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

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*
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> *(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.*
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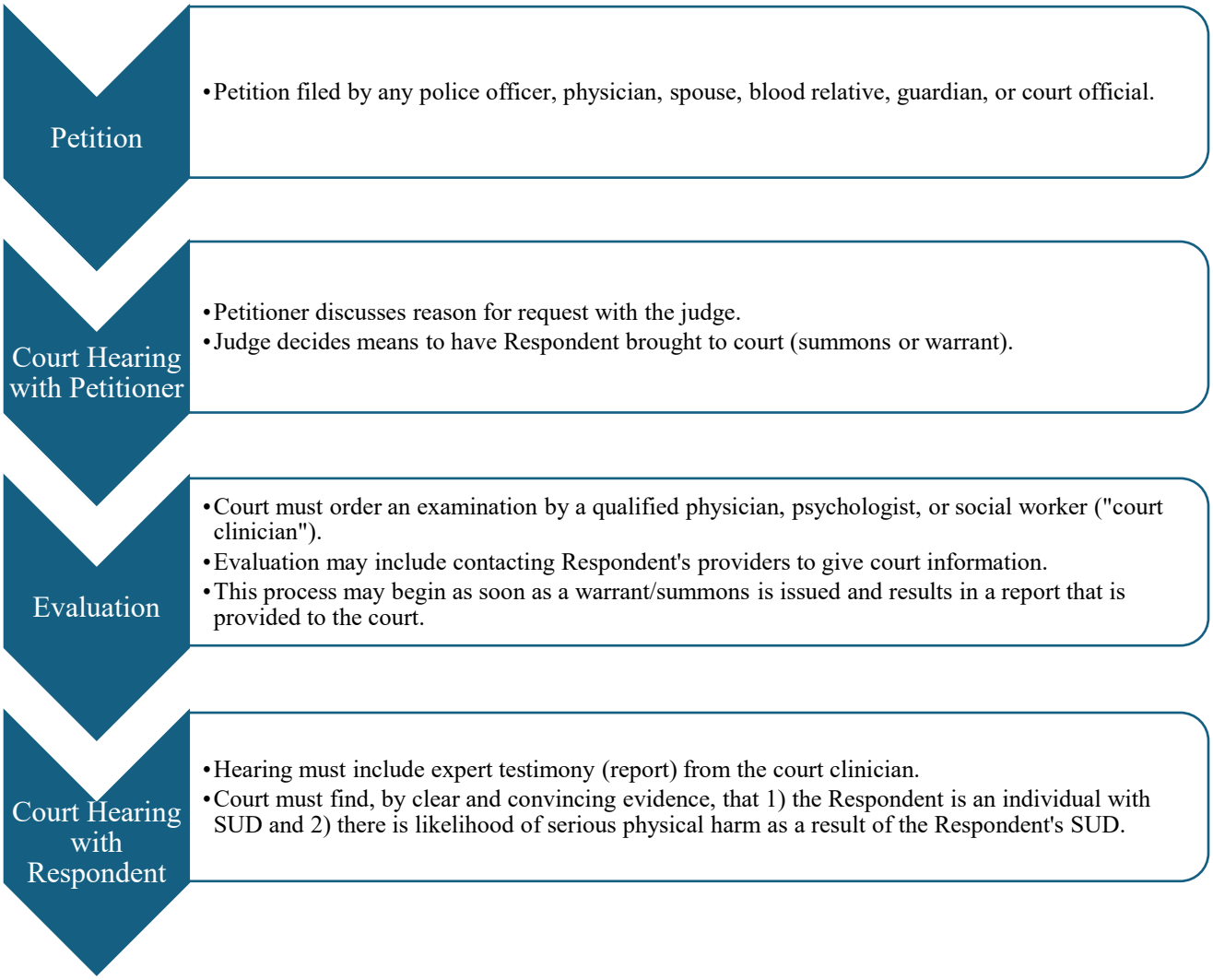
> *(c) The secretary shall submit the plan required under subsection (b) to the clerks of the senate and house of representatives and to the joint committee on mental health, substance use and recovery not later than 180 days after the effective date of this act. The secretary shall submit interim reports 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;
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> 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*).

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[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

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[5] and clinical stabilization services[6] for substance use disorder. 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.

In order to better understand medical needs and opportunities to address them in a secure section 35 setting, MassHealth identified those needs that could be served in current section 35 programs within existing licensing and reimbursement expectations, needs that have historically required referral to MASAC, and issues that were beyond the scope of any facility and were best served in an emergency department or hospital.

All section 35 programs could serve individuals with uncomplicated SUD withdrawal with mild to moderate medical conditions. To clarify these expectations, the programmatic specifications and specific scope of MassHealth-reimbursed services in section 35 settings is under review. For those individuals requiring ED or hospital-level care, all section 35 programs are comfortable sending individuals out to local hospitals for acute care.

Using MASAC census data, medical reports, and medical logs, MassHealth identified 5-10 unduplicated straight civil commitments per month that required medical care beyond current section 35 capabilities. This included, but was not limited to:

- Individuals with multiple unstable chronic conditions;
- Individuals with fall risks or needing assistance completing Activities of Daily Living (ADLs); and
- Individuals with advanced wound care needs.

MassHealth developed a medical screening and triage tool to help court clinicians determine the most appropriate placement for individuals with complex medical needs and collaborated with DMH to discuss implementation and training. EOHHS is also working to refine a staffing model that can address this range of medical needs, develop a subsequent reimbursement rate, and identify and contract with a provider.

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

[5] Withdrawal Management Services (WMS) provides 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.
[6] Clinical Stabilization Services (CSS) are provided in a non-medical setting and include 24-hour per day supervision, observation and support.

individuals with co-occurring substance use and serious mental health conditions. DMH reviewed 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. DMH found that existing treatment models at RAP are effectively and safely serving individuals with violent or disruptive behaviors. Through October 2025-March 2026, two patients were transferred from RAP to Stonybrook, and one was transferred from RAP to MASAC; a sizeable number required placement at psychiatric inpatient hospitals for management of worsening psychiatric symptoms including violent or disruptive behaviors. RAP has the clinical capacity to manage additional complexity by enhancing existing staffing complement.

DMH reviewed court evaluation and placement information to identify the conditions under which an individual is placed at MASAC. This review identified instances when clearer intake policies would have supported referrals to RCA, High Point, and RAP for individuals who otherwise were referred to MASAC. DPH, DMH, and section 35 program staff are working together to create standard intake and referral expectations across the system.

IV. Dual Commitments and Security

"Dual" commitments are individuals with a civil commitment order pursuant to Section 35 and pending bail/denied bail. Although these individuals have been charged with a crime, they have not been sentenced and are considered "pre-trial". Any facility accepting duals will have to ensure the security of the people served. Over a 9-week period, court evaluators collected information on reason for referral to MASAC and found that 21 out of 45 referrals (47%) were referred because of a dual commitment status.

Due to RAP's existing security features and enhanced staffing, DMH reviewed its procedures to assess its capacity to provide safe and secure treatment and transportation for dual commitments. DMH found that RAP can safely and effectively serve dually committed individuals, as well as those who pose a risk for elopement or who exhibit disruptive/aggressive behavior. This would require enhancement to security staffing on the Taunton Campus. In addition, transportation related risks can be managed/mitigated by (i) utilization of Zoom/other remote technologies as applicable for court hearings, (ii) utilizing Sheriff departments when legally permissible/or applicable, and (iii) modifications to DMH's existing High Risk Transport Protocol when (i) and (ii) are not feasible for transportation.

V. Capacity

Based on systemwide trends in census, it was identified that 18-41 additional Section 35 beds would need to be available after MASAC closes. This would appropriately address anticipated periods of high demand.

Of note, unlike MASAC, DPH-contracted programs are funded through third party insurance reimbursement and may only bill for services when an individual is enrolled in their program. This means that un-utilized capacity can impact a program's financial viability. Ensuring that added bed capacity does not exceed anticipated needs is crucial to protecting providers and broader systemwide stability.

VI. Transfers

There were no individuals transferred from MASAC to other Section 35 facilities from November 1, 2025-April 1, 2026. 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 November 1, 2025-April 1, 2026.

VII. Fiscal Impact

Line item 8900-0002 of the FY25 budget allocated $24.5M to MASAC, which only partially covers the DOC-contracted healthcare services delivered at MASAC as well as other staffing and operational costs. This budget is supplemented with DOC's operational budget to cover total costs at 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 (POLR) 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).

In FY25, Section 35 POLR services cost BSAS over $15M. BSAS anticipates expanding capacity in DPH-contracted programs will cost BSAS over $2.4M in POLR services. This does not include anticipated costs of POLR services in a medically enhanced Section 35 program – these costs are dependent on the MassHealth rate of reimbursement. Additional costs are anticipated to expand BSAS Section 35 referral and care coordination services. Attention should also be paid to the cost of maintaining existing Section 35 POLR services across the system, as any new capacity is reliant on systemwide stability.

MassHealth spent over $45M on medically necessary involuntary civil commitments in FY25 and projects an additional fiscal impact for medically enhanced programming and expanded bed capacity once MASAC discontinues admissions.

DMH will incur additional cost to enhance security and clinical operations at RAP.

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