# Opioid Recovery and Remediation Fund Advisory Council

**September 30, 2021**
**11:00 am - 12:30 pm**

**WebEx**

# Agenda

1. Welcome
2. Approval of 7/19 Meeting Minutes
3. Trust Fund Update
4. Review of Draft Initial Proposal to Utilize A Portion of the Trust Fund Dollars
5. Review of Draft Annual Report
6. Upcoming Meetings

# Trust Fund Update

Current Revenues

- $11.5 million (as of 9/22)

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

# Opioid Recovery and Remediation Fund Advisory Council

**September 2021**

## Initial Proposal to Utilize A Portion of the Trust Fund Dollars

# Opioid Recovery and Remediation Fund

## Executive Summary

- The impact of the opioid epidemic on individuals and families across the Commonwealth has been widespread, particularly in historically-underserved communities, which have experienced a disproportionately high rate of opioid-related overdose deaths.
- The Opioid Recovery and Remediation Fund Advisory Council was established through Governor Baker's signing into law of Chapter 309 of the Acts of 2020 and is charged with developing recommendations for the expenditure of the Opioid Recovery and Remediation Trust Fund to mitigate the impacts of the opioid epidemic in the Commonwealth.
- The initial proposal outlined in this document aligns with the principles and criteria developed by the members of the Advisory Council and broadly fall under four categories:
    - Expansion of Harm Reduction Services
    - Increased Access to Methadone
    - Expanding Supportive Housing Programs
    - Case Management and Engagement

## Background

## Anticipated Revenues in the Trust Fund

## Revised Principles and Criteria for Trust Fund Expenditures

## Initial Proposal to Utilize A Portion of the Trust Funds

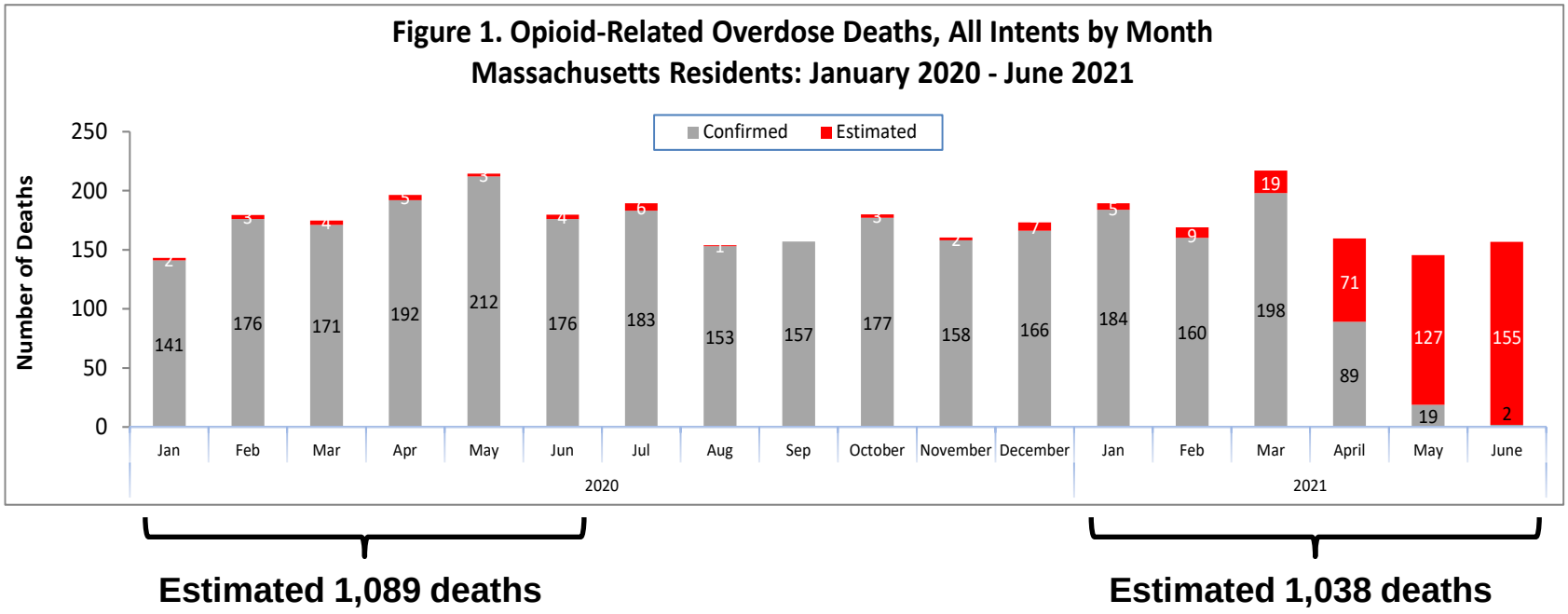
# Background – Opioid Epidemic in the Commonwealth

## Background

- While the Commonwealth has made significant strides in combatting the opioid epidemic, the impact on individuals and families across the Commonwealth has been widespread, particularly in historically-underserved communities.
- Preliminary data from the Department of Public Health (DPH) shows an estimated 5% decrease in confirmed and estimated opioid-related overdose deaths in the first six months of 2021 compared with the same period in 2020.
- In addition, between 2019 and 2020, Black non-Hispanic men experienced a significant increase in the rate of opioid-related overdose deaths (73% increase).
- Fentanyl remains a key factor in opioid-related overdose deaths, present in 92% of toxicology screens in 2020.
- *See following slides for additional details*

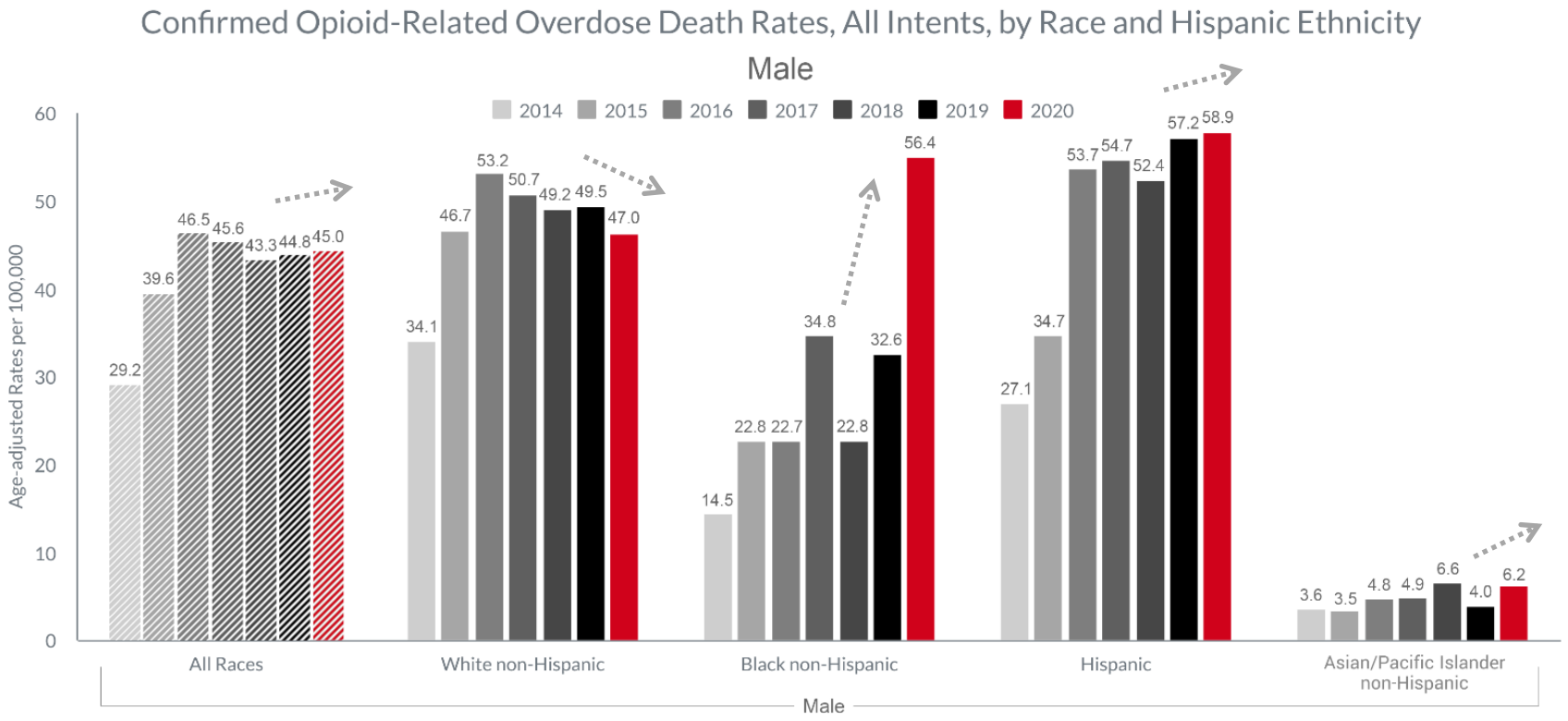
# Background – Opioid Epidemic in the Commonwealth

**Preliminary data show 1,038 confirmed and estimated opioid-related overdose deaths in the first six months of 2021, an estimated <u>5% decrease</u> compared with the same period in 2020**



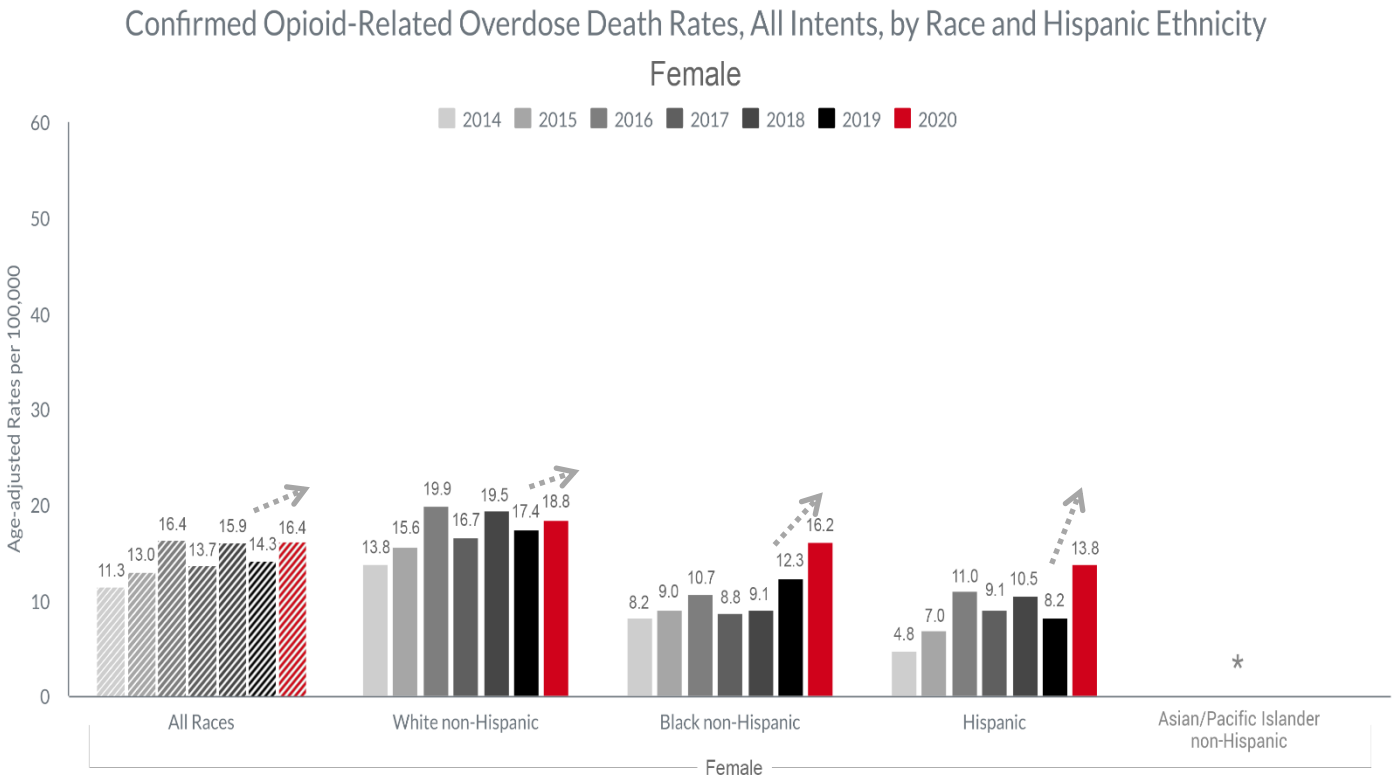
# Background – Opioid Epidemic in the Commonwealth

**Between 2019 and 2020, the confirmed opioid-related overdose death rate for Black non-Hispanic men increased significantly at 73%**



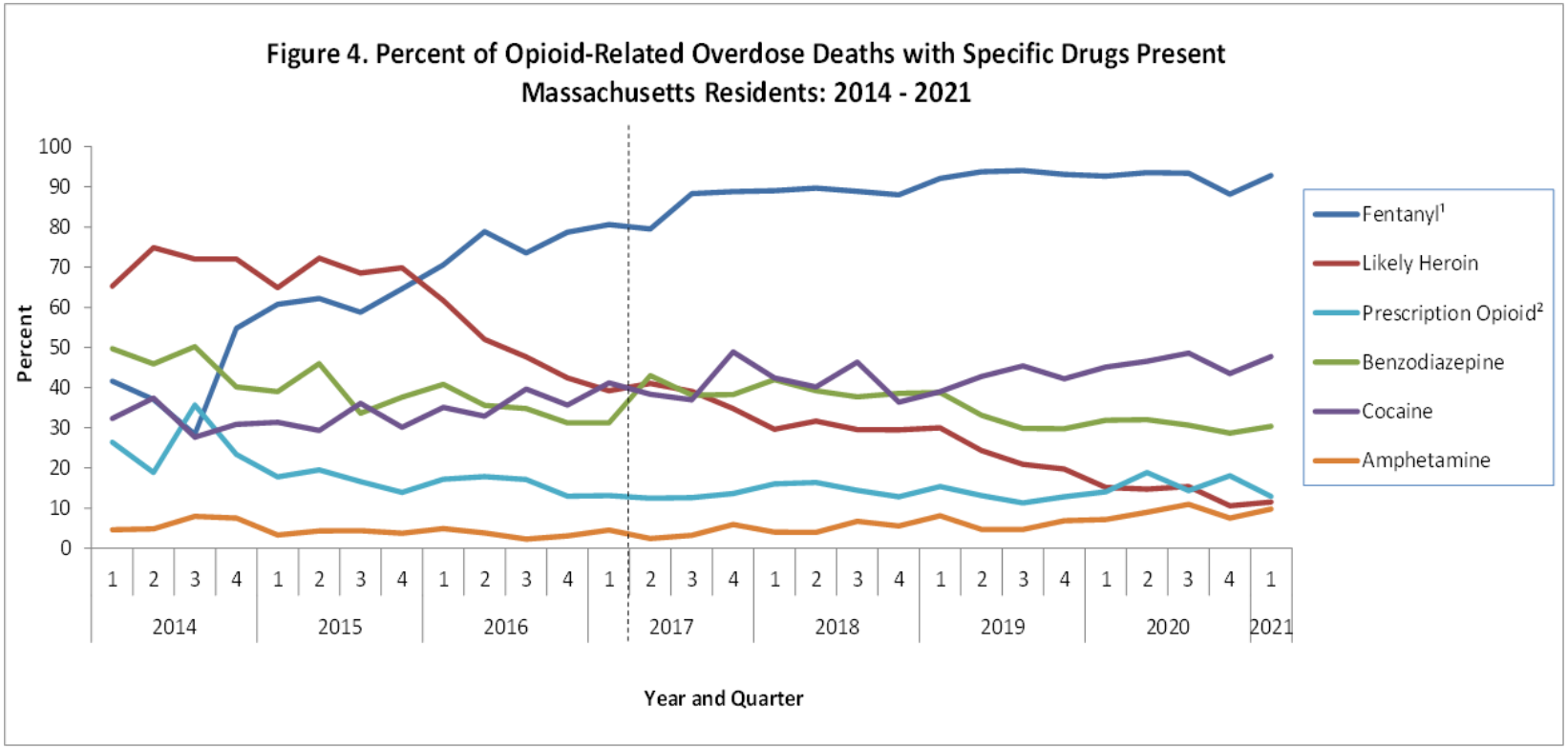
# Background – Opioid Epidemic in the Commonwealth

**The confirmed opioid-related overdose death rate for women increased in 2020 compared with 2019, with the greatest increases among Hispanic (68%) and Black non-Hispanic (32%) populations**



# Background – Opioid Epidemic in the Commonwealth

## Fentanyl remains a key factor in opioid-related overdose deaths (92% present in toxicology screens in 2020)



# Background - Previous Commissions and Working Groups

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.

A number of commissions and working groups 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 |

# Background – BSAS Initiatives Addressing Health and Racial Equity

Building off the recommendations of past commissions and work groups, the Bureau of Substance Addiction Services (BSAS) has dedicated a significant portion of supplemental funding from SAMHSA's Substance Abuse Prevention & Treatment Block Grant towards addressing racial equity, including:

- Increasing **behavioral healthcare workforce diversity, recruitment, and retention** through workforce development initiatives;
- **Funding community-led programming in communities of color** through grant making and support for increasing community-based organizations' ability to contract with the Commonwealth;
- **Increasing the number of culturally-specific programs** across the continuum of prevention, outreach/engagement, treatment, and recovery support services;
- **Increasing investments in pre-arrest diversion/co-response models**, in order to divert people with SUD from the criminal justice system, in partnership with the Department of Mental Health (DMH); and
- **Increasing funding for low-threshold housing/housing first models in Suffolk County**, with program expansions in Merrimack Valley, Springfield, and Worcester to address communities in need.

# Background – BSAS Initiatives Addressing Health and Racial Equity

Current BSAS programs dedicated to addressing overdoses in the Black/Latinx community include:

- **Recovery-Based Re-Entry Services for Black and Latino Men**, a pilot program for Black and Latino men leaving incarceration, provided by the following partner agencies:
  - Fathers' Uplift
  - Casa Esperanza
  - Legendary Legacies
  - New North Citizens' Council
  - Greater Lawrence Family Health Center/Lynn Community Health Center
- Increased investments in the **Black Addiction Counselor Education (BACE) and Latinx Addiction Counselor Education (LACE) programs** to support Black and Latinx people seeking to enter the SUD workforce.

# Background – Additional BSAS Initiatives

DPH/BSAS has aggressively maximized access to SUD treatment during the COVID-19 pandemic, through:

- Increasing access to naloxone – from March 2020 to April 2021, **over 110 thousand naloxone kits** were distributed to Opioid Treatment Providers, Syringe Service Programs (SSP), community health centers, hospital emergency departments, and county Houses of Correction.
- Implementing a **new standing order for naloxone** allowing providers/organizations such as **first responders, co-response/jail diversion teams, criminal justice personnel, and health and human services workers** (such as those in homeless shelters, drop-in centers, and soup kitchens) to give naloxone to individuals at risk and their friends/family.
- Obtaining a **blanket exception** from SAMHSA on behalf of Massachusetts Opioid Treatment Programs (OTP) for take home doses of Medication for Opioid Use Disorder (MOUD). As of December 2020, **48.5% of OTP patients are receiving take home doses**, compared to the pre-COVID average of 15.6% in December 2019.
- Implementing the broad adoption of a DEA waiver allowing prescriptions for **buprenorphine and naltrexone to patients for whom providers have conducted telehealth sessions**, as well as induct patients on buprenorphine and naltrexone.
- Reimbursing contracted Office Based Opioid Treatment (OBOT) providers for **cell phones and data plans** to maintain patients' ability to keep in contact with their providers for telehealth.
- Establishing **COVID+ ATS and CSS units** to facilitate positive patient transfers and maintain capacity within the rest of the treatment system.
- Leveraging the second round of **State Opioid Response (SOR) funding** from SAMHSA to increase access in Massachusetts to all FDA-approved forms of MOUD, reduce unmet treatment needs, and reduce opioid/stimulant misuse and overdose.
- Working with programs to **prevent and mitigate the spread of COVID-19**, including distributing guidance on surveillance testing, screening and isolation of patients/staff, and increased flexibility in bed allocation between different service settings to accommodate changing patient needs at individual programs.

# Background – Additional EOHHS Initiatives

MassHealth recent investments in SUD treatment:

- **Rate increases** for Community-based Behavioral Health treatment:
  - $104M gross over 4 months (April-July 2020)
    - Supplemental payments equal to 50% of pre-COVID monthly revenues for CMHCs ($95M)
    - 10% increase for ATS/CSS, RRS, OTP, CBHI, ABA, and other BH services (~$9M)
  - $52M gross over same period (April-July 2020) for supplemental payments for CHCs equal to 50% of pre-COVID monthly revenues
  - Permanent rate increase effective July 1, 2021 of 20-48% for 24-hour SUD services, including ATS, CSS, RRS
  - 10% across-the-board workforce stabilization rate increases for July-Dec 2021 to community-based and 24-hour SUD services
- **Increased flexibilities for pharmacists** to perform certain responsibilities of nurses and OTPs for MAT purposes, in accordance with DPH guidance
- **Payment for all medically-necessary covered opioid treatment services** provided via take-homes, in accordance with DPH guidance
- **Payment for cases where a member is receiving services in a 24-hour SUD facility** and cannot be discharged due to quarantine or other COVID related impact
- **Payment for delivery of medications** to members
- **Suspension of MCE prior authorization** for admission to BH 24-hour levels of care

Background

**Anticipated Revenues in the Trust Fund**

Revised Principles and Criteria for Trust Fund Expenditures

Initial Proposal to Utilize A Portion of the Trust Funds

# Anticipated Revenues in the Trust Fund

Current Revenues in the Opioid Recovery and Remediation Trust Fund:

- $11.5M (as of 9/22)

Additional Funds Expected by the End of the Year:

- $1.5M expected during the Fall

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
- Discussions with Johnson & Johnson regarding settlement amounts are ongoing

Background

Anticipated Revenues in the Trust Fund

Revised Principles and Criteria for Trust Fund Expenditures

Initial Proposal to Utilize A Portion of the Trust Funds

# Revised Principles and Criteria for Trust Fund Expenditures

Written feedback submitted by members, as well as suggestions raised during the Council's 7/19/2021 meeting, were incorporated into a revised set of criteria for directing Trust Fund dollars.

Proposed **criteria** and **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, particularly innovative approaches that might fall outside the scope of state and federal funding.
- Create a culturally-responsive standard of care that spans 60-90 days of inpatient and outpatient care and outreach services 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 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 serving Black and Latinx communities.
- Strengthened pipelines for mental health clinicians of color and addiction care.
- 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.

Background

Anticipated Revenues in the Trust Fund

Revised Principles and Criteria for Trust Fund Expenditures

**Initial Proposal to Utilize A Portion of the Trust Funds**

# Initial Proposal for Trust Fund Dollars

A number of evidence-based, opioid abatement strategies targeting health and racial inequities and prioritizing disproportionately-impacted populations and communities could be initiated or expanded with Trust Fund dollars.

Data collection and evaluation would complement these proposed strategies, which conform with Council members' criteria, falling under four distinct categories of unmet need:

1. **Expansion of Harm Reduction Services**
2. **Increased Access to Methadone**
3. **Expansion of Supportive Housing Programs, including low threshold**
4. **Community Outreach and Engagement**

# Initial Proposal for Trust Fund Dollars

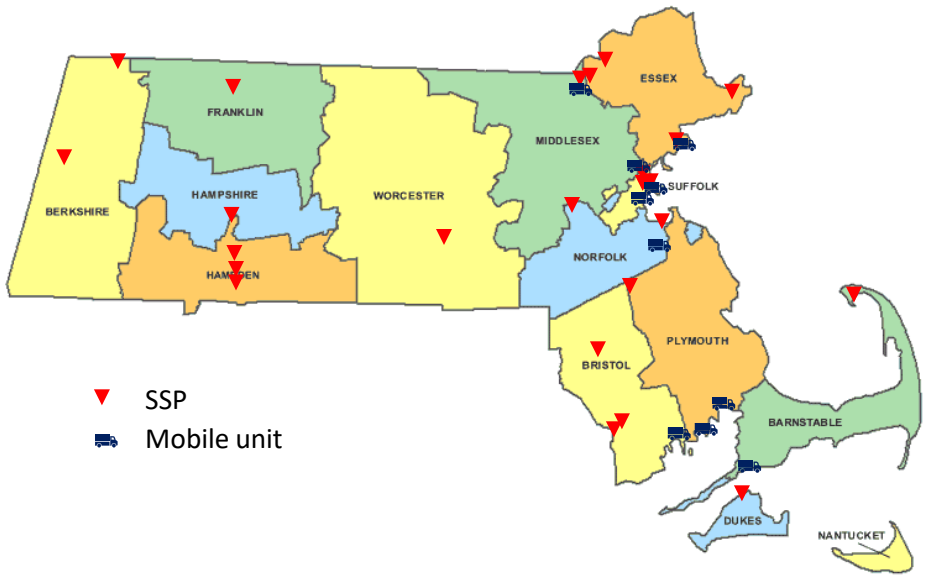
**Harm Reduction Services**

- DPH currently licenses 30+ Syringe Services Programs (SSP) across the Commonwealth, including 10 mobile units, where persons who inject drugs can receive sterile needles and syringes free of cost, dispose of used needles and syringes, and access other services such as testing for hepatitis C, HIV and other sexually transmitted infections, overdose education, and Narcan (naloxone).
- SSPs operate within cities/towns in which local boards of health have provided prior approval.

**Proposal**

- $3.4 m (annually) in Trust Fund dollars to **expand harm reduction programming at SSPs to include services not currently covered by federal funding**, such as access to non-injection harm reduction services and supplies and additional education and information on the proper use of fentanyl test strips.
- Following Council approval, contracts with existing Overdose Education and Naloxone Distribution (OEND) providers through the Office of HIV/AIDS would be amended to include **additional funds for staffing, purchasing of non-injection harm reduction supplies, and fund additional trainings for engagement of high-risk populations**.

## Existing Syringe Service Providers



# Initial Proposal for Trust Fund Dollars

**Opportunities to Increase Access to Methadone**

- On June 28, 2021, the Drug Enforcement Agency (DEA) released new rules that allow DEA-registered opioid treatment providers (OTP) to establish and operate mobile methadone vans without obtaining a separate DEA registration for each mobile component.
    - The rule change authorizes treatment providers the opportunity to improve access and treatment retention for underserved and marginalized populations, including Black and Latinx communities, and those whose transportation challenges to methadone treatment would otherwise be out of reach.
- Federally Qualified Health Centers (FQHC) and Community-Based Hospitals are additional potential locations for new OTPs that could access underserved communities and improve care through smaller, more individualized programs integrated into community-based settings.

**Proposal**

- $3.1 m (annually) in Trust Fund dollars to **expand low-threshold MOUD access including the procurement of mobile methadone vans or trailers for existing licensed OTPs**.
- BSAS would update the Opioid Treatment Program RFR to include the **purchase of 10-12 mobile methadone vans or trailers for existing licensed OTPs**.
- Both new and existing brick-and-mortar OTPs would be eligible, with **priority given to those sites working with underserved populations and high-risk communities.**

# Initial Proposal for Trust Fund Dollars

**Expanding Supportive Housing Programs**

- To provide stability and supportive treatment options for high-risk populations, BSAS is implementing a number of low-threshold housing options for adults:
  - **Housing First model**, comprised of low-threshold housing options and intensive case management services 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** – Increases access to the continuum of SUD services for individuals experiencing homelessness who are active in their addiction and/or co-occurring substance use and mental health disorders, by providing addiction-specific support services within a low-threshold homeless drop-in or shelter setting. Assessment and engagement services include on-site addiction education, non-clinical assessment, and referral services.
  - **Housing Stability Support Program** – Reinforces participants' recovery from addiction through provision of services within permanent or transitional housing settings designed to establish community-based supports that help individuals, families, and young adults maintain ongoing goals in the recovery process, reduce the risk of relapse/overdose, and increase self-sufficiency.

**Proposal**

- $2 m (annual) in Trust Fund dollars to **expand low-barrier, recovery housing options and other basic needs support**, including access to technology and transportation for high-risk populations in historically-underserved communities such as Fall River, Greenfield, and Pittsfield.
- Funding is estimated at ~$40K per person annually
- Utilizing the current RFR would enable expedited implementation of this proposal for some beds; further development could commence in FY23.

# Initial Proposal for Trust Fund Dollars

**Community Outreach and Engagement**

- Multi-disciplinary Community Outreach (MDCO) teams, similar in design to Programs for Assertive Community Treatment (PACT) teams, are a community-based, multi-disciplinary approach, which would provide treatment, rehabilitation, and supportive services to adults with severe and persistent mental illness and substance use disorder. Services would be offered in home and community settings, and for those experiencing homelessness.
- MDCO teams could include medical professionals, vocational/employment specialists, social workers, and/or recovery coaches. Their goal would be to provide multiple touches per week to keep high-risk individuals engaged and stable.
- Multi-disciplinary outreach models can be adapted for different populations, such as those who are at risk for overdose, substance use-related hospitalization, loss of child custody, or are at risk for involvement with the criminal justice system.
- The multi-disciplinary approach promotes independent living and an individual process of recovery, geared towards increasing tenure in the community and providing stabilizing support.

**Proposal**

- $1.5m (annual) in Trust Fund dollars to develop MDCO teams for BSAS clients with high acuity of need who may not meet criteria for other programs and whose needs might not be met in a traditional care setting.
- Agencies that offer a range of behavioral health/SUD services including medical care could be funded to deploy MDCO teams, in collaboration with local partners to both receive referrals and coordinate care.

# Current and Proposed Investments

| Area | Current DPH Funding (Annual) | ORRF Proposed Investment (Annual) |
|---|---|---|
| Harm Reduction Services | $6.75M | $3.4M |
| Access to Methadone | $97.5M (OTP)<br>$4.7M (OTP MAT enhanced) | $3.1M |
| Low-threshold Housing | $5.2M ($26M over 5 yrs) | $2.0M |
| Community Outreach and Engagement Team | - | $1.5M |
| | | Total: $10M |

# Vote to Adopt Proposals

**If there is consensus among members, the Council may adopt these proposals through a vote at the September 30, 2021 meeting, as follows:**

***Motion that the Council recommend that the Secretary of Health and Human Services spend funds from the Opioid Recovery and Remediation Trust Fund consistent with the proposals outlined in this document and the Council's discussions on September 30, 2021***

# Review of Draft Annual Report

- The Secretary of the Executive Office of Health and Human Services is required by statute to submit an annual report to the Legislature no later than October 1st each year summarizing the activity, revenue, and expenditures to and from the Trust Fund during the prior fiscal year.
- A draft report was shared with members last week, which will be submitted to the Legislature following today's meeting.
- Copies of the report will be posted to the EOHHS and Council webpages on Mass.gov

# Upcoming Meetings

| Date | Time | Location |
|---|---|---|
| October 1, 2021 – Submission of Annual Report to the Legislature | | |
| December 15, 2021 | 1:00 to 2:30 pm | WebEx |
| *March 2022* | *TBD* | *TBD* |
| *June 2022* | *TBD* | *TBD* |
| *September 2022* | *TBD* | *TBD* |
| October 1, 2022 – Submission of Annual Report to the Legislature | | |