Bureau of Substance Abuse Services

Overview of Substance Use Treatment Capacity in the Commonwealth

April 27, 2015

This document provides an overview of substance use treatment capacity in the Commonwealth based on a recent report released by the Center for Health Information an d Analysis (CHIA) entitled Access to Substance Use Disorder Treatment in Massachusetts and accessible at: https://chiamass.gov/assets/Uploads/SUD-REPORT.pdf.

Capacity Tables by Service

Below are a series of tables that detail the known substance use treatment capacity across the following services:

- Acute Treatment Services (ATS; known as detoxification) – Because withdrawal from alcohol or opioids occurs over several days and withdrawal symptoms can be painfully intense, and in the case of alcohol and benzodiazepines potentially life threatening, detoxification often requires medically managed or monitored ATS to safely manage withdrawal. (Table One)
- Clinical Stabilization Services (CSS) - CSS offers a highly structured residential treatment setting for people who have recently stopped using substances and need high intensity stabilization services. It is appropriate either for individuals who have recently completed detoxification or for those with SUD who do not require detoxification medications, including individuals who are not currently using substances but are at risk for a relapse. (Table Two)
- Transitional Support Services (TSS) - Some individuals also benefit from longer rehabilitation within a clinically managed, supportive setting, known as TSS, which provides additional, low intensity support while waiting to transition to a residential treatment setting. Individuals may enter TSS directly from ATS or following a CSS stay. (Table Three)
- Outpatient Treatment and Counseling - Once an individual's physical health and living situation has stabilized, outpatient treatment and counseling by licensed professionals provide interventions and approaches to help individuals maintain recovery, manage situations that trigger a desire to use substances again, address any underlying psychosocial issues, and coordinate care. (Table Four)
- Medication Assisted Therapy (MAT) - MAT is an important part of the SUD treatment system. It can be used for opioid detoxification, but is more commonly used to provide ongoing support to individuals in recovery. While MAT is available for treatment of alcoholism, it has been used primarily in the treatment of opioid addiction. There are three FDA approved medications for the treatment of opioid dependence -- methadone, buprenorphine and naltrexone. Each may be used for long term maintenance therapy. Which type of medication used will vary based on each individual's circumstances. (Table Five)

- Residential Recovery Services - For individuals that may benefit from living in a structured, substance-free environment with clinical and peer support, Massachusetts offers several clinical models of licensed residential programming. (Table Six)

Table One: Acute Treatment Services (ATS; also known as detoxification)

Coverage	Capacity[1]	Cost-Sharing[2]	Expected Additional Capacity[3]
Commercial; MassHealth; BSAS[4]	Hospital-based: 4 programs with 150 ATS Beds Freestanding: 21 programs with 742 ATS beds[5] (Can serve approximately 3500 individuals per month) Section 35: 2 programs with 56 ATS beds[6]	Commercial plans have varying cost-sharing ranging from $69-$500 for 24 hour care, including ATS, depending on plan chosen (level of premium vs. level of deductible/cost-sharing which must first be met from member).	32 ATS beds to be added in Greenfield; several providers seeking licensure for new freestanding beds.

Table Two: Clinical Stabilization Services (CSS)

Coverage	Capacity	Cost-Sharing	Expected Additional Capacity
Commercial; MassHealth; BSAS	General: 12 programs with 329 beds[7] (Can serve approximately 600 individuals per month) Section 35: 2 programs with 142 beds	Commercial plans have varying cost-sharing ranging from $69-$500 for 24 hour care, including CSS, depending on plan chosen (level of premium vs. level of deductible/cost-sharing which must first be met from member).	32 CSS beds to be added in Greenfield.

[1] Capacity for ATS as of 2/1/2015, BSAS. Special BSAS Report: Licensed Programs as of November 11, 2014. All capacity information included in this document are from the Special BSAS Report or updated by BSAS as of 2/1/2015.
[2] Health Insurance Carrier Survey, December 2014.
[3] BSAS update of licensure information as of January 2015.
[4] BSAS only provides coverage for ATS services provided at freestanding facilities.
[5] Note: 14 ATS beds have gone off-line since November.
[6] The 2 Section 35 programs house both CSS and TSS beds.
[7] 32 additional CSS beds were added in Quincy on February 9, 2015.

Table Three: Transitional Support Services (TSS)

Coverage	Capacity	Expected Additional Capacity
BSAS[8]	9 programs with 339 TSS beds[9] (Can serve approximately 331 per month)	Providers are seeking licensure for 4 new TSS beds

Table Four: Outpatient Services

Coverage	Capacity	Cost Sharing
Commercial; MassHealth; BSAS	119 Programs plus unknown number of independently practicing outpatient behavioral health clinicians.	All of the commercial plans require some level of co-pay for outpatient counseling, at an average of $23 and ranging from $16 to $31 per visit. Some members are also subject to meeting a deductible prior to obtaining coverage through the plan.

Table Five: Medication Assisted Treatment (MAT)

Coverage	Capacity	Cost Sharing
Commercial;[10] MassHealth; BSAS[11]	39 Opioid Treatment Programs (OTP) providing methadone maintenance;[12] At least 677 physicians have received a waiver from DEA through SAMHSA that allows them to administer buprenorphine for the purpose of treating opioid addiction in non-specialty settings.[13] BSAS supports staffing for Office-Based Opioid Treatment using both buprenorphine and naltrexone at 16 community health centers	Commercial plans have varying cost-sharing for MAT services; including potential daily co-payments for methadone of $20-$30 per visit and pharmaceutical cost-sharing for use of buprenorphine and naltrexone. Cost-sharing may vary depending on plan chosen (level of premium vs. level of deductible/cost-sharing which must first be met from member)

[8] One commercial plan reported covering TSS on an ad-hoc basis, but it is not included as part of its benefit package. Carrier Survey, December 2014.
[9] Capacity as of 2/1/2015; BSAS.
[10] At the time of the Carrier Survey only 5 of 10 health plans covered methadone maintenance; since the survey, all plans have agreed to cover methadone.
[11] BSAS does not pay for naltrexone; for buprenorphine BSAS provides staff support to community health centers to administer buprenorphine, but not for the medication itself.
[12] BSAS data, as of 2/1/2015.
[13] Physicians listed on the SAMHSA Buprenorphine Physician and Treatment Program Locator, accessed from http://buprenorphine.samhsa.gov/bwns_locator/index.html on 1/8/2015; however, SAMHSA estimates that only 40% of physicians with waivers agree to be listed on their website

Table Six: Residential Recovery Programs

Coverage	Capacity
BSAS[14]	Adult Residential:79 programs with 2281 beds Family Residential: 8 programs that serve approximately 110 families[15] Adolescent Residential (age 13-17): 6 programs with 105 beds Transitional Age Youth Residential: 2 programs with 30 beds. (Can serve approximately 600 per month)

Estimated Service Capacity Across Services

While there is a continuum of care for treatment of SUDs, providers and consumers repeatedly report difficulty in accessing services, particularly ATS, CSS, TSS and residential services. Despite a total of 868 ATS beds for the non-Section 35 population, a survey of ATS providers in December 2014 shows a daily occupancy rate between 91-100%.[16]

While not everyone discharged from ATS will need to step down to CSS, more than half of the ATS providers responding to the survey recommended that more than half of their clients be discharged to another 24-hour setting. However, since CSS only has capacity to serve 600 individuals each month, current capacity only provides access to an estimated 17% of ATS discharges.[17] In addition, some individuals at risk for relapse also would benefit from CSS to prevent relapse in crisis situations.

Since individuals typically remain in TSS programs for a month, capacity in those programs is even smaller.[18] While the numbers of available beds themselves identify an access issue, depending on each individual's circumstance or geography, it may be harder to find an appropriate CSS or TSS program. Individuals that receive services through Section 35 are able to receive both ATS and CSS levels of care as the two programs for Section 35 commitments provide both ATS and CSS levels of care. There are also 2 TSS programs and 4 residential programs that provide priority access for the Section 35 population; providing dedicated access to 80 TSS beds and 200 residential recovery beds for single adults, as well as case management services.

[14] Four health plans also reported covering intermediate residential treatment programs for certain members, although it is not part of their benefit packages. Because recovery homes commented in the Residential Provider Focus Group held in December 2014 that they do not receive any payments from health plans, it is likely that health insurers may pay on a limited basis for out of state residential treatment programs.
[15] Capacity as of 2/1/2015; BSAS
[16] ATS Provider Survey, December 2014.
[17] Of the 13 ATS providers that participated in the survey, 8 reported that less than half of the clients that were recommended for residential step down services were able to obtain such services.
[18] While TSS should not be used as a substitution for CSS, some providers participating in the ABH focus group noted that they encouraged clients to go from ATS to TSS as approval is not required for TSS, but is required for CSS. ABH Provider Focus Group, December 2014.

Table Seven: Estimated Service Capacity By Provider

Estimated Service Capacity of BSAS-licensed Adult 24-hour SUD Programs by Level of Care.			
	Total Beds	**Assumed Average Length of Stay**	**Average discharges per month**
Detoxification	**868**	1 week	3472
CSS	**297**	2 weeks	594
TSS	**331**	1 month	331
Residential Rehabilitation	**2398**	3 months	600
Source for beds: Special BSAS Report: Licensed Programs as of November 11, 2014			

Current Rates as of 4/30/15

Acute Treatment Services (ATS) 37 beds and under	**$258.58**
Acute Treatment Services (ATS) 38 beds and over	**$286.83**
Clinical Stabilization (CSS) – bed day	**$183.44**
Transitional Support Services (TSS) – bed day	**$131.04**
Residential – Adult – bed day	**$75.00**
Residential – Youth – bed day	**$256.63**
Residential – Young Adult – bed day	**$150.91**
Youth Stabilization – bed day (24 beds)	**$429.57**
Residential – Family – bed day (11 families)	**$210.12**
Outpatient - Assessment	**$100.74**
Outpatient – Individual session	**$67.16**
Outpatient – Group session	**$26.88**
Outpatient – Day Treatment session	**$70.83**
Outpatient – Family session	**$72.60**
Opioid - Individual	**$67.16**
Opioid - Group	**$26.88**
Opioid - Dosing	**$10.21**
some of the above rates are under currently under review and will likely change	