

Opioid Recovery and Remediation Fund Advisory Council



**January 5, 2022
3:30 - 5:00 pm**

Zoom



Agenda



- 1. Welcome**
- 2. Approval of 9/30 Meeting Minutes**
- 3. Upcoming Meetings**
- 4. Opioid Settlement Update**
- 5. Trust Fund Update**
- 6. Review of Council's Charge & Revised Principles and Criteria for Trust Fund Expenditures**
- 7. SUD Services for Incarcerated and Post-Incarcerated Individuals**



Upcoming Meetings



Date	Time	Location
March 23, 2022	1:00 - 2:30 pm	Zoom
June 28, 2022	1:00 - 2:30 pm	TBD
September 2022	TBD	TBD
October 1, 2022 – Submission of Annual Report to the Legislature		



Opioid Settlement Update



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Trust Fund Update



Current Revenues

- \$11.5 million (as of 12/3)

Note: approx. \$10 million will be utilized from the Trust Fund for the initial proposal to expand harm reduction programming at SSPs; expand low-threshold MOUD access through mobile methadone units; expand low-barrier, recovery housing options and other basic needs support; and develop multi-disciplinary community outreach teams for BSAS clients with high acuity of need.

Revenues Expected in Future Years:

- \$1.7M from settlement with McKinsey, disbursed over 3 years (2022-24). With the initial \$10M deposited in 2021, approx. \$11.7M anticipated in total revenues
- \$90M over the next 9 years from the Attorney General's settlement with Purdue Pharma (*pending appeal*)
- Discussions with Johnson & Johnson regarding settlement amounts are ongoing



Council's Charge



Legal Authority: Chapter 309 of the Acts of 2020, *An Act Establishing the Opioid Recovery and Remediation Trust Fund*

Key Provisions:

- There shall be an **Opioid Recovery and Remediation Fund**. Expenditures from the fund shall be made by the Executive Office of Health and Human Services, without further appropriation and consistent with the terms of settlements made in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids, as applicable.
- The Secretary of Health and Human Services, in consultation with the Opioid Recovery and Remediation Fund Advisory Council, shall administer the fund.
- The fund shall be expended to mitigate the impacts of the opioid epidemic in the Commonwealth, including, but not limited to, expanding access to opioid use disorder prevention, intervention, treatment and recovery options.
- There shall be credited to the fund: (i) amounts recovered by the Commonwealth and credited thereto in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids; (ii) transfers from other funds authorized by the general court and so designated; (iii) funds from public or private sources, including, but not limited to, gifts, grants, donations, rebates and settlements received by the Commonwealth designated to the fund; and (iv) any interest earned on such amounts.
- There shall be an **Opioid Recovery and Remediation Fund Advisory Council** regarding the expenditures from the fund.
- The council shall hold no fewer than 4 meetings annually and the council shall make its recommendations upon a majority vote.
- Annually, not later than October 1, the Secretary of Health and Human Services shall file a report on the activity, revenue and expenditures to and from the 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: (i) the revenue credited to the fund; (ii) the amount of expenditures attributable to the administrative costs of the executive office; (iii) an itemized list of the funds expended from the fund; and (iv) data and an assessment of how well resources have been directed to vulnerable and under-served communities.



Revised Principles and Criteria for Trust Fund Expenditures



Based on members' feedback during the Council's 9/30/2021 meeting, the principles and criteria for directing Trust Fund dollars has been revised.

Revised **principles** and **criteria** for directing Trust Fund dollars:

- **An equity-based approach should be followed**, taking into consideration specific demographic information, eg, age, ethnicity, to direct resources to historically underserved communities and those most impacted by the opioid crisis. *(Taveras)*
- Support for a county/community-level approach over a broader, regional focus.
- Support for utilizing rate of overdoses (fatal and non-fatal), EMS incidents, and **identifying clusters of deaths associated with OUD** to guide future **interventions and** spending. *(Chaplin)*
- Increased focus on prevention, harm reduction, emergency shelter, and community outreach regarding opioid use disorder, particularly innovative approaches that might fall outside the scope of state and federal funding.
- **Promotion of evidence-based standards of care, such as Medication for Opioid Use Disorder (MOUD), which are** culturally-responsive **and** span 60-90 days of inpatient and outpatient care and outreach services, **providing opportunities for** accessing housing, jobs and education. *(Rosenthal)*
- Support for **adolescents**, women, and families impacted by opioids, as well as those with substance use disorder and co-occurring mental health disorders. *(Peterson)*
- Support for justice-involved individuals with history of substance use, both currently and recently incarcerated.
- Support for individuals with disabilities, particularly the brain-injured population.



Revised Principles and Criteria for Trust Fund Expenditures



Similarly, feedback from Council members was incorporated into a revised list of potential services that could be supported by the Trust Fund.

Proposed **services** (new or existing) that could be supported by Trust Fund dollars:

- Residential programs **and shelters** serving Black, Latinx, **and historically-underserved** communities. *(Castiel)*
- Strengthened **workforce** pipeline for **clinicians of color working in mental health and addiction.**
- Funding for multi-cultural, trauma-informed services associated with outreach and continued trauma-informed care accessible to those in recovery.
- Additional funding for syringe exchange programs.
- Advocate and legalize supervised consumption sites across impacted cities.
- Dedicate additional resources to ensure accessibility and affordability of Narcan supply for community-based organizations.
- Deploy a multi-prong approach to increase access to methadone.
- Sober living scholarships to support those with extreme financial need.
- Technical assistance and training to help organizations implement effective addiction prevention and treatment programs.
- **Support and additional services for young, homeless women with SUD** *(Taveras)*
- **Legal support for communities of color and immigrant populations with SUD** *(Chaplin & Castiel)*
- **Services for incarcerated and post-incarcerated populations** *(Whiteside & Anderson)*



Initial Proposal for Trust Fund Dollars



During the 9/30 Council meeting, members voted to recommend that the Secretary of Health and Human Services spend funds from the Opioid Recovery and Remediation Trust Fund on four evidence-based, opioid abatement strategies targeting health and racial inequities and prioritizing disproportionately-impacted populations and communities.

The four elements of the initial proposal included:

- 1. Expansion of Harm Reduction Services** – through the expansion of harm reduction programming at SSPs to include additional funds for staffing, purchasing of non-injection harm reduction supplies, and funding for additional trainings for engagement of high-risk populations.
- 2. Increased Access to Methadone** – through the expansion of mobile methadone units for both new and existing brick-and-mortar OTPs, with priority given to those sites working with underserved populations and high-risk communities.
- 3. Expansion of Supportive Housing Programs** – through the expansion of low-barrier, recovery housing options and other basic needs support, including access to technology and transportation for high-risk populations in historically-underserved communities.
- 4. Community Outreach and Engagement** – through the development Multi-Disciplinary Community Outreach (MDCO) teams for BSAS clients with high acuity of need for improved coordination of care.



Update on Initial Proposal for Trust Fund Dollars



Proposals	Key Updates	Next Steps
Expansion of Harm Reduction Services	<ul style="list-style-type: none"> • DPH memo released on 12/24/21 expanding the scope of harm reduction supplies that may be purchased and distributed by BIDLS- and/or BSAS- Contracted Harm Reduction Programs. • Vendors are now able to use contract resources to purchase a wider array of safer consumption supplies, including those used by people who consume substances through non-injection means. 	<ul style="list-style-type: none"> • Ensure dissemination to harm reduction providers (SSP, OEND, and POST programs) announcing expansion.
Increased Access to Methadone	<ul style="list-style-type: none"> • Request for Responses (RFR) posted on 11/1/2021. • Bidder’s conference held on 11/19/2021. • Applications will be accepted on a rolling basis. • Once applications are received, new awards will be reviewed and approved on a rolling basis. 	<ul style="list-style-type: none"> • Continue to promote procurement through existing networks and partners • Review applications as they are submitted.
Expansion of Supportive Housing Programs, including low-threshold	<ul style="list-style-type: none"> • 12 contracts currently in place for this service. • Initial RFR focused on Mass/Cass posted in Winter 2020 and Summer 2021. After meeting with ORRF, RFR scope expanded and reposted as of 9/20/2021. • No new applications have been received since re-opening. • Once applications are received, new awards will be reviewed and approved on a rolling basis. • BSAS is working closely with the DPH Office of Healthy Equity and the Mass. Housing and Shelter Alliance (MHSA) to outreach and encourage eligible vendors to apply with an emphasis on reaching underserved populations. 	<ul style="list-style-type: none"> • Continue to promote procurement through existing networks and partners • Review applications as they are submitted.
Community Outreach and Engagement	<ul style="list-style-type: none"> • Coordinate with Commonwealth Medicine to conduct a landscape analysis and support development of procurement. 	<ul style="list-style-type: none"> • Contract with CWM Medicine by 1/1/22 • Procurement developed and released by 7/1/22 • Implementation to begin by 9/1/22



SUD Services for Incarcerated and Post-Incarcerated Individuals



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