**Meeting of the Opioid Recovery and Remediation Fund Advisory Council**

**Wednesday, December 11, 2023**

**10:30 AM to 12:00 PM**

**Hosted on Zoom**

Secretary Kate Walsh had a meeting conflict, so Undersecretary Kiame Mahaniah opened the meeting and read the Roll Call:

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| Jennifer Almonte: present | Dr. Charles Anderson: present |
| Dr. Matilde Castiel: present | Maureen Cavanaugh: present |
| Abigail Dean: present | Lisa Golden: absent |
| Lindsay Hackett: present | Kate Lena: present |
| Rep. Adrian Madaro: absent | John McGahan: present |
| Carla B. Monteiro: present | Jeffrey Olmstead: present |
| Dr. Alyssa Peterkin: arrived late | Joanne Peterson: present |
| Dr. David Rosenbloom: present | John Rosenthal: present |
| Stephanie Sloan: present | Jennifer Tracey: present |
| LaToya Whiteside: present |  |

Undersecretary Mahaniah asked if anyone had any edits to the meeting minutes from the September 27, 2023 meeting.

Carla B. Monteiro made the following corrections:

In the section titled “Equity,” Carla had stated that “women are often not accepted into domestic violence programs if they are on Suboxone or Methadone.”

In the section titled, “Data Collection,” Carla had requested that data be disaggregated in the future according to neighborhood.

She also suggested that members’ credentials be included after their name so that members of the public know if the member is a medical doctor or a PhD.

**Motion to approve the 9.27.2023 Minutes: Carla B. Monteiro**

**Motion seconded by Matilde Castiel**

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| Jennifer Almonte: abstain | Dr. Charles Anderson: yes |
| Dr. Matilde Castiel: yes | Maureen Cavanaugh: yes |
| Abigail Dean: yes | Lisa Golden: absent |
| Lindsay Hackett: yes | Kate Lena: yes |
| Rep. Adrian Madaro: absent | John McGahan: yes |
| Carla B. Monteiro: yes | Jeffrey Olmstead: yes |
| Dr. Alyssa Peterkin: joined meeting after vote | Joanne Peterson: yes |
| Dr. David Rosenbloom: yes | John Rosenthal: yes |
| Stephanie Sloan: abstain | Jennifer Tracey: yes |
| LaToya Whiteside: yes |  |

**Minutes approved.**Undersecretary Mahaniah: The next meeting will be on March 6th on Zoom. At that meeting there will be an opportunity to hear about the Community Grant Application process and about strategies to make OUD more accessible.

Attorney Sandy Wolitsky from the Attorney General’s office gave an update as to the payments made to the ORRF in 2023. Mallinckrodt declared bankruptcy for the second time in August 2023 which led to a one-time payment to the trust fund of $3.8 million this year but will result in a loss of future payments of $18.5 million. Individual states played no role to the determination of this agreement.

**Updates on Municipal Abatement Funds - slides**

Responses from Members:

Kate Lena: I am excited this information will be made public; this level of transparency is important and is an invitation for the public to become more involved.

John Rosenthal: Is JSI reaching out to communities? Can we (the state) get more involved with informing them?

Julia Newhall (BSAS): Yes. JSI has been reaching out to the municipalities and has a communications plan in place.

Undersecretary Mahaniah: We don’t have the authority to tell the municipalities how to spend the funds but it is our job to provide guidance.

Kate Lena: JSI just presented at the Massachusetts Health Officers Conference and the room was packed with representatives from the municipalities.

Karen Tseng (OHHS): JSI has a portal, a newsletter, and the infrastructure to provide technical assistance.

Undersecretary Mahaniah referencing the Results of the Survey given to members after the last meeting: Recommended priorities were ranked: 1. Equity; 2. Service Expansion; 3. Workforce; 4. Supporting families; 5. Social Determinants of Health; 6. Data collection and 7. Awareness.

Slide showing new funding towards these initiatives:

1. Equity: $10m from ORRF
2. Service Expansion: $18m from ORRF
3. Workforce: already initiated funding of $15m from the MBHTF
4. Supporting Families: $3.5 from ORRF
5. Data Collection: $2.0 from ORRF

Dee Calvert: Regarding Equity, the goal is to have Community voice at the center of all activities at BSAS. Currently, we have HRIA which is 100% BIPOC guiding grant application process; 4 ethnic institutes at UMASS Boston; Black and Latino reentry programs that are culturally responsive and offering wrap around services and Community Advisory Boards (currently one for Harm Reduction and one for BIPOC grant making and two soon to be launched: one for Transgender/Gender Expansive community and one for frontline providers.)

Reactions:

Matilde Castiel: In the area of Data Collection, I am hoping we can get access to more localized data in our communities such as through the EMRs.

Dee Calvert: The proposed new equity investment of $10m is targeting the gaps such as expanding the black reentry program for men to also include women.

David Rosenbloom: I would like to look more upstream into ways to prevent and pretreat and non arrest models to recovery. I would like to see evaluations of programs that are already underway and if they are preventing reincarceration.

Dee Calvert: We are in the process of collecting data on the diversion and prevention work BSAS is already doing. $3m is targeting expansion of BIPOC grantmaking which will enable more grass roots communities to apply for grants.

Carla B. Monteiro: Can organizations reapply if they have in the past? Such as the Transformation Prison Project which is undergoing this work.

Dee Calvert: Yes. We are funding five now and looking to fund more.

Stephanie Sloan: In what ways did we come up with the amounts for each category?

Dee Calvert: In response to the survey and analysis of the gaps and needs, we came up with the numbers.

Stephanie Sloan: Is it reflective of how much it costs to do these things?

Kiame Mahaniah: Reentry is such a big issue because it is a population with the highest rates of overdoses.

Karen Tseng (OHHS): There is a strategy document along with the recent survey results that are guiding our decisions.

Carla B. Monteiro: $3.5m for families seems low. How did you come up with that number?

Kiame Mahaniah: BSAS has an operating budget of $300m. The ORRF funding doesn’t match the amount BSAS works with on many initiatives already.

Dee Calvert: The $5m community grantmaking program is designed to attract and fund organizations and projects that would not normally qualify for BSAS funding.

Carla B. Monteiro: Is there enough funding for data collection/analysis to enable the disaggregation of data per neighborhood?

Undersecretary Kiame Mahaniah: Looking at service expansion, we are proposing the expansion of hospital-based SUD programs from 3 (currently funded) to 15. Emergency Rooms are often the entry point of many into the system.

Deirdre Calvert: There is high need in every region of the state and the 15 would expand this to each region.   
  
Dr. David Rosenbloom: I support this initiative, but hasn’t this RFR already been concerned about grants to independent hospitals that won’t be sustainable and won’t result in systematic change. I have seen this in a past project. The policy and cultural work needs to be done first in order to create change.

Kiame Mahaniah: Our current RFA has funded only 3 programs.

Dee Calvert: We are also working with MassHealth to address the rate issue. We have spoken to CA Bridge in the past about the way they have done this work.

Kiame Mahaniah: We do want to make investments that lead to structural change. I hear your concern.

Dr. David Rosenbloom: Policy change first – then the money.

Dr. Charles Anderson: Emergency rooms are just one part of the path. The majority of people in the city access their health care through community health organizations. We need to leverage this money so that it is not just hospital focused. We learned a lot from distribution of the vaccine.

Dee Calvert: There was a law passed saying that ERs need to provide MOUD but that has been hard to operationalize, and we don’t want every person to go to the ER in order to access MOUD. We need warm handoffs to the community health centers.

Carla B. Monteiro: I agree with Dr. Anderson and Dr. Rosenbloom. Will this be opened so other hospitals can apply?  
  
Dee Calvert: All 15 that applied will be funded and we are working with MassHealth to make it a reimbursable service.

Joanne Peterson: Will there be someone helping communities spend for children and families. I would like to see an advisory board made up of young adults who have aged out of the system after growing up after losing parents to addiction.

Dee Calvert: I love that idea. We do have a training and assistance vendor set up to help communities and organizations to strategize about use of the funds.

Carla B. Monteiro: I am interested in investing in CSSs and TSSs in addition to emergency departments. Also, could you include data on veterans?

Matilde Castiel: I am also interested in seeing money going out to communities so that they can get more localized data like from the EMR system.

Undersecretary Mahaniah: Looking neighborhood to neighborhood also allows us to tie it to determinants of health.

John Rosenthal: I am excited about the ER grant program. Is there criteria for what requires medical treatment.

Dee Calvert: MOUD is required already in emergency rooms but has been difficult to operationalize.

Kate Lena: Pertaining to workforce, we are still losing providers to overdose. It is tough for people in recovery to get into the field but also for them to stay in the field. We need support programs for our workforce.

Dr. Rosenbloom: The dashboard is an excellent first and second start. We still need to track outcomes the individual and provider levels. Are some providers more effective than others?

LaToya Whiteside: I am concerned about BIPOC grassroots organizations and their ability to navigate the government procurement process. Are CORIs going to be required?

Undersecretary Mahaniah: HRIA is the intermediary funder and is there to help applicants with the grant application process. What I am hearing from you all regarding your concerns about the proposed initiatives are: 1. Data about outcomes; 2. Are we making sure that the smaller players in the community are considered for opportunities? 3. Families and how to support them. Overall, how can we make sure these investments can sustain deep change in the continuum of care when someone seeks treatment. We will take this feedback and will come back to you next meeting with how we will integrate this feedback into the proposal.

Carla B. Monteiro: As equity is a priority, I would like to recommend that we provide captions on these zoom meetings for the hard of hearing.

Undersecretary Kiame Mahaniah: The next meeting is Wednesday, March 6th on Zoom. We will provide updates on the municipal grant application process and on ways to make the OUD data more accessible.

**Motion to adjourn: Carla Monteiro. Seconded by Dr. Castiel.**

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| Jennifer Almonte: yes | Dr. Charles Anderson: yes |
| Dr. Matilde Castiel: yes | Maureen Cavanaugh: |
| Abigail Dean: left early | Lisa Golden: absent |
| Lindsay Hackett: yes | Kate Lena: yes |
| Rep. Adrian Madaro: absent | John McGahan: yes |
| Carla B. Monteiro: yes | Jeffrey Olmstead: yes |
| Dr. Alyssa Peterkin: yes | Joanne Peterson: yes |
| Dr. David Rosenbloom: yes | John Rosenthal: yes |
| Stephanie Sloan: yes | Jennifer Tracey: yes |
| LaToya Whiteside: yes |  |

Meeting adjourned.