

Commonwealth of Massachusetts



**Special Commission to Investigate and Study State
Licensed Addiction Treatment Centers**

Final Report
Filed November 21, 2016



Section 60 of Chapter 52: Charge of the Special Commission



The special commission to investigate and study state licensed addiction treatment centers was established by section 60 of chapter 52 of the acts of 2016. The Commission's charge is to:

1. *Solicit information and input from addiction treatment service providers, consumers, families and any other parties or entities the commission considers appropriate;*
2. *Examine the effectiveness of addiction treatment services in promoting successful outcomes of recovery and wellness;*
3. *Examine ways to encourage engagement from individuals in recovery from substance use disorders in policy development related to service delivery and the training and evaluation of services;*
4. *Consider best practice models of delivery and the provision of recovery oriented services in other states;*
5. *Examine mental health considerations when an individual enters an addiction treatment center, including, but not limited to, patient access to mental health services;*
6. *Recommend legislation to improve services for people in a state licensed addiction treatment center; and*
7. *Submit a report to the general court of the results of its investigation and its recommendations, if any, not later than January 1, 2017.*



Nine factors impact the effectiveness of the Commonwealth's addiction treatment services in promoting successful outcomes of recovery and wellness



COMMISSION FINDINGS

1. Need to increase access to Recovery Coach Services - at all levels of care – to improve continuity of care by getting the individual into the next level of appropriate care , support individuals during critical transition periods.
2. Recovery Coaches need ongoing training, support and supervision.
3. All addiction treatment programs should complete a comprehensive assessment for all patients upon admission to screen for Substance Use Disorders, Mental Health concerns or other factors that impact recovery
4. Stigma is a significant deterrent not only to those seeking care but need to be understood by those setting eligibility criteria, policies and procedures associated with SUD services
5. Emergency Departments lack the appropriate training and protocols that enable a patient to obtain appropriate addiction treatment
6. Increased access to and education about Medication-Assisted Treatment (MAT) is needed; specifically in residential/inpatient treatment settings to improve outcomes and reduce program incompleteness rates
7. Patients & families need additional information about licensed treatment facilities in order to judge facility quality and access to services prior to admission
8. There are few opportunities for providers to learn about best practices within different modalities
9. The siloed Mental Health and Substance Use Treatment system hinders individuals with co-occurring SUD and mental health concerns to obtain the right level of care, in the right setting, at the right time



Review of Current Addiction Treatment Center Landscape



Approximately 730 new Licensed Beds/Programs/Homes have been brought online since January 2015



Program Type	Total Operational Licensed Capacity as of January 1, 2015	Total Operational Licensed Capacity as of January 1, 2016	Total Operational Licensed Capacity as of September 1, 2016	Change Since January 1, 2015
DPH Acute Treatment Services (ATS) (level 4.0 & 3.7), Adult	846 beds	902 beds	953 beds	107 beds
DPH Clinical Stabilization Services (CSS)	297 beds	340 beds	454 beds	157 beds
DPH Transitional Support Services (TSS)	339 beds	312 beds	342 beds	3 beds
DPH Adult Residential Recovery	2300 beds	2375 beds	2,405 beds	105 beds
DPH Youth Stabilization Beds	48 beds	48 beds	48 beds	0
DPH Second Offender Residential	58 beds	58 beds	58 beds	0
DPH Adolescent / Transitional Youth Residential Beds	144 beds	111 beds	86 beds	-58 beds*
DPH Family Residential	110 families	110 families	110 families	0
DMH Adult Psychiatric	1782 beds	1854 beds	1,904 beds	122 beds
DMH Geriatric Psychiatric	399 beds	399 beds	453 beds	54 beds
DMH Adolescent & Child Psychiatric	252 beds	266 beds	266 beds	14 beds
Section 35 Men's Beds	258 beds	308 beds	308 beds	50 beds
Section 35 Women's Beds	90 beds	90 beds	163 beds	73 beds
DPH Outpatient Treatment Program (OTP) - Medication Assisted Treatment (MAT) Programs (Methadone)	39 programs	41 programs	41 programs	2 programs
DPH Outpatient Counseling and Outpatient Detox Programs	190 programs	190 programs	192 programs	2 programs
DPH Office-Based Outpatient Treatment (OBOT) (buprenorphine) – MAT Sites funded by DPH	14 programs	17 programs	30 programs	16 programs
Sober Homes Certified by the Mass Association of Sober Houses	0	0	83 homes	83 homes
TOTALS	7,166	7,421	7,896	730

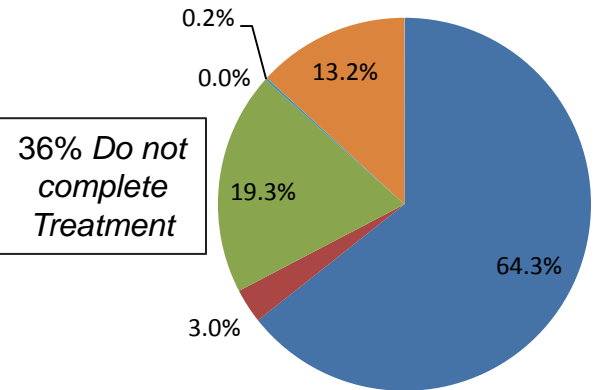
* DPH has awarded contracts to providers to add 60 new beds across 4 programs, these beds are not included in this number



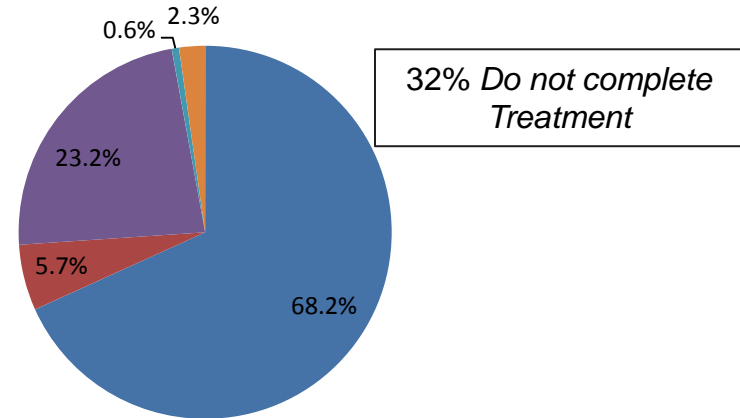
Approximately 1 in 3 in ATS, CSS or TSS Do Not Complete Treatment while 1 in 8 in Adult Residential Treatment Relapse



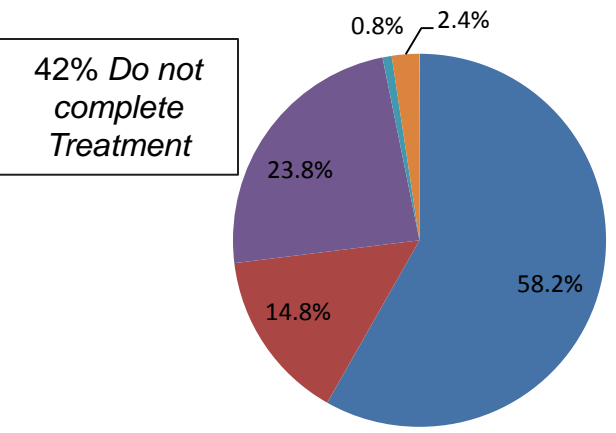
Acute Treatment Services



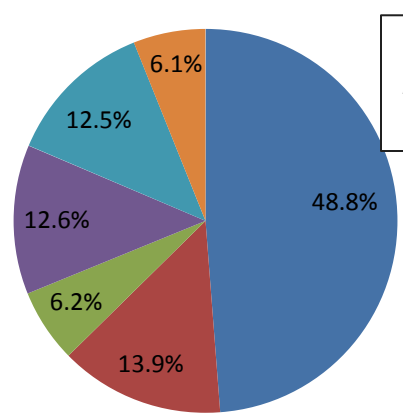
Clinical Stabilization Services



Transitional Support Services



Adult Residential



- Completed
- Administrative Discharge
- AMA/ACA**
- Drop Out
- Relapsed
- Other***

Note: these data reflect clients at BSAS-licensed facilities only

***AMA/ACA: leaving treatment against medical or clinical advice.*

****Other discharge reasons include: Administrative Correction, Assessment Only, Canceled, Deceased, Declined Re-Enrollment, Exiting Program, Graduation, Hospitalized, Medical, Hospitalized, Mental Health, Inappropriate, Incarcerated, Lost to Follow-up, Moved, Not Accepted for Services, Other, Parole Technical Violation, Re-Enrollment, Transferred To Other Program, Transferred To Other SA Program, Unable to Contact Family*



Across the Four Levels of Care, Between 15%-20% of Patients are Readmitted within 14-30 days



- **Transitional Support Services (TSS): 21% within 30 days of discharge**
- **Clinical Stabilization Services (CSS): 20% within 30 days of discharge**
- **Acute Treatment Services (ATS): 17% within 14 days of discharge**
- **Adult Residential: 15% within 30 days of discharge**

Note: these data reflect clients at BSAS-licensed facilities only



Medication Assisted Treatment (MAT) Proven Effective to Treat Substance Abuse Disorders



- Medication-assisted treatment (MAT), including opioid treatment programs (OTPs), combines behavioral therapy and medications to treat substance use disorders
- MAT with buprenorphine, methadone, and naltrexone has been demonstrated to be effective for retaining individuals in treatment and increasing chance of successful recovery
- Methadone maintenance and buprenorphine therapy have both achieved rates of 60% opioid-free patients (as compared to 20-30% opioid-free in placebo groups)
- Extended-release naltrexone (Vivitrol) achieved 60% opioid-free patients (as compared to 40% opioid-free in a placebo group)

1. Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev.* 2014 Feb 6;(2).

2. Injectable extended-release naltrexone for opioid dependence: a double-blind, placebo-controlled, multicentre randomised trial. Krupitsky, Evgeny et al. *The Lancet*, Volume 377, Issue 9776, 1506 – 1513

3. Connery HS. Medication-Assisted Treatment of Opioid Use Disorder: Review of the Evidence and Future Directions. *Harv Rev Psychiatry.* 2015 Mar-Apr;23(2):63-75.



While there are Multiple Entry Points into the Treatment System...



...and over 730 new Licensed Beds/Programs/Homes have been brought online since January 2015...

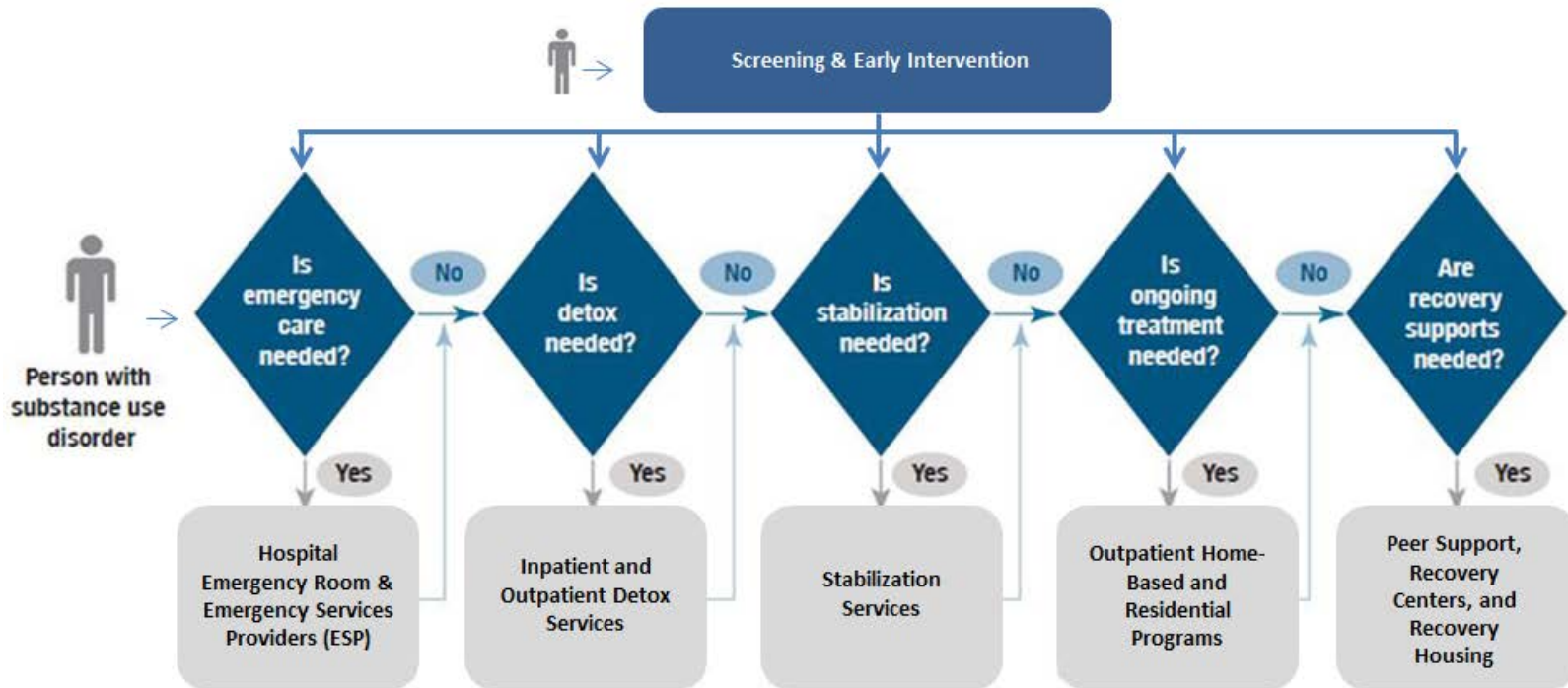


Figure from the Governor's Opioid Working Group Recommendations, June 11 2015

...the effectiveness of the Commonwealth's Addiction Treatment System is based on continuity of care, comprehensive assessments upon admission, access to MAT and proliferation of "best practice" models of care.



Listening to Addiction Treatment Providers, Consumers & Families



The Commission solicited input from addiction treatment service providers, consumers and families across the Commonwealth



The Commission held nine focus groups in total: six with consumers; two with family members of consumers; and one with service providers; engaging with over 118 people

- *July 28, 2016*, a Spanish-speaking focus group was held with consumers at the Gandara Addiction Recovery Program in Springfield, MA. There were 13 participants – all Hispanic male consumers. 4 attendees had a history of overdose.
- *July 28, 2016*, a focus group was held with consumers at the Gandara Hope for Holyoke Recovery Center. There were 17 participants – 11 consumers and 3 family members. 4 attendees had a history of overdose. Half of this focus group was conducted in Spanish.
- *August 1, 2016*, a focus group was held with family members of individuals with substance use disorders at a meeting of the Cambridge chapter of Learn to Cope. There were 23 participants – all family members of individuals with substance use disorders.
- *August 11, 2016*, a focus group was held with adolescents at the Young Adult Resource Network in Dorchester. There were 15 participants, ages 12 to 26.
- *August 11, 2016*, a focus group was held with patients at The Barbara McInnis House at the Boston Healthcare for the Homeless Program. There were 5 participants: 2 Females and 3 Males, 1 participant of color and 4 white participants.
- *August 11, 2016*, a focus group was held with consumers at The Boston Public Health Commission's Providing Access to Addictions Treatment, Hope, and Support program. There were 8 participants: 2 Females and 6 Males with 7 participants of color and 1 white participant.
- *August 11, 2016*, the Commission held a working meeting with stakeholders about regulatory reforms. There were 25 attendees, representing EOHHS, MassHealth, DPH, DMH, the Association for Behavioral Healthcare, families of individuals with substance use disorders, and 8 treatment centers across the Commonwealth.
- *August 11, 2016*, a focus group was held with pregnant and postpartum women with substance use disorders at Gandara Recovery Services for Women. There were 12 participants – all women with substance use disorders.



From the focus group sessions, several themes emerged were identified



Stigma is a significant deterrent to seeking care

“Stigma in emergency rooms (ERs) manifests in various forms: not providing Substance use Disorder (SUD) treatment, derogatory comments toward people with SUDs, not making an effort to screen insurance and connect to treatment.”

“It is important for providers to see SUD patients as human beings. A PowerPoint isn’t really going to do it. The stigma is very severe and hurtful to patients – everyone around them thinks they’re taking up space.”

The Emergency Department (ED) needs additional training and protocols to help individuals with a substance use disorder

“Emergency Room (ER) providers need to be educated on SUDs, from security guards to physicians and administrators.”

“There should be an equivalent of a ‘trauma team’ in the ER that responds to SUDs.”



From these focus group sessions, several themes emerged were identified (continued)



Improving access to Medication Assisted Treatment (MAT); in residential and inpatient treatment settings (ATS, CSS, TSS, etc.) is needed

“MAT becomes a separate culture from treatment programs because people have to leave the treatment programs for MAT.”

“Licensing programs to conduct MAT would have a significant benefit of decreasing MAT stigma and allow for more staff consistency.”

Recovery coaches are helpful at all stages in the recovery process; inadequate aftercare increases risk of relapse

“Recovery coaches can be good point of reference for patients in the ED.”

“Having a call from a Recovery Coach after leaving ATS would help people know they are cared for and have a resource to help get them to the next step.”



From these focus group sessions, several themes emerged were identified (continued)



Providers need to be made aware of “best practice” treatment models

“I started MAT shortly after arriving to the residential program, and CleanSlate helped with transitions between programs.”

“Hampden County Sherriff’s AISS program helps people connect to treatment, it is ‘a program to keep us busy’ while trying to get into treatment.”

Stable housing and the ability to gain employment is a critical piece of recovery; however these other factors can only be captured via comprehensive assessment

“Housing is a major risk factor for relapse. One participant is in early recovery, has a new job, and is about to become homeless. ‘If I’m not in a home by the time I get my first paycheck, I’m going to spend it on heroin.”

“Need for more sober houses and other supportive housing.”

Facility quality varies greatly, there is a need to be able to assess the quality of a facility before entering treatment

“Some residential facilities, including halfway houses, have staff who are not well trained and are demeaning to clients who are there.”



Commission Recommendations



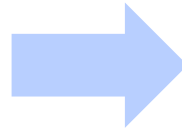
Commission Recommendations



Finding

Recommendation

There is a need for access to Recovery Coach Services at all levels of care to improve continuity of care by getting the individual into the next level of appropriate care and support individuals during critical transition periods between levels of care and reduce relapse rates



Expand access to recovery coaches through ACOs and MCOs via MassHealth's proposed 1115 Waiver

Publish outcome data for programs that currently use a Recovery Coach Model

Support the creation and accessibility of a diverse workforce of Recovery Coaches

Pilot a recovery coach program specifically for pregnant and postpartum women and adolescents

Recovery Coaches need ongoing training, support and supervision



Provide ongoing supervision, training and support for Recovery Coaches



Commission Recommendations



Finding

All addiction treatment programs should complete a comprehensive assessment for all patients upon admission to screen for Substance Use Disorders, Mental Health concerns or other factors that impact recovery



Recommendation

Establish learning collaboratives focused on promoting and increasing comprehensive assessments conducted upon admission

Publish guidance about how to complete a comprehensive assessment to ensure patients with a co-occurring mental illness are being appropriately identified and referred to treatment

Through licensing and payment methodologies, ensure that all addiction treatment providers are collaborating and connecting individuals with mental health specialists where a patient requires a level of care not offered by the provider; identified via the comprehensive assessments

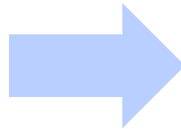


Commission Recommendations



Finding

Stigma is a significant deterrent to seeking care



Recommendation

Anti-stigma interventions should target all staff that interact with individuals in recovery

Anti-stigma interventions should target the following settings: Emergency Department, Primary Care Physician's Offices and EMTs

People in recovery and their family members should be invited to hold educational sessions with providers and medical staff about compassionate care and addiction

Anti-stigma interventions should target the review of eligibility criteria, policies and procedures associated with approval/denial of services that may unintentionally enhance stigma and delay vital necessary treatment



Commission Recommendations



Finding

Acute hospitals lack trained staff and don't make the necessary connections that enable a patient to obtain SUD treatment



Recommendation

Provide guidance and support hospital compliance in connecting individuals to SUD treatment

Support pilots throughout the Commonwealth that make connections to MAT in the ED or initiate MAT in the ED

Increase the use of recovery coaches in the emergency department

Publish outcome data from the ED Recovery Coach programs recently implemented by MassHealth and DPH



Commission Recommendations



Finding

Increasing access to and education about Medication-Assisted Treatment (MAT), specifically in residential/inpatient treatment settings would improve outcomes and reduce the stigma around MAT



Recommendation

All licensed inpatient/residential substance use treatment providers and recovery coaches should be required to educate and offer MAT to all patients

SUD providers should have agreements with several MAT providers

MAT providers should establish formal relationships with addiction treatment centers and correctional facilities to provide clinical outreach services and transitions in care

Provide objective and accessible information on what MAT is, how it works, its risks and benefits of MAT to patients, families, counselors and Recovery Coaches



Commission Recommendations



Finding

A siloed Mental Health and Substance Use Treatment system hinders individuals with a co-occurring SUD and mental health concerns to obtain the right level of care, in the right setting, at the right time



Recommendation

Expand mental health services to residential addiction treatment facilities to provide on-site mental health care

Use the authority in the 1115 waiver to expand SUD treatment programs and the integration of medical, BH and SUD care.

Consider co-licensing staff for multiple scopes of practice

Address barriers (regulatory, training or protocol) in ensuring medications are part of member transitions

Require DMH licensed acute inpatient psychiatric units to demonstrate the ability to provide opioid detoxification using an FDA approved opioid agonist medication

Expand upon the pioneering set of medical education core competencies for the prevention and management of prescription drug misuse agreed to by medical schools, dental schools, nursing school and social workers to schools of psychiatry and clinical mental health

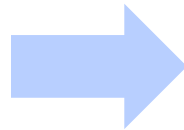


Commission Recommendations



Finding

There are few opportunities for providers to learn about “best practices” from other providers (including establishing protocols for patient transfer, intake, screening and post-discharge planning)



Recommendation

Host a semi-annual forum for licensed inpatient/residential SUD treatment providers to share “best practices”

Review AMA, drop out and administrative discharge data by model to identify trends/best practices

Facilitate a discussion on a semi-annual basis between payers, providers and state regulators to identify challenges/opportunities around integrating mental health and SUD treatment services

Increase awareness/adoption of “best practices” that emphasize the person’s greatest risk of relapse is when exiting treatment facilities

Increase the understanding that addiction is a life-long disease and people afflicted need continuity of care



Commission Recommendations



Finding

Patients & families need additional information about licensed treatment facilities in order to judge facility quality and access to services prior to admission



Recommendation

Develop a uniform set (building on existing required data submissions) for licensed treatment facilities to easily submit information on outcomes

Publish submitted licensed treatment facilities information to the public

Evaluate the existing licensing requirements and periodically review these licensing requirements at regular intervals

Consider a long-term plan of developing consumer-facing comparative information based on treatment center quality and outcomes

Promote mabhaccess.com and the BSAS helpline at locations where patients seek treatment and create a guide to help families navigate the treatment system

Review the feasibility of a state sponsored website that compares addiction treatment facilities, similar to Medicare's Nursing Home Compare website or other state comparison sites (e.g. New Hampshire)



Appendices



- **Appendix 1: Commission Membership**
- **Appendix 2: Summary of Focus Groups**
- **Appendix 3: Diverse representation**
- **Appendix 4: “Best Practice” Models of Care Delivery**



Appendix 1: Membership



Membership



- **Marylou Sudders, Secretary of Health and Human Services (Chair)**
- **Joan Mikula, Commissioner, Department of Mental Health**
- **Jennifer Barrelle, Director of Policy and Regulatory Affairs, Department of Public Health**
 - *Designated by Commissioner Monica Bharel
- **Scott Taberner, Chief of Behavioral Health & Supportive Care, MassHealth**
 - *Designated by Director Daniel Tsai
- **Joshua Giles, Director, Policy and Government Division, Office of the Inspector General**
 - *Designated by Inspector General Glenn Cunha
- **Emily Stewart, Executive Director, Casa Esperanza**
- **Joanne Peterson, Founder and CEO, Learn to Cope**
- **Dr. Henry East-Trou, Executive Director, Gandara Center**
- **Marcy Julian, Family Member of Individual Treated at State Licensed Treatment Center**
- **Jack Reilly, Family Member of Individual Treated at State Licensed Treatment Center**
- **Doris Kraemer, Family Member of Individual Treated at State Licensed Treatment Center**



Appendix 2: Focus groups



Focus Group 1: Consumers and families, Holyoke, MA



On July 28, 2016, a focus group was held with consumers and family members at the Hope for Holyoke Recovery Center in Holyoke, MA. There were 17 participants – 11 consumers and 3 family members. 4 attendees had a history of overdose. Questions were posed in both English and Spanish given linguistic preferences of attendees. The discussion lasted 2 ½ hours. Key discussion themes were:

- **Wraparound services should be centralized and easily accessible for people pursuing recovery. It becomes very difficult to secure housing, employment, education, and more when one has to go to various offices and agencies to apply for assistance.**
- **Recovery coaches can be helpful at various stages of the process – when someone is trying to get into treatment, immediately after detoxification in order to connect to the next step, and to provide support throughout recovery thereafter.**
- **Inadequate aftercare after detoxification often leads to relapse. Participants have experienced long waits for outpatient treatment, have been unable to get to treatment due to lack of transportation, and at times have not been connected to further treatment.**
- **A phone call from a recovery coach after detoxification would mitigate the risk of relapse and help clients connect to the next step in treatment.**
- **Treatment capacity in Western Massachusetts is a barrier – it is difficult to get a bed through the Helpline after 10am, and it is difficult to start methadone due to waiting lists.**



Focus Group 2: Consumers, Springfield, MA



On July 28, 2016, a focus group was held with consumers at the Gandara Addiction Recovery Program in Springfield, MA. There were 13 participants – all male consumers. 4 attendees had a history of overdose. Questions were posed in both English and Spanish given linguistic preferences of attendees, and the conversation and discussion were carried out almost entirely in Spanish. The discussion lasted 1 ½ hours. Key discussion themes were:

- **Nonsmoking rules at addiction treatment centers are challenging for some clients and sometimes cause people to be discharged from facilities for violating such rules.**
- **Immediate connection to treatment after detoxification is critical; those with smooth transitions tended to do better in their recovery.**
- **Methadone withdrawal after detoxification can increase risk of relapse. It would be helpful to start medication-assisted treatment in detox or be connected to other treatment centers immediately to reduce risk of relapse while withdrawing from methadone or other medications.**
- **Medication-assisted treatment is difficult to access and stigmatized at some treatment centers. It would be easier and less stigmatizing if MAT were offered on-site at treatment centers, rather than needing to go elsewhere.**
- **Overdoses are more likely after a period of sobriety, especially after treatment or incarceration. Several participants were released from jail or prison without a connection to treatment and experienced overdose shortly thereafter.**



Focus Group 3: Families, Cambridge, MA



On August 1, 2016, a focus group was held with family members of individuals with substance use disorders at a meeting of the Cambridge chapter of Learn to Cope. There were 23 participants – all family members of individuals with substance use disorders. The discussion lasted one hour. Key discussion themes were:

- Stigma in emergency rooms (ERs) is highly prevalent and requires intervention with all members of emergency room staff, not just clinicians. Individuals in recovery and their family members may be best suited to conduct trainings.
- Many people go to ERs as their entry point into treatment. As such, ERs should be equipped with addiction specialists who can provide stigma-free care, support the clinical team, and help patients connect to treatment.
- Additionally, other entry points to treatment, such as primary care offices and BSAS resources, should be available and equipped with sufficient support to help someone reach the appropriate level of care.
- Few participants were familiar with mabhaccess.com and the BSAS helpline, though almost all said such a resource would be helpful for them.
- Different pathways to recovery work for different people, so it is important to offer a variety of treatment options, including making medication-assisted treatment available while still providing quality care to those who decline it



Focus Group 4: Pregnant and Postpartum Women, Holyoke, MA



On August 11, 2016, a focus group was held with pregnant and postpartum women with substance use disorders at Gandara Recovery Services for Women. There were 12 participants – all women with substance use disorders. The discussion lasted one hour. Key discussion themes were:

- Access to care is a major barrier. In particular, there are few treatment beds for women with young children, and policies regarding eligibility make it difficult to navigate the system.
- More supportive transportation options are needed to help women reach appointments.
- Long waiting lists for public housing make it difficult to transition from a residential program into stable community housing, and unstable housing leads to difficulty retaining custody of one's children.
- Limited case management resources for women in correctional facilities is a barrier to connecting to treatment upon release.
- Women often face significant stigma from Labor and Delivery care providers, though providers with more education and experience treating SUDs are often less stigmatizing.
- The postpartum period can carry high risk for relapse; recovery coaches may help navigate this challenging time.



Focus Group 5: Families, Holyoke, MA



On August 11, 2016, a focus group was held with family members of individuals with substance use disorders representing the three Western Massachusetts chapters of Learn to Cope. There were 14 participants – all family members of individuals with substance use disorders. The discussion lasted one hour. Key discussion themes were:

- Some detoxes do not accept new patients on weekends due to inability to verify insurance; this poses a barrier to care for people who need urgent treatment.
- It would be helpful to have a guide to navigating the treatment system for those who have a family member newly diagnosed with an SUD
- Long waiting lists inhibit continuity of care in Western Massachusetts – it can be difficult to get into an intensive outpatient program or methadone maintenance program directly after detoxification.
- Published information on facility quality, including staff qualifications, case load, programming, and rates of program completion would guide families in choosing a treatment facility for their loved one.
- Stigma around MAT has significant consequences – participants related stories of family members who lost jobs after testing positive for methadone or buprenorphine on a drug screen, and one who was fired after being seen by her employer waiting in line for methadone dosing.



Focus Group 5: Families, Holyoke, MA



Additional comments were submitted by family members who could not attend this focus group in person. Their comments included:

- **One client who was at a treatment facility but was not given her prescription medications until her primary care physician called the facility directly.**
- **Inadequate education of providers, leading to a pregnant women being administered buprenorphine/naloxone instead of buprenorphine by a nurse at an ATS facility.**
- **Strict policies that interrupt continuity of care, such as one client who moved from Philadelphia to Massachusetts but would not be administered methadone at a Massachusetts clinic because she arrived one day later than the clinic expected her.**
- **Additionally, a pregnant woman and her partner were discharged from a CSS facility for failing to identify themselves as a couple.**
- **Homelessness can serve as an obstacle for treatment, such as a homeless client who was precluded from being admitted to an ATS facility because they would have no address to discharge him to.**
- **Some facilities reportedly do not permit clients to have naloxone.**
- **Lifelong bans from private MAT providers for diverting buprenorphine are perceived as stigmatizing and impeding access to treatment for clients who later wish to make another attempt at recovery.**



Focus Group 6: Adolescents, Boston, MA



On August 11, 2016, a focus group was held with adolescents at the Young Adult Resource Network in Dorchester. There were 15 participants, ages 12 to 26. The discussion lasted 1 hour. Key discussion themes were:

- Participants identified long waitlists, scheduling during school hours and no provider continuity as a barrier to care. A more clear treatment enrollment process would aid patient adherence.
- Diversity in age, life experience, culture and ethnicity were discussed as factors that help participants feel at ease and develop trust with therapists.
- A lack of clarity in treatment expectations was identified as a barrier to patient's continuity of care.
- Stigma was a significant barrier to care, particularly coming from treatment providers. Participants felt this as a lack of respect which discouraged them from treatment.
- Participants identified that extra supports in the form of family involvement and engagement through music and sports would increase motivation to participate in treatment.



Focus Group 7: Consumers, Boston, MA PAATHS Program



On August 11, 2016, a focus group was held with consumers at The Boston Public Health Commission's PAATHS (Providing Access to Addictions Treatment, Hope, and Support) program. There were 8 participants of which we observed 2 Females and 6 Males with a total of 7 participants of color and 1 white participant. All attendees shared a history of substance use. Questions were posed in English, however, resources were on hand for translation in the event of a Spanish linguistic preferences. Key discussion themes were:

- Creating a welcoming and stigma free environment needs to include opportunities that promote freedom of dialogue without fear of judgment, access to staff with both academic and lived experience, a framework rooted in empathy, meeting people at respective stages of recovery, services specific to dual-diagnosed individuals, increased opportunities for community engagement.
- Specific to treatments received during periods right before or during incarceration, clients shared having access to recovery support opportunities only if the individual was motivated and committed to utilizing available resources, such as access to Narcan training.
- Regarding policies related to residential discharge, there was unanimous feedback that peers typically experience a downward spiral in their recovery process as a result.
- Mixed experiences relevant to primary care identified some consumers with inconsistent care due to stigma related to pain management and limited addiction related knowledge.
- With regard to MAT, consumers carry personal biases depending on individual experiences that stressed the importance of proper dosing and monitoring, utilizing effective methods of screening candidates, and ensuring providers are strongly educated on the recovery tool.



Focus Group 8: Consumers, BHCHP



On August 11, 2016, a focus group was held with patients at The Barbara McInnis House at the Boston Healthcare for the Homeless Program. There were 5 participants of which we observed 2 Females and 3 Males with a total of 1 participant of color and 4 white participants. All attendees shared a history of substance use. Questions were posed in English, however, resources were on hand for translation in the event of a Spanish linguistic preferences. Key discussion themes were:

- Multiply diagnosed consumers continue to face layered and complex barriers across the healthcare system that further exacerbate the severity of their conditions. Specific to detox, accessing facilities that will accept such individuals is extremely limited, especially for those with complicated medication regimens, anticoagulation needs, insurance barriers, and even for people who must break sobriety in order to enter programs. Consumers emphasized that while in detox, needs related to other diagnoses were not acknowledged.
- Related to transitioning into extended treatment programs, the desire is there, however, medical complications and needs greatly reduce rates of admission. Many consumers credited the Barbara McInnis House for opening their doors to them for receipt of care. If housing was stable, consumers shared their willingness to engage with outpatient programs that were accessible.
- Consumers shared common experiences of being turned away from primary care due to stigma related to drug seeking behavior, co-occurring conditions that overwhelm providers, and having to work through myths and stigma related to MAT.
- When asked to identify ideal methods of treatment, consumers highlighted the need for cocaine related treatment, increased medical interventions, alignment between law and health related to substance use, stronger support for sober living people who are disabled, increased funding for those committed to sober living.



Focus Group 9: Meeting with Providers



A focus group was held with addiction treatment providers. There were 25 attendees, representing EOHHS, MassHealth, DPH, DMH, the Association for Behavioral Healthcare, and 8 treatment centers across the Commonwealth. Key discussion themes included:

- Mental health outreach services, as outlined in 105 CMR 140.560, are a valuable tool for addiction treatment facilities to provide on-site mental health services, and MassHealth is working to clarify and address barriers to delivering and billing for such services.
- Lengthy and redundant credentialing processes delay onboarding and affect access to care. Delegating credentialing to providers can streamline this process.
- Patient transportation is a barrier to care in both rural and urban communities. Providers have struggled to obtain PT-1 authorization for some patients in need of transportation.
- Reimbursement rates are the biggest disincentive for dual diagnosis treatment in the inpatient and outpatient settings, though increased collaboration between DMH and BSAS on licensing dual diagnosis facilities may be helpful. Rates for a new level of care – residential dual diagnosis treatment – could build capacity.
- Further education of consumers and providers is necessary to reduce stigma around MAT and improve medical and mental health treatment for patients on MAT.
- There is no standardized system in place for managing the transfer of medication from one level of care to the next (especially from a more "medical model" such as inpatient MH or Medical, Detox or CSS to TSS or Recovery Home) which creates opportunity for diversion of medication in transit, denial of admission at next level of care, risk for relapse or decompensation in next level of care due to lack of medication continuity.



Appendix 3: Diverse Representation



Diverse representation



- The Commission made an effort to include consideration of cultural, linguistic and geographic diversity in its data collection and recommendations.
- Two focus groups were conducted with a predominantly Spanish-speaking population.
- Several focus groups were selected with specific consideration of racial, ethnic, and geographic diversity.
- In making its recommendations, the Commission has considered their possible effects on minority populations and believes that these recommendations have broad applicability and effectiveness across the Commonwealth.



Appendix 4: “Best Practice” Models for Care Delivery



Best practice models of delivery and the provision of recovery oriented services



In developing its recommendations the commission reviewed the following models (some program highlights to follow):

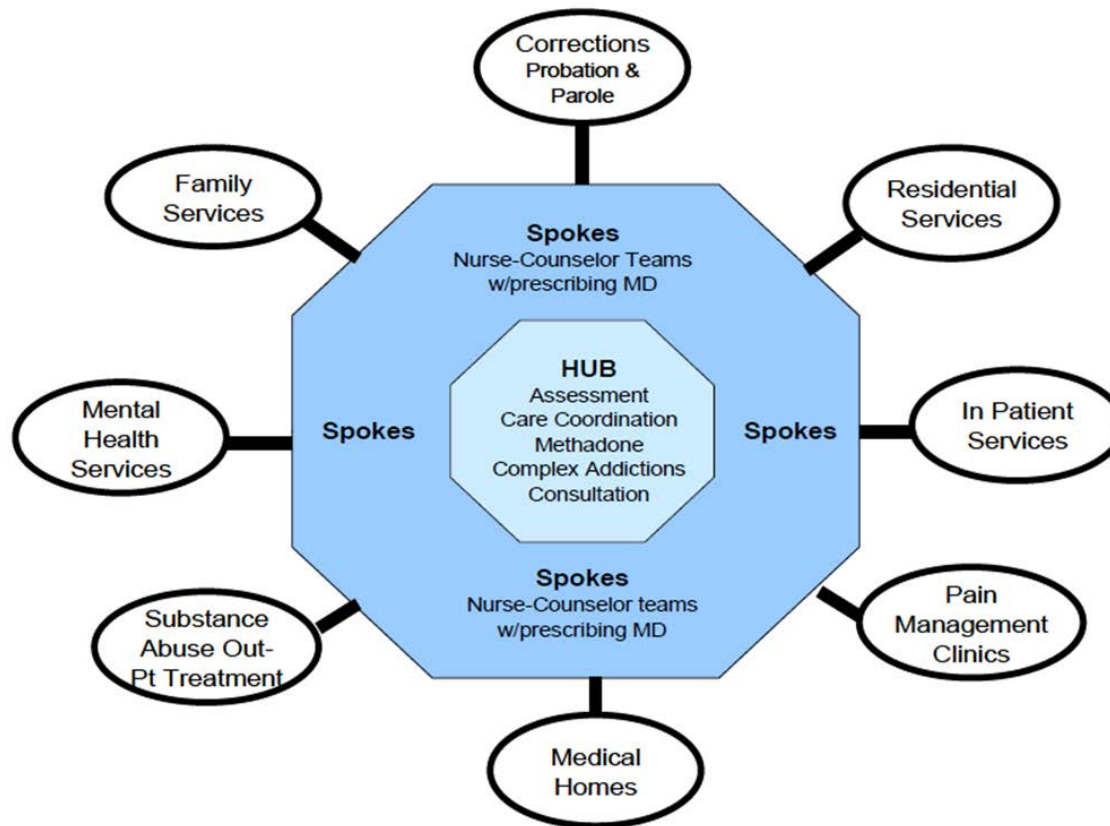
- Vermont Hub and Spoke Model
- Women's Recovery from Addictions Program (WRAP)
- Project Echo
- MassHealth 1115 Waiver
- Hampden County: A Public Health Model for Correctional Health Care
- Housing First Model
- British Columbia's Strategies to Combat the Opioid Epidemic
- Review of Interventions to Improve Family Engagement and Retention in Parent and Child Mental Health Programs
- Issue Brief: Tackling Racial and Ethnic Disparities in Mental and Behavioral Health Services in Massachusetts
- Recovery Capital: A Primer for Addictions Professionals
- Shoveling Up: The Impact Of Substance Abuse On Federal, State And Local Budgets



Vermont “hub and spoke” model



Higher-level treatment “hubs” connected to lower-level primary care “spokes”





Women's Recovery from Addictions Program (WRAP)



- 45-bed women's Section 35 program located on the grounds of Taunton State Hospital
- Allowed for the Commonwealth to end SUD civil commitments to MCI-Framingham
- Provides treatment services during both the Detox/ATS and Clinical Stabilization periods, including:
 - Individual and group counseling and therapy, including 12-step education, opioid overdose prevention workshops, relapse prevention, coping skills, nutrition, HIV education, spirituality, domestic violence, self-help, gender specific recovery topics, trauma awareness, medication assisted therapy education, meditation, yoga, expressive therapy and in-program commitments (AA/NA).
 - Referrals are made for those clients requesting further residential treatment to halfway houses, sober houses, and transitional support services; as well as for clients needing physical and mental health care, medication assisted therapy, legal issues, vocational and educational needs and ongoing support services for clients after discharge
- Each woman, if she consents, leaves the program with an individualized aftercare plan to continue treatment and recovery in the community
- Over 145 patients were admitted to the unit (as of September, 2016) with 107 discharges; nearly 70% of discharged patients are still active in aftercare
 - Aftercare coordinators work with each client for up to 6 months post discharge into the community to provide individualized supportive services, including assistance in finding housing, employment, treatment providers and other services as determined needed by the client.
- From the opening of the program from February 2016 to September 2016, only 10 WRAP patients were readmitted to the program



Project ECHO



- Uses telementoring to connect primary care physicians with academic specialists to train them to treat specific conditions
- 3,000 doctors, nurses and community health workers provide treatment to more than 6,000 patients enrolled in Project ECHO's comprehensive disease management programs
- A 2011 study published in the *New England Journal of Medicine* showed that the quality of hepatitis C care provided by Project ECHO-trained clinicians was equal to that of care provided by university-based specialists.⁵
- Buprenorphine waivers in underserved areas of New Mexico have increased from less than 20 per million to 140 per million since the launch of the Integrated Addictions + Psychiatry ECHO in New Mexico⁶
- There have been early discussions regarding feasibility of an SUD ECHO in Massachusetts

<http://echo.unm.edu/nm-teleecho-clinics/integrated-addiction-and-psychiatry-clinic/>



Hampden County: A Public Health Model for Correctional Health Care



- The Hampden County Correctional Center (HCCC) has implemented a “public health model of correctional health care” based on the premise that inmates can receive high quality care at minimal cost if a jail contracts with non-profit providers from the communities to which the inmates return.
- Community based providers in Hampden County contract with the HCCC to begin working on discharge planning and health care issues shortly after an inmate enters the facility and continue to provide treatment and support to the inmates as they transition back into the community.
- HCCC contracts with the Department of Corrections (DOC) to provide re-entry and transition services to inmates from Hampden County with six months of their sentence remaining.
- HCCC also runs a model program for female inmates, which is gender appropriate and based on well-established relational models specific to women.



MassHealth 1115 Waiver



- MassHealth submitted an 1115 waiver proposal to the CMS
- The proposal includes several expansions of SUD treatment, including:
 - MassHealth coverage of American Society of Addiction Medicine Level 3.1 services (residential rehabilitation level of care currently paid for by DPH)
 - Increased access to medication-assisted treatment
 - Enhanced care management, recovery navigation and recovery coaching
- Reinvesting the federal financial participation from covering those services into increased residential treatment capacity (estimated 480 new placements)
- Those funds will also be used to fund care coordination and recovery coach services
- Waiver establishes accountable care organization (ACO) models, opening opportunities for ACOs to be more involved in SUD treatment with involvement of Behavioral Health Community Partners (BH CPs)



MassHealth 1115 Waiver: Supporting Integrated Care Delivery



A key feature of the proposed demonstration extension is to address the growing crisis related to opioid addiction and support long-term recovery. Massachusetts proposes enhanced MassHealth SUD services to promote treatment and recovery.

