Report on the Plan to End Operations at the Massachusetts Alcohol and Substance Abuse Center (MASAC)

December 2025

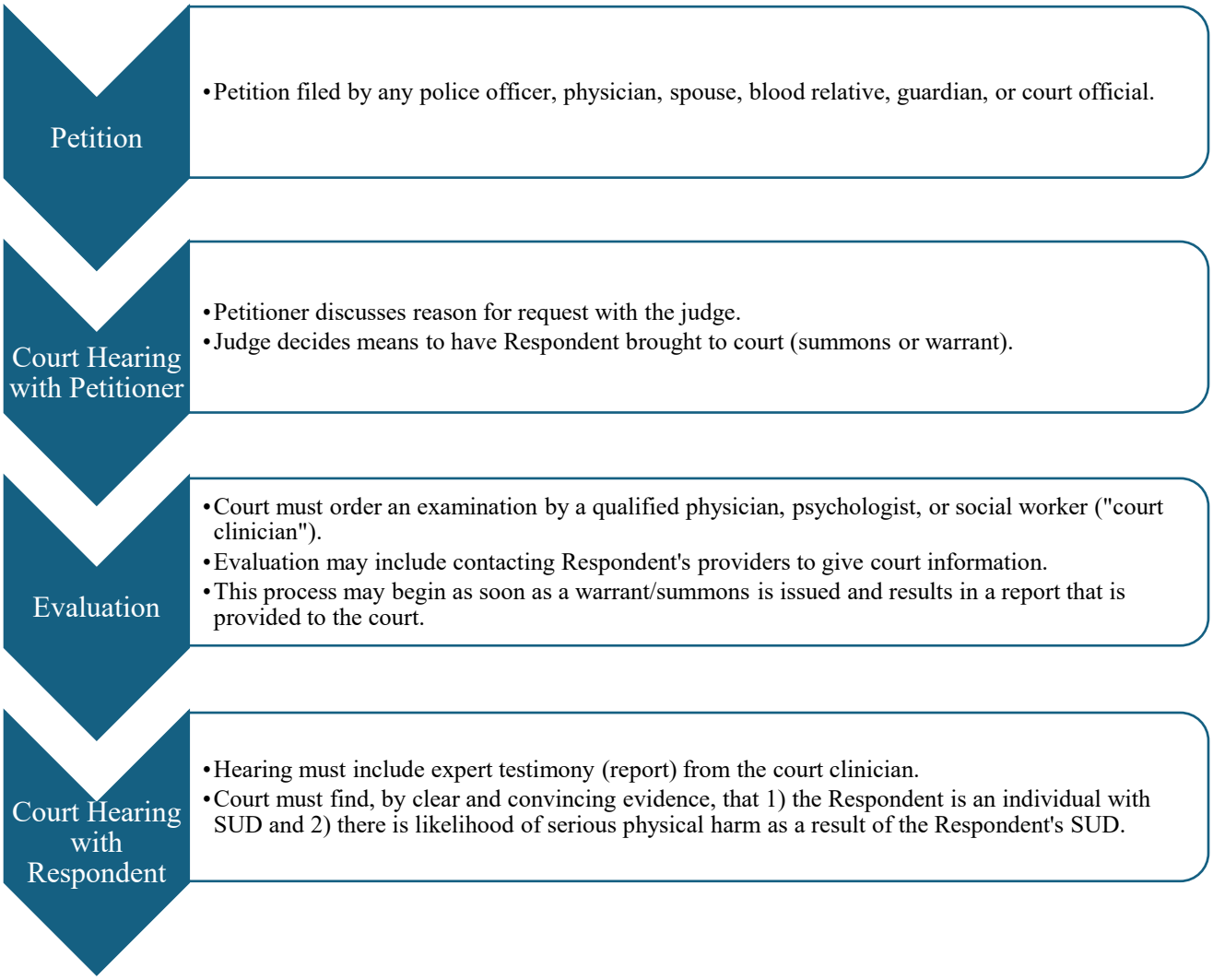
Legislative Mandate

The following report is issued pursuant to Section 30 of Chapter 285 of the Acts of 2024, *An Act Relative to Treatments and Coverage for Substance Use Disorder and Recovery Coach Licensure*, which reads as follows:

> *(a) Notwithstanding any general or special law to the contrary, the Massachusetts alcohol and substance abuse center, hereinafter referred to as the center, shall be considered a secure facility under Section 35 of chapter 123 of the General Laws for the purposes of commitments under said Section 35 of said chapter 123 until December 31, 2026 or such time as the secretary of health and human services determines there is an adequate supply of beds pursuant to subsection*
>
> *(b) The secretary of health and human services shall develop a plan to end operations at the center as a secure facility accepting persons committed for treatment for alcohol or substance use disorder by not later than December 31, 2026; provided, however, that persons may continue to be committed to the center until the department of public health or the department of mental health have identified, licensed or approved facilities with sufficient capacity to ensure an adequate supply of beds for the treatment of individuals committed under said Section 35 of said chapter 123. In developing the plan, the secretary shall consider geographic distribution of facilities when identifying, licensing or approving facilities.*
>
> *(c) The secretary shall submit the plan required under subsection (b) to the clerks of the senate and house of representatives and to the joint committee on mental health, substance use and recovery not later than 180 days after the effective date of this act. The secretary shall submit interim reports quarterly detailing the progress towards ending operations at the center to the clerks of the senate and house of representatives and to the joint committee on mental health, substance use and recovery. The quarterly reports shall include, but shall not be limited to the following: (i) a census of persons being treated at the center; (ii) the number of persons transferred from the center to other facilities licensed or approved by the department of public health or department of mental health; (iii) the location and bed capacity of each newly licensed or approved facility or existing facility that increases capacity; (iv) the type of facility and location of newly committed persons under Section 35 of chapter 123 of the General Laws since the most recent quarterly report; and (v) the anticipated fiscal impact, if any, of complying with this section.*

I. Introduction

In Massachusetts, individuals may be civilly committed for involuntary substance use disorder treatment under M.G.L. c.123, s. 35 (or Section 35). Under Section 35, a Petitioner may petition a court to involuntarily commit an individual believed to have an alcohol or substance use disorder (SUD) for treatment.



The court must find that there is a "likelihood of serious harm", which is defined in M.G.L. c. 123, section 1 as:

> 1) A substantial risk of physical harm to the individual as manifested by evidence of, threats of, or attempts at suicide, or serious bodily harm;
>
> 2) A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior by the individual or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them by the individual; or

> 3) a very substantial risk of physical impairment or injury to the individual as manifested by evidence that such person's judgment is so affected that they are unable to protect themself in the community and that reasonable provision for their protection is not available in the community.[1]

The harm must be imminent, meaning that the harm will materialize "in the reasonably short-term—in days or weeks rather than in months."[2] Judges must also evaluate less restrictive alternatives before ordering commitment.[3] If the court finds that the individual is a person with SUD and that there is a likelihood of serious physical harm as a result of the individual's SUD, it may order the individual to be committed to a facility for up to 90 days.

The court may find that the only appropriate placement for an individual is a "secure facility", or that there are no other beds available except those in a "secure facility". A "secure facility" is, by statute, the Massachusetts Alcohol and Substance Abuse Center (MASAC), or "a facility that provides care and treatment for a person with alcohol or substance use disorder funded, controlled or administered by a county sheriff or a facility so designated by the department of public health or the department of mental health that provides a comparable level of security".[4]

Once committed under Section 35, the necessity of the commitment must be reevaluated by the program at least on days 30, 45, 60, and 75, as long as the commitment continues. A person committed under Section 35 may be released prior to the end of the commitment after the program determines, in writing, that the release of the person will not result in a likelihood of serious harm.

Under Section 35, the Department of Public Health (DPH) is required to maintain a roster of available facilities, together with the number of beds and the level of security at each facility. All Section 35 programs are licensed or approved by the Department of Public Health Bureau of Substance Addiction Services (BSAS) pursuant to 105 CMR 164, *Licensure of Substance Use Disorder Treatment Programs*. The Department of Mental Health (DMH), the Department of Correction (DOC), the Hampden County Sheriff's Department (HCSD), Behavioral Health Network (BHN), Recovery Centers of America (RCA), and High Point Treatment Center (HPTC) operate adult Section 35 programs (*Table 1*).

---

[1] MGL Ch. 123, section 1.

[2] Matter of G.P., 473 Mass. 112, 124-25 (2015).

[3] Matter of Minor, 484 Mass. 295, 308-09 (2020).

[4] MGL Ch. 123 Section 35, as amended by Ch 285 of the Acts of 2024. MASAC is included in the definition of "secure facility" until December 31, 2026 "or such time as the secretary of health and human services determines there is an adequate supply of beds pursuant to subsection (b)."

Table 1. Overview of Adult Section 35 Programs				
Operator	**Private or Government**	**Location**	**Licensed Capacity (Gender)**	**Operational Capacity (Gender)**
Behavioral Health Network	Private, DPH-contracted	Greenfield	30 (F)	30 (F)
Recovery Centers of America	Private, DPH-contracted	Danvers	29 (M), 29 (F)	29 (M), 29 (F)
High Point Treatment Center	Private, DPH-contracted	Brockton	60 (M)	60 (M)
High Point Treatment Center	Private, DPH-contracted	New Bedford	32 (M/F), 28 (F)	60 (M)
High Point Treatment Center	Private, DPH-contracted	Plymouth	32 (M/F)	32 (M/F)
DMH at Recovery from Addiction Program (RAP)	Government, DMH	Taunton	45 (F), 75 (M)	45 (F), 75 (M)
DOC at Massachusetts Alcohol and Substance Abuse Center (MASAC)	Government, DOC-contracted	Plymouth	160 (M)	135 (M)
Hampden County Sheriff's Office at Stonybrook (Stonybrook)	Government, HCSD	Ludlow	152 (M)	144 (M)

MASAC is the only Section 35 facility operated by DOC. MASAC is licensed as a 160-bed unit, with 135 beds currently operational. As of the drafting of this report, there are 207 full-time staff at MASAC. There were 519 commitments at MASAC in FY25. Historically, MASAC has mostly served individuals from courts in the eastern half of the state, and Stonybrook has served Worcester west.

Based on surveys and provider meetings, it was determined that individuals are sent to MASAC for the following reasons:

- Complex medical needs;
- Histories of violence and disruptive behaviors;
- Dual commitment status (dual commitments are individuals with a civil commitment order pursuant to Section 35 and pending bail or denied bail); or
- No available beds elsewhere.

II. Complex Medical Needs

Individuals with complex medical needs may be more likely to be referred to MASAC due to differences across programs in their intake policies. MASAC does not require clinical

information prior to accepting a referral, while all other programs have a standard intake process that requires court clinicians to provide clinical details prior to a program accepting a referral. Regardless of intake policies, all programs are required to medically and psychiatrically assess an individual who is referred to their program within 24 hours (105 CMR 164). Ultimately, the placement of an individual is determined by the judge presiding over the commitment hearing.

Although individuals with complex medical needs are sent to MASAC, it is important to understand systemwide limitations on the delivery of medical services in Section 35 settings. Section 35 programs are licensed to specifically provide withdrawal management and clinical stabilization services for substance use disorder:

- Withdrawal Management Services (WMS) are 24-hour substance use disorder treatment services with 24-hour, seven-day per week nursing and medical supervision. They provide withdrawal symptom management as part of medically supervised withdrawal and/or induction onto medication for addiction treatment.
- Clinical Stabilization Services (CSS) are provided in a non-medical setting and include 24-hour per day supervision, observation and support.

Providers across the substance use disorder care continuum have reported increasing medical and mental health needs of the people they serve, and Section 35 programs are no exception. However, Section 35 programs are neither acute hospital settings, nor are they specialty medical or urgent care centers. They are not staffed or funded to provide care to individuals with complex chronic and acute medical needs and may be limited in what services can be provided under their current scope of licensure and practice. All Section 35 programs transfer individuals with emergent needs to an Emergency Department (ED). When an individual is sent out for higher level care, Section 35 programs will "hold" their bed until the individual returns, as long as the medical issue does not require long-term hospitalization or impact an individual's ability to participate in programming. If an individual cannot return to the Section 35 facility, the civil commitment order is rescinded.

Proposal and Next Steps

Some medical services can be appropriately delivered within Section 35 settings, based on WMS/CSS licensure expectations and staffing. While all Section 35 programs deliver WMS and CSS, only RAP, High Point, BHN, and RCA are enrolled with MassHealth and managed care plans to deliver services so are also held to MassHealth program and reimbursement expectations. The rate for this service differs from voluntary WMS and CSS and is known as Individualized Treatment and Stabilization Services (ITS). The ITS rate requires enhanced clinical staffing and programming to meet the needs of the Section 35 population. Currently, there is no mechanism for Stonybrook or MASAC to enroll in MassHealth. In order to clarify these MassHealth expectations, the programmatic specifications and specific scope of ITS are currently in review.

Other medical services will continue to fall outside the scope of ITS program expectations and WMS/CSS licensure requirements. EOHHS, including MassHealth, is exploring the need for enhanced payment for increased medical capacity in DPH-contracted network of programs. All options must remain in accordance with state regulations and federal expenditure authority.

Programs will continue to utilize transport to the ED for those needs that are too acute or complex.

III. Disruptive Behavior

Individuals with histories of violent or disruptive behaviors may be sent to MASAC due to MASAC's enhanced staffing, including psychiatry services and trained safety staff. The DMH RAP program includes a staffing and treatment model that provides specialized interventions for individuals with co-occurring substance use and serious mental health conditions. Individuals served by RAP may have histories of aggressive, violent or other disruptive behaviors that increase risk of personal and milieu safety. BHN, High Point, and RCA have identified that their policies do not allow for physical, mechanical, or medication restraint, which can be a barrier to managing individuals with aggressive, violent, or other disruptive behaviors.

Proposal and Next Steps

DMH is reviewing data and clinical information on individuals who were admitted to RAP and demonstrated aggressive, violent or other disruptive behavior that presented challenges within the treatment setting, including those in which an individual needed to be transitioned to MASAC or another setting, including Emergency Departments. In addition, DMH is reviewing evaluation and placement data and information to identify the conditions in which an individual is placed at MASAC. This review will support DMH to identify additional resources that may be needed to effectively and safely provide high-quality treatment to individuals who are currently placed at MASAC and to identify additional considerations that will need to be addressed.

IV. Dual Commitments and Security

Dual commitments are individuals with a civil commitment order pursuant to Section 35 and pending bail/denied bail. Any facility accepting duals will have to ensure the security of the people served. MASAC has several features that contribute to its security, including:

- **Geographic Location.** MASAC is located within Myles Standish State Forest, providing a remote setting that makes elopement difficult.
- **Staffing.** MASAC has 207 full time equivalent (FTE), including 82 FTE of safety personnel. MASAC currently operates 135 beds, and with less than half of beds currently utilized, there is a high staff to patient ratio. Note that staff are contracted by DOC; there are no uniformed correctional officers staffing MASAC or MASAC's transportation services.

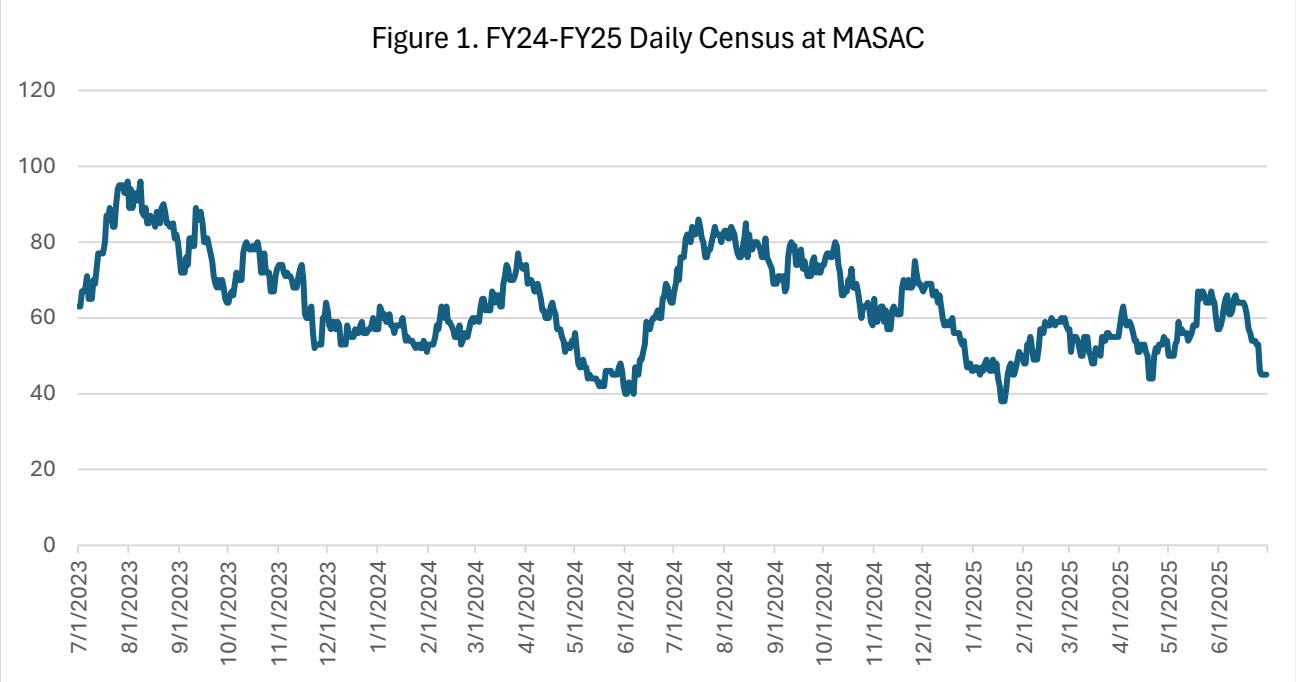
- **Physical Design.** The MASAC facility has a fenced perimeter with alarmed doors, with staff posted at gates throughout the facility.

Proposal and Next Steps

Due to RAP's existing security features and enhanced staffing, DMH is reviewing its procedures to assess its capacity to provide safe and secure treatment and transportation for dual individuals, which may then be used by other facilities to determine their capacity to do the same. This review will be completed in consultation with DOC.

V. Capacity

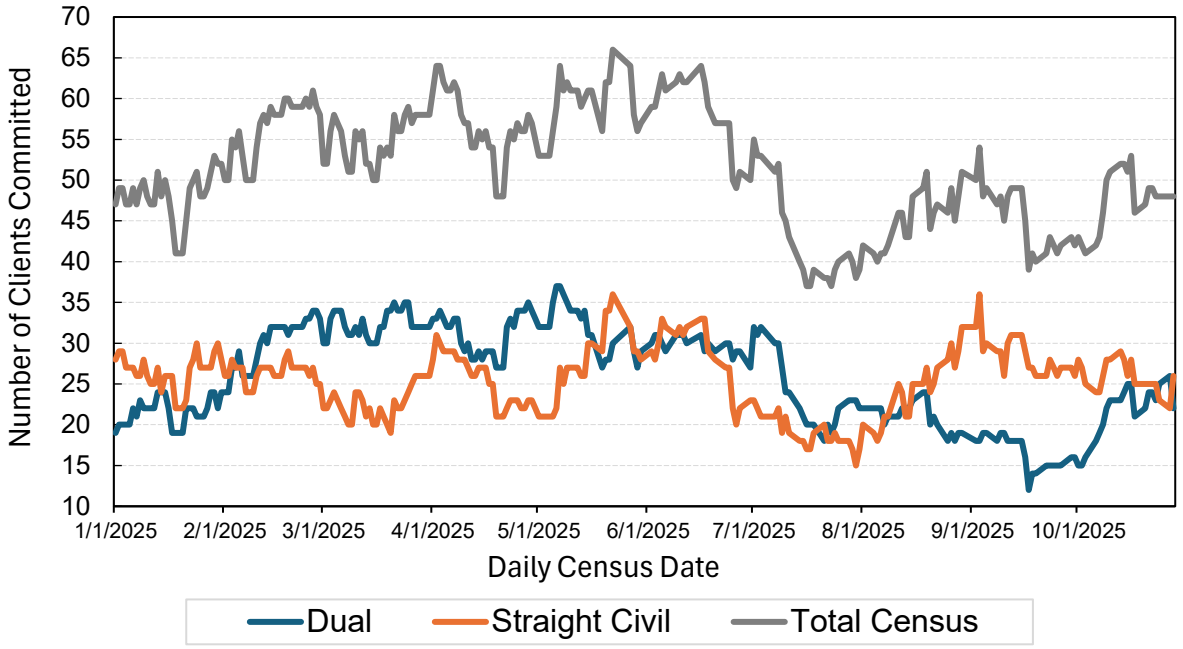
Figure 1 demonstrates the daily census at MASAC from FY24-FY25, as reported to BSAS through enrollment data. The average daily census was 64 persons with a range from 38 to 96.



DPH created a bed inventory tool in February 2025 for court clinicians to better assess systemwide bed availability. Bed availability shifts daily, creating challenges for court clinicians referring individuals to Section 35 programs. However, the creation of this tool allows court clinicians to confirm real-time bed availability at other programs prior to a referral to MASAC.

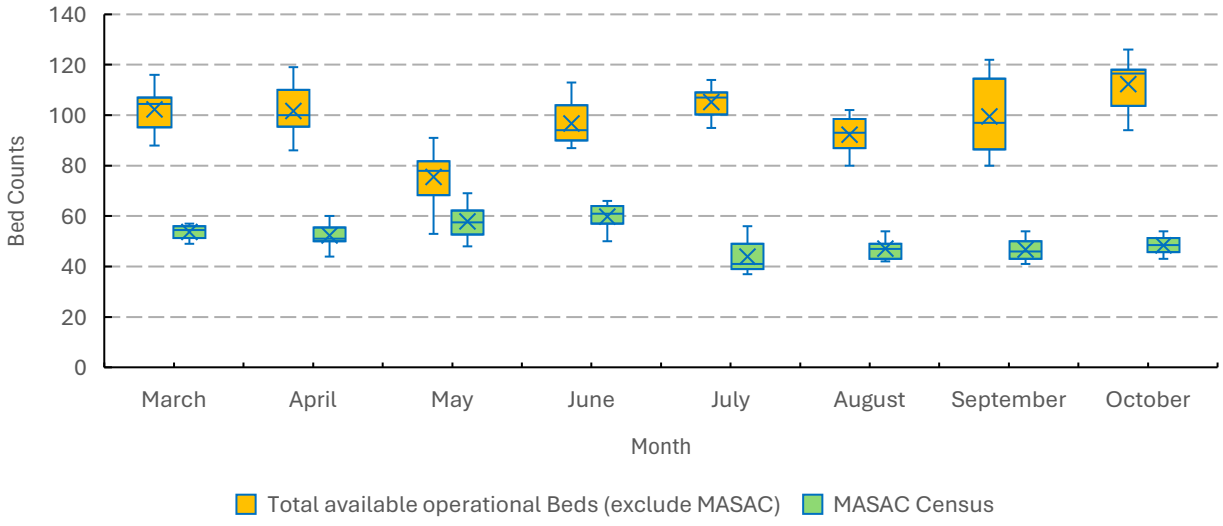
Figure 2 demonstrates daily MASAC census as reported to the bed inventory tool from 1/1/25-10/28/25. The average daily census was 52 persons (26 dual and 25 straight civil). The total daily census ranged from 37 to 66.

Figure 2. MASAC Census by Commitment Status
(1/1/2025-10/28/2025)



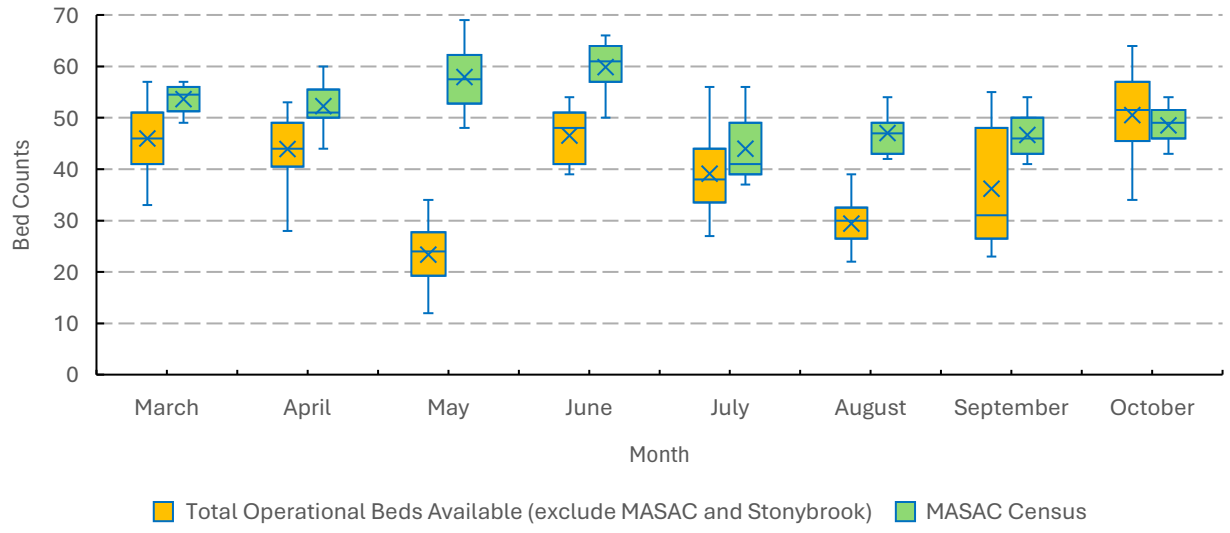
To better understand current bed capacity and the ability of existing programs to absorb the MASAC census, *Figure 3* shows the average monthly male bed availability in RCA, HPTC, Stonybrook, and RAP, as compared to the average monthly census at MASAC. The figure suggests that existing bed capacity would be sufficient to meet the MASAC census from March to October, 2025, assuming all current capacity is utilized and has the security level that the court expects.

Figure 3. MASAC Census and Total Operational Beds in RCA, HPTC, DMH, and Stonybrook
Mar - Oct 2025



When Stonybrook's capacity was not taken into consideration, MASAC's census exceeds available capacity in RCA, HPTC, and RAP (*Figure 4*). An average additional 12 beds would be needed to meet demand from MASAC from March-October, with a range of -15 (could meet MASAC demand and have 15 beds left unutilized) to 57 (would need 57 beds to meet MASAC demand). This assumes both dual and straight civil commitments being served by RCA, HPTC, and RAP.

Figure 4. MASAC Census and Total Operational Beds in RCA, HPTC, and DMH
Mar - Oct 2025



Proposal and Next Steps

EOHHS is looking at ways to ensure that all existing capacity at RCA, HPTC and RAP is utilized prior to a straight civil commitment being referred to MASAC. This may require additional focus on the management of court clinician referrals and bed availability information. EOHHS continues to explore the need for additional capacity to the Section 35 system.

VI. Transfers

There were no individuals transferred from MASAC to other Section 35 facilities from April 30, 2025-October 30, 2025. EOHHS is not planning to transfer individuals who have already been admitted to MASAC to ensure continuity of care.

There were no newly licensed or approved facilities, or existing facilities that increased capacity, from April 30, 2025-October 30, 2025.

VII. Fiscal Impact

DOC oversees a $36M contract with Recovery Solutions to provide healthcare services and staffing at MASAC. Part of that cost is covered by line-item 8900-0002, which allocated $24.5M for the operation of MASAC in FY25. The rest of the costs are covered by DOC's operational budget. Of note, these costs do not include DOC expenses for the maintenance of the building and utilities, or any DOC staff time used to operate MASAC.

The primary payers for Section 35 services at BHN, RCA, and HPTC are MassHealth and other insurances. BSAS serves as payer of last resort for clients who are uninsured or underinsured, and under limited circumstances covers payment for insured individuals whose treatment has been deemed no longer medically necessary by their insurer. MassHealth and BSAS reimburse Section 35 providers for Individualized Treatment and Stabilization Services (ITS) Tier 1 at $919.21 per diem (101 CMR 444.000, *Rates for Certain Substance Use Disorder Services)*.

EOHHS will continue to assess fiscal impact to inform ongoing funding needs and potential sources of funding.