

# Opioid Recovery and Remediation Fund Advisory Council

## Meeting Minutes

June 14, 2023

2:30 to 4:00 pm

Date of meeting: June 14, 2023

Start time: 2:33 pm

End time: 3:55 pm

Location: Virtual Meeting (Zoom)

Members participating remotely		Vote 1	Vote 2
1	<b>Kate Walsh</b> ( <i>non-voting chair</i> ) – Executive Office of Health and Human Services	N/A	N/A
2	<b>Jennifer Almonte</b> – Lynn Department of Public Health	X	
3	<b>Charles Anderson MD, MPH, MBA</b> – The Dimock Center	X	
4	<b>Andy Ottoson</b> – Berkshire Regional Planning Commission	-	-
5	<b>Jason Ball</b> – Framingham Police	-	-
6	<b>Matilde Castiel, MD</b> – Worcester Department of Health and Human Services	X	X
7	<b>Maureen Cavanagh</b> – Magnolia New Beginnings	X	-
8	<b>Gabrielle Dean</b> – Brookline Public Health Department	X	X
9	<b>Denise Garlick</b> – Massachusetts House of Representatives	X	X
10	<b>Lindsay Hackett</b> – City of Springfield	X	X
11	<b>Suzie Hauptmann</b> – Falmouth Department of Human Services	-	-
12	<b>John McGahan</b> – Gavin Foundation	X	X
13	<b>Carla B. Monteiro</b> - Grayken Center for Addiction at Boston Medical Center	X	X
14	<b>Jeffery Olmstead</b> – Amherst Fire Department	X	X
15	<b>Alyssa Peterkin, MD</b> – Grayken Center for Addiction at Boston Medical Center	X	X
16	<b>Joanne Peterson</b> – Learn 2 Cope	X	X
17	<b>David Rosenbloom, PhD</b> – Boston University School of Public Health	X	X
18	<b>John Rosenthal</b> – Police Assisted Addiction and Recovery Initiative (PAARI)	X	-
19	<b>Jennifer Tracey</b> – Boston Mayor's Office of Recovery Services	X	X
20	<b>LaToya Whiteside</b> – Prisoners' Legal Services	X	-

\* (X) Voted in favor; (O) Opposed; (A) Abstained from vote; (-) Absent from meeting or during vote

## **Proceedings**

Josh Cuddy called the meeting to order at 2:33 pm. Secretary Kate Walsh welcomed members and noted that all votes taken during the meeting would be conducted via roll call.

**Vote to approve minutes from the 12/6/2022 meeting:** Secretary Walsh requested a motion to approve the minutes from the Council's previous meeting on December 6th, 2022. A motion was made and seconded. Minutes approved (see detailed record of votes above).

**Massachusetts Attorney General's Office (AGO) Presentation:** Sandra Wolitzky, Health Care Division Chief within the Health Care and Fair Competition Bureau at the Massachusetts Attorney General's Office (AGO), provided updates on ongoing opioid settlements. Ms. Wolitzky provided an overview of recent settlements with Walmart, Teva, Allergan, CVS, and Walgreens and the estimated total settlement dollars coming into the Commonwealth. She noted that 346 subdivisions had participated in these settlements. [See slides for more detail.](#) Secretary Walsh commended the work of the AGO and opened the floor to questions.

Lindsay Hackett noted that the DOR has told municipalities to take in funds as general revenue, sharing that Springfield has been trying to make changes in legislation to set up a new account to dedicate funds specifically for opioid abatement purposes, and raising the concern that other municipalities are likely in the same position. EOHHS Senior Advisor Mary Beckman noted that she was aware of this statutory issue and that a discussion previously took place with the DOR. Ms. Hackett relayed that there has not been any modification in accounting and municipal funds are still being treated as general revenue. Ms. Beckman stated she would follow up and Representative Denise Garlick offered her assistance as well.

David Rosenbloom stated that he understood funds could earn interest over time and asked for information on earnings to be shared with the Advisory Council. Mary Beckman stated that this would be looked into and Josh Cuddy confirmed that interest is allowable on these funds.

**Bureau of Substance Addiction Services (BSAS) Presentation:** Deirdre Calvert, Director of the Bureau of Substance Addiction Services (BSAS) at the Department of Public Health (DPH), provided an update on the approved initiatives for Trust Fund expenditures and current programming implemented under each initiative. She noted that MA was one of the first states to get money out the door. See slides for more detail, including expansion of harm reduction services, increased access to medication for opioid use disorder, workforce and student loan forgiveness, and expansion of supportive housing programs.

**Discussion:** Dr. Alyssa Peterkin pointed out that staff turnover has been affecting housing access and asked how we can keep impactful initiatives like the Roundhouse sustained over time. Ms. Calvert noted that there are two types of housing - transitional housing and permanent housing - and that braided funding for both includes sources beyond the ORRF. She also underscored housing stock, landlord interest, and workforce as all posing challenges and limitations.

Secretary Walsh reiterated that workforce is an issue across the board including rates paid for work, medicalization of workforce, and regulation. She emphasized the urgency of these challenges and asked for Council members to share ideas of things that may be inhibiting this work and posing the question of what we could collectively be doing better, quicker, or smarter.

Abby Dean raised a concern about lack of access for young people who have overdosed, as well as social workers with no education about addiction. Secretary Walsh noted the possibility of greater

attention to MSW training.

Joanne Peterson raised a concern about children being left behind without parents and the financial struggles of grandparents and foster parents. She brought up the idea of offering specialized programs for this population, such as reunification with in-home treatment, and emphasized that we need more clinicians to work with children who are grieving or dealing with a parent with substance use disorder. Secretary Walsh agreed that we know this disease is intergenerational and our child protection services protocols don't reflect the reality of relapsing. She asked if there is a better treatment paradigm to treat this chronic illness, noting that all the care is local, and pointed to the ORRF as a tool that could help disseminate impactful models. Carla Monteiro echoed Ms. Peterson's points and further noted issues around unrealistic treatment expectations, the need for more education for human service workers and medical staff, and engagement with communities of color.

Deirdre Calvert shared her experience with addiction education as a teacher at BU School of Social Work and noted the opportunities outside of the ORRF to increase provider education, as well as to spread word of these jobs in vocational high schools. In response to prior comments, she pointed to an adolescent tool kit for MOUD, expressed agreement with the need to support grandparents, shared ongoing efforts to engage with DCF partners to best serve families, and noted a substance exposed newborn bill is in the legislature right now.

David Rosenbloom expressed concern about agreement on goals, noting differing priorities and lack of outcomes tracking, and suggested possibly honing down on a set of measurable and accountable goals with a patient-centered focus. He questioned whether anyone currently has accountability for what happens to individuals after they walk out of a program. Mr. Rosenbloom advocated for dedicated spending on measurement and evaluation under the ORRF strategic plan. Josh Cuddy expressed interest in working with the Council on reporting transparency, especially in light of upcoming reporting on municipal funds. Secretary Walsh suggested building a transparency and reporting discussion into future agendas.

Dr. Matilde Castiel shared her experience with the opioid taskforce in Worcester and the gaps they see in treatment, including pregnant mothers with SUD, access points in ERs, recovery coaches in the community, and transfers of care. She emphasized the importance of post-hospital care connections, use of medications in our jails, and the need for post-incarceration support for Latinos and Blacks. She also brought up the need for school system supports with the ability to follow kids and their families. Secretary Walsh noted a broad takeaway that there is regional variation and regional focus is necessary. Director Calvert noted the existence of an array of initiatives including post-incarceration programs for men, ongoing work to create reentry programs for women, efforts to expand MOUD access in HOCs, and MassHealth efforts to provide coverage for people post-release.

Representative Denise Garlick highlighted that we have ORRF funds to fill gaps, pointing to an example in her area where they funded a community resource person in the local hospital ER to better enable handoffs, but that funding has since been expended. She suggested the ORRF could potentially fill these kinds of gaps.

Jennifer Tracey raised a question about how to think about deeper investment, such as the infrastructure to manage these issues: trauma and grief support for staff, pay, policy reviews in systems that perpetuate the stigma against SUD, the BIPOC community. She pointed to trying to lean on systems that already exist. Secretary Walsh summarized the need to understand localities, and not reinvent the wheel, as fatal overdoses continue to rise.

Secretary Walsh then directed the conversation to community engagement, raising the question of how we spread the word about good work going on. Director Calvert shared that BSAS is doing regional engagement around the municipalities, including with MOAR, SadOD, Learn to Cope, and Recovery Support Centers, and is looking to increase this work. She asked who is missing at the table and how to improve spreading this information. Dr. Alyssa Peterkin pointed out that many of her patients don't have phones/internet access and come to Boston for services, without knowing that they don't need to leave the communities they are from to access services. Secretary Walsh asked if we should be looking at this through a poverty lens and Dr. Peterkin replied that there are resources that even she wasn't aware of. Director Calvert shared that she also gets calls from people with privilege who don't know how to access help either, emphasizing the need for primary care physicians and pediatricians to know about these services. She asked the group for insight on how to get the word out on programs and resources.

Carla Monteiro brought up the need to focus on social determinants of health and to consider engaging with those programs as well (e.g., food pantries). Director Calvert agreed, underscoring this as an important areas of focus for the ORRF.

David Rosenbloom brought up a need to communicate available treatments to persons with SUD. He noted that buprenorphine isn't popular but people don't know how helpful it could be to them. Director Calvert underscored the discrimination that people with SUD face.

John McGahan posed a question about the housing initiative, recognizing that 430 people have been housed, and asked about the sustainability of adding ever more. He asked how we can work with people to get them self-sufficient so we can sustain these initiatives. Secretary Walsh returned to the earlier point about workforce shortages and asked how we can train others with lived experience to help, without triggering relapse.

Secretary Walsh alluded to outcomes measurement being on future agendas. She also inquired about interest for in-person meetings. Dr. Matilde Castiel offered Worcester as a location for a future in-person meeting.

**Vote to adjourn:** Josh Cuddy requested a motion to adjourn the meeting. David Rosenbloom made a motion to adjourn. John McGahan seconded the motion. Roll taken (see above). Meeting adjourned at 3:55.