

# **Opioid Recovery & Remediation Fund (ORRF) Advisory Council**

Executive Office of Health and Human Services

June 4, 2025

# ORRF Team



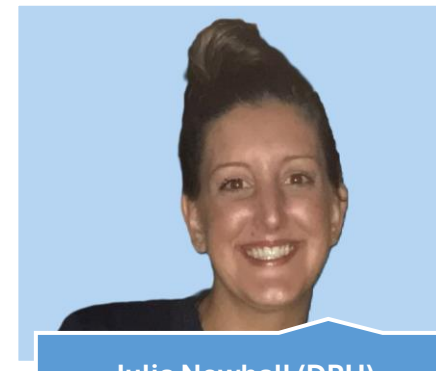
**Kiame Mahaniah (EHS)**  
Undersecretary for Health



**Deirdre Calvert (DPH)**  
BSAS Director



**Nicole Schmitt (DPH)**  
Director of Strategy &  
Innovation



**Julia Newhall (DPH)**  
Director of Opioid Abatement



**Casey León (DPH)**  
Epidemiologist



**Millie Bhatia (EHS)**  
Health Policy Manager



**Susan Weiss (DPH)**  
Executive Assistant



**Casey Chamberlain (EHS)**  
Executive Assistant

# Today's Agenda



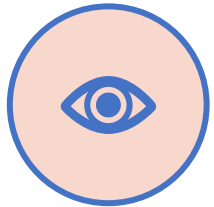
Welcome New  
Members



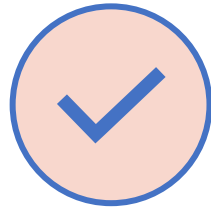
Approval of  
03/12/25 Minutes



Important  
Announcements



ORRF Mission &  
Vision



Strategic Updates



Spotlight: Mobile  
Addiction Services

# Welcome New Members

*Thank you,  
Maureen  
Cavanaugh  
and John  
Rosenthal for  
your service!*



**Senator Patrick O'Connor**

Patrick M. O'Connor has served as the State Senator for the 1st Plymouth and Norfolk district since 2016. Patrick was elected to the Weymouth Town Council in 2005 and became the Town Council President in 2014. From 2008-15, he served as legislative director to State Senator Bob Hedlund and ran for State Senate following Hedlund's election as mayor of Weymouth. He won the Special Election in May 2016, and again in the General Election in November 2016, and has held the seat ever since. Whenever Patrick returned home from college to visit his family, he would notice alarming numbers of former classmates falling victim to the opioid epidemic. Patrick has dedicated his career to public service to support and prioritize fighting the opioid epidemic, protect the vulnerable, ensure public safety, preserve the environment, strengthen the economy, invest in education, and secure record local aid.



**Marci Bailey**

Marci Bailey has been a member of the North Reading Youth Substance Use Prevention Coalition since 2017 and was Coalition Chair from 2017-2020. Through , Marci works closely with North Reading's Drug-Free Community Grant Coordinator and the town's Mental Health Clinician as well as other town officials on various Coalition initiatives focused on primary prevention. She is also a volunteer at the *Open-Door Food Pantry* in Gloucester and the Magnolia Community Library. Previously, Marci served on the North Reading Select Board and North Reading Library Board of Trustees, among other organizations. Marci's professional background is in financial editing and journalism. She resides in Rockport.

# Vote on 03/12/25 Minutes

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# Important Announcements



Regional Listening  
Sessions

BSAS Municipal Guidance  
Document



Municipal Opioid  
Abatement Conference




# Regional Listening Sessions

## Southeast Listening Session


Thursday, June 12<sup>th</sup>, 2025

5:00 PM – 7:30 PM

Plymouth Public Library




**Southeast Regional Listening Session**  
**Opoid Settlement Funds**


 **Thursday, June 12**  
**5-7:30 p.m.**

**Plymouth Public Library**  
**Fehlow Meeting Room**

**Agenda**

State & local level initiatives	5-5:30 p.m.
Public comment	5:30-7:30 p.m.

 **Registration encouraged.**  
**Drop-ins welcome.**

 Hosted by MA Executive Office of Health & Human Services and the Department of Public Health's Bureau of Substance Addiction Services

# Municipal Guidance Document

**Table 1: Putting Opioid Abatement Principles into Practice**

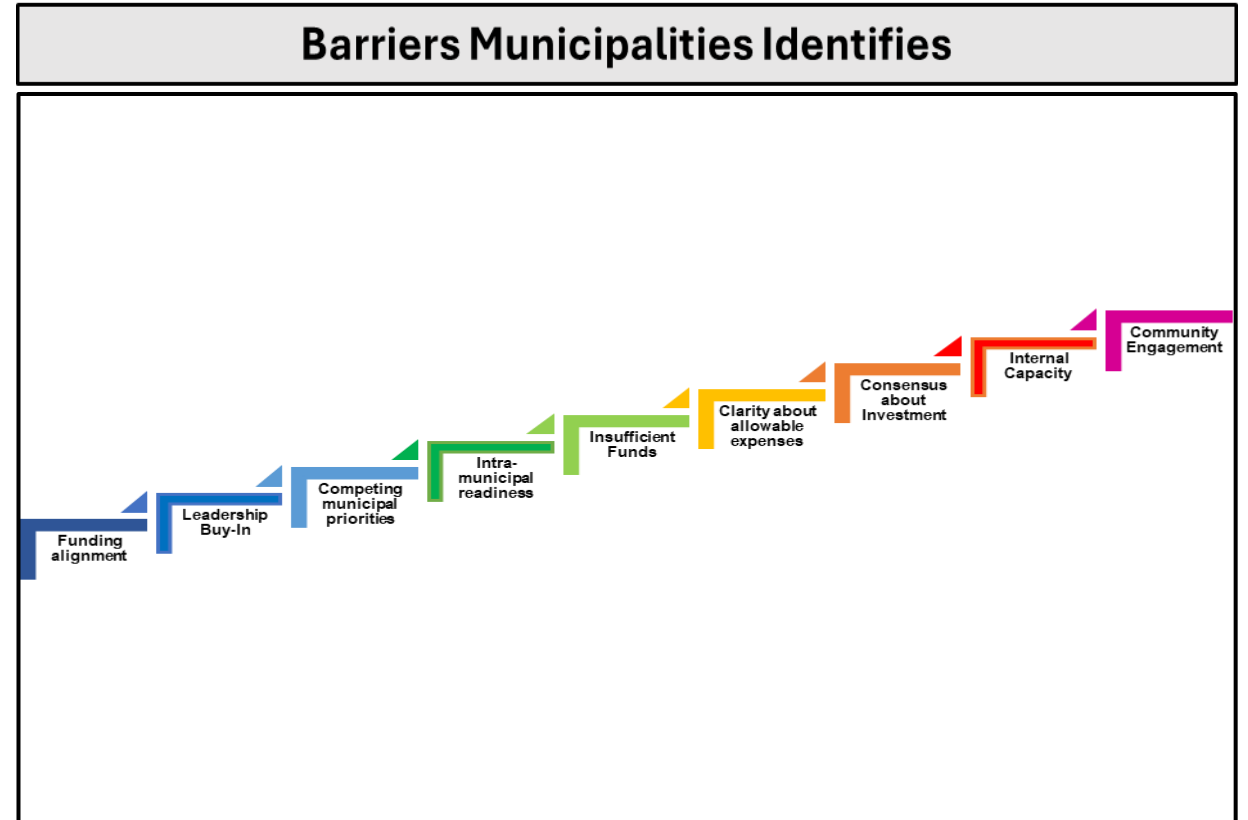
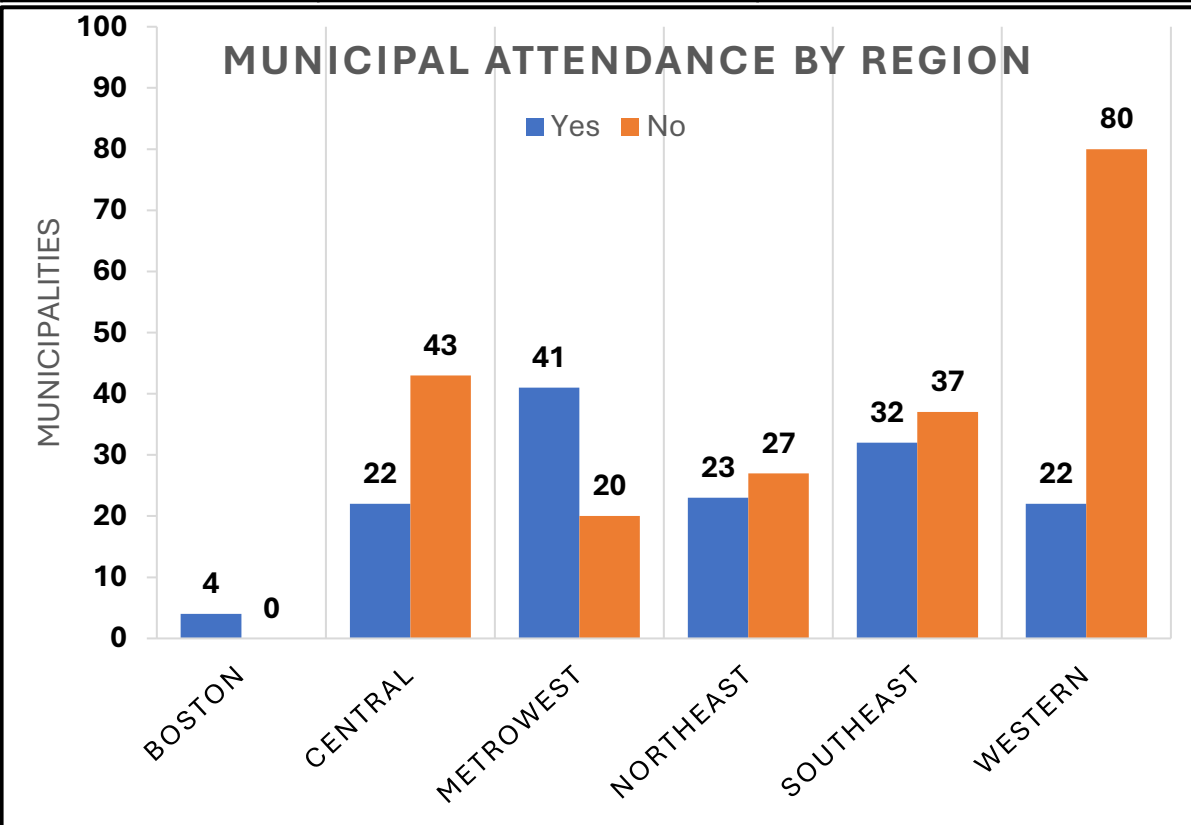
		Presentation	Articles	Manuals	Tools
<b>Principle 1: Decisions that reflect the input of those personally impacted by the opioid epidemic, working in the field who will be carrying out the abatement work, and subject-matter experts</b>					
How to Engage People in Recovery in Planning Efforts	<a href="#">Recording &amp; Slides</a>	✓			
Why Engage People Who Use Drugs in Opioid Abatement Fund Planning and Decision Making?	<a href="#">Recording &amp; Slides</a>	✓			
How to Engage Family Members of People Who Use Drugs in Planning Efforts	<a href="#">Recording &amp; Slides</a>	✓			
How to Organize a Community Forum	<a href="#">Recording (Passcode: Qc#8iHwk) &amp; Slides</a>	✓			
Facilitating Inclusive & Meaningful Community Engagement with Priority Populations	<a href="#">Recording (Passcode: @3A9y=W9) &amp; Slides</a>	✓			
Engaging Individuals with Lived Experiences: Meeting Facilitation Guide	<a href="#">PDF</a>			✓	
Best Practices for Convening Consumer Advisory Boards	<a href="#">PDF</a>				✓
Engaging Community Members: A Guide to Equitable Compensation	<a href="#">PDF</a>			✓	
<b>Principle 2: Address disparities in existing services and outcomes, and improve equity and health of communities disadvantaged by race, wealth, and stigma</b>					
Leveraging Community Expertise to Advance Health Equity	<a href="#">PDF</a>			✓	
Getting Started with Community Needs Assessment	<a href="#">Recording (Passcode: +X4iX5W) &amp; Slides</a>	✓			
Words Matter: Stigma and Language	<a href="#">Recording (Passcode: #+J*2MGT), Slides &amp; PDF</a>	✓			✓
Engaging Staff to Be Equity Minded: A Conversation with Public Sector Leaders	<a href="#">Recording &amp; Website</a>	✓			✓
<b>Principle 3: Focuses on mental health conditions, substance use disorder, and other behavioral health needs that occur with opioid use disorder (OUD)</b>					
Improving Treatment Access for Veterans with Opioid Use Disorder	<a href="#">Website</a>		✓		
Substance Use Treatment for Persons With Co-Occurring Disorders	<a href="#">PDF</a>			✓	
A Chance in a Lifetime: Using Opioid Settlement Funds Creatively to Help Older Adults	<a href="#">Website</a>		✓		
Addressing Mental Health & Substance Use Disorders During Pregnancy and Postpartum	<a href="#">Report</a>			✓	
<b>Principle 4: Leverages programs and services reimbursed by state agencies and programs, including reimbursement through MassHealth and the Bureau of Substance Addiction Services (BSAS)</b>					
Leveraging Opioid Settlements to Support Sustainable Community-Based Treatment & Recovery Infrastructure	<a href="#">Slides</a>	✓			
Government Approach to Addressing SUD Through Aligned Funding Streams & Coordinated Outcomes	<a href="#">PDF</a>			✓	
Using Opioid Settlement Funds to Make Meaningful Investments at the Local Level	<a href="#">PDF</a>			✓	
<b>Principle 5: Encourages innovation, fills gaps and fixes shortcomings of existing approaches, invests in data-driven programs, and takes advantage of the flexibility of these funds</b>					



[Muni\\_Opioid\\_Abatement-\\_Supplemental\\_Guidance.pdf](#)

# Municipal Opioid Abatement Conference

No. of Attendees	Municipalities Attended	Municipal Attendance Rate
300	144	41%



# ORRF Mission & Vision

## ***Mission\****

Mitigate the effects of the opioid epidemic on individuals and families, particularly in historically underserved communities that have experienced disproportionately high rates of opioid related overdose deaths

## ***Vision\****

Fund activities across the full continuum of prevention, harm reduction, treatment, services to support individual's recovery from opioid addiction and in support of their loved ones

\*See ORRF Strategic Framework: <https://www.mass.gov/doc/orrf-advisory-council-meeting-presentation-12622/download>

# Strategic Priorities



**Equity**

**Service  
Expansion &  
Enhancement**

**Workforce  
Development**

**Supporting  
Families**

**Social  
Determinants of  
Health**

**Data Collection  
& Analysis**

# Initiative Updates

**Data &  
Analysis**

**BSAS  
Dashboard**

**Social  
Determinants  
of Health**

**Mosaic  
Grant-Making  
Program**

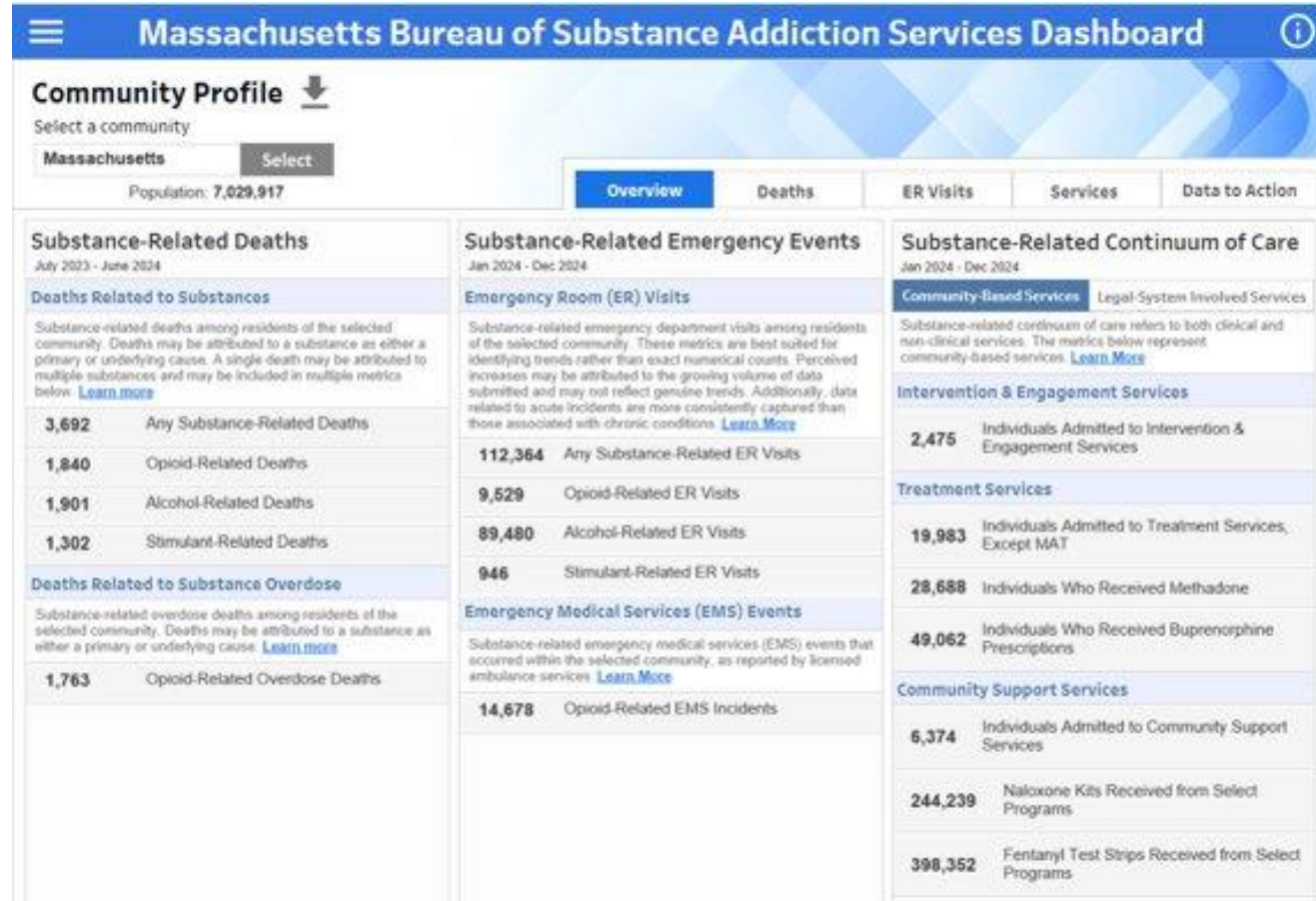
## Key Changes

### Data Update:

- Metrics from 9 sources updated with most recent data

### Redesigns:

- Centering Equity in Language and Data
- Improving ER Data Consistency and Visibility
- New Views in Services Dashboard
- Accessibility to BSAS-Licensed Providers
- Individuals Who Received Buprenorphine Prescriptions
- Linking Data to Action for MOUD Coverage



# Mosaic Grant-Making Program

1

Community-based  
Opioid Response  
Efforts (CORE)

2

Municipal Matching  
Grant

3

Family Resilience  
Grant Program

## Round 3

The **Family Resilience Grant Program** will award \$7.5 million over three years to community-based organizations that are building comprehensive support systems for families across Massachusetts

### Key Dates

Application Released	April 22 <sup>nd</sup>
Informational Webinar	April 28 <sup>th</sup>
Office Hours	May 19 <sup>th</sup>
<b>Application Due</b>	<b>June 17<sup>th</sup></b>
<b>Awards Announced</b>	<b>Early Nov.</b>



**THE KRAFT CENTER**  
*for Community Health*

# **Mobile Addiction Services (MAS)**

The Community Care in Reach<sup>®</sup> Model

June 4, 2025

# Outline



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Mobile Model & Annual Investment

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History of a Public/Private Partnership

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Locations

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High Level Statistics

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The Patient Experience



# Program Overview

- Mobile Addiction Services (MAS) provides low barrier, low threshold clinical care and harm reduction services utilizing a mobile model (mobile health vehicle) to individuals who are at high risk for overdose and other medical complications associated with substance use.
- DPH-funded MAS programs serve communities in Massachusetts that have high numbers or rates of fatal overdose. All funded programs are serving Advancing Health Equity in Massachusetts (AHEM) communities.
- MAS is a unique public-private partnership with the Kraft Center for Community Health.
  - DPH/BSAS & ORRF
    - funds the services and staff time (ORRF investment)
    - manages the program and contracts for the vendors
  - The Kraft Center for Community Health
    - purchases the vehicles outfitted for clinical services
    - provides technical assistance to the vendors and holds a subcontract with Brandeis University for program evaluation



# Allowable expenses & restrictions

## **Funding can be used for:**

- Personnel
- Vehicle maintenance and upkeep, insurance, & gas
- Medical equipment and supplies
- Harm reduction supplies
- Some food, drinks, and personal supplies for patients
- Patient transportation

**MAS annual encumbrance: \$3,401,204.61**

Six programs contracted through FY2027

## **Funding cannot be used for:**

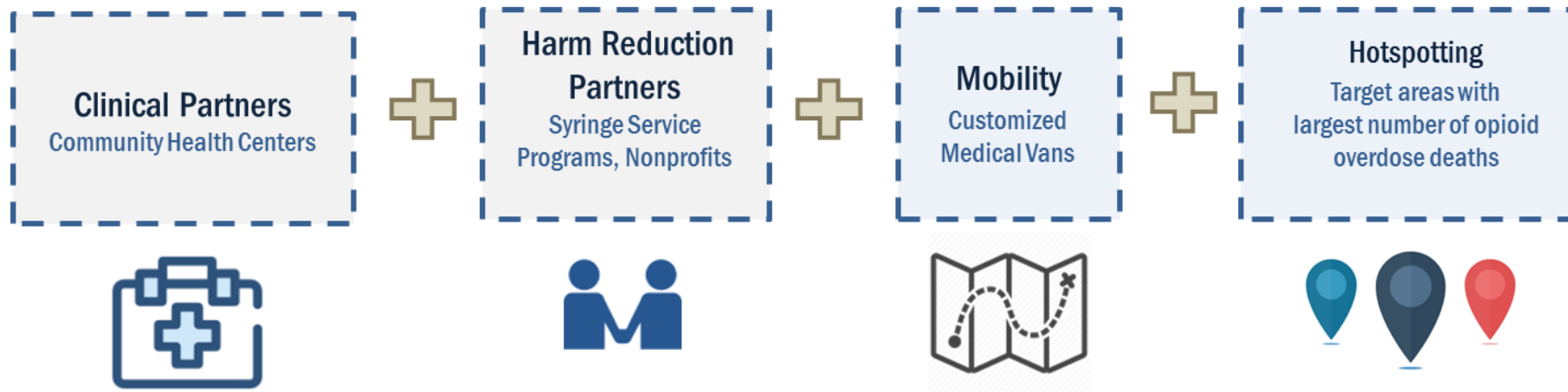
- The purchase or lease of vehicles
- The purchase or lease of buildings



# Community Care in Reach® Mobile Addiction Services Model



Community Care in Reach uses precise, data driven hotspotting to bring low-threshold, on-demand addiction care & harm reduction services directly to populations at highest risk of near-term death.



# History of a Public/Private Partnership

- **Mobile addiction program** combines clinical care and harm reduction on a mobile medical unit
  - ❑ Launched in Boston in January 2018
  - ❑ MA Department of Public Health committed nearly \$20 million over 9 years to expand services to 6 sites
  - ❑ MDPH providing annual operating costs, Kraft Center providing 5 of 6 vehicles for use
  - ❑ Kraft Center funded by the State to provide technical assistance and evaluation to 6 state-funded sites since 2020

COMMUNITY  
*Care*<sub>in</sub> **REACH**



# Site Locations



Launch Year	Clinical Partner	Location
<b>2018</b> (DPH funded since 2020)	Boston Healthcare for the Homeless Program	Boston
<b>2021</b> (DPH funded since 2023)	Brockton Neighborhood Health Center	Brockton
<b>2022</b>	Tapestry	Springfield/Holyoke
<b>2022</b>	UMass Memorial Medical Center	Worcester
<b>2022</b>	SSTAR	Fall River/New Bedford
<b>2025</b>	Lowell Community Health Center	Lowell



# Elements of Mobile Model

<b>1</b> <b>Acute &amp; Preventive Care</b>	<ul style="list-style-type: none"> <li>• Immunizations (prioritize Hepatitis A and B, Influenza, Tetanus)</li> <li>• TB screening</li> <li>• Age/gender appropriate cancer screening</li> <li>• Screening for Sexually Transmitted Illness</li> <li>• Wound care for skin abscesses, including incision/drainage</li> </ul>
<b>2</b> <b>Chronic Disease Management</b>	<ul style="list-style-type: none"> <li>• HIV treatment</li> <li>• Substance Use Disorder treatment</li> <li>• Hypertension management</li> <li>• Diabetes management</li> </ul>
<b>3</b> <b>Referrals</b>	<ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• HCV treatment</li> <li>• Specialty medical care at MGH and BMC</li> <li>• Other community-based referral locations based on patient preference</li> </ul>
<b>4</b> <b>On Demand Addiction Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient detox (transportation arranged)</li> <li>• Medications for opioid use disorder (MOUD):               <ul style="list-style-type: none"> <li>• <u>Buprenorphine</u>: Prescribed directly on van, with ongoing monitoring for diversion and compliance, in conformance with state Prescription Monitoring Program</li> <li>• <u>Naltrexone</u> oral or intramuscular, prescribed and administered directly on the van</li> <li>• <u>Methadone</u>, referral to Opioid Treatment Programs</li> </ul> </li> </ul>
<b>5</b> <b>Harm Reduction</b>	<ul style="list-style-type: none"> <li>• Naloxone kit distribution and overdose prevention education</li> <li>• HIV, HCV testing</li> <li>• Syringe exchange</li> <li>• Risk reduction counseling</li> <li>• Fentanyl testing</li> </ul>



## A Day on the Mobile Unit

- Each team staffs 4-6 sessions/week
- Van parked in same spot each week; team disperse by foot to engage potential patients
- Offer new syringes, collect used syringes, and distribute naloxone
- Interested patients brought back to the van to meet clinicians
- Can receive primary care or addiction treatment (e.g. buprenorphine)
- Outreach workers walk patients to nearby pharmacy to fill prescriptions immediately
- Facilitate referrals as needed



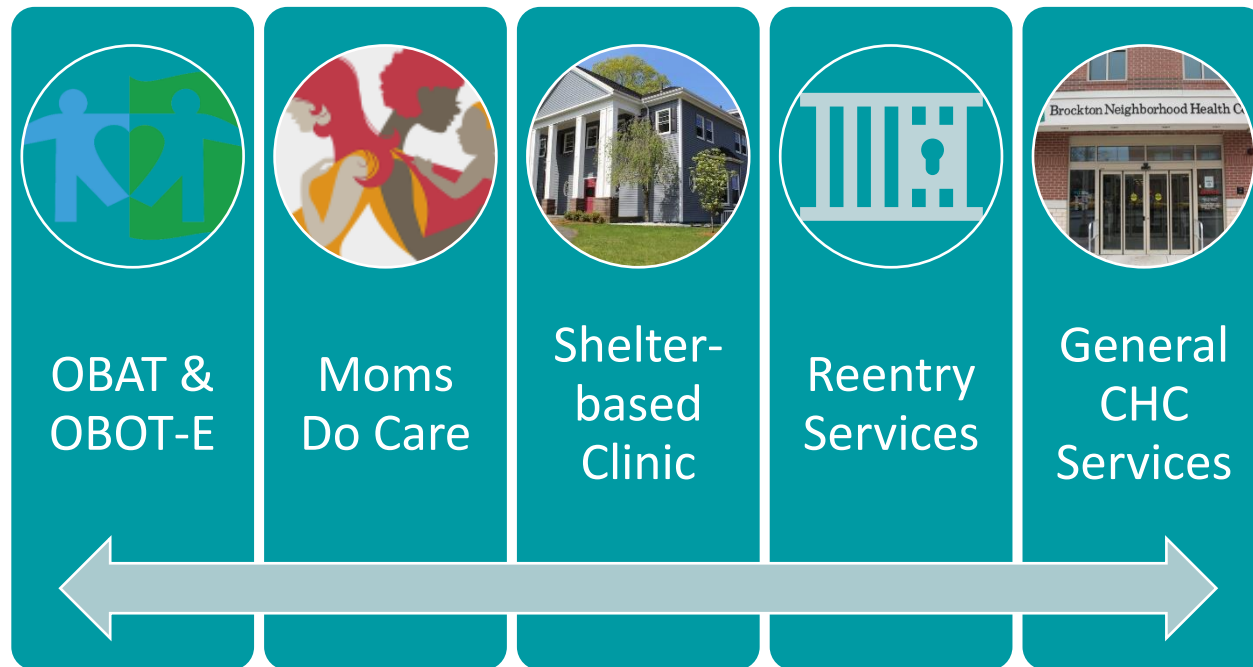
# Statistics & Technical Assistance

- **January 2022 to March 2025**
  - 46,424 encounters with people who use drugs
  - 27,598 harm reduction encounters for an average of about 420 unique persons per month
  - 21,161 clinical encounters for 5,470 unique individuals total
  - 1,084 unique individuals started on buprenorphine for opioid use disorder (OUD)
- Mobile sites meet monthly to share, updates, best practices, challenges, and hear speakers
- Generating toolkit and compendium of resources



# The Patient Experience

- CCiR is an effective tool for linking patients to and from our other BSAS/DPH-funded services
  - Helps promote low-threshold access



- **An example:** in 2024, 23% of our Moms Do Care patients also received services on the mobile unit



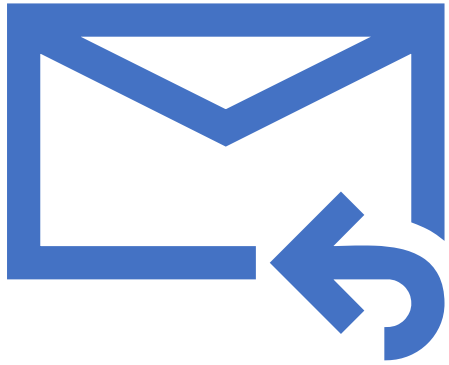
# The Patient Experience



- **Case Report**

- 50-year-old Puerto Rican Male
- Pt of CCIr since opening in 2021
- Dx: Poly SUD, PTSD, Schizophrenia, HCV
  - IV opioid use, ETOH, cocaine, unsheltered homelessness, periodic carceral involvement
- Deep mistrust of providers & others
- Frequently seen for safer use supplies, hygiene items, wound care, and trauma-related urgent care
- Connected well with Friday CCIr team ... took 2 years, but finally able to conduct full PE/physical in Nov. 2024 for pt. to complete disability paperwork





# Questions & Answers

[OpioidRecoveryandRemediationFund@mass.gov](mailto:OpioidRecoveryandRemediationFund@mass.gov)



# 2025 Meeting Schedule

Quarter	Date	Format	Initiative Spotlight
<del>Q1</del>	<del>Wed. 03/12/25</del>	<del>Virtual (Zoom)</del>	<del>Black and Latino Men's Re-Entry</del>
<del>Q2</del>	<del>Wed. 06/04/25</del>	<del>Virtual (Zoom)</del>	<del>Mobile Addiction Services</del>
<b>Q3</b>	<b>Wed. 09/10/25</b>	<b>Hybrid (Southeast Region)</b>	<b>Municipal Training &amp; Tech. Assistance</b>
Q4	Wed. 12/10/25	Virtual (Zoom)	Statewide Dashboard