

Norfolk County-8 Coalition

March 14th, 2024 Meeting

Minutes



Time: 3-4 PM
<u>Meeting Location</u> Zoom: https://us06web.zoom.us/j/81183595071

Attendance Roll Call

Voting members present:

Barbara Reardon, Canton

Kylee Sullivan, Dedham

Caroline Kinsella, Milton

Stacey Lane, Norwood

Melissa Ranieri, Walpole

Lenny Izzo, Wellesley

Jared Orsini, Westwood

Non-voting members present:

Caeli Tegan Zampach, BME Strategies

Cynthia Baker, BME Strategies

Non-voting members absent:

Kerry Mackay

I. Opening

The special meeting of the NC-8 Local Public Health Coalition was called to order by Cynthia Baker at 3:07 PM on March 14th, 2024.

Stacey Lane made a motion to approve the February opioid abatement meeting minutes. Kylee Sullivan seconded the motion.

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Vote:

Canton: abstained

Dedham: Y

Milton: Y

Norwood: Y

Walpole: abstained

Wellesley: Y

Westwood: abstained

Motion passed.

II. Review: Municipal Use of Abatement Funds

The group reviewed the Attorney General's guidance on the permitted uses of abatement funds, encompassing: opioid use disorder treatment, support for people in treatment and recovery, connections to care, harm reduction, addressing the needs of criminal justice-involved persons, supporting pregnant or parenting caregivers and their families, and opioid misuse prevention education.

III. Regional Training Opportunities

The coalition reviewed a training proposal from HRiA to provide 5 community trainings on overdose response and administration of naloxone. Participants expressed interest in learning more about Train-the-Trainer options, and requested additional detail on the cost breakdowns in the proposal. BME will follow up with HRiA to confirm and share back with the group.

IV. Mobile Intervention Units

BME provided a brief overview of mobile crisis intervention units and summarized several models utilized in cities throughout Massachusetts. The group then discussed the prospect of working with Riverside Community Care. BME shared insights from their conversation with a representative from the Behavioral Health Services Unit about the organization's substance use intervention capacity and programming. The group

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discussed opportunities to partner highlighted by RCC, including expansion of perinatal mental health and substance use support, and building additional clinical capacity for justice-involved persons. The coalition expressed an interest in learning more about FIRST Steps Together, a home visiting program highlighted as an example by RCC. Several NC-8 communities already work directly with Riverside Community Care through their police departments. Participants will connect with their town partners to learn more about existing relationships and share back with the coalition.

V. Discussion

The coalition briefly discussed survey design efforts to gather community feedback to inform abatement funding opportunities. The group also discussed education and prevention curricula for integration into schools. BME will do some additional research to learn more about programming opportunities throughout the state and share back with the group at the next meeting.

VI. Adjournment

The meeting was adjourned at 4:04 PM. BME will send out a meeting poll to schedule the next convening.

Documents and other exhibits used by the public body during the meeting:

Opioid Settlement Funding Discussion Presentation

HRiA Training Proposal

Opioid Abatement Funding

March 2024



Agenda

- I. Opening
- II. Review: Approved Municipal Use of Abatement Funds
- III. Regional Training Opportunities
- IV. Mobile Crisis Intervention
- V. Discussion
- VI. Adjournment

Approval of previous meeting minutes

Review:

Approved Municipal Use of Abatement Funds

- 1) Opioid Use Disorder treatment
- 2) Support people in treatment and recovery
- 3) Connections to care
- 4) Harm reduction
- 5) Address the needs of criminal justice-involved persons
- 6) Support pregnant or parenting caregivers and their families
- 7) Prevent misuse of opioids and implement prevention education



Validated Approaches of Interest

- Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches
- Support mobile units that offer or provide referrals to harm reduction services, treatment, and recovery supports
- Promote efforts to train relevant personnel and community members in crisis training and harm reduction strategies

HRiA Training Proposal

Overview

- Rotating series of 5 Opioid Overdose Rescue trainings (2 hours each)
 - Overview of opioids, risk factors, overdose assessment and reversal (administration of naloxone)
- In-person sessions with hands-on training with supporting materials

Other Training Opportunities with HRiA

BeHere Initiative

Selected Options

- Training of Trainers - Opioid Overdose Rescue and Naloxone Administration (5-6 hours)
- Opioid Overdose Prevention: Harm Reduction & Safety Planning with Clients (2 hours)
- Workshop: Promising Policies & Practices in Overdose Prevention, Response, & Postvention (5-6 hours)



Mobile Crisis Intervention

Benefits

- Increase connection to services
- Reduce pressure on the healthcare system
- Promote cost-effectiveness

Challenges

- Response time
- Increased demand for services
- Resource and staffing limitations
- Community and stakeholder education

Worcester Model: Mental Health Community Mobile Crisis Response Pilot Program

- Partnership with UMass Memorial Health's Community Healthlink
 - CBHC - addresses mental health, substance use, homelessness - active connections to care, resources, and guidance through crisis response
 - Collaboration between Worcester PD, FD, Emergency Medical Services & Emergency Communications department
 - 911 dispatchers determine appropriate response based on information from the caller - sometimes first responders from more than one or all agencies are sent
 - Team of mental health clinicians, case managers, peer educators
 - Direct response to the site of mental health or substance use emergency
 - Youth & adult units
 - Defined geography for coverage
 - Integrated interpretive services

Framingham Model: Co-Response Programs

- Initial partnership between Advocates and Framingham Police Department (2003)
 - Clinicians are embedded in PD; train and work alongside police officers
 - Replicated in Marlborough (2008), Watertown (2011), Natick (2019), and offered on a regional basis in Hudson & Sudbury (2018), Westborough, Southborough, & Northborough (2019), Lowell and Mansfield (2021), Stow & Harvard, Belmont, Shrewsbury, Uxbridge, Blackstone, & Millville, Northbridge & Douglas, Grafton, Millbury, & Sutton, Sharon & Westwood, Marshfield, Duxbury, & Norwell (2022)
 - Launched the first Co-Response Training and Technical Assistance Center in 2018 to expand replication efforts throughout Massachusetts
- Framingham 2022 Program Statistics:
 - 488 individuals were referred to the co-response program
 - In situations where an arrest could be made, 94% were not placed into custody
 - 121 unnecessary hospitalizations averted by co-response team

Riverside Community Care

Current State of MCI

- Continuing to expand substance use treatment services to complement strength in chronic and long term mental health illness support
 - Service is more built out in their CBHC clinics at this juncture than in their MCI work
 - Care team for individuals consists of recovery coach (with lived experience), a clinician, and a peer mentor
- Work is focused on substance use intervention - less so prevention
 - Short-term crisis-responsive care / justice involvement diversion & longer-term care coordination
- MCI service area covers all NC-8 communities except Milton
 - Jurisdictional lines driven by BSAS/the state
 - Milton residents can access RCC Connect to Recovery telehealth or clinic services through the Norwood CBHC

Riverside Community Care

Areas of Opportunity

- Home-visiting service, or family-centered services and interventions
 - FIRST Steps Together
 - Address perinatal mental health gaps related to substance use, exposure in utero
- Additional jail diversion clinician capacity
 - Requires additional coordination with police departments
 - Co-response initiatives
- Where can we more thoroughly build out current services to fill existing gaps?

Discussion

- Have any communities (besides Dedham) released a survey to gather community input and assess need regarding opioid use prevention or treatment?
- Is everyone attending the Municipal Opioid Abatement conference next week?

Next Steps

In-Person Facilitated Opioid Overdose Rescue Trainings for BME Strategies

Health Resources in Action

2024



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Background

Health Resources in Action (HRiA) is pleased to present this proposal to BME Strategies to deliver five (5) in-person trainings on opioid overdose rescue for community members and local public health workers in the Greater Boston area.



HRiA Experience

Health Resources in Action is a non-profit organization with a vision of healthy people thriving in equitable and just communities. Our mission is to partner with individuals, organizations, and communities to transform the practices, policies, and systems that improve health and advance equity. Founded in 1957, HRiA has built a national reputation for high quality, creative programs that support more than 100,000 individuals, organizations, communities, state agencies and funders annually.

In keeping with its mission of helping both people and communities, HRiA takes a holistic approach to meeting constituent needs by serving all individuals and entities that are invested in the issues of health and well-being. This highly diverse constituency includes individuals, community-based organizations, government agencies, faith-based organizations, coalitions, health organizations, schools, local and state agencies, local and state health departments, and funders. These constituents come from, or serve, people from all ethnic, linguistic, religious, and economic backgrounds, as well as all ages, all genders, and all orientations and abilities.

With over 60 years working in public health, HRiA offers a unique perspective and set of experiences in training program development and implementation; qualitative and quantitative data collection and analysis; and program development, implementation, and evaluation. A PRF61 vendor, we have extensive experience working with state and local government, particularly in Massachusetts, where our headquarters are located. HRiA also has specific subject matter expertise in trauma-informed care, conflict resolution, training and facilitation, and positive youth development.



Core Competencies

There are specific competencies that we believe, when combined, make HRiA unique:

We have a **deep understanding of community organizing and health equity** – the process by which community groups identify common problems or goals, mobilize resources, and develop and implement strategies for reaching their goals using a health equity lens.

We are a **diverse staff with staff expertise** to integrate both qualitative and quantitative data collection and analysis in a meaningful and culturally appropriate way, and to support communities with analysis, report writing, presentation, program design, implementation, and evaluation. We use a team approach working on projects.

We have **expertise in training and facilitation** through our Behavioral Health and Racial Equity (BeHERE) training team; the BEST Initiative (Building Exemplary Systems of Training), a professional development program for youth workers; and the Community Health Training Institute. Through these programs, HRiA has supported and trained thousands of human and social service professionals.



Project Experience and References

HRiA is a leading expert in public health and training delivery systems. Since its inception, HRiA has conducted extensive public health training. Two relevant examples, along with contact information for the clients, are below:

- For the past 6 years, HRiA has coordinated and implemented the Behavioral Health and Racial Equity (BeHERE) Initiative, which is housed within HRiA and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a grant administered by the Massachusetts Department of Public Health's Bureau of Substance Addiction Services. The BeHERE training team provides opioid overdose prevention and response training to agencies and entities who are not funded substance use treatment providers. We serve and train a variety of human service providers who serve people who use drugs and people at risk for overdose. These service providers include those working in housing and homelessness, the criminal legal system, mental health services, and youth and young adult services. The BeHERE training team also offers a suite of additional training topics related to harm reduction, substance use, and overdose prevention, including:
 - Addressing Drug-Related Stigma and Bias
 - Analyzing the U.S. War on Drugs and Racist Drug Policies
 - Best Supervisory Practices: Working Through Incidents and Crises
 - Challenging Narratives: Understanding Alcohol Use from an Equity Lens
 - Exploring Pathways of Recovery
 - Linking Reproductive Justice and Harm Reduction: Promoting Clients' Bodily Autonomy
 - Secondary Trauma and Helping Professionals
 - Sharing Power with Youth: Building Relationships Through Harm Reduction
 - Supporting People Who Use Drugs: Strategies for Service Providers



- Working with People Who Use Stimulants: Best Practices
- BeHERE Training also facilitated an extensive substance use disorder training series with the Massachusetts Rehabilitation Commission (MRC) in the Fall of 2020 and 2021, training all their supervisors and managers who work in the Vocational Rehabilitation and Community Living sectors of MRC. BeHERE was able to increase the knowledge and capacity of these employees through training that offered general education around alcohol and marijuana in addition to opioid overdose rescue and prevention. Our staff also moderated a panel of people living in recovery which gave the supervisors and managers an opportunity to hear from people with lived and living experience with substance use, addiction, and overdose. Our series concluded with two facilitated discussions between the managers and supervisors from the Vocational Rehabilitation and Community Living sectors of MRC regarding how they might best implement the learnings from the trainings to better support their consumers who are living with substance use disorder.

The following individuals can be contacted as references for HRiA's experience in developing and delivering training:

- Brittni Reilly, MSW (she/her/hers), Harm Reduction Lead Program Coordinator, Massachusetts Department of Public Health, Bureau of Substance Addiction Services, brittni.reilly@mass.gov, 781-531-4358
- Amanda Tower (she/her/hers), Grants Program Manager, Massachusetts Rehabilitation Commission, amanda.tower@mass.gov Cell: 857-275-5175



Scope of Services – Outline of Proposed Training

HRiA proposes delivering five (5) in-person trainings on opioid overdose rescue beginning in August 2024. HRiA is flexible and can alter the schedule and timing according to the needs of the organization and its participants. HRiA will provide two training facilitators and all relevant training materials.

Details for the opioid overdose rescue training are provided below.

- Name of training: **Opioid Overdose Rescue**
- Length: **2 Hours**
- Description
 - Participants will learn about opioids and risk factors for overdose. They will then explore strategies for rescues and practices strategies through scenarios.
- Learning Objectives
 - Name 5 risk factors for opioid overdoses
 - Distinguish between someone who is really high versus overdosing
 - Describe how to assess for opioid overdose
 - Explain how naloxone works to reverse opioid overdoses
 - Practice overdose response and how to administer naloxone

For the training, HRiA will provide:

- Hands-on and digital materials for participants, including training slide decks
- Two training facilitators

We would ask BME Strategies to provide:

- Physical training space
- Slide projector/screen to project PowerPoint
- Participant list with names and job titles of those being trained
- Food/lunch if applicable



Proposed Budget

The following table summarizes HRiA's budget for the proposed work. The first budget captures the proposed budget for delivering five (5) in-person trainings on opioid overdose rescue beginning in August 2024.

Item	Details	Budget
Project Management, Planning, and Partnership Development	<ul style="list-style-type: none">Coordination between the staff and client including finalizing logistics of all training and services, including a timeline and deliverables.	\$1,000
Training Session Planning, Coordination, and Delivery	<ul style="list-style-type: none">Coordination, preparation, and delivery of five (5), 2 hour in-person trainings on opioid overdose rescue	\$7,000
Travel for facilitators	<ul style="list-style-type: none">Travel for staff to BME Strategies offices to deliver in-person trainings, including per-diem meal costs, mileage, and additional transportation across 5 separate training days.	\$5,250
Total		\$13,250

Key Staff

Gracie Rolfe Senior Project Manager, Training and Capacity Building

Michael Leonard Senior Project Manager, Training and Capacity Building

Gina San Inocencio, Associate Director, Training and Capacity Building

Please contact Gracie Rolfe grolfe@hria.org or (617)-391-9192 for any questions.

