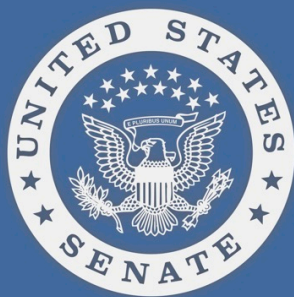


Survey:

Massachusetts Substance Use Disorder Treatment and Recovery Services



Office of Senator Elizabeth Warren

March 2017

Senator Warren is committed to ensuring that people in Massachusetts who suffer from substance use disorder are able to access the treatment and recovery services they need. Your insights are critical to ensuring stakeholder views are represented as Congress works to develop policy solutions to address this ongoing public health crisis.

Contact Information [# 1 - 7]

1. Organization Name _____
2. Phone Number _____
3. Mailing Address _____
4. Who is the best point of contact within your organization? _____
5. What is the point of contact's email address? _____
6. What is the point of contact's phone number? _____
7. Does your organization offer addiction treatment services for the following populations?
(Check all that apply.)
 - a. Women
 - b. Men
 - c. Families
 - d. Youth (under 18 years of age)

Patient Access and Types of Services [# 8 - 16]

Please indicate whether your organization offers any of the following service(s). If you do offer the service(s), please provide additional information. If you do not offer the service(s), please skip to the next section.

8. Acute Treatment Services (ATS-detox)
 - a. How many beds do you operate? _____
 - b. What is the average length of stay in this program? _____
 - c. Do you currently have a wait list? Yes No
 - d. If so, how many clients on average are on the wait list? _____
 - e. What is the average time a client waits for an available bed? _____
 - f. What percentage of clients discharged from the program are on a methadone maintenance regime or buprenorphine? _____

9. Clinical Stabilization Services (CSS/post detox step-down)

- a. How many beds do you operate? _____
- b. What is the average length of stay in this program? _____
- c. Do you currently have a wait list? Yes No
- d. If so, how many clients on average are on the wait list? _____
- e. What is the average time a client waits for an available bed? _____
- f. What percentage of clients discharged from the program are on a methadone maintenance regime, buprenorphine, or naltrexone? _____

10. Transitional Support Services (TSS)

- a. How many beds do you operate? _____
- b. What is the average length of stay in this program? _____
- c. Do you currently have a wait list? Yes No
- d. If so, how many clients on average are on the wait list? _____
- e. What is the average time a client waits for an available bed? _____

11. Residential Recovery Homes

- a. How many beds do you operate? _____
- b. What is the average length of stay in this program? _____
- c. Do you currently have a wait list? Yes No
- d. If so, how many clients on average are on the wait list? _____
- e. What is the average time a client waits for an available bed? _____

12. Opioid Treatment Program

- a. How many individuals do you serve on average daily? _____
- b. How many individuals did your organization serve in FY16? _____
- c. What is the average length of stay in this program? _____
- d. Do you currently have a wait list? Yes No
- e. If so, how many clients on average are on the wait list? _____
- f. What is the average time a client waits for admission to this program? _____

13. Structured Outpatient Addiction Program (SOAP)

- a. How many individuals do you serve on average daily? _____
- b. How many individuals did your organization serve in FY16? _____
- c. What is the average length of stay in this program? _____
- d. Do you currently have a wait list? Yes No
- e. If so, how many clients on average are on the wait list? _____
- f. What is the average time a client waits for admission to this program? _____

14. Outpatient Addiction Treatment (Check all that apply.)

- a. Individual counseling
- b. Group counseling
- c. Family counseling
- d. Naltrexone
- e. Buprenorphine
- f. Other

15. If your organization offers Outpatient Addiction Treatment:

- a. Do you currently have a wait list? Yes No
- b. If so, how many clients on average are on the wait list? _____
- c. What is the average time a client waits for an assessment/first appointment? _____
- d. Please indicate any specific services for which there is a wait list, along with the average wait time.

16. Do you have any comments or concerns regarding overall patient access and your ability to provide quality services to clients? _____

Insurance Coverage and Health Care Financing (# 17 - 27)

The next set of questions asks about potential sources of insurance coverage for your clients, including: MassHealth, Medicare, commercial insurance, and TRICARE. We understand that you may not have exact data, but please provide your closest estimation of the share of clients who fall into each category.

- 17. For FY16, what percentage of addiction treatment clients did not have health insurance coverage when they contacted you for treatment services? _____
- 18. Of those who came to you without health care coverage, what percentage of these clients are you typically able to enroll in insurance coverage as part of the services you provide? _____
- 19. For FY16, what percentage of addiction treatment clients were enrolled in MassHealth (including MassHealth Fee-For-Service, MassHealth Managed Care Entities, and the Primary Care Clinician Plan)? _____
- 20. For FY16, what percentage of addiction treatment clients were enrolled in Medicare or a Medicare Advantage plan only? _____
- 21. For FY16, what percentage of addiction treatment clients were dually eligible (i.e., enrolled in both MassHealth and Medicare, including One Care Plans)? _____

22. For FY16, what percentage of addiction treatment clients were enrolled in TRICARE, the U.S. Department of Defense's military health system? _____

23. For FY16, what percentage of addiction treatment clients were commercially insured? _____

24. Did your organization receive any federal grants in FY16? Yes No

25. If your organization received federal grants in FY16:

a. What were the granting agencies? _____

b. Did the grant funding supplement existing services? Please explain. _____

c. Did the grant funding support the creation of a new program or service? Please explain. _____

d. Would you have been able to offer or enhance the program or service without such grants? Please explain.

26. From a scale of 1 to 5, with 1 being minimal ability and 5 being excellent ability, how would you rate the following:

a. Your ability to provide sufficient treatment services for individuals with substance use disorder

1 2 3 4 5 N/A

b. Your ability to provide adequate access to medication assisted treatment (MAT)

1 2 3 4 5 N/A

c. Your ability to provide adequate access to or referrals to mental health care

1 2 3 4 5 N/A

d. Your ability to provide other services to address social determinants of health

1 2 3 4 5 N/A

e. Your ability to successfully refer clients to residential recovery homes

1 2 3 4 5 N/A

f. Your ability to successfully refer clients to any other type of housing

1 2 3 4 5 N/A

g. Your ability to successfully refer clients to career counseling services

1 2 3 4 5 N/A

27. Do you have any comments on overall insurance coverage and financing at your facility? _____

Additional Services [# 28 - 32]

28. Does your organization offer mental health outpatient treatment services? (Check all that apply.)

- a. Individual counseling
- b. Group counseling
- c. Family counseling
- d. Medication management
- e. Other
- f. Not applicable

29. Does your organization offer referral services to address social determinants of health, in addition to addiction treatment services? (Check all that apply.)

- a. Legal services
- b. Career counseling
- c. Family counseling or services
- d. Primary health care
- e. Long-term housing assistance
- f. Referral to residential recovery homes, including sober living facilities
- g. Guidance on obtaining health insurance
- h. Other
- i. Not applicable

30. If any services are offered in house, or if you checked "Other" for #27 or #28, please specify below.

31. On a scale of 1 to 5, with 1 being extremely difficult and 5 being excellent, how would you rate your ability to approach the following:

- a. Receive timely reimbursement for any type of treatment service
○1 ○2 ○3 ○4 ○5 ○N/A
- b. Hire and train behavioral health staff
○1 ○2 ○3 ○4 ○5 ○N/A
- c. Retain adequately trained behavioral health staff
○1 ○2 ○3 ○4 ○5 ○N/A
- d. Collaborate with state and local officials, as well as community members, to receive entry to local sites to provide quality, accessible services
○1 ○2 ○3 ○4 ○5 ○N/A

32. Do you have any comments or concerns regarding services offered within your organization? _____

Other Comments

33. Do you have any further comments on overall needs at your facility? Are there any specific concerns that you would like to bring to Senator Warren's attention?

