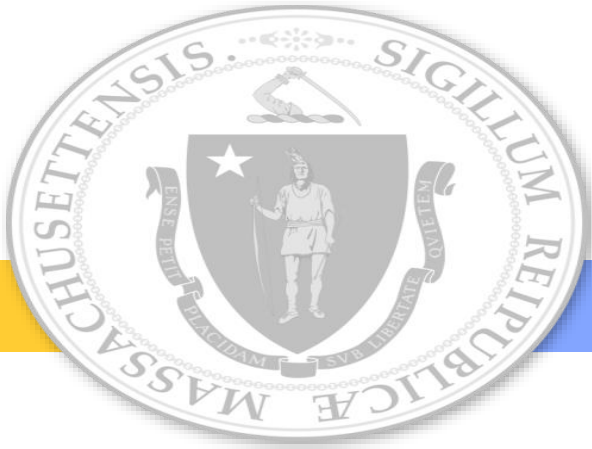




Opioid Recovery & Remediation Fund (ORRF) Advisory Council

Executive Office of Health and Human Services

June 10, 2026

ORRF Team



Joanne Marqusee (EHS)
Assistant Secretary



Deirdre Calvert (DPH)
BSAS Director



Nicole Schmitt (DPH)
Director of Strategy &
Innovation



Julia Newhall (DPH)
Director of Opioid Abatement



Casey León (DPH)
Epidemiologist



Millie Bhatia (EHS)
Health Policy Manager



Susan Weiss (DPH)
Executive Assistant

Agenda

- Welcome (EOHHS, ~10 minutes)
- Important Announcements (EOHHS, ~5 minutes)
- Listening Session Results Overview (EOHHS, ~10 minutes)
- March Council Meeting Overview (Aligned Solutions, ~10 minutes)
- Fiscal Overview and FY28-FY32 Strategic Portfolio (Aligned Solutions, ~30 minutes)
- Data and Performance Management System (Aligned Solutions, ~10 minutes)
- Next Steps (Aligned Solutions, ~10 minutes)
- Close Out (EOHHS, ~5 minutes)

Housekeeping

- Vote on 03/31/2026 Meeting Minutes

Welcome New Members



Cedric Woods

Director
Institute for New England
Native American Studies

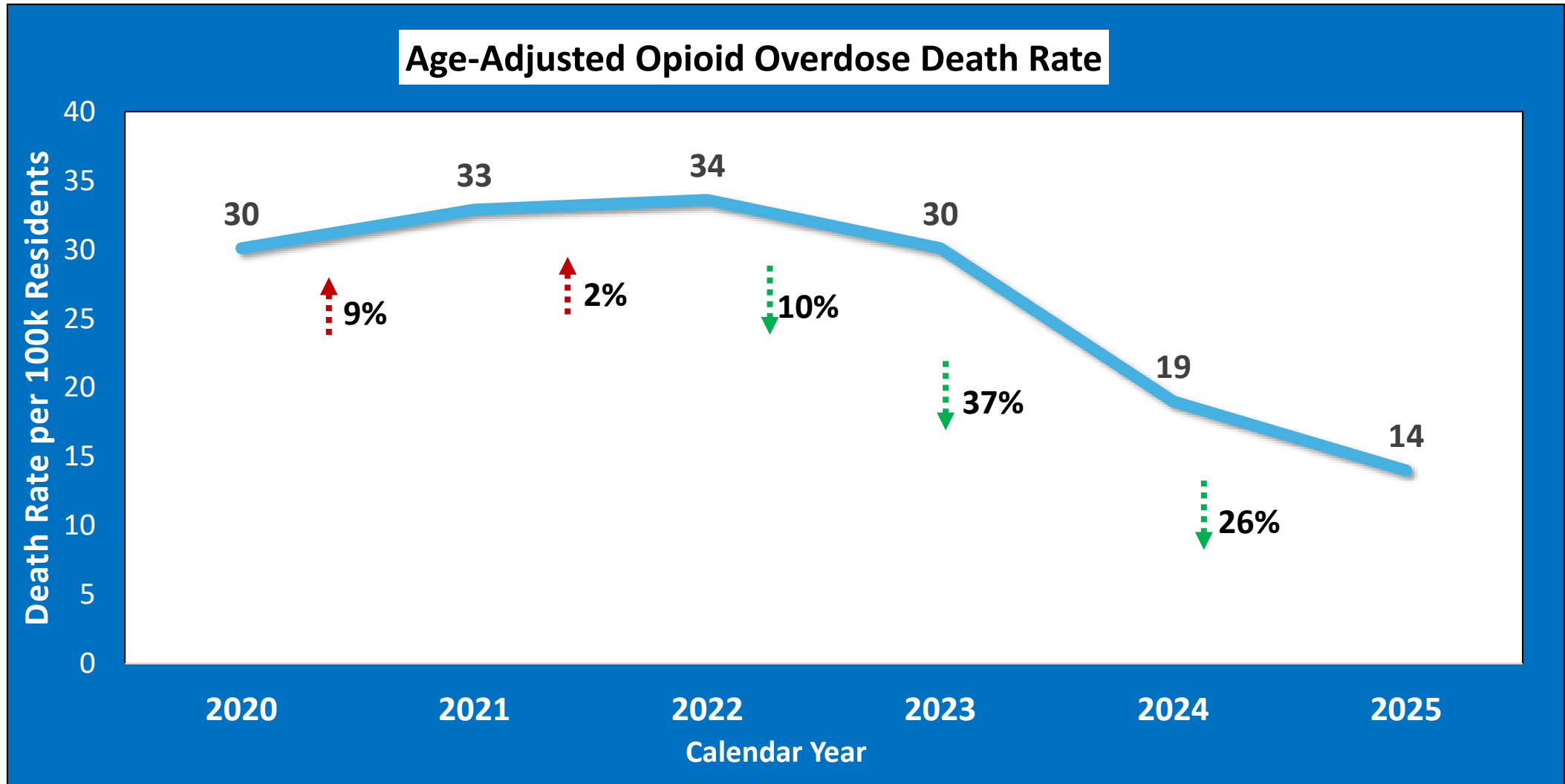


Jennifer Michaels

Medical Director
Brien Center

Thank you, Carla B. Monteiro and Alyssa Peterkin for your service!

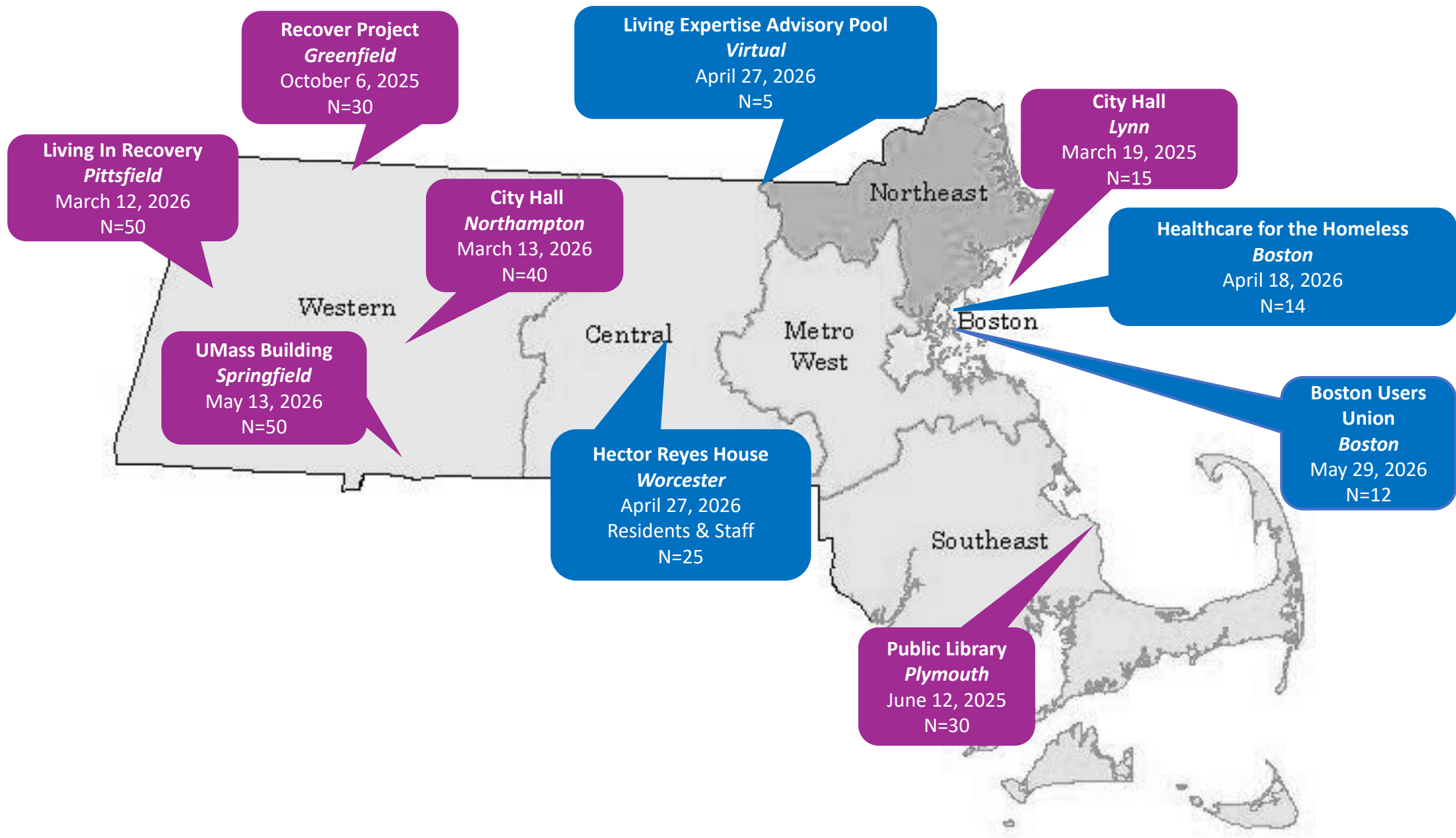
MA Opioid Overdose Death Trend Update



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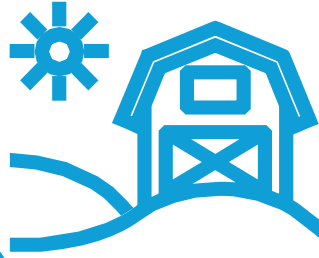
Opioid Settlement Funds

Listening Session Feedback



Regional Distinctions

“Lower population density leads to lower funding—but the costs of providing services are the same.”



Western

- Rural inequities and infrastructure gaps
- Transportation as a critical barrier
- Service displacement
- Local system fragility

Northeast

- Family-centered prevention and recovery approaches
- Racial inequities in the opioid response
- Barriers to inclusive engagement



“Families are doing a lot of the work, but they’re not getting the support they need.”

“Overdose prevention centers save lives—we need them here.”



Southeast

- Grief support as an unmet need
- Municipal capacity and accountability challenges
- Support for overdose prevention centers

Statewide Themes

“No one is talking to each other, it’s all disconnected.”

“Treatment alone isn’t enough. People need support in every part of their life.”

“We’re losing staff faster than we can replace them. Burnout is real and unsustainable.”

“Stigma shapes the type of care that exists, who is able to access it, how those receiving it are treated, and whether they’ll continue to do so.”

Theme	Strategic Priority	Current Initiatives
System of care is fragmented and difficult to navigate	Service Expansion & Enhancement	Hospital-based addiction consult teams and bridge clinics
Recovery capital includes social determinants of health, particularly housing and transportation	Service Expansion and Enhancement & Social Determinants of Health	Low-Threshold Housing Program and Access to Recovery (ATR)
Supporting and retaining SUD workforce	Workforce Development	Loan Repayment Program
Stigma is multilayered and exists both across and within the entire system	Universal	No current activities

Consumer Perspectives

“I need a job, a place to live, and support—treatment alone isn’t enough.”

“Sometimes the way we’re treated just adds more trauma.”

“If you don’t do it their way, they stop helping you.”

“It’s hard to trust a system that doesn’t understand your culture or your experience.”

Theme	Strategic Priority	Current Initiatives
Recovery is rooted in stability and opportunities that help people build healthy and fulfilling lives	Social Determinants of Health Service Expansion & Enhancement	Low Threshold Housing Access to Recovery
Lack of person-centered, trauma-informed care	Equity Workforce Development	No current initiatives
Lack of trust and confidence in systems and institutions	Equity Service Expansion & Enhancement Social Determinants of Health	No current initiatives
Cultural and linguistic barriers to care	Equity Service Expansion & Enhancement Workforce Development	Black and Latino Men’s Re-Entry Program

Conclusions and Recommendations

There is alignment between community feedback, strategic priorities

Tailor, sustain, and scale proven community-based approaches

Implement clear standards for quality and person-centered care

Establish a communication and dissemination plan

Regional inequities driven by structural mismatches between system design, local realities

Regionally tailor funding strategies

Invest in infrastructure to address access barriers

Strengthen regional coordination and shared service models

Addressing stigma is an unmet need

Embed stigma-reduction and trauma-informed care requirements into contracts

Require robust and ongoing consumer feedback mechanisms

Invest in community-rooted, culturally responsive initiatives that address multi-level stigma

Meet the Aligned Solutions ORRF Team

**ADAM
STOLER**
Founder
& CEO



**ASHLEY
SORGI**
Head of
Research &
Development



**MADDIE
MURPHY**
Director of
Policy and
Partnerships



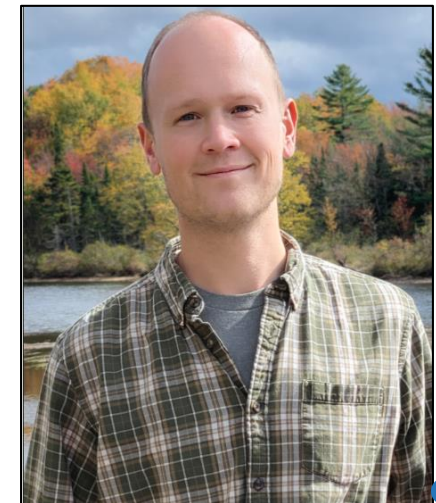
**ALLEGRA
COHEN**
Chief of
Staff



**JENNA
TERIO**
Senior
Policy
Analyst



**RYAN
MYLREA**
Senior
Financial
Analyst



Roadmap for Today

Participation Expectations

- Keep Camera On
- Time Keeping
 - 1 Minute Responses
- Raise Virtual Hand

Group Norms

- Active Listening
- Assuming Best Intentions
- The 3-Before-Me Rule
- Active Engagement

*Group norms discussion can be continued in a future meeting

ORRF Advisory Council Strategic Planning Timeline

Start of fiscal year 2027

SEP & DEC
(2025)
COUNCIL
MEETINGS

JAN – MAR
2026

MARCH (2026)
COUNCIL
MEETING

JUNE
(2026)
COUNCIL
MEETING

FY27

FY28-FY32

- Council Mentimeter survey and results

- Aligned Solutions partnership initiated
- Discussions with individual council members

- Discuss vision for strategic ORRF portfolio for FY28-FY32
- Initial alignment on goals and investment priorities

- Review outcomes from 03/31 meeting
- Continued alignment on goals and investment priorities
- Finalize strategic portfolio for FY28-FY32
- Discuss plans for data and monitoring system

- Review data collection processes and monitoring system
- Solidify Council's role in portfolio monitoring

- ORRF Strategic portfolio in place

Grounding on Current Guiding Principles

ORRF Guiding Principles (2022 Strategic Plan-Current)

- 1) Focus on historically underserved populations suffering from and/or impacted by opioid use disorder
- 2) Incorporate health equity and community engagement into each funded initiative
- 3) Prioritize localized, community focused efforts where possible
- 4) Drive funding decisions based on current data and evidence-based research
- 5) Focus on sustainability concepts of funded activities from the beginning
- 6) Prioritize innovative and nontraditional solutions
- 7) Fund solutions and programs that do not have alternative funding sources

March 2026 ORRF Council Meeting Overview

What we heard at the ORRF Council Meeting held on March 31, 2026:

①

ORRF Council members identified the need to:

Strengthen internal capacity and infrastructure related to monitoring and program evaluation as a top priority for the ORRF moving forward.

②

Support for ORRF priorities:

- Service Expansion/Enhancement
- Equity
- Workforce Development
- Social Determinants of Health
- Data Collection/Analysis (expand)
- Supporting Families (expand)
- Capacity Building

New/expanded focus areas:

- Program monitoring/oversight
- Harm reduction
- Multi-level stigma

③

Gain understanding of the current state of ORRF funds (revenue generated and amount expended); and be a part of the recommendations on how funds are spent in the future

Total ORRF Payments Received and Spent

ORRF Fund FY23 to Present (June 30, 2026)

		Actual Data	
Revenue			
	Type		
Prior Period Carryover	\$	\$-	
Interest	\$	\$12,115,804	
New Projected Revenue	\$	\$260,916,044	
Purdue Pharma Revenue	\$	\$-	
Total Available Funds	\$	\$273,031,849	
Expense			
Planned Total Expenditure	\$	% Allocation	\$130,409,540
Service Expansion & Enhancement	%	56%	\$73,029,342
Social Determinants of Health	%	12%	\$15,649,145
Equity	%	19%	\$24,777,813
Muni Capacity Building & Supports	%	2%	\$2,608,191
Family Supports	%	5%	\$6,520,477
Admin & Infrastructure Development	%	1%	\$1,304,095
Data Collection & Analysis	%	5%	\$6,520,477
Uncommitted / (Overcommitted)	%	0%	\$-
Total Expenditures		100%	\$130,409,540
Balance (Carry Forward)	\$	\$142,622,309	

Total revenue:
\$273,031,849

Total expenditures:
\$130,409,540

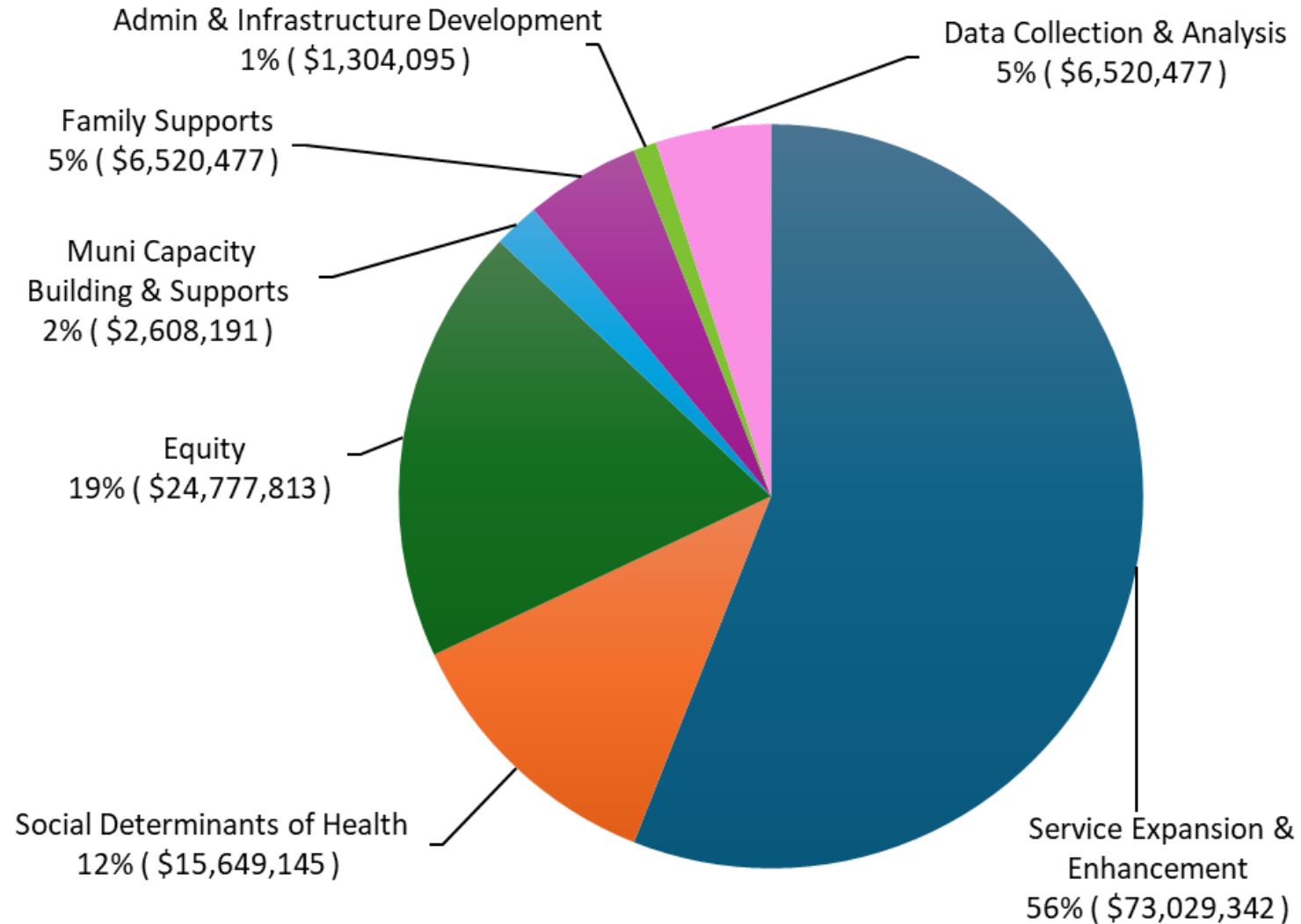
Total balance:
\$142,622,309

Snapshot of Current Priority Areas Fund Distribution

Actual Expenditures: Through FY26

Priority Distribution

- Service Expansion & Enhancement
- Social Determinants of Health
- Equity
- Muni Capacity Building & Supports
- Family Supports
- Admin & Infrastructure Development
- Data Collection & Analysis



Key ORRF Fund Changes

Key changes to support increased investments in **Data Infrastructure for Program Monitoring & Accountability, Harm Reduction, Stigma Reduction, and Family Supports** include:

- Wind down or scale back ORRF dollars on activities where other funding and billing mechanisms can be leveraged (i.e. MAT enhanced, contingency management, hospital reductions)
- Additional funds expected to come in from Purdue (~4 million per year)

Activity	Action	Dollar Reduction Amount (annually)
MOUD Enhanced	Sunset	\$3,100,000
Hospital SUD	Reductions	\$4,000,000
Contingency Management	Sunset	\$2,000,000
Community Innovations	Sunset with exceptions	\$3,000,000
Total		\$12,100,000

FY28-FY32 ORRF Fund Opportunity

Available ORRF Funds	Annual	5-Year Total
Available Funds From Sunsetting Projects	\$12,100,000	\$60,500,000
Available Funds from Purdue Settlement	\$4,000,000	\$20,000,000
Total Available for New Investment in FY28	\$16,100,000	\$80,500,000

FY28-FY32 Priority Investment Areas

Monitoring & Oversight

In FY27, BSAS will develop systems for tracking and reporting KPIs across projects which will allow for greater oversight of ORRF funded programs in FY28-FY32.

Expanding Harm Reduction

BSAS will continue to invest in evidence-based harm reduction practices (i.e., drug checking no longer an allowable w/ federal funds, yet a crucial tool for identifying overdose trends).

Stigma Reduction

Stigma and discrimination affects all aspects of the care. In FY27, BSAS will develop a plan to address ongoing all levels of stigma.

Family Support

BSAS will work with RIZE to strategically scale up efforts to get the funds into the hands of those most impacted and continue leveraging the expertise of council members on future initiatives.

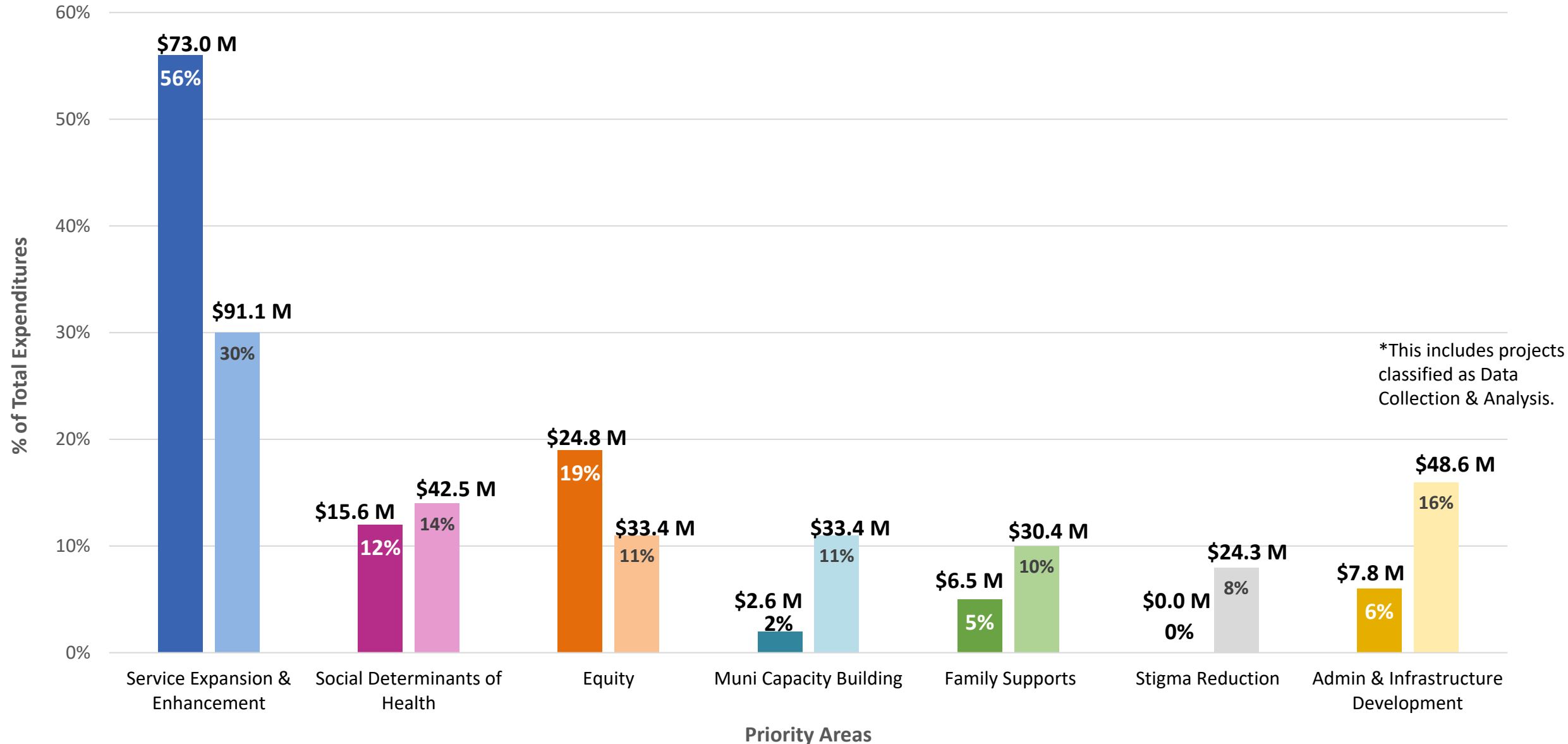
BSAS will provide updates to the ORRF council throughout FY27 on the progress of this work. ORRF funding will remain the same in the other priority areas not explicitly mentioned.

FY28-FY32 Priority Areas Fund Distributions

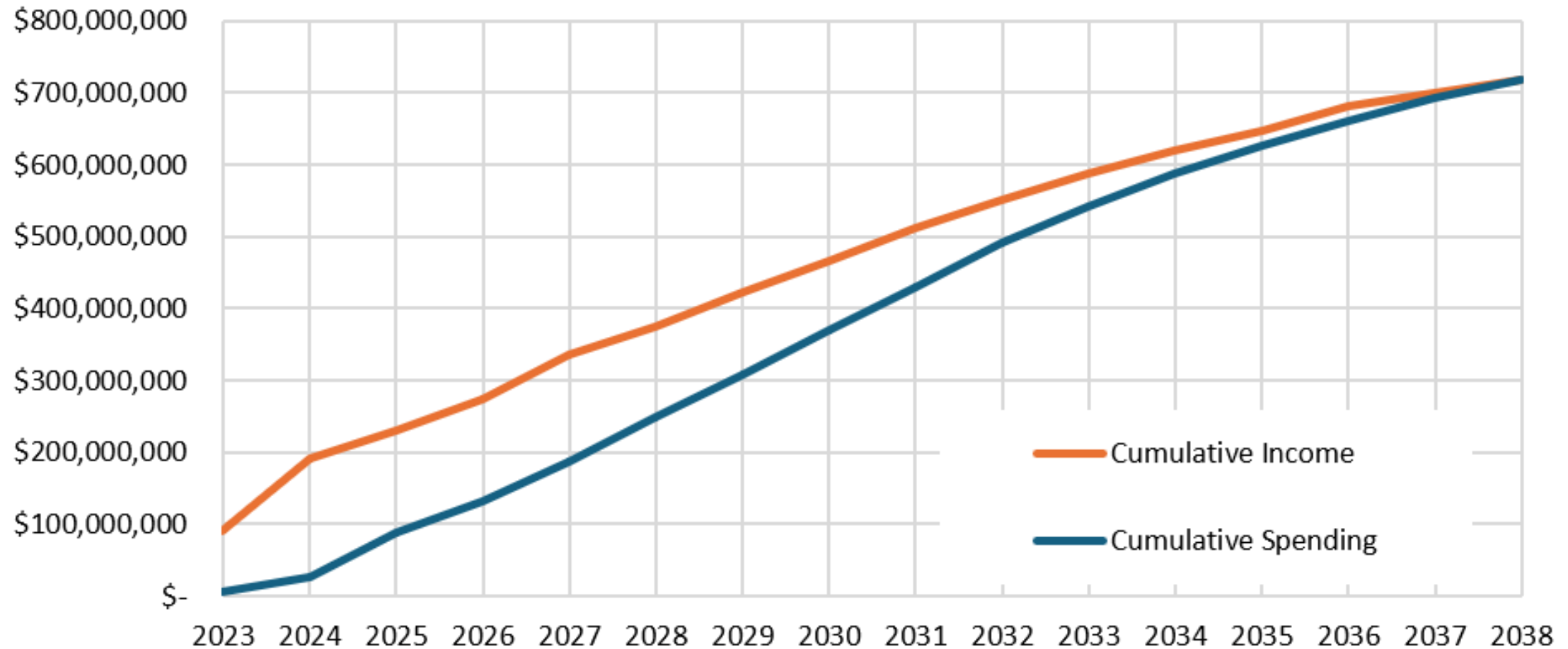
		Next Five Fiscal Years ('28-'32)	
		Projected Data	
Revenue	Type		
Prior Period Carryover	\$	\$	148,207,873
Interest	\$	\$	22,709,192
New Projected Revenue	\$	\$	173,841,815
Purdue Pharma Revenue	\$	\$	18,601,298
Total Available Funds	\$	\$	363,360,178
Expense			
Planned Total Expenditure	\$	% Allocation	\$ 303,750,000
Service Expansion & Enhancement	%	30%	\$ 91,125,000
Social Determinants of Health	%	14%	\$ 42,525,000
Equity	%	11%	\$ 33,412,500
Muni Capacity Building & Supports	%	11%	\$ 33,412,500
Family Supports	%	10%	\$ 30,375,000
Stigma Reduction	%	8%	\$ 24,300,000
Admin & Infrastructure Development	%	16%	\$ 48,600,000
<i>Uncommitted / (Overcommitted)</i>	%	0%	\$ -
Total Expenditures	%	100%	\$ 303,750,000
Balance (Carry Forward)	\$		\$ 59,610,178

Priority Area Allocations

Current and Future (FY28-FY32) Comparison



Comparison of Projected ORRF Income & Expenditures FY2023 – FY2038



Questions, Reflections, and Discussion



Data and Performance Management

Challenges Identified by ORRF Council

1. A lack of clarity on what success looks like at a granular level (e.g. how many people were impacted by XYZ program; how many Narcan kits were distributed, etc.)
2. Limited visibility into program performance and outcomes
3. Lack of clarity about what data is being collected
4. A desire for increase data transparency and accessibility
5. Consideration of geographic differences and how to equitably evaluate and monitor

Data and Performance Management

Recommendations

1. Establish shared indicators across programs, with opportunities to scale across BSAS contracts/funding
2. Invest in infrastructure to support rigorous evaluation and monitoring including development of systems to monitor, track and report on KPIs
3. Develop and implement a comms strategy as related to data related to ORRF funded programs to increase visibility and knowledge
4. Data infrastructure and performance management system will inform decision making criteria in the selection process of recipients of ORRF funds

Data and Performance Management Next Steps

Align

- Settle on shared agreement of success metrics and KPIs by priority area/topic

Assess

- What data is already being collected?
- Which projects already have separate evaluations vs not?
- What, if any, additional data or evaluation is needed/wanted?

Build

- Build systems and infrastructure for tracking and reporting

Wrap Up

What we achieved during today's meeting:

- ☐ Reviewed key outcomes of the March Council Meeting
- ☐ Discussed current fiscal state of ORRF dollars
- ☐ Discussed possible recommendations and paths forward for FY28-FY32 strategic portfolio
- ☐ Discussed plans for data and performance management system

Next Steps

State Action Items: April-June 2026

BSAS will work on data and performance management proposal to present to council that includes sustainability considerations, identified areas of measurement, operational goalposts, and a tangible timeline of implementation

Council Action Items: June-September 2026

Prepare to contribute ideas of monitoring and evaluation examples that have worked well in other contexts (KPI selection, cadence, oversight methods, etc.)

FY27 Council Meeting Topics:

- Robust discussion on new investments and data and performance management infrastructure
- ORRF Council Bylaws drafting
- Deep dive into Listening Session takeaways

Closing

