

A Collective Voice



For Addiction Recovery

The **MOAR** membership of individuals, families and friends informed us of the need for a Recovery Resource Guide. In response to this need, we have prepared our 9th “**MOAR** Mini-Guide with **MOAR** to Come” with prevention and treatment resources, parent support group lists, and **AREAS**, Addiction Recovery Education Access Service, our recovery services program.

This guide includes an array of “how to and where to go for help” fact sheets to support individuals and families in the recovery process. It needs your help to become **MOAR** resourceful to you. Please continue to tell us what additional information would be helpful for you.

By the way, you too can do **MOAR**. Please come to one of our meeting locations in Boston (South Boston, East Boston and Jamaica Plain), Worcester, New Bedford, Beverly, Lawrence, and Springfield. We hope to be **MOAR** visible anywhere that wants to enhance the voices for recovery.

*If you are **MOAR** interested, call Toll Free: 1-877-423-6627*

MOAR MISSION

Our mission is to organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.

MOAR VISION

MOAR envisions a society where addiction is treated as a significant public health issue and recovery is recognized as valuable to our communities.

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Continuum of Care Services for Alcohol and Other Drug Addictions

Detox

Detox or Acute treatment services (ATS) programs are medically monitored detoxification (detox) services. Programs provide 24-hour nursing care, under the consultation of a medical director, to monitor an individual's withdrawal from alcohol and other drugs and alleviate symptoms. ATS programs are community-based inpatient programs that provide clients with 24 hour evaluation and treatment. All clients collaborate with a case manager in the development of a service plan for aftercare services including outpatient counseling, transitional support services, residential rehabilitation, or opioid treatment as clinically appropriate. Average length of stay is 3 to 5 days.

AdCare Hospital	Worcester	800-252-6465
Andrew House *	North Quincy	617-479-9320
Arbour Hospital	Jamaica Plain	617-522-4400
Baldpate Hospital	Georgetown	978-352-2131
Bournewood Hospital	Brookline	617-469-0300
Caritas NORCAP Program	Foxboro	800-331-2900
Carlson Recovery Center *	Springfield	413-733-1423
Community Healthlink *	Worcester	508-860-1200
Dimock *	Roxbury	617-442-9661
Emerson Hospital Addiction Services	Concord	978-287-3510
Faulkner Hospital Addiction Recovery Program	Jamaica Plain	617-983-7711
Gosnold	Falmouth	800-444-1554
High Point Treatment Center	Brockton	800-734-3444
High Point Treatment Center	Plymouth	800-233-4478
Lahey Health Behavioral Services *	Tewksbury	978-259-7000
Lahey Health Behavioral Services *	Danvers	800-323-2224
Lahey Health Behavioral Services *	Boston	800-763-5363
McGee Unit / Berkshire Medical Center *	Pittsfield	800-222-1664
Proctor House I	Belmont	800-333-0338
Providence Behavioral Health Hospital *	Holyoke	800-274-7724
Spectrum *	Westborough	800-366-7732
SSTAR Inpatient	Fall River	800-937-3610
St. Elizabeth's Comprehensive Addiction Program	Brighton	617-789-2574
Veteran's Center for Addiction Program	Bedford	781-687-2275
Veteran's Center for Addiction Treatment	Brockton	508-583-4500

Programs with asterisk * are funded by Department of Public Health, Bureau of Substance Abuse.
Note: Since the printing of this list, changes may have occurred.

Clinical Stabilization / Step Down Services (CSS)

Provides clinical stabilization services for clients leaving detox or stabilization services for clients needing acute treatment but not meeting criteria for medically-necessary detox (ATS) services.

Gosnold Post Detox	Falmouth	800-444-1554
High Point Treatment Center Serenity Inn	Brockton	800-734-3444
High Point Treatment Center Stabilization	Plymouth	800-233-4478
Passages –Community Healthlink	Worcester	508-860-1142
Post Detox Step Down -Lahey	Danvers	800-323-2224
Spectrum Post Detox	Weymouth	781-331-3709
SSTAR Step Down Services	New Bedford	508-324-7763
The Hope Center -BHN	Springfield	413-301-9500
Womens Renewal – Dimock	Roxbury	617-442-8800

TSS-Transitional Support Services

Transitional Support Services (TSS) are short-term residential programs for individuals who need further stabilization after detoxification. Admission is limited to clients discharged from ATS and homeless clients. Average length of stay is 14-21 days. TSS programs provide 24-hour structured, supportive residential housing and services using case management and psycho-education to assist clients in implementing an Individual Service Plan. Case Managers provide linkages and interagency collaboration to next step programs and assist clients in obtaining the credentials necessary to apply for social service benefits, i.e. copy of birth certificate, identification, etc.

Phoenix Arbor House	Holyoke	413-538-8188
High Point Treatment Center	New Bedford	508-984-1697
Lynn Transitional	Lynn	781-593-9434
New Hope	Weymouth	617-878-2550
Spectrum Residential Program	Westborough	800-366-7732
Transitions Transitional	Mattapan	617-534-9150
Women's Hope	Dorchester	617-288-3906

Men's Recovery Homes

Recovery Homes provide a structured, alcohol & drug free environment for individuals recovering from addiction. These programs emphasize recovery and treatment within a structured, therapeutic setting. Residents are encouraged to integrate with the community and to access community resources, including self-help groups and employment. Social Model programs emphasize a sober living environment, peer counseling and case management. The emphasis of these programs is to assist residents to provide each other with a culture of recovery, support, sharing and positive role modeling.

Hello House	Boston	617-262-7142	www.voamass.org
Granada House	Allston	617-254-2923	www.granadahouse.org
Casa Esperanza	Roxbury	617-445-7411	www.casaesperanza.org
Gavin House	South Boston	617-268-5517	gavinfoundation.org
New Victories	Dorchester	617-825-6088	www.vpi.org
Victory House	Boston	617-262-5032	www.vpi.org
Interim House	Dorchester	617-265-2636	
Dimock / John Flowers	Roxbury	617-442-8800	www.dimock.org
Hamilton House	Dorchester	617-288-1584	
Answer House	South Boston	617-268-7124	www.mhsainc.org
Sullivan House	Jamaica Plain	617-524-4416	www.mhsainc.org
The Alternative House	East Boston	617-569-8222	
Rehabilitation & Health	East Boston	617-569-2089	
Charlestown Recovery House	Charlestown	617-242-0088	www.baycove.org
Hope House	Boston	617-971-9360	www.hopehouseboston.org
Crozier House	Worcester	508-860-2209	
Pathway House	Gardner	978-632-4574	
Hector Reyes House	Worcester	508-459-1805	
Channing House	Worcester	508-755-8088	
Jeremiah's Inn	Worcester	508-755-6403	www.jeremiahsinn.com
Hope House	Leicester	508-892-1010	
CASPAR House I	Somerville	617-623-5277	casparinc.org
CASPAR House II	Somerville	617-776-6036	www.casparinc.org
Hurley House	Waltham	781-891-4323	www.thehurleyhouse.com
The Bridge House	Framingham	508-872-6194	www.bridgehouseneaar.org
South Shore Recovery Home	Quincy	617-773-7023	
McLean Residence at the Brook	Waltham	888-515-9699	
Link House / John Ashford	Newburyport	978-462-7341	www.linkhouseinc.org
Lowell Recovery House	Lowell	978-459-3371	www.lowellhouseinc.com
Ryan House	Lynn	781-593-9434	
Eastern Middlesex	Malden	781-321-2600	
Miller House	Falmouth	508-540-5052	www.gosnold.org
North Cottage Program	Norton	508-285-2701	northcottageprogram.com
Harmony House	New Bedford	508-992-8948	
Anchor House	Plymouth	508-746-6654	
Steppingstone Men's House	Fall River	508-674-2788	www.steppingstoneinc.org

Keenan House Recovery Home	Pittsfield	413-499-2756	www.briencenter.org
Gandara	Springfield	413-781-2234	www.gandaracenter.org
Opportunity House	Springfield	413-739-4732	www.bhninc.org
Hairston House	Northampton	413-585-8390	www.gandaracenter.org
Beacon House for Men	Greenfield	413-773-1706	www.servicenet.org
Orange Recovery House	Orange	978-544-6507	www.servicenet.org
Phoenix House (co-ed 2house)	Springfield	413-733-2178	www.phoenixhouse.org

Women's Recovery Homes

Latinas Y Ninos Center **	Roxbury	617-445-1104	www.casaesperanza.org
Shepherd House	Dorchester	617-288-3906	www.vpi.org
Hello House Women's Program	Quincy	617-471-6616	www.voamass.org
Granada House	Allston	617-254-2923	granadahouse.org
Faith House **	Worcester	508-438-5625	www.communityhealthlink.org
McLean at Naukeag Residential	Ashburnham	800-230-8764	
McLean Center at Fernside	Princeton	800-906-9531	
Linda Fay Griffin House	Worcester	508-755-8990	
Rhodes Street House	Millbury	508-581-7821	www.smoc.org
GROW Program	Cambridge	617-661-6020	www.casparinc.org
Serenity House **	Hopkinton	508-435-9040	www.smoc.org
McLean Residence at the Brook	Waltham	888-515-9699	
Womanplace	Cambridge	617-661-6020	www.casparinc.org
Women's View **	Lawrence	978-687-1658	www.tpc1.org
Project Cope **	Lynn	781-581-9273	www.projectcope.com
Ryan House	Lynn	781-593-9434	
Pegasus House	Lawrence	978-687-4257	
Lowell Recovery House	Lowell	978-459-3371	www.lowellhouseinc.com
Sheehan Women's Program	Tewksbury	978-640-0840	www.lowellhouse.org
Emerson House **	Falmouth	800-444-1554	www.gosnold.org
Edwina Martin House **	Brockton	508-583-0493	www.edwinamartinhouse.org
Monarch House	New Bedford	508-992-0800	
Gandara Residential **	Holyoke	413-540-9881	www.gandaracenter.org
My Sister's House **	Springfield	413-733-7891	www.bhninc.org
Keenan House Recovery Home	Pittsfield	413-499-2756	www.briencenter.org
Beacon House	Greenfield	413-773-4610	www.servicenet.org
Phoenix House (co-ed 2 houses)	Springfield	413-733-2178	www.phoenixhouse.org
New Day **	Somerville	617-628-8188	www.casparinc.org

** Community-based women's residential substance abuse treatment programs for pregnant and post-partum women offer linkage to prenatal and pediatric care, obstetrical services, early intervention programs, aftercare treatment and planning, and other services. Women in all trimesters of pregnancy can enter these programs.

Therapeutic Communities

Therapeutic Communities provide a highly structured environment that emphasizes resident treatment and recovery within the parameters of the program structure. The residents take an active role in this mode of treatment helping them to take responsibility and become positive role models.

Meridian House (co-ed)	East Boston	617-569-6050	
Steppingstone (women) **	Fall River	508-674-2788	www.casparinc.org
Steppingstone (women) **	New Bedford	508-984-1889	www.casparinc.org
Dimock Askia (men)	Roxbury	617-427-1350	
My Sister's House (women)	Roxbury	617-442-8800	
Spectrum Residential (co-ed)	Westboro	800-366-7732	www.spectrumhealthsystems.org
Project Turnabout (Men)	Weymouth	781-331-9697	www.spectrumhealthsystems.org

Family Residential Services

Specialized Residential Services for Families (also known as Family Substance Abuse Shelters) provide a safe and supportive treatment environment for homeless families when the caretaking parent(s) has a chronic substance abuse problem. Programs provide shelter, coordination and case management of substance abuse treatment and other services for homeless families in order to support and sustain sobriety.

Entre Familia Program	Mattapan	866-705-2807	www.bphc.org
Joelyn's Family Home	Boston	617-456-1201	
Orchard Street	Leominster	978-537-3109	www.healthrecovery.org
Genesis II Family Center	Newton	866-705-2807	www.ccab.org
Sage House	Framingham	866-705-2807	www.smoc.org
H.A.R.T. House	Tewksbury	866-705-2807	
Angel House	Hyannis	866-705-2807	www.haconcapecod.org
Grace House	Northampton	866-705-2807	www.chd.org

Massachusetts Opioid Abuse Prevention Collaborative

The purpose of the Massachusetts Overdose Prevention Collaborative Grant Program is to implement local policy, practice, systems and environmental change to prevent the use/abuse of opioids, prevent/reduce fatal and non-fatal opioid overdoses, and increase both the number and capacity of municipalities across the Commonwealth addressing these issues.

Berkshire Public Health Alliance

Coordinator: Jennifer Kimball
Email: jkimball@berkshireplanning.org
Phone: (413) 442-1521, Ext. 37
Website: www.berkshirepublichealth.org

Boston Public Health Commission

Coordinator: Rebecca Bishop
Email: rbishop@bphc.org
Phone: (617) 534-2182
Website: www.bphc.org

City Of Brockton

Communities: Rockland, East Bridgewater, Whitman
Coordinator: Hillary Dubois
Email: Hdubois@hptc.org
Phone: (508) 742-4405
Website: <http://opioidoverdoseprevention.org/>

City Of Cambridge

Communities: Everett, Somerville, Watertown
Coordinator: Jamie Stein
Email: jstein@challiance.org
Phone: 617-665-3872
Website:
<http://www.cambridgema.gov/DHSP/programsforfamilies/cambridgepreventioncoalition.aspx>

City Of Fitchburg

Communities: Gardner, Leominster, Athol
Coordinator: Susan Christensen
Email: schristensen@luk.org

City Of Gloucester Health Dept.

Communities: Beverly, Danvers
Coordinator: Joan Whitney
Email: jwhitney@gloucester-ma.gov
Phone: (978) 501-0994
Website: <http://gloucester-ma.gov/index.aspx?nid=227>

City Of Lowell

Communities: Billerica, Chelmsford, Tewksbury, Dracut
Coordinator: Maria Ruggiero
Email: mruggiero@lowellma.gov
Phone: (978) 970-4010 *dial 9 then ext. 4304

City Of Lynn

Communities: Peabody, Salem
Coordinator: Wendy Kent
Email: wkent@projectcope.com
Phone: (781) 593-5333 ext. 359
Website: <http://www.projectcope.com/>

City Of Medford

Communities: Malden, Melrose, Stoneham, Wakefield, Reading
Coordinator: Penny Bruce
Email: PBruce@medford.org
Phone: (781) 393-2561

City Of Revere Board of Health Department

Communities: Chelsea, Saugus, Winthrop
Coordinator: Viviana Cataño-Merino
Email: Vcatano-Merino@mgh.harvard.edu
Phone: (781) 485-6404
Website: <http://reverecares.org>

City Of Springfield Department of Health and Human Services

Communities: Chicopee, Holyoke
Coordinator: Marie Graves
Email: mgraves@springfieldcityhall.com
Phone: (413) 787-6718
Website: <http://www3.springfield-ma.gov/hhs/>

City Of Worcester Department of Public Health

Communities: Shrewsbury, West Boylston, and Leicester
Coordinator: Karyn Clark
Email: ClarkKE@worcesterma.gov
Phone: (508) 799-1762
Website: <http://www.worcesterma.gov/ocm/public-health>
Phone: (617)-618-2318

Impact Quincy MOAPC

Communities: Braintree, Randolph, Stoughton, Weymouth
Coordinator: Susanna Cooper
Email: scooper@baystatecs.org
Phone: (617) 471-8400 ext. 191
Website: <http://baystatecs.org/impact-quincy>
Location: Quincy

Opioid Overdose Prevention /Narcan (Naloxone) Training

Narcan is a narcotic antagonist. It works by blocking opiate receptor sites, which reverses or prevents toxic effects (overdose) of narcotic (opioid) analgesics.

Boston Boston Public Health Commission, AHOPE 774 Albany Street, 617-534-3967 Mobile Unit—call for locations and schedule 800-383-2437	Brockton Brockton Area Multi-Services, Inc. The COPE Center 81 Pleasant Street, 508-583-3405
Cambridge AIDS Action Committee 359 Green Street, 617-599-0246	Fall River Seven Hills Behavioral Health 310 South Main Street, 508-235-1012
Holyoke Holyoke Health Center, CEPA 330 Appleton Street, 413-536-8721 Tapestry Health 15A Main Street, 413-315-3732	Hyannis AIDS Support Group of Cape Cod 428 South Street, 866-990-2437 or 508-778-1954
Lawrence Greater Lawrence Family Health Center 100 Water Street, 978-685-7663 X 8504	Lowell Lowell Community Health Center 585-579 Merrimack Street, 978-746-7731 Lowell House, Inc., Darby Drop-In Center 555 Merrimack Street, 978-459-8656 Ext. 23
Lynn Health Innovations, Inc Healthy Streets Outreach Program 781-592-0243	New Bedford Seven Hills Behavioral Health 1173 Acushnet Avenue, 508-996-0546
Northampton Tapestry Health 16 Center Street, Suite 423, 413-586-0310	Provincetown AIDS Support Group of Cape Cod 336 Commercial Street, Unit #10, 866-668-6448, 508-487-8311
Quincy Manet Community Health Center 1193 Sea St, 857-403-0803	Springfield Tapestry Health, La Voz 130 Maple Street, lower level, 413-363-9472
Worcester AIDS Project Worcester 85 Green Street, 508-755-3773 X 29	Learn to Cope Naloxone is available at support groups for parents and family members dealing with a loved one suffering from addiction. Please go to www.learn2cope.org for meeting locations and times.
SPHERE Training and naloxone for staff of Bureau of Substance Abuse Services funded treatment programs statewide (800) 530-2770 x261	For the most up-to-date list on where to get naloxone or for a treatment referral call: the MA Substance Abuse Information and Education Helpline at 800-327-5050

Medicated Assisted Treatment

Opioid Treatment provides medically monitored treatment services for clients who are addicted to opiate drugs such as heroin or pain medications. Services combine medical and pharmacological interventions (such as methadone or buprenorphine) with professional outpatient counseling, education, and vocational services. Services are offered on both a short- and long-term basis.

Addiction Treatment Center of New England	Brighton	617-254-1271
Bay Cove Human Services	Boston	617-371-3030
Veteran's Outpatient Narcotic Treatment	Boston	617-248-1013
Community Substance Abuse Centers	Chelsea	617-889-8779
	Woburn	781-933-0700
	Chicopee	413-746-0051
	Westfield	413-568-6600
	Northampton	413-584-2404
	Greenfield	413-774-3321
Boston Medical Center Addiction Services	Boston	617-534-4212
BMC Buprenorphine Statewide Referrals - Suboxone	Boston	617-414-6926
Habit OPCO	Roxbury	617-442-1499
	Fitchburg	978-343-6300
	Lowell	978-452-5155
	Lawrence	978-687-6300
	Lynn	781-595-2413
	South Yarmouth	508-398-5155
	Fall River	508-676-1307
	Brockton	508-586-6300
	Springfield	413-733-3488
	East Wareham	508-295-7990
Spectrum Outpatient Services	Worcester	508-854-3320
	Worcester	508-797-6100
	Milford	508-634-1877
	Southbridge	508-765-5940
	Framingham	508-875-5801
North Charles Institute for Addictions	Somerville	617-661-5700
Lahey Health Behavioral Services	Danvers	800-323-2224
	Gloucester	978-283-0296
SSTAR - Lifeline Methadone Services	Fall River	508-675-0131
Habit OPCO Mobile Program	Taunton	508-880-1598
High Point - Community Substance Abuse Centers	New Bedford	508-979-1122
Seven Hills Behavioral Health	New Bedford	508-999-3126
Providence Behavioral Health Hospital	Springfield	413-781-1926
	Holyoke	413-539-2986

The Massachusetts Council on Compulsive Gambling's Helpline

offers information and support for people concerned about their own gambling or a loved one's gambling **We Understand the Problem. We Can Help**

1-800-426-1234

Council staff members are equipped to respond empathetically and offer information and referrals for self-help, treatment providers and other community resources to people experiencing problems with gambling 24-hours a day, 7-days a week. Helpline services are free to everyone and completely confidential. Any information that you provide will not be shared with anyone else, unless you specifically ask us to do so.

MA Council on Compulsive Gambling

190 High Street, Suite 5

Boston, MA 02110

Phone: 617.426.4554

Fax: 617.426.4555

Helpline: 1.800.426.1234

www.masscompulsivegambling.org

Consider reflecting upon the place that gambling has in your life. Our Self-Assessment is a tool to help you determine whether you have a gambling problem. No personal information is required or recorded. Many people who struggle with gambling find Gamblers Anonymous (GA) to be a tremendous source of support.

The Helpline offers services in five languages: English - 1-800-426-1234, Chinese - 1-857-383-3557, Vietnamese - 1-857-383-3567, Khmer - 1-857-383-3577 and Spanish - 1-857-383-3558

If you perceive symptoms of what could be alcohol or drug use problems with a youth

in school or at home, you can make a direct referral to an approved adolescent outpatient provider for a full substance use assessment. This Helpline and the Statewide Adolescent Central Intake Coordinator can provide information on approved adolescent outpatient programs and answer questions about the referral process.

The Massachusetts Substance Abuse Information and Education Helpline

1-800-327-5050

If a substance use assessment indicates a need for residential treatment, the completed assessment is faxed to the Central Intake Coordinator (CIC). The CIC reviews all assessments from MA BSAS approved youth outpatient providers for admission to the appropriate residential program. If it is appropriate to refer the candidate to an alternative program, the CIC will offer referrals. The CIC will coordinate all referrals to Youth Residential Substance Abuse Treatment including referrals from DCF, DYS, and the juvenile courts. The CIC is located at

Institute For Health and Recovery

349 Broadway, Cambridge, MA 02139

Youth and Young Adult Services

Telephone: (617) 661-3991 Toll free: (866) 705-2800

Youth Services

Youth services promote wellbeing by building on strengths and by preventing substance abuse, HIV infection, and related risk-taking behaviors. Services target youth age twelve to nineteen that are at increased risk for alcohol and/or other drug related abuse. Some services may be provided in schools, courts, community agencies, and housing projects and/or on the street, and may offer education/skill building, alternatives to substance use, youth development, problem identification, and referrals. Service types include: Outpatient Counseling, Youth Residential and Criminal Justice Collaboratives.

Youth Residential Programs

Cushing House for Boys (ages 16-20)	South Boston
Cushing House for Girls (ages 16-20)	South Boston
Pegasus House for young women (ages 18-25)	Lawrence
Highland Grace House for Girls (13-17)	Worcester
Phoenix Academy (Boys)	Springfield
Northeast Behavioral Health (Boys)	Danvers
Project Rebound (Boys)	Boston

Youth Intervention Programs

Bridge Over Troubled Waters	Boston	617-423-9575
ROCA Youth Development Center	Chelsea	617-889-5210
Eastern District - Juvenile Diversion Program	Salem	978-745-6610

Detox / Acute Treatment for Youth

Motivating Youth Recovery - MYR Unit	Worcester	508-860-1244	www.communityhealthlink.org
The CASTLE - Clean And Sober Teens Living Empowered	Brockton	508-638-6000	www.hptc.org

Massachusetts Recovery High Schools

Recovery High Schools provide young people in recovery from alcohol and drug use with a supportive environment to help them maintain their recovery and complete their education. The schools utilize a maximum student to teacher ratio of 7-1 as well as an extended class day and school year.

William J. Ostiguy Recovery High School	Boston	617-348-6070
North Shore Recovery High School	Beverly	978-722-3305
Independence Academy	Brockton	781-878-6056
Liberty Preparatory Academy	Springfield	413-787-6998

Helping Children Affected by Another Person's Alcohol or Other Drug Use

COASA: CHILDREN OF ALCOHOLISM AND SUBSTANCE ABUSE

COASA supports children of alcoholism and substance abuse by serving as an advocate for them in community forums and by developing appropriate supportive educational groups for children of alcoholics and other substance abusers in Boston. COASA facilitates school and community-based prevention/intervention services, adapting them for the particular needs of the children we serve. The program provides the children with a framework for understanding what they are experiencing and teaches them to break the “don’t talk, don’t trust, don’t feel” rules they live within at home. The children learn about the “**seven Cs**” (They didn’t CAUSE it, can’t CURE it, can’t CONTROL it, can take CARE of themselves, can COMMUNICATE their feelings, can make healthy CHOICES and can CELEBRATE being themselves). The purpose of the program is to provide ongoing validation, support in developing positive social skills and improvement of individual self-esteem. COASA works within the Boston neighborhoods with the drug coalitions now in place and with the Massachusetts Organization for Addiction Recovery (MOAR). The program offers resources to the children, whether the parents are in treatment or not.

COASA, c/o Maureen McGlame
Robert F. Kennedy Children's Action Corps
11 Beacon Street
Boston, MA 02108
Tel: 617.227.4183
Fax: 617.227.2069

Is Your Child-even if an Adult- Addicted to Alcohol and/or other Drugs?

Get Help from other Parents and other Support Services for YOU

Group	Contact	Phone	Location	Online
Parent Support Groups of W MA	Barbara Gallo & Patricia Fereira	413-246-0677 413-534-7237	Holyoke	Bgallo61@yahoo.com Pattyferreira56@yahoo.com
Allies in Recovery		413-210-3724	Northampton	www.alliesinrecovery.org
Strength in Numbers	Thomas Miller	413-344-3226	Great Barrington Boston, Brockton, Salem, Quincy, Norwell, New Bedford Gloucester, Lowell, Worcester,	
Learn to Cope	Joanne Peterson	508-801-3247	Cambridge, Holyoke	www.learn2cope.org
The Parents' Forum	Eve Sullivan	617-253-7182	Cambridge	
A Circle of Hope	A Circle of Hope	978-557-9235	Lawrence	Lahey2000@verizon.net
North Suffolk Mental Health Association	Kim Hanton	617-912-7504	East Boston	
Bedford Parents support Group	Joanne Glover		Bedford, Unitarian Church	Tuesdays, 7:30-8:30 pm
Mass General Hospital	Maureen McGlame	617-227-4183	Mass General Hospital	
GRASP Grief Recovery After a Substance Passing	www.grasphelp.org	781-593-5224 or 978-354-2660	Salem, South Dartmouth, Saugus, Lowell	GRASPNorthshorema@gmail.com
Journey to Hope	Susan Silva		East Bridgewater & Middleboro	journeytohope@comcast.net

STAGES PARENTS GO THROUGH

**By Diane Kurtz and Tanyss Martula
Western Massachusetts Parents Support Group**

1. **Search** for the reason for the changes in our child.
2. **Question** possibility of substance abuse.
3. **Question child**; accept their answer that they are not using.
4. Our own **denial** of any substance abuse.
5. **Frustration**
6. **Reality** - substance abuse is the problem.
7. **Fear**
8. Search for the **reasons** why this happened.
9. **Guilt** for not realizing earlier.
10. **Feeling** like a failure as a parent.
11. **Shame** of our family situation with outsiders.
12. **Grief** - for the loss of the dreams we had for our child.
13. **Acceptance** of substance abuse as reasons for changes.
14. **Action** - find a way to cope.
15. **Learn** how to let go to save our own sanity. Learn some skills to let them feel their own consequences as a result of their own choices and realize it is not our responsibility to always find their answers.
16. Learn to **distinguish the difference** between the behavior of the child with the disease and the child himself.
17. Be **aware** we do not have to accept unacceptable behavior.
18. **Understand** that our children will take their own action. (We can provide some information and guidelines, stick to them and then let our children make their own choice on which avenue to take.) It may be that the course taken would not be of our choosing but necessary to allow them to see where this road is leading them.

*Above All We Must Learn How To Take Care Of Ourselves And Make A Life For Ourselves
Regardless Of The Pain We Feel Our Children Are In. Pain Is Growth... In Our Growing Up
Process We've All Experienced It At One Time Or Another And Learned From It.*

The Following Text Is Based on the Facilitator's Family Personal Experiences

Search

We tried to search for a reason that would explain our child's behavior. In the beginning we thought this was just normal adolescent behavior.

Is he unhappy? Does he have enough friends? Is school going well?

Are the teacher's treating him as unfairly as he says they are?

A lot of children skip a class or a school day, or marks fall as school becomes harder.

A lot of children isolate and do not want to be involved in family functions, or become secretive.

But along with the above there were the times that our child would call at a late hour and ask to sleep at a friend's. This was a clue. Most children would ask in advance to sleep out. If refused permission to do so, they would accept a no for an answer. Our child never accepted no. After a while, if permission wasn't granted, he would just start swearing, hang up and not return home till late the next day.

All the above was a direct result of our child's drug and alcohol abuse

Question

We had a lot of questions – was this normal adolescent behavior? Was this how other children acted or was this different? Could this be some kind of psychological problem? Could medication help?

We were totally confused. We went to the pediatrician for help and he felt that what we were experiencing was normal adolescent behavior, but my gut kept telling me to look further.

Finally the possibility of drugs came into play and it scared us to death, but, we had to really take a look at this. After all what did we know about substance abuse? Time to find out as much as we could. After all, this was our son's life we were talking about. If it is substance abuse, now what?

Asked the question

Let us talk to our son. Ask if he is using any substance. Oh good – he said no! He couldn't believe we would even ask such a question. He said we had told him how dangerous this could be and he was listening. We are so thankful that the answer was no. What could we have been thinking?

Denial

Because of the answers we received we did not, at that time, want to believe it was substance abuse. Perhaps he is just having a hard time coping with being a teenager.

This kind of attitude kept us in the dark a little while longer and allowed our son to become sicker and sicker. He was good at making sure we stayed in denial as long as possible. After all, if we caught on his life would change... and so would ours.

Frustration

We continued to battle with ourselves about what was really going on. It became one of the most frustrating times in our marriage. When my husband was ready to look at things for what they really were, I was not. If I was seeing things clearly, he was not. We played this seesaw game for a while. It was one of the hardest times for the two of us.

Reality

It became clear that substance abuse was what had changed our son. We could see visible changes and attitude changes - change in friends, clothing, eating habits, sleeping habits, secrecy. Our child had become someone else. We started finding what appeared to be cigarette particles in his clothing pockets- such as seeds on the floor in his bedroom and zigzag papers to roll cigarettes. He could not or would not hide these things anymore.

Fear

We're so scared. What are we to do? What if our son won't accept help? Where do we go for help? What if he dies? We've got to do something – but what?

Search for a reason

Maybe we were bad parents? Maybe we did not love our son enough? Maybe we made him feel bad and that was why? All these questions and we had no answers. We were good parents, we did love him enough. We never gave him a reason to do drugs as a way to cope with life.

As it turned out we learned that this is a disease and that our son did not choose to have it, but did. We, as his parents, did not bring this on. There basically was no other reason our son had a disease called addiction.

Guilt

We feel so guilty that we did not see earlier this for what it was. We should have been able to tell. Could he have gotten sicker because of us and our not dealing with this? We feel so bad.

No matter how bad you feel, no amount of guilt is going to change what has happened. Parents love their children. Some children make bad choices; sometimes even when they have been instructed otherwise. We did not put the first substance in our son's body, he did. We should not feel guilty for where we are now.

Feelings

One of the strongest feelings we had to cope with was "failures". Both my husband and I felt we had failed in our role as parents. We started looking at ourselves in comparison to others. What we needed to understand was that other people whose children did not suffer from the disease of addiction were not experiencing what we were and that we weren't failures, just uneducated in this area of life.

Feeling like a failure just prolonged our ability to do something. What we needed to do was learn as much as possible about this disease so we could do something about it.

Shame

Shame was one of the things that kept us from talking about what was going on in our home. We found ourselves acting as if everything was okay. It was a big burden to continue to try and hide what the disease of addiction had done to our marriage and our family.

It wasn't until our shame became overwhelming that we finally talked to someone about what was really going on. Then, we were able to find help. We finally got the courage to go to group therapy, family counseling and take back control of our home.

Grief

We finally came to an understanding that we were grieving for what could have been. We could see that this child was not going to walk the same road as other children. As it was, he never went to a prom, never graduated from high school or went to college the way our friends' children did. We needed to allow ourselves to grieve then let go our perception of what we thought would happen normally.

Acceptance

As difficult as it was to accept this situation that substances abuse was the problem, we had no choice but to do so. The acceptance gave us the reason for the changes and a chance to decide what we were going to do next. Acceptance also helped us to stop searching for a reasonable explanation for the behavior change. Now we understood.

Action

Now that we understood what was happening with our child, we needed to find a way to cope. We looked for support systems that could help us change our outlook and actions concerning our son.

Learn

We learned, with the help of a self-help group, how to let our son feel the consequences of his choices. This is one of the hardest steps to take. As parents you are so used to stepping in and protecting, that you find it against your natural parenting skills to let your child suffer the outcome. We finally recognized that this was the only way for our child to change his bad choices.

Learn to Distinguish the Difference

We had to learn to distinguish the difference between the son we raised and the person with the addiction. We needed to allow ourselves to still love our son but not accept the person he became when using. The person we raised was still underneath all the behaviors the disease created.

Aware

We needed to have an awareness that would help us to not accept unacceptable behavior. Accepting unacceptable behavior had allowed our child to think we did not need respect and accountability.

Understanding

Ultimately, it was necessary for us to understand that the choices our child might make will not always be what we want. The choices can become a learning experience in the recovery process. When we interrupt the choices, we take away the opportunity from our child to learn valuable lessons.

SAMHSA's Working Definition of Recovery for Addiction and Mental Health

The Substance Abuse and Mental Health Services (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way. SAMHSA engaged in a dialogue with consumers, persons in recovery, family members, advocates, policy-makers, administrators, providers, and others to develop the following definition and guiding principles for recovery. The urgency of health reform compels SAMHSA to define recovery and to promote the availability, quality, and financing of vital services and supports that facilitate recovery for individuals. In addition, the integration mandate in title II of the Americans with Disabilities Act and the Supreme Court's decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) provide legal requirements that are consistent with SAMHSA's mission to promote a high-quality and satisfying life in the community for all Americans.

Recovery from Mental Disorders and Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to

recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence is the safest approach for those with substance use disorders. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations including values, traditions, and beliefs are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

SAMHSA has developed this working definition of recovery to help policy makers, providers, funders, peers/consumers, and others design, measure, and reimburse for integrated and holistic services and supports to more effectively meet the individualized needs of those served.

Many advances have been made to promote recovery concepts and practices. There are a variety of effective models and practices that States, communities, providers, and others can use to promote recovery. However, much work remains to ensure that recovery-oriented behavioral health services and systems are adopted and implemented in every state and community. Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.



Faces & Voices of Recovery is a national 501(c)(3) non-profit organization committed to organizing and mobilizing the millions of Americans in long-term recovery from addiction to alcohol and other drugs, our families, friends, and allies to speak with one voice. The organization is working to change public perceptions of recovery, promote effective public policy in Washington, D.C. & in all 50 states, & demonstrate that recovery is working for millions of Americans. It is our mission to bring the power and proof of recovery to everyone in the nation.

Faces & Voices of Recovery is America in all its diversity: moms and dads, sons and daughters, brothers and sisters, husbands and wives, and friends of people regaining their health and lives through freedom from addiction. By organizing and speaking out together, we support and give hope to individuals who are still struggling with addiction and to those who have found the power of long-term recovery.

Faces & Voices of Recovery is a national network of over 20,000 individuals and organizations joining together to speak out and support local, state, regional and national recovery advocacy by:

- Being a national rallying point for recovery advocates
- Linking advocates to organizing, policy, and research support
- Building advocacy skills through hands-on training and technical assistance
- Improving access to policymakers and the media

www.facesandvoicesofrecovery.org

Self Help/Mutual Aid Support Groups

Peer-based support where individuals and/or families with similar experience are involved in mutually supporting one another's recovery from addiction.

Al-Anon and Alateen Family Groups	508-366-0556	www.ma-al-anon-alateen.org
Alcoholics Anonymous - Cape Cod	508-775-7060	www.aacapecod.org
Alcoholics Anonymous - Central MA	508-752-9000	www.aaworcester.org
Alcoholics Anonymous - Eastern MA	617-426-9444	www.aaboston.org
Alcoholics Anonymous - Nantucket	508-627-7084	www.aaboston.org
Alcoholics Anonymous - Western MA	413-532-2111	www.westernmassaa.org
Bettor's Anonymous	978-988-1777	www.bettorsanonymous.org
Cocaine Anonymous of MA	617-539-6090	www.caofma.org
Crystal Meth Anonymous	617-450-1310	www.crystalmeth.org
Double Trouble in Recovery	718-373-2684	www.doubletroubleinrecovery.org
Dual Recovery Anonymous	913-991-2703	www.draonline.org
Families Anonymous	800-736-9805	www.FamiliesAnonymous.org
Gamblers Anonymous - Eastern MA	617-338-6020	www.newenglandga.com
Gamblers Anonymous - Western MA	888-519-5059	www.newenglandga.com
Marijuana Anonymous World Services	800-766-6779	www.marijuana-anonymous.org
Narcotics Anonymous	866-624-3578	www.newenglandna.org
Narcotics Anonymous - Nantucket	508-228-5739	www.newenglandna.org
Nicotine Anonymous World Services	415-750-0238	www.nicotine-anonymous.org
Overeaters Anonymous	781-641-2303	www.overeatersanonymous.org
Sex & Love Addicts Anonymous	617-625-7961	www.slaanei.org
SMART Recovery	781-891-7574	www.smartrecovery.org
Women for Sobriety	508-842-9158	www.womenforsobriety.org

Peer Recovery Support Centers

These 6 recovery support centers are based principally on volunteer work from peers who support one another and who are involved in a participatory process to help build community and help design, plan, facilitate and evaluate activities offered at the centers

Devine Recovery Center	70 Devine Way, South Boston, MA 02127	857-496-1384	
Everyday Miracles	25 Pleasant Street, Worcester, MA 01601	508-799-6221	
The Recovery Connection	31 Main Street, Marlborough, MA 01752	508-485-0298	www.therecoveryconnection.org
STEPProx	9 Palmer Street, Roxbury, MA 02119	617-442-7837	www.stepboston.org
P.E.O.P.L.E Recovery Center	11 Union Street, Lawrence, MA 01840	978-688-5767	www.psychologicalcenter.com
Stairway to Recovery	142 Crescent Street, Brockton, MA 02301	508-463-6123	www.lhi.org
RECOVER Project	68 Federal Street, Greenfield, MA 01301	413-775-5489	www.recoverproject.org

Multi Service Recovery Centers

Recovery oriented centers with elements of drop-in-centers, peer and 12-step based support, and additional recovery related supports

SPAN, Inc.	Boston	617-423-0750	www.spaninc.org
North Suffolk Mental Health	Boston	617-720-0153	
Addiction Referral Center	Marlboro	508-485-4357	www.theaddictionreferralcenter.com
P.A.A.C.A. - Positive Action Against Chemical Addiction	New Bedford	508-997-9051	www.paaca.org
Family Recovery Center	Greenfield	413-774-4307	

Regional Learning Communities

DMH has funded Recovery Learning Communities in all 6 DMH service areas. Regionally located, these peer-operated “hubs” coordinate peer-run peer support, education, advocacy and other regional peer-run activities. By supporting and strengthening a regional peer-run network, DMH aims to promote a system that is increasingly consumer driven, where peers are more fully integrated into their community. Eligibility: Persons who are currently not utilizing, or have difficulty accessing, traditional substance abuse treatment services, and persons with histories of chronic relapse.

The Transformation Center	Roxbury	877-769-7693	www.transformation-center.org
Metro Boston	Boston	617-305-9976	www.metrobostonrlc.org
Central Mass	Worcester	508-751-9600	www.transformation-center.org
Metro-Suburban	Quincy	888-752-5510	www.transformation-center.org
Northeast	Lawrence	800-845-6457	www.nilp.org
Southeastern	Taunton	508-880-8527	www.transformation-center.org
Western Mass	Holyoke	866-641-2853	www.westernmassrlc.org

Voter Registration Information

If you are a US citizen, a resident of Massachusetts, and 18 years old on or before election day, you can register to vote. Just fill out a voter registration form and bring or mail it to your town or city hall.

If you need help, you can call 1-800-841-2900 (TTY: 1-800-497-4648 for the deaf, hard of hearing, and speech disabled).

Information for New Voters

1. When are elections held?

○ ***State and Federal Elections – Even Years:***

Massachusetts and U. S. elections are held in the even years 2012, 2014, 2016, etc. The Primary election is in September. The General election is the first Tuesday in November.

○ ***City Elections – Odd Years:***

Non-Partisan City elections are held in the odd years 2013, 2015, 2016, etc. The preliminary election is in September to narrow the field to two candidates per seat. The Final Runoff Election is the first Tuesday in November.

○ Town Elections Vary – contact your town to find out when the next election is.

2. Whom can I vote for?

City Elections:

- Mayor
- City Council/Alderman
- School Committee
- Offices and length of term vary

State Elections:

- Statewide offices: Governor, Lieutenant Governor, Attorney General, State Treasurer, Secretary of State and State Auditor (4 year terms)
- State Legislature: 40 State Senators and 160 State Representatives (2 year terms)
- Governor's Council: 8 Members (2 year terms)
- County Offices: District Attorney, Sheriff, Clerks of Court, County Commissioners, Registrar of Deeds, Registrar of Probate (terms vary)
- Ballot Questions: Initiatives, Referenda, Constitutional Amendments, Local Advisory Public Policy Questions by House or Senate districts.

Federal Elections:

- President/Vice-President (4 year term)
- U.S. Senate (6 year term)
- U.S. House of Representatives (2 year term)

You can find your sample ballot for state elections by typing in your address at www.wheredoivotema.com. For city or town ballots contact your local election office.

3. Where do I vote?

Where you vote depends on where you live. Your street address is part of a ward and precinct. You will vote at the polling location designated for your ward and precinct.

4. What if I am out of town on Election Day?

You may vote by an absentee ballot if you (1) will be out of your city or town on election day, (2) are physically unable to go the polls, or (3) cannot vote at the polls due to religious beliefs.

Print an absentee ballot request form: [click here](#). Remember to sign the form and get it in the mail well ahead of the election. If you wish to vote absentee in-person at your city or town hall contact your local election office.

5. What if I move before the election? Do I have to register again?

Yes. Register at your new address by filling out a registration card and mailing it to your local Election Department. If you haven't changed your address you may be able to vote at your old address. Call your local election department.

A R E A S

Addiction
Recovery
Education
Access
Services



OPEN GROUP!
TUESDAYS 6:30 – 7:45 p.m.
Charleview Community Center
Adult Education Room
123 Antwerp Street, Allston 02134



A Recovery Community Service Program

ABOUT AREAS

- **FREE** recovery-based curriculum in a group discussion format
- Peer-to-peer facilitated
- Topics chosen by group participants
- Help solving practical problems
- Strengthen recovery coping and relapse prevention skills
- Information, resources and decision-making support
- Leadership Development
- Opportunities for involvement with **MOAR** in a personal way

Are You Interested In?

Employment and Career Path Preparation
 Telling your story of recovery with Power!
 Recovery and Groups– Views and Choices
 Values Building
 Relapse Prevention
 Housing in Recovery

“Before we can educate the public about the value of recovery, we need to heal from our experienced stigma. We don’t know how to get legal, medical, treatment, healthcare services, and we fear asking for help,” came the message from **MOAR** participants. Thus, **MOAR** developed supportive curriculum and resource guides. Dialogue that allows openness, and builds an action plan, appears to be a major key to the project.

How does AREAS Work?

Currently **MOAR** has weekly, one-hour facilitated sessions from a curriculum. Groups are held in East Boston, Alston/Brighton, Springfield, New Bedford and Worcester.

These groups help to build relationships that appear to strengthen recovery and reduce stigma.

CONTACT:
Maryanne Frangules
(617) 423-6627

What is Access to Recovery or ATR?

ATR is a program that helps you with your recovery from alcohol and drug use. Different services can help you start or continue on your road to recovery. ATR is here to help you live a healthy life. Massachusetts-Access to Recovery (MA-ATR) is a Federally-funded program designed to give people with substance use disorders wider access to community services to help them start or continue on the road to recovery.

MA-ATR is creating an integrated and coordinated system of care that brings together traditional treatment services with a host of non-traditional community and faith-based recovery support services. MA-ATR works in two counties: Hampden County (Springfield area) and Suffolk County (Boston area).

How is ATR different?

ATR gives you choices about the best way to get the support and services you need and want. You can choose services, activities and people that can best help you. ATR can help you meet with many types of community and faith-based recovery support services.

What does ATR offer?

ATR offers many recovery support services. Some of these services are:

- ID Cards
- Help with employment
- Education
- Housing
- Child Care
- Recovery Coaching
- Transportation
- Support and Skill Building Groups

MOAR offers Recovery Coaching via ATR!

Who can use the ATR Program?

You can use ATR if: Alcohol or other drugs are problems in your life; You have been involved with the criminal justice system; You live in either Hampden County or Suffolk County, Massachusetts. You are over 18 years old.

How do I start?

CALL the BSAS Helpline: 1-800-327-5050.

How does it work?

1. You will meet with an ATR Coordinator who will review a recovery plan with you. A recovery plan is a road map that will list your goals and what services you want.
2. You will choose where to get the services you want.
3. The ATR Coordinator will ask you some questions when you sign up for ATR and then 5–6 months later.

What is an ATR Coordinator?

The ATR Coordinator is your main contact for ATR. You can ask the ATR Coordinator questions about the program or share concerns about services you are receiving. They are there to help you put your recovery plan into action and connect you with the services you need. The ATR Coordinator cannot do the work for you, but are supportive.

In Hampden County, contact:

- Traci D'Agostino (habla espanol) at 617-945-6403
- or Wendy Shakor at 413-386-3481

In Suffolk County, contact:

- Chiyo King in the South End Office at 617-482-0705
- or Paul Pazniokas in the South Boston Office at 857-496-0266



What is MassHealth?

MassHealth is a public health insurance program for low- to medium-income residents of Massachusetts. The national health insurance program called Medicaid, and the Children's Health Insurance Program (CHIP) are combined in one program in Massachusetts called **MassHealth**. It is a state agency that is overseen by the Executive Office of Health and Human Services. The Federal government pays half of the cost of MassHealth and the state government pays most of the rest. MassHealth pays for health care for certain low- and medium-income people living in Massachusetts. MassHealth offers health-care benefits directly or by paying part or all of your health-insurance premiums.

MassHealth offers benefits to a wide range of people who meet the eligibility rules. We look at your family size and income to decide if you and your family can get MassHealth. If you are aged 65 or older or need long-term-care services, we also count some of your assets. Immigration status does not affect your eligibility for MassHealth, but may affect the type of benefits MassHealth provides. In most cases, you will receive a notice within 10 days of applying for MassHealth. This notice will tell you if you are approved, denied, or if you need to give us more information.

MassHealth Appeals

MassHealth Enrollment Center-Central Processing Unit
P.O. Box 290794 Charlestown, MA 02129-0214

MassHealth Customer Service: 1-800-841-2900
(TTY: 1-800-497-4648 for people with partial or total hearing loss)
Office hours: Mon. through Fri. 9 A.M. to 5 P.M.

To find a Community Health Center near you, go to
Health Centers Patient Referral Line at 1-800-475-8455

How to Get a Better Understanding of How MassHealth Works?

Visit your local community health center (CHC) and talk to a MassHealth benefits advisor. The benefits advisor will answer your questions and help you with the application.

Call MassHealth Benefits Advisor at 1-800-841-2900 (TTY: 1-800-497-4648).

What is an MCO managed care health plan?

An MCO (Managed Care Organization) health plan is a group of doctors and other health care providers who work together to provide health care for their members. The doctors and other health care providers agree to follow certain rules about how they provide services. When you enroll in an MCO, you select a primary care doctor who is part of that MCO to do your checkups, provide basic care, and make referrals. If you need to see a specialist, you see a specialist who is part of your MCO. Most people who are approved for MassHealth must choose either a primary care clinician (PCC) plan, or a MassHealth MCO managed care plan. For MassHealth members who choose to enroll in an MCO managed care plan: there are 5 choices

- Boston Medical Center (BMC) HealthNet Plan
- Fallon Community Health Plan (FCHP)
- Health New England (HNE)
- Neighborhood Health Plan (NHP)
- Network Health

Each Mass Health MCO offers MassHealth Basic, Standard/CommonHealth, Family Assistance and Essential Plans. Not all plans are available in all areas of Massachusetts. Your MassHealth enrollment package will include information about the plans that are available in your area. You can Learn more about MassHealth MCOs by calling their customer service numbers, visiting their web sites or Visit your local community health center (CHC) and talk to a MassHealth benefits advisor. The benefits advisor will answer your questions and help you with the application.

Call MassHealth Benefits Advisor at 1-800-841-2900 (TTY: 1-800-497-4648).

How do MassHealth MCOs provide mental health and substance abuse services?

MassHealth MCO (Managed Care Organization) health plans cover treatment of mental health and substance use disorders as well as treatment of physical health conditions. Most MassHealth MCO health plans have a behavioral health partner to manage these services. If you need mental health or substance abuse services, you should contact a provider in your plan's behavioral health network, or you may call customer service for assistance. You do not need a referral from your primary care provider.

Massachusetts and federal mental health "parity" laws require MassHealth MCOs to cover biologically-based mental health disorders on a par with physical disorders. Substance abuse, eating disorders, post traumatic stress disorder, and autism are also included. "Parity" means that any coverage limits (such as number of visits) or other restrictions must be the same for mental health disorders as they are for physical health disorders

If you are experiencing a mental health or substance abuse crisis, call 1-877-382-1609 and enter your zip code (or see the [ESP Statewide Directory](#)) to find the Emergency Services Program (ESP) / Mobile Crisis Intervention (MCI) team that serves your area.

What is Massachusetts Behavioral Health Partnership?

The Massachusetts Behavioral Health Partnership (MBHP) manages mental health and substance use disorder services for more than 360,000 MassHealth Members across the Commonwealth. Working collaboratively with Members, their families, advocates, state agencies, and providers, MBHP has created a community-based system of care that integrates mental health and primary care for Members.

MBHP is committed to ensuring that Members receive clinically appropriate, high quality, accessible health care. To achieve this goal, MBHP has stressed the involvement of consumers and their families to ensure that their needs guide the development of MBHP's programs.

Services Available to Members,

MBHP offers services that support the MassHealth Primary Care Clinician (PCC) Plan's vision of a statewide, comprehensive, integrated physical and behavioral health care system. Some of these services include:

- Member Engagement Center
- Member Health Needs Assessment (HNA)
- Nurse Advice Line
- Integrated Care Management Program (ICMP)
- Enhanced Management Support Services for providers

You can call Customer Relations at 1-800-495-0086 for more information.

If you have MBHP, and have been denied treatment, you can start an appeals process by calling 1-800-495-0086.

You are invited to Apply for MBHP Consumer Advisory Council (CAC) Membership Members meet monthly to assess and give feedback about the behavioral health system. If you are interested – send a letter designating interest to:

CAC Membership Committee-MBHP
100 Washington Street Suite 312
Boston, MA 02118

Is MassHealth the same as Medicare?

MassHealth is a different program from Medicare. Medicare is a health insurance program run by the Social Security Administration that pays for medical care for the disabled and for people over 65 years of age who get Social Security benefits. You do not have to have low income to be eligible for Medicare. MassHealth is a public need-based health insurance program. If you are low-income, it is possible to get MassHealth while you have Medicare. People who are eligible for both MassHealth and Medicare are called dual eligibles. For dual eligibles, MassHealth pays all or part of Medicare premiums and deductibles, and medical bills that Medicare does not cover. Dual eligibles must join a Medicare Drug Plan to get prescription drug coverage.

One Care Masshealth + Medicare Bringing your Healthcare together

Starting in October 2013, MassHealth and Medicare will join together with health plans in Massachusetts to offer One Care: MassHealth plus Medicare. One Care is a new and easier option for people with disabilities to get the full set of services provided by both MassHealth and Medicare.

With One Care, you have one plan, one card, and one person to coordinate your care. One Care may help you live healthier, stay more active, and be more independent – by simply bringing your care together.

If you have both MassHealth and Medicare, One Care gives you all the benefits you already get, plus:

- A choice of health plans
- Your choice of doctors
- One person to coordinate your care and work with you and your care team
- More behavioral health services
- Dental and vision services
- All prescriptions through one plan
- Home-based services
- Peer support services

Q. What will a One Care plan do for me?

A. A One Care plan will work with you to make sure you get all the services you need. You will have a Care Coordinator who will help you manage your physical, mental health, substance abuse, and long-term services and support (LTSS) needs so you can get the care that's right for you.

Your One Care plan will manage all of your care needs through a Care Team. This includes primary care, mental health care, hospital care, specialized care, and LTSS providers.

Q. Who can join One Care?

A. If you currently have MassHealth and Medicare, you are 21 to 64 years old, and you don't have other health insurance, you may be able to join.

Q. Why should I think about joining a One Care plan?

A. It's a simpler way to coordinate all of your care, keep the care you already have and get the services that are right for you.

Q. How do I join a One Care plan?

A. Call MassHealth Customer Service and someone will Help you. If you are eligible, you can also fill out the paperwork that MassHealth sends you in the mail.

Q. What if I join and then change my mind?

A. You can change your OneCare plan at any time. You can also choose to stop being in OneCare at any time.

Q. Questions?

A. Visit our website: www.mass.gov/masshealth/onecare or call MassHealth Customer Service at 1-800-841-2900
TTY: 1-800-497-4648

Here are the One Care plans:

- **Commonwealth Care Alliance**

Customer Service Line: 1-866-610-2273

TTY: Call 711 (for people who are deaf, hard of hearing, or speech disabled)

www.commonwealthonecare.org

Commonwealth Care Alliance is available in the following counties.

Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth*, Suffolk, and Worcester

- **Fallon Total Care**

For information before you enroll: 1-800-879-0852

Customer Service Line: 1-855-508-3390

TTY: Call 711 (for people who are deaf, hard of hearing, or speech disabled)

www.fallontotalcare.com

Fallon Total Care is available in the following counties.

Hampden, Hampshire, and Worcester

- **Network Health**

Customer Service Line 1-855-393-3154

TTY: 1-888-391-5535 (for people who are deaf, hard of hearing, or speech disabled)

www.ChooseUnify.com

Network Health is available in the following counties.

Suffolk and Worcester

If Your Insurance Denies Addiction Treatment Coverage for You or a Loved One You Have a Right to Access Treatment!

What is Parity?

Parity is Equality. Thanks to the new Federal and Massachusetts Mental Health and Addiction Parity Laws, it is now illegal for health plans to discriminate against persons with addiction and/or mental illnesses. Health plans must provide the same level of services for addiction and mental illness as they do for other “physical” illnesses like heart disease, diabetes or arthritis.

How does Parity help?

Research shows addiction and many mental health disorders are diseases of the brain. New parity laws require insurance companies and health plans to recognize these health issues as biologically-based, “physical” illnesses and to pay equally for diagnosis and treatment. Your health plan may be required to pay for the following services to treat addiction if they pay for similar services treating other health conditions:

- acute treatment
- partial hospitalization
- day treatment
- in-home therapy
- clinically managed detoxification services
- intensive outpatient programs
- crisis stabilization
- rehabilitation

Health plans can’t have treatment limits for addiction and mental health disorders that are different than those for other health issues. Any limits on how often you can seek care, number of visits, or days of coverage must be the same as those for medical or surgical benefits.

Health plans may not require higher or additional deductibles, higher co-payments, co-insurance or higher out-of-pocket expenses for addiction and mental health treatment than what they charge for other medical conditions.

How do I ensure my rights are met?

Ask Questions:

Parity requires health plans to provide consumers with the reason for why you were denied coverage of services.

Parity requires health plans to provide the criteria they used to decide if the treatment is medically necessary (for services like detox support) or to decide whether they will continue covering services you are already receiving (for services like outpatient counseling and granting more visits to a counselor).

If you or a family member is denied coverage, ask for written documentation of both the reasons why they aren’t covering the service and the criteria they used to make a decision. The insurer must give it to you.

Keep Records—Keep a log of all phone calls and written communication (letters and email).

Appeal the Denial —More than 50% of appeals are successful.

Got Denied Addiction Treatment by Your Insurance? Recovery is about Asking for Help—Get Help Now!

Health Law Advocates — is an organization that provides free legal services to persons of low-income who are denied access to health care. Health Law Advocates works with people who have MassHealth or private insurance. No matter what your income, if you are denied access to addiction treatment by your health plan:

Call Health Law Advocates Now at: 617-338-5241.

Visit their website at: www.healthlawadvocates.org

Office of Patient Protection (OPP), MA Health Policy Commission — Consumers who are fully-insured by a MA-licensed insurer or HMO have the right to appeal a health plan's denial of services when the denial is based on medical necessity. If you have gone through all possible steps of a health plan's appeal process, you have a right to an independent external review through the Office of Patient Protection (OPP). Please note OPP cannot help with self-funded employer plans, MassHealth/Medicaid, Medicare, federal employee health plans or out-of-state insurance.

Call the Office of Patient Protection at: 1-800-436-7757.

Parity Toolkit for Addiction & Mental Health Consumers, Providers & Advocates—a guide book.

"Simplifying the Appeals Process: Strategies for Winning Disputes with your Health Plan"

Download this toolkit: http://www.facesandvoicesofrecovery.org/pdf/final_parity_toolkit.pdf

Massachusetts consumers and anyone receiving health coverage from a MA carrier, insurer or HMO are entitled to protections covering your rights to services.

Contact the Bureau of Managed Care within the Division of Insurance 617-521-7372

If You Need Help Understanding The New Health Care Insurance Coverage Laws, Health Care for All Can Help!

Health Care For All's Helpline is a resource that is free and available to everyone. The Helpline is here to answer your questions about healthcare in Massachusetts. It can help you with everything from general insurance questions to specific information you need about a personal health issue. Other issues you might have include questions on co-payments, health insurance rules, directions, whether you're eligible for a program, or more.

Health Care For All's Health Helpline: 1(800)272-4232

What is Health Care for All?

Health Care For All is building a movement of empowered people and organizations with the goal of creating a health care system that is responsive to the needs of all people, particularly the most vulnerable. Health Care For All is dedicated to making quality care the right of all people, and supports a health care system that is universal, comprehensive, and equitable.

Tell MOAR How Parity is Working for You.

MOAR—Massachusetts Organization for Addiction Recovery is a statewide association for individuals in recovery, families, and friends. We are educating the public about the value to our communities of living in recovery.

MOAR helps individuals and families exercise their rights. Let us know if you have been denied coverage or required to pay additional co-pays or out-of-pocket expenses for addiction and/or mental health treatment.

Are you getting the treatment you or your family members need? Have you made an appeal?

Your right to recovery is important to MOAR! Let us know!

Contact:

MOAR—Massachusetts Organization for Addiction Recovery

Telephone: 1-877-423-6627 (toll free) or 617-423-6627

Maryanne@moar-recovery.org

Sources:

Private Insurance Coverage for Mental Health and Substance Abuse Services—Mental Health Parity, Matt Selig, Esq., Health Law Advocates, January 3, 2011. (PowerPoint Presentation)

Mental Health Parity, Mental Health Legal Advisors Committee, July 7, 2009.

[<http://www.masslegalhelp.org/mental-health/mental-health-parity>]

Parity Toolkit for Addiction & Mental Health Consumers, Providers, & Advocates—Simplifying the Appeals Process: Strategies for Winning Disputes with your Health Plan [First Edition], Parity Implementation Coalition, September 2010.

[http://www.facesandvoicesofrecovery.org/pdf/final_parity_toolkit.pdf]

Housing Resources

Berkshire Housing Development	413-499-1630
Community Teamwork, Inc	978-459-0551
Franklin County Regional Housing & Redevelopment	413-863-9781
HAP, Inc.	413-233-1500
HOAP	508-860-1000
HomeStart, Inc.	617-542-0338 x43
Housing Assistance Corp.	508-771-5400
MA Association of Sober Housing	781-838-0463
Mass. Sober Housing	508-987-3888
Massachusetts Department of Housing & Community Development	617-727-8380
Metropolitan Boston Housing Partnership	617-859-0400
Rural Housing Improvement	978-297-5300
South Middlesex Opportunity Council (SMOC)	508-879-6691
South Shore Housing Development	781-542-4200
The Community Housing Program	617-661-3991 x109

Education and Vocational Assistance

Massachusetts Rehabilitation Commission is a government agency responsible for Vocational Rehabilitation Services, Community Services, and eligibility determination for the Social Security Disability Insurance (SSDI) and the Supplemental Security Income (SSI) federal benefits programs.

Higher Education Opportunities in Massachusetts

Competition in today's labor market frequently requires advanced training, including a two or four year college degree. If it makes good sense, a vocational plan for rehabilitation based on college training may be developed.

Alternatives for Funding Your Education

MRC has programs such as PASS to help paying for an education or vocational training. MRC 1-617-204-3603 Employer Services 1-800-245-6543. Call to find out where the nearest Massachusetts Rehab Office is near You

Other Education and Career Support Resources

Future Works in Springfield	413-858-2800
Workforce Central in Worcester	508-799-8000
Jewish Vocational Services in Boston	617-399-3131

What are One-Stop Career Centers?

One-Stop Career Centers are government funded job centers that help workers find jobs and help employers find workers. One-Stop Career Centers serve all regions of Massachusetts. One-Stop Career Centers are government funded job centers that help workers find jobs and help employers find workers. One-Stop Career Centers serve all regions of Massachusetts. One-Stop Career Centers have job listings, career counseling services, job search workshops, workforce readiness training, information about job training grants and loans, and other employment-related services for job seekers. The Centers offer job posting, candidate screening, job fairs, tax information, and other services for employers.

You may also call the Department of Career Services at 617-626-5300, or the American Job Center Helpline at 1-877-872-5627 (TTY 1-877-889-5627) for information.

CORI REFORM UPDATE-

On August 6, 2010, Governor Patrick signed a sweeping reform of the Criminal Offender Record Information (CORI). Massachusetts is the first state in the country to remove the criminal record question from initial job applications for all employers (both private and public). The “ban the box” went into effect in November 2010. The reduction of sealing periods and most other provisions took effect in May 2012.

How to Cope With A CORI ¹

1) C-O-R-I stands for Criminal Offender Record Information

- A criminal record – (CORI) – is created for a person from the moment he or she is arrested by the police, to the time he or she is arraigned and processed through various criminal justice agencies including probation, jail, or probation
- By law, various public and private agencies, social services agencies, employers, and housing providers have or can get access to CORI

2) How to Cope with a CORI

- Obtain a copy of your criminal record
- Determine if your record can be sealed
- You might be eligible for sealing if there are not guilty findings, dismissals, or lack of probable cause entries on your criminal record²
- You may also be eligible to have very old convictions sealed³

3) How to Create and Carry a Helpful CORI Package

- A personal letter and supporting letter for the ex-offender should:
- Briefly explain the most serious convictions on the criminal record
- Explain what the ex-offender has done in recent times to show rehabilitation
- Explain the strengths and skills of the ex-offender
- Explain why the record should not stand in the way of the ex-offender
- Recent letters from social workers, employers, probation officers, parole officers, landlords and clergy attesting to the good character or evidence of rehabilitation of the ex-offender.
- Provide prospective employer or housing provider with CORI Package.
- Be proactive and persistent

4) Call Mass. Law Reform Institute 617-357-0700

¹ Francisca D. Fajana, Esq. Massachusetts Law Reform Institute, Inc., September 2002

² See Mass. General Laws, Chapter 276, Sect. 100 C, which details statutory requirements

³ See Mass. General Laws, Chapter 276, Sect. 100 A, Section 100 B allows sealing of juvenile records

Legal Aid Programs

The Massachusetts Legal Assistance Corporation was established 30 years ago to ensure that low-income people with critical, non-criminal legal problems would have access to legal information, advice and representation. It is the largest funding source for civil legal aid programs in the Commonwealth. The programs below are funded by MLAC and offer legal advice and representation to low-income Massachusetts residents with civil legal problems involving issues such as domestic violence, housing, income maintenance, health care, elder issues, and more.

Boston College Legal Assistance Bureau (BCLAB)	Waltham	781-893-4793
Center for Law and Education	Boston	617-451-0855
Center for Public Representation	Northampton	413-587-6265
Children's Law Center of Massachusetts	Lynn	781-581-1977
Community Legal Aid	Worcester	508-752-3722
Community Legal Services and Counseling Center	Cambridge	617-661-1010
Disability Law Center	Boston	617-723-8455
Greater Boston Legal Services	Boston	617-371-1234
Massachusetts Advocates for Children	Boston	617-357-8431
Massachusetts Law Reform Institute	Boston	617-357-0700 ext 321
MetroWest Legal Services	Framingham	508-620-1830
Merrimack Valley - North Shore Legal Services	Lowell	978-458-1465
National Consumer Law Center	Boston	617-542-8010
Neighborhood Legal Services	Lynn	781-599-7730
Prisoners' Legal Services	Boston	617-482-2773
South Coastal Counties Legal Services	Fall River	508-676-5022



HELP SAVE LIVES IN THE COMMONWEALTH

Massachusetts 911 Good Samaritan Campaign

Preventing Fatal Overdoses in Massachusetts

Several legislative proposals to prevent fatal overdoses were considered before the state legislature from 2008- 2012. **On August 2nd of 2012, 911 Good Samaritan language*** with expanded prescribing and administration of **Naloxone (Narcan®)**, a medication used to reverse a potentially fatal opioid overdose was signed into law.

Summary and Background:

From 2002-2010, **5529** Massachusetts residents died from opioid-related overdoses (e.g. heroin, oxycodone, or fentanyl).¹ *Most of these deaths could have been prevented.* In most cases if 911 is called quickly, the victim will survive, but fear of police involvement and criminal prosecution prevents many people from calling for help. Immediately calling 911 could also help prevent damage to the victim's brain or body that can occur during an overdose. The Massachusetts Department of Public Health is a strong proponent of this measure.

What the law will do:

- Protect** people from prosecution for possession of controlled substances when calling 911
- Save** lives and give people who use opioids a chance to get help for their addiction
- Increase** the likelihood that witnesses will call 911 during an overdose

What the law will not do:

- Does not** interfere with law enforcement securing the scene at an overdose
- Does not** prevent prosecution for drug trafficking
- Does not** prevent prosecution for outstanding warrants

What law will, also, do:

Beyond offering protection from drug possession charges for people who call 911 and the person, whom overdose emergency medical attention is sought, legal protection is given to medical professionals who

- Prescribe naloxone (Narcan - a medication that reverses opiate overdoses) to a family member or acquaintance of someone suffering from opiate addiction, who may need to
- Administer naloxone to reverse a potential fatal opiate overdose

Thank You to Campaign Members:

AIDs Action Committee of Massachusetts
Allston Brighton Substance Abuse Task Force
ABH, Association for Behavioral Healthcare
Boston Health Care for the Homeless
Boston Medical Center
The Boston Public Health Commission
Brockton Opioid Overdose Prevention Coalition
Cambridge Health Alliance
Cambridge Prevention Coalition
Dimock Center
Health Imperatives
Healthy Gloucester Collaborative
Health Resources in Action
Impact Quincy
Law Enforcement Against Prohibition

Learn to Cope
Lynn Community Health Center
Massachusetts AIDS Policy Task Force
MOAR, Massachusetts Organization for Addiction Recovery
Northeast Center for Healthy Communities
Revere Cares
State OBOT
Students for Sensible Drug Policy – Northeastern University
Students for Sensible Drug Policy – Boston University
T. Stephen Jones Public Health Consulting
Tapestry Health Systems
Victory Programs
Western Massachusetts Center for Healthy Communities

Thank You to former Senator Steven Tolman, Senate President Murray, Mental Health and Substance Abuse Committee CoChairs, Senator John Keenan and Representative Malia; Senator Cynthia Creem, Senator Jennifer Flanagan, Representative Alice Peisch, Representative James O'Day, and Representative Martin Walsh for asserting leadership to make this law happen!

Thank You to The Massachusetts Department of Public Health. Thank You to the many family members and persons in recovery, who gave real life testimony!

Quick Facts:

- **The 911 Good Samaritan law does not interfere with law enforcement** efforts to assess the scene of an overdose for public safety.
- Studies show over **50%** of persons interviewed reported they **did not call 911 during an overdose due to their fear of police involvement.**^{2, 3, 4}
- **More deaths occur in private settings**, where people are less likely to call 911 due to fear of police involvement. Bystanders are more likely to call for help in overdoses that occur in public settings than in private settings such as homes or hotels and research indicates that the majority of fatal overdoses occur in private settings.³
- In 2008, community assessments were done in Brockton, Cambridge, Charlestown, Fall River, Gloucester, Jamaica Plain/Roxbury, Lowell, Lynn, New Bedford, Revere, Springfield, and Worcester. **Fear of police involvement was the major reason given for not calling 911**; a leading contributing cause of Massachusetts fatal overdoses.
- As part of a DPH overdose prevention project, between November 2007 and January 2014 **-21,700 persons were trained to prevent, recognize and respond to an opioid overdose and administer** naloxone (Narcan®). Within that time frame, DPH documented reversal of **2533 potentially fatal** overdoses.
- In 2008, the **US Conference of Mayors** unanimously urged all state governments to adopt emergency **“Good Samaritan” laws.**
- **Massachusetts is one of 14 states and The District Of Columbia that now have a Good Samaritan Law. New Mexico was the first state to pass such a policy and has been joined in recent years by California, Colorado, New Jersey, New York, Rhode Island, Illinois, Florida, Connecticut, North Carolina, Vermont, Delaware and Washington.**

Some of The Overdose Prevention Legislation in other States

State	Date Passed	Bill(s) Passed
New York	April 1, 2006/July 20, 2011	Naloxone Prescription & Administration/911 Good Samaritan
Rhode Island	June 2012	Naloxone Prescription & Administration/ 911 Good Samaritan
Washington State	March 10, 2010	Naloxone Prescription & Administration
Illinois	January 1, 2010/February 6, 2012	Naloxone Prescription & Administration/911 Good Samaritan
California	October 11, 2007	Naloxone Prescription & Administration
New Mexico	June 15, 2007	911 Good Samaritan (2007) and Naloxone Prescription & Administration (2001)
Connecticut	October 1, 2003	Naloxone Prescription & Administration

Footnotes

1. Source: Registry of Vital Records and Statistics (2010), Oxycontin Heroin Commission Report (2009)
2. Darke, S., Ross, J., and Hall, W. (1996). Overdose among heroin users in Sydney, Australia: II. Responses to overdose. *Addiction*, 91(3), 413-417.
3. Davidson, P. J., Ochoa, K. C., Hahn, J. A., Evans, J. L., and Moss, A. R. (2002). Witnessing Heroin-related overdoses: the experiences of young injectors in San Francisco. *Addiction*, 97, 1511-1516.
4. Tracy, M., Markham Piper, T., Ompad, D., Bucciarelli, A., Coffin, P., Vlahov, D., Galea, S. (2005). Circumstances of witnesses drug overdoses in New York City: implications for intervention. *Drug and Alcohol Dependence* 79 181-190.
5. Pollini, R., McCall, L., Mehta, S., Celentano, D., Vlahov, D., Starthdee, S. (2006). Response to Overdose among Injection Drug Users. *American Journal of Preventive Medicine*
6. Banta-Green CJ, Kuszler PC, Coffin PO, Schoeppe JA. Washington's 911 Good Samaritan Drug Overdose Law - Initial Evaluation Results. Alcohol & Drug Abuse Institute, University of Washington, November 2011.

For More Information: Contact Maryanne@moar-recovery.org

01/20/2014

Hotline & Helpline Information

EPOCA = Ex Prisoners Organizing for Community Advancement	508-410-7676
Social Security Disability Insurance (SSDI)	800-772-1213
Gay Men's Domestic Violence Project	800-832-1901
The Network/ La Red	617-695-0877
SAMHSA- Substance Abuse Mental Health Administration	877-726-4727
MA Substance Abuse Information & Education Helpline	800-327-5050
Providing Access to Addictions Treatment, Hope and Support	855-494-4057
Child-at-Risk Hotline	800-792-5200
Massachusetts Law Reform Institute	617-357-0700
Massachusetts Commission Against Discrimination	617-727-3990
Massachusetts Commission for the Blind	617-727-5550
Massachusetts Rehabilitation Commission	800-245-6543
SafeLink Domestic Violence Hotline	877-785-2020
Elder Abuse Hotline & Website	800-922-2275
Massachusetts Executive Office of Elder Affairs	800-243-4636
Food Source Hotline / Project Bread	800-645-8333
Gay, Lesbian, Bisexual and Transgender Helpline	888-340-4528
Hepatitis C Hotline	888-443-4372
AIDS Action Hotline	800-235-2331
Health Care for All	800-272-4232
MassHealth Enrollment Center	888-665-9993
Massachusetts Behavioral Health Partnership	800-495-0086
Social Security Administration	800-772-1213
Commonwealth Connector	877-623-6765
Regional Center for Poison Control and Prevention	800-222-1222
Jane Doe - Sexual Assault	617-248-0922
Try-To-Stop Tobacco Resource	800-879-8678
Samaritans	877-870-4673
Mayor's Youthline – Teens	617-635-2240
Teens In Action	617-482-4243
Massachusetts Department of Veterans Affairs	800-827-1000
Llamanos Statewide Spanish Helpline	800-223-5001
Disabled Person's Abuse Hotline -	800-426-9009
Parental Stress Line	800-632-8188
Samariteens	800-252-8336
Youth Hotline "Hurt"	617-773-4878
Massachusetts Commission for the Deaf and Hard of Hearing	617-740-1600
Women, Infants and Children	800-942-1007
National Institute on Alcohol Abuse and Alcoholism	301-443-3860
National Suicide Prevention Lifeline	800-273-8255

***If you want information about substance abuse, prevention or treatment services, for family, friend, or yourself, please call
1-800-327-5050***

Mass Substance Abuse Information and Education Helpline

1-800-327-5050

www.state.ma.us/dph

A Project of Health Resources in Action, Funded by the MA Dept. of Public Health

Insurance Denied You Care – Please Call

Health Law Advocates Now at: 617-338-5241.

Visit their website at: www.healthlawadvocates.org

**The Office of Patient Protection,
Health Policy Commission**

1-800-436-7757

If you are or in addiction recovery, inclusive of being a family member, and would like a role in advising the state about continuum of care policies, contact the

MA Bureau of Substance Abuse Services Consumer Advisory Board

Contact Julia Ojeda at 1-617-624-5147

*If you want to join others who are in addiction recovery, inclusive of families and friends, to educate the public about the value of recovery, join **MOAR**.*

Massachusetts Organization for Addiction Recovery (MOAR)

617-423-6627 or 1-877-423-6627 (Toll Free)

29 Winter Street, 2nd. Floor

Boston, MA 02108

Email maryanne@moar-recovery.org

www.moar-recovery.org

March 29, 2014