



Massachusetts Department of Public Health

Section 35 Commission Treatment Statistics from BSAS Programs

February 28, 2019

Overview

- Section 35 programs
- Section 35 Capacity
- Court clinic evaluation results
- DPH/BSAS data
 - Demographics
 - Outcomes

Section 35 Commitment Criteria

- The respondent is an individual with an alcohol or a substance use disorder, as defined in G.L.c. 123, S35;

AND

- There is a likelihood of serious harm, as defined in G.L.c. 123, S1, as a result of the respondent's alcoholism or substance use disorder, to the respondent, the petitioner, or any other person.

Section 35 Programs

DPH/BSAS Managed Programs

- Women's Addiction Treatment Center (WATC)
- Highpoint Treatment Center at Shattuck
- Men's Addiction Treatment Center (MATC)

DMH Managed Program

- Women's recovery from Addiction Program (WRAP) in Taunton

DOC Managed program

- Massachusetts Alcohol and Substance Abuse Center (MASAC)
- First Step Program, MCI Framingham

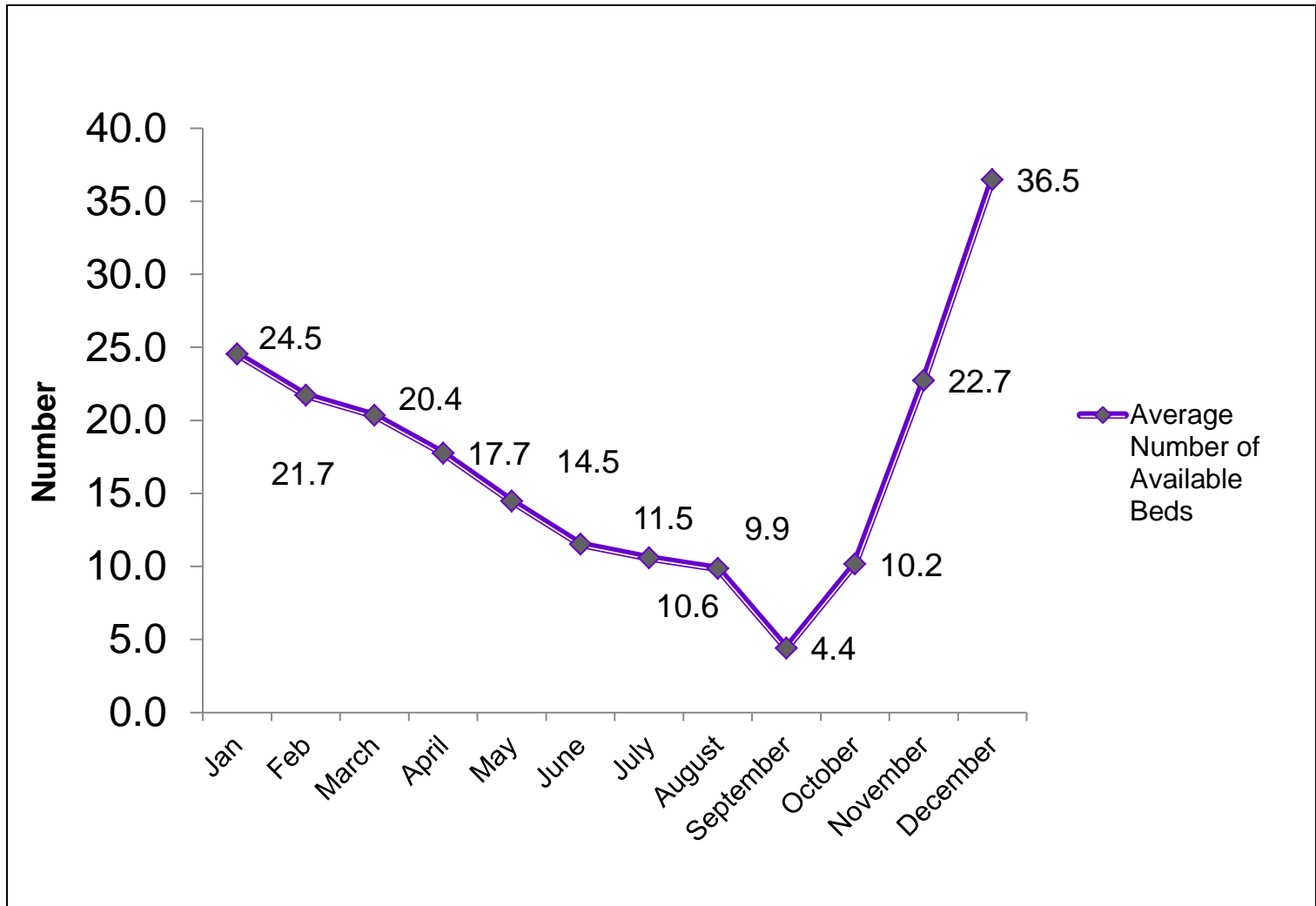
HOC Managed program

- Stonybrook Stabilization and Treatment Center-Ludlow
- Stonybrook Stabilization and Treatment Center- Springfield

Section 35 Program Capacity

	Site Name	No. of Beds (Gender)	Services Provided & No. of Beds
DPH	Women's Addiction Treatment Center (WATC)	102 (F)	30 ATS and 72 CSS
	Highpoint Treatment Center at Shattuck (JP)	32 (F)	16 ATS and 16 CSS
	Men's Addiction Treatment Center (MATC)	108 (M)	32 ATS and 76 CSS
DMH	Women's recovery from Addiction Program (WRAP) in Taunton	45 (F)	15 ATS and 30 CSS* <i>All 45 beds are capable for detoxing clients.</i>
DOC	Massachusetts Alcohol and Substance Abuse Center (MASAC)	251 (M)	42 ATS and 209 CSS
	MCI Framingham First Step Program	N/A; Dual Status must have bail(F)	Detox and CSS
HOC	Stonybrook Stabilization and Treatment Center-Ludlow	48 (M)	48 ATS and CSS
	Stonybrook Stabilization and Treatment Center- Springfield	32 (M)	32 CSS

Average number of Female Section 35 Beds available on a given day; FY 2018



Priority Admissions to Residential Programs for Section 35 Clients

Transitional Support Service Programs (TSS)	Residential Recovery Service Programs (RRS)
High Point TSS (Co-ed)-Taunton	Community Health Link RRS- Beryl's House (Women) -Worcester
Community Health Link TSS (Co-ed)- Worcester	Center for Human Development RRS- Two Rivers (Women)-Greenfield
	High Point RRS- New Chapters (Men)-New Bedford
	Behavioral Health Network RRS- Coles Place (Men)- Springfield

- Admissions to these programs are prioritized for civil commitments who are stepping-down to community programming upon commitment completion.
- All commitments are eligible to receive CSP (Community Support Program) case management services for up to 12 months from the time of release.

Section 35

Petitions/Evaluations/Commitments

FY 2018

- Total number of petitions 10,770
- Total number of evaluations conducted 7,244
- Total number of commitments 5,716

Court Clinic Evaluations FY 2018

Demographic breakdown from court clinic evaluations (7,244):

Race:

- 85.7% White
- 6.3% Black
- 0.47% Asian
- 7.4 % Other

Gender:

- 36.4% Female
- 63.4% Male

Client Region:

Central	2,669
Southeast	1,857
Northeast	1,066
Western	946
Boston	507

Homelessness:

- 23.7% homeless

Section 35 Enhanced Rate

- DPH Section 35 programs bill an enhanced rate in addition to the bed day rates for ATS or CSS for treatment of civilly committed individuals

101 CMR 346: Rates for certain substance-related and addictive disorders programs

Code: H0011-H9

Rate: \$36.03

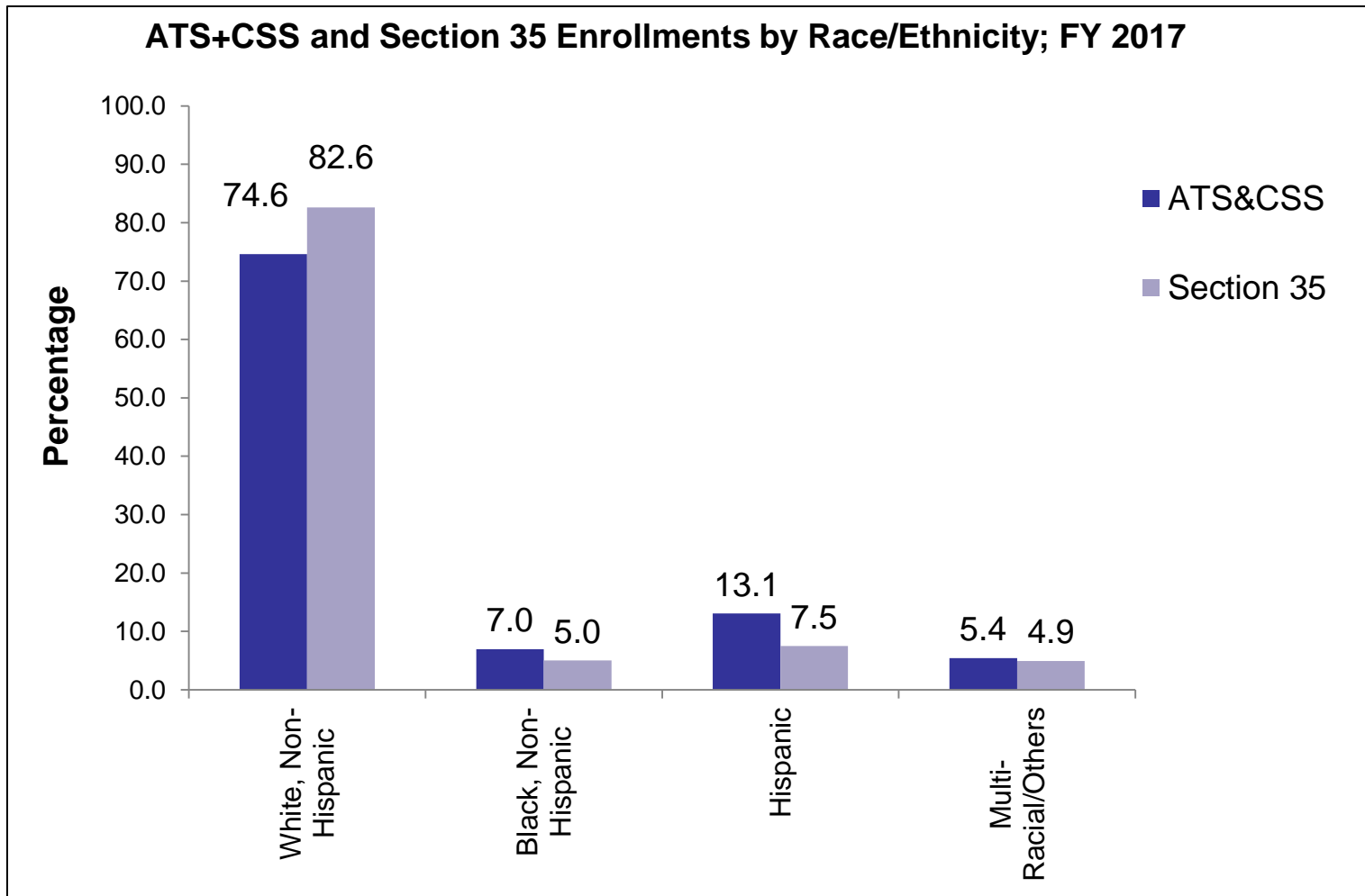
Description: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (court ordered) (Treatment for Civilly Committed Persons Add-on)

- This allows them to offer an enhanced level of care that includes transportation, extra medical, psychiatric, recovery specialist care, family counseling, and additional administrative staff for the intake

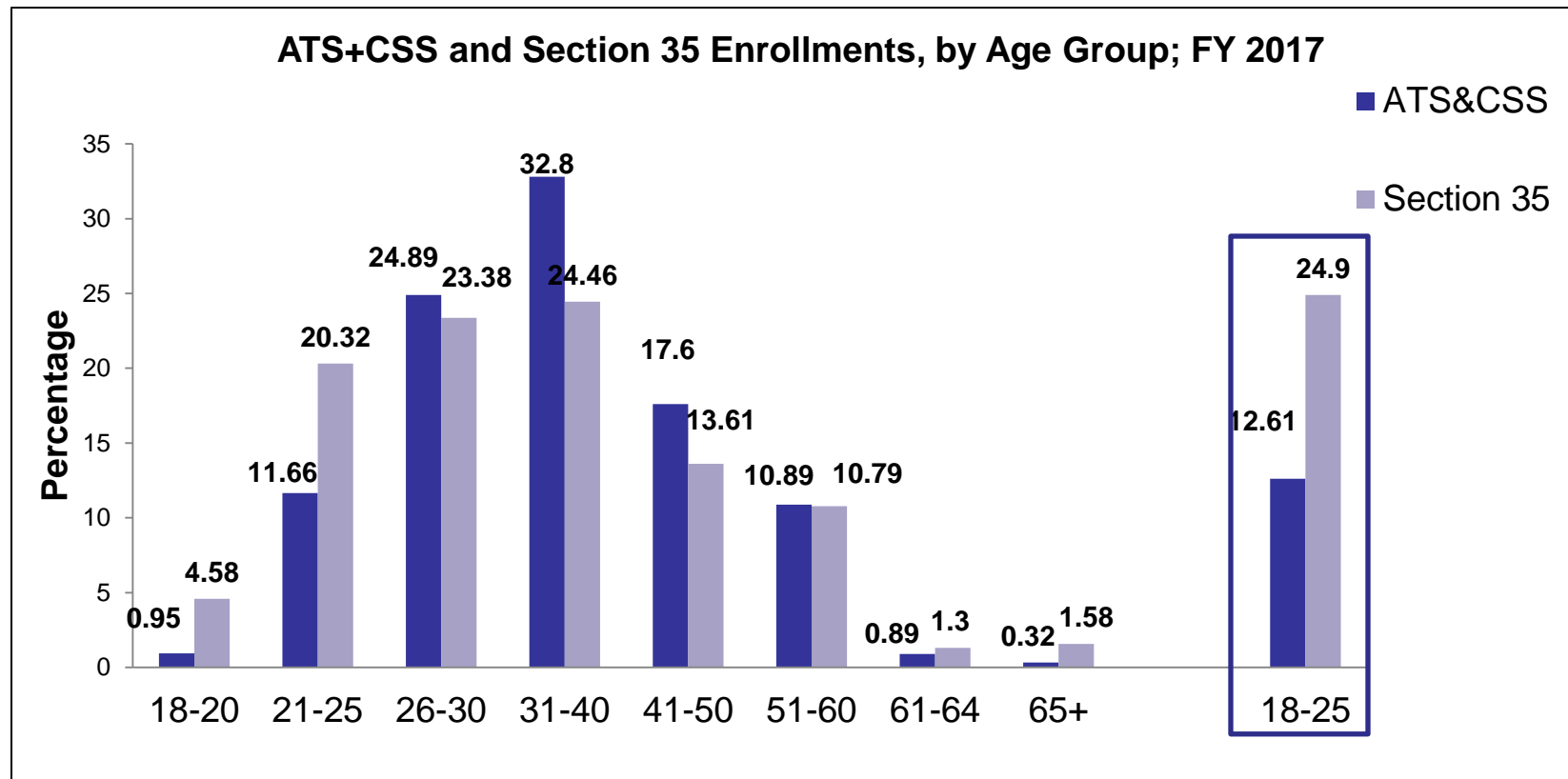
BSAS Section 35 Programs

- The remainder of this report is based on data submitted to BSAS by DPH/BSAS managed programs highlighted in earlier slide.
- Section 35 enrollments are compared to a BSAS population receiving similar treatment (ATS enrollments entering CSS within 48 hours of disenrollment from ATS)
- 5,065 ATS+CSS enrollments were compared to 3,239 Section 35 enrollments.
- 2017 BSAS data was used in this report in order to present 12 month follow up outcomes.
- A significant number of commitments are not included in this report. Those include male commitments receiving services from MASAC (DOC) and Stoney Brook (HOC) and female commitments receiving services from WRAP (DMH).

Demographics of BSAS Enrollments: Race/Ethnicity

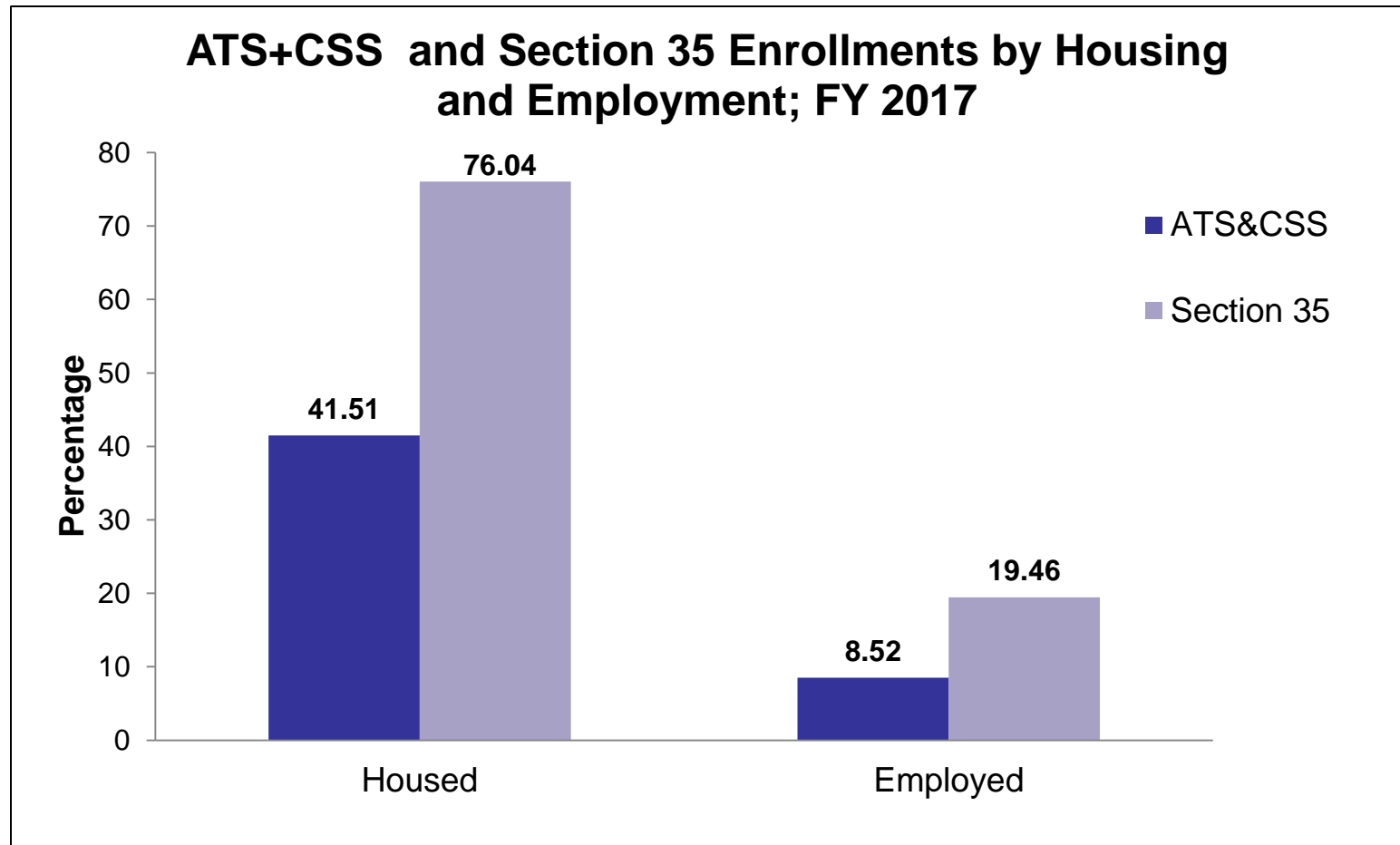


Demographics of BSAS Enrollments: Age

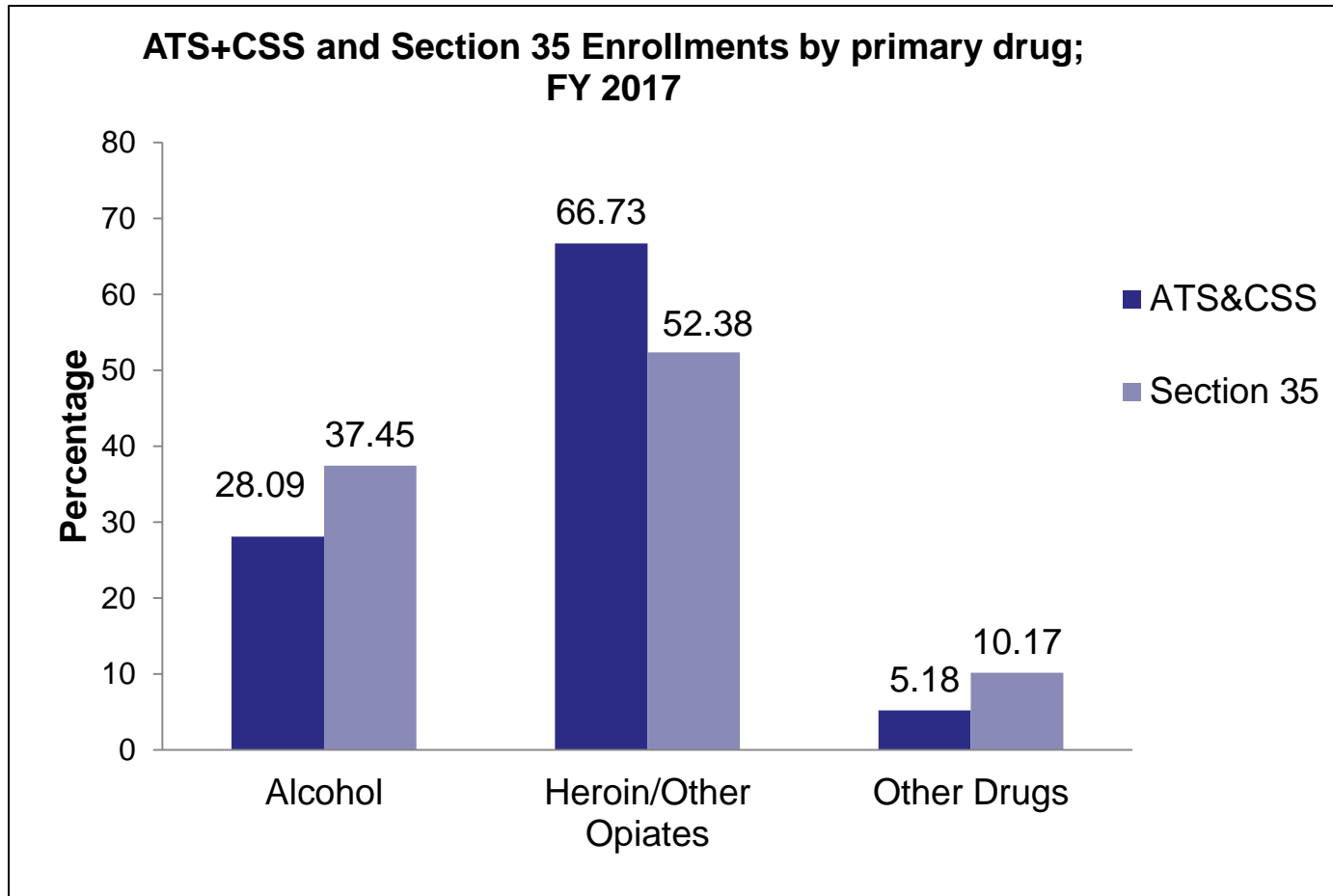


Median and Mean Age		
	Median	Mean
ATS+CSS^	33	35.9
Section 35	31	34.5

Demographics of BSAS Enrollments: Housing & Employment

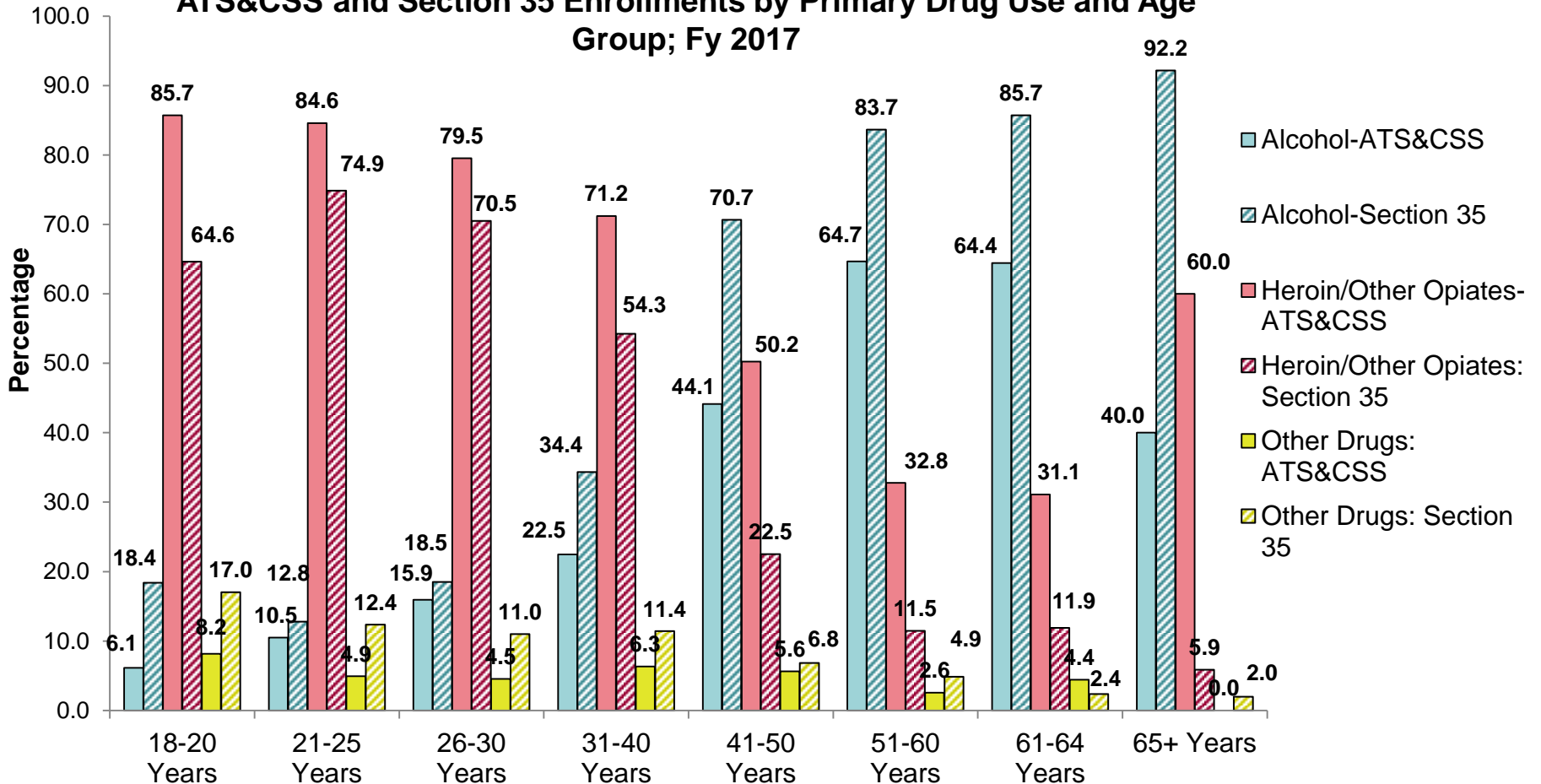


Primary Drug Reported

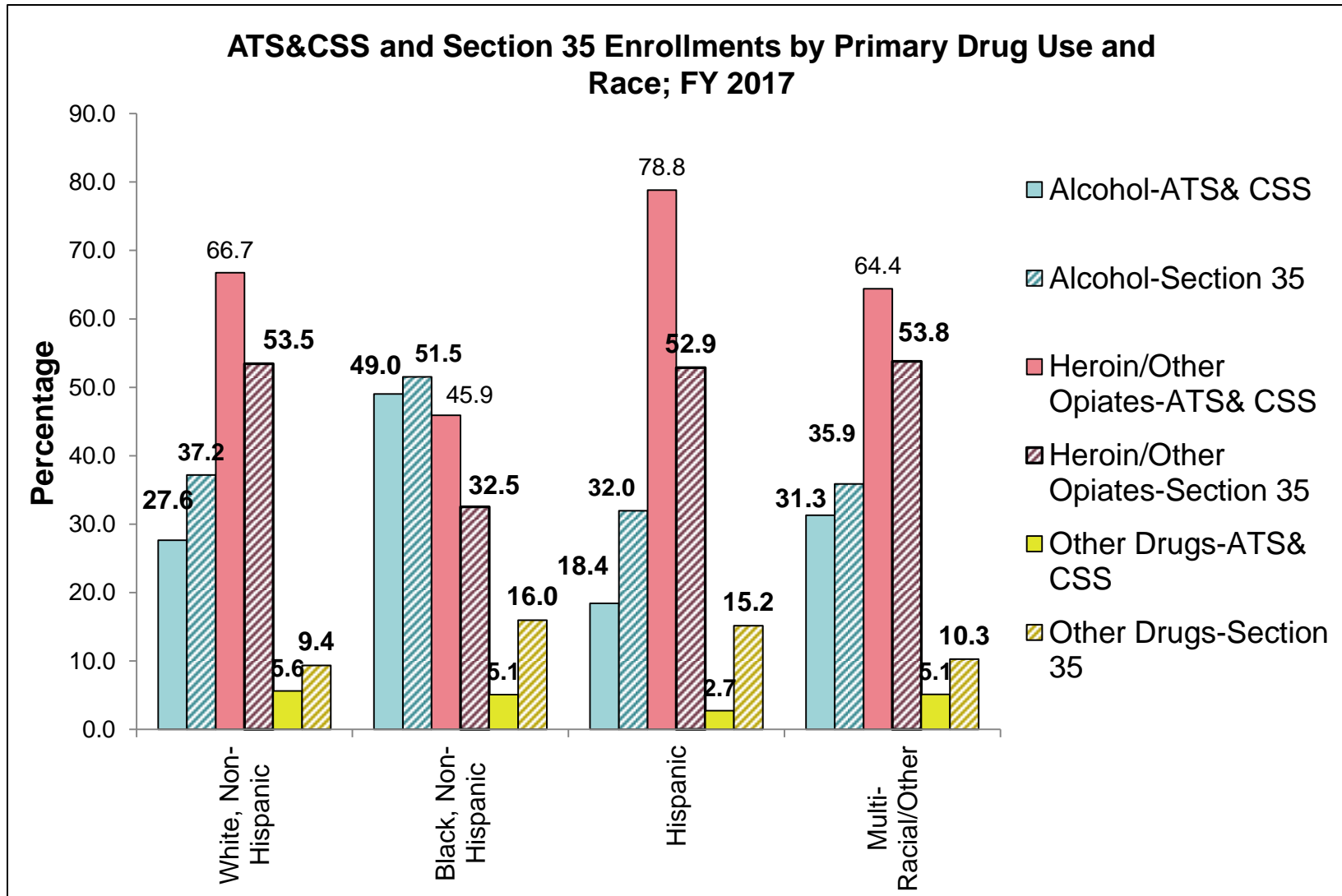


Primary Drug Reported By Age

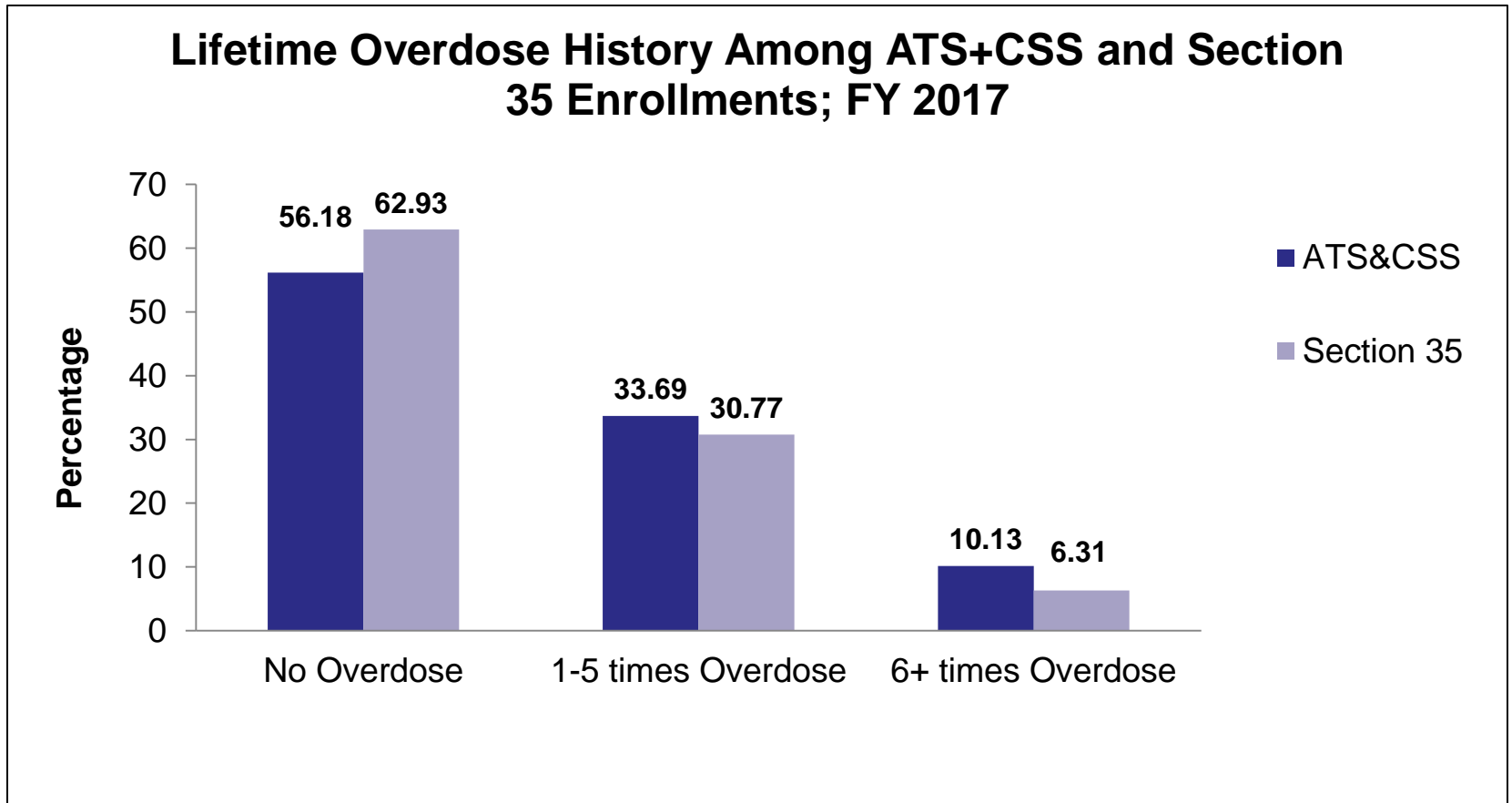
ATS&CSS and Section 35 Enrollments by Primary Drug Use and Age Group; Fy 2017



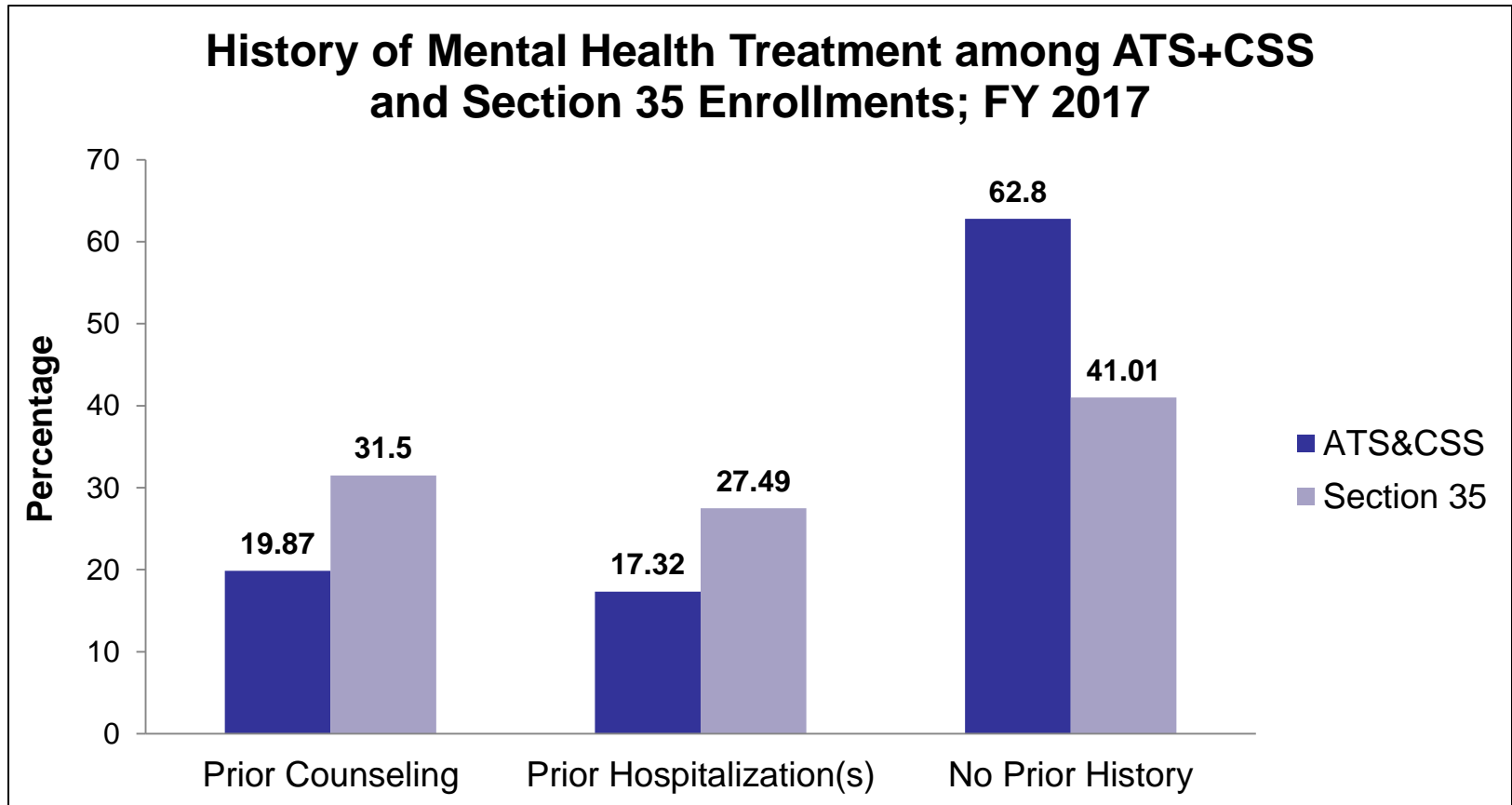
Primary Drug Reported by Race/Ethnicity



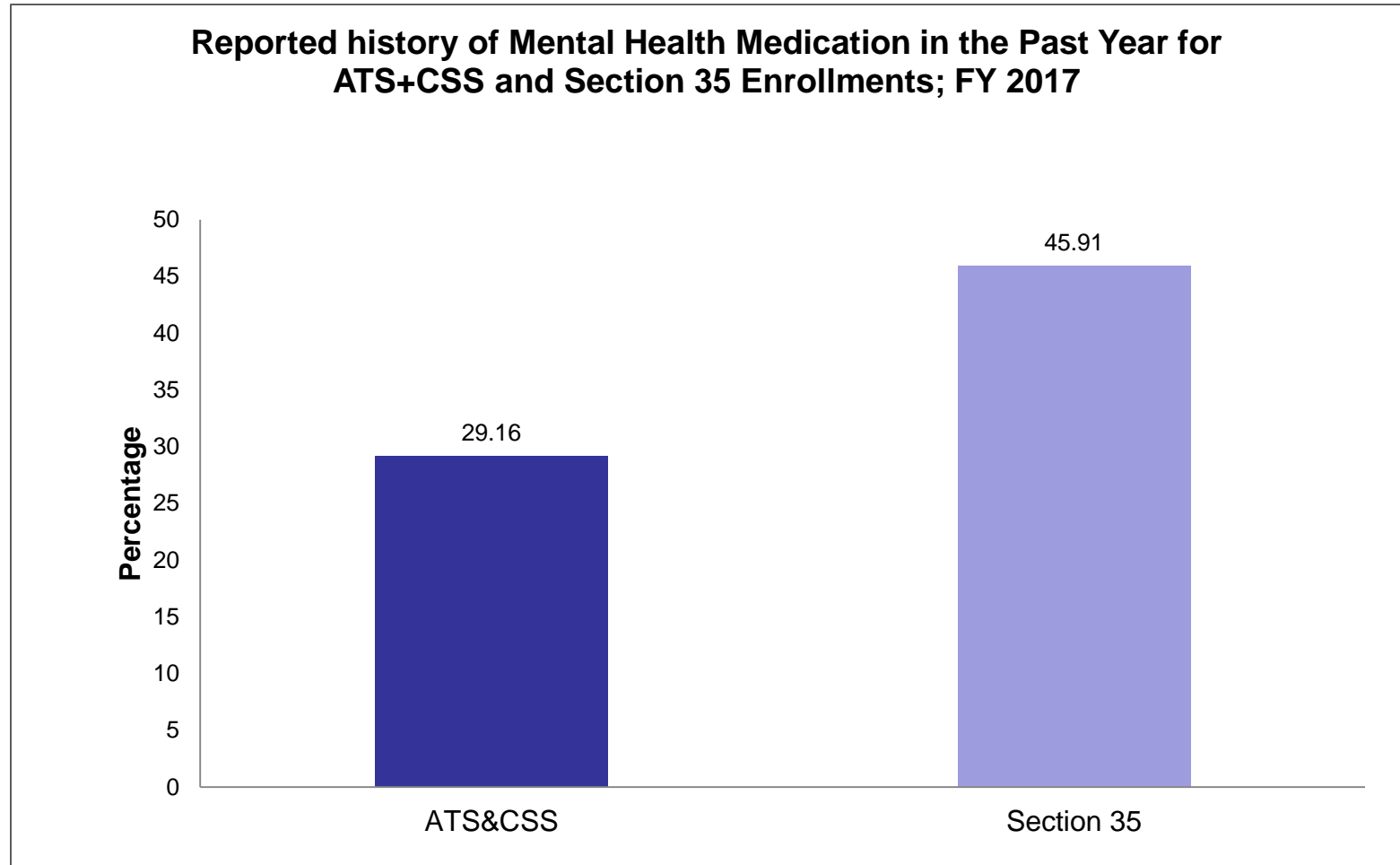
History of Lifetime Overdose



History of Mental Health Treatment



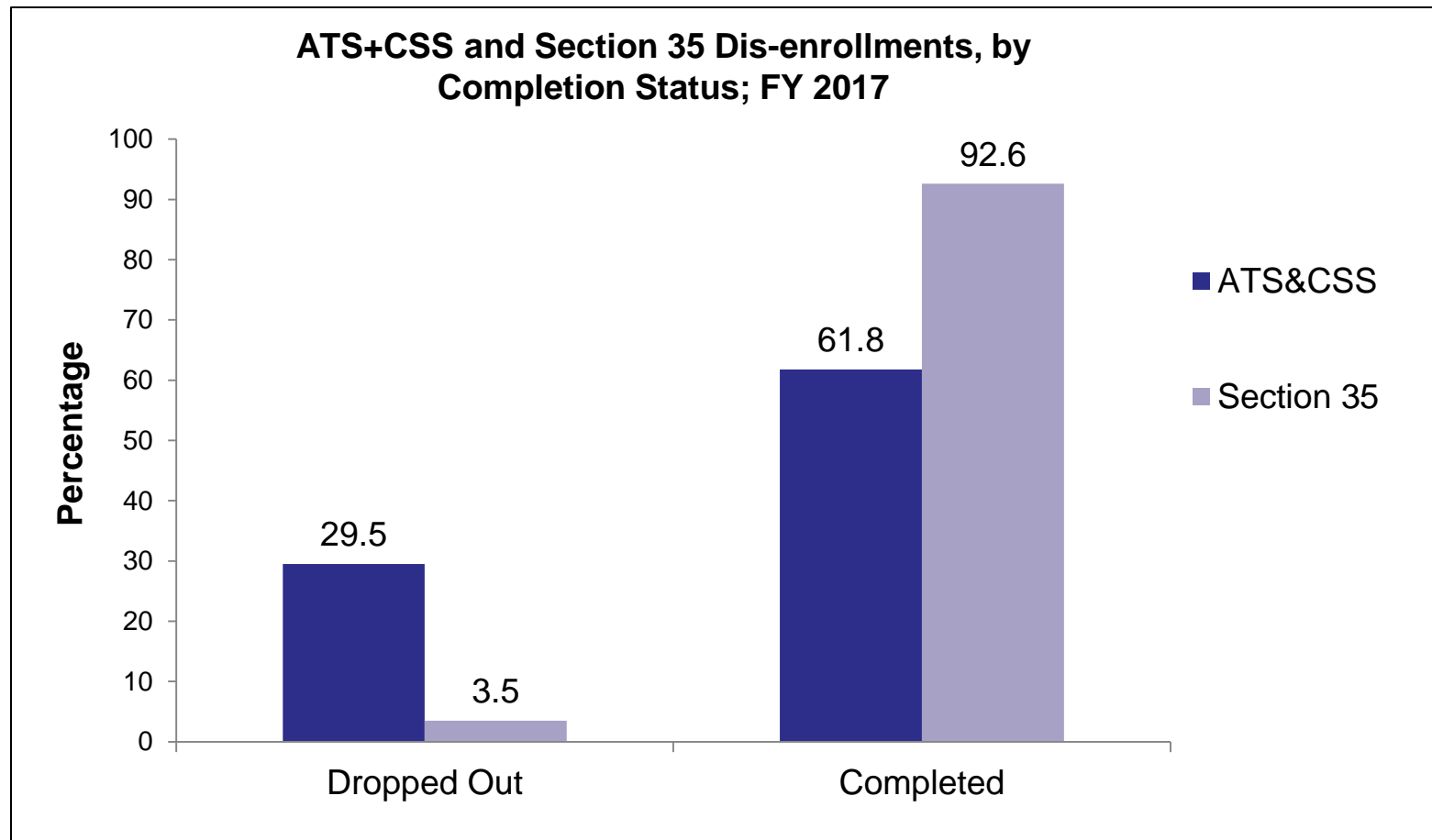
History of Mental Health Medication



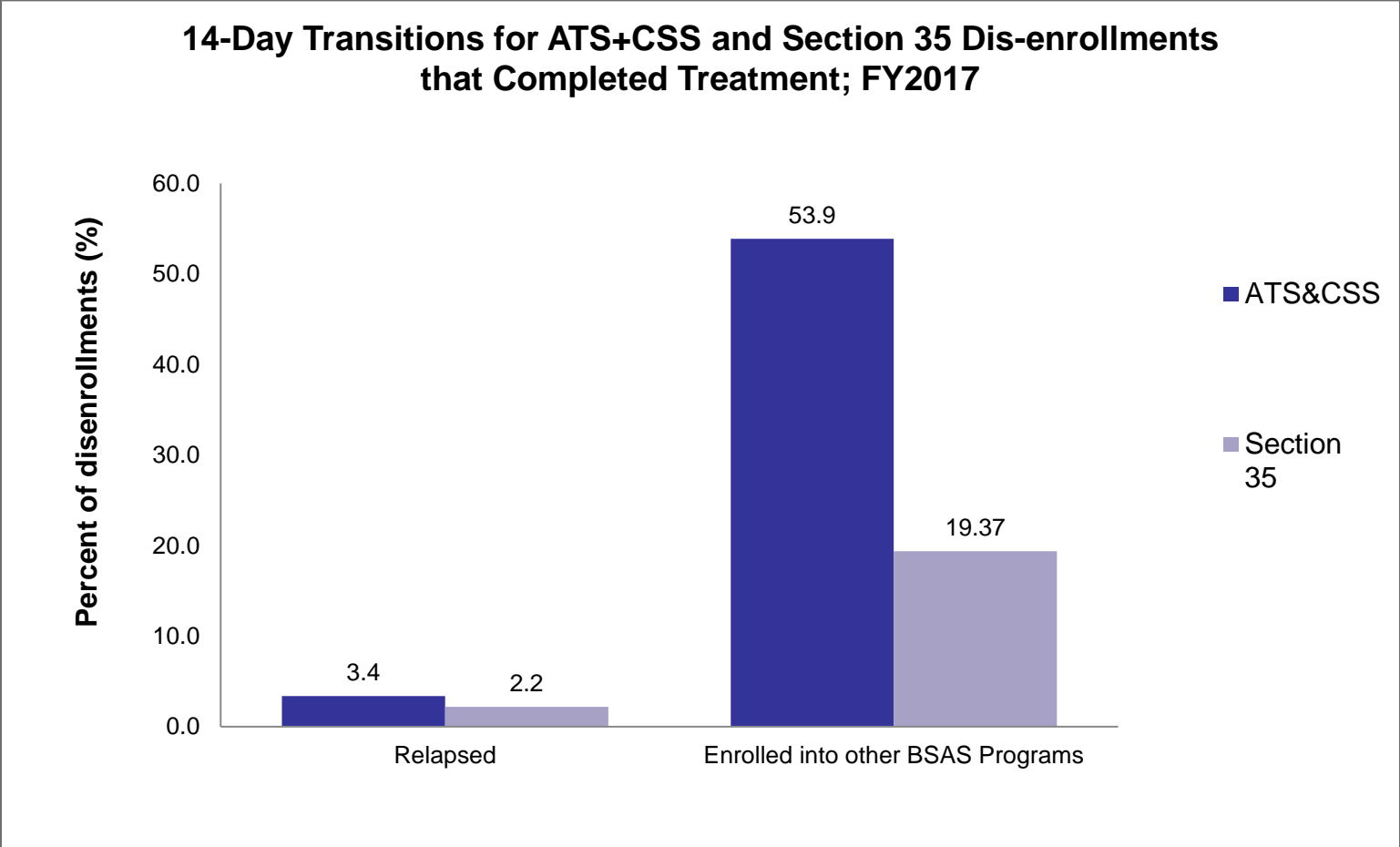
Outcomes

- Treatment completion
- LOS
- Treatment follow up
- Findings from Chapter 55 Study

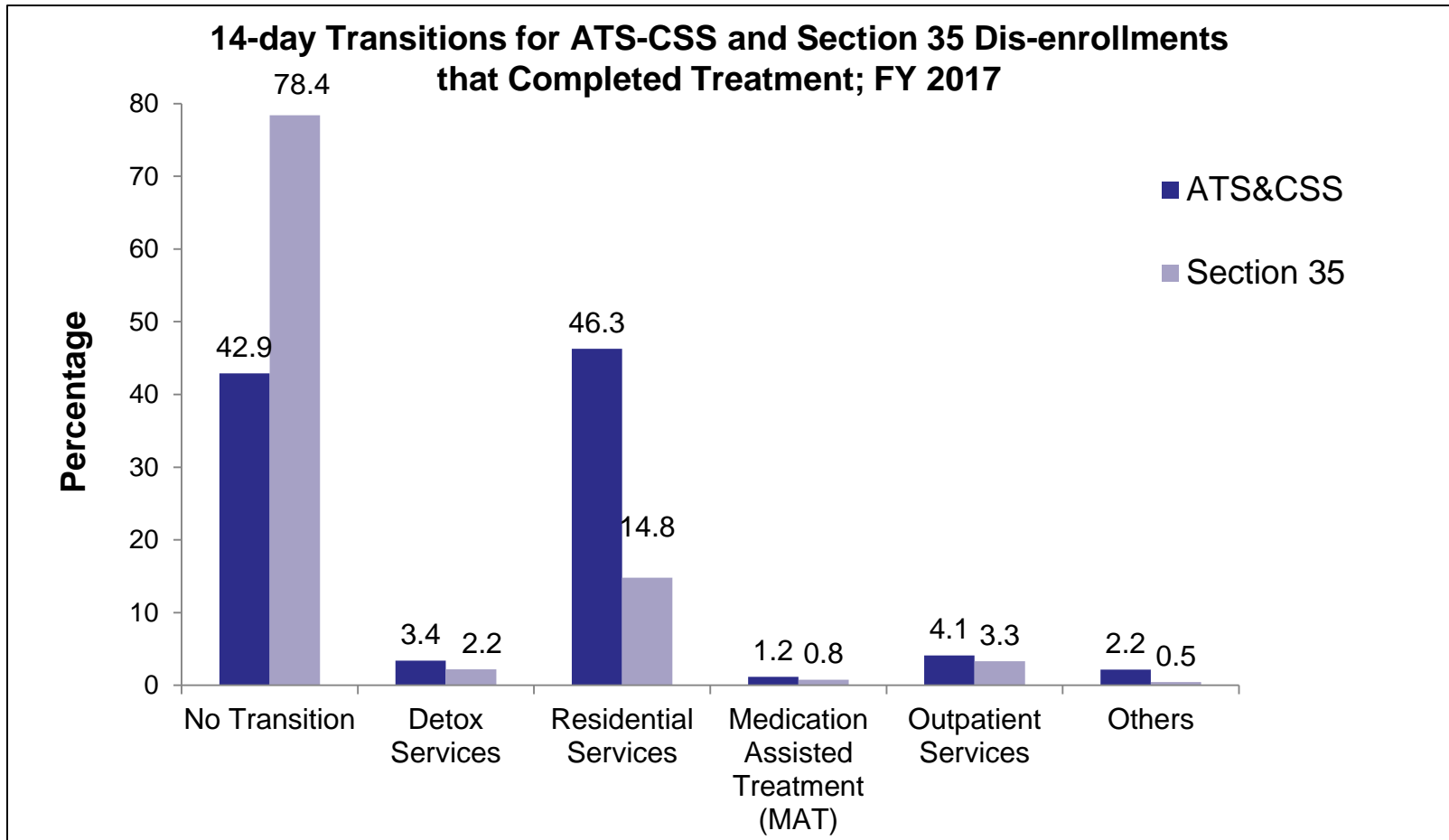
Completion Status



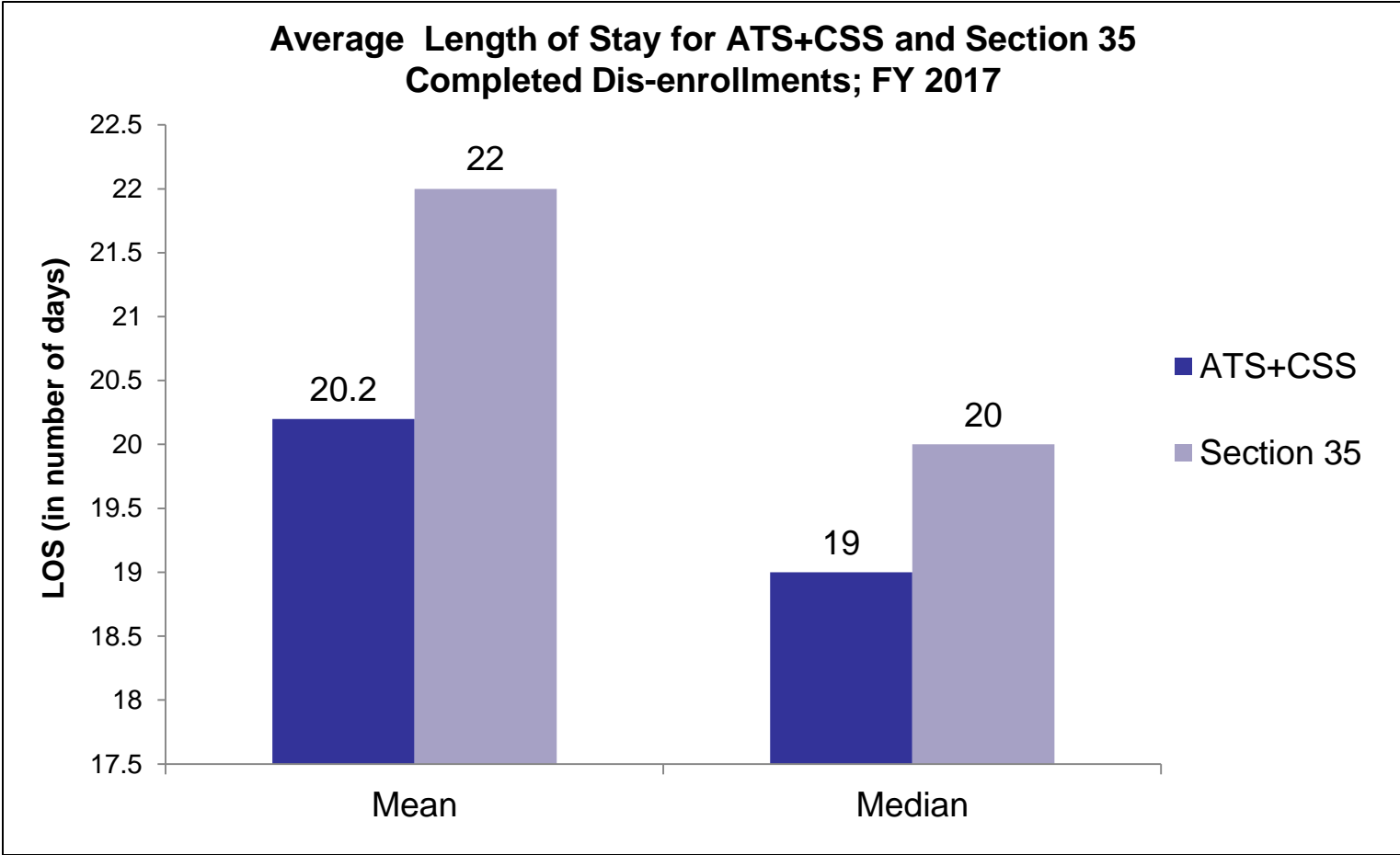
Post Discharge Transitions



Post Discharge Transitions



Length of Stay



Findings from Chapter 55: Voluntary vs Involuntary Treatment and Opioid Related Overdoses

- Study population: 73,620 BSAS clients with a history of opioid-related enrollment, of which 8,181 people had a history of involuntary commitments (2011-2015 BSAS Treatment System)
- 1,908 opioid-related overdose deaths occurred among BSAS population listed above

Findings from Chapter 55: Voluntary vs Involuntary Treatment and Opioid Related Overdoses

Risk of Opioid Overdose Death by Treatment Type		
	No Involuntary Treatment	Any Involuntary Treatment
Fatal Opioid-related Overdose	1611	297
Total Individuals	65,439	8,181
Percent Fatal Overdoses	2.5%	3.6%

When compared to clients without a history of involuntary treatment, clients with a history of involuntary treatment were

- 1.4 times as likely to die of opioid related overdoses
- 1.2 times as likely to die of any reportable cause

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Thank You!