
48 Youth Stabilization (includes detoxification)

105 Residential Rehabilitation

## **Young Adult: Transitional Age Youth (16-21)**

30 Residential Rehabilitation

Locations of All Residential Treatment Providers in Massachusetts, FY 2013  
(Brown = Adult Residential / Green = Family Residential / Purple = Youth Residential)



# BSAS Funded Family Residential Programs

BUREAU OF SUBSTANCE ABUSE SERVICES

Prevent • Treat • Recover • For Life



**Pregnant women  
Women and their children**

**Bilingual/Bicultural Latina  
pregnant and parenting  
women and their children**

**Men and their children  
Expectant couples with  
or without children  
Couples with children**

**Angel House – Hyannis**

**Genesis II – Newton**

**Grace House – Northampton**

**Phoenix House – Dorchester**

**HART House – Tewksbury**

**Orchard St. House – Leominster**

**Entre Familia – Mattapan**

**Sage House – Framingham**

# Adult Residential Programs Serving Pregnant and Postpartum Women



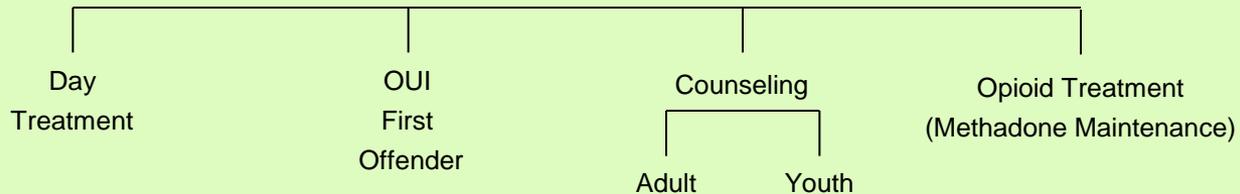
- All adult residential programs that serve women also serve pregnant women
- 14 residential programs allow women to stay postpartum with their infant

Beryl's House – Worcester	Project COPE Women's Residential – Lynn
Edwina Martin House -- Brockton	Serenity House – Hopkinton
Emerson House – Falmouth	Steppingstone – Fall River
Faith House – Worcester	Steppingstone – New Bedford
Gandara Residential Services for Women – Holyoke	Watershed Recovery Center for Women – Greenfield
Latinas y Ninos Center – Boston	Womens Program of New Day – Somerville
My Sisters House – Springfield	Women's View – Lawrence

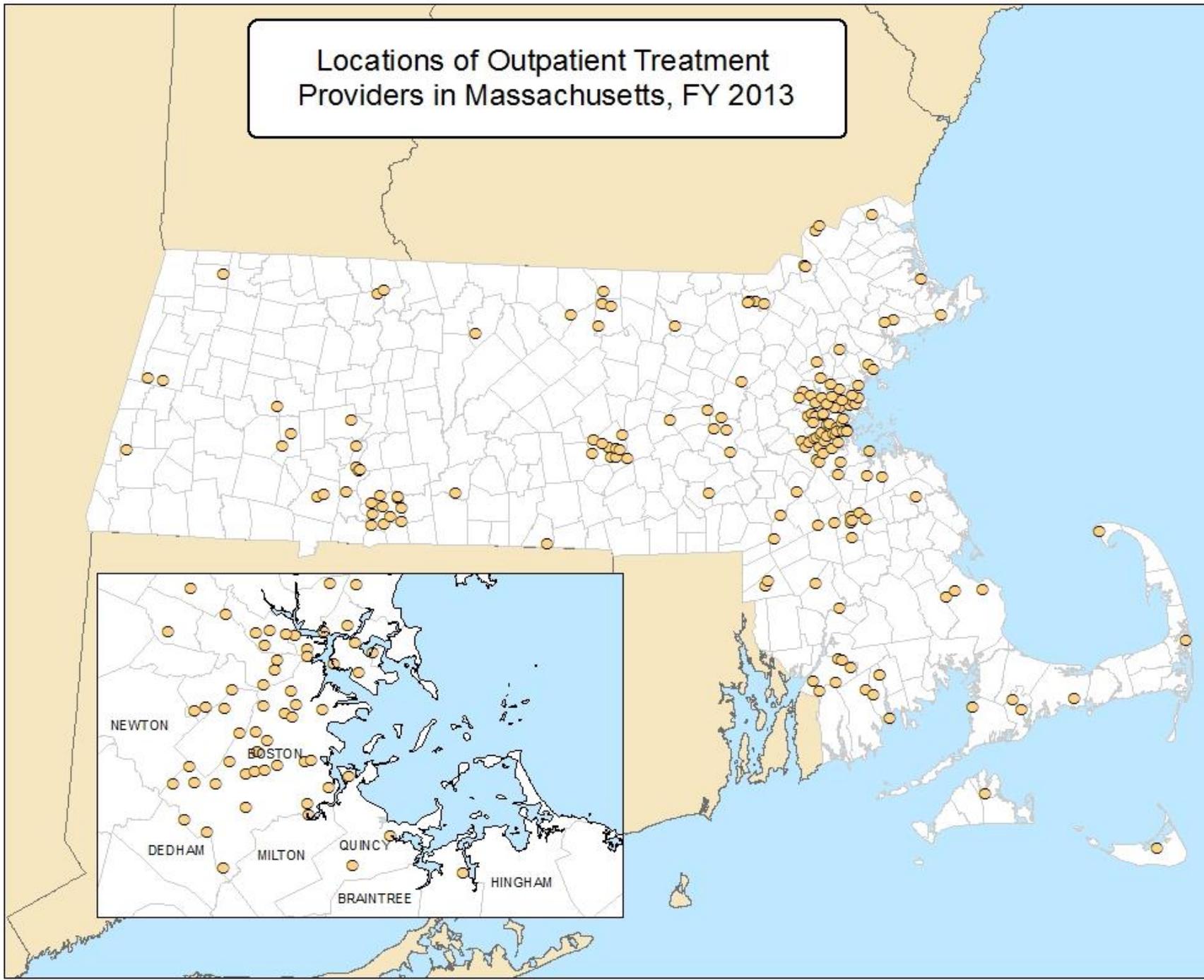
# Licensed Outpatient Programs and Services



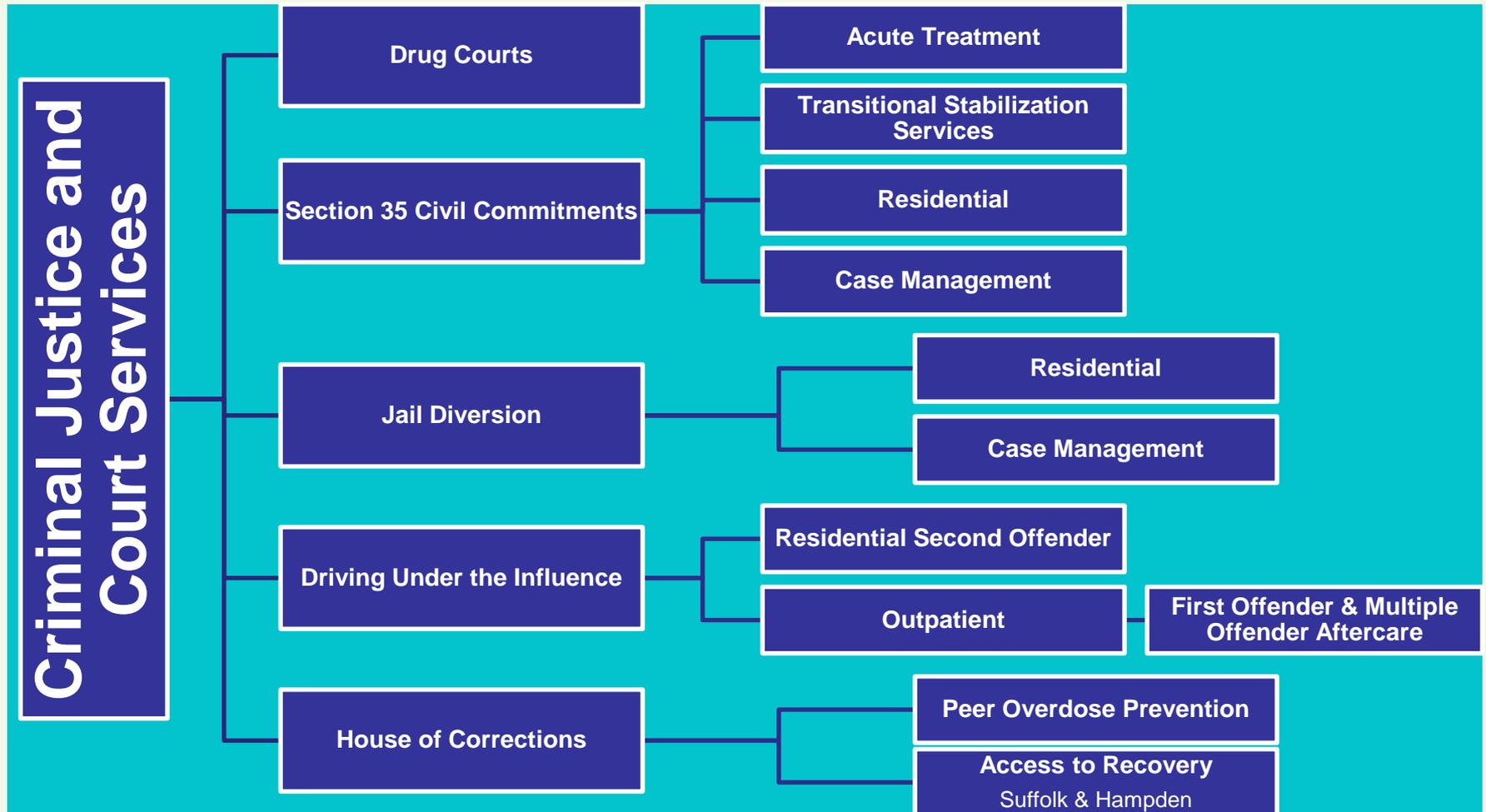
## OUTPATIENT TREATMENT SERVICES



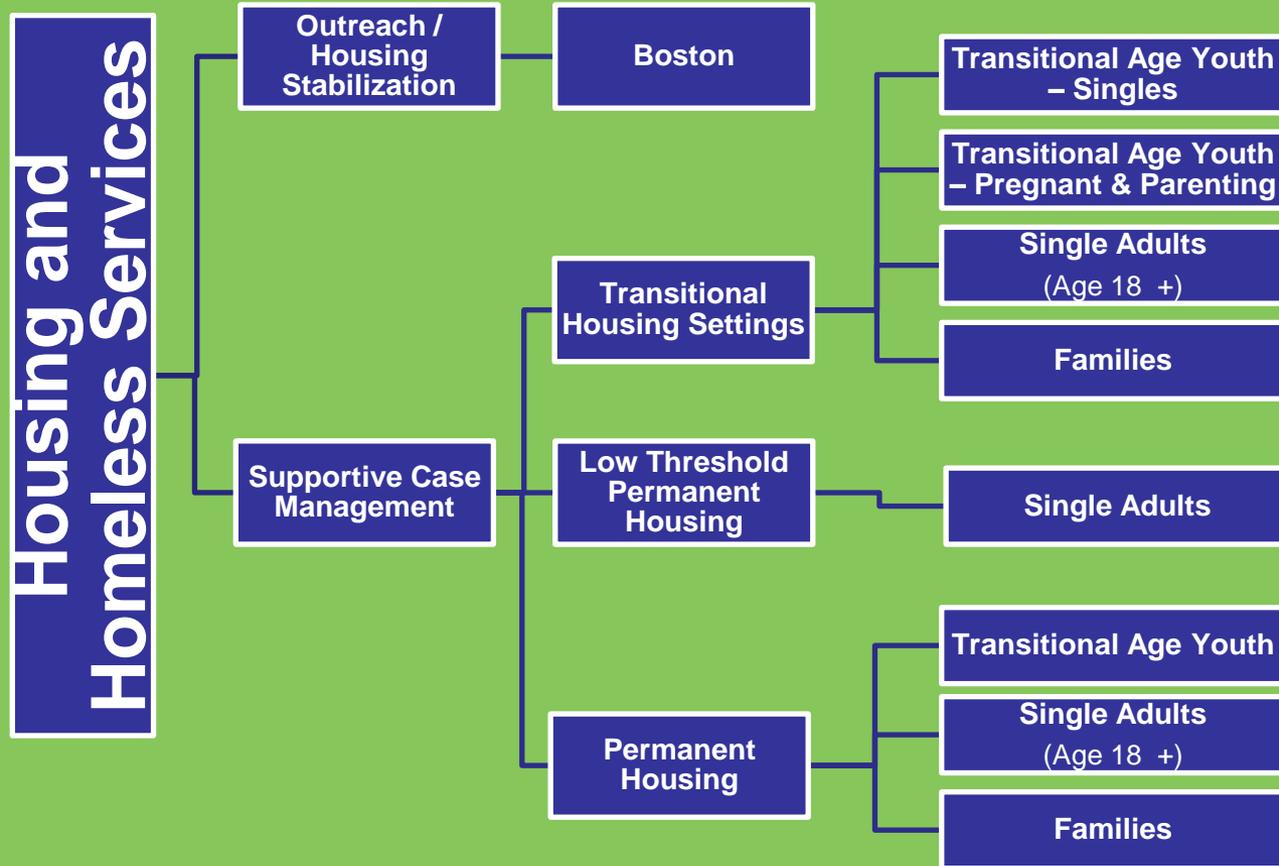
Locations of Outpatient Treatment Providers in Massachusetts, FY 2013



# Criminal Justice and Court Services



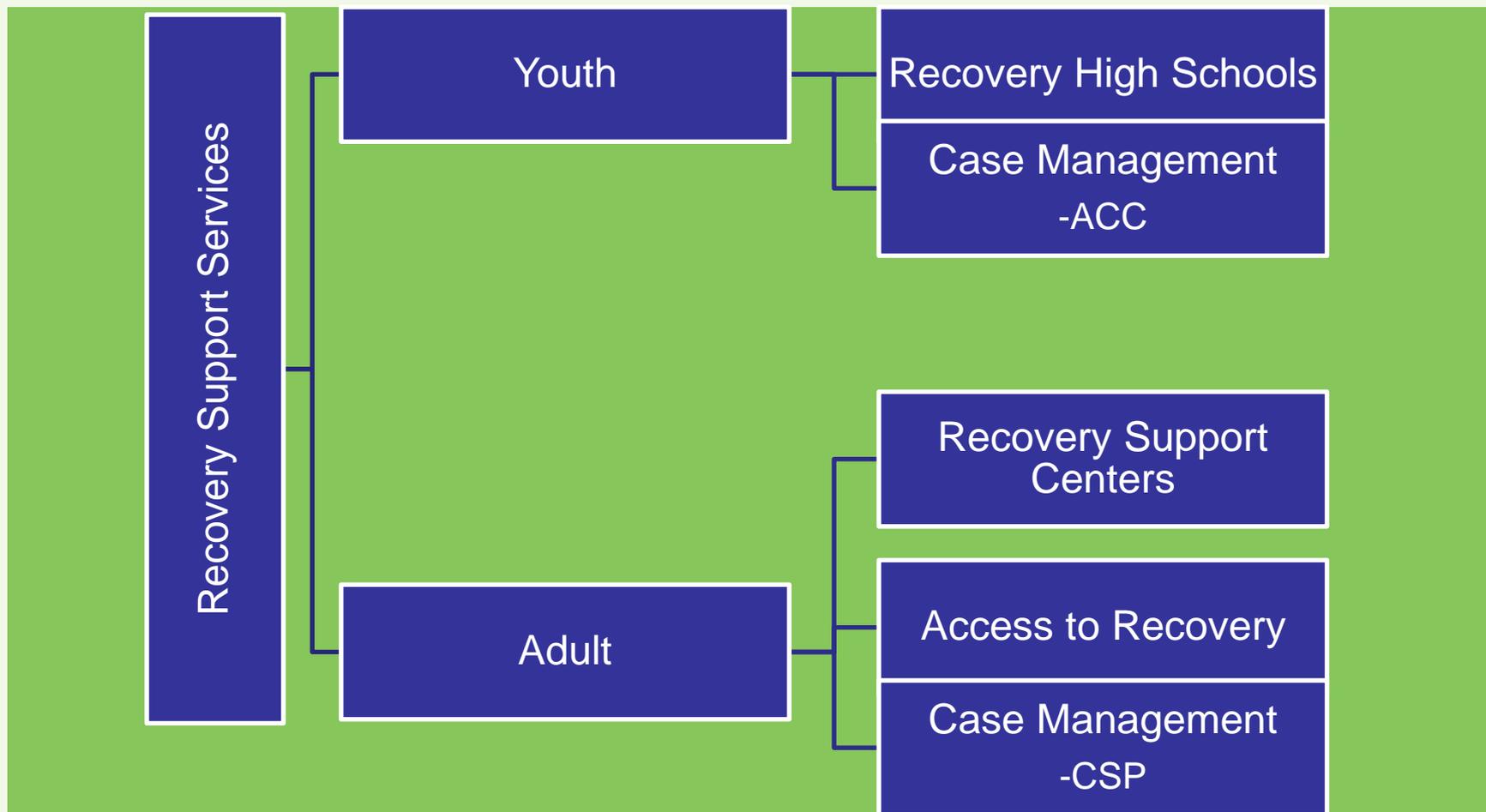
# Non-licensed Services to Support Community Tenure Housing & Homeless



# Non-licensed Services to Support Community Tenure

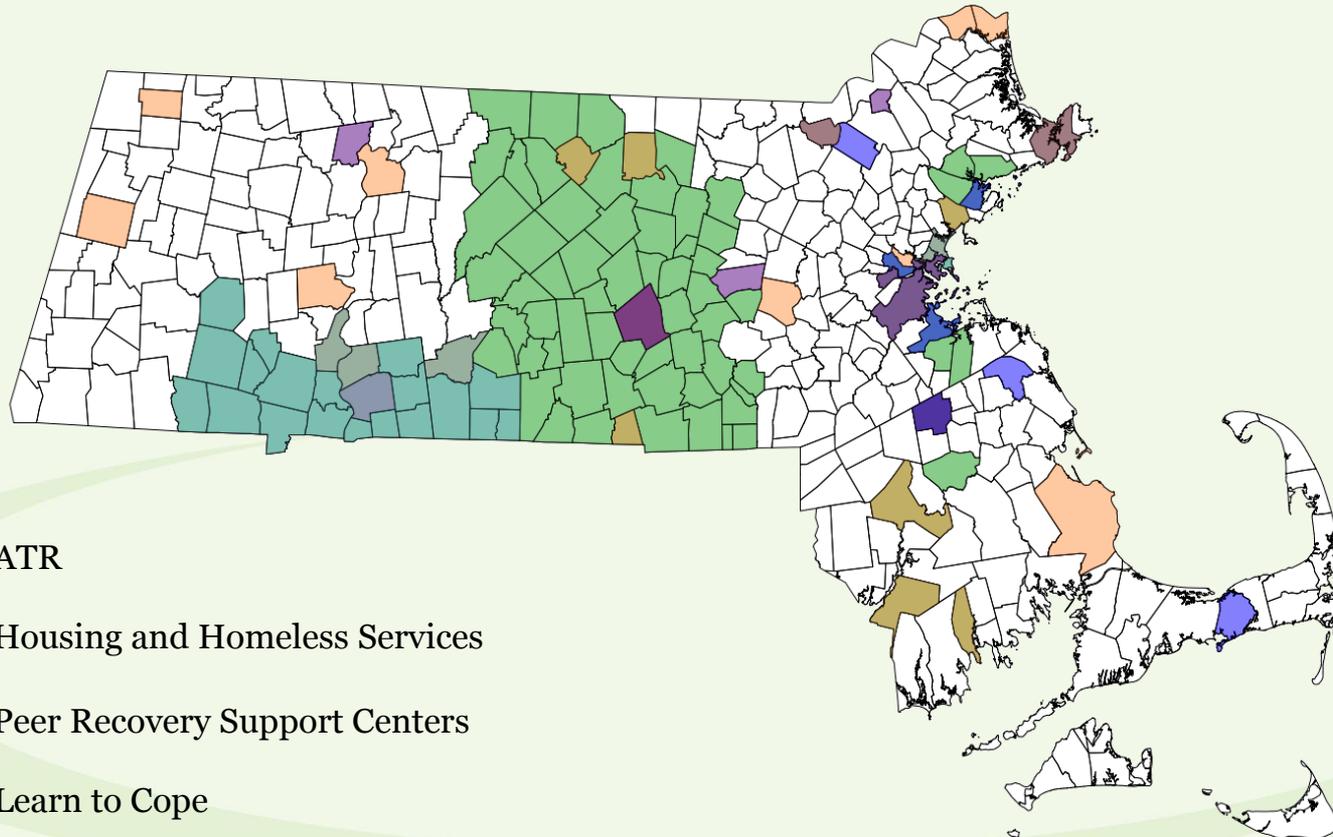


Prevent • Treat • Recover • For Life



ACC = Assertive Continuing Care  
CSP = Community Support Program

# Services that Support Community Tenure



ATR



Housing and Homeless Services



Peer Recovery Support Centers

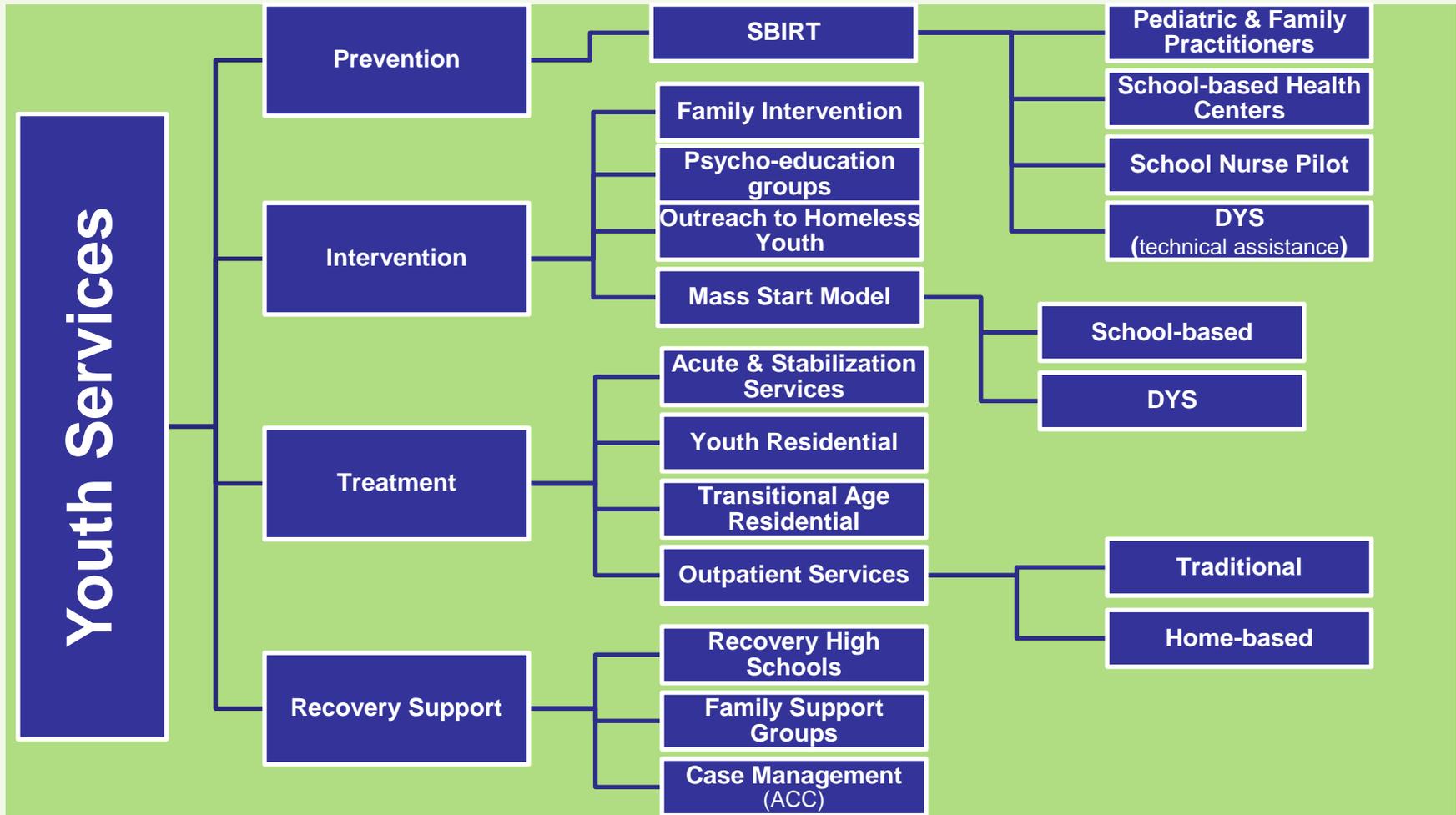


Learn to Cope



Youth and Family Intervention  
(ACRA/ACC & ARISE)

# Youth Services

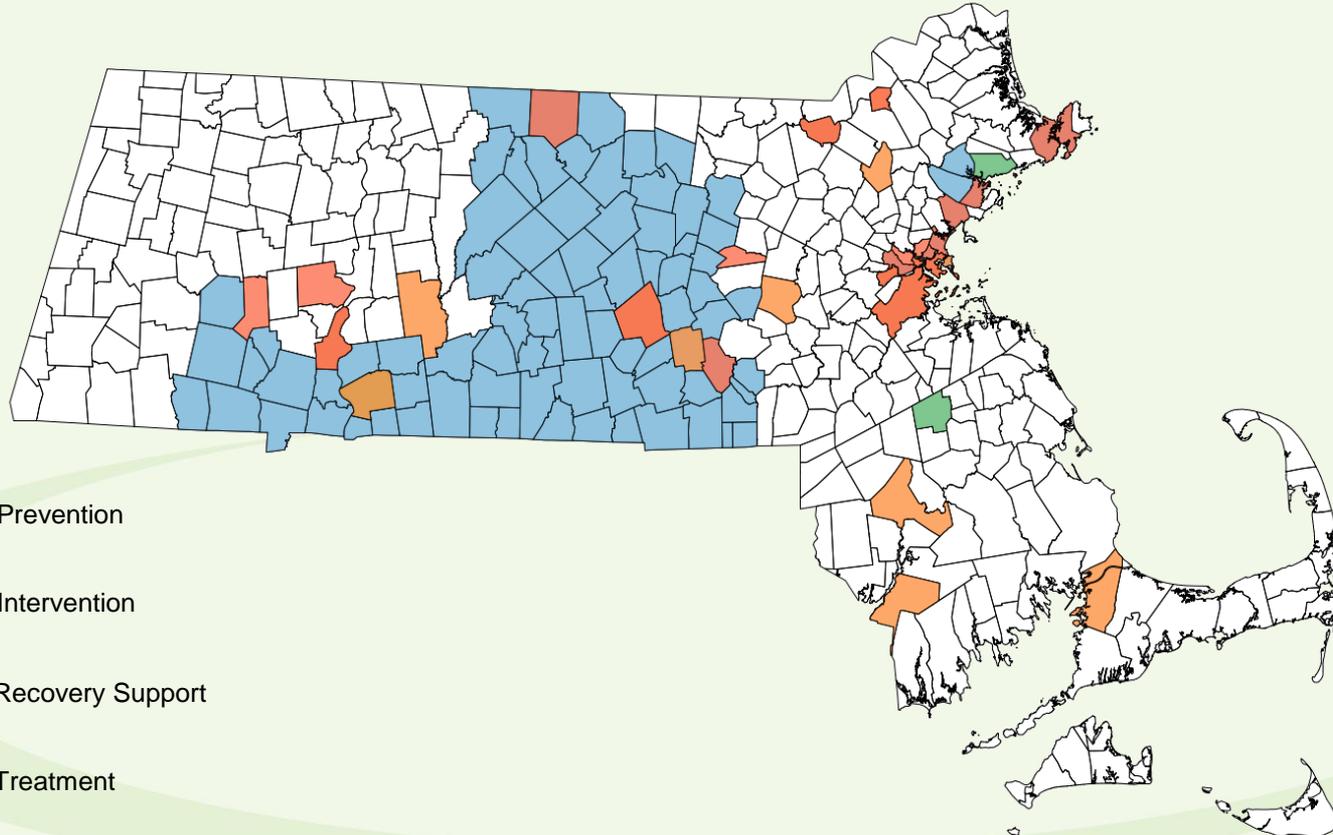


SBIRT = Screening, Brief Intervention & Referral to Treatment

DYS = Department of Youth Services

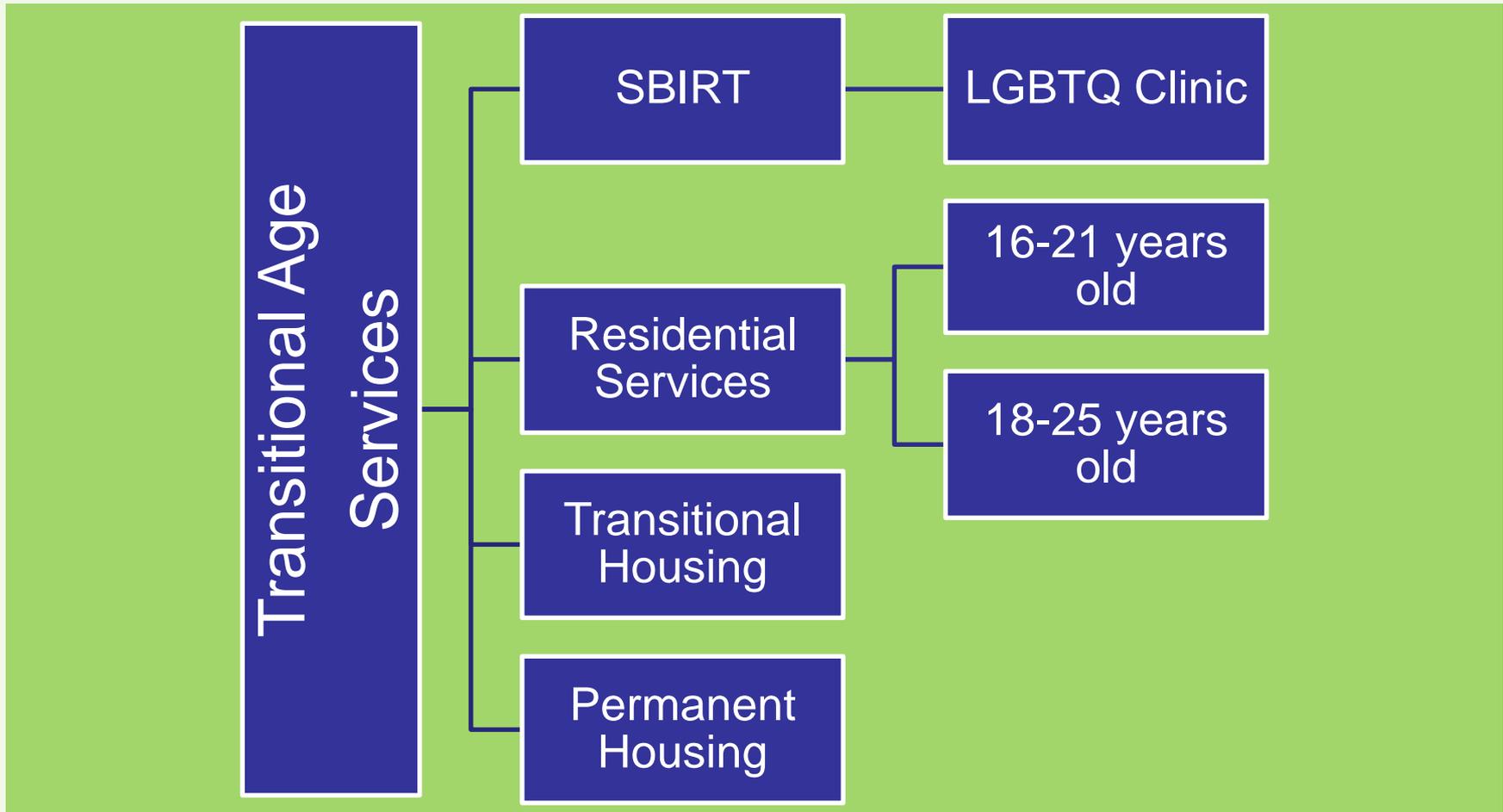
ACC = Assertive Continuing Care

# Youth Services



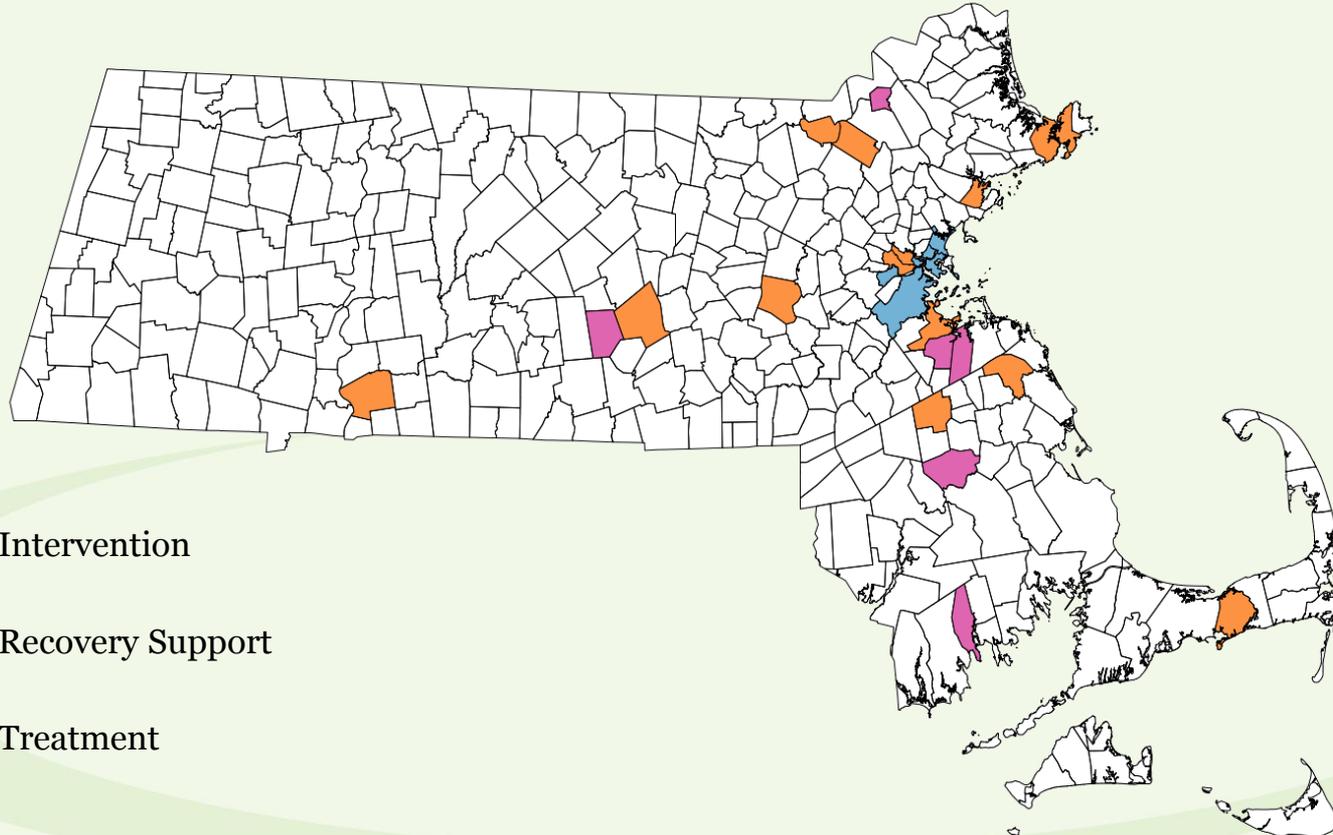
- Prevention
- Intervention
- Recovery Support
- Treatment

# Transitional Age Youth Services



SBIRT = Screening, Brief Intervention & Referral to Treatment

# Transitional Age Youth (16-24 years old)



# BSAS FY15 Budget New Funding



Approximately \$12.5M in new funding in the  
FY15 General Appropriations Act

## **4512-0210: Substance Abuse Treatment Trust Fund**

- \$10,000,000 new line item to increase the number of clients receiving substance abuse treatment through BSAS utilizing a range of treatment settings

## **4512-0200: Substance Abuse Services**

- \$1,000,000 to strengthen access
- \$500,000 for a voluntary accreditation program for ADF housing

## **4512-0204: Nasal Naloxone Pilot Expansion**

- \$1,000,000 new line item for the purchase, administration and training of first-responder and bystander naloxone distribution programs

# FY15 BSAS System New Investments as of February 2015



## Prevention (\$500,000)

- Awarded 5 new MOAPC grants increasing the number of communities supported by this grant to 96

## Intervention (\$1,000,000)

- Awarded grants to 23 municipalities for implementation of first responder nasal naloxone administration programs
- Expansion of bystander naloxone distribution
  - 2 new distribution sites added – 3 additional expected
  - 4 new Learn to Cope chapters added – 6 additional expected

# FY15 BSAS System New Investments as of February 2015



## Treatment

- Awarded funding for an additional 128 acute treatment service beds
  - 64 beds (32 ATS/32 CSS) in Quincy operational as of 2/9/15
  - 64 beds (32 ATS/32 CSS) in Greenfield expected summer 2015
- Awarded 7 community based treatment programs for youth and young adults
- \$1M ISA with DOC to support Recovery Academies, including the injectable naltrexone pilot
- Awarded three FQHC's to provide injectable naltrexone and buprenorphine

# FY15 BSAS System Expansion



## Recovery Support

- Increased the number of Recovery Support Centers to 10 with one additional RSC expected
- Awarded funding for a Recovery High School in Worcester
- Addition of four new Learn to Cope chapters – 6 more expected
- ADF Housing procurement in final review phase

## Infrastructure

- Central Navigation System procurement currently posted on CommBuys

# Discussion and Next Steps



- Feedback on data presented
- Priority questions/areas of focus for further analysis



# REMEMBER



## TREAT ADDICTION

## SAVE LIVES