**I: State Information**

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State Information

1. **State Agency for the Block Grant**

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1. Expenditure Period

**State Expenditure Period**

From 7/1/2017 To 6/30/2018

**Block Grant Expenditure Period**

From 10/1/2015 To 9/30/2017

1. Date Submitted

Submission Date 12/3/2018 2:06:29 PM Revision Date 12/4/2018 3:09:37 PM

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**Footnotes:**

#### II: Annual Report

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###### Table 1 Priority Area and Annual Performance Indicators - Progress Report

**Priority #:** 1

**Priority Area:** Prevention of fatal and non-fatal opioid overdoses

**Priority Type:** SAP, SAT

**Population(s):** PP, EIS/HIV

**Goal of the priority area:**

Goal 1: To increase access to naloxone to individuals who are high-risk and likely to experience or witness an opioid overdose.

Goal 2: Increase engagement into treatment and recovery support services of individuals who are coming to emergency departments for substance use related emergencies.

Goal 3: Increase the capacity of BSAS-funded treatment programs to prevent, recognize, and respond to opioid overdoses by providing staff training and technical assistance.

**Strategies to attain the goal:**

Goal 1: Increase the number of sites that are participating in the DPH Overdose Education and Naloxone Distribution (OEND) program. Increase outreach through Post-Overdose Follow-up with first responders and distribute naloxone as a component.

Goal 2: Continue to fund, oversee, and convene the Recovery Coach in Emergency Department (ED/RC) pilot programs including the evaluation of the pilot;

Support providers in maintaining Recovery Coach staffing and maintaining positive collaboration and communication with hospital staff; and, Continue to have the evaluation team hold regular calls with each of the sites to provide technical assistance and support related to the data submission to ensure high quality and consistent data submission.

Goal 3: Work with Regional Managers to identify programs that have staff members that have not already received training/TA and to encourage participation and refresher trainings; have the training vendor provide interactive trainings that include instruction, discussions, interactive activities, and naloxone demonstration. Trainers will distribute BSAS-funded naloxone to providers who attend the training. All BSAS-funded treatment programs receive this training at no cost to the agency.

DPH OEND Database maintained at the Boston University School of Public Health, Data Coordinating Center (BUSPH/DCC)

The DCC maintains a large database of enrollment, refill and overdose report back data submitted to DPH by OEND programs statewide.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Number of unique individuals enrolled into the DPH OEND program

**Baseline Measurement:**

12,750 individuals were enrolled in FY17

**First-year target/outcome measurement:**

Enroll 13,250 individuals in FY18

**Second-year target/outcome measurement:** Enroll 13,750 individuals in FY19

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

The maintenance of this database relies on state and federal appropriations to BSAS that fund the data management contract.

The database is anonymous and using a code that includes the participant’s mother’s first name, the participants’ data of birth and some letters from the participants first and last name. There are errors that can occur that make it possible that individuals can be counted twice. Every effort is made to reconcile similar identification codes and eliminate duplication.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

**Indicator:** The number of events reported by the five programs participating in the ED/RC pilot program

**Baseline Measurement:** 1,950 Events were reported in the second half of FY17 during the first six months of this

pilot

**First-year target/outcome measurement:** Record 3,720 Events in FY18

**Second-year target/outcome measurement:**

Record 4,680 Events in FY19

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

DPH ED/RC Database is maintained by the contracted pilot evaluators, JSI, Inc.

ED/RC programs currently fill in a spreadsheet and upload it to JSI on a monthly basis. During FY18 the data collection system will convert to a real time web based reporting system, pending IRB approval of stage two of the evaluation.

**New Data Source*(if needed)*:**

**Description of Data:**

JSI maintains the database of responses to questions that were agreed upon evaluation variables for this pilot for each Event. Data is collected at the point that the recovery coach is deployed (an Event), when they speak to an individual (a Session), and upon follow-up.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

The maintenance of this database relies on state and federal appropriations to BSAS that fund the data management contract. During the start-up period of this pilot, there have been inconsistencies in how Events are recorded. Those are being addressed by the pilot evaluators but still could be a factor.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 3

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Attendance records of trainings maintained by Center for Social Innovation

Attendance records of completed trainings

None

**Indicator:**

The total annual number of individual staff members in attendance at Opioid Overdose

Prevention trainings as documented and reported by the BSAS-funded training vendor.

**Baseline Measurement:**

1,397 individuals attended Opioid Overdose Prevention trainings in FY17

**First-year target/outcome measurement:**

1,400 individuals trained in FY18

**Second-year target/outcome measurement:** 1,400 individuals trained in FY19

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:

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Achieved

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Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 2

**Priority Area:** Identify high-risk populations, including but not limited to PWID, and PPWDC using data from multiple sources

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP, Other (Adolescents w/SA and/or MH, LGBTQ, Military Families, Criminal/Juvenile Justice)

**Goal of the priority area:**

Goal 1: Develop a more comprehensive understanding of the impact of treatment and wraparound services provided through SAMHSA, CMS and state funds

Goal 2: Analyze and inform Drug Courts about treatment outcomes for clients enrolled into treatment through District Courts.

**Strategies to attain the goal:**

Goal 1:

Develop a data sharing agreement with MassHealth to receive client level health records. Identify and address infrastructure needs to incorporate MassHealth data

Analyze linked dataset and assess the impact of combined BSAS and MassHealth services on MassHealth population Produce a preliminary report of the findings

Goal 2:

Streamline the process of obtaining Trial Court Data

Linkage of Drug Court dataset with Substance Abuse treatment data Analysis of linked dataset

Inform the Drug Courts about risk factors and treatment patterns related to best outcomes

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Data sharing agreement with MassHealth is established and a report on the impact of wraparound services on MassHealth client outcomes is completed

**Baseline Measurement:** Currently there is no data sharing agreement in place

**First-year target/outcome measurement:** Establishment of a data sharing agreement with Masshealth to receive client level data;

and, identification and resolution of infrastructure needs to incorporate MassHealth data.

**Second-year target/outcome measurement:**

Completion of a data linkage plan, analysis of the linked dataset, and production of a preliminary report on the impact of wraparound services on MassHealth client outcomes.

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

BSAS Office of Statistics and Evaluation (OSE) staff reports on accomplishment of milestones leading toward the achievement of the objective

**New Data Source*(if needed)*:**

**Description of Data:**

Achievement of data linkage process measures

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Pending data sharing agreement with MassHealth

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

As part of the Massachusetts 1115 waiver of 2016, SUD treatment providers will be required to use ASAM patient placement criteria in order to receive reimbursement from Massachusetts Medicaid authority for residential services. Massachusetts is currently in the process of identifying the appropriate assessment tool that comports with ASAM’s criteria. The implementation of a standardized assessment and data collection system will allow access to assessment data for publicly paid SUD services regardless of payer. While the data sharing agreement goal has not been achieved, BSAS will gain access to all SUD treatment data for MassHealth population as part of implementing the new clinical assessment/patient placement criteria.

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

**Indicator:** Total number of Drug Courts submitting data

**Baseline Measurement:** 14 Drug Courts submitted data in FY 2017

**First-year target/outcome measurement:** Increase the number of courts submitting data to BSAS by 1-2 and streamline data

submission process

**Second-year target/outcome measurement:**

Increase the number of courts submitting data to BSAS by 1-2, analyze data and report back to the trial court on drug court client treatment outcomes

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

BSAS Treatment Data

Massachusetts Trial Court data (district drug courts)

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**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Substance Abuse Prevention Coalitions (SAPC) decrease the rates of substance use among

young people in funded and partner communities

**Baseline Measurement:**

SAPCs proposed policy/practice change from previous FY17

**First-year target/outcome measurement:**

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Each SAPC community facilitate at least one new community-level policy or practice change

relative to substance use prevention in FY18

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Massachusetts Trial Court collects data on clients admitted to their district Drug Courts.

There are currently 27 adult drug courts (district courts (23) and Boston municipal courts (4)), there are also 3 juvenile drug courts, and 2 family drug courts <http://www.mass.gov/courts/programs/specialty-courts/specialty-courts-locations.html>

Currently the data is transmitted by individual courts through a secure fax to BSAS and is being manually entered into a table. The Massachusetts Trial Court has undergone and is still in the process of major IT transitions. The promise to deliver an extract that includes all the necessary variables is a part of an ongoing discussion. If due to various reasons the Trial Court is unable to deliver the data extracts, BSAS will continue to collect the data from the trial courts. This may affect the continuous analysis and reporting of the findings. Given the expansions in progress, the volume of data submitted is due to increase. Manual data entry is resource intensive and may be done in batches every quarter or six months.

Due to changes in staff and staffing vacancies relevant to the oversight and implementation of this activity, we were not able to move it forward to the extent that we anticipated. We are working to fill vacancies and provide training and orientation to new staff, and will resume work to achieve the goals associated with this activity this year.

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:

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Achieved

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Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 3

**Priority Area:** Improved and enhanced substance abuse primary prevention in MA

**Priority Type:** SAP

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College, Children/Youth at Risk for BH Disorder)

**Goal of the priority area:**

Goal 1: Substance Abuse Prevention Collaborative Programs (SAPC) - Decrease substance use among young people in funded and partner communities

Goal 2: Massachusetts Opioid Abuse Prevention Coalition (MAOPC) - Decrease opioid use and opioid overdose in funded and partner communities

**Strategies to attain the goal:**

Goal 1: The 29 Substance Abuse Prevention Collaborative (SAPC) Programs review data; assessment and planning to inform future policies/practices

Goal 2: The 19 Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) Programs: promote the use of the Good Samaritan Law, use of the Prescription Monitoring Program (PMP) and access to services through health communications and other means; work with police and communities to decrease stigma

**Second-year target/outcome measurement:**

Each SAPC community facilitate at least one new community-level policy or practice change relative to substance use prevention in FY19

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Quarterly Narrative Report and Contract Management Report

**New Data Source*(if needed)*:**

**Description of Data:**

Each community will submit the: 1) policy/practice change; 2) progress made or implementation challenges; 3) accomplishment of the change; 4) proposed policy/practice change for the next year.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Timeliness of data submission; policy/practice change challenges

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

**Indicator:** Massachusetts Opioid Addiction Prevention Coalitions (MOAPC) decrease the rates of opioid use, misuse, and opioid overdose in funded and partner communities

**Baseline Measurement:** Each MOAPC's proposed policy/practice change from FY17

**First-year target/outcome measurement:** Each MOAPC community facilitate at least one new community-level policy or practice

change relative to opioid misuse and overdose prevention in FY18

**Second-year target/outcome measurement:**

Each MOAPC community facilitate at least one additional new community-level policy or practice change relative to opioid misuse and overdose prevention in FY19

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Quarterly Narrative Report and Contract Management Report

**New Data Source*(if needed)*:**

**Description of Data:**

Each community will submit the: 1) policy/practice change; 2) progress made or implementation challenges; 3) accomplishment of the change; 4) proposed policy/practice change for the next year.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Timeliness of data submission; policy/practice change challenges; unexpected barriers to implementation

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Quarterly reports – BSAS-funded MASBIRT Training and Technical Assistance

Training registration and attendance records, training evaluation forms

Potential issues with scheduling trainings at desired locations/regions, or low attendance at trainings. Also, we rely on a contracted vendor to conduct the trainings, so any issues with their staffing or scheduling could adversely affect our ability to conduct trainings.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Number of individuals trained in SBIRT across a variety of disciplines including medicine,

nursing, social work, behavioral health, and other professional groups.

**Baseline Measurement:**

Number of individuals trained in SBIRT practices in FY17: 1,264

**First-year target/outcome measurement:**

Increase number of individuals trained in SBIRT practices to 1500 in FY18

**Second-year target/outcome measurement:** Increase number of individuals trained in SBIRT practices to 1800 in FY19

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

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**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:

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Achieved

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Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 4

**Priority Area:** Substance use screening, intervention and treatment integration with health care

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP, Other (Adolescents w/SA and/or MH, Students in College)

**Goal of the priority area:**

Goal 1: Continue to build statewide capacity: Incorporate SBIRT concepts and skills into routine health care practice as part of care integration. Goal 2: Improve access to the 3 FDA-approved medications for the treatment for opioid use disorder statewide

**Strategies to attain the goal:**

Goal 1: Continue to work closely with other DPH bureaus and other EHS departments to develop and implement common goals; engage professional health care groups such as the Massachusetts chapters of medical and nursing organizations, as well as social work and other professional groups; Massachusetts League of Community Health Centers, payers like MassHealth and its affiliated commercial payers, Massachusetts Behavioral Health Partnership, One Care and ACOs and SCOs; and state policy makers such as the Health Policy Commission in health care integration efforts.

Goal 2: Increase the number of BSAS-funded MAT (Medication Assisted Treatment) Providers (OBAT, OTP, CSS/ERIN) offering any of the 3 FDA-approved medications for opioid-use disorder

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

**Indicator:** The total number of BSAS-funded Office Based Addiction Treatment (OBAT), Opioid Treatment Program (OTP), and Clinical Stabilization Services in the Extended Release Injectable Naltrexone pilot (CSS/ERIN)

**Baseline Measurement:** In FY17 there were 32 OBAT’s, 42 OTP’s, and 12 CSS/ERIN providers for a total of 86 MAT

providers

**First-year target/outcome measurement:** Increase the total number of BSAS-funded MAT Providers by at least 5% to a total of 90

providers

**Second-year target/outcome measurement:**

Increase the total number of BSAS-funded MAT Providers by a total of 10% by the end of year 2 to a total of 95 providers

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Licensing and contracting documentation of the total number of BSAS-funded and approved treatment providers in each of these categories

**New Data Source*(if needed)*:**

**Description of Data:**

BSAS maintains databases of the total number of licensed and funded programs in each category of treatment

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Funding levels must be maintained and current providers must continue to provide services as new ones are established

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

In FY18 as of November 2018, there are 32 OBAT’s, 44 OTP’s, and 12 CSS/ERIN providers for a total of 88 MAT providers

**Priority #:** 5

**Priority Area:** Substance abuse prevention, intervention, treatment, and recovery support for justice-involved individuals

**Priority Type:** SAP, SAT

**Population(s):** PP, Other (Criminal/Juvenile Justice)

**Goal of the priority area:**

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Goal 1: Reduce the number of program elopements/dropouts from civil commitment programs

Goal 2: To reduce disparities in access to treatment programs within Houses of Correction

**Strategies to attain the goal:**

Goal 1: Review of program incident reports on all elopements to determine any trends. Review and adjust operational procedures as needed.

Assess and address any facility deficiencies.

Implement policies to reduce risk of and prevent elopement. Conduct team meetings to discuss issues and improve outcomes.

Goal 2: BSAS staff will conduct statewide meetings with programs to review enrollment data and develop strategies to reduce disparities in those Houses of Correction that need improvement. BSAS Criminal Justice staff will also monitor achievement of the threshold expectation.

**Priority #:** 6

ESM data (program analytical reports) and House of Correction census data provided to BSAS

ESM – Intake form – item #10

BSAS relies on consistent reporting by the Houses of Correction to measure the achievement of this goal. Racial and ethnic categories are not always clearly defined so categorization is sometimes challenging.

Massachusetts ESM data did not become available to analyze or distribute to all of the Statewide County Houses of Correction until early November. Data will be analyzed very soon followed by an assessment of whether they achieve this goal.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

To have enrollments be within 5% of the racial breakdown of white, black, other (Hispanic,

Asian, Native American) based on the census of the institution of the current fiscal year.

**Baseline Measurement:**

In FY17, seven of the 12 Houses of Correction that reported data meet the target.

**First-year target/outcome measurement:**

In FY18, up to two additional Houses of Correction will meet the threshold, for a total of

up to nine.

**Second-year target/outcome measurement:** In FY19, up to two additional Houses of Correction will meet the threshold for a total of up

to eleven.

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:

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Achieved

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Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority Area:** Reduce disparities in access to substance abuse prevention, intervention, treatment, and recovery support for at-risk populations

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP, EIS/HIV, Other (Adolescents w/SA and/or MH, LGBTQ, Military Families, Underserved Racial and Ethnic Minorities)

**Goal of the priority area:**

Goal 1: Increase the competency of the behavioral health workforce regarding service provision to service members, veterans and families (SMVF).

Goal 2: Implement a centralized Residential Recovery Services waitlist management system, improve access to state-funded residential treatment and ensure access by priority populations.

Goals 3: Improve availability of co-occurring enhanced substance use and mental health disorder treatment services.

**Strategies to attain the goal:**

Goal 1: The BSAS Veterans Services Coordinator will conduct trainings in a variety of settings. Training event announcements, training resources, and in

-service training opportunities will be promoted on the AdCare Educational Institute website, Careers of Substance website, and the BSAS newsletter. Goal 2: Trainings via Webinar on waitlist; onsite TA

Goal 3: Identify a co-occurring residential treatment programming assessment tool; assess the BSAS-funded programs ability to offer co-occurring enhanced treatment; and, establish operating standards for co-occurring enhanced treatment within the treatment system.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Total annual number of attendees at training events regarding military culture, TBI, PTS, substance use, and suicide prevention conducted by BSAS Veterans Services Coordinator.

**Baseline Measurement:** # of attendees in FY17 was 364

**First-year target/outcome measurement:** # of attendees in FY18 will be 370

**Second-year target/outcome measurement:**

# of attendees in FY19 will be 400

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Training log documentation and attendance records

**New Data Source*(if needed)*:**

**Description of Data:**

AdCare Educational Institute, BSAS Workforce & Training Coordinator, and the BSAS Veterans’ Services Coordinator maintain documentation of training events and attendance.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Achievement of this goal and related data collection relies on the availability of the BSAS Veterans Services Coordinator to conduct an increasing number of training events and for the logistical aspects to not present barriers to accomplishment of these trainings.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

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**Indicator:** The total number of funded residential providers who utilize the centralized on-line Residential Waitlist Management System

**Baseline Measurement:** None participated in FY17 since the system did not exist. The current total number of BSAS-

funded residential recovery services programs is 77.

**First-year target/outcome measurement:** By the end of FY18, at least 50% of the BSAS-funded residential recovery services programs

will have begun to use the online centralized waitlist management system.

**Second-year target/outcome measurement:**

By the end of FY19, 100% of the BSAS-funded residential recovery services programs will be using the online centralized waitlist management system.

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

BSAS licensing staff maintains the list of licensed and funded programs.

**New Data Source*(if needed)*:**

**Description of Data:**

On-line system participation as monitored by the Massachusetts Helpline

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Achievement of this goal relies on continued funding for the Massachusetts Helpline and their management of the online centralized waitlist management system. Residential programs are accustomed to managing their own waiting lists, so this represents a significant culture shift that may face challenges in some cases to full adoption.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 3

**Indicator:** Establishment of BSAS standards for co-occurring enhanced residential treatment in our system.

**Baseline Measurement:** There is no established baseline measure for co-occurring enhanced treatment beds in our

system

**First-year target/outcome measurement:** A co-occurring residential treatment programming assessment tool is identified. and the

degree to which BSAS-funded treatment providers are currently providing co-occurring enhanced treatment is assessed.

**Second-year target/outcome measurement:**

Operating standards for co-occurring enhanced residential treatment within the BSAS- funded system are established.

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Residential treatment program data as collected by the BSAS Quality Assurance and Licensing Unit system.

**New Data Source*(if needed)*:**

**Description of Data:**

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Steering committee documentation and template. Training registration and attendee lists.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Participation in the Steering Committee and finalization of the template, policy and

procedures in FY18. Trainings are conducted statewide on of the Massachusetts POSC

requirements to BSAS contracted providers by the end of FY19.

**Baseline Measurement:**

Existing state-wide NAS Policy Academy steering committee has been meeting to develop

and finalize POSC policy and procedures.

**First-year target/outcome measurement:**

POSC template and a process for reporting that SENs have a POSC is finalized.

**Second-year target/outcome measurement:** Trainings are held statewide to communicate the requirements of the state’s POSC policy

and procedures to BSAS contracted treatment providers that serve PWWDC.

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

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Process measure goal acheivement

Achievement of this goal relies on BSAS staffing and allocation of time and resources to this systems enhancement initiative. Changes in funding, staffing or priorities can impact the ability to achieve this goal.

ACHIEVED: BSAS has established standards for co-occurring enhanced residential treatment in the RFR which can be found here: [http://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-19-1031-BSAS0-BSA01-32429&external=true&parentUrl=bid](http://www.commbuys.com/bso/external/bidDetail.sdo?docId=BD-19-1031-BSAS0-BSA01-32429&amp;external=true&amp;parentUrl=bid)

BSAS has also successfully collaborated with MassHealth to offer this as a covered service which is eligible for reimbursement.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:

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Achieved



Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 7

**Priority Area:** Substance abuse prevention, intervention, treatment, and recovery support of pregnant women and women with dependent children

**Priority Type:** SAP, SAT

**Population(s):** PWWDC, PP

**Goal of the priority area:**

Ensure the safety of Substance Exposed Newborns (SEN’s) in Massachusetts by developing and implementing a state Plan of Safe Care (POSC) policy and procedure that would apply to all SENs.

**Strategies to attain the goal:**

Interagency and stakeholder steering committee meet to develop template based on NAS Policy Academy recommendations, and a process for implementing policy and procedures around POSC for every substance exposed newborn (SEN) will also be developed by this group. Once final, regional trainings will be held to.

Meeting minutes, finalization of the POSC template, and training attendance lists.

Accomplishment of this goal relies on the completion of this work by the NAS Policy Academy Steering Committee so that requirements can be communicated to BSAS providers.

Please see [(www.healthrecovery.org/safecare)](http://www.healthrecovery.org/safecare)) for more information.

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 8

**Priority Area:** Substance abuse prevention, intervention, treatment, and recovery support as part of workforce development

**Priority Type:** SAP, SAT

**Population(s):** PP

**Goal of the priority area:**

Goal 1: Recovery Coach Certification

Goal 2: Enhance coordination among behavioral health, medical, child welfare, corrections, education, and other community-based social service providers to ensure that the workforce addressing addictions is well prepared to support the needs of their patients and clients.

Goal 3: Increase the capacity of BSAS-funded treatment programs to provide trauma-informed care (TIC)

**Strategies to attain the goal:**

Goal 1: The Bureau will offer 4 to 8 Recovery Coach Academy sessions and 4 to 8 Recovery Coach Supervisor trainings each year, as well as trainings in Cultural Competency, Motivational Interviewing, and Co-occurring Disorders for Recovery Coaches, in order to support the Certified Addiction Recovery Coach (CARC) educational requirements.

Goal 2: Complete inventory of current training opportunities; and hold stakeholder meetings, interviews, and focus groups to compile recommendations for enhanced coordination.

Goal 3: Provide online training through contract with the Institute for Health and Recovery (IHR - training provider). Ongoing outreach to treatment providers to encourage staff participation as a component of the menu of training opportunities related to trauma informed care.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** The total number of individuals who have received their CARC certification as recorded by the Massachusetts Certification Board.

**Baseline Measurement:** 12 individuals have received their CARC Certifications.

**First-year target/outcome measurement:** At least 20 Recovery Coaches will have received their CARC Certifications by June 30, 2018.

**Second-year target/outcome measurement:**

At least 30 Recovery Coaches will have received their CARC Certifications by June 30, 2019.

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**New Second-year target/outcome measurement*(if needed)*:**

**Data Source:**

The Massachusetts Certification Board (MBSACC) maintain a certification log

**New Data Source*(if needed)*:**

**Description of Data:**

MBSACC monitors and tracks documents associated with certification of Recovery Coaches

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

The certification log is maintained by an external body, so BSAS is not in control of the data set. Certification of Recovery Coaches is a new area of workforce development so the required components for certification are not easy to accomplish, although opportunities are increasing.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Indicator #:** 2

**Indicator:** Stakeholder recommendations are compiled and implemented.

**Baseline Measurement:** Workforce and Organizational Development Strategic Plan released 2010 – did not include

this level of detail/inventory of existing workforce development opportunities.

**First-year target/outcome measurement:** At least 5 stakeholder recommendations are compiled from focus groups and other stakeholder meetings or interviews.

**Second-year target/outcome measurement:**

At least 2 of the stakeholder recommendations are implemented.

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Stakeholder contact list, meeting minutes/attendance

**New Data Source*(if needed)*:**

**Description of Data:**

Information gathered at meetings

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Staff time to schedule meetings, maintain documentation, and implement recomemdations

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

This was partially achieved. Due to staff capacity limitations, under the direction of the Bureau's Workforce Development Coordinator, a student intern began the work of compiling an inventory of current training opportunities and conducting a number of key informant interviews with treatment providers, but time did not allow for the more intensive work required to plan and run stakeholder meetings and focus groups. In order to meet this goal in the future, a staff person will be designated and provided the appropriate time needed to leading the effort.

**How first year target was achieved *(optional)*:**

**Indicator #:** 3

**Indicator:** Number of individuals that have completed the online course.

**Baseline Measurement:** To date, 353 individuals completed the 4-hour, self-paced online course created and

coordinated by IHR that went live online in FY17.

**First-year target/outcome measurement:** At least 200 additional individuals will complete the online course in FY18.

**Second-year target/outcome measurement:**

At least 200 additional individuals will complete the online course in FY19.

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**New Second-year target/outcome measurement*(if needed)*: Data Source:**

Institute for Health and Recovery.

**New Data Source*(if needed)*:**

**Description of Data:**

Individuals completing online course [(http://www.healthrecovery.org/trainings/)](http://www.healthrecovery.org/trainings/))

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

Decreased numbers of individuals interested in completing the training could affect outcomes if the target population becomes saturated.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority #:** 9

**Priority Area:** Substance abuse prevention, intervention, treatment, and recovery support of youth and young adults

**Priority Type:** SAP, SAT

**Population(s):** PP, Other (Adolescents w/SA and/or MH, Students in College)

**Goal of the priority area:**

Goal 1: Improve availability of co-occurring enhanced substance use and mental health disorder treatment services for youth and young adults.

Goal 2: Improve treatment and recovery support services targeting youth and young adults by facilitating meaningful input by youth and young adults regarding the policies and programming developed and managed by the BSAS Office of Youth and Young Adults (OYYAS).

**Strategies to attain the goal:**

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Goal 1: Identify a co-occurring residential treatment programming assessment tool; assess the BSAS-funded youth and young adult programs ability to offer co-occurring enhanced treatment; and, establish operating standards for co-occurring enhanced treatment within the youth and young adult treatment system.

Goal 2: Expand recovery network model in at least 3 additional regions of the State. Connect with recovery high schools, recovery support centers, collegiate recovery communities and other key stakeholders to support in the planning and outreach of quarterly recovery social events in which OYYAS would receive meaningful feedback from attendees.

Develop a social media plan to receive feedback from young people in recovery electronically in order to reach a broader range of young people throughout the state.

**Priority #:** 10

Collected and tracked by OYYAS staff

The number of events, participants and electronic feedback responses are tracked by OYYAS staff overseeing this initiative.

No issues are currently foreseen that will affect the outcome measures.

**Annual Performance Indicators to measure goal success**

**Indicator #:**

1

**Indicator:**

Increase target regions OYYAS receives feedback from.

**Baseline Measurement:**

Two successful Boston area events were held in FY17

**First-year target/outcome measurement:**

Expand target outreach to one additional region of the state. (Boston + 1 more region)

**Second-year target/outcome measurement:** Expand target outreach to two additional regions of the state. (Boston + Target year 1 + 2

additional= 4 regions total by end of FY19)

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

**New Data Source*(if needed)*:**

**Description of Data:**

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

**Priority Area:** Infectious disease prevention and treatment needs of clients in substance abuse treatment, including people at rsik for TB.

**Priority Type:** SAP, SAT

**Population(s):** PP, EIS/HIV, TB

**Goal of the priority area:**

Assist treatment providers in understanding the added risks of individuals with substance use disorders also have infectious disease such as TB, HIV/AIDS, Viral Hepatitis, and sexually transmitted disease impact on health and recovery.

**Strategies to attain the goal:**

1. A Practice Guidance is in the development process and will address the need for an integrated approach to risk assessment for infectious diseases, including TB. Content development has focused on risk assessment, prevention education and treatment of SUD population.
2. BSAS Licensing Inspectors and Contract Managers will review client records and agency protocol compliance with requirements related to client and workforce education, risk assessment, coordination, treatment and follow up.
3. Dissemination of the Infectious Disease and Substance Use: Integrated Risk Assessment (HIV, STD, Tuberculosis, and Viral Hepatitis) Practice Guidance, coupled with the use of related content for training opportunities with service providers via webinar and/or in person training.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** An Infectious Disease and Substance Use: Integrated Risk Assessment (HIV, STD, Tuberculosis, and Viral Hepatitis) Practice Guidance is finalized and Licensing inspections include review of client records and agency protocols for the purpose of monitoring compliance of regulatory standards.

**Baseline Measurement:** Currently no infectious disease practice guidance exists, it is under development.

**First-year target/outcome measurement:** Completion and dissemination of an Infectious Disease and Substance Use: Integrated Risk

Assessment (HIV, STD, Tuberculosis, and Viral Hepatitis) Practice Guidance in FY18.

**Second-year target/outcome measurement:**

Compliance is monitored through quality assurance reports, and the Practice Guidance is used for technical assistance and training with an integrated approach toward ensuring effective screening, treatment, and service coordination.

**New Second-year target/outcome measurement*(if needed)*: Data Source:**

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BSAS Quality Assurance and Licensing staff reports, MA DPH/BSAS website contains finalized Practice Guidance documents.

**New Data Source*(if needed)*:**

**Description of Data:**

Internal reports and published Practice Guidance documents.

**New Description of Data:*(if needed)***

**Data issues/caveats that affect outcome measures:**

The accomplishment of this goal relies on the allocation of staff time and funding to the achievement of this systems improvement priority.

**New Data issues/caveats that affect outcome measures:**

Report of Progress Toward Goal Attainment

First Year Target:  Achieved  Not Achieved *(if not achieved,explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

All licensed services are required to ensure infectious disease such as TB, HIV/AIDS, Viral Hepatitis, and STD education, screening and referrals are provided to all clients. Licensing inspections include review of client records (to include evidence of client education, screening and service referral documentation) and agency protocols for the purpose of monitoring compliance of regulatory standards. An Infectious Disease and Substance Use: Integrated Risk Assessment (HIV, STD, Tuberculosis, and Viral Hepatitis) Practice Guidance is complete and under review by the Department of Public Health, Bureau of Infection Diseases. Target completion date is January 2019.

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**Footnotes:**

#### III: Expenditure Reports

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###### Table 2 - State Agency Expenditure Report

This table provides a report of SABG and State expenditures by the State Substance Abuse Authority during the State fiscal year immediately preceding the federal fiscal year for which the state is applying for funds for authorized activities to prevent and treat substance abuse. For detailed instructions, refer to those in the Block Grant Application System (BGAS). **Include ONLY funds expended by the executive branch agency administering the SABG.**

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity**  **(See instructions for using Row 1.)** | **A. SA Block Grant** | **B. MH Block Grant** | **C. Medicaid (Federal, State, and**  **Local)** | **D. Other Federal**  **Funds (e.g., ACF (TANF), CDC, CMS**  **(Medicare) SAMHSA,**  **etc.)** | **E. State Funds** | **F. Local Funds**  **(excluding local Medicaid)** | **G. Other** |
| 1. Substance Abuse Prevention\* and Treatment | $28,773,796 |  | $0 | $5,996,583 | $143,570,888 | $0 | $0 |
| a. Pregnant Women and Women with Dependent Children\* | $1,760,580 |  |  | $291,668 | $13,640,287 |  |  |
| b. All Other | $27,013,216 |  |  | $5,704,915 | $129,930,601 |  |  |
| 2. Substance Abuse Primary Prevention | $9,079,010 |  |  | $1,445,947 |  |  |  |
| 3. Tuberculosis Services |  |  |  |  |  |  |  |
| 4. HIV Early Intervention Services\*\* |  |  |  |  |  |  |  |
| 5. State Hospital |  |  |  |  |  |  |  |
| 6. Other 24 Hour Care |  |  |  |  |  |  |  |
| 7. Ambulatory/Community Non- 24 Hour Care |  |  |  |  |  |  |  |
| 8. Mental Health Primary Prevention |  |  |  |  |  |  |  |
| 9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award) |  |  |  |  |  |  |  |
| 10. Administration (Excluding Program and Provider Level) | $1,992,278 |  |  |  | $2,930,018 |  |  |
| **11. Total** | **$39,845,084** | **$0** | **$0** | **$7,442,530** | **$146,500,906** | **$0** | **$0** |

\*Prevention other than primary prevention

\*\*Only designated states as defined in 42 U.S.C. &sect; 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the thre prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions.

Please indicate the expenditures are actual or estimated.

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**Footnotes:**

#### III: Expenditure Reports

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###### Table 4 - State Agency SABG Expenditure Compliance Report

This table provides a description of SABG expenditures for authorized activities to prevent and treat SUDs. For detailed instructions, refer to those in BGAS. Only one column is to be filled in each year.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

|  |  |
| --- | --- |
| **Category** | **FY 2016 SAPT Block Grant Award** |
| 1. Substance Abuse Prevention\* and Treatment | $33,347,227 |
| 2. Primary Prevention | $4,505,603 |
| 3. Tuberculosis Services | $0 |
| 4. HIV Early Invervention Services\*\* | $0 |
| 5. Administration (excluding program/provider level) | $1,992,254 |
| **Total** | **$39,845,084** |

\*Prevention other than Primary Prevention

\*\*Only designated states as defined in 42 U.S.C. § 300x-24(b)(2) and 45 CFR § 96.128(b) for the applicable federal fiscal year should enter information in this row. This may include a state or states that were previously considered “designated states” during any of the three prior federal fiscal years for which a state was applying for a grant. See EIs/HIV policy change in SABG Annual Report instructions

**Footnotes:**

## III: Expenditure Reports

###### Table 5a - Primary Prevention Expenditures Checklist

Expenditure Period Start Date:

10/1/2015

Expenditure Period End Date:

**Strategy IOM Target SAPT Block Grant**

9/30/2017

**Other Federal State Local Other**

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Information

Dissemination Selective $ $ $ $ $

Information

Dissemination Indicated $ $ $ $ $

Information

Dissemination Universal $ $ $ $ $

Information

Dissemination Unspecified $ $ $ $ $

**Information**

**Dissemination Total $ $ $ $ $**

Education Selective $ $ $ $ $

Education Indicated $ $ $ $ $

Education Universal $ $ $ $ $

Education Unspecified $ $ $ $ $

**Education Total $ $ $ $ $**

Alternatives Selective $ $ $ $ $

Alternatives Indicated $ $ $ $ $

Alternatives Universal $ $ $ $ $

Alternatives Unspecified $ $ $ $ $

**Alternatives Total $ $ $ $ $**

Problem Identification

and Referral Selective $ $ $ $ $

Problem Identification

and Referral Indicated $ $ $ $ $

Problem Identification

and Referral Universal $ $ $ $ $

Problem Identification

and Referral Unspecified $ $ $ $ $

**Problem Identification**

**and Referral Total $ $ $ $ $**

Community-Based

Process Selective $ $ $ $ $

Community-Based

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Process Indicated $ $ $ $ $

Community-Based

Process Universal $ $ $ $ $

Community-Based

Process Unspecified $ $ $ $ $

**Community-Based**

**Process Total $ $ $ $ $**

Environmental Selective $ $ $ $ $

Environmental Indicated $ $ $ $ $

Environmental Universal $ $ $ $ $

Environmental Unspecified $ $ $ $ $

**Environmental Total $ $ $ $ $**

Section 1926 Tobacco Selective $ $ $ $ $

Section 1926 Tobacco Indicated $ $ $ $ $

Section 1926 Tobacco Universal $ 750,000 $ $ $ $

Section 1926 Tobacco Unspecified $ $ $ $ $

**Section 1926 Tobacco Total $750,000 $ $ $ $**

Other Selective $ $ $ $ $

Other Indicated $ $ $ $ $

Other Universal $ $ $ $ $

Other Unspecified $ $ $ $ $

**Other Total $ $ $ $ $ Grand Total $750,000 $ $ $ $**

**Footnotes:**

## III: Expenditure Reports

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###### Table 5b - Primary Prevention Expenditures by IOM Category

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **SAPT Block Grant** | **Other Federal Funds** | **State Funds** | **Local Funds** | **Other** | |
| Universal Direct | $1,162,447 |  |  |  |  | |
| Universal Indirect | $2,225,768 | $1,648,187 |  |  |  | |
| Selective | $572,213 |  |  |  |  | |
| Indicated | $545,175 |  |  |  |  | |
| **Column Total** | **$4,505,603** | **$1,648,187** | **$0** | **$0** | **$0** | |
| **Footnotes:** | | | | | |  |

**III: Expenditure Reports**

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**Table 6 - Resource Development Expenditure Checklist**

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Resource Development Expenditures Checklist** | | | | | | |
| **Activity** | **A. Prevention-MH** | **B. Prevention-SA** | **C. Treatment-MH** | **D. Treatment-SA** | **E. Combined** | **F. Total** |
| 1. Planning, Coordination and Needs Assessment |  | $1,150,600.00 |  | $4,050,130.00 |  | $5,200,730.00 |
| 2. Quality Assurance |  | $574,300.00 |  | $2,040,308.00 |  | $2,614,608.00 |
| 3. Training (Post-Employment) |  | $1,020,620.00 |  | $1,677,663.00 |  | $2,698,283.00 |
| 4. Program Development |  | $754,642.00 |  | $1,787,308.00 |  | $2,541,950.00 |
| 5. Research and Evaluation |  | $624,536.00 |  | $1,680,250.00 |  | $2,304,786.00 |
| 6. Information Systems |  | $350,608.00 |  | $2,930,221.00 |  | $3,280,829.00 |
| 7. Education (Pre-Employment) |  |  |  |  |  | $0.00 |
| **8. Total** | **$0.00** | **$4,475,306.00** | **$0.00** | **$14,165,880.00** | **$0.00** | **$18,641,186.00** |

**Footnotes:**

III: Expenditure Reports

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**Table 7 - Statewide Entity Inventory**

This table provides a report of the sub-recipients of SABG funds including community- and faith-based organizations which provided SUD prevention activities and treatment services, as well as intermediaries/administrative service organizations. Table 7 excludes resource development expenditures.

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds SAPT Block Grant** | | | | | | | | | | | | | | | |
|  | **Entity Number** | **I-BHS ID** |  | **Area Served (Statewide or SubState Planning Area)** | **Provider / Program Name** | **Street Address** | **City** | **State** | **Zip A.**  **All SA Block Grant Funds** | | **B.**  **Prevention (other than primary prevention) and Treatment Services** | **C.**  **Pregnant Women and Women with Dependent Children** | **D.**  **Primary Prevention** | **E.**  **Early Intervention Services for HIV** | **F.**  **Syringe Services Program** |
|  | 2324MM320042000301 | XXXX |  | Metrowest | ADVOCATES INC | 1881 WORCESTER RD | FRAMINGHAM | MA | 01701-  5410 | $750 | $750 | $0 | $0 | $0 |  |
|  | 2301MM316052417600 | XXXX |  | Metrowest | ADVOCATES INC | 1881 WORCESTER RD | FRAMINGHAM | MA | 01701-  5410 | $1,345 | $1,345 | $0 | $0 | $0 |  |
|  | INTF2304M03171125262 | XXXX |  | Metrowest | ADVOCATES INC | 1881 WORCESTER RD | FRAMINGHAM | MA | 01701-  5410 | $144,299 | $144,299 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119026 | XXXX |  | 99 | AIDS ACTION COMMITTEE OF MA | 131 CLARENDON ST | BOSTON | MA | 02116 | $57,500 | $57,500 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119009 | XXXX |  | 99 | AIDS PROJECT WORCESTER INC | 85 GREEN STREET | WORCESTER | MA | 01604 | $112,500 | $112,500 | $0 | $0 | $0 |  |
|  | 4942MM310011901801 | XXXX |  | 99 | AIDS SUPPORT GROUP OF CAPE COD | PO BOX 1522 | PROVINCETOWN | MA | 02657 | $46,363 | $46,363 | $0 | $0 | $0 |  |
|  | 4942MM310011901802 | XXXX |  | 99 | AIDS SUPPORT GROUP ON CAPE COD | PO BOX 1522 | PROVINCETOWN | MA | 02657 | $19,238 | $19,238 | $0 | $0 | $0 |  |
|  | INTF2304M03171125249 | XXXX |  | Southeast | ANCHOR HOUSE INC | PO BOX 6116 | PLYMOUTH | MA | 023626116 | $45,803 | $45,803 | $0 | $0 | $0 |  |
|  | 2318MM316042403601 | XXXX |  | Boston | BAY COVE HUMAN SERVICES INC | 66 CANAL ST | BOSTON | MA | 02114-  2002 | $28,792 | $28,792 | $0 | $0 | $0 |  |
|  | INTF2303MM3182026079 | MA101403 |  | Boston | BAY COVE HUMAN SERVICES INC | 66 CANAL ST | BOSTON | MA | 02114-  2002 | $563,792 | $563,792 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617053 | MA101403 |  | Boston | BAY COVE HUMAN SERVICES INC | 66 CANAL ST | BOSTON | MA | 02114-  2002 | $100,000 | $100,000 | $0 | $0 | $0 |  |
|  | 2301MM316052417601 | MA751421 |  | Metrowest | BAY STATE COMMUNITY SERVICES INC | 1120 HANCOCK ST | QUINCY | MA | 02169-  4313 | $2,972 | $2,972 | $0 | $0 | $0 |  |
|  | INTF2301M03164620182 | MA751421 |  | Metrowest | BAY STATE COMMUNITY SERVICES INC | 1120 HANCOCK ST | QUINCY | MA | 02169-  4313 | $29,189 | $29,189 | $0 | $0 | $0 |  |
|  | 2324MM320042000302 | XXXX |  | Metrowest | BAY STATE COMMUNITY SERVICES INC | 1120 HANCOCK ST | QUINCY | MA | 02169-  4313 | $3,772 | $3,772 | $0 | $0 | $0 |  |
|  | INTF2354M04160222082 | XXXX |  | Metrowest | BAY STATE COMMUNITY SERVICES INC | 1120 HANCOCK ST | QUINCY | MA | 02169-  4313 | $90,287 | $0 | $0 | $90,287 | $0 |  |
|  | INTF2351MM3802114011 | XXXX |  | 99 | BAYSTATE MEDICAL CENTER, INC. | 759 CHESTNUT ST | SPRINGFIELD | MA | 01199-  0000 | $29,256 | $29,256 | $0 | $0 | $0 |  |
|  | INTF2350MM3W16083035 | XXXX |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $5,895 | $5,895 | $0 | $0 | $0 |  |
|  | INTF2304M03171125270 | XXXX |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $367,647 | $367,647 | $367,647 | $0 | $0 |  |
|  | INTF2303MM3900617077 | MA100113 |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $6,692 | $6,692 | $0 | $0 | $0 |  |
|  | INTF2303MM3104117069 | MA100113 |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $13,196 | $13,196 | $0 | $0 | $0 |  |
|  | 2301MM316052417602 | XXXX |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $60,183 | $60,183 | $0 | $0 | $0 |  |
|  | 2324MM320042000303 | XXXX |  | West | BEHAVIORAL HEALTH NETWORK INC | 417 LIBERTY ST | SPRINGFIELD | MA | 01104-  3736 | $5,593 | $5,593 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617066 | MA100417 |  | 99 | BERKSHIRE MEDICAL CENTER INC | 725 NORTH ST | PITTSFIELD | MA | 01201-  4132 | $2,533 | $2,533 | $0 | $0 | $0 |  |
|  | INTF2354M04301822068 | XXXX |  | 99 | BERKSHIRE REGIONAL PLANNING COMMISSION | 1 FENN ST SUITE  201 | PITTSFIELD | MA | 01201 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | 2324MM320042000304 | XXXX |  | Boston | BOSTON ALCOHOLISMAND SUBSTANCE | 30 WINTER ST  11TH FL | BOSTON | MA | 02108 | $10,244 | $10,244 | $0 | $0 | $0 |  |

INTF2351MM3806714019 XXXX 99 BOSTON HEALTH

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| INTF2351MM3802114020 | XXXX | Boston | BOSTON MEDICAL CENTER | 1 BOSTON MEDICAL CTR PL | BOSTON | MA | 02118-  2908 | $119,999 | $119,999 | $0 | $0 | $0 |
| 1010  INTF2354M04160222100 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2354M04301822057 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2333MM3601413017 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF4942MM3100119033 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  2301MM316052417603 MA905472 Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2304M03171125248 XXXX Boston BOSTON PUBLIC MASSACHUSETTS | | | | | BOSTON | MA | 02118 | $399,467 | $0 | $0 | $399,467 | $0 |
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| INTF2351MM3802114020 | XXXX | Boston | BOSTON MEDICAL CENTER | 1 BOSTON MEDICAL CTR PL | BOSTON | MA | 02118-  2908 | $119,999 | $119,999 | $0 | $0 | $0 |
| 1010  INTF2354M04160222100 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2354M04301822057 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2333MM3601413017 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF4942MM3100119033 XXXX Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  2301MM316052417603 MA905472 Boston BOSTON PUBLIC MASSACHUSETTS  HEALTH COMMIS AVE 6TH FL  1010  INTF2304M03171125248 XXXX Boston BOSTON PUBLIC MASSACHUSETTS | | | | | BOSTON | MA | 02118 | $399,467 | $0 | $0 | $399,467 | $0 |
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| INTF2311MM3602714105 XXXX Boston TROUBLED 47 WEST STREET 02111  WATERS INC  BRIDGE OVER  2301MM316052417604 MA101445 Boston TROUBLED 47 WEST STREET 02111  WATERS INC  BRIDGE OVER  SCDPH232353900040000 XXXX Boston TROUBLED 47 WEST STREET 02111  WATERS INC  BRIDGE OVER  SCDPH233954100010000 XXXX Boston TROUBLED 47 WEST STREET 02111  WATERS INC  INTF2304MM3008519179 XXXX 99 BRIDGEMARK, 2020 ELMWOOD 02888-  INC. AVE 2404 | | | | | | | | $53,731 | $53,731 | $0 | $0 | $0 |
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| INTF4942MM3100119045 | XXXX | 99 | BROCKTON AREA MULTI-SERVS INC | 10 CHRISTY DR | BROCKTON | MA | 02301-  1812 | $115,845 | $115,845 | $0 | $0 | $0 |

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$6,956 $6,956 $0 $0 $0

$23,988 $23,988 $0 $0 $0

$15,528 $15,528 $0 $0 $0

INTF2303MM3900617057 MA905969 99 CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$200,311 $200,311 $0 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

INTF2303MM3900617056 XXXX Northeast CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$60,833 $60,833 $0 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

2350DPHPYD1101201600 XXXX Northeast CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$3,619 $3,619 $0 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

INTF2304M03171125212 XXXX Northeast CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$138,361 $138,361 $138,361 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

SCDPH233853890030000 XXXX Northeast CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$127,407 $127,407 $0 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

INTF2333MM3601413015 XXXX Northeast CAB HLTH &

199 ROSEWOOD

DANVERS MA 01923-

$66,761 $66,761 $0 $0 $0

RECOVRY SVS INC DR SUITE 250

1388

INTF2351MM3802114015 XXXX Northeast CAMBRIDGE

PUBLIC HEALTH

INTF2354M04301822070 XXXX Northeast CAMBRIDGE

PUBLIC HEALTH

101 STATION LNDG 5TH FL

101 STATION LNDG 5TH FL

MEDFORD MA 02155-

5134

MEDFORD MA 02155-

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$28,649 $28,649 $0 $0 $0

$84,899 $0 $0 $84,899 $0

2330DPHPYD1221201600 XXXX Boston CAPE COD HOSPITAL

2301MM316052417605 MA100631 Boston CASA ESPERANZA

INC.

PO BOX 849091 BOSTON MA 02284-

9091

302 EUSTIS ST ROXBURY MA 02119-

3800

$52,229 $52,229 $0 $0 $0

$1,516 $1,516 $0 $0 $0

INTF2304M03171125204 MA908120 Boston CASA ESPERANZA

INC.

P O BOX 191540 ROXBURY MA 02119 $107,114 $107,114 $0 $0 $0

SCDPH232353900060000 XXXX Boston CASA ESPERANZA

INC.

302 EUSTIS ST ROXBURY MA 02119-

3800

$62,401 $62,401 $0 $0 $0

51 SLEEPER ST 1ST

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| SCDPH230753870060000 | XXXX | Boston | CASPAR INC | 66 CANAL ST | BOSTON | MA | 02114-  2002 | $57,259 | $57,259 | $0 | $0 | $0 |
| INTF2304M03171125214 | XXXX | Boston | CASPAR INC  CATHOLIC | 66 CANAL ST | BOSTON | MA | 02114-  2002 | $195,837 | $195,837 | $195,837 | $0 | $0 |
| INTF2333MM3601413025 MA106790 99 CHARITABLE | | | |  | BOSTON | MA |  | $68,690 | $68,690 | $0 | $0 | $0 |
| BUREAU OF FL 1208  INTF2304M03171125263 XXXX Central CATHOLIC 10 HAMMOND ST WORCESTER MA 01610 $74,103 $74,103 $0 $0 $0  CHARITIES OF THE | | | | | | | | | | | | |

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2324MM320042000305 XXXX West CENTER FOR

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HUMAN

2301MM316052417606 MA300260 West CENTER FOR

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INTF2304M03171125281 XXXX West CENTER FOR

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INTF2333MM3601413021 XXXX West CENTER FOR

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332 BIRNIE AVE SPRINGFIELD MA 01107-

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332 BIRNIE AVE SPRINGFIELD MA 01107-

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332 BIRNIE AVE SPRINGFIELD MA 01107-

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332 BIRNIE AVE SPRINGFIELD MA 01107-

1104

$1,208 $1,208 $0 $0 $0

$14,374 $14,374 $0 $0 $0

$71,741 $71,741 $0 $0 $0

$67,055 $67,055 $0 $0 $0

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|  | 2353MM316052401801 | XXXX |  | Boston | CHILDREN'S SERVICES OF ROXBURY, INC. | 520 DUDLEY ST | ROXBURY | MA | 02119-  2769 | $227 | $227 | $0 | $0 | $0 |  |
|  | INTF2323M03RFR390030 | XXXX |  | Boston | CHILDREN'S SERVICES OF ROXBURY, INC. | 504 DUDLEY ST | ROXBURY | MA | 02119-  2732 | $6,607 | $6,607 | $0 | $0 | $0 |  |
|  | INTF3109M04404124008 | XXXX |  | 99 | CHILDRENS HOSPITAL CORPORATION | 300 LONGWOOD AVENUE | BOSTON | MA | 02115 | $100,000 | $100,000 | $0 | $0 | $0 |  |
|  | INTF2333M03601613022 | XXXX |  | Northeast | CITIZENS FOR ADEQUATE HSNG INC | 40 WASHINGTON ST | PEABODY | MA | 01960-  5536 | $89,971 | $89,971 | $0 | $0 | $0 |  |
|  | INTF2333M03173125037 | XXXX |  | Northeast | CITIZENS INN, INC | 81 MAIN ST | PEABODY | MA | 01960-  5550 | $53,405 | $53,405 | $0 | $0 | $0 |  |
|  | INTF2354M04160222083 | XXXX |  | Southeast | CITY OF BROCKTON | 45 SCHOOL ST | BROCKTON | MA | 02301-  4049 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04301822055 | XXXX |  | Southeast | CITY OF BROCKTON | 45 SCHOOL ST | BROCKTON | MA | 02301-  4049 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04301822072 | XXXX |  | 99 | CITY OF FALL RIVER | 1 GOVERNMENT CTR | FALL RIVER | MA | 02722-  7700 | $97,097 | $0 | $0 | $97,097 | $0 |  |
|  | INTF2354M04301822067 | XXXX |  | 99 | CITY OF FITCHBURG | 718 MAIN ST | FITCHBURG | MA | 01420-  3182 | $58,195 | $0 | $0 | $58,195 | $0 |  |
|  | INTF2354M04160222093 | XXXX |  | Central | CITY OF FITCHBURG | 166 BOULDER DR  STE 108 | FITCHBURG | MA | 01420-  3168 | $99,954 | $0 | $0 | $99,954 | $0 |  |
|  | INTF2354M04160222081 | XXXX |  | Central | CITY OF GARDNER | 95 PLEASANT ST | GARDNER | MA | 01440-  2630 | $99,723 | $0 | $0 | $99,723 | $0 |  |
|  | INTF2354M04301822059 | XXXX |  | Northeast | CITY OF GLOUCESTER | 9 DALE AVE | GLOUCESTER | MA | 01930-  3009 | $97,082 | $0 | $0 | $97,082 | $0 |  |
|  | INTF2354M04160222099 | XXXX |  | Northeast | CITY OF GLOUCESTER | 9 DALE AVE | GLOUCESTER | MA | 01930-  3009 | $95,800 | $0 | $0 | $95,800 | $0 |  |
|  | INTF2354M04301822073 | XXXX |  | 99 | CITY OF LAWRENCE | 200 COMMON ST | LAWRENCE | MA | 01840-  1517 | $72,075 | $0 | $0 | $72,075 | $0 |  |
|  | INTF2354M04301822060 | XXXX |  | 99 | CITY OF LOWELL | 375 MERRIMACK ST | LOWELL | MA | 01852-  5909 | $48,564 | $0 | $0 | $48,564 | $0 |  |
|  | INTF2354M04301822061 | XXXX |  | Northeast | CITY OF LYNN | 3 CITY HALL SQ STE  206 | LYNN | MA | 01901-  1028 | $66,516 | $0 | $0 | $66,516 | $0 |  |
|  | INTF2354M04160222096 | XXXX |  | Northeast | CITY OF LYNN | 3 CITY HALL SQ STE  206 | LYNN | MA | 01901-  1028 | $90,634 | $0 | $0 | $90,634 | $0 |  |
|  | INTF2354M04301822062 | XXXX |  | 99 | CITY OF MEDFORD | 85 GEORGE P HASSETT DR | MEDFORD | MA | 02155-  3200 | $99,291 | $0 | $0 | $99,291 | $0 |  |
|  | INTF2354M04160222095 | XXXX |  | Northeast | CITY OF MELROSE | PO BOX 56 | MELROSE | MA | 02176-  0901 | $101,038 | $0 | $0 | $101,038 | $0 |  |
|  | INTF2354M04301822074 | XXXX |  | Southeast | CITY OF NEW BEDFORD | 133 WILLIAM ST | NEW BEDFORD | MA | 02740-  6132 | $47,077 | $0 | $0 | $47,077 | $0 |  |
|  | INTF2354M04160222079 | XXXX |  | Southeast | CITY OF NEW BEDFORD | 133 WILLIAM ST | NEW BEDFORD | MA | 02740-  6132 | $71,342 | $0 | $0 | $71,342 | $0 |  |
|  | INTF2354M04301822075 | XXXX |  | 99 | CITY OF NORTHAMPTON | 210 MAIN ST | NORTHAMPTON | MA | 01060-  3196 | $97,935 | $0 | $0 | $97,935 | $0 |  |
|  | INTF2354M04160222076 | XXXX |  | Northeast | CITY OF PEABODY | 24 LOWELL ST | PEABODY | MA | 01960-  5440 | $97,284 | $0 | $0 | $97,284 | $0 |  |
|  | INTF2354M04301822063 | XXXX |  | 99 | CITY OF QUINCY | 1305 HANCOCK ST | QUINCY | MA | 02169-  5119 | $94,534 | $0 | $0 | $94,534 | $0 |  |
|  | INTF2354M04301822064 | XXXX |  | 99 | CITY OF REVERE | 281 BROADWAY | REVERE | MA | 02151-  5027 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04160222078 | XXXX |  | 99 | CITY OF SOMERVILLE | 93 HIGHLAND AVE | SOMERVILLE | MA | 021431740 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04301822065 | XXXX |  | West | CITY OF SPRINGFIELD | 36 COURT ST | SPRINGFIELD | MA | 01103-  1699 | $84,951 | $0 | $0 | $84,951 | $0 |  |
|  | INTF2354M04160222094 | XXXX |  | West | CITY OF SPRINGFIELD | 36 COURT ST | SPRINGFIELD | MA | 01103-  1699 | $96,478 | $0 | $0 | $96,478 | $0 |  |
|  | INTF2354M04301822066 | xXXX |  | Central | CITY OF WORCESTER | 455 MAIN ST | WORCESTER | MA | 01608-  1821 | $64,679 | $0 | $0 | $64,679 | $0 |  |
|  | INTF2354M04160222080 | XXXX |  | Central | CITY OF WORCESTER | 455 MAIN ST | WORCESTER | MA | 01608-  1821 | $99,562 | $0 | $0 | $99,562 | $0 |  |
|  | 2301MM316052417608 | MA101539 |  | West | CLINICAL & SUPPORT OPTIONS INC | 8 ATWOOD DRIVE | NORTHAMPTON | MA | 01060 | $9,563 | $9,563 | $0 | $0 | $0 |  |
|  | 2324MM320042000306 | XXXX |  | West | CLINICAL & SUPPORT OPTIONS INC | 8 ATWOOD DRIVE | NORTHAMPTON | MA | 01060 | $1,702 | $1,702 | $0 | $0 | $0 |  |
|  | INTF2354M04160222098 | XXXX |  | West | COLLABORATIVE FOR EDUCATIONAL SERVICES | 97 HAWLEY ST | NORTHAMPTON | MA | 01060-  3377 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | SCDPH232353900110000 | XXXX |  | Southeast | COMM COUNSELING OF B C INC | 1 WASHINGTON ST | TAUNTON | MA | 02780-  3960 | $13,502 | $13,502 | $0 | $0 | $0 |  |
|  | 2324MM320042000307 | XXXX |  | Southeast | COMM COUNSELING OF B C INC | 1 WASHINGTON ST | TAUNTON | MA | 02780-  3960 | $147 | $147 | $0 | $0 | $0 |  |

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|  | 2301MM340111517501 | MA102468 |  | Southeast | COMM COUNSELING OF B C INC | 1 WASHINGTON ST | TAUNTON | MA | 02780-  3960 | $16,870 | $16,870 | $0 | $0 | $0 |  |
|  | 2301MM316052417609 | MA102468 |  | Southeast | COMM COUNSELING OF B C INC | 1 WASHINGTON ST | TAUNTON | MA | 02780-  3960 | $5,760 | $5,760 | $0 | $0 | $0 |  |
|  | 2318MM316042403602 | XXXX |  | West | COMMUNITY HEAL CARE INC | 125 N ELM ST | WESTFIELD | MA | 01085-  1643 | $139,728 | $139,728 | $0 | $0 | $0 |  |
|  | INTF2351M03163617029 | XXXX |  | Central | COMMUNITY HEALTH CONNECTIONS | 326 NICHOLS RD | FITCHBURG | MA | 01420-  1914 | $30,000 | $30,000 | $0 | $0 | $0 |  |
|  | INTF2333MM3601413018 | XXXX |  | Central | COMMUNITY HEALTHLINK INC | 72 JAQUES AVE | WORCESTER | MA | 01610-  2476 | $70,582 | $70,582 | $0 | $0 | $0 |  |
|  | INTF2321M03160924119 | XXXX |  | Central | COMMUNITY HEALTHLINK INC | 72 JAQUES AVE | WORCESTER | MA | 01610-  2476 | $14,077 | $14,077 | $0 | $0 | $0 |  |
|  | INTF2320M03160824025 | XXXX |  | Central | COMMUNITY HEALTHLINK INC | 72 JAQUES AVE | WORCESTER | MA | 01610-  2476 | $52,353 | $52,353 | $52,353 | $0 | $0 |  |
|  | INTF2304M03171125261 | XXXX |  | Central | COMMUNITY HEALTHLINK INC | 72 JAQUES AVE | WORCESTER | MA | 01610-  2476 | $129,805 | $129,805 | $129,805 | $0 | $0 |  |
|  | INTF2303MM3900617058 | MA101147 |  | 99 | COMMUNITY HEALTHLINK INC | 72 JAQUES AVE | WORCESTER | MA | 01610-  2476 | $66,417 | $66,417 | $0 | $0 | $0 |  |
|  | INTF2354M04160222077 | XXXX |  | Southeast | COUNTY OF BARNSTABLE | PO BOX 368 | BARNSTABLE | MA | 02630-  0368 | $99,192 | $0 | $0 | $99,192 | $0 |  |
|  | INTF2354M04301822071 | XXXX |  | Southeast | COUNTY OF BARNSTABLE | PO BOX 368 | BARNSTABLE | MA | 02630-  0368 | $91,585 | $0 | $0 | $91,585 | $0 |  |
|  | INTF2354M04160222086 | XXXX |  | Southeast | COUNTY OF DUKES COUNTY | PO BOX 190 | EDGARTOWN | MA | 02539-  0190 | $98,870 | $0 | $0 | $98,870 | $0 |  |
|  | SCDPH232353900170000 | XXXX |  | Boston | DIMOCK COMMUNITY SERVICES CORP | 55 DIMOCK ST | ROXBURY | MA | 02119-  1029 | $26,135 | $26,135 | $0 | $0 | $0 |  |
|  | INTF2333M03173125040 | XXXX |  | Boston | DIMOCK COMMUNITY SERVICES CORP | 55 DIMOCK ST | ROXBURY | MA | 02119-  1029 | $58,241 | $58,241 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114009 | XXXX |  | Boston | DIMOCK COMMUNITY SERVICES CORP | 55 DIMOCK ST | ROXBURY | MA | 02119-  1029 | $17,517 | $17,517 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617059 | XXXX |  | Boston | DIMOCK COMMUNITY SERVICES CORP | 55 DIMOCK ST | ROXBURY | MA | 02119-  1029 | $114,999 | $114,999 | $0 | $0 | $0 |  |
|  | 2301MM316052417610 | MA101546 |  | Boston | DIMOCK COMMUNITY SERVICES CORP | 55 DIMOCK ST | ROXBURY | MA | 02119-  1029 | $2,950 | $2,950 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114014 | XXXX |  | Southeast | DUFFY HEALTH CENTER, INC. | 105 PARK ST | HYANNIS | MA | 02601-  5205 | $35,772 | $35,772 | $0 | $0 | $0 |  |
|  | INTF2304M03171125205 | MA906736 |  | Northeast | EASTERN MIDDLESEX ALCOHOLISM S | 12 CEDAR ST | MALDEN | MA | 02148 | $64,822 | $64,822 | $0 | $0 | $0 |  |
|  | 2324MM320042000308 | XXXX |  | Metrowest | ELIOT COMMUNITY HUMAN SRVCS | 186 BEDFORD ST | LEXINGTON | MA | 02173 | $790 | $790 | $0 | $0 | $0 |  |
|  | 2301MM316052417611 | XXXX |  | Metrowest | ELIOT COMMUNITY HUMAN SRVCS | 186 BEDFORD ST | LEXINGTON | MA | 02173 | $2,742 | $2,742 | $0 | $0 | $0 |  |
|  | INTF2304M03171125250 | XXXX |  | Southeast | EMH RECOVERY INC | 678 N MAIN ST | BROCKTON | MA | 02301-  2444 | $48,699 | $48,699 | $0 | $0 | $0 |  |
|  | INTF2400M2M800617329 | XXXX |  | Boston | EVANS MEDICAL FOUNDATION INC | 88 EAST NEWTON ST STE E-107 | BOSTON | MA | 02118 | $29,280 | $29,280 | $0 | $0 | $0 |  |
|  | INTF2354M04160222085 | XXXX |  | 99 | FAMILY SERVICE OF THE MERRIMACK VALLEY | 430 N CANAL ST | LAWRENCE | MA | 01840-  1246 | $83,486 | $0 | $0 | $83,486 | $0 |  |
|  | 2301MM316052417612 | MA101437 |  | Boston | FENWAY COMMUNITY HEALTH CTR | 1340 BOYLSTON ST | BOSTON | MA | 02215-  4302 | $4,270 | $4,270 | $0 | $0 | $0 |  |
|  | INTF2354M04160222084 | XXXX |  | West | FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS | 12 OLIVE ST STE 2 | GREENFIELD | MA | 01301-  3351 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | SCDPH232353900260000 | XXXX |  | Central | GAAMHA INCORPORATED | 208 COLEMAN ST EXT | GARDNER | MA | 01440-  3720 | $12,200 | $12,200 | $0 | $0 | $0 |  |
|  | INTF2304M03171125283 | XXXX |  | Central | GAAMHA INCORPORATED | 208 COLEMAN ST EXT | GARDNER | MA | 01440-  3720 | $52,105 | $52,105 | $0 | $0 | $0 |  |
|  | SCDPH232353900220000 | XXXX |  | West | GANDARA MENTAL HEALTH CENTER INC | 147 NORMAN ST | WEST SPRINGFIELD | MA | 01089-  5003 | $35,018 | $35,018 | $0 | $0 | $0 |  |
|  | INTF2323M03803016031 | XXXX |  | West | GANDARA MENTAL HEALTH CENTER INC | 147 NORMAN ST | WEST SPRINGFIELD | MA | 01089-  5003 | $42,940 | $42,940 | $0 | $0 | $0 |  |
|  | INTF2304M03171125271 | XXXX |  | West | GANDARA MENTAL HEALTH CENTER INC | 147 NORMAN ST | WEST SPRINGFIELD | MA | 01089-  5003 | $227,689 | $227,689 | $227,689 | $0 | $0 |  |
|  | 2301MM316052417613 | MA100744 |  | West | GANDARA MENTAL HEALTH CENTER INC | 147 NORMAN ST | WEST SPRINGFIELD | MA | 01089-  5003 | $29,468 | $29,468 | $0 | $0 | $0 |  |

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|  | 2324MM320042000309 | XXXX |  | West | GANDARA MENTAL HEALTH CENTER INC | 147 NORMAN ST | WEST SPRINGFIELD | MA | 01089-  5003 | $2,938 | $2,938 | $0 | $0 | $0 |  |
|  | INTF2357MM3W32917001 | XXXX |  | Boston | GAVIN FOUNDATION INC | 675 EAST FOURTH ST | SOUTH BOSTON | MA | 02127 | $12,500 | $12,500 | $0 | $0 | $0 |  |
|  | INTF2340MM3003315161 | XXXX |  | Boston | GAVIN FOUNDATION INC | 675 EAST FOURTH ST | SOUTH BOSTON | MA | 02127 | $95,850 | $95,850 | $0 | $0 | $0 |  |
|  | 2301MM316052417614 | MA906090 |  | Boston | GAVIN FOUNDATION INC | 675 EAST FOURTH ST | SOUTH BOSTON | MA | 02127 | $608 | $608 | $0 | $0 | $0 |  |
|  | INTF2320MM3400421021 | XXXX |  | Boston | GAVIN FOUNDATION INC | 675 EAST FOURTH ST | SOUTH BOSTON | MA | 02127 | $128,237 | $128,237 | $0 | $0 | $0 |  |
|  | INTF2304M03171125225 | XXXX |  | Boston | GAVIN FOUNDATION INC | 675 EAST FOURTH ST | SOUTH BOSTON | MA | 02127 | $215,648 | $215,648 | $0 | $0 | $0 |  |
|  | 2301MM316052417615 | MA103334 |  | Metrowest | GENESIS COUNSELING SERV INC | 24 UNION AVE STE  17 | FRAMINGHAM | MA | 01701 | $7,263 | $7,263 | $0 | $0 | $0 |  |
|  | 2318MM316042403603 | XXXX |  | Southeast | GIFFORD STREET WELLNESS CENTER, LLC | 34 GIFFORD ST | NEW BEDFORD | MA | 02744-  2610 | $1,359 | $1,359 | $0 | $0 | $0 |  |
|  | 2301MM316052417616 | MA101203 |  | Southeast | GOSNOLD, INC. | 200 TER HEUN DR | FALMOUTH | MA | 02540-  2525 | $15,098 | $15,098 | $0 | $0 | $0 |  |
|  | INTF2304M03171125251 | XXXX |  | Southeast | GOSNOLD, INC. | 200 TER HEUN DR | FALMOUTH | MA | 02540-  2525 | $45,237 | $45,237 | $45,237 | $0 | $0 |  |
|  | 2324MM320042000310 | XXXX |  | Southeast | GOSNOLD, INC. | 200 TER HEUN DR | FALMOUTH | MA | 02540-  2525 | $3,133 | $3,133 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617060 | MA101203 |  | Southeast | GOSNOLD, INC. | 200 TER HEUN DR | FALMOUTH | MA | 02540-  2525 | $18,894 | $18,894 | $0 | $0 | $0 |  |
|  | INTF2304M03171125230 | XXXX |  | Boston | GRANADA HOUSE INC | 70 ADAMSON ST  72 | ALLSTON | MA | 02134-  1306 | $56,858 | $56,858 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114005 | XXXX |  | Northeast | GREATER LAWRENCE FAMILY HEALTH CENTER | 34 HAVERHILL ST | LAWRENCE | MA | 01841-  2884 | $16,739 | $16,739 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119024 | XXXX |  | Northeast | GREATER LAWRENCE FAMILY HEALTH CENTER | 34 HAVERHILL ST | LAWRENCE | MA | 01841-  2884 | $20,000 | $20,000 | $0 | $0 | $0 |  |
|  | 2318MM316042403604 | XXXX |  | Boston | HABIT OPCO, INC. | 6185 PASEO DEL  NORTE STE 150 | CARLSBAD | MA | 92011-  1155 | $161,734 | $161,734 | $0 | $0 | $0 |  |
|  | 2324MM320042000311 | XXXX |  | Central | HARRINGTON MEMORIAL HOSP | 100 SOUTH ST | SOUTHBRIDGE | MA | 01550-  0000 | $869 | $869 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617061 | MA100943 |  | Southeast | HIGH POINT TREATMENT CTR INC | 98 N FRONT ST  3RD FL | NEW BEDFORD | MA | 02740-  7327 | $8,922 | $8,922 | $0 | $0 | $0 |  |
|  | INTF2348MM3300221037 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 98 N FRONT ST  3RD FL | NEW BEDFORD | MA | 02740-  7327 | $139,570 | $139,570 | $0 | $0 | $0 |  |
|  | INTF2350MM3W16083022 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $2,906 | $2,906 | $0 | $0 | $0 |  |
|  | INTF2350MM3W16083023 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $10,976 | $10,976 | $0 | $0 | $0 |  |
|  | INTF2348MM3300221031 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 98 N FRONT ST  3RD FL | NEW BEDFORD | MA | 02740-  7327 | $160,832 | $160,832 | $0 | $0 | $0 |  |
|  | INTF2335MM3607214039 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $53,878 | $53,878 | $0 | $0 | $0 |  |
|  | INTF2335MM3707616041 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $635,714 | $635,714 | $0 | $0 | $0 |  |
|  | INTF2335MM3W16053043 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $353,000 | $353,000 | $0 | $0 | $0 |  |
|  | INTF2355MM3003710001 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST  3RD FLOOR | NEW BEDFORD | MA | 02740-  7321 | $200,000 | $200,000 | $0 | $0 | $0 |  |
|  | INTF2354M04160222101 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST  3RD FLOOR | NEW BEDFORD | MA | 02740-  7321 | $149,234 | $0 | $0 | $149,234 | $0 |  |
|  | INTF2321M03160924120 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $50,000 | $50,000 | $0 | $0 | $0 |  |
|  | 2301MM316052417617 | MA000168 |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $28,440 | $28,440 | $0 | $0 | $0 |  |
|  | 2303DPHPYD0609201700 | MA100943 |  | Southeast | HIGH POINT TREATMENT CTR INC | 100 NORTH FRONT ST 3RD FL | NEW BEDFORD | MA | 02740 | $22,841 | $22,841 | $0 | $0 | $0 |  |
|  | 2301MM340111517502 | MA000168 |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $7,219 | $7,219 | $0 | $0 | $0 |  |
|  | 2318MM316042403605 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST  3RD FLOOR | NEW BEDFORD | MA | 02740-  7321 | $10,451 | $10,451 | $0 | $0 | $0 |  |

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|  | 2335DPHPYD0609201700 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 100 NORTH FRONT ST 3RD FL | NEW BEDFORD | MA | 02740 | $91,887 | $91,887 | $0 | $0 | $0 |  |
|  | 2335DPHPYD0609201701 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 100 NORTH FRONT ST 3RD FL | NEW BEDFORD | MA | 02740 | $212,121 | $212,121 | $0 | $0 | $0 |  |
|  | 2350DPHPYD0609201700 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 100 NORTH FRONT ST 3RD FL | NEW BEDFORD | MA | 02740 | $19,048 | $19,048 | $0 | $0 | $0 |  |
|  | 2324MM320042000312 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST | NEW BEDFORD | MA | 02740-  7321 | $1,970 | $1,970 | $0 | $0 | $0 |  |
|  | 2324MM320042000313 | XXXX |  | Southeast | HIGH POINT TREATMENT CTR INC | 72 KILBURN ST  3RD FLOOR | NEW BEDFORD | MA | 02740-  7321 | $9,508 | $9,508 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114004 | XXXX |  | 99 | HOLYOKE HEALTH CENTER INC | PO BOX 6260 | HOLYOKE | MA | 01041-  6260 | $15,302 | $15,302 | $0 | $0 | $0 |  |
|  | INTF2304M03171125282 | XXXX |  | Boston | HOPE HOUSE INC | 8 FAMHAM ST | BOSTON | MA | 02119 | $197,866 | $197,866 | $0 | $0 | $0 |  |
|  | INTF2333MM3601413020 | MA000165 |  | 99 | HOUSING ASSISTANCE CORP | 460 W MAIN ST | HYANNIS | MA | 02601-  3653 | $69,367 | $69,367 | $0 | $0 | $0 |  |
|  | INTF2304M03171125216 | XXXX |  | Metrowest | HURLEY HOUSE INC | PO BOX 662 | WALTHAM | MA | 02154-  0000 | $58,155 | $58,155 | $0 | $0 | $0 |  |
|  | INTF2323M03W16017037 | XXXX |  | Metrowest | INSTITUTE FOR HEALTH AND | 349 BROADWAY  2ND FLOOR | CAMBRIDGE | MA | 02139 | $25,869 | $25,869 | $0 | $0 | $0 |  |
|  | 2301MM316052417620 | XXXX |  | Metrowest | INSTITUTE FOR HEALTH AND | 349 BROADWAY  2ND FLOOR | CAMBRIDGE | MA | 02139 | $2,763 | $2,763 | $0 | $0 | $0 |  |
|  | 2353MM316052401802 | XXXX |  | Metrowest | INSTITUTE FOR HEALTH AND | 349 BROADWAY  2ND FLOOR | CAMBRIDGE | MA | 02139 | $15,286 | $15,286 | $0 | $0 | $0 |  |
|  | INTF2304M03171125233 | XXXX |  | Boston | INTERIM HOUSE INC | 62 WALDECK ST | DORCHESTER | MA | 02124-  0000 | $53,234 | $53,234 | $0 | $0 | $0 |  |
|  | INTF2304M03171125265 | XXXX |  | Central | JEREMIAHS HOSPICE INC | PO BOX 30035 | WORCESTER | MA | 01603-  0035 | $68,779 | $68,779 | $0 | $0 | $0 |  |
|  | SCDPH232353900230000 | XXXX |  | Northeast | JOHN ASHFORD LINK HOUSE INC | 197 ELM STREET | SALISBURY | MA | 01952 | $45,099 | $45,099 | $0 | $0 | $0 |  |
|  | INTF2323M03003412032 | XXXX |  | Northeast | JOHN ASHFORD LINK HOUSE INC | 197 ELM STREET | SALISBURY | MA | 01952 | $25,000 | $25,000 | $0 | $0 | $0 |  |
|  | INTF2304M03171125208 | MA750894 |  | Northeast | JOHN ASHFORD LINK HOUSE INC | 197 ELM STREET | SALISBURY | MA | 01952 | $46,997 | $46,997 | $0 | $0 | $0 |  |
|  | 2324MM320042000314 | XXXX |  | Metrowest | JUSTICE RESOURCE INSTITUTE INC | 160 GOULD STREET | NEEDHAM | MA | 02494 | $110 | $110 | $0 | $0 | $0 |  |
|  | 2353MM316052401803 | XXXX |  | Central | L U K CRISIS CENTER INC | 545 WESTMINSTER ST | FITCHBURG | MA | 01420-  4727 | $40 | $40 | $0 | $0 | $0 |  |
|  | INTF2351MM3806814016 | XXXX |  | Northeast | LOWELL COMMUNITY HEALTH CENTER INC | 585 MERRIMACK STREET | LOWELL | MA | 01854 | $42,053 | $42,053 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119014 | XXXX |  | Northeast | LOWELL COMMUNITY HEALTH CENTER INC | 585 MERRIMACK STREET | LOWELL | MA | 01854 | $35,000 | $35,000 | $0 | $0 | $0 |  |
|  | SCDPH232353990010000 | XXXX |  | Northeast | LOWELL HOUSE INC | PO BOX 173 | LOWELL | MA | 01853-  0000 | $32,320 | $32,320 | $0 | $0 | $0 |  |
|  | INTF2304M03171125206 | MA906728 |  | Northeast | LOWELL HOUSE INC | PO BOX 173 | LOWELL | MA | 01853-  0000 | $197,737 | $197,737 | $0 | $0 | $0 |  |
|  | 2324MM320042000315 | XXXX |  | Northeast | LOWELL HOUSE INC | PO BOX 173 | LOWELL | MA | 01853-  0000 | $2,251 | $2,251 | $0 | $0 | $0 |  |
|  | 2301MM316052417621 | XXXX |  | Northeast | LOWELL HOUSE INC | PO BOX 173 | LOWELL | MA | 01853-  0000 | $2,953 | $2,953 | $0 | $0 | $0 |  |
|  | 2324MM320042000316 | XXXX |  | Southeast | LUMINOSITY BEHAVIORAL HEALTH SVCS INC | 157 MAIN ST STE  201 | BROCKTON | MA | 02301-  4012 | $221 | $221 | $0 | $0 | $0 |  |
|  | INTF2351MM3806814017 | XXXX |  | Northeast | LYNN COMMUNITY HEALTH INC | 269 UNION ST | LYNN | MA | 01901-  1314 | $21,426 | $21,426 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119016 | XXXX |  | 99 | MANET COMMUNITY HEALTH CENTER | 110 WEST SQUANTUM STREET | NORTH QUINCY | MA | 02171 | $92,500 | $92,500 | $0 | $0 | $0 |  |
|  | 2301MM316052417622 | MA902495 |  | Southeast | MARTHAS VINEYARD COMMUNITY | 111 EDGARTOWN ROAD | VINEYARD HAVN | MA | 02568 | $11,642 | $11,642 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119039 | XXXX |  | Metrowest | MASS ALLIANCE OF | 1046 CAMBRIDGE ST | CAMBRIDGE | MA | 02139-  1407 | $92,500 | $92,500 | $0 | $0 | $0 |  |
|  | 2301MM316052417623 | XXXX |  | Boston | MASSACHUSETTS GENERAL HOSPITAL | PO BOX 350096 | BOSTON | MA | 02241 | $2,159 | $2,159 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114012 | XXXX |  | Boston | MASSACHUSETTS GENERAL HOSPITAL | PO BOX 350096 | BOSTON | MA | 02241 | $25,685 | $25,685 | $0 | $0 | $0 |  |
|  | 2324MM320042000317 | XXXX |  | Boston | MERCY HOSPITAL INC | PO BOX 414432 | BOSTON | MA | 02241-  0001 | $13,185 | $13,185 | $0 | $0 | $0 |  |
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|  | INTF2303MM3900617065 | MA750597 |  | Boston | MERCY HOSPITAL INC | PO BOX 414432 | BOSTON | MA | 02241-  0001 | $15,595 | $15,595 | $0 | $0 | $0 |  |
|  | INTF2304M03171125223 | XXXX |  | Metrowest | MIDDLESEX HUMAN SERVICE AGENCY INC | 50 PROSPECT ST  STE 3 | WALTHAM | MA | 02453-  8509 | $179,283 | $179,283 | $0 | $0 | $0 |  |
|  | INTF2314M03171825007 | XXXX |  | Metrowest | MIDDLESEX HUMAN SERVICE AGENCY INC | 50 PROSPECT ST  STE 3 | WALTHAM | MA | 02453-  8509 | $2,830 | $2,830 | $0 | $0 | $0 |  |
|  | 2324MM320042000318 | XXXX |  | Metrowest | MOUNT AUBURN HOSPITAL | PO BOX 2352 | CAMBRIDGE | MA | 02238 | $903 | $903 | $0 | $0 | $0 |  |
|  | INTF2304M03171125220 | MA102377 |  | Metrowest | NEW ENGLAND AFTERCARE | PO BOX 136 | FRAMINGHAM | MA | 01701 | $86,614 | $86,614 | $0 | $0 | $0 |  |
|  | 2301MM316052417624 | XXXX |  | Northeast | NFI MASSACHUSETTS, INC. | 300 ROSEWOOD  DR SUITE 101 | DANVERS | MA | 01923-  1389 | $2,461 | $2,461 | $0 | $0 | $0 |  |
|  | 2324MM320042000319 | XXXX |  | Northeast | NFI MASSACHUSETTS, INC. | 300 ROSEWOOD  DR SUITE 101 | DANVERS | MA | 01923-  1389 | $1,472 | $1,472 | $0 | $0 | $0 |  |
|  | 2318MM316042403607 | XXXX |  | Metrowest | NORTH CHARLES MENTAL HEALTH | 955  MASSACHUSETTS AVE 5TH FL | CAMBRIDGE | MA | 02139-  3233 | $74,722 | $74,722 | $0 | $0 | $0 |  |
|  | INTF2304M03171125257 | XXXX |  | Southeast | NORTH COTTAGE PROGRAM | 69 E MAIN ST | NORTON | MA | 02766-  2307 | $372,664 | $372,664 | $0 | $0 | $0 |  |
|  | 2301MM340111517505 | XXXX |  | Boston | NORTH SUFFOLK MENTAL | 301 BROADWAY | CHELSEA | MA | 02150-  2807 | $1,555 | $1,555 | $0 | $0 | $0 |  |
|  | INTF2304M03171125237 | XXXX |  | Boston | NORTH SUFFOLK MENTAL | 301 BROADWAY | CHELSEA | MA | 02150-  2807 | $82,787 | $82,787 | $0 | $0 | $0 |  |
|  | 2301MM316052417625 | XXXX |  | Boston | NORTH SUFFOLK MENTAL | 301 BROADWAY | CHELSEA | MA | 02150-  2807 | $7,930 | $7,930 | $0 | $0 | $0 |  |
|  | INTF2348MM3300221032 | XXXX |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $93,626 | $93,626 | $0 | $0 | $0 |  |
|  | INTF2320M03160824026 | XXXX |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $79,812 | $79,812 | $0 | $0 | $0 |  |
|  | 2324MM320042000320 | XXXX |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $7,416 | $7,416 | $0 | $0 | $0 |  |
|  | 2318MM316042403608 | XXXX |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $39,358 | $39,358 | $0 | $0 | $0 |  |
|  | 2301MM316052417626 | XXXX |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $6,500 | $6,500 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617071 | MA101606 |  | Northeast | NORTHEAST BEHAVIORAL HEALTH | 199 ROSEWOOD  DR SUITE 250 | DANVERS | MA | 01923-  1388 | $151,741 | $151,741 | $0 | $0 | $0 |  |
|  | INTF2354M04160222087 | XXXX |  | West | NORTHERN BERKSHIRE COMMUNITY | 61 MAIN ST STE  218 | NORTH ADAMS | MA | 01247-  3421 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | 2301MM316052417627 | XXXX |  | Southeast | OLD COLONY Y | 320 MAIN ST | BROCKTON | MA | 02301 | $5,473 | $5,473 | $0 | $0 | $0 |  |
|  | SCDPH232353900240000 | XXXX |  | Central | OUR FATHERS HOUSE | PO BOX 7251 | FITCHBURG | MA | 01420-  0059 | $14,806 | $14,806 | $0 | $0 | $0 |  |
|  | INTF2348MM3300221033 | XXXX |  | Southeast | PHOENIX HOUSES OF NE INC | 99 WAYLAND AVE  STE 100 | PROVIDENCE | MA | 02906-  4314 | $88,550 | $88,550 | $0 | $0 | $0 |  |
|  | INTF2304M03171125279 | XXXX |  | Southeast | PHOENIX HOUSES OF NE INC | 99 WAYLAND AVE  STE 100 | PROVIDENCE | MA | 02906-  4314 | $18,229 | $18,229 | $0 | $0 | $0 |  |
|  | INTF2333MM3705208028 | XXXX |  | Southeast | PHOENIX HOUSES OF NE INC | 99 WAYLAND AVE  STE 100 | PROVIDENCE | MA | 02906-  4314 | $64,438 | $64,438 | $0 | $0 | $0 |  |
|  | INTF2337MM3702815012 | XXXX |  | Boston | PINE STREET INN INC | 434 HARRISON AVE | BOSTON | MA | 02118-  2404 | $28,278 | $28,278 | $0 | $0 | $0 |  |
|  | INTF2341MM3001013016 | XXXX |  | Boston | PINE STREET INN INC | 434 HARRISON AVE | BOSTON | MA | 02118-  2404 | $75,439 | $75,439 | $0 | $0 | $0 |  |
|  | 2301MM316052417628 | XXXX |  | Boston | PINE STREET INN INC | 434 HARRISON AVE | BOSTON | MA | 02118-  2404 | $3,640 | $3,640 | $0 | $0 | $0 |  |
|  | INTF2304M03171125211 | XXXX |  | Northeast | PROJECT COPE INC | 471 BROADWAY | LYNNFIELD | MA | 01940-  1401 | $74,722 | $74,722 | $74,722 | $0 | $0 |  |
|  | SCDPH232353900150000 | XXXX |  | Northeast | PROJECT COPE INC | 471 BROADWAY | LYNNFIELD | MA | 01940-  1401 | $740 | $740 | $0 | $0 | $0 |  |
|  | 2301MM316052417629 | MA907072 |  | Northeast | PROJECT COPE INC | 471 BROADWAY | LYNNFIELD | MA | 01940-  1401 | $46,042 | $46,042 | $0 | $0 | $0 |  |
|  | 2324MM320042000321 | XXXX |  | Northeast | PROJECT COPE INC | 471 BROADWAY | LYNNFIELD | MA | 01940-  1401 | $1,194 | $1,194 | $0 | $0 | $0 |  |
|  | 4942MM310011901803 | XXXX |  | 99 | PROVINCETOWN AIDSSUPPRT GR | PO BOX 1522 | PROVINCETOWN | MA | 02657 | $31,899 | $31,899 | $0 | $0 | $0 |  |
|  | INTF2354M04160222132 | XXXX |  | West | RAILROAD STREET YOUTH PROJECT | PO BOX 698 | GREAT BARRINGTON | MA | 01230-  0698 | $98,394 | $0 | $0 | $98,394 | $0 |  |
|  | INTF2304M03171125240 | XXXX |  | Boston | REHABILITATION AND HEALTH | 52 WHITE ST | EAST BOSTON | MA | 02128-  0000 | $179,782 | $179,782 | $0 | $0 | $0 |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2324MM320042000322 | XXXX |  | Metrowest | RIVERSIDE COMMUNITY CARE INC | 270 BRIDGE ST STE  301 | DEDHAM | MA | 02026-  1798 | $138 | $138 | $0 | $0 | $0 |  |
|  | SCDPH233954100020000 | XXXX |  | Boston | ROCA INC | 101 PARK STREET | CHELSEA | MA | 02150 | $22,500 | $22,500 | $0 | $0 | $0 |  |
|  | SCDPH232353900070000 | XXXX |  | Southeast | SEMCOA, INC. | 98 N FRONT ST  3RD FL | NEW BEDFORD | MA | 02740-  7327 | $5,030 | $5,030 | $0 | $0 | $0 |  |
|  | INTF2304M03171125252 | XXXX |  | Southeast | SEMCOA, INC. | 98 N FRONT ST  3RD FL | NEW BEDFORD | MA | 02740-  7327 | $218,598 | $218,598 | $0 | $0 | $0 |  |
|  | INTF2323MM3100912034 | XXXX |  | West | SERVICENET INC | 129 KING ST | NORTHAMPTON | MA | 01060-  3258 | $10,669 | $10,669 | $0 | $0 | $0 |  |
|  | INTF2304M03171125268 | XXXX |  | West | SERVICENET INC | 129 KING ST | NORTHAMPTON | MA | 01060-  3258 | $122,765 | $122,765 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119030 | XXXX |  | Southeast | SEVEN HILLS BEHAVIORAL HEALTH, INC. | PO BOX 2097 | NEW BEDFORD | MA | 02741-  2097 | $92,500 | $92,500 | $0 | $0 | $0 |  |
|  | 2318MM316042403609 | XXXX |  | Southeast | SEVEN HILLS BEHAVIORAL HEALTH, INC. | PO BOX 2097 | NEW BEDFORD | MA | 02741-  2097 | $27,322 | $27,322 | $0 | $0 | $0 |  |
|  | 2301MM316052417630 | XXXX |  | Southeast | SOUTH BAY MTL HLTH CTR INC | 1115 W CHESTNUT ST | BROCKTON | MA | 02301-  7501 | $500 | $500 | $0 | $0 | $0 |  |
|  | INTF2351MM3802114003 | XXXX |  | Boston | SOUTH BOSTON COMMTY HEALTH CTR | 133 DORCHESTER STREET | SOUTH BOSTON | MA | 02127 | $254 | $254 | $0 | $0 | $0 |  |
|  | 2324MM320042000323 | XXXX |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $690 | $690 | $0 | $0 | $0 |  |
|  | INTF2304M03171125218 | MA905670 |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $213,357 | $213,357 | $213,357 | $0 | $0 |  |
|  | INTF2311MM3602714104 | XXXX |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $45,189 | $45,189 | $0 | $0 | $0 |  |
|  | INTF2333MM3601413019 | XXXX |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $50,682 | $50,682 | $0 | $0 | $0 |  |
|  | 2301MM316052417631 | XXXX |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $12,028 | $12,028 | $0 | $0 | $0 |  |
|  | SCDPH232353900250000 | XXXX |  | Metrowest | SOUTH MIDDLESEX OPPORTUNITY COUNCIL INC | 7 BISHOP ST | FRAMINGHAM | MA | 01702-  8323 | $1,894 | $1,894 | $0 | $0 | $0 |  |
|  | INTF2304M03171125219 | MA906439 |  | Metrowest | SOUTH SHORE RECOVERY HOME, INC. | 10 DYSART ST | QUINCY | MA | 02169-  6702 | $55,022 | $55,022 | $0 | $0 | $0 |  |
|  | 2301MM316052417632 | XXXX |  | Boston | SPAN INC | 105 CHAUNCY ST  FL 6 | BOSTON | MA | 02111-  1766 | $14,013 | $14,013 | $0 | $0 | $0 |  |
|  | 2301MM316052417633 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $18,040 | $18,040 | $0 | $0 | $0 |  |
|  | 2324MM320042000324 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $12,522 | $12,522 | $0 | $0 | $0 |  |
|  | 2318MM316042403610 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $395,739 | $395,739 | $0 | $0 | $0 |  |
|  | INTF2320MM3400421022 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $111,333 | $111,333 | $0 | $0 | $0 |  |
|  | INTF2304M03171125217 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $241,093 | $241,093 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617067 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $57,582 | $57,582 | $0 | $0 | $0 |  |
|  | INTF2350MM3W16083020 | XXXX |  | Boston | SPECTRUM HEALTH SYSTEMS INC | PO BOX 3368 | BOSTON | MA | 02241 | $379 | $379 | $0 | $0 | $0 |  |
|  | 2318MM316042403611 | XXXX |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $24,707 | $24,707 | $0 | $0 | $0 |  |
|  | 2301MM316052417634 | MA906611 |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $39,039 | $39,039 | $0 | $0 | $0 |  |
|  | INTF2354M04160222089 | XXXX |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $89,390 | $0 | $0 | $89,390 | $0 |  |
|  | INTF2351MM3802114002 | XXXX |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $29,844 | $29,844 | $0 | $0 | $0 |  |
|  | INTF2303MM3900617064 | MA906611 |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $8,634 | $8,634 | $0 | $0 | $0 |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2324MM320042000325 | XXXX |  | Southeast | STANLEY STREET TREATMENT & RESOURCES INC | 386 STANLEY ST | FALL RIVER | MA | 02720 | $1,766 | $1,766 | $0 | $0 | $0 |  |
|  | INTF2304M03171125253 | XXXX |  | Southeast | STEPPINGSTONE INC | 466 NORTH MAIN ST | FALL RIVER | MA | 02720 | $258,467 | $258,467 | $258,467 | $0 | $0 |  |
|  | SCDPH232353900180000 | XXXX |  | Southeast | STEPPINGSTONE INC | 466 NORTH MAIN ST | FALL RIVER | MA | 02720 | $19,520 | $19,520 | $0 | $0 | $0 |  |
|  | 2301MM316052417635 | MA750472 |  | Southeast | STEPPINGSTONE INC | 466 NORTH MAIN ST | FALL RIVER | MA | 02720 | $15,630 | $15,630 | $0 | $0 | $0 |  |
|  | INTF4942MM3100119036 | XXXX |  | 99 | TAPESTRY HEALTH SYSTEMS INC | 296 NONOTUCK ST  2ND FL | FLORENCE | MA | 01062-  2645 | $137,630 | $137,630 | $0 | $0 | $0 |  |
|  | 2318MM316042403612 | XXXX |  | Boston | THE ADDICTION TREATMENT OF NE | 77 F WARREN ST | BRIGHTON | MA | 02135 | $47,303 | $47,303 | $0 | $0 | $0 |  |
|  | SCDPH232353900030000 | XXXX |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $11,267 | $11,267 | $0 | $0 | $0 |  |
|  | SCDPH232353900050000 | XXXX |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $20,846 | $20,846 | $0 | $0 | $0 |  |
|  | 2324MM320042000326 | XXXX |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $722 | $722 | $0 | $0 | $0 |  |
|  | INTF2304M03171125275 | XXXX |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $63,319 | $63,319 | $63,319 | $0 | $0 |  |
|  | INTF2304M03171125290 | XXXX |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $40,695 | $40,695 | $0 | $0 | $0 |  |
|  | 2301MM316052417636 | MA750969 |  | West | THE BRIEN CENTER FOR MENTAL HEALTH | PO BOX 4219 | PITTSFIELD | MA | 01202-  4219 | $40,444 | $40,444 | $0 | $0 | $0 |  |
|  | 2301MM316052417637 | XXXX |  | West | THE GREATER NEW LIFE CHRISTIAN CNTR | 1323 WORCESTER ST | INDIAN ORCHARD | MA | 01151-  1621 | $21,757 | $21,757 | $0 | $0 | $0 |  |
|  | 2301MM316052417638 | MA100454 |  | West | THE MERCY HOSPITAL INC | PO BOX 9012 | SPRINGFIELD | MA | 01102-  9012 | $8,751 | $8,751 | $0 | $0 | $0 |  |
|  | 2318MM316042403613 | XXXX |  | West | THE MERCY HOSPITAL INC | PO BOX 9012 | SPRINGFIELD | MA | 01102-  9012 | $111,593 | $111,593 | $0 | $0 | $0 |  |
|  | INTF2350MM3501123029 | XXXX |  | West | THE MERCY HOSPITAL INC | PO BOX 9012 | SPRINGFIELD | MA | 01102-  9012 | $87,504 | $87,504 | $0 | $0 | $0 |  |
|  | SCDPH230753870070000 | XXXX |  | Northeast | THE PSYCHOLOGICAL CTR INC | 11 UNION ST | LAWRENCE | MA | 01840-  1815 | $61,153 | $61,153 | $0 | $0 | $0 |  |
|  | INTF2320MM3400421023 | XXXX |  | Northeast | THE PSYCHOLOGICAL CTR INC | 11 UNION ST | LAWRENCE | MA | 01840-  1815 | $102,770 | $102,770 | $0 | $0 | $0 |  |
|  | INTF2304M03171125203 | MA908252 |  | Northeast | THE PSYCHOLOGICAL CTR INC | 11 UNION ST | LAWRENCE | MA | 01840-  1815 | $38,231 | $38,231 | $0 | $0 | $0 |  |
|  | INTF2354M04301822133 | XXXX |  | Metrowest | TOWN OF FRAMINGHAM | 150 CONCORD ST | FRAMINGHAM | MA | 01702-  8367 | $65,677 | $0 | $0 | $65,677 | $0 |  |
|  | INTF2354M04160222088 | XXXX |  | Metrowest | TOWN OF HUDSON | 78 MAIN ST | HUDSON | MA | 01749-  2180 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04160222091 | XXXX |  | Metrowest | TOWN OF NEEDHAM | 1471 HIGHLAND AVE | NEEDHAM | MA | 02492-  2605 | $94,965 | $0 | $0 | $94,965 | $0 |  |
|  | INTF2354M04160222092 | XXXX |  | Southeast | TOWN OF STOUGHTON | 10 PEARL ST | STOUGHTON | MA | 02072-  2364 | $100,000 | $0 | $0 | $100,000 | $0 |  |
|  | INTF2354M04160222097 | XXXX |  | Northeast | TOWN OF TEWKSBURY | 1009 MAIN ST | TEWKSBURY | MA | 01876-  4726 | $90,118 | $0 | $0 | $90,118 | $0 |  |
|  | INTF3224M04500824010 | XXXX |  | Boston | TRUSTEES OF BOSTON UNIVERSITY | 881  COMMONWEALTH AVE | BOSTON | MA | 02215-  1390 | $34,864 | $34,864 | $0 | $0 | $0 |  |
|  | SCDPH232353900200000 | XXXX |  | Boston | VICTORY PROGRAMS INC | 965  MASSACHUSETTS AVE | BOSTON | MA | 02118 | $5,000 | $5,000 | $0 | $0 | $0 |  |
|  | INTF2348MM3300221035 | XXXX |  | Boston | VICTORY PROGRAMS INC | 965  MASSACHUSETTS AVE | BOSTON | MA | 02118 | $96,297 | $96,297 | $0 | $0 | $0 |  |
|  | INTF2333M03601613023 | XXXX |  | Boston | VICTORY PROGRAMS INC | 965  MASSACHUSETTS AVE | BOSTON | MA | 02118 | $28,435 | $28,435 | $0 | $0 | $0 |  |
|  | INTF2333M03173125038 | XXXX |  | Boston | VICTORY PROGRAMS INC | 965  MASSACHUSETTS AVE | BOSTON | MA | 02118 | $59,952 | $59,952 | $0 | $0 | $0 |  |
|  | INTF2304M03171125247 | XXXX |  | Boston | VOLUNTRS OF AMER OF MA INC | 441 CENTRE ST | JAMAICA PLAIN | MA | 02130-  0000 | $167,895 | $167,895 | $0 | $0 | $0 |  |
|  | INTF2354M04160222090 | XXXX |  | 99 | WAYSIDE YOUTH  & FAMILY | 1 FREDERICK ABBOTT WAY | FRAMINGHAM | MA | 01701 | $99,999 | $0 | $0 | $99,999 | $0 |  |
|  | SCDPH232353900270000 | XXXX |  | Central | WORCESTER PUBLIC INEBRIATE | PO BOX 17078 MAIN ST STA | WORCESTER | MA | 01601 | $16,291 | $16,291 | $0 | $0 | $0 |  |
|  | INTF2323M03RFR390035 | XXXX |  | Boston | YMCA OF GREATER BOSTON | 316 HUNTINGTON AVE | BOSTON | MA | 02115-  0000 | $30,241 | $30,241 | $0 | $0 | $0 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total |  |  |  |  |  |  |  |  |  | $19,211,643 | $14,706,040 | $1,766,794 | $4,505,603 | $0 |  |

**\* Indicates the imported record has an error.**

**Footnotes:**

The data for the table was emailed to the BGAS HelpDesk on December 3, 2018.

## III: Expenditure Reports

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###### Table 8d - Expenditures for Services to Pregnant Women and Women with Dependent Children

This table provides a report of all statewide, non-federal funds expended on specialized treatment and related services which meet the SABG requirements for pregnant women and women with dependent children during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2018

###### Base

|  |  |
| --- | --- |
| **Period** | **Total Women's Base (A)** |
| SFY 1994 | 4839208.00 |

**Maintenance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Total Women's Base (A)** | **Total Expenditures (B)** | **Expense Type** |
| SFY 2016 |  | 13795387.00 |  |
| SFY 2017 |  | 13871373.00 |  |
| SFY 2018 |  | $ 13640387.00 | • Actual  Estimated |

Please provide a description of the amounts and methods used to calculate the base and, for 1994 and subsequent fiscal years, report the Federal and State expenditures for such services for services to pregnant women and women with dependent children as required by 42 U.S.C. §300x-22(b) (1).

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The base for pregnant women and women with dependent children for FFY1994 was determined by utilizing client-based MIS and billing data for approved detoxification and residential rehabilitation services and the expenditures for the approved statewide systems development contract.

Expenditures of federal and state funds were targeted for capacity expansion or new programs for pregnant women and women with dependent children. The original base amount of $1,300,273 was set in FFY1992 and was increased by 5% in subsequent years FFY1993 and the current base

###### Footnotes:

**III: Expenditure Reports**

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###### Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

This Maintenance of Effort table provides a description of non-federal expenditures for authorized activities to prevent and treat substance abuse flowing through the Single State Agency (SSA) during the state fiscal year immediately preceding the federal fiscal year for which the state is applying for funds.

Expenditure Period Start Date: 07/01/2017 Expenditure Period End Date: 06/30/2019

|  |  |  |
| --- | --- | --- |
| **Total Single State Agency (SSA) Expenditures for Substance Abuse Prevention and Treatment** | | |
| **Period** | **Expenditures** | **B1(2016) + B2(2017)** |
|  |  | **2** |
| **(A)** | **(B)** | **(C)** |
| SFY 2016  (1) | $124,963,742 |  |
| SFY 2017  (2) | $138,495,226 | $131,729,484 |
| SFY 2018  (3) | $146,500,906 |  |

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

|  |  |  |  |
| --- | --- | --- | --- |
| SFY 2016 | Yes | **X** | No |
| SFY 2017 | Yes | **X** | No |
| SFY 2018 | Yes | **X** | No |

Did the state or jurisdiction have any **non-recurring expenditures** as described in 42 U.S.C. § 300x-30(b) for a specific purpose which were not included in the MOE calculation?

Yes No **X**

If yes, specify the amount and the State fiscal year:

If yes, SFY:

Did the State or Jurisdiction include these funds in previous year MOE calculations?

Yes No

When did the State submit an official request to the SAMHSA Administrator to exclude these funds from the MOE calculations?

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

Please provide a description of the amounts and methods used to calculate the total Single State Agency (SSA) expenditures for substance abuse prevention and treatment 42 U.S.C. §300x-30

All of the expenditures reported on this Form 8a are state appropriations funds only. No federal funds are included in the calculation.

**Footnotes:**

## IV: Population and Services Reports

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###### Table 9 - Prevention Strategy Report

Expenditure Period Start Date: 10/1/2015 Expenditure Period End Date: 9/30/2017

|  |  |  |  |
| --- | --- | --- | --- |
| **Column A (Risks)** | **Column B (Strategies)** | **Column C (Providers)** | |
| **No Risk Assigned** | **1. Information Dissemination** | | |
| 1. Clearinghouse/information resources centers | | 1 |
| 2. Resources directories | | 10 |
| 3. Media campaigns | | 39 |
| 4. Brochures | | 46 |
| 5. Radio and TV public service announcements | | 12 |
| 6. Speaking engagements | | 11 |
| 7. Health fairs and other health promotion, e.g., conferences, meetings, seminars | | 9 |
| 9. books | | 1 |
| **2. Education** | | |
| 1. Parenting and family management | | 9 |
| 2. Ongoing classroom and/or small group sessions | | 22 |
| 3. Peer leader/helper programs | | 4 |
| 4. Education programs for youth groups | | 3 |
| 5. Mentors | | 2 |
| **3. Alternatives** | | |
| 1. Drug free dances and parties | | 1 |
| 2. Youth/adult leadership activities | | 2 |
| 3. Community drop-in centers | | 1 |
| 6. Recreation activities | | 2 |
| **4. Problem Identification and Referral** | | |
| 4. ID and referral for Treatment Assessments if needed | | 15 |
| **5. Community-Based Process** | | |
| 1. Community and volunteer training, e.g., neighborhood action training, impactor- training, staff/officials training | | 10 |
| 2. Systematic planning | | 46 |
| 3. Multi-agency coordination and collaboration/coalition | | 7 |
| 4. Community team-building | | 46 |

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|  |  |  |  |
| --- | --- | --- | --- |
|  | 5. Accessing services and funding | 9 |  |
| 6. Native American Team participated in Native events | 1 |
| **6. Environmental** | |
| 1. Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools | 5 |
| 2. Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs | 16 |
| 5. Training Environmental Influencers | 20 |
| **Footnotes:** | | | |

**IV: Population and Services Reports**

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###### Table 10 - Treatment Utilization Matrix

This table is intended to capture the count of persons with initial admissions and subsequent admission(s) to an episode of care. Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Level of Care** | **Number of Admissions > Number of Persons Served** | | **Costs per Person** | | | |
| **Number of Admissions (A)** | **Number of Persons Served (B)** | **Mean Cost of Services (C)** | **Median Cost of Services (D)** | **Standard Deviation of Cost (E)** | |
| **DETOXIFICATION (24-HOUR CARE)** | | | | | | |
| 1. Hospital Inpatient | 0 | 0 | $0 | $0 | $0 | |
| 2. Free-Standing Residential | 54419 | 24583 | $1,553 | $842 | $1,741 | |
| **REHABILITATION/RESIDENTIAL** | | | | | | |
| 3. Hospital Inpatient | 0 | 0 | $0 | $0 | $0 | |
| 4. Short-term (up to 30 days) | 5585 | 4866 | $3,023 | $2,011 | $3,009 | |
| 5. Long-term (over 30 days) | 7692 | 6616 | $8,751 | $6,562 | $7,970 | |
| **AMBULATORY (OUTPATIENT)** | | | | | | |
| 6. Outpatient | 14721 | 12706 | $472 | $207 | $670 | |
| 7. Intensive Outpatient | 0 | 0 | $0 | $0 | $0 | |
| 8. Detoxification | 228 | 225 | $95 | $55 | $81 | |
| **OPIOID REPLACEMENT THERAPY** | | | | | | |
| 9. Opioid Replacement Therapy | 8381 | 7832 | $1,057 | $545 | $1,150 | |
| 10. ORT Outpatient | 0 | 0 | $0 | $0 | $0 | |
| **Footnotes:**  Outpatient and Opioid Replacement admissions and persons served decreased between FY 2017 and FY 2018 for the following reasons:   * Outpatient decreased because, after review, a Service Type was changed from Outpatient to Recovery Support, and recovery support admissions are not reported. * Opioid Replacement decreased because of changes in the reporting system that are causing some problems with Methadone providers   reporting accurate data. Considerable efforts are being made to remediate these issues and improve both the completeness and the quality of the providers' reporting. | | | | | |  |

**IV: Population and Services Reports**

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**Table 11 - Unduplicated Count of Persons**

This table provides an aggregate profile of the unduplicated number of admissions and persons for services funded through the SABG. Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **A. Total** | | **B. WHITE** | | **C. BLACK OR AFRICAN AMERICAN** | | **D. NATIVE HAWAIIAN / OTHER PACIFIC**  **ISLANDER** | | **E. ASIAN** | | **F. AMERICAN INDIAN /**  **ALASKA NATIVE** | | | **G. MORE THAN ONE RACE REPORTED** | | **H. Unknown** | | **I. NOT HISPANIC OR LATINO** | | **J. HISPANIC OR LATINO** | |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| 1. 17 and Under | 714 | | 327 | 154 | 42 | 17 | 2 | 0 | 6 | 1 | 5 | 5 | | 24 | 13 | 80 | 38 | 389 | 177 | 92 | 50 |
| 2. 18 - 24 | 3882 | | 1848 | 1184 | 162 | 86 | 4 | 2 | 12 | 1 | 9 | 11 | | 95 | 55 | 305 | 108 | 2025 | 1280 | 384 | 159 |
| 3. 25 - 44 | 24225 | | 12146 | 6809 | 977 | 417 | 20 | 12 | 101 | 29 | 78 | 43 | | 822 | 282 | 1885 | 604 | 13392 | 7373 | 2601 | 799 |
| 4. 45 - 64 | 10843 | | 5436 | 2576 | 943 | 271 | 11 | 1 | 27 | 4 | 45 | 6 | | 370 | 106 | 848 | 199 | 6487 | 2908 | 1167 | 241 |
| 5. 65 and Over | 480 | | 259 | 104 | 46 | 3 | 1 | 0 | 2 | 1 | 0 | 0 | | 8 | 3 | 43 | 10 | 301 | 112 | 54 | 5 |
| **6. Total** | **40144** | | **20016** | **10827** | **2170** | **794** | **38** | **15** | **148** | **36** | **137** | **65** | | **1319** | **459** | **3161** | **959** | **22594** | **11850** | **4298** | **1254** |
| 7. Pregnant Women | 368 | |  | 328 |  | 10 |  | 0 |  | 0 |  | 1 | |  | 11 |  | 18 |  | 336 |  | 32 |
| Number of persons served who were admitted in a period prior to the 12 month reporting period | | 9853 | |  | | | | | | | | | | | | | | | | | |
| Number of persons served outside of the levels of care described on Table 10 | | 10697 | |  | | | | | | | | | | | | | | | | | |
| **Footnotes:**  The number of persons served who were admitted prior to the reporting period decreased from FY 2017 to FY 2018 due to the factors described in the footnote for Table 10.  In addition, the number of persons served outside of the Levels of Care included in Table 10 increased because it now includes persons served in programs in a relatively new Service Type, Opioid Urgent Care Centers. These programs provide triage and referral services. | | | | | | | | | | | | |  | | | | | | | | |

## V: Performance Indicators and Accomplishments

###### Table 14 - Treatment Performance Measure Employment/Education Status (From Admission to Discharge)

**Short-term Residential(SR)**

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients employed or student (full-time and part-time) [numerator] | 887 | 801 | |
| Total number of clients with non-missing values on employment/student status [denominator] | 3,463 | 3,463 | |
| Percent of clients employed or student (full-time and part-time) | 25.6 % | 23.1 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,662 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,463 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients employed or student (full-time and part-time) [numerator] | 296 | 2,114 | |
| Total number of clients with non-missing values on employment/student status [denominator] | 4,935 | 4,935 | |
| Percent of clients employed or student (full-time and part-time) | 6.0 % | 42.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |
| Number of CY 2017 discharges linked to an admission: | | | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 5,057 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

4,935

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients employed or student (full-time and part-time) [numerator] | 1,604 | 1,938 | |
| Total number of clients with non-missing values on employment/student status [denominator] | 5,173 | 5,173 | |
| Percent of clients employed or student (full-time and part-time) | 31.0 % | 37.5 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,191 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 5,173 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

Employment/Education Status – Clients employed or student (full-time and part-time) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients employed or student (full-time and part-time) [numerator] | 0 | 0 | |
| Total number of clients with non-missing values on employment/student status [denominator] | 0 | 0 | |
| Percent of clients employed or student (full-time and part-time) | 0.0 % | 0.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 0 |
| Number of CY 2017 discharges submitted: | | | 0 |
| Number of CY 2017 discharges linked to an admission: | | | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 0 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

0

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 15 - Treatment Performance Measure Stability of Housing (From Admission to Discharge)

**Short-term Residential(SR)**

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients in a stable living situation [numerator] | 2,862 | 3,307 | |
| Total number of clients with non-missing values on living arrangements [denominator] | 3,599 | 3,599 | |
| Percent of clients in stable living situation | 79.5 % | 91.9 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,662 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,599 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients in a stable living situation [numerator] | 3,900 | 4,400 | |
| Total number of clients with non-missing values on living arrangements [denominator] | 4,955 | 4,955 | |
| Percent of clients in stable living situation | 78.7 % | 88.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |
| Number of CY 2017 discharges linked to an admission: | | | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 5,057 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

4,955

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients in a stable living situation [numerator] | 6,575 | 6,718 | |
| Total number of clients with non-missing values on living arrangements [denominator] | 7,163 | 7,163 | |
| Percent of clients in stable living situation | 91.8 % | 93.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,191 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 7,163 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

Stability of Housing – Clients reporting being in a stable living situation (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients in a stable living situation [numerator] | 0 | 0 | |
| Total number of clients with non-missing values on living arrangements [denominator] | 0 | 0 | |
| Percent of clients in stable living situation | 0.0 % | 0.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 0 |
| Number of CY 2017 discharges submitted: | | | 0 |
| Number of CY 2017 discharges linked to an admission: | | | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 0 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

0

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 16 - Treatment Performance Measure Criminal Justice Involvement (From Admission to Discharge)

**Short-term Residential(SR)**

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of Clients without arrests [numerator] | 3,387 | 3,495 | |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 3,515 | 3,515 | |
| Percent of clients without arrests | 96.4 % | 99.4 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,668 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,515 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of Clients without arrests [numerator] | 4,883 | 5,004 | |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 5,084 | 5,084 | |
| Percent of clients without arrests | 96.0 % | 98.4 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |
| Number of CY 2017 discharges linked to an admission: | | | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 5,107 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

5,084

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of Clients without arrests [numerator] | 5,053 | 5,277 | |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 5,393 | 5,393 | |
| Percent of clients without arrests | 93.7 % | 97.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,278 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 5,393 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

Clients without arrests (any charge) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of Clients without arrests [numerator] | 0 | 0 | |
| Total number of Admission and Discharge clients with non-missing values on arrests [denominator] | 0 | 0 | |
| Percent of clients without arrests | 0.0 % | 0.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 0 |
| Number of CY 2017 discharges submitted: | | | 0 |
| Number of CY 2017 discharges linked to an admission: | | | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 0 |

Number of CY 2017 linked discharges eligible for this calculation (non-missing values):

0

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 17 - Treatment Performance Measure Change in Abstinence - Alcohol Use (From Admission to Discharge)

**Short-term Residential(SR)**

1. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol [numerator] | 1,473 | 3,219 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,667 | 3,667 |
| Percent of clients abstinent from alcohol | 40.2 % | 87.8 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] |  | 1,790 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,194 |  |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 /  #T1 x 100] |  | 81.6 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] |  | 1,429 | |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,473 |  | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] |  | 97.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,668 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,667 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

1. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol [numerator] | 2,706 | 4,410 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 5,103 | 5,103 |
| Percent of clients abstinent from alcohol | 53.0 % | 86.4 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] |  | 1,795 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,397 |  |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 /  #T1 x 100] |  | 74.9 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] |  | 2,615 | |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,706 |  | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] |  | 96.6 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |
| Number of CY 2017 discharges linked to an admission: | | | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 5,107 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 5,103 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

1. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |

|  |  |  |
| --- | --- | --- |
| Number of clients abstinent from alcohol [numerator] | 3,423 | 6,002 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 7,252 | 7,252 |
| Percent of clients abstinent from alcohol | 47.2 % | 82.8 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] |  | 2,758 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 3,829 |  |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 /  #T1 x 100] |  | 72.0 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] |  | 3,244 | |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 3,423 |  | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] |  | 94.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,278 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 7,252 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

1. ALCOHOL ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Alcohol Abstinence – Clients with no alcohol use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol [numerator] | 0 | 0 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 0 | 0 |

Percent of clients abstinent from alcohol

0.0 %

0.0 %

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL USERS AT ADMISSION

Clients abstinent from alcohol at discharge among clients using alcohol at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from alcohol at discharge among clients using alcohol at admission [numerator] |  | 0 |
| Number of clients using alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 |  |
| Percent of clients abstinent from alcohol at discharge among clients using alcohol at admission [#T2 /  #T1 x 100] |  | 0.0 % |

1. ALCOHOL ABSTINENCE AT DISCHARGE, AMONG ALCOHOL ABSTINENT AT ADMISSION

Clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [numerator] |  | 0 | |
| Number of clients abstinent from alcohol at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 |  | |
| Percent of clients abstinent from alcohol at discharge among clients abstinent from alcohol at admission [#T2 / #T1 x 100] |  | 0.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 0 |
| Number of CY 2017 discharges submitted: | | | 0 |
| Number of CY 2017 discharges linked to an admission: | | | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 0 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 0 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 18 - Treatment Performance Measure Change in Abstinence - Other Drug Use (From Admission to Discharge)

**Short-term Residential(SR)**

1. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs [numerator] | 1,219 | 2,233 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 3,667 | 3,667 |
| Percent of clients abstinent from drugs | 33.2 % | 60.9 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] |  | 1,142 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,448 |  |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] |  | 46.7 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] |  | 1,091 | |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 1,219 |  | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] |  | 89.5 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,668 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,667 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

1. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs [numerator] | 783 | 2,550 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 5,103 | 5,103 |
| Percent of clients abstinent from drugs | 15.3 % | 50.0 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] |  | 1,823 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 4,320 |  |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] |  | 42.2 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] |  | 727 | |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 783 |  | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] |  | 92.8 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |
| Number of CY 2017 discharges linked to an admission: | | | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 5,107 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 5,103 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

1. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |

|  |  |  |
| --- | --- | --- |
| Number of clients abstinent from drugs [numerator] | 2,423 | 4,563 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 7,252 | 7,252 |
| Percent of clients abstinent from drugs | 33.4 % | 62.9 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] |  | 2,334 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 4,829 |  |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] |  | 48.3 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] |  | 2,229 | |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 2,423 |  | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] |  | 92.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,278 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 7,252 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

1. DRUG ABSTINENCE AMONG ALL CLIENTS – CHANGE IN ABSTINENCE (From Admission to Discharge)

Drug Abstinence – Clients with no Drug use at admission vs. discharge, as a percent of all clients (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs [numerator] | 0 | 0 |
| All clients with non-missing values on at least one substance/frequency of use [denominator] | 0 | 0 |

Percent of clients abstinent from drugs

0.0 %

0.0 %

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG USERS AT ADMISSION

Clients abstinent from Drug at discharge among clients using Drug at admission (regardless of primary problem)

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients abstinent from drugs at discharge among clients using drugs at admission [numerator] |  | 0 |
| Number of clients using drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 |  |
| Percent of clients abstinent from drugs at discharge among clients using Drug at admission [#T2 / #T1 x 100] |  | 0.0 % |

1. DRUG ABSTINENCE AT DISCHARGE, AMONG DRUG ABSTINENT AT ADMISSION

Clients abstinent from Drug at discharge among clients abstinent from Drug at admission (regardless of primary problem)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients abstinent from drugs at discharge among clients abstinent from drugs at admission [numerator] |  | 0 | |
| Number of clients abstinent from drugs at admission (records with at least one substance/frequency of use at admission and discharge [denominator] | 0 |  | |
| Percent of clients abstinent from drugs at discharge among clients abstinent from Drug at admission [#T2 / #T1 x 100] |  | 0.0 % | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 0 |
| Number of CY 2017 discharges submitted: | | | 0 |
| Number of CY 2017 discharges linked to an admission: | | | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 0 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 0 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 19 - Treatment Performance Measure Change in Social Support Of Recovery (From Admission to Discharge)

**Short-term Residential(SR)**

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients attending self-help programs [numerator] | 2,407 | 2,407 | |
| Total number of clients with non-missing values on self-help attendance [denominator] | 3,619 | 3,619 | |
| Percent of clients attending self-help programs | 66.5 % | 66.5 % | |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.0 % | | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 5,386 |
| Number of CY 2017 discharges submitted: | | | 4,606 |
| Number of CY 2017 discharges linked to an admission: | | | 4,564 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 3,668 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 3,619 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Long-term Residential(LR)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients attending self-help programs [numerator] | 3,266 | 3,266 | |
| Total number of clients with non-missing values on self-help attendance [denominator] | 4,992 | 4,992 | |
| Percent of clients attending self-help programs | 65.4 % | 65.4 % | |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.0 % | | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 7,576 |
| Number of CY 2017 discharges submitted: | | | 7,090 |

|  |  |
| --- | --- |
| Number of CY 2017 discharges linked to an admission: | 7,078 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 5,107 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | 4,992 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Outpatient (OP)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

|  |  |  |  |
| --- | --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** | |
| Number of clients attending self-help programs [numerator] | 2,674 | 2,674 | |
| Total number of clients with non-missing values on self-help attendance [denominator] | 6,846 | 6,846 | |
| Percent of clients attending self-help programs | 39.1 % | 39.1 % | |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.0 % | | |
| **Notes (for this level of care):** | | | |
| Number of CY 2017 admissions submitted: | | | 21,082 |
| Number of CY 2017 discharges submitted: | | | 11,586 |
| Number of CY 2017 discharges linked to an admission: | | | 11,249 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | | | 7,278 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | | | 6,846 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

###### Intensive Outpatient (IO)

Social Support of Recovery – Clients attending Self-help Programs (e.g., AA, NA, etc.) (prior 30 days) at admission vs. discharge

|  |  |  |
| --- | --- | --- |
|  | **At Admission(T1)** | **At Discharge(T2)** |
| Number of clients attending self-help programs [numerator] | 0 | 0 |
| Total number of clients with non-missing values on self-help attendance [denominator] | 0 | 0 |
| Percent of clients attending self-help programs | 0.0 % | 0.0 % |
| Percent of clients with self-help attendance at discharge minus percent of clients with self-help attendance at admission Absolute Change [%T2-%T1] | 0.0 % | |
| **Notes (for this level of care):** | | |

|  |  |
| --- | --- |
| Number of CY 2017 admissions submitted: | 0 |
| Number of CY 2017 discharges submitted: | 0 |
| Number of CY 2017 discharges linked to an admission: | 0 |
| Number of linked discharges after exclusions (excludes: detox, hospital inpatient, opioid replacement clients; deaths; incarcerated): | 0 |
| Number of CY 2017 linked discharges eligible for this calculation (non-missing values): | 0 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/2/2018]**

**Footnotes:**

## V: Performance Indicators and Accomplishments

###### Table 20 - Retention - Length of Stay (in Days) of Clients Completing Treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Care** | **Average (Mean)** | **25th Percentile** | **50th Percentile (Median)** | **75th Percentile** |
| **DETOXIFICATION (24-HOUR CARE)** | | | | |
| 1. Hospital Inpatient | 0 | 0 | 0 | 0 |
| 2. Free-Standing Residential | 7 | 3 | 5 | 8 |
| **REHABILITATION/RESIDENTIAL** | | | | |
| 3. Hospital Inpatient | 0 | 0 | 0 | 0 |
| 4. Short-term (up to 30 days) | 22 | 12 | 13 | 28 |
| 5. Long-term (over 30 days) | 99 | 33 | 78 | 150 |
| **AMBULATORY (OUTPATIENT)** | | | | |
| 6. Outpatient | 129 | 28 | 75 | 170 |
| 7. Intensive Outpatient | 0 | 0 | 0 | 0 |
| 8. Detoxification | 126 | 91 | 102 | 176 |
| **OPIOID REPLACEMENT THERAPY** | | | | |
| 9. Opioid Replacement Therapy | 10 | 4 | 7 | 14 |
| 10. ORT Outpatient | 173 | 45 | 108 | 235 |

|  |  |  |
| --- | --- | --- |
| **Level of Care** | **2017 TEDS discharge record count** | |
| **Discharges submitted** | **Discharges linked to an admission** |
| **DETOXIFICATION (24-HOUR CARE)** | | |
| 1. Hospital Inpatient | 0 | 0 |
| 2. Free-Standing Residential | 45170 | 39332 |
| **REHABILITATION/RESIDENTIAL** | | |
| 3. Hospital Inpatient | 0 | 0 |

|  |  |  |
| --- | --- | --- |
| 4. Short-term (up to 30 days) | 4606 | 4564 |
| 5. Long-term (over 30 days) | 7090 | 7078 |
| **AMBULATORY (OUTPATIENT)** | | |
| 6. Outpatient | 11586 | 7300 |
| 7. Intensive Outpatient | 0 | 0 |
| 8. Detoxification | 102 | 95 |
| **OPIOID REPLACEMENT THERAPY** | | |
| 9. Opioid Replacement Therapy | 0 | 4839 |
| 10. ORT Outpatient | 0 | 3949 |

**Source: SAMHSA/CBHSQ TEDS CY 2017 admissions file and CY 2017 linked discharge file [Records received through 12/1/2018]**

**Footnotes:**

**V: Performance Indicators and Accomplishments**

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###### Table 21 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY - ABSTINENCE FROM DRUG USE/ALCOHOL USE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| 1. 30-day Alcohol Use | **Source Survey Item:** NSDUH Questionnaire. "Think specifically about the past 30 days, that is, from **[DATEFILL]** through today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?[Response option: Write in a number between 0 and 30.]  **Outcome Reported:** Percent who reported having used alcohol during the past 30 days. |  |  |
| Age 12 - 20 - CY 2015 - 2016 | 30.8 |  |
| Age 21+ - CY 2015 - 2016 | 62.6 |  |
| 2. 30-day Cigarette Use | **Source Survey Item:** NSDUH Questionnaire: "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you smoke part or all of a cigarette?[Response option: Write in a number between 0 and 30.]  **Outcome Reported:** Percent who reported having smoked a cigarette during the past 30 days. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 2.6 |  |
| Age 18+ - CY 2015 - 2016 | 18.3 |  |
| 3. 30-day Use of Other Tobacco Products | **Survey Item: NSDUH Questionnaire:** "During the past 30 days, that is, since **[DATEFILL]**, on how many days did you use [other tobacco products][1]?[Response option: Write in a number between 0 and 30.]  **Outcome Reported:** Percent who reported having used a tobacco product other than cigarettes during the past 30 days, calculated by combining responses to questions about individual tobacco products (cigars, smokeless tobacco, pipe tobacco). |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 3.3 |  |
| Age 18+ - CY 2015 - 2016 | 6.2 |  |
| 4. 30-day Use of Marijuana | **Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?[Response option: Write in a number between 0 and 30.]  **Outcome Reported:** Percent who reported having used marijuana or hashish during the past 30 days. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 10.2 |  |
| Age 18+ - CY 2015 - 2016 | 11.9 |  |
| 5. 30-day Use of Illegal Drugs Other Than Marijuana | **Source Survey Item: NSDUH Questionnaire:** "Think specifically about the past 30 days, from **[DATEFILL]** up to and including today. During the past 30 days, on how many days did you use [any other illegal drug]?[2]  **Outcome Reported:** Percent who reported having used illegal drugs other than marijuana or hashish during the past 30 days, calculated by combining responses to questions about individual drugs (heroin, cocaine, hallucinogens, inhalants, methamphetamine, and misuse of prescription drugs). |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 1.8 |  |

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Age 18+ - CY 2015 - 2016

4.1

[1]NSDUH asks separate questions for each tobacco product. The number provided combines responses to all questions about tobacco products other than cigarettes. [2]NSDUH asks separate questions for each illegal drug. The number provided combines responses to all questions about illegal drugs other than marijuana or hashish.

**Footnotes:**

#### V: Performance Indicators and Accomplishments

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###### Table 22 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF RISK/HARM OF USE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| 1. Perception of Risk From Alcohol | **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]  **Outcome Reported:** Percent reporting moderate or great risk. |  |  |
| Age 12 - 20 - CY 2015 - 2016 | 71.0 |  |
| Age 21+ - CY 2015 - 2016 | 76.8 |  |
| 2. Perception of Risk From Cigarettes | **Source Survey Item: NSDUH Questionnaire:** "How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day? [Response options: No risk, slight risk, moderate risk, great risk]  **Outcome Reported:** Percent reporting moderate or great risk. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 92.1 |  |
| Age 18+ - CY 2015 - 2016 | 93.1 |  |
| 3. Perception of Risk From Marijuana | **Source Survey Item:** NSDUH Questionnaire: "How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?[Response options: No risk, slight risk, moderate risk, great risk]  **Outcome Reported:** Percent reporting moderate or great risk. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 60.5 |  |
| Age 18+ - CY 2015 - 2016 | 49.0 |  |

**Footnotes:**

#### V: Performance Indicators and Accomplishments

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###### Table 23 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: AGE OF FIRST USE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| 1. Age at First Use of Alcohol | **Source Survey Item: NSDUH Questionnaire:** "Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.?[Response option: Write in age at first use.]  **Outcome Reported:** Average age at first use of alcohol. |  |  |
| Age 12 - 20 - CY 2015 - 2016 | 15.1 |  |
| Age 21+ - CY 2015 - 2016 |  |  |
| 2. Age at First Use of Cigarettes | **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you smoked part or all of a cigarette?[Response option: Write in age at first use.]  **Outcome Reported:** Average age at first use of cigarettes. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 13.1 |  |
| Age 18+ - CY 2015 - 2016 | 15.5 |  |
| 3. Age at First Use of Tobacco Products Other Than Cigarettes | **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [any other tobacco product][1]?[Response option: Write in age at first use.]  **Outcome Reported:** Average age at first use of tobacco products other than cigarettes. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 13.7 |  |
| Age 18+ - CY 2015 - 2016 | 21.3 |  |
| 4. Age at First Use of Marijuana or Hashish | **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used marijuana or hashish?[Response option: Write in age at first use.]  **Outcome Reported:** Average age at first use of marijuana or hashish. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 14.1 |  |
| Age 18+ - CY 2015 - 2016 | 17.6 |  |
| 5. Age at First Use Heroin | **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used heroin? [Response option: Write in age at first use.]  **Outcome Reported:** Average age at first use of heroin. |  |  |
| Age 12 - 17 - CY 2015 - 2016 |  |  |
| Age 18+ - CY 2015 - 2016 |  |  |
| 6. Age at First Misuse of Prescription Pain Relievers Among Past Year Initiates | **Source Survey Item:** NSDUH Questionnaire: "How old were you the first time you used [specific pain reliever][2] in a way a doctor did not direct you to use it?"[Response option: Write in age at first use.]  **Outcome Reported:** Average age at first misuse of prescription pain relievers among those who first misused prescription pain relievers in the last 12 months. |  |  |
|  |  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Age 12 - 17 - CY 2015 - 2016 |  |  |
| Age 18+ - CY 2015 - 2016 |  |  |

[1]The question was asked about each tobacco product separately, and the youngest age at first use was taken as the measure. [2]The question was asked about each drug in this category separately, and the youngest age at first use was taken as the measure.

**Footnotes:**

#### V: Performance Indicators and Accomplishments

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###### Table 24 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: REDUCED MORBIDITY-ABSTINENCE FROM DRUG USE/ALCOHOL USE; MEASURE: PERCEPTION OF DISAPPROVAL/ATTITUDES

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| 1. Disapproval of Cigarettes | **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  **Outcome Reported:** Percent somewhat or strongly disapproving. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 97.1 |  |
| 2. Perception of Peer Disapproval of Cigarettes | **Source Survey Item: NSDUH Questionnaire:** "How do you think your close friends would feel about you smoking one or more packs of cigarettes a day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  **Outcome Reported:** Percent reporting that their friends would somewhat or strongly disapprove. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 93.9 |  |
| 3. Disapproval of Using Marijuana Experimentally | **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age trying marijuana or hashish once or twice?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  **Outcome Reported:** Percent somewhat or strongly disapproving. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 72.3 |  |
| 4. Disapproval of Using Marijuana Regularly | **Source Survey Item: NSDUH Questionnaire:** "How do you feel about someone your age using marijuana once a month or more?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  **Outcome Reported:** Percent somewhat or strongly disapproving. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 74.9 |  |
| 5. Disapproval of Alcohol | **Source Survey Item:** NSDUH Questionnaire: "How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?[Response options: Neither approve nor disapprove, somewhat disapprove, strongly disapprove]  **Outcome Reported:** Percent somewhat or strongly disapproving. |  |  |
| Age 12 - 20 - CY 2015 - 2016 |  |  |

**Footnotes:**

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###### Table 25 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: EMPLOYMENT/EDUCATION; MEASURE: PERCEPTION OF WORKPLACE POLICY

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| Perception of Workplace Policy | **Source Survey Item:** NSDUH Questionnaire: "Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you?[Response options: More likely, less likely, would make no difference]  **Outcome Reported:** Percent reporting that they would be more likely to work for an employer  conducting random drug and alcohol tests. |  |  |
| Age 15 - 17 - CY 2015 - 2016 |  |  |
| Age 18+ - CY 2015 - 2016 | 20.4 |  |

**Footnotes:**

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###### Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| Average Daily School Attendance Rate | **Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at [**http://nces.ed.gov/ccd/stfis.asp**.](http://nces.ed.gov/ccd/stfis.asp)  **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100. |  |  |
| School Year 2015 | 95.0 |  |

**Footnotes:**

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###### Table 26 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - EMPLOYMENT/EDUCATION; MEASURE: AVERAGE DAILY SCHOOL ATTENDANCE RATE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| Average Daily School Attendance Rate | **Source:** National Center for Education Statistics, Common Core of Data: *The National Public Education Finance Survey* available for download at [**http://nces.ed.gov/ccd/stfis.asp**.](http://nces.ed.gov/ccd/stfis.asp)  **Measure calculation:** Average daily attendance (NCES defined) divided by total enrollment and multiplied by 100. |  |  |
| School Year 2015 | 95.0 |  |

**Footnotes:**

#### V: Performance Indicators and Accomplishments

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###### Table 28 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: CRIME AND CRIMINAL JUSTICE MEASURE: ALCOHOL- AND DRUG- RELATED ARRESTS

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| Alcohol- and Drug- Related Arrests | **Source:** Federal Bureau of Investigation Uniform Crime Reports  **Measure calculation:** The number of alcohol- and drug-related arrests divided by the total number of arrests and multiplied by 100. |  |  |
| CY 2016 | 17.4 |  |

**Footnotes:**

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###### Table 29 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN: SOCIAL CONNECTEDNESS; MEASURE: FAMILY COMMUNICATIONS AROUND DRUG AND ALCOHOL USE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| 1. Family Communications Around Drug and Alcohol Use (Youth) | **Source Survey Item:** NSDUH Questionnaire: "Now think about the past 12 months, that is, from [DATEFILL] through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean either your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.?[Response options: Yes, No]  **Outcome Reported:** Percent reporting having talked with a parent. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 60.5 |  |
| 2. Family Communications Around Drug and Alcohol Use (Parents of children aged 12- 17) | **Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, how many times have you talked with your child about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?[1][Response options: 0 times, 1 to 2 times, a few times, many times] **Outcome Reported:** Percent of parents reporting that they have talked to their child. |  |  |
| Age 18+ - CY 2015 - 2016 | 92.7 |  |

[1]NSDUH does not ask this question of all sampled parents. It is a validation question posed to parents of 12- to 17-year-old survey respondents. Therefore, the responses are not representative of the population of parents in a State. The sample sizes are often too small for valid reporting.

**Footnotes:**

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###### Table 30 - SUBSTANCE ABUSE PREVENTION NOMS DOMAIN - RETENTION MEASURE: PERCENTAGE OF YOUTH SEEING, READING, WATCHING, OR LISTENING TO A PREVENTION MESSAGE

|  |  |  |  |
| --- | --- | --- | --- |
| **A.**  **Measure** | **B.**  **Question/Response** | **C.**  **Pre- populated Data** | **D.**  **Supplemental Data, if any** |
| Exposure to Prevention Messages | **Source Survey Item:** NSDUH Questionnaire: "During the past 12 months, do you recall [hearing, reading, or watching an advertisement about the prevention of substance use][1]?  **Outcome Reported:** Percent reporting having been exposed to prevention message. |  |  |
| Age 12 - 17 - CY 2015 - 2016 | 89.3 |  |

[1]This is a summary of four separate NSDUH questions each asking about a specific type of prevention message delivered within a specific context

**Footnotes:**

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###### Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

|  |  |
| --- | --- |
| **Category** | **Total** |
| **Age** | |
| 0-4 | 0 |
| 5-11 | 1650 |
| 12-14 | 349 |
| 15-17 | 1993 |
| 18-20 | 439 |
| 21-24 | 1004 |
| 25-44 | 3440 |
| 45-64 | 2314 |
| 65 and over | 310 |
| Age Not Known | 51662 |
| **Gender** | |
| Male | 5903 |
| Female | 6461 |
| Gender Unknown | 50797 |
| **Race** | |
| White | 6601 |
| Black or African American | 584 |
| Native Hawaiian/Other Pacific Islander | 10 |
| Asian | 254 |
| American Indian/Alaska Native | 61 |
| More Than One Race (not OMB required) | 99 |

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|  |  |
| --- | --- |
| Race Not Known or Other (not OMB required) | 55552 |
| **Ethnicity** | |
| Hispanic or Latino | 1284 |
| Not Hispanic or Latino | 4216 |
| Ethnicity Unknown | 57661 |

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

NOMS data were collected using a quarterly reporting system (online database) designed by the statewide evaluation team working on the prevention set-aside of the substance abuse prevention and treatment block grant. Each entity that receives support under this funding stream is required to submit quarterly progress reports to BSAS (including all required NOMS measures).

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether thes State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

Sites reporting NOMS data on race are required to aggregate local data into the following categories: (1) White, (2) Black/African American, (3) Native Hawaiian/Pacific Islander, (4) Asian, (5) American Indian/Alaska Native, (6) More Than One Race, (7) Other Race Not Listed Above, or (8) Race Unknown. For the purposes of block grant reporting, participants who are more than one race are reported in the More Than One Race subcategory.

**Footnotes:**

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###### Table 31-35 - Reporting Period - Start and End Dates for Information Reported on Tables 31, 32, 33, 34, and 35

**Reporting Period Start and End Dates for Information Reported on Tables 33, 34, 35, 36 and 37**

Please indicate the reporting period (start date and end date totaling 12 months by the State) for each of the following forms:

|  |  |  |
| --- | --- | --- |
| **Tables** | **A. Reporting Period Start Date** | **B. Reporting Period End Date** |
| 1. Table 31 - Prevention Performance Measures - Individual-Based Programs and Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2016 | 12/31/2016 |
| 2. Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity | 1/1/2016 | 12/31/2016 |
| 3. Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention | 1/1/2016 | 12/31/2016 |
| 4. Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention | 1/1/2016 | 12/31/2016 |
| 5. Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies | 1/1/2016 | 12/31/2016 |

**Question 1:** Describe the data collection system you used to collect the NOMs data (e.g., MDS, DbB, KIT Solutions, manual process).

NOMS data were collected using a quarterly reporting system (online database) designed by the statewide evaluation team working on the prevention set-aside of the substance abuse prevention and treatment block grant. Each entity that receives support under this funding stream is required to submit quarterly progress reports to BSAS (including all required NOMS measures).

**Question 2:** Describe how your State's data collection and reporting processes record a participant's race, specifically for participants who are more than one race.

Indicate whether thes State added those participants to the number for each applicable racial category or whether the State added all those partipants to the More Than One Race subcategory.

Sites reporting NOMS data on race are required to aggregate local data into the following categories: (1) White, (2) Black/African American, (3) Native Hawaiian/Pacific Islander, (4) Asian, (5) American Indian/Alaska Native, (6) More Than One Race, (7) Other Race Not Listed Above, or (8) Race Unknown. For the purposes of block grant reporting, participants who are more than one race are reported in the More Than One Race subcategory.

**Footnotes:**

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###### Table 32 - Prevention Performance Measures - Population-Based Programs And Strategies; Measure: Number of Persons Served By Age, Gender, Race, And Ethnicity

|  |  |
| --- | --- |
| **Category** | **Total** |
| **Age** | |
| 0-4 | 10 |
| 5-11 | 124 |
| 12-14 | 351 |
| 15-17 | 1909 |
| 18-20 | 910 |
| 21-24 | 4409 |
| 25-44 | 10639 |
| 45-64 | 8043 |
| 65 and over | 2795 |
| Age Not Known | 1738454 |
| **Gender** | |
| Male | 28045 |
| Female | 33797 |
| Gender Unknown | 1705802 |
| **Race** | |
| White | 31336 |
| Black or African American | 560 |
| Native Hawaiian/Other Pacific Islander | 2 |
| Asian | 432 |
| American Indian/Alaska Native | 8 |
| More Than One Race (not OMB required) | 273 |

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|  |  |  |
| --- | --- | --- |
| Race Not Known or Other (not OMB required) | 1735033 | |
| **Ethnicity** | | |
| Hispanic or Latino | 663 | |
| Not Hispanic or Latino | 3177 | |
| Ethnicity Unknown | 1763804 | |
| **Footnotes:** | |  |

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###### Table 33 - Prevention Performance Measures - Number of Persons Served by Type of Intervention

**Number of Persons Served by Individual- or Population-Based Program or Strategy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Intervention Type** | **A.**  **Individual-Based Programs and Strategies** | **B.**  **Population-Based Programs and Strategies** | |
| 1. Universal Direct |  | N/A | |
| 2. Universal Indirect | N/A |  | |
| 3. Selective |  | N/A | |
| 4. Indicated |  | N/A | |
| **5. Total** | **0** | **0** | |
| **Footnotes:** | | |  |

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###### Table 34 - Prevention Performance Measures - Number of Evidence-Based Programs by Types of Intervention

**Definition of Evidence-Based Programs and Strategies: The guidance document for the Strategic Prevention Framework State Incentive Grant, Identifying and Selecting Evidence-based Interventions, provides the following definition for evidence-based programs:**

* Inclusion in a Federal List or Registry of evidence-based interventions
* Being reported (with positive effects) in a peer-reviewed journal
* Documentation of effectiveness based on the following guidelines:
  + Guideline 1:

The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and

* + Guideline 2:

The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and

* + Guideline 3:

The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and

* + Guideline 4:

The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.

* 1. Describe the process the State will use to implement the guidelines included in the above definition.

Each site that receives support under the prevention set-aside funding stream from the substance abuse prevention and treatment block grant is required to follow SAMHSA’s Strategic Prevention Framework (SPF) planning process and to generate a local comprehensive strategic prevention plan. These plans must be reviewed and approved by representatives from BSAS prior to the point at which implementation may begin. Sites are required to implement evidence-based programs and strategies using the criteria presented above. BSAS has used SAMHSA’s Identifying and Selecting Evidence Based Interventions guidance document for all programs it supports since the beginning of the SPF-SIG grant. An ad-hoc Evidence-Based Practices Workgroup is convened, as needed, when programs need to be reviewed to determine the extent to which they are evidence-based.

* 1. Describe how the State collected data on the number of programs and strategies. What is the source of the data?

Data on the number of programs and strategies implemented were collected using a quarterly reporting system. The online database was designed by the statewide evaluation team working on the prevention set-aside of the substance abuse prevention and treatment block grant. This system is pre-populated with the list of evidence-based programs and strategies that each site identified in their local comprehensive strategic prevention plan. There is also a process through which sites may add, modify, or remove programs and strategies from this list, with approval (and re-review) by BSAS representatives.

Table 34 - SUBSTANCE ABUSE PREVENTION **Number of Evidence-Based Programs and Strategies by Type of Intervention**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **A.**  **Universal Direct** | **B.**  **Universal Indirect** | **C.**  **Universal Total** | **D.**  **Selective** | **E.**  **Indicated** | **F.**  **Total** |
| 1. Number of Evidence-Based Programs and Strategies Funded | 35 | 53 | 88 | 38 | 12 | 138 |
| 2. Total number of Programs and Strategies Funded | 35 | 53 | 88 | 38 | 12 | 138 |
| 3. Percent of Evidence-Based Programs and Strategies | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % | 100.00 % |

**Footnotes:**

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###### Table 35 - Prevention Performance Measures - Total Number of Evidence-Based Programs and Total SAPTBG Dollars Spent on Evidence-Based Programs/Strategies

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Number of Evidence-Based Programs/Strategies for IOM Category Below** | **Total SAPT Block Grant Dollars Spent on evidence-based Programs/Strategies** | |
| Universal Direct | Total # 35 | $ | |
| Universal Indirect | Total # 53 | $ | |
| Selective | Total # 38 | $ | |
| Indicated | Total # 12 | $ | |
|  | Total EBPs: 138 | Total Dollars Spent: $0 | |
| **Footnotes:** | | |  |

**IV: Population and Services Reports**

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###### Table 13 - Charitable Choice

Under Charitable Choice Provisions; Final Rule (42 CFR Part 54), states, local governments, and religious organizations, such as SAMHSA grant recipients, must: (1) ensure that religious organizations that are providers provide to all potential and actual program beneficiaries (services recipients) notice of their right to alternative services; (2) ensure that religious organizations that are providers refer program beneficiaries to alternative services; and (3) fund and/or provide alternative services. The term “alternative services” means services determined by the state to be accessible and comparable and provided within a reasonable period of time from another substance abuse provider (“alternative provider”) to which the program beneficiary (services recipient) has no religious objection. The purpose of this table is to document how the state is complying with these provisions.

Expenditure Period Start Date: 7/1/2017 Expenditure Period End Date: 6/30/2018

**Notice to Program Beneficiaries -** Check all that apply:

 Used model notice provided in final regulation.

 Used notice developed by State (please attach a copy to the Report).

 State has disseminated notice to religious organizations that are providers.

 State requires these religious organizations to give notice to all potential beneficiaries.

**Referrals to Alternative Services -** Check all that apply:

 State has developed specific referral system for this requirement.

 State has incorporated this requirement into existing referral system(s).

 SAMHSA’s Behavioral Health Treatment Locator is used to help identify providers.

 Other networks and information systems are used to help identify providers.

 State maintains record of referrals made by religious organizations that are providers.

0 Enter total number of referrals necessitated by religious objection to other substance abuse providers ("alternative providers"), as defined above, made in previous fiscal year. Provide total only; no information on specific referrals required.

###### Brief description (one paragraph) of any training for local governments and faith-based and community organizations on these requirements.

MDPH BSAS provides a comprehensive array of trainings that individuals from local governments, community organizations and faith-based organizations are welcome and invited to participate in. Content pertaining to the Charitable Choice requirements is included in trainings as part of an overview of the treatment services that are provided, including options that are required to be available for individuals who are accessing the treatment system. Further, the Charitable Choice requirements are explained in the BSAS Terms and Conditions for all licensed providers, and are available on the BSAS website.

**Footnotes:**

**Notice to all Recipients of Substance Abuse Services**

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A percentage of the funding that this facility receives is from the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant. The following are the federal requirements for any facility receiving funds from the Block Grant.

**For Faith-Based Substance Abuse Services Providers**

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services to which you have no religious objection. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization. (42 CFR Parts 54 and 54a)

Upon referring a program participant (beneficiary) to an alternative provider, the program participant shall notify the State of such referral; and, the program shall ensure that the program participant makes contact with the alternative provider to which he or she is referred. (42 CFR part 54.8)

**Intravenous Substance Abuse**

Programs of treatment for intravenous drug abuse, must report to the state when they have reached 90% of capacity.

~~The State will ensure that each individual who requests and is in need of treatment for~~ ~~intravenous drug use is admitted to a program not later than 14 days after making the request for~~ ~~admission or 120 days after the date of such request, if no such program has the capacity to~~ ~~admit the individual on the date of such request and if interim services are made available to the~~ ~~individual not later than 48 hours after such request.~~

(42 USC 300x-23)

Outreach Regarding Intravenous Substance Abuse

Any entity for treatment services for intravenous drug abuse, that receives block grant funds, will carry out activities to encourage individuals in need of such treatment to undergo treatment.

(42 USC 300x-23)

**Tuberculosis**

### Any entity receiving amounts from the grant for operating a program of treatment for substance abuse will directly or through arrangements with other public or non-profit private entities, routinely make available tuberculosis services to each individual receiving treatment for such abuse. In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services.

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(42 USC 300x-24)

Tuberculosis services means: counseling the individual with respect to Tuberculosis; testing to determine whether the individual has contracted such disease and testing to determine the form of treatment for the disease that is appropriate for the individual; and, providing such treatment to the individual.

**Human Immunodeficiency Virus (HIV)**

For programs that provide early intervention services for HIV disease: such services will be undertaken voluntarily by, and with informed consent of, the individual; and undergoing such services will not be required as a condition of receiving services for substance abuse or any other services.

(42 USC 300x-24)

Early Intervention Services means: appropriate pretest counseling; testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; appropriate post-test counseling; and providing the therapeutic measures determined to be necessary.

**Treatment Services for Pregnant Women**

Each Pregnant woman in the state who seeks or is referred for and would benefit from treatment services is given preference in admissions to treatment facilities receiving block grant funds.

In the event that a treatment facility has insufficient capacity to admit any pregnant woman the facility will refer the woman to the state. ~~The state will refer the woman to a facility that has~~ ~~capacity or, if no facility has the capacity to admit the woman, make available interim services~~ ~~not later than 48 hours after the woman seeks the treatment services.~~

(42 USC 300x-27)

**Restrictions on Expenditures**

SAPT Block Grant Funds can not be spent on:

* Inpatient hospital stays

Except for treatment of substance abuse if it has been determined that such treatment is a medical necessity and the individual cannot be effectively treated in a community-based, non-hospital, residential program for treatment.

* To make cash payments to intended recipients of health services

### To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment

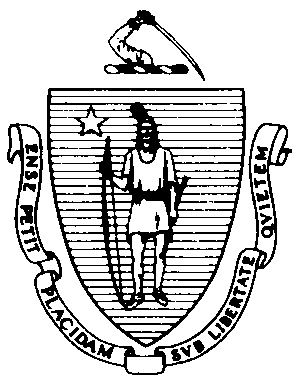
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* To provide financial assistance to any entity other than a public or nonprofit private entity
* To provide hypodermic needles to injecting drug users (42 USC 300x-31)

**Confidentiality**

Any entity receiving block grant funds must protect from inappropriate disclosure of patient records. Staff must receive employee education on confidentiality requirements and receive disciplinary action for any inappropriate disclosures.

(42 USC 300x-54) (45 CFR 96.132)



MITT ROMNEY

GOVERNOR

KERRY HEALEY

LIEUTENANT GOVERNOR

RONALD PRESTON

SECRETARY

CHRISTINE C. FERGUSON

COMMISSIONER

Dear Provider,

The Commonwealth of Massachusetts

# Executive Office of Health and Human Services Department of Public Health

250 Washington Street, Boston, MA 02108-4619

October 15, 2004

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I am writing to inform you about the *Charitable Choice* regulations that were released by the Substance Abuse and Mental Health Services Administration (SAMHSA). These regulations apply to all programs that receive Substance Abuse Prevention and Treatment (SAPT) Block Grant funds and SAMHSA discretionary grants, which include most BSAS providers. The goal of *Charitable Choice* is to give people in need of substance abuse prevention and treatment services a greater choice of programs by ensuring that religious organizations are able to compete for federal substance abuse funding without diminishing their religious freedom.

The Bureau of Substance Abuse Services (BSAS) has a long history of funding religious organizations and will continue to invite religious organizations to compete for contracts according to the same standards as all other bidders. We will also provide training to religious and community-based organizations on becoming BSAS funded programs.

One of the other requirements of *Charitable Choice* is that religious providers notify clients that they have the right to request alternative services. All clients must be notified that if they object to the religious nature of the program they can request a referral to another program that provides similar services. In response to such requests, providers are required to seek alternative services for that client in a timely manner. BSAS recommends contacting the Substance Abuse Information and Referral Helpline at 800-327-5050 or at [www.helpline-online.org](http://www.helpline-online.org/) for information about referral options. Programs are required to notify the BSAS when such a referral occurs by contacting Sarah Ruiz at [Sarah.Ruiz@state.ma.us](mailto:Sarah.Ruiz@state.ma.us) or at 617-661-1631.

Attached is the notification form that religious organizations must use upon intake with all clients. The notice is designed to inform clients about the Charitable Choice requirements including their right to request alternative services and the prohibition against using Federal funds to pay for inherently religious activities. All religious organizations must ensure that this form, signed by both the client and the counselor, is in each client file. You can print out a copy of the full Charitable Choice regulations at: <http://www.dhhs.gov/fbci/finalSAMHSA_ccregs.pdf>.

As you will see in the regulations, the Federal government has chosen to not define “religious organization.” Agencies are asked to self-identify as religious organizations. If your agency considers itself to be a religious organization, please let us know by faxing us the enclosed form by 10/29/04.

Sincerely,

Michael Botticelli

Assistant Commissioner for Substance Abuse Services

Enclosures

Notice to Recipients of Substance Abuse Services

No provider of substance abuse services receiving Federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

Any inherently religious activities, such as worship, religious instruction, or proselytization must be offered separately in time or location from the substance abuse prevention or treatment program or services. Participation in religious activities must be voluntary and therefore not a required component of the substance abuse program.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider of substance abuse services to which you have no religious objection. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

(42 CFR Parts 54 and 54a)

I have read the statement written above and discussed it with my counselor.

Client’s Signature:

Date:

I have discussed this statement with the above named client.

Counselor’s Signature:

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Date:

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**BSAS Provider Fax-Back Form for Religious Organizations**

### The Bureau of Substance Abuse Services would like to know which of its providers consider themselves to be religious. If your agency is a religious organization, please fill out this form and fax it to us by October 29, 2004.

To: Sarah Ruiz BSAS

Fax#: 617-624-5185

Agency Name:

Contact Person:

Telephone Number:

E-mail:

Agency Website: