

# Opioid Recovery and Remediation Fund Advisory Council



**July 19, 2021  
2:00 - 3:30 pm**

**WebEx**



# Agenda



- 1. Welcome**
- 2. Approval of 6/21 Meeting Minutes**
- 3. Trust Fund Update**
- 4. BSAS Updates**
- 5. Member Responses on Principles, Metrics, and Distribution Methodology**
- 6. Upcoming Meetings and Next Steps**



# 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.



# Trust Fund Update



## Current Revenues

- \$11.5 million (as of 7/14)

## Ethics Considerations

- Council members are subject to the Conflict of Interest Law and are encouraged to contact the State Ethics Commission regarding any matters that might require the filing of a written disclosure



# BSAS Updates



**Deirdre Calvert**

Director, Bureau of Substance Addiction Services  
Massachusetts Department of Public Health



## Housing Programs:

- **Housing First** – Provides low-threshold housing for adults experiencing homelessness and who are also at high risk for HIV, where sobriety is not a requirement of residence.
- **Triage, Engagement, and Assessment (TEA) Model** – Shelter for individuals experiencing homelessness who are actively suffering from SUD and present as behaviorally difficult to manage.
- **Housing Stability Support Program** – Reinforces participants' recovery from addiction by establishing community-based supports to maintain ongoing goals in the recovery process and reduce the risk of relapse/overdose.

## Mobile Addiction Services:

- Utilizing mobile vans, Mobile Addiction Services programs target high-risk individuals not currently engaged in care, including initiating or continuing MAT, providing harm reduction services like overdose education and naloxone distribution, and linkage to long-term, comprehensive, community-based care in order to prevent overdoses/death, support long-term recovery, and improve health/quality of life by increasing access to integrated addiction/primary care.
- The Drug Enforcement Administration (DEA) has also recently issued new regulations allowing for licensed OTPs to offer mobile methadone, which is expected to allow for expansion of mobile services in FY21/22.



## **Fentanyl Test Strips (FTS):**

- FTS are easy to use tests that determine whether fentanyl is present in drugs.
- Offering FTS as part of the current suite of harm reduction resources has the potential to engage individuals who may use non-opioid drugs (such as methamphetamine and cocaine) in risk reduction counseling and overdose prevention education, which can lead to increased interest in further addiction treatment and recovery support services.

## **DATA Waiver:**

- Recent changes to buprenorphine prescribing requirements at the federal level have eliminated additional training requirements for providers serving 30 patients or less, which has reduced the barriers to buprenorphine prescribing and increased the available pool of eligible providers who can prescribe this life-saving medication, as well as making it possible for smaller community healthcare providers to augment their existing services.
- BSAS is working to implement expansion of the Commonwealth's prescriber population by increasing the availability of training and technical assistance.



# Member Responses on Principles, Metrics, and Distribution Methodology



## Summary of Member Responses

- Council members were asked for feedback on the principles and metrics that might inform expenditures from the Trust Fund.
- Responses were received from 10 Council members.
- Among the varied responses, a number of themes emerged, which were bucketed into three categories (*Criteria*, *Services*, and *Structure*) with the goal of identifying actionable items for the Council to consider.





# Member Responses on Principles, Metrics, and Distribution Methodology



## CRITERIA and/or principles for directing Trust Fund dollars:

- Support for a county/community-level approach over a broader, regional focus.
- Support for utilizing rate of overdoses (fatal and non-fatal) and EMS incidents to guide future spending.
- Specific demographic information, eg, age, ethnicity, should be considered to direct resources to historically underserved communities and those most impacted by the opioid crisis.
- Increased focus on prevention, harm reduction, emergency shelter, and community outreach regarding opioid use disorder.
- Create a standard of care that spans 60-90 days of inpatient care and the ability to then have access to housing, jobs and education.
- Support for women and families impacted by opioids, as well as those with substance use disorder and co-occurring mental health disorders.
- Support for justice-involved individuals with history of substance use, both currently and recently incarcerated.



# Member Responses on Principles, Metrics, and Distribution Methodology



## SERVICES (new or existing) that could be supported by Trust Fund dollars:

- Residential programs serving Black and Latinx communities.
- Strengthened pipelines for mental health clinicians of color and addiction care.
- Funding for 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 injection sites across impacted cities.
- Dedicate additional resources to ensure accessibility and affordability of Narcan supply for all outreach workers and recovery coaches.
- Sober living scholarships to support those with extreme financial need.
- Technical assistance to help organizations design and implement effective addiction prevention and treatment programs.



# Member Responses on Principles, Metrics, and Distribution Methodology



## STRUCTURE of services and/or providers:

- No clear consensus on the length of grants or type of organizations funded, eg, well-established, comprehensive programs vs. start-ups.



# Member Responses on Principles, Metrics, and Distribution Methodology



The Commonwealth has been committed to bringing together public health professionals, policymakers, and people with lived experience to develop strategies to combat the opioid epidemic.

Council members are encouraged to review the past work of the commissions and working groups that have been convened to develop proposals to mitigate the opioid crisis and guide the Commonwealth's response.

## **Governor's Opioid Addiction Working Group (2015)**

<https://www.mass.gov/lists/governors-opioid-addiction-working-group>

## **Harm Reduction Commission (2019)**

<https://www.mass.gov/orgs/harm-reduction-commission>

## **Behavioral Health Roadmap (2021)**

<https://www.mass.gov/doc/stakeholder-presentation-on-the-roadmap-for-behavioral-health-reform/download>



# 2015 Working Group Overview



## The Working Group's KEY STRATEGIES:

### 1. Create new pathways to treatment

Too many individuals seeking treatment utilize acute treatment services (ATS) as their entry point, even when a less acute level of treatment may be appropriate. By creating new entry points to treatment and directing individuals to the appropriate level of care, capacity will be managed more efficiently and the Commonwealth will be better able to meet the demand for treatment.

### 2. Increase access to medication-assisted treatment

Medication-assisted treatment for opioid use disorder (e.g. methadone, buprenorphine, naltrexone) has been shown to reduce illicit opioid use, criminal activity, and opioid overdose death. Increasing capacity for long-term outpatient treatment using medications as well as incorporating their use into the correctional health system, can be a life-saving intervention.

### 3. Utilize data to identify hot spots and deploy appropriate resources

By the time DPH receives overdose death data from the medical examiner, the data is stale. The Commonwealth should partner with law enforcement and emergency medical services to obtain up-to-date overdose data, which can be used to identify hot spots in a timely manner and allocate resources accordingly.

### 4. Acknowledge addiction as a chronic medical condition

Primary care practitioners must screen for and treat addiction in the same way they screen for and treat diabetes or high blood pressure. This will expedite the process for timely interventions and referrals to treatment.

### 5. Reduce the stigma of substance use disorders

The stigma associated with a substance use disorder (SUD) is a barrier to individuals seeking help and contributes to: the poor mental and physical health of individuals with a SUD; non-completion of substance use treatment; higher rates of recidivism; delayed recovery and reintegration processes; and increased involvement in risky behavior.



# 2015 Working Group Overview (cont'd)



## The Working Group's KEY STRATEGIES:

### 6. Support substance use prevention education in schools

Early use of drugs increases a youth's chances of developing addiction. Investing in the prevention of youth's first use is critical to reducing opioid overdose deaths and rates of addiction.

### 7. Require all practitioners to receive training about addiction and safe prescribing practices

Opioids are medications with significant risks; however, safer opioid prescribing practices can be accomplished through education.

### 8. Improve the prescription monitoring program

The Commonwealth's prescription monitoring program (PMP) is an essential tool to identify sources of prescription drug diversion. By improving the ease of use of the PMP and enhancing its capabilities, it will no longer be an underutilized resource.

### 9. Require manufacturers and pharmacies to dispose of unused prescription medication

Reducing access to opioids that are no longer needed for a medical purpose will reduce opportunities for misuse.

### 10. Acknowledge that punishment is not the appropriate response to a substance use disorder

Arrest and incarceration is not the solution to a substance use disorder. When substance use is an underlying factor for criminal behavior, the use of specialty drug courts are effective in reducing crime, saving money, and promoting retention in drug treatment. It is important that treatment occur in a clinical environment, not a correctional setting, especially for patients committed civilly under section 35 of chapter 123 of the General Laws.

### 11. Increase distribution of Naloxone to prevent overdose deaths

Naloxone saves lives. It should be widely distributed to individuals who use opioids as well as individuals who are likely to witness an overdose.

### 12. Eliminate insurance barriers to treatment

Removing fail first requirements and certain prior authorization practices will improve access to treatment. By enforcing parity laws, the Commonwealth can ensure individuals have access to behavioral health services.



# 2021 Behavioral Health Roadmap Overview



## Proposed Reforms through the Behavioral Health Roadmap

Structural Support for Access	Centralized Front Door to Treatment	An easy way for anyone seeking behavioral health treatment to find and access the treatment they need, through a central phone line
	Access to Provider Networks & Services through Insurance	Strengthened behavioral health provider networks and expanded behavioral health service coverage in both MassHealth and private insurance
	Administrative Simplification	Dramatically simplified and standardized administrative processes to reduce provider burden and make provider participation in MassHealth/ insurance easier
	Workforce Competency	Targeted support to increase competency and diversification of clinical + non clinical workforce; increase provider participation in insurance, including MassHealth
Treatment Services	Integrated Primary Care	New payment models and incentives for PCPs that integrate behavioral health treatment to promote early intervention, increase access, and reduce siloes
	Outpatient Treatment	Community Behavioral Health Centers with access to real-time urgent care and evidence-based, integrated mental health and addiction treatment for all ages
	Urgent/ Crisis Treatment	24/7 community crisis response to avoid ED visits and hospitalization through 24/7 on-site and mobile crisis intervention; 24/7 Crisis Stabilization for youth and adults
	Acute/24-hour Treatment	More inpatient psychiatric beds; strengthens 24-hour substance use disorder treatment to address co-occurring needs and better meet patient needs



# Upcoming Meetings



Date	Time	Location
September 30, 2021	11:00 am - 12:30 pm	WebEx
October 1, 2021 – <i>Submission of Annual Report to the Legislature</i>		
December 2021	TBD	TBD
March 2022	TBD	TBD
June 2022	TBD	TBD
September 2022	TBD	TBD
October 1, 2022 – <i>Submission of Annual Report to the Legislature</i>		