The Commonwealth of Massachusetts

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September 18, 2025

Timothy Carroll
House Clerk
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Boston, MA 02133

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Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

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*, please find enclosed a report from the Executive Office of Health and Human Services "Report on the Plan to End Operations at the Massachusetts Alcohol and Substance Abuse Center (MASAC)."

Sincerely,

Kiame Mahaniah
Secretary, Executive Office of Health and Human Services

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

September 2025

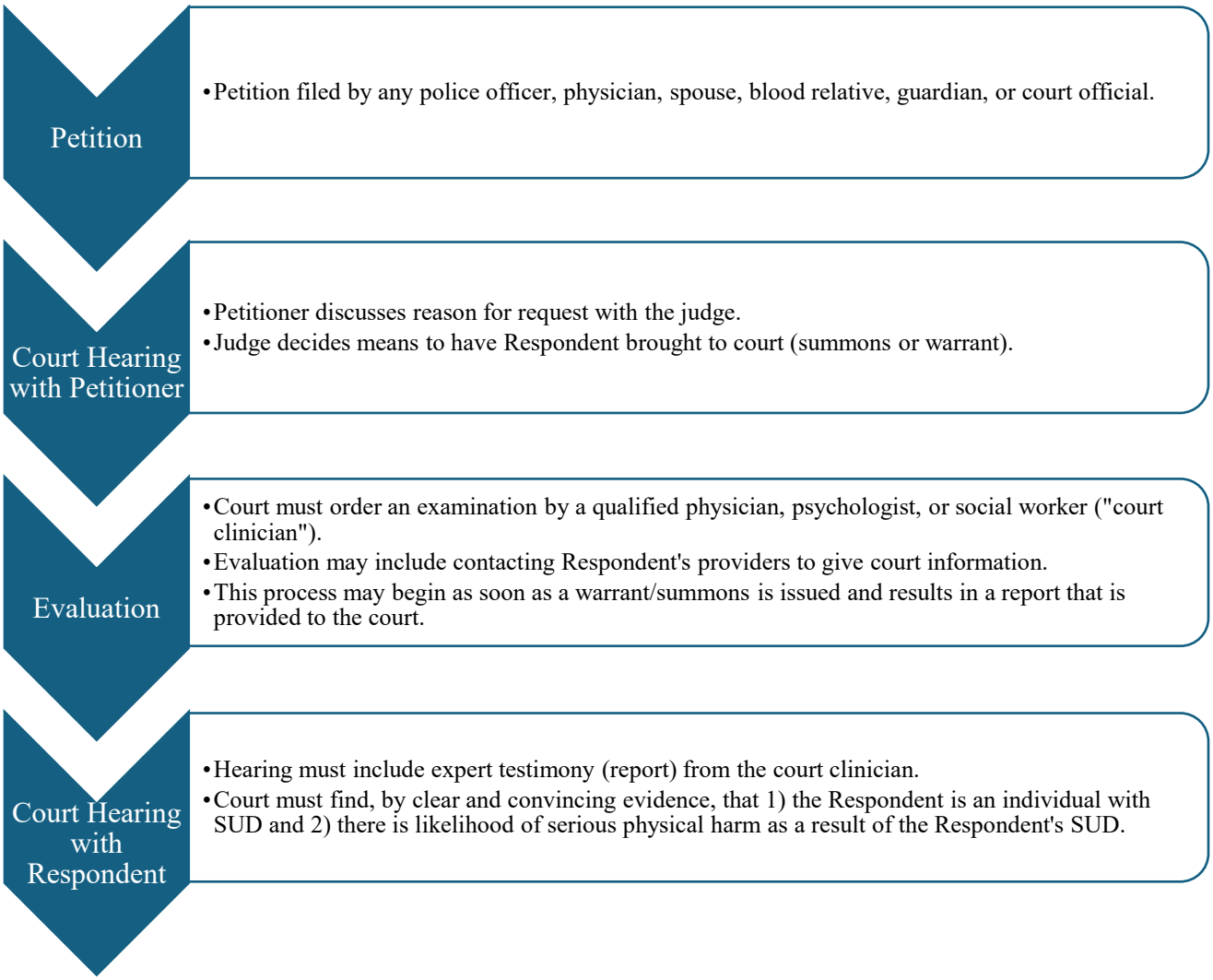
Legislative Mandate

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).*
>
> *(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) for up to 90 days. 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 further find that the only appropriate placement is a secure facility. A "secure facility" is a facility that DPH or DMH designate as a facility that is "funded, controlled or administered by a county sheriff" or 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 is required to maintain a roster of facilities and secure facilities available, together with the number of beds currently available 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*).

Table 1. Overview of Adult Section 35 Programs

Operator	Private or Government	Location	Licensed Capacity (Gender)	Security Level
Behavioral Health Network	Private, DPH-contracted	Greenfield	30 (F)	High
Recovery Centers of America	Private, DPH-contracted	Danvers	29 (M), 29 (F)	Medium
High Point Treatment Center	Private, DPH-contracted	Brockton	60 (M)	Medium
High Point Treatment Center	Private, DPH-contracted	New Bedford	32 (M/F), 28 (F)	Medium

[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. 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)."

High Point Treatment Center	Private, DPH-contracted	Plymouth	32 (M/F)	Medium
DMH at Recovery from Addiction Program	Government, DMH	Taunton	45 (F), 75 (M)	High
DOC at Massachusetts Alcohol and Substance Abuse Center (MASAC)	Government, DOC-contracted	Plymouth	160 (M)	Max
Hampden County Sheriff's Office at Stonybrook (Stonybrook)	Government, HCSD	Ludlow	152 (M)	Medium

Currently, Section 35 individuals are civilly committed to the Massachusetts Alcohol and Substance Abuse Center (MASAC) and Hampden County Sheriff's Office at Stonybrook (Stonybrook) "if the department of public health informs the court that there are no suitable facilities available for treatment licensed or approved by the department of public health or the department of mental health", or, as noted above, if the court makes a specific finding that the only appropriate setting for treatment for the person is a secure facility.[5] Historically, MASAC has mostly served individuals from courts in the eastern half of the state, and Stonybrook has served Worcester west.

MASAC is the only Section 35 facility operated by DOC. MASAC is licensed as a 160-bed unit, with 110 beds currently operational. As of the drafting of this report, there are 207 full-time staff at MASAC.

There were 2,758 adult section 35 commitments in Massachusetts from Q1-Q3 Fiscal Year 2025 (FY25), including 391 commitments at MASAC (*Table 2*). At the time of reporting, Q4 was not complete and is not presented.

Table 2. Location of Adult Committed Persons Under Section 35 in Fiscal Year 2025

Operator	Q1	Q2	Q3	Total
Behavioral Health Network (BHN)	67	50	44	161
Recovery Centers of America (RCA)	171	166	117	454
High Point Treatment Center - Brockton	176	164	178	518
High Point Treatment Center – New Bedford	95	76	103	274
High Point Treatment Center - Plymouth	80	94	80	254
DMH at Recovery from Addiction Program	174	154	165	493
DOC at Massachusetts Alcohol and Substance Abuse Center	167	115	109	391
Hampden County Sheriff's Office at Stonybrook	94	66	53	213
Total	1,024	885	849	2,758

[5] MGL Ch. 123 section 35, as amended by Ch 285 of the Acts of 2024.

II. Planning to End Operations

The Executive Office of Health and Human Services (EOHHS) has begun planning to end operations at MASAC, working in collaboration with the Executive Office of Public Safety and Security (EOPSS), the Executive Office of the Trial Courts (EOTC), DOC, DMH, DPH, and contracted providers. The purpose of this report is to share data and information that will direct future reports and planning for the wind-down of MASAC operations and assist with the identification of additional resources that may be needed.

To close MASAC by December 31, 2026, (12/31/26),(, DPH and DMH must "have identified, licensed or approved facilities with sufficient capacity to ensure an adequate supply of beds for the treatment of individuals committed under" Section 35.[6] To meet the 12/31/26 deadline, this solution must be in place by October 2, 2026, as individuals may be committed for up to 90 days.

In practice, Section 35 individuals may be sent to MASAC if:

1. There are no other male beds available at RCA, HPTC, or DMH Section 35 programs;

2. If RCA, HPTC, or DMH Section 35 programs decline admission or transfer an individual due to the individual's medical, psychiatric, or behavioral complexities; or

3. If the court determines MASAC is the appropriate setting for the individual. For example, individuals that are "dually" committed (have been denied bail or who have unpaid bail) are committed to MASAC and Stonybrook only.

Dual commitments represent about half (55%) of average MASAC commitments (*Figure 3).* Individuals with dual commitment status are returned to court after discharge from the Section 35 program, and their disposition is determined by the court. The remaining MASAC census is comprised of individuals with a civil commitment order who do not have bail involvement, otherwise referred to as "straight civils". Accordingly, EOHHS' mission is to identify appropriate options to accommodate populations identified in (1) and (2) above, as well as facilities that address judicial requirements for those who have been denied bail or who have unpaid bail.

During the planning process, EOHHS and its partners are exploring alternatives to MASAC for the above scenarios. Challenges are set forth in greater detail below.

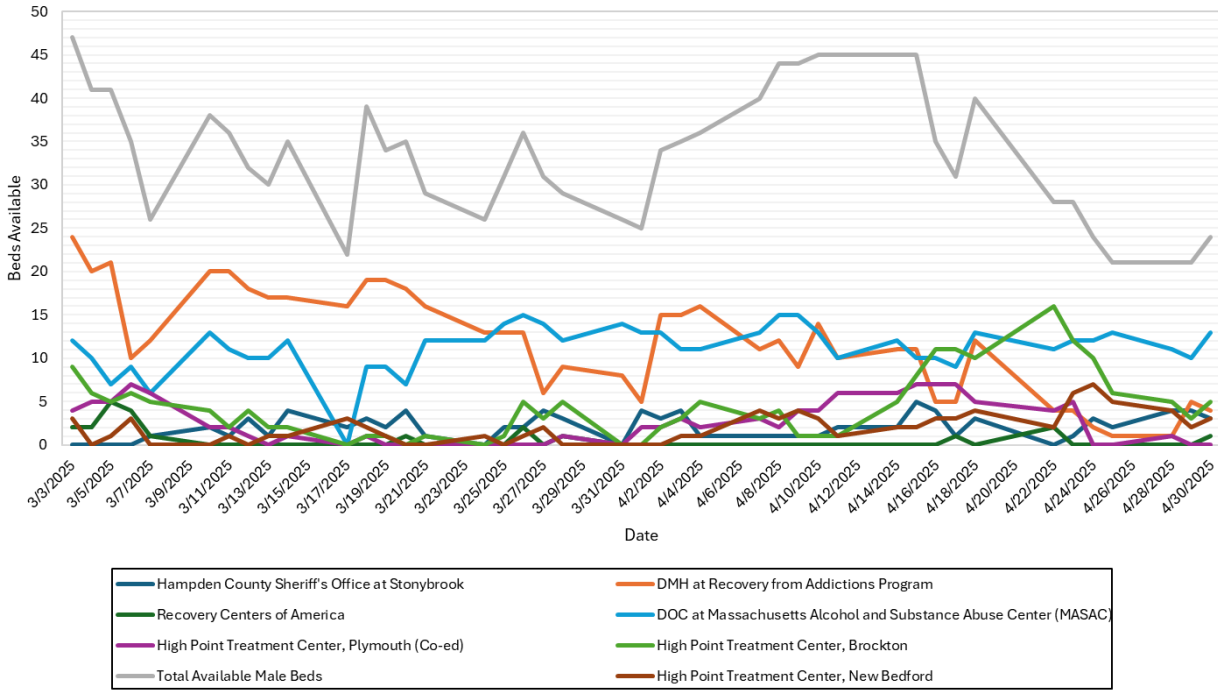
A. Bed Availability and Capacity

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

[6] Section 30 of Chapter 285 of the Acts of 2024.

individuals to Section 35 programs *(Figure 1)*. However, the creation of this tool can allow court clinicians to confirm real-time bed availability prior to a referral to MASAC.

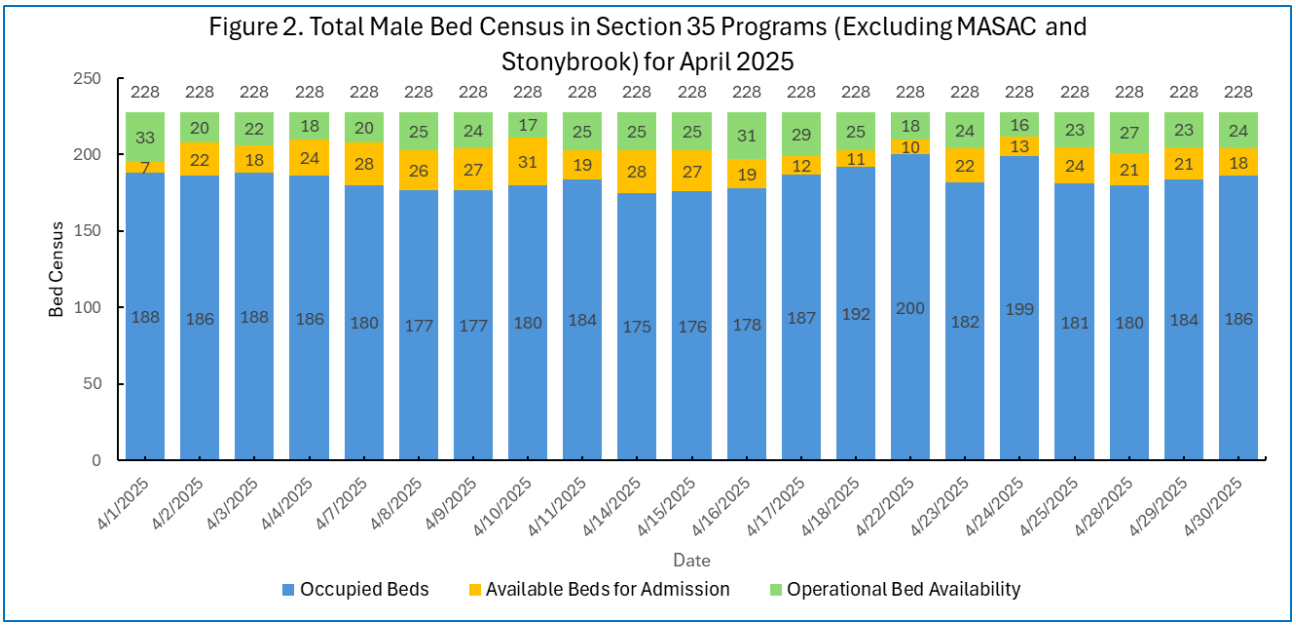
Figure 1. Male Bed Availability in Section 35 Programs 3/1/25-4/30/25



For the purposes of the tool, bed availability refers to the number of beds available for admission on the date of the survey. Note that High Point Treatment Center (HPTC) New Bedford Plymouth run male/female (co-ed) units, so their reported bed availability could be utilized by either males or females.

To better understand existing bed capacity and the ability of existing programs to serve the straight civil population, *Figure 2* shows male bed availability in RCA, HPTC, and the DMH Section 35 program alongside daily occupied bed totals and operational bed capacity. *Figure 3* shows male bed availability in Stonybrook only, to more accurately demonstrate Stonybrook's differences in operational bed capacity. This data reflects program self-reported availability in the bed inventory tool. The number of operational beds in a program represents how many beds are fully staffed and able to be utilized. Since some programs have distinct admissions/intake units, the number of daily beds available for admission does not represent the total operational bed capacity. As the bed inventory tool continues to be utilized, more longitudinal data can be presented.

On average, there were 20 beds available for admission at RCA, HPTC, and DMH Section 35 programs during April 2025, with an additional average 24 beds available if programs were to meet their operational capacity. On average, there were 2 beds available for admission at Stonybrook during April 2025, with an additional average 40 beds available if Stonybrook were to meet its operational capacity.



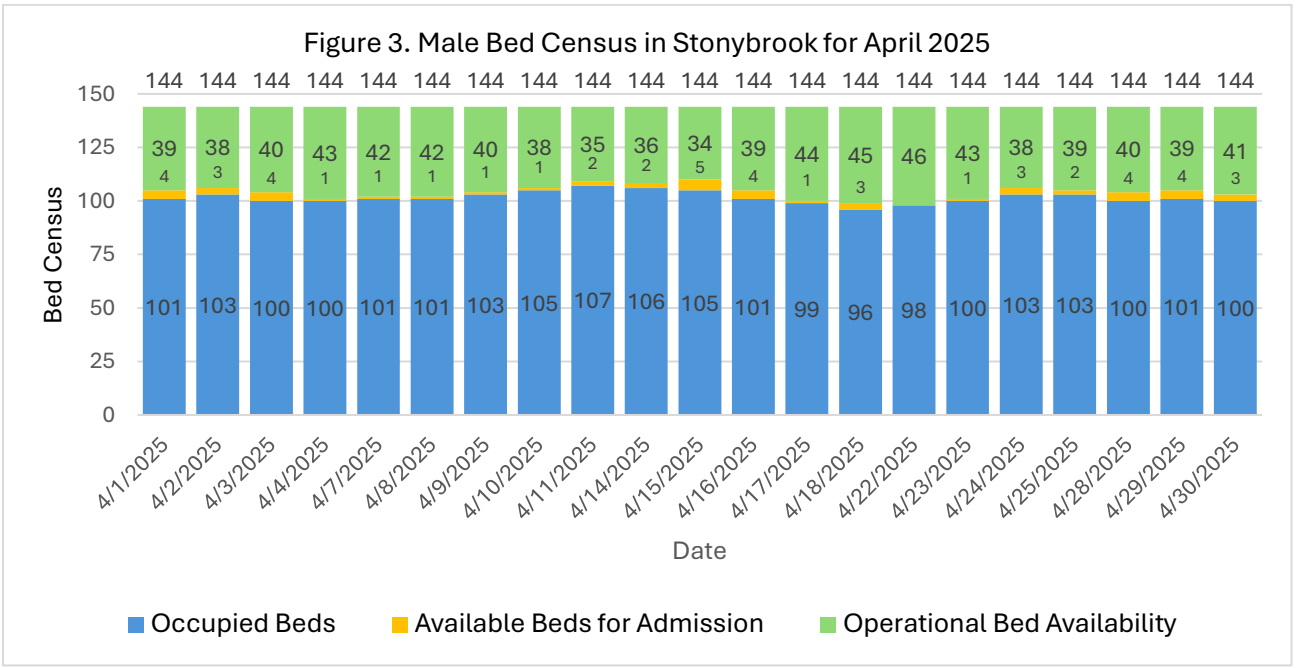
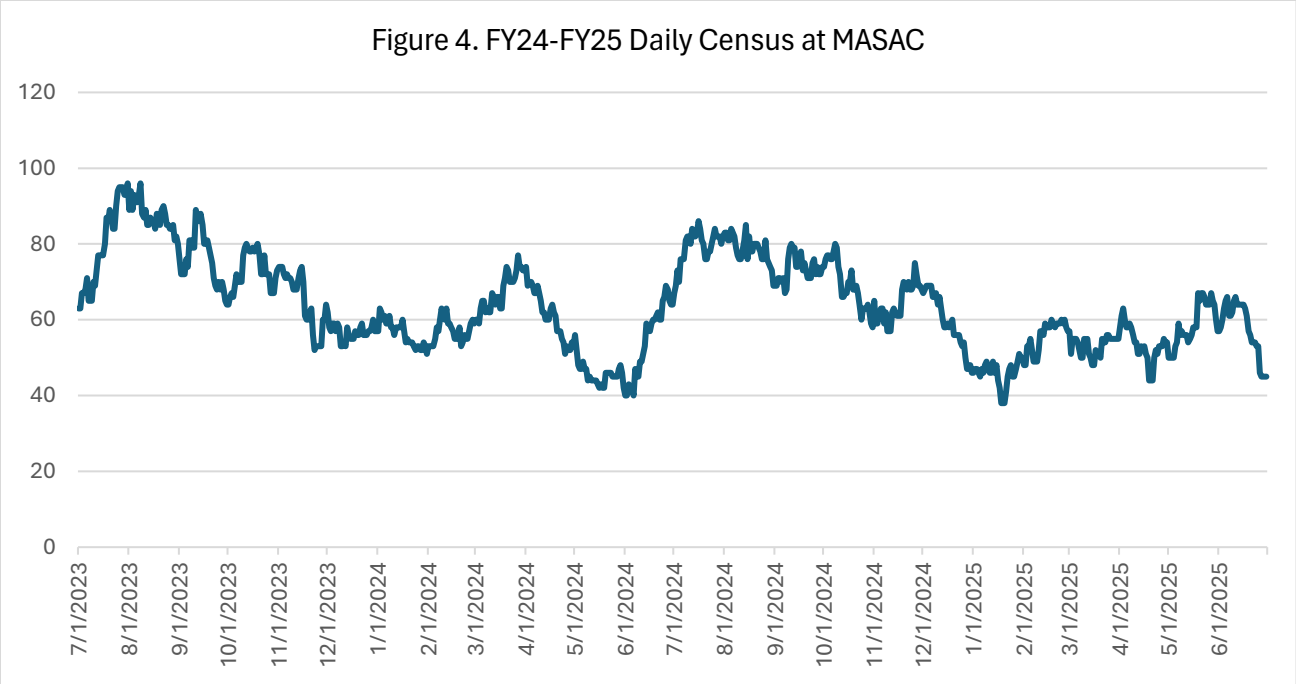
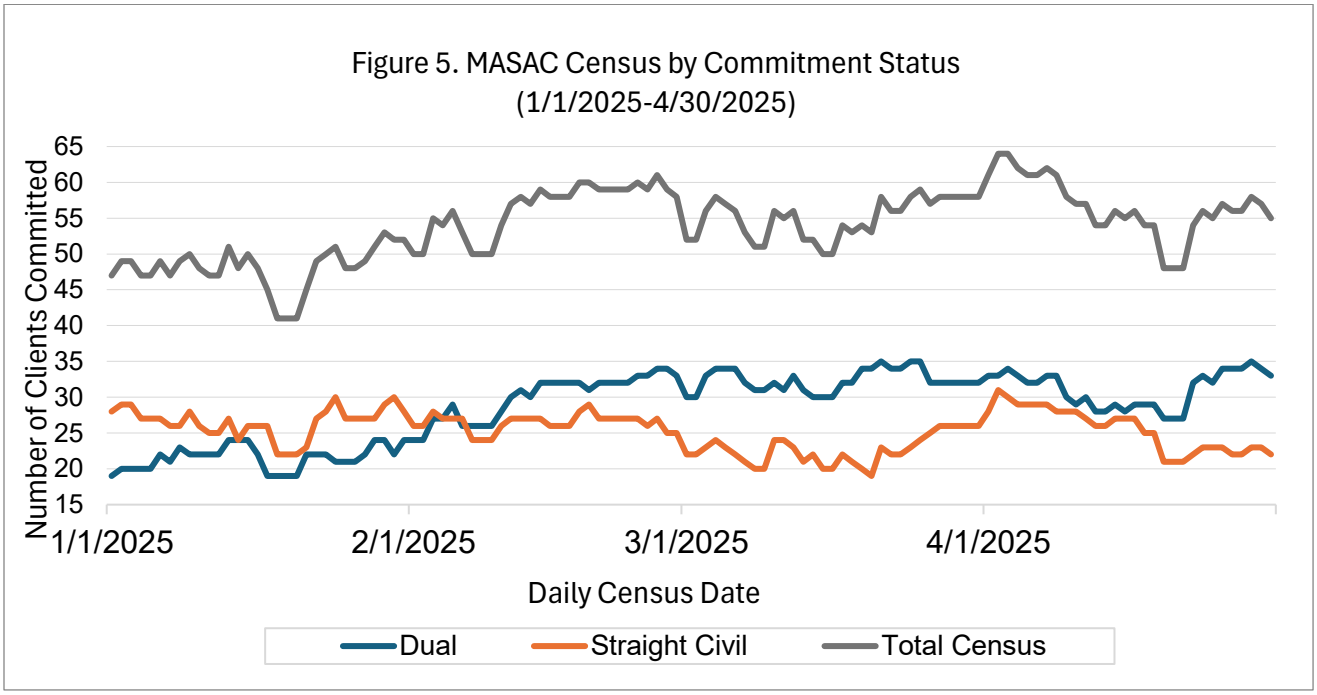


Figure 4 demonstrates the daily census at MASAC from FY24-FY25, as reported to BSAS. The average daily census was 64 persons with a range from 38 to 96.



Since the launch of the bed inventory tool, daily census for MASAC can also be analyzed by commitment status (dual and straight civil commitment). *Figure 4* demonstrates daily census from 1/1/25-4/30/25. The average daily census was 54 persons (30 dual and 25 straight civil). The total daily census ranged from 41 to 64.



Straight civil commitments are more likely than dual commitments to be served by RCA, HPTC, or DMH Section 35 facilities if there is capacity. Utilizing existing data, average bed capacity in April 2025 (n=44) across RCA, HPTC, or DMH Section 35 programs could serve the average straight civil census (n=25) in MASAC from January-April 2025, assuming the facility could accommodate the individual's needs.[7] This limitation is discussed in section (B) below.

B. Declined or Transferred Admissions

Bed availability does not necessarily demonstrate ability to serve the straight civil population at MASAC. Providers and operators report that courts will refer to MASAC (or RCA, HPTC, or DMH Section 35 programs will deny admissions) for straight civil commitments when an individual's medical, psychiatric, or behavioral complexity exceeds the programs' security level and resources. Programs have also transferred individuals from RCA, HPTC, or DMH Section 35 programs to MASAC after admission in cases when the medical or behavioral needs are too great to be managed in their program.

While staffing between programs vary, all Section 35 programs must meet regulatory requirements in accordance with applicable provisions of 105 CMR 164, *Licensure of Substance Use Disorder Treatment Programs,* including staffing and clinical requirements for the provision of withdrawal management and clinical stabilization services. All programs are required to have a medical director, program director, senior clinician, and nursing supervisor on staff. Programs that bill MassHealth for services (BHN, RCA, HPTC, and DMH Section 35 programs) must meet program regulations in accordance with applicable standards in 130 CMR 418.000, *Substance Use Disorder Treatment Manual.* Programs contracted with DPH (BHN, RCA, HPTC) must meet staffing requirements as outlined in their contracts.

MASAC exceeds minimum regulatory requirements and has more clinical and security staff and higher staff to patient ratios as compared to RCA, HPTC, or DMH Section 35 programs due to funding and reimbursement differences. This gives MASAC greater ability to manage a more complex milieu, including the ability to serve individuals who are disruptive due to behavioral issues or mental health disorders. Both MASAC and Stonybrook also staff Certified Nursing Assistants (CNAs) who can serve individuals who have difficulty performing their Activities of Daily Living (ADLs). BSAS does not require 24-hour CNA staffing in regulation or contracts, and MassHealth reimbursement does not cover this cost.

EOHHS plans to explore specific reasons for admission denials and transfer requests from RCA, HPTC, or DMH Section 35 programs to better understand resource needs.

C. Dual Commitments

Dual commitments are currently served by MASAC and Stonybrook only, due to the programs' robust security and staffing ratios, ability to transport to court after discharge, and low elopement risk.

[7] As demonstrated in Figure 3, census at MASAC can vary widely over time. EOHHS will continue to analyze bed inventory data to better understand longitudinal bed availability and capacity trends.

Besides Stonybrook, there is no existing facility that could meet the security needs of dually committed individuals that are currently admitted to MASAC. Without an alternative to MASAC, for dual commitments, individuals with pending or denied bail who are at imminent risk of harm due to their substance use disorder would likely be sent to pre-trial detention without a Section 35 civil commitment order or sent to Stonybrook.

It will be critical to understand the Trial Court's expectations for dual commitments, including needed support for coordinating transport after discharge back to court, attorney follow-up, and other legal system interfaces.

III. Progress to date

There were no individuals transferred from MASAC to other Section 35 facilities from January 1, 2025-April 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 January 1, 2025-April 30, 2025.

IV. Anticipated Fiscal Impact

Line item 8900-0002 of the FY25 budget allocated $24.5M to MASAC, which 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 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.