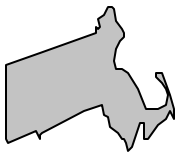


MASSACHUSETTS

State SSA Director

Mr. Michael Botticelli, Assistant Commissioner
 Bureau of Substance Abuse Services
 Massachusetts Department of Public Health
 250 Washington Street, Third Floor
 Boston, MA 02108-4619
Phone: 617-624-5151
Fax: 617-624-5185
E-mail: michael.botticelli@state.ma.us
Web site: www.mass.gov/dph/bsas/bsas.htm

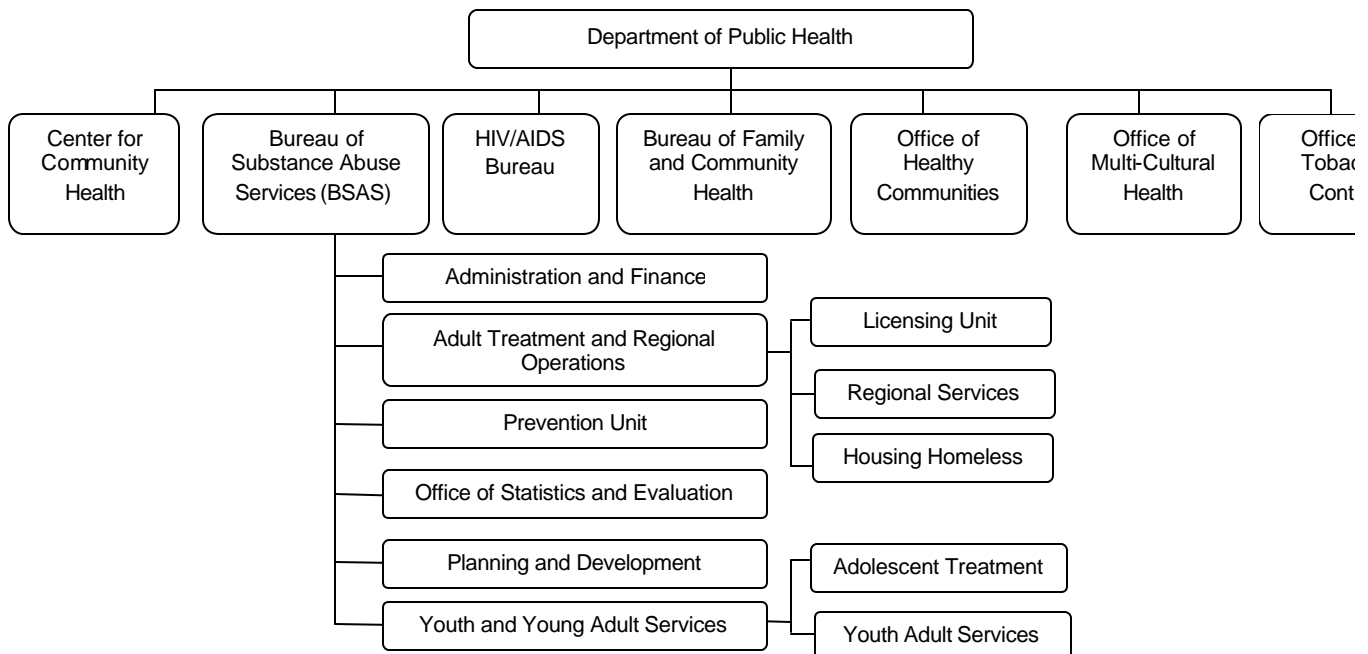
Structure and Function



The Executive Office of Health and Human Services (EOHHS) is the Single State Agency (SSA) under which the Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS), falls. The BSAS oversees the substance abuse prevention and treatment services in the Commonwealth. BSAS responsibilities include licensing programs and counselors, funding and monitoring prevention and treatment services, providing access to treatment for the indigent and uninsured, developing and implementing policies and programs, and tracking substance abuse trends in the State.

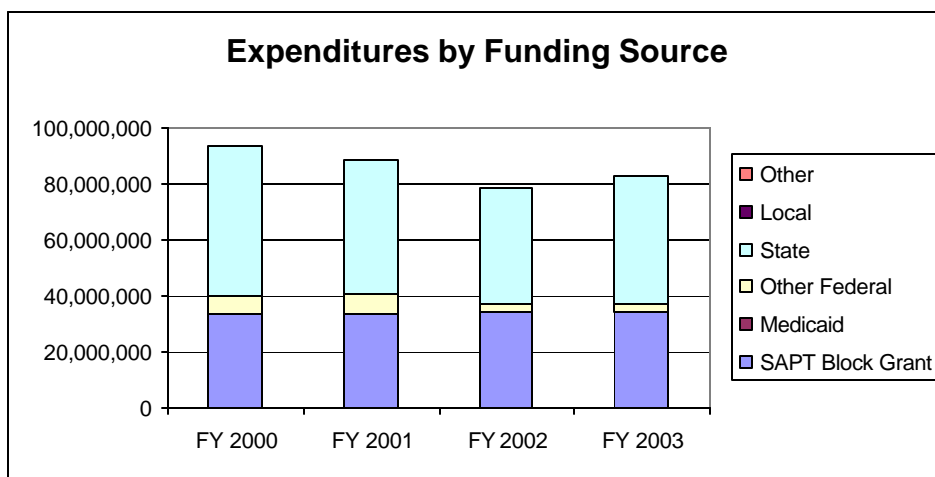
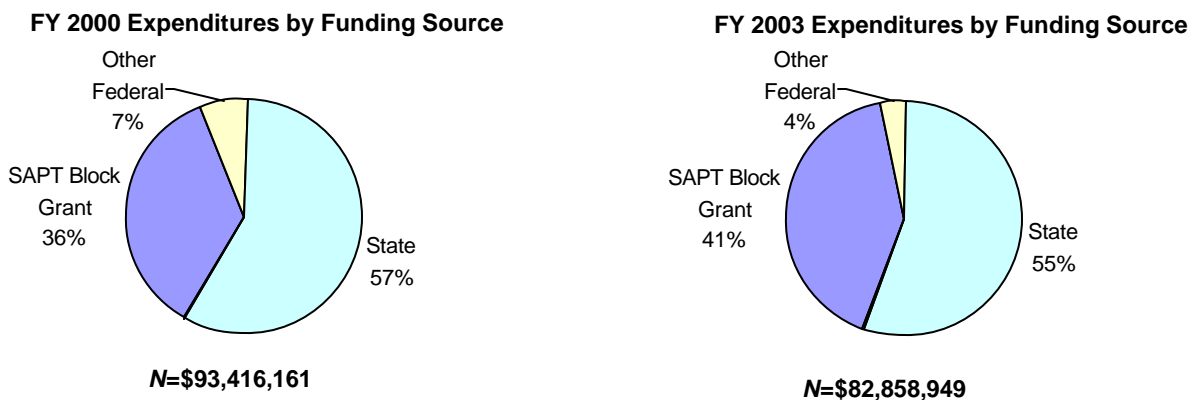
The BSAS mission is to promote an integrated, consumer-based, culturally competent continuum of substance abuse and addiction prevention, intervention, treatment and recovery support services which are (1) responsive to the needs of individuals, families and communities, and (2) committed to quality, availability and accessibility. BSAS envisions a Commonwealth, which understands the impact of alcohol, tobacco, and other drug (ATOD) problems and addictions; fully supports a continuum of prevention, early intervention, and treatment services which are accessible to everyone across the lifespan in culturally competent settings; eliminates the stigma attached to individuals and families with ATOD problems and addictions; and promotes a culture of recovery and healthy life choices for all.

Single State Agency Structure



Single State Agency Funding Overview

SSA total expenditures for Massachusetts declined between FYs 2000 and 2003 (from \$93.4 million to \$82.9 million)—largely due to declines in funding from the State and from Federal sources other than the Block Grant. State funds, however, continued to pay for more half of all expenditures.



Single State Agency Expenditures From All Funding Sources

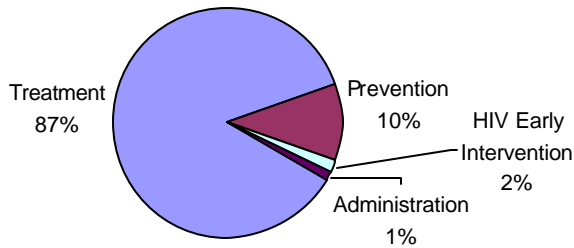
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	33,214,336	36	33,627,906	38	33,999,328	43	34,174,108	41
Medicaid	0	0	0	0	0	0	0	0
Other Federal	6,475,035	7	6,459,178	7	3,230,989	4	3,047,432	4
State	53,726,790	57	48,306,748	55	41,831,940	53	45,637,409	55
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	93,416,161	100	88,393,832	100	79,062,257	100	82,858,949	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

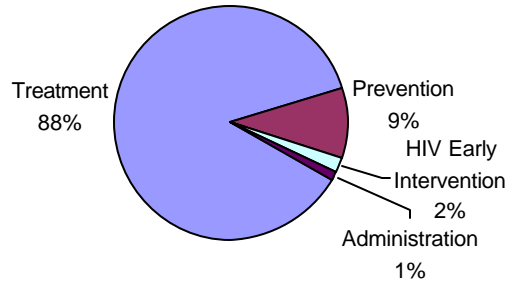
Despite the funding decline, the relative distribution of total SSA funds remained stable between FYs 2000 and 2003. Treatment and rehabilitation activities continued to account for the vast majority of expenditures.

FY 2000 Expenditures by Activity

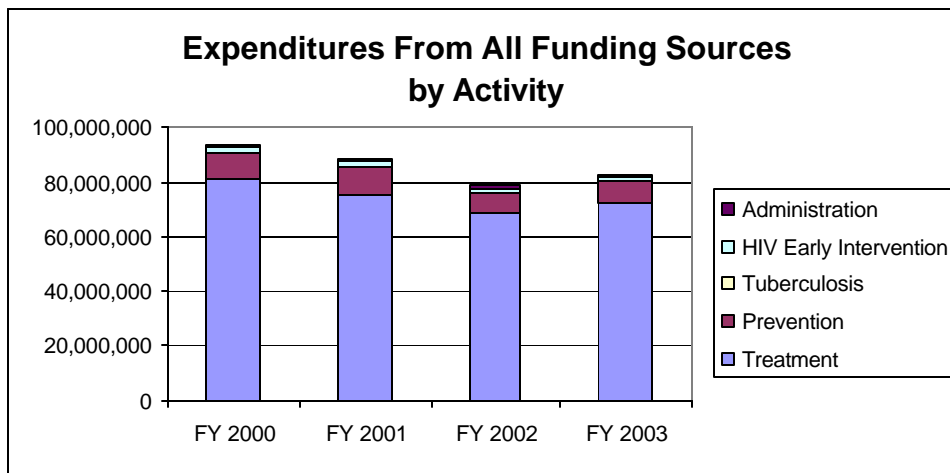


N=\$93,416,161

FY 2003 Expenditures by Activity



N=\$82,858,949



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	57,166,550	61	51,276,475	58	68,746,791	87	72,270,519	88
Alcohol Treatment	11,944,358	13	12,076,684	14				
Drug Treatment	11,944,358	13	12,076,684	14				
Prevention	9,532,167	10	10,229,593	12	7,251,989	9	7,825,701	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,807,563	2	1,756,396	2	1,774,983	2	1,565,933	2
Administration	1,021,165	1	978,000	1	1,288,494	2	1,196,796	1
Total*	93,416,161	100	88,393,832	100	79,062,257	100	82,858,949	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

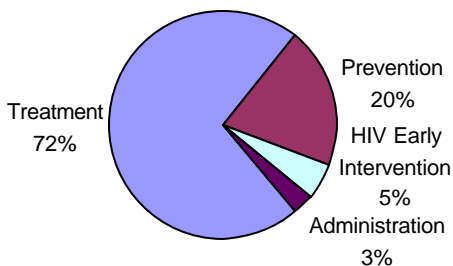
* Totals may not equal 100 percent due to rounding

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

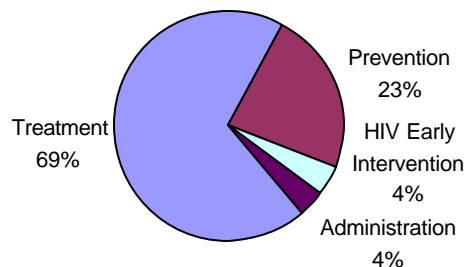
Block Grant expenditures for SSA activities in Massachusetts increased slightly between FYs 2000 and 2003 (from \$33.2 to \$34.2 million). The distribution of those funds shifted slightly over the two periods: treatment and rehabilitation activities accounted for a declining majority (from 72 percent to 69 percent), offset by a slight increase in prevention activities.

FY 2000 Block Grant Expenditures by Activity

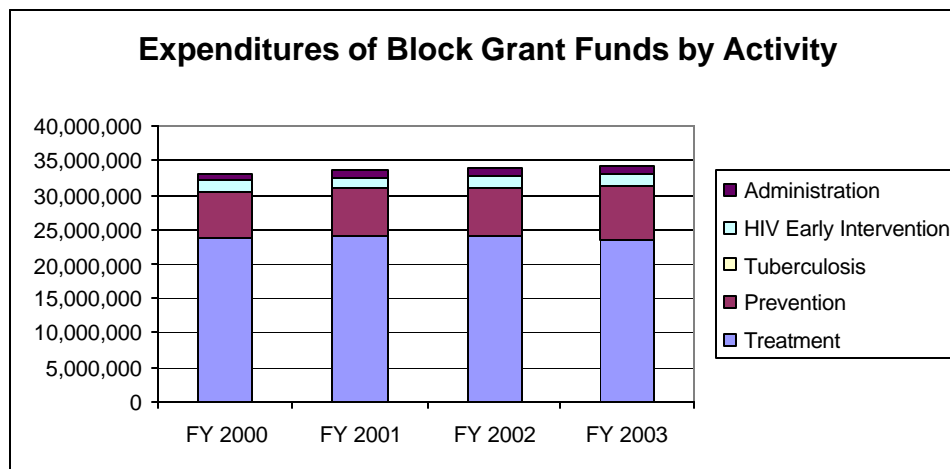


N=\$33,214,336

FY 2003 Block Grant Expenditures by Activity



N=\$34,174,108



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	24,207,078	71	23,660,678	69
Alcohol Treatment	11,944,358	36	12,076,684	36				
Drug Treatment	11,944,358	36	12,076,684	36				
Prevention	6,643,740	20	6,815,142	20	6,803,773	20	7,825,701	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	1,660,715	5	1,681,396	5	1,699,983	5	1,490,933	4
Administration	1,021,165	3	978,000	3	1,288,494	4	1,196,796	4
Total*	33,214,336	100	33,627,906	100	33,999,328	100	34,174,108	100

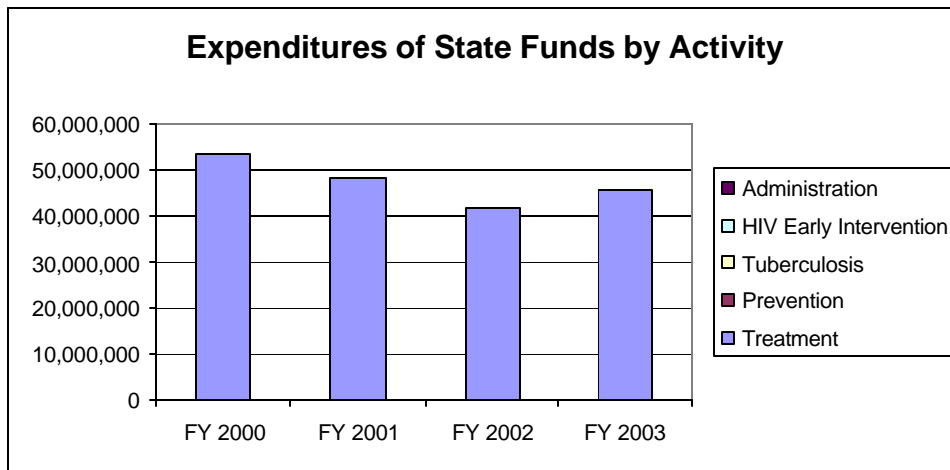
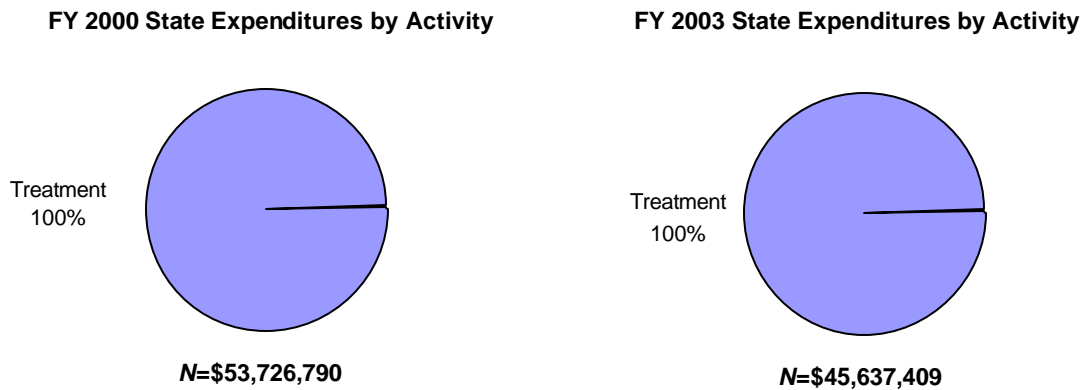
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

State funding in Massachusetts declined considerably between FYs 2000 and 2003 (from \$53.7 million to \$45.6 million). Nearly all of those funds were spent on treatment and rehabilitation activities.



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	53,651,790	100	48,231,748	100	41,756,940	100	45,562,409	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	75,000	0	75,000	0	75,000	0	75,000	0
Administration	0	0	0	0	0	0	0	0
Total*	53,726,790	100	48,306,748	100	41,831,940	100	45,637,409	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

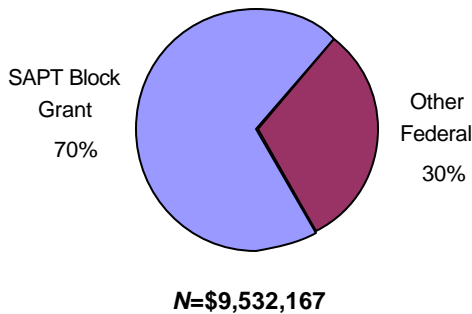
The Office of Healthy Communities, under the Massachusetts Department of Public Health, has organized the Massachusetts prevention system into six Regional Centers for Healthy Communities (RCHCs). In so doing, Massachusetts is promoting a statewide capacity-building system to support healthier communities and to reduce alcohol and substance abuse with an emphasis on youth development. The RCHC's provide new and more effective ways to build support for health and safety related initiatives in communities across the Commonwealth. The goals of the RCHC's are to promote partnerships among regional and local public health leaders, encourage collaboration among communities to reduce the use of alcohol, tobacco, and other drugs, and mobilize youth and young adults for leadership and civic action.

Prevention Funding and Expenditures

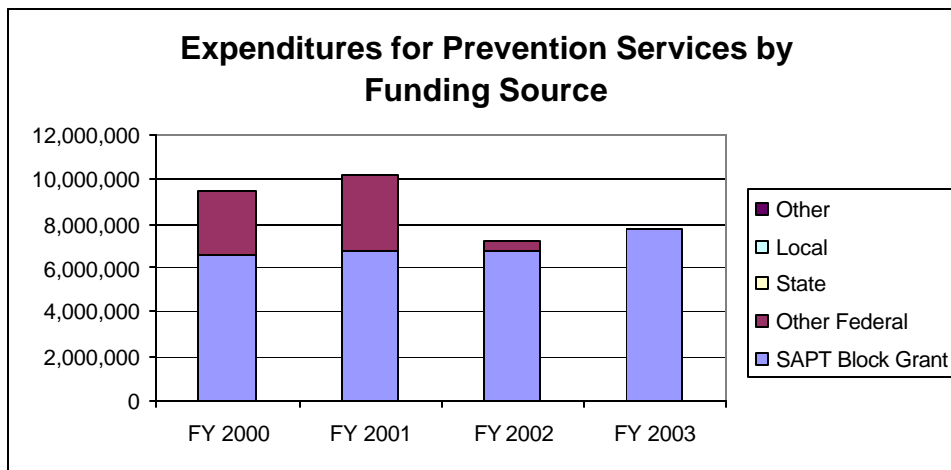
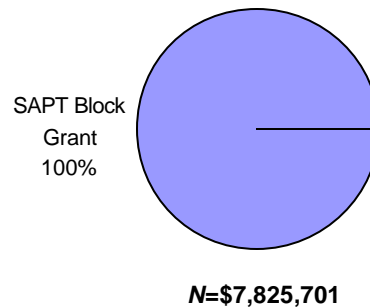
Prevention funding declined in Massachusetts between FYs 2000 and 2003 (from \$9.5 to \$7.8 million). With the elimination of other Federal funds, the Block Grant became the sole source of prevention funding in FY 2003.

Block Grant expenditures on prevention activities increased from FY 2000 to FY 2003, both in total value (from \$6.6 million to \$7.8 million) and per capita (from \$1.04 to \$1.22).

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	6,643,740	70	6,815,142	67	6,803,773	94	7,825,701	100
Other Federal	2,888,427	30	3,414,451	33	448,216	6	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	9,532,167	100	10,229,593	100	7,251,989	100	7,825,701	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

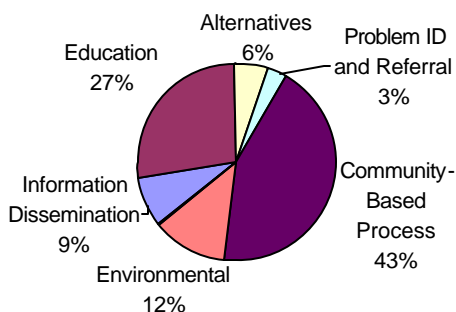
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination strategies include bilingual media campaigns, health promotion clearinghouse, policy development initiatives, and conferences.
Education	Activities include afterschool and school prevention programs and training and technical assistance.
Alternatives	Funding supports creative writing contests, photography, theater productions, community service, adventure and team-building activities.
Community-Based Processes	Regional Centers for Healthy Communities provide community health planning, prevention program planning, evaluation, organizational development, and professional development.
Environmental	Consultation and training is provided to community-based groups, coalitions, organizations, and schools on how to maximize the effectiveness of environmental strategies that decreased ATOD use.
Problem Identification and Referral	Strategies include street outreach programs and court diversion programs.

Expenditures of Block Grant Funds for Core Strategies

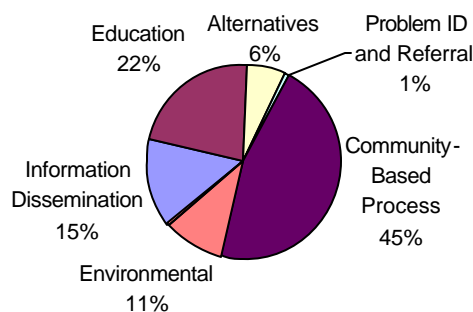
Block Grant funding for prevention core strategies in Massachusetts increased from \$6.6 million to \$7.8 million between FYs 2000 and 2003. Community-based process strategies remained the highest priority in FY 2003, at 45 percent of the Block Grant prevention funds—slightly down from 43 percent in FY 2000. Education—the second highest priority—also declined slightly in proportion, while information dissemination strategies increased somewhat, accounting for 15 percent of FY 2003 Block Grant prevention funding. Smaller proportions of the funds were spent on environmental, alternative, and problem identification and referral strategies.

FY 2000 Block Grant Expenditures by Core Strategy

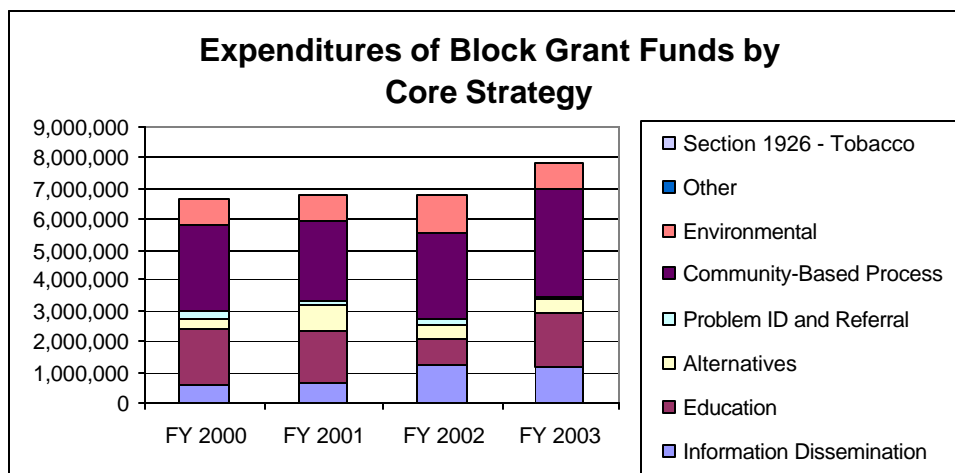


N=\$6,643,740

FY 2003 Block Grant Expenditures by Core Strategy



N=\$7,825,701



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	579,999	9	678,788	10	1,224,679	18	1,158,204	15
Education	1,798,460	27	1,642,449	24	816,453	12	1,745,131	22
Alternatives	370,056	6	847,804	12	476,264	7	477,368	6
Problem ID and Referral	223,894	3	144,481	2	204,113	3	78,257	1
Community-Based Process	2,852,158	43	2,651,090	39	2,857,585	42	3,537,217	45
Environmental	819,173	12	850,530	12	1,224,679	18	829,524	11
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	6,643,740	100	6,815,142	100	6,803,773	100	7,825,701	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The BSAS works to ensure the delivery of the highest quality, culturally competent, cost-effective array of alcohol and other treatment and recovery services to individuals, families, and communities in Massachusetts. BSAS also ensures that HIV education and prevention programs are incorporated into treatment services and that priority for admission to treatment is given to the high-risk intravenous drug users and to pregnant and addicted women.

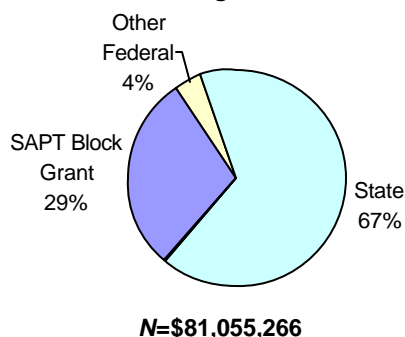
The array of treatment services includes acute treatment services, transitional support services, residential rehabilitation services, and ambulatory services (outpatient counseling, acupuncture programs, intensive outpatient treatment, and dual diagnosis programs). BSAS funds 28 program types and provides licensure to 389 separate nonprofit and private substance abuse treatment programs.

Treatment Funding and Expenditures

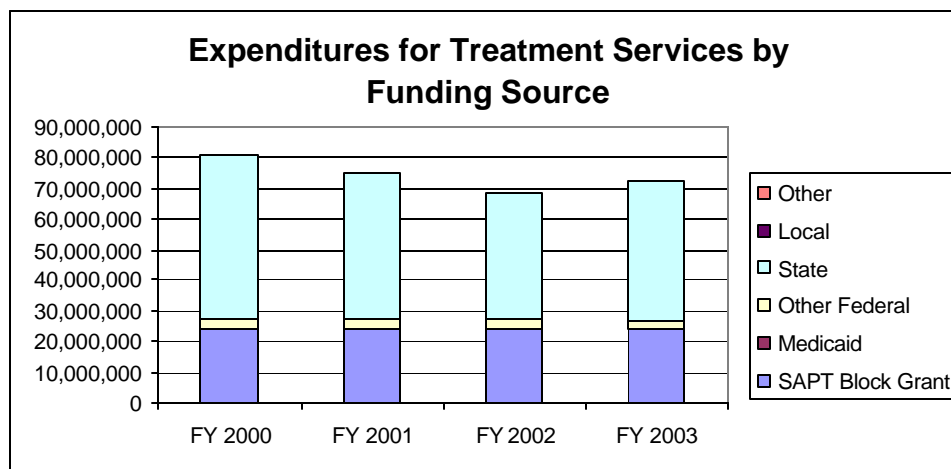
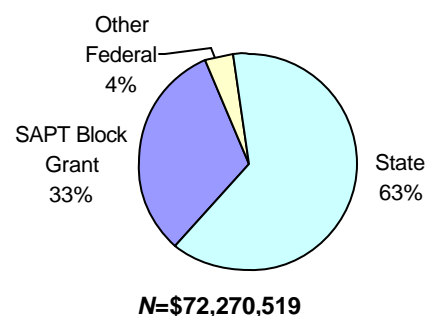
Treatment expenditures in Massachusetts declined by nearly \$8.8 million between FYs 2000 and 2003, totaling about \$72.2 million in the latter year. This decline reflected decreases from all funding sources, particularly the State. Nevertheless, the State continued to fund the largest portion of those expenditures (63 percent), while Block Grant funds accounted for one-third of FY 2003 expenditures.

Per capita, Block Grant treatment funding in the State declined from \$3.75 to \$3.69 during the two comparison years.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	23,888,716	29	24,153,368	32	24,207,078	35	23,660,678	33
Medicaid	0	0	0	0	0	0	0	0
Other Federal	3,514,760	4	3,044,727	4	2,782,773	4	3,047,432	4
State	53,651,790	66	48,231,748	64	41,756,940	61	45,562,409	63
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	81,055,266	100	75,429,843	100	68,746,791	100	72,270,519	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Massachusetts's SAPT Block Grant application indicates that over 140,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) and free-standing residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=140,614)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	17,878	33,028	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	3,788	3,352	0
Long-term residential	2,727	5,665	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	10,932	0
Outpatient (non-methadone)	37,877	23,894	0
Intensive outpatient	0	0	0
Detoxification (outpatient)	659	814	0
Total	62,929	77,685	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate nearly 68,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 32 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	12,115	32.0
Alcohol in combination with other drugs	55,402	32.0
Total	67,517	32.0

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 423,000 persons aged 12 and older (7.9 percent of Massachusetts's population) needed, but did not receive, treatment for alcohol use, and 168,000 persons (3.1 percent) needed, but did not receive, treatment for illicit drug use in Massachusetts.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.86	7.15	18.08	6.31
Needing but not receiving treatment for illicit drug use	3.12	6.08	10.41	1.60

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The Commonwealth is divided into six substate planning areas, or regions (Western, Central, Northeast, Southeast, Metrowest, and Metro-Boston). Within each region, the DPH identifies natural service areas (CHNAs) into which providers and communities are clustered. The CHNAs (27 in the State) are a vehicle for partnership between the communities and State agencies that enhance the effort in developing a preventive, primary care health model in each community.

BSAS obtains needs assessment data from a variety of sources. These studies include (1) the MassCaLL team, which looks at social indicator measures of substance abuse, (2) the Criminal Justice Needs Assessment study, (3) the Treatment Needs Among the Elderly in Primary Care Settings, (4) the Substance Abuse Surveillance Network Study, (5) the Treatment Needs Among IDUs Study, (6) Triennial School Survey, (7) the Youth Health Survey, and (8) BRFSS Telephone Survey.

Evaluation

All BSAS treatment providers under contract must document all service delivery phases from intake to discharge, including a summary of the discharge destination. Beginning with the assessment, data are collected. Data collection, documentation, and tracking are vital to BSAS's understanding of the success of the provider's transition/discharge planning efforts and is reflected in outcomes as stated in contract performance measures.

Data collection efforts by contracted prevention programs illustrate the range of prevention services through a variety of data collection efforts. These efforts provide BSAS with valuable information about both short- and long-term outcomes. Contracted providers provide monthly activity reports through a MIS system and matched pre-post Core Measure surveys to look at individual change. Additionally, the Youth Health Survey, a statewide survey, helps evaluate communities' progress throughout the Commonwealth.

Training and Assistance

BSAS provides continuing education trainings for employees of facilities that provide substance abuse treatment services and has recently expanded core training to include advance training on fiscal management and board development as well as emerging issues pertinent to the substance abuse services field. BSAS also developed culturally appropriate and gender-specific training. Finally, BSAS enhanced technologies to enable the use of distance learning techniques.

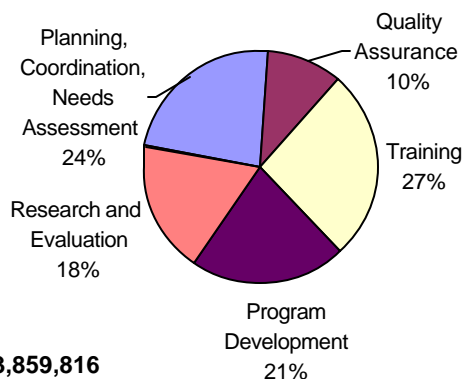
BSAS also offers a variety of training and assistance opportunities to its prevention workforce. BSAS offered a series of trainings through their first Center for Substance Abuse Prevention (CSAP)-funded State Incentive Grant (SIG) that were open to anyone interested in learning more about prevention. Other trainings in this series were mandated for BSAS funded providers and included topics such as evidence-based prevention, the strategic prevention framework, combating racism, and drug trends and implications for prevention practice.

BSAS also provides training and technical assistance through its Regional Centers for Healthy Communities. Each regional center has a resource library, conducts training, and provides technical assistance to BSAS-funded and nonfunded programs. Finally, BSAS funds a training institute, collaborates with the Northeast CAPT, and encourages prevention programs and agencies to attend trainings offered, not only by the Bureau, but by other agencies, such as the New England Technology Transfer Center.

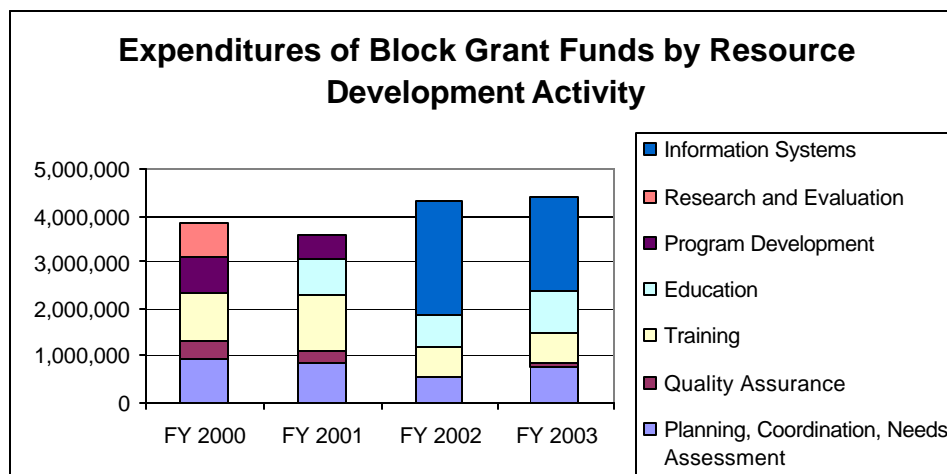
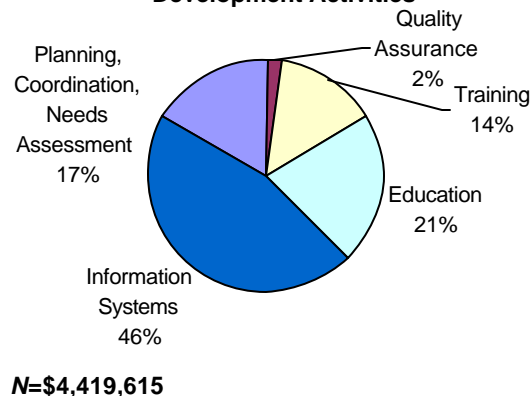
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Massachusetts increased from nearly \$3.9 million in FY 2000 to over \$4.4 million in FY 2003. Priorities shifted dramatically between the two periods, with a new focus on information systems and education, the elimination of program development and research and evaluation activities, and a decline in activities involving training, quality assurance, and planning, coordination, and needs assessment.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	912,591	24	846,222	23	534,025	12	760,000	17
Quality Assurance	399,477	10	251,200	7	0	0	75,000	2
Training	1,017,129	26	1,190,112	33	640,562	15	637,960	14
Education	0	0	824,500	23	678,438	16	915,622	21
Program Development	824,378	21	493,150	14	0	0	0	0
Research and Evaluation	706,241	18	0	0	0	0	0	0
Information Systems	0	0	0	0	2,463,583	57	2,031,033	46
Total*	3,859,816	100	3,605,184	100	4,316,608	100	4,419,615	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded more than \$5.6 million in 41 discretionary grants to entities in Massachusetts during FY 2004. Nearly half of those grants were targeted at drug-free communities, and nearly half went toward HIV/AIDS services.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	1	292,356
Drug Free Communities	29	2,665,360
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	4	1,104,341
HIV/AIDS Cohort 4 Services	2	518,126
HIV/AIDS Cohort 5 Services	4	1,000,000
Total	41	5,643,819

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$11.5 million in discretionary grants to a wide range of Massachusetts entities during FY 2004. The largest awards were directed at targeted capacity for HIV/AIDS (more than \$4.5 million), homeless addictions treatment (nearly \$1.9 million), and the Youth Offender Reentry Program (nearly \$1 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	786,114
Effective Adolescent Treatment	3	688,343
Homeless Addictions Treatment	4	1,893,728
Pregnant/Post-Partum Women	2	947,043
Recovery Community Service	1	324,999
State Data Infrastructure	1	99,960
SAMHSA Conference Grants	1	50,000
Strengthening Access and Retention	1	200,000
Targeted Capacity Expansion	1	500,000
Targeted Capacity - HIV/AIDS	10	4,501,159
TCE Rural Populations	1	500,000
Youth Offender Reentry Program 2004	2	963,170
Total	29	11,454,516

SOURCE: www.samhsa.gov