**Overview: Healey-Driscoll Administration Opioid Strategy**

*Updated 6/6/2024 by the Department of Public Health, Bureau of Substance and Addiction Services*

The Healey-Driscoll Administration is committed to addressing substance use disorder and providing resources to communities to continue the reversal of the trend in overdose deaths. As a result of years of effort and investment, in 2023, Massachusetts saw a 10% decline in opioid-related overdose death rates, the largest single year decline to date.

Guided by the data and needs of the Commonwealth, the Administration will continue to innovate and drive action to address substance use disorder and minimize overdose deaths.

**Administration Actions Expanding Access to Substance Use Disorder Services**

In 2023 alone, the Administration has:

* Signed a FY24 budget including more than $700 million for substance addiction prevention and treatment programs.
* Provided support and onboarding for 12 additional [Peer Recovery Support Centers](https://www.mass.gov/info-details/peer-recovery-support-centers), bringing the total to 39 across the Commonwealth
* Launched the [Recovery Education Collaborative](https://massrec.org/) to provide comprehensive recovery support education and culturally responsive training and technical assistance for the substance use peer support workforce and recovery support service providers.
* Continued to fund **Low Threshold Housing and Services** that provide permanent housing and intensive case management for unaccompanied adults.
  + Since inception in 2021, over 595 individual adults in 16 contracted programs across the Commonwealth have been housed, with a success rate of over 90%.
* DPH supports a pilot a program intended to **expand access to methadone** in skilled nursing facilities (SNFs), though a collaboration with an Opioid Treatment Program (OTP) agency in the Worcester area. DPH continues to engage [OTPs and SNF/Long Term Care Facilities](https://www.mass.gov/info-details/sud-in-ltc) to develop partnership, trainings and technical assistance.
* **Opioid Recovery and Remediation Fund (ORRF):** The Opioid Recovery and Remediation Fund (ORRF) was established in 2020 to receive and administer funds from certain legal settlements relating to allegations brought against companies in connection with the opioid crisis. Over the next 18 years, Massachusetts can anticipate $1 billion to be received through the settlements and used for substance use prevention, harm reduction, treatment, and recovery; 40% of this funding is allocated for municipalities. The Fund has received over $180M from opioid settlements, including $92 in FY24. Currently, the ORRF is supporting:
* Expansion of Low Threshold Housing: The expansion of low-threshold supportive housing opportunities to provide stability and supportive treatment options for high-risk populations.
* Expansion of Harm Reduction Services: Further supporting services provided by existing harm reduction partners, including expanding access to harm reduction kits, sterile syringes, infectious disease screening and medication; harm reduction trainings; case management, and mobile outreach. To date, seven programs have been awarded a contract under this opportunity.
* Workforce Investments**:** StrengthenedSUD workforce by investing $15 million in SUD Treatment Provider Loan Repayment Initiative, as part of the MA-Repay Program. Program funded a total of 395 providers ranging from $12,500 to $50,000 depending upon credentials, degree, full time/part time work status, of which over half of the recipients spoke a language other than English, 36% identified as BIPOC, and 81% reside outside the Greater Boston area.
* Community Grant-Making Initiative: Implementing community grant-making program that will allow small, community-based organizations and municipalities to apply for opioid settlement funds specifically designed to support communities and populations that have been historically underserved and have experienced a higher rate of opioid-related overdose deaths. The grants will be community-led and culturally responsive, aimed at reaching individuals and families affected by the opioid overdose epidemic. The grants will supplement and strengthen prevention, harm reduction, treatment, and recovery programs.
* Hospital-Based Service Expansion:Awarded funding to 16 hospital systems that allow hospitals to establish or expand existing addiction consult services and/or bridge clinics co-located to the hospital. Consult teams support individuals with a substance use disorder and their care teams by providing brief intervention and motivational interviewing, initiation on medications for addiction treatment, and facilitated referral to treatment.
* Equity-Driven Programs: Investing in the Black and Latino Men’s Re-Entry program by adding two new sites in areas of high need and developing the Women’s Re-Entry program to enhance community-based supports for people who identify as female pre-and-post release from incarceration, as well as for those under community supervision.
* Municipal Training & Technical Assistance: Launched Care Massachusetts: Opioid Abatement Partnership to build municipal capacity at the local level to effectively oversee opioid abatement activities. Care Mass’s goal is to ensure municipalities are equipped with knowledge, skills, and resources they need to meet the terms of the State Subdivision Agreement. One important event held by Care Mass was its inaugural Municipal Opioid Abatement Conference, which was attended by over 520 individuals with169 municipalities represented, and included five sessions, 17 presentations, and over 75 questions received by the audience during the Q&A.
* As directed by statute, the Administration will continue to ensure that oversight of the ORRF decisions and operations remain in the Executive Office of Health and Human Services (EOHHS), overseen by the Secretary, as ORRF funding allows the Commonwealth to make significant changes and investments for people with SUD. EOHHS is building up a team to support the opioid settlement work.
* **MassHealth Substance Use Disorder Rates**: The Administration is investing $100 million in historic rate increases to MassHealth reimbursement for critical SUD services, including:
  + $67 million investment in rate increases to support Opioid Treatment Programs;
  + 35% rate increase to Acute Treatment Stabilization (ATS) rates;
  + 25% increase for Clinical Stabilization Services (CSS);
  + 20% increase for Residential Rehabilitative Services (RRS); and
  + 20% increase for Individualized Treatment Services (ITS)

**Overdose Prevention Efforts**

The Healey-Driscoll Administration has invested in evidence-based harm reduction programming to reduce fatal overdoses, increase awareness around the drug supply (including the widespread presence of fentanyl), and increase access to low-threshold services, including:

* Since 2023, DPH distributed more than **196,500 kits of naloxone**, at no cost to consumers, via almost 100,000 encounters with community members conducted by the 200+ community naloxone distribution programs. This has resulted in at least 10,206 overdose reversals.
  + Provided 17,937 additional kits of free naloxone to use to first responders and schools for emergency response.
  + Distributed over **504,000 fentanyl test strips** at no cost to consumers.
* Became the first state in the country to direct public health funding to a virtual overdose detection service through an investment in [SafeSpot](https://massoverdosehelpline.org/), formerly known as the **MA Overdose Prevention Helpline**. SafeSpot is staffed by paid, trained operators with personal lived and living experience with substance use and overdose. As of June 2024, the 24/7 service has provided over 1,000 hours of monitoring, supervised over 2,591 use events and detected 13 overdoses.
* Funded two new **Stimulant Treatment and Recovery Teams** (START). START programs expand access to treatment and services for people who use stimulants using innovative and evidence-based treatment for a total of four programs throughout the Commonwealth.
* Launched the **Nightlife Overdose Prevention Efforts (NOPE)**, an initiative to outreach and distribute informational coasters, posters, and other training materials to nightlife establishments. NOPE aims to reduce unintended exposure to fentanyl, expand access to harm reduction supplies, and improve engagement of individuals using stimulants.

**Addressing Racial and Ethnic Inequities**

While opioid-related overdose death rates among males decreased from 2022 to 2023, this change was driven by a 16% decrease in death rates among White non-Hispanic males, the only race/ethnicity to see a significant change. In comparison, opioid-related overdose death rates *increased* among Black non-Hispanic men. This racial inequity highlights the need to continue to intentionally design and implement culturally responsive overdose prevention interventions for communities of color.

The Department of Public Health is committed to addressing disparities in overdose rates and treatment access among Black, Indigenous and People of Color (BIPOC) populations disproportionately impacted by the overdose crisis. This includes:

* Awarding grants to 20 Black, Indigenous and People of Color (BIPOC) -led organizations that primarily serve BIPOC communities through the [**Redefining Community Wellness Grants Program**](https://urldefense.com/v3/__https:/hria.org/RCWgrants/__;!!CPANwP4y!UDYMQ4LMIWGTVITPnRvGPWjUffG45LalUhQqQOje7OjtpvHXsMhlzbHX1tCgxeZfareMWboI_2DNjkA74CBulgU$). Selected grantees will receive up to $145,000 each over 17 months along with capacity building support.
* Awarding 13 grants for a two-year period through the **Paid Internship Experience (PIE) program**, a collaboration between DPH Bureau of Substance Addiction Services (BSAS) and the Department of Mental Health (DMH). PIE aims to support students from marginalized communities to access behavioral health education. The program offers students payment for internship hours at grantee organizations, along with stipends to support related expenses such as transportation, childcare, and technology.
* Awarding New North Citizens Council the Increasing Diversity and Equity in the Addiction Workforce (IDEA Workforce Initiative). The purpose of the initiative is to support the ongoing capacity development, delivery, promotion, enhancement, and **expansion of culturally-affirming addiction workforce education** – both at the individual direct service level and the education facilitation level. New North operates the existing culturally responsive Black and Latino/a/e Counselor Education (BACE and LACE) programs and will expand to offer additional multi-cultural addiction counselor education and training programs.
* **Engaging Native American, Asian American, Black, Latino, and BIPOC veteran communities** in the Commonwealth to better understand their experiences and needs related to substance use and addiction. The goal of this initiative is to solicit information that clarifies and quantifies the disproportionate ways substance use and addiction impact different communities in Massachusetts with a particular focus on race, ethnicity, geographic location, and veteran status in order to inform future programming and funding opportunities.
* Launching the Diversion to Care (DivCare) initiative to **address increasing overdose rates among individuals that have been affected by our criminal legal systems**. The goal of Diversion to Care is for communities to build and/or enhance local overdose response strategies and service coordination infrastructure by leveraging existing resources and engaging additional individuals who are not currently accessing services. DivCare centers advancing health and racial equity and responses that are led by individuals affected by the overdose crisis at the intersection of our criminal legal systems.

**Addressing Geographic Inequities**

In 2023, the most rural communities in the Commonwealth had the highest opioid-related overdose death rates, highlighting the difficulties in accessing care in certain communities. The Department of Public Health is increasing access and understanding of substance use treatment and harm reduction services by:

* Publishing a data dashboard of [community profiles](https://www.mass.gov/info-details/data-on-enrollments-in-substance-addiction-services), which presents relevant indicators of substance addiction specific to cities/towns. These profiles can be used to inform public health decision-making related to SUD and will support municipalities in developing an informed plan to distribute municipal allocations of opioid settlement money within their communities.
* **Expanding access to medications for opioid use disorder (MOUD), including methadone**. DPH is engaging a team of researchers from the HEALing Community Study and Tufts University that will **i**dentify Opioid Treatment Program (OTP) geographic access, including care gaps visualized by travel times, race and ethnicity, and residence of individuals who died from an opioid-related overdose. Once identified, DPH will work with EOHHS, the ORRF, and the Administration to develop policy and funding required to address limited access.
* Funding a total of five mobile Opioid Treatment Programs (OTPs), serving the Quabbin (Ware) region, greater Springfield, greater Boston, Worcester and Wellfleet. DPH also funded a methadone medication unit to enhance methadone access in the Massachusetts Avenue and Melnea Cass Boulevard in Boston.
* Supporting OTPs and Office-Base Addiction Treatment programs (OBATs) to enhance their services to provide: community outreach, support, and engagement; population-specific peer support, navigation, and wraparound services; contingency management; transportation support; community partnerships; expanded intake, admissions, and dispensing hours; and culturally responsive services.
* Funding two **Mobile Addiction Service programs** (Brockton Neighborhood Health Center and Lowell Community Health Center), providing low barrier, low threshold clinical care and harm reduction services to individuals who are at high risk for overdose and other medical complications associated with substance use.
  + This service engages people who use drugs and are experiencing housing insecurity, providing access to harm reduction services, primary and preventative medical care, medication for opioid use disorder, and a link to long-term, comprehensive, community-based care.
  + The goal is to reduce overdose mortality and support individual health by increasing access to integrated care. Priority was given to applicants serving geographic regions experiencing high rates of overdose but not currently served by a Mobile Addiction Services Program.