

Massachusetts Department of Public Health

Session Three: Sharing Information about Evidence-Based Interventions

12:10pm-1:15pm

Nicole Schmitt Moderator



Massachusetts Department of Public Health

Substance Misuse Prevention in the Commonwealth

Municipal Opioid Abatement Conference March 20, 2024

Jose Morales

Director of Prevention

Bureau of Substance Addiction Services (BSAS)

Defining and Understanding Prevention

High Risk: Intervene with Few No/Low Risk: Intervene with Everyone Some Risk: Intervene with Many Primary Secondary **Tertiary** Prevention Prevention **Prevention** (Universal) (Indicated) (Selective)

Defining and Understanding Prevention

	Primary Prevention	
Method	Proactive/Universal	
Timeline	Implemented prior to and with the goal of preventing harm from taking place as the result of substance misuse	
Strategy	 Decrease risk factors Increase protective factors Promote healthy behaviors Establish policies that enable and empower health 	
Focus	Individuals, families, communities, environments	
Goals	Promote health, prevent misuse, create the conditions that support health	

BSAS Prevention Grant Programs

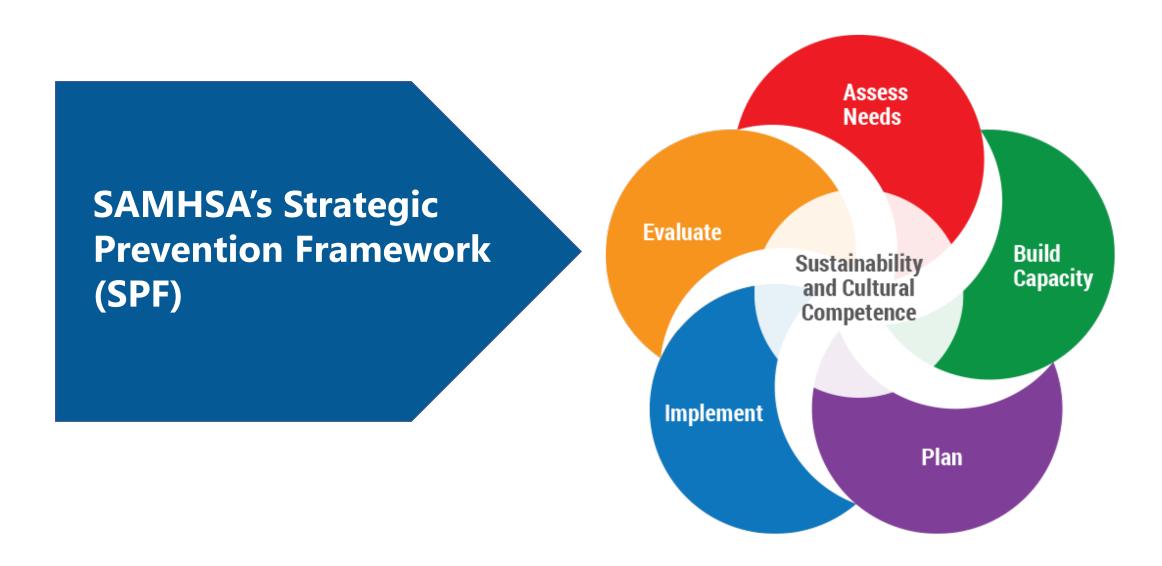
- Massachusetts Collaborative for Action, Leadership, and Learning (MassCALL3) – Substance Use and Prevention Block Grant
 - Part A Capacity Building (3)
 - Part B Implementation (35)
 - Part C Innovation (3)
- State Opioid Response Prevention In Early Childhood (SOR-PEC, 15)
- SPF-Rx Assessment and Planning
- Special Projects (MIAA, YMCA, B&G Club, Wander, LifeSkills and Good Behavior Game Training, MA Clearinghouse, DESE Pilot Program, Tribal Partnership)

BSAS Prevention Grant Programs





Substance Misuse Prevention in the Commonwealth



BSAS Prevention Grant Programs

SOR-Prevention in Early Childhood (SOR-PEC)		
Stanley Street Treatment and Resources (City of Fall River)		
Town of Stoughton		
Bay State Community Services (City of Quincy)		
City of New Bedford		
City of Brockton		
Cape Cod Children's Place (Town of Eastham)		
Berkshire Regional Planning Commission (City of Pittsfield)		
Franklin Regional Council of Governments		
City of Worcester		
City of Springfield		
Framingham Division of Public Health		
City of Lowell		
City of Gloucester		
Family Services of the Merrimack Valley (City of Lawrence)		
City of Lynn		

MassCALL3 Part A	
Project Right/Dorchester (City of Boston)	
Quabbin Drug Response Unifying Group	
Community Action for Safe Alternatives (City of	
Winthrop)	

MassCALL3 Part C	
City of Medford	
City of Lynn	
Franklin Regional Council of Governments (FRCOG)/City of Greenfield	

MassCALL3 Part B	Cluster Communities (if applicable)
Bay State Community Services (City of Quincy)	Braintree, Miton, Weymouth, and Randolph
by state community services (city or equiney)	billines, men, reynoun, and handon
Boston Public Health Commission (City of Boston - South)	Boston Neighborhoods of Jamaica Plain, Roxbury, Dorchester, Mattapan, Roslindale, West Roxbury, Hyde Park
Boston Public Health Commission (City of Boston - North)	Boston Neighborhoods of East Boston, Charlestown, North End, Alston/Brighton, Back Bay, Beacon Hill, Fenway/Kenmore, South End, South Boston
	Fenway/Kenmore, South End, South Boston
Co. (Double)	
City of Brockton	Bridgewater, East Bridgewater, Hason, Raynham, Rockland, Whitman
City of Chelsea	Revere. Saugus
City of Fitchburg	Gardner, Leominster, Winchendon
City of Worcester	Shrewsbury, Grafton, Milbury
County of Barnstable	All 15 Towns in Barnstable County
Franklin Regional Council of Governments	All 26 Towns in Greenfield County
Northern Berkshire Community Coalition (Town of North Adams)	Cheshire, Clarksburg, Florida, North Adams, Savoy, Williamstown, Lanesboro, Hancock, New Ashford
Railroad Street Youth Project (Town of Great Barrington)	Stockbridge, Egremont, Sheffield
City of Gloucester	Rockport, Manchester, Essex, Ipswich, Danvers, Beverly
City of Lowell	N/A
City of Lynn	Salem, Swampscott, Marblehead
Town of Newburyport	Amesbury, Georgetown, Newbury, Rowley, Salisbury
High Point Treatment Center (City of Plymouth)	Carver, Middleboro, Wareham
Town of Hudson	Ashland, Natick, Northborough, Southborough
City of Somerville	Everett, Arlington, Lexington
Stanley Street Treatment and Resources (City of Taunton)	Attleboro, Norton, Mansfield
Town of Stoughton	Avon, Norwood, Easton
Wayside Youth & Family Support Network (City of Watertown)	Waltham, Brookline, Belmont
City of Medford	Malden, Melrose, Reading, Wakefield, Stoneham, Winchester
City of Mediord	Walder, Wellose, Reading, Wakerleid, Storierlann, Willichester
City of Springfield	Chicopee, Holyoke
City of Fall River	N/A
Family Services of the Merrimack Valley (City of Lawrence)	Andover, Haverhill, Methuen, North Andover
City of Peabody	Middleton, Topsfield, Boxford, Lynnfield, North Reading
Island of Marthas Vineyard	All of Martha's Vineyard
Collaborative for Educational Services (City of Northampton)	Amherst, Easthampton, South Hadley, Hadley
Cambridge Health Alliance (City of Cambridge)	N/A
City of New Bedford	N/A
Town of Needham	Dedham, Walpole, Westwood
Town of Tewksbury	Bellerica, Chelmsford, Dracut, Tyngsborough, Westford, Wilmington
	
City of Framingham	N/A
City of Framingham Town of Hopkinton	N/A Holiston, Medway, Medfield, Wayland

Program Implementation/Community Strategies

- 1. Environmental Strategies and Policies
- 2. Prevention Education
- 3. Information Dissemination/Communication
- 4. Community-Based Process

Prevention Best Practice

- Strength-based approaches are more effective in the long run
 - Build knowledge, develop skills, empower through positive frames and a strengthbased approach
- Make the healthy choice the easy choice
 - Consider policies or practices that impact the environment in which youth live, work, and play
- Language is important Consider whether stigma may be result of your efforts or part of the problem that you are seeking to address
 - "Legal/Illegal" vs "Good/bad"
 - "Healthy/Unhealthy" vs "Clean/Dirty"
 - "Centered" vs "Targeted"

Prevention Best Practice

- ALWAYS consider your audience
- "Something is better than nothing" is not always true
 - Avoid "one-off" events or piecemeal approaches
- Primary prevention work and does not have to be substance specific (and often times it shouldn't be!)
- Feelings ≠ Facts
 - What data are you using (or not) to help confirm the way you or others feel and does it tell the whole story?
- Good intentions don't always yield good results
 - Prevention efforts should <u>always</u> be driven by the population(s) you are seeking to support and grounded in well established and effective practice

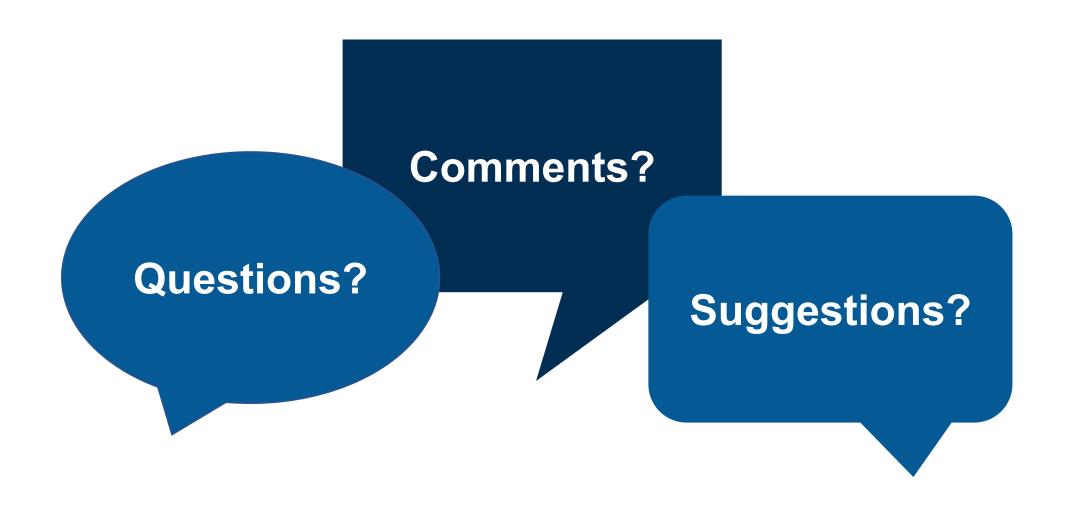
Prevention Programing Considerations

- ✓ Take the time to develop a thoughtful plan
- ✓ Use that plan to guide your work over time
- ✓ Work within your capacity
- ✓ Quality over quantity
- ✓ Use both data and evidence informed approaches
- ✓ Maintain as much fidelity as possible
- ✓ It's not about what you are doing as much as it is about why you are doing it, who you are doing it with, and how you are effecting change over time

BSAS/DPH/Other Resources

- Careers of Substance
- Massachusetts Health Promotion Clearinghouse
- Center for Strategic Prevention Support
- •MA Substance Use Helpline
- Prevention Technology Transfer Center
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- CADCA
- •The 84.org
- Massachusetts Tobacco Cessation and Prevention Program
- The Frameworks Institute
- Communities that Care

Thank You





Massachusetts Department of Public Health

Massachusetts Municipal Opioid Abatement Conference

DPH-Funded Harm Reduction Resources Spotlight

March 20, 2024

Emily Levine, MSW, Office of HIV/AIDS Brittni Reilly, MSW, Bureau of Substance Addiction Services

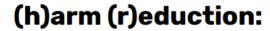
Recognizing Harm Reduction in the Care Continuum



HARM REDUCTION INTERVENTIONS

(H)arm (R)eduction:

A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence

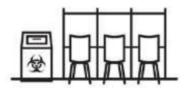


The approach and fundamental beliefs in how to provide the services

risk reduction:

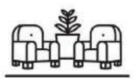
Tools and services to reduce potential harm





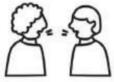






















PRINCIPLES OF HARM REDUCTION

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

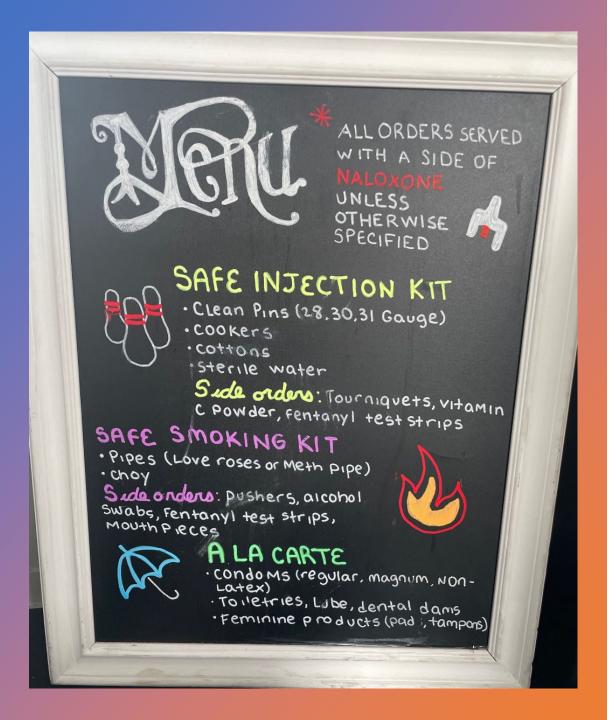
FOUNDATIONAL PRINCIPLES CENTRAL TO HARM REDUCTION

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs "where they're at," and addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve people who use drugs reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Syringe Service Programs in MA

By the numbers (as of 3/11/24)

- 89 cities/towns have local Board of Health (LBOH) approval; of these, 85 have approval documented by an official letter.
- There are 18 agencies in 58 cities/towns that operate Bureau of Infectious Disease and Laboratory Sciences (BIDLS)-funded syringe services programs (SSPs).
- There are 65 operational BIDLS-funded SSP programs in Massachusetts.



What happens at an SSP?

- Access to safer consumption supplies
- Syringe collection and disposal
- HIV, HCV, STI education, testing, and linkage to care/treatment
- Overdose education and naloxone distribution
- Information regarding drug supply safety and drug checking services
- Vein and wound care
- Linkage to PrEP, PEP, substance use treatment, mental health services, health care, insurance, Partner Services, etc.
- Sexual health risk reduction supplies
- Vaccinations: HAV, HBV, COVID, flu, etc.
- Non-judgmental and compassionate care
- Love, kindness, and support

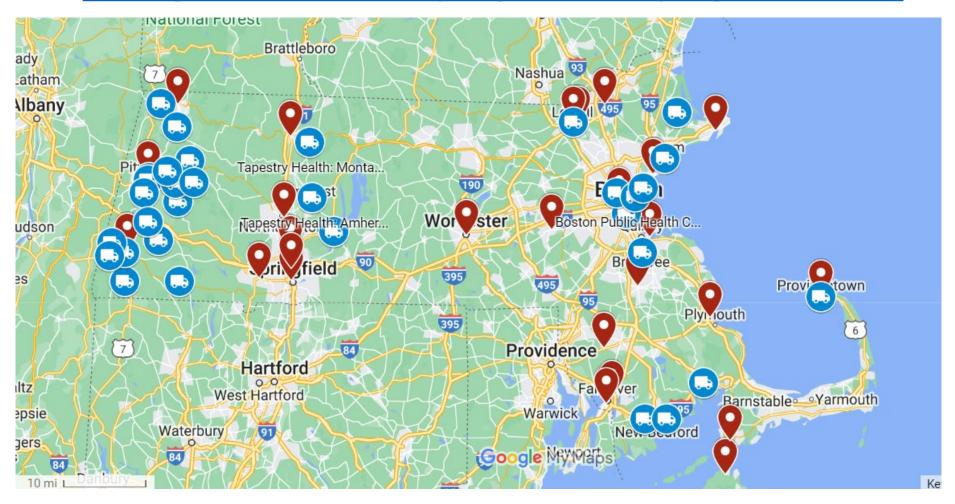
Syringe Service Programs in MA

Cities & towns that have approved SSPs

Adams, Alford, Amherst, Ayer, Belchertown, Berlin, Beverly, Boston, Braintree, Brockton, Cambridge, Chelsea, Chicopee, Chilmark, Clarksburg, Dalton, Dartmouth, Dennis, Eastham, Easthampton, Edgartown, Egremont, Essex, Fairhaven, Fall River, Falmouth, Florida, Framingham, Gloucester, Great Barrington, Greenfield, Hamilton, Hancock, Haverhill, Hinsdale, Holyoke, Hudson, Ipswich, Lanesborough, Lawrence, Lee, Lenox, Lowell, Ludlow, Lynn, Mashpee, Montague, Monterey, Mount Washington, Natick, North Adams, Northampton, Oak Bluffs, Peabody, Peru, Pittsfield, Plymouth, Provincetown, Quincy, Revere, Richmond, Rockport, Salem, Sandisfield, Sandwich, Sheffield, Somerville, Springfield, Stockbridge, South Hadley, Taunton, Tisbury, Truro, Tyringham, Ware, Wareham, Washington, Wellfleet, Wenham, West Stockbridge, West Tisbury, Westfield, Williamstown, Windsor, and Worcester

Syringe Service Program Locator

mass.gov/info-details/syringe-service-program-locator



Naloxone Resources

- Naloxone Nasal Spray 4 mg/.1 mL is now FDA approved for over-the-counter sales
 - Many retail settings such as community pharmacies sell OTC naloxone as well as online retailers such as Amazon
 - Community members should consider using their insurance benefits at the pharmacy to cover the costs of naloxone
- Municipal departments (police, fire, schools) that need naloxone for the purpose of emergency response may purchase naloxone at the state negotiated public interest price from the DPH State Office of Pharmacy Services
 - Price subsidies may be offered to customers contingent on state and federal funding availability
- Municipal health departments interested in establishing a community naloxone distribution program may consider applying to participate in the BSAS managed Community Naloxone Programs
 - https://www.mass.gov/info-details/community-naloxone- program-cnp
 - Price subsidies may be offered to customers contingent on state and federal funding availability

Stop an Overdose with Narcan

Take these steps to stop an Overdose:

Call 911

Say "someone isn't breathing" and/or "I think it's an overdose." Stay until help arrives, even if they seem better.

Give Narcan*

Push pump only after tip is in nose. Go to Step 4. If no response in 3 minutes, give another dose.

Give breaths/CPR

Make sure mouth is clear. Tilt head back, lift chin, and pinch nose. Give 1 breath every 5 seconds and make sure chest rises with each breath. Try CPR if you've been trained.

Stay until help arrives

If breathing well, put on side. If not breathing well, repeat Steps 3 and 4. Stay until help arrives.

Rescue Breathing



The Recovery Position



Good Sam Law protects people who overdose or seek help for someone overdosing from being charged or prosecuted for simple drug possession.

HelplineMA.org 1-800-327-5050

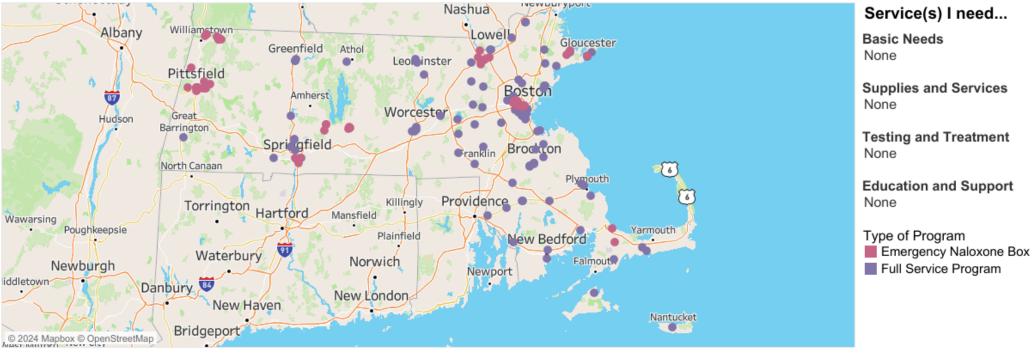
mass.gov/narcan



Harm Reduction Services Map

Massachusetts Harm Reduction Programs

The map below shows the location addresses, services provided, hours of operation, and contact information for Overdose Education and Naloxone Distribution (OEND) and Community Naloxone Program (CNP) programs in MA. Please click on a program location to see more information. If you're interested in filtering to programs that offer specific services, you can use the dropdowns on the right.



For further information about each program, please use the contact information listed on the map above. Have a question or interested in the data? Please email <u>bsashrteam@gmail.com</u>.

mass.gov/info-details/harm-reduction-program-locator

DPH Funded Overdose Prevention Resources





The MA Overdose Prevention Helpline is a 24/7 phone-based overdose detection service to prevent an overdose from becoming fatal

The Massachusetts Drug Supply Data Stream offers community drug checking resources and trends on the drug supply at info.streetcheck.org

USE FENTANYL TEST STRIPS

TAKE THESE STEPS:

- Prepare the test
- 2 Dip the strip
- 3 Wait 5 minutes
- A Read results
- 5 Make a plan

Print materials such as posters and wallet cards, as well as resources such as fentanyl test strips and rescue breathing masks are available at the MA Health Promotion Clearinghouse:

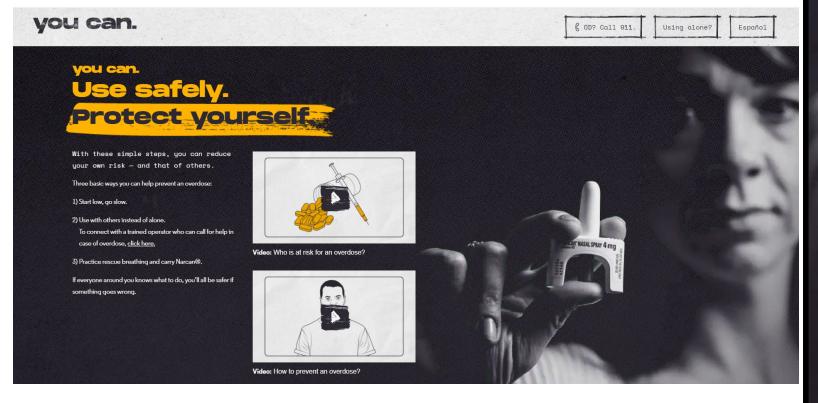
https://massclearinghouse.ehs.state.ma.us/



NEW: YouCan Website

New interactive website with quick videos to support training and educational needs at the community level.

URL: <u>youcan.info</u>







Massachusetts Department of Public Health

Thank you! Any questions?

Emily.Levine@mass.gov

Brittni.Reilly@mass.gov



The Helpline is the only statewide, public resource for finding harm reduction supports, substance use treatment, and recovery services.

Helpline services are free and confidential.

ABOUT US

VISIT helplinema.org
CALL 800-327-5050
CHAT helplinema.org
TEXT "HOPE" to 800327

HOURS 24 hours/day, everyday, including holidays

TRANSLATION language line access for over 100 languages

WE SERVE

people in active addiction loved ones providers people in recovery all ages



HOW WE CAN HELP

listen without judgment share referrals to treatment, recovery, harm reduction services, and more provide education and support offer strategies for navigating the continuum of care instill hope give peer support provide clinical follow-up calls





CONNECT

ORDER FREE MATERIALS mass.gov/maclearinghouse

FOLLOW AND SHARE ON SOCIAL MEDIA TWITTER/X @TheHelpline

FACEBOOK @MASubstanceUseHelpline

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CONTACT US

Madeline Higgins, Project Manager: mhiggins@hria.org
Dallas Clark, Outreach and Engagement Associate:
dclark@hria.org



Massachusetts
Municipal Opioid Abatement Conference

RECOVERY SUPPORT SERVICES

Danielle O'Brien, B.Sc., LADC II, CARC Recovery Community Support Coordinator



Bureau of Substance Addiction Services

Agenda

Overview of Recovery Support Services

Focus: BSAS Peer Recovery Support Services

• Peer Recovery Support Centers

Engaging Recovery Community



Recovery Support Services (RSS)

Recovery Support Services (RSS) are non-clinical, strengths-based supports that help people navigate systems, remove barriers to recovery, and stay engaged in the recovery process.

Recovery Support Services



Support personal choice, multiple pathways, and a holistic process



Focus on individuals' strengths, talents, coping abilities, resources, and inherent values



Encourage community
participation – to sustain
recovery in natural
environment



Build on resilience to improve outcomes, reduce stigma, and better manage setbacks in recovery

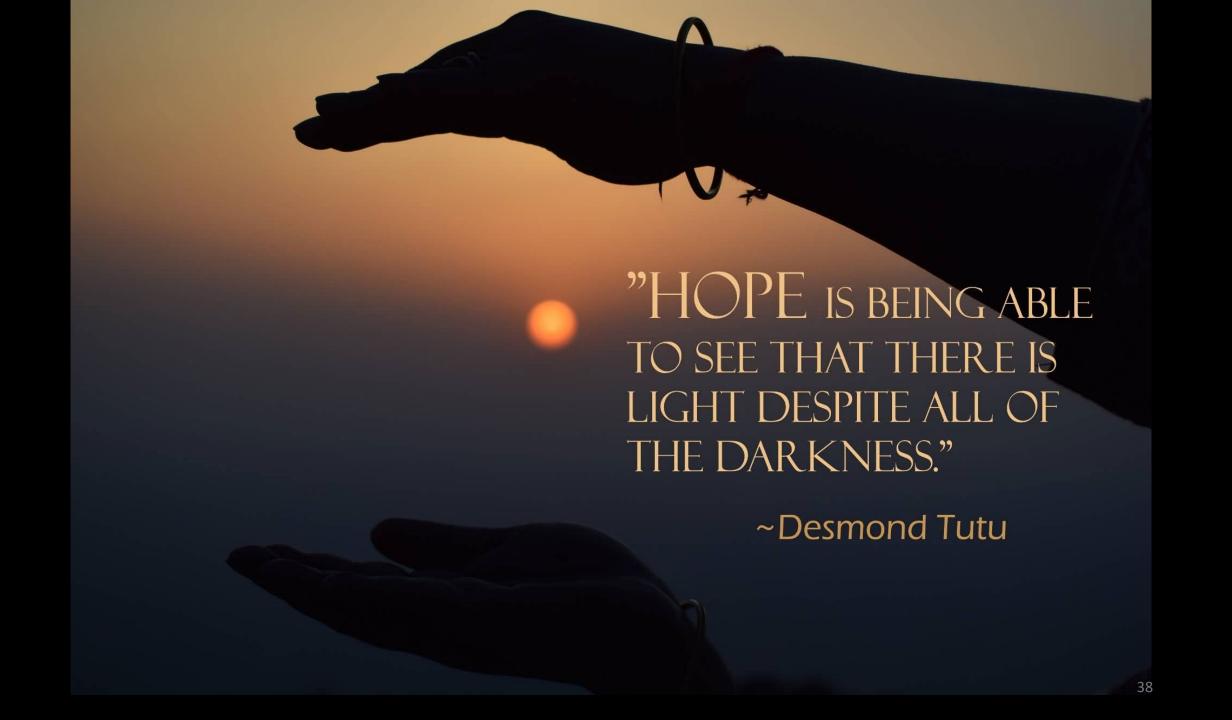
Overview DPH-BSAS RSS



The Bureau of Substance Addiction Services (DPH-BSAS) has invested in Recovery Support Services throughout the state, including:

- 39 Peer Recovery Support Centers (PRSC)
- Access to Recovery (ATR) program (basic needs, vocational training, coaching)
- MyPiR (Massachusetts Young People in Recovery)
- Development of a quality addictions Peer Workforce, including trained Recovery
 Coaches and Recovery Coach Supervisors through the Recovery Education

 Collaborative
- Massachusetts Organization of Addiction Recovery (MOAR)
- Educating and shifting systems to become <u>Recovery-oriented Systems of Care</u> (<u>ROSC</u>) through education, presentation and cross-system collaboration





ENVIRONMENTAL

Good health by occupying pleasant, stimulating environments that support well-being.

EMOTIONAL

Coping effectively with life and creating satisfying relationships.

INTELLECTUAL

Recognizing creative abilities and finding ways to expand knowledge and skills.



FINANCIAL

Satisfaction with current and future



Recognizing the need for physical activity, diet, sleep and nutrition.



AS DEFINED BY SAMHSA

DIMENSIONS



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SOCIAL

Developing a sense of connection, belonging and a well-developed support system.



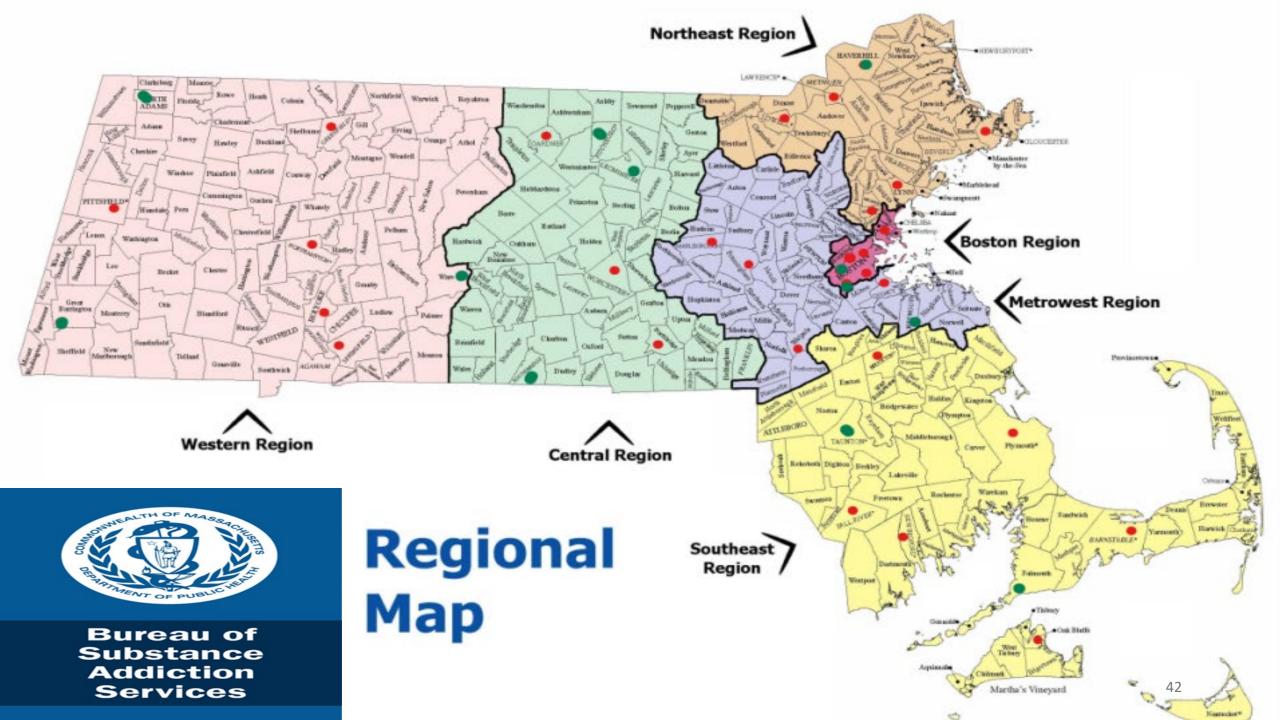
OCCUPATIONAL

Personal satisfaction and enrichment derived from one's work.

SPIRITUAL

Expanding our sense of purpose and meaning in life.





MA DPH-BSAS Peer Recovery Support Centers (PRSC)

Region I, Western MA

The RECOVER Project, Greenfield, MA
Hope for Holyoke, Holyoke, MA
Valor Recovery Center, Springfield, MA
Living in Recovery, Pittsfield, MA
Northampton Recovery Center, Northampton, MA
South County Recovery Center, Great Barrington, MA
Have Hope Peer Recovery Center, North Adams, MA
Recovery Center of Hope, Ware, MA

Region II, Central MA

Everyday Miracles, Worcester, MA

No One Walks Alone (NOWA), Whitinsville, MA

Alyssa's Place Peer Recovery Support Center, Gardner, MA

Leaders of Restoration Peer Recovery Center, Fitchburg, MA

Ripple Effect Peer Recovery Support Center, Leominster, MA

South Bridge Peer Recovery Support Center, Southbridge,

Region III, Northeast MA

CORE Peer Recovery & Resource Center, Gloucester, MA
New Beginnings Peer Recovery Center, Lawrence, MA
Recovery Café Lowell , Lowell, MA
The Bridge Recovery Center, Malden, MA
Recovery Exchange Peer Support Center, Lynn, MA
Ray of Light Recovery Café, Haverhill, MA

Region VI, Boston MA

Devine Recovery Center, South Boston, MA
STEPRox Recovery Support Center, Roxbury, MA
Room to Grow Recovery Center, Boston, MA
Recovery on the Harbor, East Boston, MA
Torchlight Peer Recovery Support Center, Dorchester, MA
Jamaica Plain Peer Recovery Support Center, Jamaica Plain, MA

Region V, Southeast MA

Stairway to Recovery, Brockton, MA
PIER Recovery Center of Cape Cod, Hyannis, MA
Peer2Peer Recovery Support Center, Fall River, MA
Plymouth Recovery Support Center, Plymouth, MA
R.I.S.E Recovery Support Center, New Bedford, MA
The Red House, Oak Bluffs, MA
Falmouth Peer Recovery Center, Falmouth, MA Region V
Taunton Peer Recovery Support Center, Taunton, MA

Region IV, Metro West MA

Anchored in Recovery, Framingham, MA
Turning Point Recovery Center, Walpole MA
Weymouth Peer Recovery Center, Weymouth, MA
A New Way Recovery Center, Quincy, MA
The Recovery Connection, Marlborough, MA

Peer Recovery Support Centers

Free, Accessible, Recovery spaces in the heart of the community

Warm, welcoming Hubs of Hope that Celebrate multiple pathways

Offer human connection, build community inclusion, provide peer support and access to nonclinical resources

Education, social events, recreational activities, one on one coaching, support groups, advocacy, linkage, and referral.

Peer Recovery Support Centers

Safe, healing substance-free environments

Programming designed *for and by people in recovery*

Tailored to the Community – membership and needs

Encourage family participation and support loved ones affected

Peer Recovery Support Center RRI/MGH Study

Research Findings....

"Greater use of RCCs appears to be associated with longer duration of recovery and higher recovery capital, which in turn is associated with better quality of life, higher self-esteem and lower levels of psychological distress."

Findings suggest that RCCs serve as a promising thirdtier component to recovery-oriented systems of care, augmenting the other two more established tiers of professional alcohol/drug treatment and mutual-help organizations.

"One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived from U.S. Recovery Community Centers," funded by National Institute of Alcohol Abuse and Alcoholism; Alcohol Clin Exp Res, Vol 44, No 3, 2020: pp 711–721) R21AA022693 to the Massachusetts General Hospital (PI: John F. Kelly, Ph.D.). 2017

Recovery Coaching

Recovery Coaches are a **growing workforce of trained peers** who provide non-clinical recovery support to individuals in or seeking recovery.

RCs bring valuable lived experience with addiction and recovery, have **completed specialized training** and receive **supervision**.

Recovery-Wellness Planning: Recovery Coaches guide participants to discover their own individual pathway, achieve self-directed goals, and provide support to navigate systems, establish community connections, and overcome barriers.

It is offered pre-treatment or recovery (early engagement), during treatment, post treatment/long-term and separately from the treatment system entirely.

Peer Recovery Coach | Careers of Substance



Recovery Coaching

Recovery Coach Training and Support provided by:



Recovery Education Collaborative – Education Learning Platform (massrec.org)

Certified Addiction Recovery Coach (CARC) is the professional credential provided by MBSACC, obtained by Recovery Coaches who have:



completed 60 hours of training



500 hours work experience signed by Supervisor



Submitted application and supporting documentation to MBSACC



Passed an exam



Re-cert every 2 years w 2 mandatory full day trainings and 18 hours of elective training

Our Purpose: Community Inclusion Living One's Best Life in One's Desired Community



Recommendations



- Take inventory— <u>Trauma-informed</u>, <u>Recovery-oriented system of</u> Care Tool Kit
- Identify Recovery community
- Pull them in Peer Recovery Support Centers, SUD/RSS providers, MOAR, Recovery Coaches, Pathways, Coalitions and Groups.
 They can help you fill the gaps of what exists, and what is needed and share "Practice-based evidence"
- Engage Recovery Community Surveys, Listening Sessions, Stakeholder focus groups. Also, informal engagement, get to know/build relationship.

Great opportunity to build Community Inclusion!

Q&A Session

Questions?



Massachusetts Department of Public Health

Conference Closing Remarks

Dr. Kiame Mahaniah Speaker

Conclusion

- Thank you for joining!
- Day 2 Evaluation

