

# Opioid Recovery and Remediation Fund Advisory Council

## Meeting Minutes

August 2, 2023

12:30 to 2:00 pm

Date of meeting: August 2, 2023

Start time: 12:37 pm

End time: 2:00 pm

Location: Virtual Meeting (Zoom)

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

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

## **Proceedings**

**Vote to call to order:** Josh Cuddy called the meeting to order with a vote (see detailed record of votes above – Vote 1). 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 6/14/2023 meeting:** Secretary Walsh requested a motion to approve the minutes from the Council's previous meeting on June 14th, 2023. A motion was made and seconded. Minutes approved (see detailed record of votes above – Vote 2).

**Overview of Proposed Funding Approach:** Secretary Walsh provided an overview of a proposed stratified funding approach including the development of both a Direct-to-Community Grant Initiative and larger scale System Change Priorities. [See slides for overview.](#)

**Discussion of Community/Municipal Grant Initiative:** After providing an overview of the proposed Direct-to-Community Grant Initiative, Secretary Walsh opened the floor to Advisory Council members for questions and discussion related to the initiative. A dialogue ensued with responses provided by Deirdre Calvert, Director of the Bureau of Substance Addiction Services (BSAS) and Secretary Walsh, including:

- Dr. Matilde Castiel: Where is the application?
  - A: Application is not yet out. Will begin process if approved to move forward today and share with Council once available.
- John Rosenthal: Who will vet the application?
  - A: Envision a staff-led review process, with recommendations brought back to the Advisory Council. Ideally, review process will incorporate those with lived experience.
- Dr. Alyssa Peterkin: Is this related to an existing RFI that we have already seen publicly? How will we be reaching people?
  - A: This initiative would be distinct from RFIs currently out there. The plan would be to reach people through multiple methods and channels, including outreach from Advisory Council members, partner organizations, etc.
- Jennifer Almonte: Will there be an evaluation of the programs / their effectiveness?
  - A: Will use the KPMG framework developed for ORRF work for evaluation.

Additional points made by council members include:

- Dr. David Rosenbloom: Underscored that the review process should be innovative, engage new actors and members of the Advisory Council, and help to ensure sustainability.
- Jennifer Tracey: Emphasized a need to focus on specific populations (e.g. BIPOC, faith-based, etc.) and think about communities that we are not already reaching, expressed concern about whether bureaucratic state processes could get the funds out as quickly/effectively as needed and suggested that a partner organization be considered to get the money out.
- John McGahan: Seconded the idea of an intermediary/partner organization to facilitate the grantmaking process. Recommended looking at what is already being funded by other resources so we can be somewhat prescriptive on uses to ensure proper impact.
- Dr. Matilde Castiel: Reiterated the need to think about the right organizations to get this money out, keeping in mind the lessons learned during COVID.
- Kate Lena: Suggested looking at RFPs that already exist within BSAS that can highlight the challenges and obstacles that groups have had with obtaining grants in the past.
- Abby Dean: Pointed out that the council title includes “remediation” as well, so need to ensure the money reaches more people who have already been harmed.
- Joanne Peterson: Noted that family organizations exist around the state that are looking for help

and believes that community grants would be very helpful to families (e.g. grandparents and children) who experience the secondary harms/effects of the opioid crisis.

- Carla B. Monteiro: Expanded on the notion of supporting both those affected and the people surrounding them, with particular attention to traditionally overlooked ethnic groups. Suggested creating a roadmap to show where there may be targetable gaps among existing resources.
- LaToya Whiteside: Echoed the need to think of ways to expand access to the application and consider organizations that wouldn't normally be competitive or able to access the application.
- Secretary Walsh: Summarized the challenges in grantmaking and the intentionality necessary in this process. Stated that staff would begin the process of competitively procuring for a grantmaking partner, etc. if the Advisory Council approves moving forward with the initiative, and would provide regular updates in future meetings.

**Vote to approve proceeding with a Community/Municipal Grant Initiative:** Secretary Walsh requested a motion to approve a grant initiative of approximately \$5 million annually to start to support community and municipal initiatives. A motion was made and seconded. Initiative approved (see detailed record of votes above – Vote 3).

**Discussion of System Change Priorities:** Secretary Walsh opened the floor to a broad, preliminary conversation about how to develop System Change Priorities within the ORRF Strategic Framework. Several points were made by council members, including:

- Secretary Walsh: Began the conversation by giving an example of big system change, such as working to keep families together in the context of OUD recovery.
- John McGahan: Raised the concept of contingency management to keep people engaged in treatment (e.g. use of 1115 waiver in West Virginia, California). Noted that some apps exist that would be worth investigating on a larger scale.
- Dr. David Rosenbloom: Raised the importance of building measurable accountability over time.
- Abby Dean: Questioned whether there are insurers who don't cover suboxone or other medications for OUD and, if so, suggested this could be a point to consider. Further highlighted the stigma of MAT, relapse, and the criminal justice system as areas in need of cultural change.
- LaToya Whiteside: Proposed considering funding for children who are part of families affected by OUD, as they are often left with upholding the responsibilities of adults.
- Dr. Matilde Castiel: Pointed to the lack of touchpoints after episodes of overdose treatment in the ED and the utility of 24/7 ED teams to connect patients to follow-up. Raised other potential ideas including suboxone in ambulances and evidence-based, long-term programs in schools.
- Carla B. Monteiro: Emphasized need to think about child development, schools, and workforce (e.g. stipends to incentivize students to focus on SUD). Further stressed the need to recognize that relapse is part of the process and that we need to think about the DCF evaluation process.
- Dr. Charles Anderson: Shared that 60% of individuals in The Dimock Center's detox programs are self-referred while only 7% are referred from hospitals, indicating the need to think creatively about how to engage individuals in their decision to seek treatment in the first place.
- John Rosenthal: Added a point about the importance of low-threshold special needs housing.

Secretary Walsh concluded by thanking Advisory Council members for the perspective they bring to the ORRF and noting that this is an ongoing conversation which will be the focus of future meetings, as we work toward system change that will create lasting impact across the OUD lifespan.

**Vote to adjourn:** Josh Cuddy requested a motion to adjourn the meeting. A motion was made and seconded. Meeting adjourned (see detailed record of votes above – Vote 4).