

## MASSACHUSETTS

### **Introduction**

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

### **Substance Abuse Prevention and Treatment Block Grant**

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Massachusetts' FY 2007 SAPT Block Grant allocation of \$33.9 million represents a cut of over \$400,000 compared to FY 2004.

**SAPT Block Grant Yields Results:** Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. An analysis by Massachusetts of 2,500 clients receiving opioid treatment in SFY 2005 found the following outcomes comparing admission and 9 months after treatment began:

- A reduction in the proportion of clients having hospital admissions from 23% before treatment compared to 4% nine months after treatment began
- A reduction in emergency room (ER) admissions (49% to 19%)
- A reduction in admissions to detox (50% to 2%)
- Prior to admission, 80% of clients reported having been arrested at the 9 month follow-up, while only 7% had had a subsequent arrest

### *Family Treatment Services*

The Bureau of Substance Abuse Services (BSAS) provides residential treatment for homeless families and/or those involved with the child welfare system. These programs allow for admission for women with families of any size, for children of any age, including two-parent families and men and their children.

### *Prevention Services*

The 20% prevention set-aside of the SAPT Block Grant represents 75% of Massachusetts' substance abuse prevention budget. The set-aside contributed to the State's ability to provide services through community-based prevention programs, serving a total of 127,000 clients. Regional Centers, which provide training and technical assistance for communities, served a total of 4,800 clients. A materials clearinghouse distributed a total of 606,000 pieces of prevention educational materials.

These efforts contributed to the following prevention outcomes:

### Results from Youth Risk Behavior Survey, 2005

- The percentage of students who had their first drink of alcohol decreased from 25.2 percent to 22 percent between 2003 and 2005
- From 2004 to 2005, binge drinking (5 or more drinks on one occasion) decreased from 17.0 percent to 15.7 percent

### Massachusetts Quick Facts

#### Treatment Admissions

- Approximately 73,343 individuals were served in SFY 2006
- **Primary substance of abuse at admissions:**

Alcohol	42%
Heroin	36%
Marijuana	6%
Other Opiates	6%
- **Gender:**

Male	69%
Female	31%
- **Age:**

Mean age was 35 yrs
- **Primary Race:**

White	74%
Latino	12%
Black	10%

#### Treatment Gap

Based on 2005 data reported to SAMHSA, 620,982 people were in need of treatment services in MA.

Based on a collaborative study with Brandeis University, MA determined that 35% of those in need seek treatment, and in SFY 2005 the State served approximately 76,000 individuals.

## National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

## **National Outcome Measures (NOMs)**

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

### **Accountability**

Massachusetts uses the following standards to measure performance of treatment providers:

- Rigorous contracting application process
- Appropriate utilization of contract funds
- Ability to serve priority populations
- Timely and accurate submission of admission and billing data
- Number and percent of clients who complete treatment
- Number and percent of clients receiving following up care
- Implementation of a unique youth outcome monitoring tool
- Provider Performance Profiles (provider performance compared to other providers and Statewide averages)
- Client initiation, engagement and retention in care

### *Incentives*

Massachusetts currently provides financial incentives for positive performance, using enhanced rates for services to priority populations, including pregnant and post-partum women and the chronically homeless. The State will also provide bonus payments for providers serving the dually-diagnosed, clients referred from correctional facilities and clients on medication-assisted therapies. Massachusetts is also developing of a number of pay-for-performance initiatives based on behavioral and client navigations outcomes.

### *Quality Improvement*

Currently, Massachusetts is implementing a variety of initiatives to improve performance and quality, including:

- **Methadone Quality Assurance System (MTQAS)** requires outcome reporting along several measures (reduction in crime, reduction in alcohol and drug use, reduction in hospital services – see data above)
- Roll-out of a web-based service reporting system that includes national outcomes measures
- First-in-the-nation, youth behavioral outcome monitoring tool
- Rapid Cycle Change Project – which is a process improvement initiative
- Training on evidence-based practice (CBT/MET, 12 Step Facilitation)

If quality of services does not improve, the following actions are taken:

- **Procurement of Services**– As part of its procurement process, past performance for each applicant is evaluated across multiple domains and incorporated into the decision-making process for funding. We have frequently de-funded programs based, in part, on poor past performance.
- **Contract Monitoring** – Each contract is continuously monitored for a vendor's ability to provide services as defined by the contract particularly as it relates to access for priority populations. In the Spring of each Fiscal Year, each contract that is not projecting to meet its service target by the end of the State Fiscal Year (June 30), funding is pulled from that contract for the duration of the Fiscal Year. Any contract that fails to meet its service target for two consecutive years, results in a permanent decrease in funding. These funds are then re-allocated to contracts that meet or exceed service targets. Historically, this has affected approximately 10 contracts annually.



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