

## MASSACHUSETTS ABATEMENT TERMS

### I. STATEWIDE COMMITMENT TO ABATEMENT

The Commonwealth and its municipalities have a shared commitment to using abatement funds recovered from statewide opioid settlements to supplement and strengthen resources available to Massachusetts communities and families for substance use disorder prevention, harm reduction, treatment, and recovery in a matter that:

- ❖ reflects the input of our communities, of people who have personal experience with the opioid crisis, of experts in treatment and prevention, and of staff and organizations that are carrying out the abatement work;
- ❖ addresses disparities in existing services and outcomes and improves equity and the health of individuals and communities disadvantaged by race, wealth, and stigma, including through efforts to increase diversity among service providers;
- ❖ addresses mental health conditions, substance use disorders, and other behavior health needs that occur together with opioid use disorder (“OUD”);
- ❖ leverages programs and services already reimbursed by state agencies and programs, including direct care reimbursed by MassHealth and the state’s Bureau of Substance Addiction Services (“BSAS”); and
- ❖ encourages innovation, fills gaps and fixes shortcomings of existing approaches; supplements rather than supplants resources for prevention, harm reduction, treatment, and recovery; includes evidence-based, evidence-informed, and promising programs; and takes advantage of the flexibility that is allowed for these funds.<sup>2</sup>

This document sets forth: how abatement funds from these settlements must be used by the state and its municipalities (Sections II and III); how the state will support municipal abatement initiatives (Section IV); and state and municipal reporting requirements (Section V).

### II. STATE USE OF ABATEMENT FUNDS

Abatement funds directed to the state shall be deposited into the [statewide Opioid Recovery and Remediation Fund](#) to supplement prevention, harm reduction, treatment, and recovery programs throughout Massachusetts. The Fund is overseen by the Commonwealth’s Executive Office of Health and Human Services (“EOHHS”) together with a [Council comprised of 10 municipal appointees appointed by the Massachusetts Municipal Association and 10 state](#)

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<sup>2</sup> In this document, the words “fund” and “support” are used interchangeably and mean to create, expand, or sustain a program, service, or activity. References to persons with opioid use disorder are intended in a broad practical manner to address the public health crisis, rather than to require a clinical diagnosis, and they include, for example, persons who have suffered an opioid overdose. It is also understood that OUD is often accompanied by co-occurring substance use disorder or mental health conditions, and it is intended that the strategies in this document will support persons with OUD and any co-occurring SUD and mental health conditions.

[appointees](#) qualified by experience and expertise regarding opioid use disorder. Appointees serve for two years. The Council holds public meetings every quarter to identify priorities for addressing the opioid epidemic in Massachusetts.

### **III. MUNICIPAL USE OF ABATEMENT FUNDS**

Abatement funds allocated to municipalities shall be used to implement the strategies set forth below. Municipalities are encouraged to pool abatement funds to increase their impact, including by utilizing the [Office of Local and Regional Health's Shared Service infrastructure](#). Municipal abatement funds shall not be used to fund care reimbursed by the state, including through MassHealth and BSAS, although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants.

#### **1. Opioid Use Disorder Treatment**

Support and promote treatment of persons with OUD, including through programs or strategies that:

- a. Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches.
- b. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- c. Make capital expenditures to rehabilitate and expand facilities that offer treatment for OUD, in partnership with treatment providers.
- d. Treat trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose).

#### **2. Support People In Treatment And Recovery**

Support and promote programs or strategies that:

- a. Provide comprehensive wrap-around services to individuals with OUD, including job placement, job training, or childcare.
- b. Provide access to housing for people with OUD, including supportive housing, recovery housing, housing, rent, move-in deposits, and utilities assistance programs, training for housing providers, or recovery housing programs that integrate FDA-approved medication with other support services.
- c. Rehabilitate properties appropriate for low-threshold and recovery housing, including in partnership with DHCD-funded agencies and OUD-specialized organizations.
- d. Provide peer support specialists that support people in accessing OUD treatment, trauma-informed counseling and recovery support, harm reduction services, primary healthcare,

or other services, including support for long-term recovery encompassing relapse, treatment, and continued recovery.

- e. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD.
- f. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD.
- g. Provide transportation to treatment or recovery services for persons with OUD.
- h. Provide employment training or educational services for persons with OUD, such as job training, job placement, interview coaching, community college or vocational school courses, transportation to these activities, or similar supports.
- i. Increase the number and capacity of high-quality recovery programs to help people in recovery.
- j. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- k. Support programs for recovery in schools and/or standalone recovery high schools.
- l. Support bereaved families and frontline care providers.

### **3. Connections To Care**

Provide connections to care for people who have, or are at risk of developing, OUD through programs or strategies that:

- a. Support the work of Emergency Medical Systems, including peer support specialists and post-overdose response teams, to connect individuals to trauma-informed treatment recovery support, harm reduction services, primary healthcare, or other appropriate services following an opioid overdose or other opioid-related adverse event.
- b. Support school-based services related to OUD, such as school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people. This should include alternatives to suspension or interaction with school resource officers such as restorative justice approaches.
- c. Fund services or training to encourage early identification and intervention for families, children, or adolescents who may be struggling with use of drugs or mental health conditions, including peer-based programs and Youth Mental Health First Aid. Training programs may target families, caregivers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

- d. Include Fire Department partnerships such as Safe Stations.<sup>3</sup>

#### **4. Harm Reduction**

Support efforts to prevent overdose deaths or other opioid-related harms through strategies that:

- a. Increase availability of naloxone and other drugs that treat overdoses for first responders,<sup>4</sup> overdose patients, individuals with OUD and their friends and family, schools, community-based organizations, community navigators and outreach workers, persons being released from jail or prison, or the public.
- b. Provide training and education regarding naloxone and other drugs that treat overdoses.
- c. “Naloxone Plus” strategies to ensure that individuals who receive naloxone to reverse an overdose are linked to treatment programs or other appropriate services.
- d. Approve and fund syringe service programs and other programs to reduce harms associated with drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, syringe collection and disposal, connections to care, and the full range of harm reduction and treatment services provided by these programs.
- e. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, primary and behavioral health care, recovery support, or other appropriate services to persons with OUD.
- f. Promote efforts to train health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD in crisis training and harm reduction strategies.
- g. Active outreach strategies such as the Drug Abuse Response Team model or the Post Overdose Support Team model.
- h. Provide outreach and services for people who use drugs and are not yet in treatment, including services that build relationships with and support for people with OUD.

#### **5. Address The Needs Of Criminal-Justice-Involved Persons**

Support diversion and deflection programs and strategies for criminal-justice-involved persons with OUD, including:

- a. Programs, that connect individuals involved in the criminal justice system and upon release from jail or prison to OUD harm reduction services, treatment, recovery support, primary healthcare, prevention, legal support, or other supports, or that provide these

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<sup>3</sup> Safe Stations currently operate in Fall River and Revere. *See, e.g.,* <https://www.mma.org/fall-river-fire-stations-become-safe-stations-for-people-seeking-addiction-treatment/>.

<sup>4</sup> Municipalities can purchase discounted naloxone kits from the State Office of Pharmacy Services. *See* <https://www.mass.gov/service-details/bulk-purchasing-of-naloxone>.

services.

- b. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater OUD expertise.
- c. Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion model.
- d. Participate in membership organizations such as the Police Assisted Addiction Recovery Initiative for training and networking and utilize law enforcement training opportunities such as the Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) model.<sup>5</sup>

## **6. Support Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome**

Support pregnant or parenting women with OUD and their families, including babies with neonatal abstinence syndrome, through programs or strategies that provide family supports or childcare services for parents with OUD, including supporting programs such as:

- a. FIRST Steps Together, a home visiting program for parents in recovery that currently has seven sites serving cities and towns across the state;
- b. Pregnant/post-partum and family residential treatment programs, including and in addition to the eight family residential treatment programs currently funded by DPH; and
- c. the Moms Do Care recovery support program that has grown from two to ten programs in the state.

## **7. Prevent Misuse Of Opioids And Implement Prevention Education**

Support efforts to prevent misuse of opioids through strategies that:

- a. Support programs, policies, and practices that have demonstrated effectiveness in preventing drug misuse among youth. These strategies can be found at a number of existing evidence-based registries such as Blueprints for Health Youth Development (<https://www.blueprintsprograms.org/>).
- b. Support community coalitions in developing and implementing a comprehensive strategic plan for substance misuse prevention. There are a number of evidence based models for strategic planning to consider including but not limited to the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>) and Communities That Care developed by the University of Washington (<https://www.communitiesthatcare.net/programs/ctc-plus/>).
- c. Engage a robust multi-sector coalition of stakeholders in both the development and implementation of the above stated strategic plan (<https://www.prevention->

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<sup>5</sup> See <https://paariusa.org>

[first.org/centers/center-for-community-engagement/about-this-center/](https://www.first.org/centers/center-for-community-engagement/about-this-center/)).

- d. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD.
- e. Support greater access to mental health services and supports for young people, including services provided in school and in the community to address mental health needs in young people that (when not addressed) increase the risk of opioid or another drug misuse.
- f. Initiate, enhance, and sustain local youth health assessment through the implementation of a validated survey tool to develop localized strategic plans that will inform the best ways to institute or enhance strategies to reduce and prevent youth substance misuse, including mental health services and supports for young people, intervention services for families, and youth-focused programs, policies, and practices that have demonstrated effectiveness in reducing and preventing drug misuse.

#### **IV. STATE SUPPORT FOR MUNICIPAL ABATEMENT AND INTER-MUNICIPAL COLLABORATION**

EOHHS and the Department of Public Health (DPH), including through its [Office of Local and Regional Health](#) (OLRH), will support municipal abatement initiatives by providing strategic guidance to help Massachusetts municipalities select and implement abatement strategies and [effectively pool their resources through inter-municipal Shared Service Agreements](#), as well as other technical assistance. By pooling resources, functions, and expertise, a consortium of cities and towns can expand the public health protections and services they offer residents.

In addition, EOHHS/DPH will collect information regarding municipal abatement and publish an annual report to provide the public with information about the municipal abatement work and to highlight effective strategies, lessons learned, and opportunities for further progress. The support for municipal abatement described in this Section IV will be funded by the state abatement funds described in Section II, above.

#### **V. REPORTING AND RECORD-KEEPING REQUIREMENTS**

**A. STATE REPORTING.** Annually, not later than October 1, the secretary of EOHHS shall file a report on the activity, revenue and expenditures to and from the statewide Opioid Recovery and Remediation Fund in the prior fiscal year with the clerks of the senate and the house of representatives, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery and made available on the executive office of health and human services' public website. The report shall include, but not be limited to: revenue credited to the fund; expenditures attributable to the administrative costs of the executive office; an itemized list of the funds expended from the fund; data and an assessment of how well resources have been directed to vulnerable and under-served communities. EOHHS filed its [first Annual Report](#) on October 1, 2021.

**B. MUNICIPAL REPORTING.** Cities and towns that receive annual abatement distributions of \$35,000<sup>6</sup> or more, whether individually or pooled through OLRH Shared Service arrangements, will be required to submit annual reports of their Municipal Abatement Fund expenditures in the prior fiscal year to EOHHS, starting in FY2023. The reports shall include, but not be limited to: municipal abatement funds received; an itemized list of the funds expended for abatement and administrative costs, if applicable; the unexpended balance; a brief description of the funded abatement strategies and efforts to direct resources to vulnerable and under-served communities. Additional reporting-related guidance shall be provided. All municipalities must: maintain, for a period of at least 5 years after funds are received, documents sufficient to reflect that Municipal Abatement Funds were utilized for the Municipal Abatement Strategies listed herein.<sup>7</sup>

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<sup>6</sup> EOHHS retains the right to modify this reporting threshold.

<sup>7</sup> Nothing in this document reduces obligations under public records law.