



**Questions and Answers from the
Massachusetts Municipal Opioid Abatement Conference**
March 19th and 20th 2024

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Day 1, Session 1: Understanding the Opioid Abatement Settlement Funds

Session Moderator: Sarah Ruiz, Deputy Director for Strategy and Community Health, BSAS, MA DPH

Presentation #1: Overview and Update on the Status of Opioid Settlement Payments

Presented by: Sandra Wolitzky, Asst. Attorney General and Health Care Division Chief, MA Attorney General's Office

Question	Response
How will payments be sent out to municipalities?	All municipalities have portals in the payment portal system. Municipalities can manage settings and preferences through the National Opioid Settlement payment portal.
Did many municipalities enter the lawsuit with a separate attorney that they now owe significant money from the funds?	Each of the statewide opioid settlements establishes attorneys' fees and costs funds for attorneys representing municipalities that join the settlements and require attorneys who recover from those funds to waive enforcement of their contingency fee entitlements to all of their clients and notify their clients accordingly.
The Accounting Department in my community was looking for backup documentation related to the CVS settlement opioid payment recall. They only have something from the bank. Should there be something else?	All municipalities participating in the CVS settlement should have received an email from BrownGreer, Directing Administrator of the National Opioid Settlements, explaining the payment issue and providing instructions on how to return the payment. Please contact BrownGreer if you have questions about the CVS Year 1 payment at DirectingAdministrator@NationalOpioidSettlement.com

Presentation #2: Overview of the State Subdivision Agreement

Presented by: Deirdre Calvert, Director of Bureau of Substance Addiction Services, MA DPH

Question	Response
Are abatement monies allowed to be used to pay for staffing to oversee/implement abatement strategies?	Yes, the State Subdivision Agreement allows for this.

Question	Response
Should municipalities be issuing their own grants or contracts to community partners to provide services that municipalities do not have the workforce to provide themselves?	Yes, municipalities can issue grants or contracts to local partners that provide harm reduction, recovery support, or treatment services.
As long as the money is spent according to the Abatement terms, do we have to have a Coalition or can we go directly to our Mayor to request the funds?	Municipalities do not need to have a Coalition, per se, but they do need to have a process for soliciting and incorporating community input (including input from people with lived and living experience) into their decision-making plans. Municipal officials that are responsible for opioid settlement funds cannot go directly to municipal leadership to request funds without following this process.

Presentation #3: Overview of Recent Legislation

Presented by: Deborah Wagner, Director of Accounts, Division of Local Services

Question	Response
Does the revocation vote require a 2/3rds vote?	Acceptance or revocation of the fourth paragraph of G.L. c. 40, § 5B is effective for the fiscal year that begins the next July 1, unless a later fiscal year is designated in the acceptance or revocation vote. To unwind the dedication of revenue, vote to revoke the fourth paragraph of G.L. c. 40, § 5B. Then it is a majority vote.
If a municipality established a stabilization fund, does it need a vote by a legislative body to journal the funds to a special revenue fund?	No, a vote is not required. Just journal the change.

Presentation #4: Overview of State Laws Governing Municipal Procurement

Presented by: Maya French, Deputy Director, Office of the Inspector General

Question	Response
Can a municipality pay for their ambulance contract with this money? Does that defeat the true purpose of this money?	No. All opioid settlement money must be spent on the approved strategies described in the State Subdivision Agreement.

Question	Response
<p>A municipality has been speaking with a recovery non-profit with residences for those in recovery, and another non-profit that does community outreach and education. Would those transactions be subject to 30B?</p>	<p>The resulting agreement between the non-profit and the municipality would likely fall outside of Chapter 30B procurement procedures because it is not for supplies or services for the "benefit or use" of the governmental body; instead it is for use by other individuals in the local jurisdiction/municipality. It would likely be a grant agreement under Section 2 of Chapter 30B because of (1) the parties involved and (2) the purpose of the agreement. Additionally, here is a link to procurement trainings: https://www.mass.gov/oig-academy</p>
<p>If a grant agreement or contract with a non-profit includes expanding physical space either by construction or by lease, does it need to comply with 30B or construction (149) statutes?</p>	<p>MA Gen. Laws Chapter 30B governs agreements to rent, convey or otherwise dispose of an interest in real property, as well as agreements to acquire an interest in real property. For questions about whether a project is covered by Chapter 30B, please contact the Office of the Inspector General. For questions about whether a project is subject to the public construction bidding laws under MGL c. 149, please consult the AGO's Public Construction Bidding FAQs and direct questions to agobidunit@mass.gov. For questions about whether a project is covered by state prevailing wage laws, please contact the Department of Labor Standards at (617) 626-6975.</p>
<p>If several municipalities pool funds - how will the reporting work? Can the agency managing the pooled funds report once on behalf of all participating municipalities?</p>	<p>If you are using all of your abatement funds through a Public Health Excellence (PHE) Collaborative, the host agent is the municipality that should submit the report on behalf of the group, listing out all of the municipalities involved. If you are using some of the money through a PHE collaborative, each municipality should submit its own report for the individual abatement funds, with the host submitting a report about the collaborative's work.</p>
<p>Some of these funds are being administered by the Public Health Excellence Groups, which are public bodies made up of representatives of local boards of health. Does sec 1(b) (27), "contracts or agreements entered into by a municipal hospital or a municipal department of health;" exempt these, too?</p>	<p>The exemption you reference covers agreements between "municipal hospital(s) or municipal department(s) of health" and a local jurisdiction/municipality. If the larger entity, Public Health Excellence Groups, sources supplies or services covered by Chapter 30B for its use (such as cleaning services, invoicing services, furniture, office equipment, etc.) then the purchase of those supplies or services are likely subject to Chapter 30B procurement procedures.</p>

Question	Response
<p>What do the towns that want to pool funds need to do to get the funds over to the managing municipality - town vote each year to transfer from their special revenue fund to the pooled fund?</p>	<p>We assume this question pertains to communities that have utilized special revenue funds accounting for opioid settlement receipts. The funds should be paid to the managing municipality upon receipt by the sending community of an invoice and paid through the regular warrant process. Since the settlement proceeds in the special revenue fund can be expended for the purpose at the discretion of the CEO, without appropriation, no annual appropriation is needed, only the approval of the expenditure by the CEO.</p>
<p>Can you give a concrete example of how a municipality could use a local health department procurement or IGA to spend opioid abatement funds so that Chapter 30B would not apply? Just not sure I understand exactly what this means.</p>	<p>An example of an intergovernmental agreement would be between a public entity, such as the Department of Public Health, and a local jurisdiction, such as the City of Boston. That agreement may cover things like educational programs and related educational supplies from the Department of Public Health and it would not be subject to Chapter 30B procurement procedures.</p>
<p>If a local health department wanted to hire a Recovery Coach, please explain it related to being exempt from procurement. And, does this mean that it is exempt from "sole source" paperwork?</p>	<p>Overall, the exemptions typically relate to licensed professionals; if a recovery coach is a "health care individual" or "provider," then the sourcing of their services may be exempt from Chapter 30B procedures. A sole-source procurement is different. A sole source is used when, after a "reasonable investigation," you've learned that only one vendor can provide the supply or service you need. Your "reasonable investigation" replaces the solicitation requirements for "non-standard" supplies or services up to 50K. If the supply or service is over 50K then a sole-source procurement is allowed for certain categories of supplies or services only.</p>
<p>When we say, "exempt" does that mean that "medical or licensed medical or licensed medical, or other professional," the funds cannot be used for these services?</p>	<p>It means that sourcing or procuring services from licensed medical professionals is not subject to the procurement procedures required by Chapter 30B. Section 1(b)(16) of Chapter 30B exempts "contracts with physicians, dentists, and other health care individuals or persons including nurses, nurses' assistants, medical and laboratory technicians, health care providers including diagnosticians, social workers, psychiatric workers, and veterinarians" from its required competitive procedures.</p>
<p>If towns (and their boards of health) agree to pool funds and have the County be the fiscal agent - can the County procure services as a "health department" on behalf of all the town health departments?</p>	<p>The agreement between the towns and the County is an intergovernmental agreement. The county may source supplies or services on behalf of the cities or towns; this is sometimes referred to as collective or collaborative purchasing. The County would act as the lead jurisdiction and follow the requirements of Chapter 30B.</p>

Question	Response
I cannot find the updated amounts of payments to towns. The web page with charts says it was updated in September.	The payment list as of September 2023 was up to date until additional payments went out on Friday March 15, 2024. We are working on processing information on all of the payments that went to municipalities on Friday 3/15 and will post an updated version soon.
What happens if a health department is funded for a long-term project, and town leadership decides to revoke funds, thus cutting the program?	The settlement proceeds received may be deposited to a special revenue fund and expended at the discretion of the CEO, without further appropriation.
Are there reporting requirements for subrecipient grant agreements?	The grant terms and conditions would identify the reporting requirements.
What statute or rules speak to requirements how grants and grant processes should be created to be done correctly?	If the monies received by a municipality are grant "funds" then Chapter 30B procurement procedures apply to the sourcing of the supplies or services unless a municipality enters into an agreement with an "individual or nonprofit entity" to carry out a "public purpose of support" or "stimulation" (such as recovery services for residents of its town).
Is there a possibility that monies could stay in free cash and be spent however the municipality chooses?	Yes, if a community does not make an appropriation to transfer opioid settlement proceeds from free cash to the Opioid Settlement Proceeds special revenue fund. We have emphasized previously that the community still has a responsibility to use the settlement proceeds for the intended purpose and complete the required reporting. In Bulletin 2023-06, prior to the new legislation allowing the establishment of the special revenue fund, the Division of Local Services stated the following: <i>We are reminding municipalities that, regardless of the accounting mechanism chosen to receive and expend these historic settlement proceeds, the State Subdivision Agreement for Statewide Opioid Settlements requires municipalities to accurately track the amount of opioid settlement receipts and amounts and purposes for which these proceeds were expended. Per this agreement, all settlement funds allocated to municipalities must be used to implement the opioid abatement strategies described in the agreement. Municipalities are also subject to the reporting requirements for these</i>

Question	Response
	<i>proceeds as outlined in the Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments and as agreed to by municipalities in the State Subdivision Agreement.</i>

Day 1, Session 2: Promoting Collaboration

Session Moderator: Sam Wong, Director, Office of Local and Regional Health, MA D PH

Presentation #1: Shared Service Agreements

Presented by: Cheryl Sbarra, Executive Director and Senior Staff Attorney, Massachusetts Association of Health Boards; and Kristin Black, Director of Shared Services, Office of Local and Regional Health

Question	Response
How do reporting requirements change when a municipality pools its funds with other municipalities/counties?	If you are using all of your abatement funds through a Public Health Excellence (PHE) Collaborative, the host agent is the municipality that should submit the report on behalf of the group, listing out all of the municipalities involved. If you are using some of the money through a PHE collaborative, each municipality should submit its own report for the individual abatement funds, with the host submitting a report about the collaborative’s work.
Can opioid funds be used to hire consulting groups (specifically RNs) to assist with program administration?	Refer to the State Subdivision Agreement for the list of approved abatement strategies.
Are there any plans to allow municipalities to use PHE funds on opioid abatement efforts? For example, expanding the allowed expenses to include SUD prevention and treatment services.	FY24 PHE funds can be used to hire a consultant to help with community engagement. This is a one-time-only allowable expense for FY24 funds.
Can municipalities use abatement funds for prevention and education efforts for other substances such as marijuana or anything that can be vaped? Or should we reserve abatement funds only for opioid-related efforts?	Refer to the State Subdivision Agreement for the list of approved abatement strategies.

Question	Response
Would all of the money distributed to municipalities need to be shared in an inter-municipal agreement or can a portion be shared?	Yes, some funds can be shared. You do not need to share all of the funds. You can create the IMA however it works for your municipality.
Can we use IMA from an existing PHE group?	It is cleaner to create a separate IMA. Not all PHE towns may want to sign on, and the scope may differ.
What about the municipalities that did not sign on to this agreement? Is it too late?	Municipalities can sign on to the national opioid settlements and the State Subdivision Agreement by contacting the Attorney General's Office at MAOpioidSettlements@mass.gov.
If only a few towns of an existing PHE collaborative want to pool funds, would a separate IMA be the best option?	It would be best to create a separate IMA.
Are there any limitations of PHE to support social workers or recovery efforts?	Refer to the State Subdivision Agreement for the list of approved abatement strategies.
Can opioid abatement funds, whether within a municipality or collaborative, be used for mental health programming in regard to the harms of vaping, the ill effects of cyber-bullying, and ensuing isolation and possible substance abuse?	Refer to the State Subdivision Agreement for the list of approved abatement strategies. Decisions on how to spend the funds should be community-driven and involve a community engagement process.
Will the state's 60% portion of abatement funds be available via grant opportunities to municipalities?	Yes, some of the state funds will be available through grants. The Community Grant-Making Initiative is an Opioid Recovery and Remediation Fund (ORRF) strategy intended to create a pathway for municipalities and community-based organizations to access the state's portion of the settlement monies.

Presentation #2: Municipal Spotlight

Presented by: Kelli Calo, Shared Services Coordinator, Great Meadows Public Health Collaborative and Vivian Zeng, Director of Public Health, Town of Sudbury

Question	Response
What background are you looking for in the Great Meadows Substance Use Coordinator?	<ul style="list-style-type: none"> • Bachelor's degree in public health, social work, psychology, or a related field (Master's degree preferred) • 1-3 years of experience in the field of public health prevention

Question	Response
	<ul style="list-style-type: none"> • Knowledge of the effects of drug and alcohol use and evidence-based substance use treatment programs, prevention methods, and best practices • Knowledge of the principles and practices of community organizations to enhance awareness and responsiveness to substance use prevention • Knowledge of the basic community resources and organizations • Must possess a valid driver’s license; have dependable transportation; and have strong writing and presentation skills
<p>Can you share the Substance Use Coordinator job description?</p> <p><i>(continued)</i> Can you share the Substance Use Coordinator job description?</p>	<p>This grant-funded position is to develop and oversee the implementation and coordination of evidence-based substance use prevention programs within the municipalities of [list here]. The coordinator will work collaboratively with each community to identify local needs and develop strategies to address them. The coordinator will also collect and analyze data on the effectiveness of <i>(continued from pg. 8)</i> prevention efforts and provide education and resources to community members.</p>
<p>We already are members of a shared service collaborative. Can the current leader of the Collaborative serve as a Prevention Coordinator? Would you recommend hiring a separate Prevention Coordinator, as was done in the Sudbury collaborative?</p>	<p>The leader of the collaborative could serve as the Prevention Coordinator if they have the right qualifications and can fit it into their work schedule, but it is not recommended. The Great Meadows position is a full-time position, serving 7 different municipalities. It is highly recommended that a separate prevention coordinator be hired.</p>

Day 2, Session 1: Facilitating Inclusive and Meaningful Community Engagement with Priority Populations

Session Moderator: Julia Newhall, Director of Opioid Abatement Strategy and Implementation, BSAS, MA DPH

Presentation #1: How to Engage People in Recovery

Presented by: Maryanne Frangules, Executive Director, Massachusetts Organization for Addiction Recovery

Question	Response
What are some best practices for engaging the community?	<ul style="list-style-type: none"> • Collaborate with existing partnerships, networks, and collaboratives that are already meeting. • Reach out to organizations that work with individuals with lived and living experience • Hold community forums. You can collaborate with local organizations to help recruit participants and to advertise the event. These forums should be done in places where people feel comfortable and that are easily accessible. • It is helpful to provide incentives (e.g., gift cards) and accommodations (e.g., food, child care, interpretation). • Remember that different types of events work for different people. You may want to employ a number of diverse strategies to reach the broadest audiences (e.g., a mix of in-person events, surveys, and virtual conversations) • Utilize different forms of media to advertise opportunities for engagement (e.g., social media, newspapers, radio, newsletters)
What advice would you give to municipalities having difficulty connecting with people with lived experience?	Enlist the help of regional collaborations, churches, local community service organizations, and providers. You can ask to use spaces that people with lived experience are used to going to already so that they feel more comfortable in them.
What advice would you give for finding presenters and/or ideas for a municipal Opioid Abatement Settlement Round Table?	Discussions with your community could help inform what topics are most interesting and most needed. CareMass and groups like MOAR are also valuable resources that can assist you in connecting with relevant presenters and materials.

Question	Response
Is there a registry of community organizations, small and large, that are established in each town?	Some municipalities have resource inventories on their websites. Your local or regional Chamber of Commerce may also be a resource that can provide this information. MDPH has program locators on its website with interactive maps.
Are there any specific resources for rural areas of MA?	Massachusetts Organization for Addiction Recovery can help with resources for rural areas of Massachusetts. Their Miniguide has resources listed. The Helpline should also provide useful information.
Do any of these programs support Emergency Rooms with Recovery Coach services?	We recommend that you reach out to your local hospital, emergency room, and/or recovery center to ask about recovery coach services. A list of Peer Recovery Support Centers can be found here

Presentation #2: How to Engage People Who Use Drugs

Presented by: Mary Wheeler, Program Director, Healthy Streets Outreach Program at Health Innovations, Inc.

Question	Response
What ideas do you have to pay people for showing up if your town does not allow stipends?	Utilize an intermediary who can pay people directly.
Is there a questionnaire that can be used when meeting people who are using or in recovery?	Each community can make their own or reach out to similar communities to see what tools they have used. Each municipality will have different needs (for example, the questions asked in a large city may differ from those asked in a smaller rural community).
We've recruited folks who use substances, based on our existing relationships, where they offer the information that they use substances. While participating in surveys and group forums, each person identified as in recovery, which we support. How do we show representation of folks who use substances and identify as substance users in our data gathering?	We recommend collaborating with local and regional community organizations that work directly with people who are actively using substances. Best practice says to pay the organization for their staff time, pay the participants for their expertise, and allow the organization to be the lead on the engagement efforts. It is also important to note that people who are using substances may identify as being in recovery if they have stopped the use of one or more substances but still use others. It is important to give folks the option to answer the question in multiple ways and with the acknowledgment that they can, in fact, be using and in recovery simultaneously. Using an anonymous survey form and doing this one-on-one rather than in a group setting may also be helpful.

Question	Response
What is your best advice on ways to actually disburse cash to someone who is still using?	Utilize an intermediary who can pay people directly. Pay people the same way they would get paid for a job.
For rural communities, where overdoses often happen behind closed doors and where there aren't recovery/harm reduction services, how would you suggest engaging people with lived experience in a planning process for the funds?	We recommend collaborating with local and regional community organizations and service providers that work directly with this population. These organizations should have insights into how people with lived and living experience can be reached and how they might prefer to be engaged. Utilize a holistic approach to community engagement- distribute surveys via online on a variety of websites, paper surveys mailed out with other town mail (water bills, voter registration, excise tax, etc...), have surveys at existing events and relevant substance use organizations, identify barriers that may prevent folks from being able to attend community forums and listening sessions and address them (childcare, transportation, lost wages, meals), have virtual forums.

Presentation #3: How to Engage Families Who Have Lost Loved Ones

Presented by: Robyn Houston-Bean, Founder, The Sun Will Rise Foundation

Question	Response
How can municipalities support children and families (including grand-families) impacted by the opioid crisis?	<ul style="list-style-type: none"> • Mental Health Services: Support access to mental health services for children and families affected by the opioid crisis, including services provided in schools and in the community. • School-Based Support Programs: Implement school-based support programs to identify and assist children affected by the opioid crisis. This can include school-based contacts that parents can engage with to seek treatment services for their child. • Family Support Services: Offer family support services that address the unique challenges faced by families impacted by the opioid crisis. This can include engaging non-profits, faith-based communities, and community coalitions to assist family members in their efforts to support individuals with opioid use disorder in the family. • Peer Support Networks: Establish and expand peer support networks for children and families impacted by the opioid crisis. This can include providing

Question	Response
	<p>peer support specialists that support people in accessing treatment, trauma-informed counseling and recovery support, harm reduction services, primary healthcare, or other services, including support for long-term recovery.</p> <ul style="list-style-type: none"> • Trauma-Informed Care: Implement trauma-informed care practices across municipal agencies and service providers, and support programs that connect individuals to trauma-informed counseling and recovery support services. • Legal and Financial Assistance: Provide community support services, including social, legal, and financial assistance to families impacted by the opioid crisis. • Community-Based Initiatives: Support community-based education and intervention services for families, youth, and adolescents at risk of opioid use disorder. • <u>Grandparents Raising Grandchildren</u> is an organization that communities should be aware of.

Presentation #4: Municipal Spotlights

Presented by: Jen Tracey, Director, Office of Recovery Services, Boston Public Health Commission, and Suzie Hauptmann, Human Services Director, Town of Falmouth

Question	Response
<p>What measurable tactics did you use to actively welcome, engage, and support people who are high or visibly using in your decision-making process while also maintaining a safe place for other stakeholders, including those in recovery?</p>	<p>You may want to consider engaging people who use drugs and individuals who are in recovery in the spaces in which they feel the most comfortable and safe (which may mean holding separate conversations). This helps to ensure that individuals feel safe to discuss their experiences and needs.</p>
<p>How do we find researchers who can help analyze the feedback we receive?</p>	<p>We are unable to endorse specific contractors, but we suggest speaking to similar communities to see if they have contractors they can recommend. You may also use this resource from DPH that provides a wide-ranging list of independent, experienced, and pre-qualified vendors offering an array of consulting services under multiple categories (Category 2: Organizational and Strategic Planning Services and Category 4: General Data Analytics Services and Evaluation Services may be most helpful).</p>

Question	Response
Is there a way we can find out which municipalities have a committee, and if so, who leads them?	You can contact CareMass , who can help direct you to the right people.
Will you make the (Boston) survey available?	The Boston survey can be found here .
I would like to explore the mechanism for a community fund that could be utilized to meet needs, such as a summer camp for children from families affected by SUD, meeting one-time needs, getting school supplies, etc.	You could explore this idea by collaborating with others in your community and/or region who work directly with youth (e.g., schools, counselors, youth-focused community organizations) to better understand the needs and how funds could be best spent.
What is the best way to convince town administration on the importance of involving people with lived and living experiences if they are resistant?	CareMass can help you create a plan for discussing the Opioid Abatement work with your municipal leadership, including the importance of engaging people with lived experience in this process.
How can small towns invest very small amounts of money in a meaningful way? Some small, rural towns have been awarded very small amounts, which reflects the impact on those communities, but we still want to invest in strong, meaningful ways to make an impact.	We recommend reaching out to other communities in your region to explore the possibility of partnership and pooling funds. Additionally, CareMass will dedicate a future office hours session to resources and strategies for small and/or rural communities.
Even within the substance use /misuse prevention, education, treatment, and recovery support field, we define things differently. When you say youth prevention, what exactly do you mean? What are considered best practices, and what are the recommendations for youth prevention?	Youth substance use prevention aims to prevent the onset of substance use or limit the development of problems associated with using substances. Prevention efforts may focus on the individual, families, or communities. There has been significant research on best practices and recommendations in this area. Two resources that may be helpful: (1) Youth.gov discusses the core components of evidence-based prevention programs. This page includes resources and examples of evidence-based strategies for youth prevention, and (2) SAMHSA has compiled a helpful list of resources for youth and college students that are broken out for specific age groups.

Day 2, Session 2: Supporting Community Needs Assessment and Strategic Planning

Session Moderator: Scott Formica, Senior Research Scientist, Social Science Research and Evaluation, Inc.

Presentation #1: Lessons Learned from HEALing Communities Approach to Community Needs Assessment and Planning

Presented by: Carly Bridden, Senior Research Director, Boston Medical Center

No questions received

Presentation #2: Using Data to Inform Strategic Planning

Presented by: Hermik Babakhanlou-Chase, Director of the Office of Statistics and Evaluation, BSAS, MA DPH

Question	Response
What does the Naloxone kits to opioid deaths ratio mean? For example, if the ratio is 112 (like in the example provided), does that mean that 112 kits are distributed for every 1 death? Would an ideal ratio be a high or low number?	The interpretation is accurate. 112:1 ratio means that 112 Naloxone kits were distributed for every opioid-related death in the selected community. This is a measure of Naloxone saturation. Higher ratios indicate better access to this life saving harm reduction strategy
How long has the Dashboard been live and accessible to residents/municipalities?	The BSAS Dashboard has been live since December 2022. The Community Profile was launched in December 2023.

Presentation #3: CareMass's Role in Supporting Municipal Opioid Abatement Work

Presented by: Jo Morrissey, Senior Consultant, JSI

No questions received

Day 2, Session 3: Sharing Information about Evidence-Informed Interventions

Session Moderator: Nicole Schmitt, Director for Planning and Development, BSAS, MA DPH

Presentation #1: Prevention Program Spotlight

Presented by: Jose Morales, Director of Prevention Services, Bureau of Substance Addiction Services

Question	Response
When will the BSAS prevention grants be open again for new municipalities to apply?	Not until approximately FY28

Presentation #2: Harm Reduction Program Spotlight

Presented by: Brittini Reilly, Harm Reduction Lead Program Coordinator, BSAS, MA DPH; and Emily Levine, Acting Director, Health Promotion Disease Prevention Unit, Bureau of Infectious Diseases and Laboratory Sciences

Question	Response
Brittini mentioned that health departments can be part of the community naloxone program. Do these health departments need to have a physician sign off on the naloxone, or is it covered by being part of the community program?	<ul style="list-style-type: none">• Over-the-counter (OTC) naloxone does not require any prescription or further registration with DPH.• Formulations of naloxone that are not FDA-approved for OTC sales are also able to be distributed without a physician-specific order due to MA having a statewide standing order for naloxone.• At this time, only OTC Naloxone Nasal Spray is available to programs participating in the Community Naloxone Program (CNP). Therefore, any health department participating in CNP will only receive OTC naloxone and does not need a physician-specific order.
Are there best practices for making Narcan available in the community? We have talked about establishing points where the public can pick up free doses, but are concerned about whether it would reach the target audience and how to measure that.	<ul style="list-style-type: none">• We suggest looking into the Community Naloxone Program. This is something that some Public Health Collaboratives are already offering.• This peer-reviewed article is a great resource. Also, see this guide for implementing an Overdose Education and Naloxone Distribution (OEND) program developed by the National Harm Reduction Coalition.• If your community is interested in launching public access naloxone, aka “naloxboxes”, please review this guidance from the New York Department of Health

Presentation #3: Connections to Care Spotlight

Presented by: Madeline Higgins, Project Manager, Massachusetts Substance Use Helpline at Health Resources in Action, and Dallas Clark, Outreach and Engagement Associate, Massachusetts Substance Use Helpline at Health Resources in Action

No questions received

Presentation #1: Recovery Program Spotlight

Presented by: Danielle O'Brien, Recovery Community Supports Coordinator, BSAS, MA DPH

No questions received

Questions Received at CareMass Office Hours Post-Conference

Question	Response
Who should be holding the funds?	Your municipality's financial department or overseer should be able to tell you where funds sit.
3 quotes for expenses required? Sometimes few vendors	We suggest speaking to similar communities to see if they have contractors they can recommend. You may also use this resource from DPH, which provides a wide-ranging list of independent, experienced, and pre-qualified vendors offering an array of management consulting services under multiple categories (Category 2: Organizational and Strategic Planning Services and Category 4: General Data Analytics Services and Evaluation Services may be most helpful).
How much of municipalities' opioid funds remain to be spent, and how?	See the Municipal Opioid Abatement Funds Dashboard .
Seeking insight into how towns with small disbursements are spending the money in meaningful ways	One potential strategy is partnering with neighboring towns in your region to pool funds, thus potentially expanding your resources. One example is a youth recovery program funded by multiple towns on Cape Cod. CareMass will also be devoting a future webinar/learning collaborative to discussing strategies for small towns and rural communities. A list of past and upcoming webinars can be found here .
Are you aware of (or have examples of) surveys or grant applications that municipalities are using to assess needs?	Yes - some examples include Westfield, Boston, and Lynn. This folder includes resources that have been used by communities.

Question	Response
When and where can social service organizations submit a proposal for the usage of funds?	This will differ by community. The CareMass team can help direct you to the abatement efforts happening in your municipality and/or region.
Update on organizations submitted for funds?	RIZE Massachusetts is contracted to oversee the Community Grant-Making Initiative, which is an ORRF-funded strategy. RIZE will be administering three rounds of grants over the next year. The first round was announced on 05/15, which is intended to build capacity of community-based organizations to bring their work to scale. Eligibility requirements and application details can be found here . The second round of grants will be administered this fall, which will include matching grants for municipalities who have taken action to meet the shared commitment for opioid abatement.
When deciding on funding, should we be approving expenditures in each "bucket" from the reporting form?	Reporting "buckets" are for CareMass to use. CareMass may use the funding categories to compile aggregate reports on how the municipalities are spending their money.
Can funds be used to expand the hours of an existing position? Could they be used to hire a contractor?	Refer to the State Subdivision Agreement for the list of approved abatement strategies. Opioid settlement money must be used solely to supplement and strengthen, rather than supplant, resources for prevention, harm reduction, treatment, and recovery, in accordance with the State Subdivision Agreement. If the existing position or contractor's work falls within an approved strategy, funds can be used to expand that person's hours.
Can you recommend a contractor to help review and interpret surveys?	We are unable to endorse specific contractors. We suggest speaking to similar communities to see if they have contractors they can recommend. You may also use this resource from DPH that provides a wide-ranging list of independent, experienced, and pre-qualified vendors offering an array of management consulting services under multiple categories (Category 2: Organizational and Strategic Planning Services and Category 4: General Data Analytics Services and Evaluation Services may be most helpful).
Correct terminology on change in regulation about the usage of the fund?	See the Division of Local Service opioid funds bulletin from Dec 2023. If a select board or mayor has ultimate authority, it should be done so with community input (surveys, focus groups, advisory councils).