



# Norfolk County-8 Coalition Opioid Abatement Collaboration Discussion January 9th, 2025 Meeting Agenda

<b>Time:</b> <b>2 pm – 3:30 pm</b>
<b><u>Virtual Meeting</u></b> Meeting link: <a href="https://us06web.zoom.us/j/84171858572">https://us06web.zoom.us/j/84171858572</a>

## **Attendance Roll Call**

### Voting members present:

Meg Goldstein, Canton  
Katie Paciorkowski, Dedham  
Emily Conners, Milton (joined late)  
Stacey Lane, Norwood  
Melissa Ranieri, Walpole  
Lenny Izzo, Wellesley

### Non-voting members present:

Aine Studdert-Kennedy, BME Strategies  
Cynthia Baker, BME Strategies  
Angie Truesdale, BME Strategies  
Cheryl Sbarra, MAHB  
Michael Hugo, MAHB  
Rich Mucci, MAHB  
Carly Bridden, Care Massachusetts  
Barbara Gillmeister, Gilly's House  
Jhana Wallace, Wellesley

### Voting members absent:

Jared Orsini, Westwood

5/7 voting communities present, quorum met.

## **Opening**

Stacey Lane made a motion to start the meeting. Melissa Ranieri seconded the motion.

Canton: Y  
Dedham: Y  
Milton: joined late  
Norwood: Y



# Norfolk County-8 Coalition

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Walpole: Y

Wellesley: Y

Westwood: not present

The special meeting of the NC-8 Local Public Health Coalition was called to order by Cynthia Baker at 2:04 PM on January 9th, 2025.

#### **I. Welcome**

- a. Agenda Overview

#### **II. Opioid Abatement Collaborative (OAC) Discussion with MAHB**

The coalition reviewed a presentation by Cheryl Sbarra of the Massachusetts Association of Health Boards and Carly Bridden of Care Massachusetts outlining the state abatement terms, evidence-informed strategies to support abatement activities, and technical assistance options for communities pursuing programming. Following the presentation, the group discussed various options for potentially pursuing a formalized agreement to become an opioid abatement collaborative (OAC).

#### **III. Other Business**

##### **a. Current Project Updates**

##### **o HRiA Training**

- This is scheduled for Thursday, January 23rd. Thank you everyone for signing off on the paperwork as requested! Please be on the lookout for forthcoming logistical details for attendees.
- A quick note that the contract circulated listed the incorrect address for Milton - HRiA has made the adjustment on the contract without requiring an amendment. We will circulate this in writing to each of the participating towns so this can be shared with signatories and other relevant parties.

##### **o Riverside Community Care**

- Reconnected their team and we appear to be back on track as long as our group is still committed. RCC still has a number of their own staff very interested in supporting the recovery coaching program, and expects a quick turnaround on filling the role as soon as we are all fully aligned.
- Walked through the previous draft of the contract and discussed NC-8 feedback from our prior conversation. Made live edits to address previously discussed and shared back with their contracts team. Expecting an updated draft to share with participating

# Norfolk County-8 Coalition

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municipalities soon, and will request to convene a short meeting for review with that group.

- Original draft contract proposed 12/1 start date - with additional hangtime, RCC proposed a target of 3/1 to allow sufficient time for contract updates, signatures from towns, and internal allocation of staff. The group agreed 3/1 was a reasonable target.

#### b. Presentation from Gilly's House (3-3:30PM)

The coalition reviewed a presentation from Barbara Gillmeister of Gilly's House in Wrentham, MA. Gilly's House, established in 2018, is the only non-profit recovery home certified by the Massachusetts Alliance for Sober Housing (MASH). The facility provides 24/7 staffing and provides sober living, recovery coaching, and wraparound services for men in recovery from all over the state. The home hosts a variety of activities and community engagement events to provide their residents with opportunities for connection and support. Residents pay \$275/week to cover basic necessities, toiletries, wifi, and food. The home is supported by numerous community volunteers, corporate sponsors, local partners, and individuals willing to donate their time.

#### Q&A:

**Q:** How many residents can Gilly's House accommodate at a time?

**A:** 21 beds, all currently full.

**Q:** How long on average do residents stay?

**A:** We ask residents to commit to a year minimum, but may stay up to 2. Over time we have had 220 residents stay at Gilly's House.

**Q:** How do folks in recovery get referred to or connected to Gilly's House?

**A:** Some folks come from incarceration - we maintain ongoing relationships with the Department of Corrections, and treatment & behavior health centers (ex., Spectrum). We like folks to have 40 days of clean time prior to arriving at Gilly's House so they are focused on their recovery.

**Q:** Are there other mechanisms for support that Gilly's House provides to residents, either directly or by linkages to other organizations (such as employment assistance, continuing education, or basic needs assistance for individuals leaving the residence)?

**A:** Yes, through a number of ways. We brought in several banks at different times to teach Banking 101, how to clean up credit - we have a relationship with Tri-County for a number of continuing education or certification courses. Mass Bay came in to talk about some programming.

Interested parties are invited to request a site visit with Gilly's House to tour the facility and meet the staff.

#### IV. Meeting Closure



# Norfolk County-8 Coalition

## Opioid Abatement Collaboration Discussion

### January 9th, 2025 Meeting Agenda

The coalition voiced interest in dedicating additional meeting time to further discuss opioid abatement collaboration and possible options for formalizing next steps. BME will compile a meeting poll so participants can vote on their preferred times to meet next month.

Melissa Ranieri motioned to adjourn the meeting. Stacey Lane seconded the motion.

Canton: Y  
Dedham: Y  
Milton: Y  
Norwood: Y  
Walpole: Y  
Wellesley: Y  
Westwood: not present

The meeting adjourned at 3:35PM.

#### **Documents used and referenced during the meeting:**

NC-8 January 2025 Opioid Abatement Collaboration Discussion Presentation

# NC-8 Local Public Health Coalition Opioid Abatement Collaboration Discussion

January 2025



# Agenda

- I. Welcome
- II. Opioid Abatement Collaborative (OAC) Discussion with MAHB
- III. Other Business
- IV. Meeting Closure

# Opioid Abatement Collaboratives (OACs)

MAHB & Care Mass



# Care Massachusetts The Opioid Abatement Partnership



# Objectives

- ❑ Introduce Care Massachusetts
- ❑ Present a summary of the opioid settlement + abatement priorities
- ❑ Review requirements for towns + cities as part of the settlement process
- ❑ Share examples



# What is Care Massachusetts?

Funded by the MA Bureau of Substance Addiction Services (BSAS), Care Massachusetts works collaboratively with cities and towns across the state to take action to end the overdose crisis.

## **We provide resources and technical assistance with:**

- ❑ Connecting municipalities with the people most impacted by the overdose crisis
- ❑ Promoting the selection and implementation of proven public health strategies
- ❑ Educating the public on the source and purpose of the funds
- ❑ Facilitating collaboration across municipalities



# History of the Opioid Settlements

- July 2021 - MA Attorney General announced the state's participation in a \$26 billion nationwide resolution with opioid distributors + manufacturers
- Resolved claims that these companies engaged in misconduct that enabled and perpetuated vast increases in opioid over-dispensing and diversion (e.g., unfair and deceptive sales tactics, failed to monitor suspicious orders, avoided professional responsibility)
- More than \$900 million coming to Massachusetts for prevention, harm reduction, treatment, and recovery over 18-year period



# State Subdivision Agreement

- [Agreement](#) with the Attorney General's Office signed by all participating communities to govern the use of municipal funds received by the settlement
- **Requires municipalities to:**
  - ☐ Spend the funds within the 7 strategies listed in the State Subdivision Agreement
  - ☐ Center lived + living experience and center equity
  - ☐ Submit an annual report if your community or pooled communities has received \$35k+
- **Prohibits municipalities from:**
  - ☐ Supplanting existing opioid funds
  - ☐ Utilizing funds for non-opioid related expenditures



# Municipal Use of Abatement Funds: Strategies

- 1 Enhance Opioid Use Disorder Treatment
- 2 Support People In Treatment & Recovery
- 3 Facilitate Connections to Care
- 4 Promote Harm Reduction
- 5 Needs of Criminal-Justice-Involved Persons
- 6 Support for Pregnant or Parenting Woman
- 7 Prevent Misuse of Opioids & Implement Prevention Education



# Recommended Approaches:

- ❑ Create a diverse **coalition or committee** to guide process and make funding decisions (pay people for their time)
- ❑ **Pool funding** on a regional or subregional level
- ❑ Partner with **direct service providers**
- ❑ **Focus on unmet needs** in the community or region
- ❑ Ensure selected **strategies are evidence-based**
- ❑ **Use the resources available** (e.g., BSAS data, Care Mass)



# Pre-Planning

## 1) Determine municipal planning team and structure

- Ensure engagement from city/town CEO, board of health and other municipal leaders
- Determine how decisions will be made and consider advisory group to include impacted community members
- Consider pooling funds with PHE or other neighboring communities

## 2) Identify where funds are located and fund type

- Stabilization Fund vs. Revenue Account
- Law amended to allow cities to create a separate revenue account for periodic, non-recurring, unanticipated sums received (G.L. c. 44, § 53)
- Funds in revenue account can be spent by Chief Executive Officer of city or town without further appropriation (see additional guidance [here](#))

## 3) Determine funding received to date and approximate annual funding

- Meet with Comptroller, Finance Director and/or CFO
- Review [maximum payment charts](#) on AG website





Municipality	County	BSAS Region	Payments through 5/24	Approx Annual Funds through 2028	Population	
Falmouth	Bristol	Southeast	\$ 203,050	\$ 80,000	13,303	
New Bedford	Bristol	Southeast	\$ 2,252,507	\$ 554,239	100,941	
<b>Norfolk County 5 East</b>			<b>\$ 2,396,927</b>	<b>\$ 589,774</b>	<b>243,661</b>	<b>Randolph</b>
Braintree	Norfolk	Metro West	\$ 425,108	\$ 104,600	38,822	
Holbrook	Norfolk	Southeast	\$ 116,596	\$ 28,689	11,335	
Quincy	Norfolk	Metro West	\$ 980,203	\$ 241,183	101,119	
Randolph	Norfolk	Metro West	\$ 335,519	\$ 82,556	34,715	
Weymouth	Norfolk	Metro West	\$ 539,502	\$ 132,747	57,670	
<b>Norfolk County-8 Local Public Health Coalition</b>			<b>\$ 2,275,976</b>	<b>\$ 562,444</b>	<b>182,595</b>	<b>Norwood</b>
Canton	Norfolk	Metro West	\$ 270,147	\$ 68,901	24,470	
Dedham	Norfolk	Metro West	\$ 304,135	\$ 74,834	25,240	
Milton	Norfolk	Metro West	\$ 335,764	\$ 82,616	28,388	
Norwood	Norfolk	Metro West	\$ 325,446	\$ 80,077	31,441	
Walpole	Norfolk	Metro West	\$ 304,642	\$ 74,958	26,652	
Wellesley	Norfolk	Metro West	\$ 458,895	\$ 112,913	30,191	
Westwood	Norfolk	Metro West	\$ 276,948	\$ 68,144	16,213	
<b>North Bristol County Public Health Alliance</b>			<b>\$ 2,924,979</b>	<b>\$ 719,703</b>	<b>164,656</b>	<b>North Attleboro</b>
Attleboro	Bristol	Southeast	\$ 892,443	\$ 219,589	46,580	
Berkley	Bristol	Southeast	\$ 115,667	\$ 28,460	6,785	
Dighton	Bristol	Southeast	\$ 21,817	\$ 5,368	8,150	
North Attleborough	Bristol	Southeast	\$ 607,534	\$ 149,486	30,854	
Rehoboth	Bristol	Southeast	\$ 32,699	\$ 8,046	12,687	
Taunton	Bristol	Southeast	\$ 1,254,819	\$ 308,753	59,600	
<b>North East Public Health Alliance</b>			<b>\$ 1,022,653</b>	<b>\$ 251,628</b>	<b>120,683</b>	<b>Tyngsborough</b>
Billerica	Middlesex	Northeast	\$ 369,188	\$ 90,840	41,453	
Chelmsford	Middlesex	Northeast	\$ 301,636	\$ 74,219	35,933	
Tewksbury	Middlesex	Northeast	\$ 240,966	\$ 59,291	30,876	
Tyngsborough	Middlesex	Northeast	\$ 110,864	\$ 27,278	12,421	
<b>North Quabbin Health Collaborative</b>			<b>\$ 151,502</b>	<b>\$ 38,816</b>	<b>11,470</b>	<b>Orange</b>

+ ≡

PHE Status ▾

No PHE Status ▾

PHE Detail ▾

No PHE Detail ▾

All Muni Data ▾

All County Data

Search



# Data Sources to Explore

- Bureau of Substance Addiction Services website (e.g., fatal opioid overdose, EMS runs, Naloxone)
- Internet searches (e.g., treatment programs)
- Publicly available surveys (e.g., American Communities Survey, Youth Risk Behavior Survey)
- Medicaid/MassHealth (e.g., treatment, methadone)
- Local data (e.g., police departments)
- Talking to community members (one-on-one and groups)



# BSAS Dashboard

Municipal level data on overdose deaths, EMS events, addiction services

## Community Profile

Select a community

Shrewsbury

Select

Population: 38,325

Overview

Deaths ▾

ER Visits

Services

Data to Action

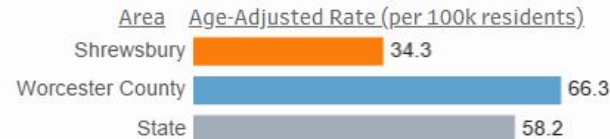
### Deaths

Jan 2023 - Dec 2023



[Notice on deaths data](#)

13 Any Substance-Related Deaths ^



8 Opioid-Related Deaths ▾

8 Opioid-Related Overdose Deaths ▾

5 Alcohol-Related Deaths ▾

3 Stimulant-Related Deaths ▾

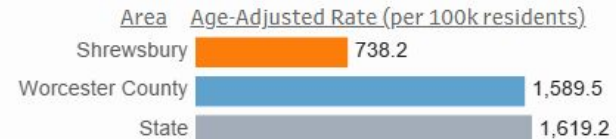
### Emergency Events

July 2023 - June 2024



[Notice on emergency events data](#)

275 Any Substance-Related ER Visits ^



23 Opioid-Related ER Visits ▾

26 Opioid-Related EMS Incidents ▾

211 Alcohol-Related ER Visits ▾

\* Stimulant-Related ER Visits ▾

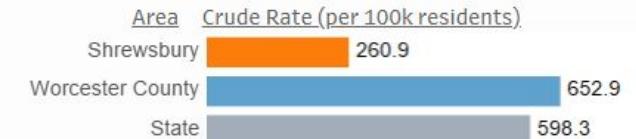
### Substance Addiction Services

July 2023 - June 2024



[Notice on services data](#)

100 Individuals Admitted to BSAS Services ^



24 mi. Avg. Dist. Traveled to BSAS Provider ▾

70 Individuals Who Received OTP Services ▾

5 mi. Avg. Dist. Traveled to OTP Provider ▾

1,577 Bup. RX's Filled ▾

143 Individuals Who Received Bup. RX's ▾

110 Naloxone Kits Received ▾

15 Naloxone Kits per Opioid Overdose Death ▾

0 Fentanyl Test Strips Received ▾

# Example Strategies

- ❑ Direct funding to support **expansion of existing opioid use programs or providers** that serve your area (e.g., recovery centers, mobile units)
- ❑ Create a **grant program** for community-based organizations that serve people with OUD or in recovery, and their family members
- ❑ Hire an **opioid abatement coordinator** to manage settlement process and other municipal opioid work
- ❑ Fund **transportation to treatment providers** and other programs for people with opioid use disorder
- ❑ **Establish a fund** for people with OUD or in recovery to stabilize lives (e.g., fees for obtaining IDs, rental deposits, phones)
- ❑ **Communications campaigns** or community events to reduce stigma and share resources



# Pooling Funds

## ■ Advantages

- Greater impact with more funding
- Shared administrative burden
- Ability to address regional opioid issues and gaps

## ■ Pooling Process

- Outreach to PHE shared services coordinator or to other neighboring municipalities
- Ensure agreement of municipal leaders to pool funding
- Create Inter-municipal agreement (IMA), if needed

## ■ Intermunicipal Agreements

- Establish roles and responsibilities of municipalities, governance structure, and use of funds
- If **all communities in PHE** pooling funds, existing IMA will govern
- If **new intermunicipal collaboration or a subset of PHE**, MAHB can support drafting an IMA or other governing document



# MA State Subdivision Agreement Encourages Collaboration

- Specifically encourages inter-municipal collaboration.
- EOHHS and DPH through its **Office of Local and Regional Health (OLRH)** “**will support municipal [opioid] abatement initiatives by providing strategic guidance** to help Massachusetts municipalities select and implement [opioid] abatement strategies and **effectively pool their resources** through inter-municipal Shared Service Agreements, as well as other technical assistance.” (*Massachusetts Abatement Terms*).
- State support for municipal abatement and inter-municipal collaboration.

# Pooling Funds through Opioid Abatement Collaboratives (OAC)

- Any group of municipalities that have agreed to pool some or all of their opioid settlement funds
  - shared services arrangements
  - inter-municipal agreements
  - memorandums of understanding
  - public health excellence grants
  - regional coalitions
  - other agreements between municipalities

# Issues to Consider

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- Specific evidence-based strategies
- Identification of “host agent”
- Planning process
- Build a budget
- Renewed annually
- Governance board
- We can help!





# Types of OACs

- PHE Collaborative agrees to pool **all** of its combined opioid abatement funds.
  - Collaborative pools all of their funds into the existing host agency.
  - Funds spent based on decisions made by governance board.
  - Host agent files annual expense report on behalf of entire PHE collaborative.
  - Individual cities and towns would not have to file an expense report because all of the funds are with the PHE collaborative.
  - IMA would be amended to include evidence-based opioid abatement strategies.



# PHE Collaborative Agrees to Pool Some of Each Municipality's Funds

- Collaborative decides to pool **some** of their funds to implement common opioid abatement strategies for the entire collaborative.
  - Governance board decides how to spend these funds.
    - Sharing mobile harm reduction services.
- Cities and towns would retain a percentage of their funds.
- Host agent files expense report for funds spent on behalf of PHE collaborative.
- If individual cities/towns remaining funds exceed \$35,000, each municipality files an expense report describing individual municipality's expenditures.
- IMA could be amended to reflect this agreement.

## **2 or more Municipalities Agree to Pool All of Their Opioid Abatement Funds to Create an OAC.**

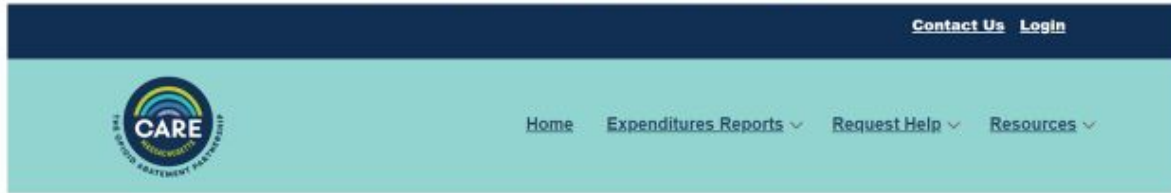
- One municipality would act as host agent.
- Participating municipalities would send funds to host agent.
- Participating municipalities would decide together how to spend the funds.
  - There should be a written agreement between the municipalities.
- Host agent would file expense report for all participating municipalities.
  - If the amount is more than \$35,000
  - No individual expense reports would need to be filed.

# 2+ Municipalities Agree to Pool Some of Their Funds

- Municipalities agree to pool **some** of their opioid abatement funds.
- Cities/town retain some of their funds.
- Municipalities agree that one acts as host agent.
- Municipalities decide about how to spend the combined funds.
- Host agent files expense report for expenditures of combined funds.
- Individual cities/towns file expense report for funds spent by individual city/town if over \$35,000.

# Care Massachusetts Resources

[www.caremass.org](http://www.caremass.org)



Need help utilizing the Opioid Legal Settlement funds?  
Help is here!

This website is devoted to you, those addressing the opioid crisis in your communities. Whether you need to file your [Expenditure Form](#) or [Request Help](#) in how best to use your settlement funding to address the opioid crisis in your community, we are here to help. The State of Massachusetts has contracted with JSI Research & Training Institute, Inc. to support all municipalities in implementing, enhancing, or expanding a range of non-clinical evidence-based opioid abatement strategies and community collaborations. [Request Help](#) to request assistance.

‘Right Click’ to Open the Hyperlinks below:

- ❏ [Previous Care Mass presentation slides and recordings](#)
- ❏ [Request individualized technical assistance](#)
- ❏ [Sign up for our listserv](#)



# THANK YOU!

Contact us: [abate@jsi.com](mailto:abate@jsi.com)



Other Business

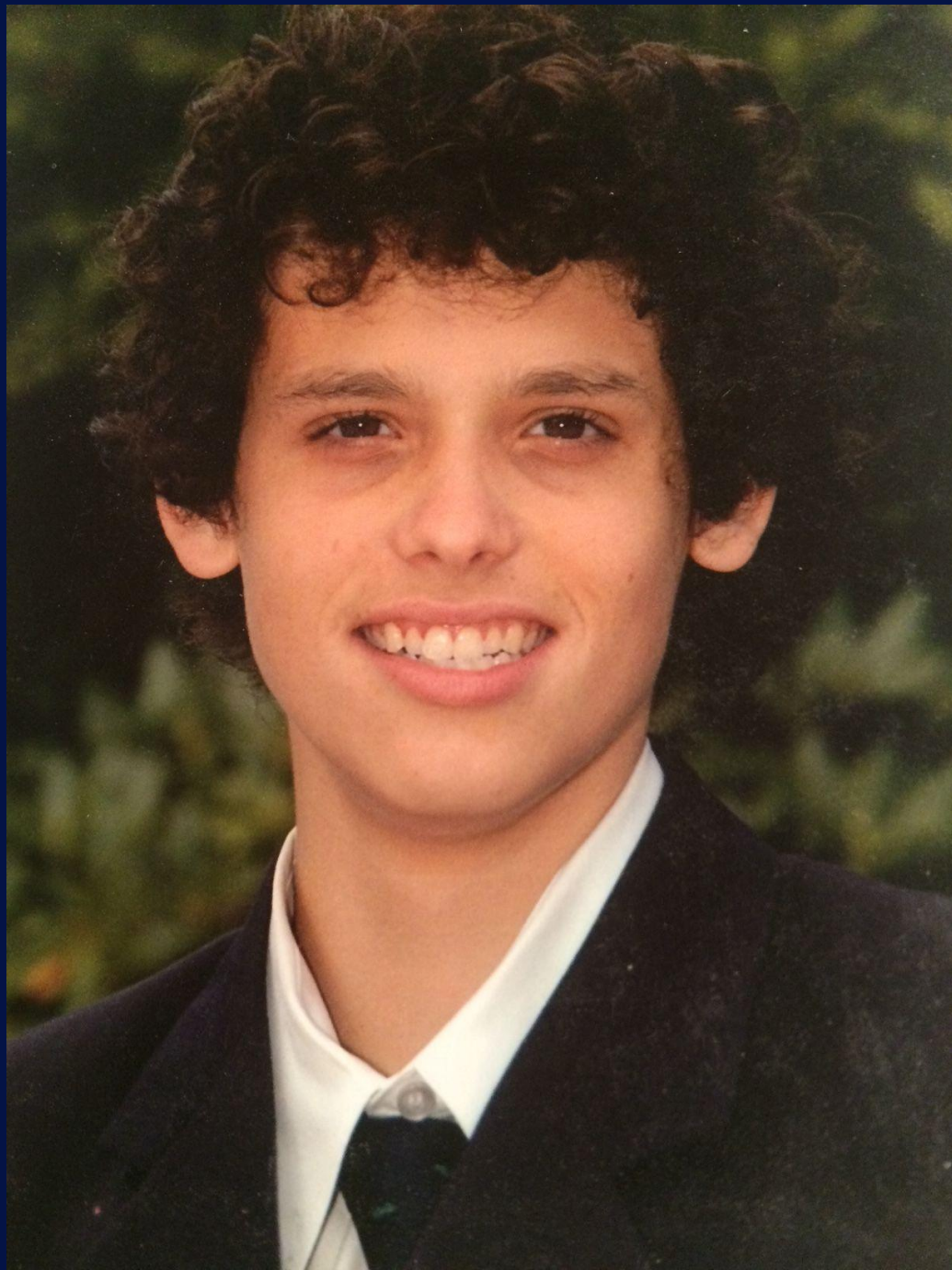
# Current Project Updates

Gilly's House  
Barbara Gillmeister





*An Open Door  
to Recovery*





















**I'm a  
Friend of  
Gilly's!**

Adjournment



# APPENDIX



# Opioid Abatement Receipts: Changes in Legislation and Accounting for Abatement Funds

- Cheryl Sbarra, Esq., Executive Director and Senior Staff Attorney-  
[sbarra@mahb.org](mailto:sbarra@mahb.org)
- Massachusetts Association of Health Boards



# Disclaimer

- This information is provided for educational purposes only and is not to be construed as legal advice.
- City and town attorneys provide legal advice to municipalities.



# Chapter 77 of the Acts of 2023 (the “Act”)

- December 4, 2023.
- Amended G.L. c. 44, § 53.
- Permits cities, towns and districts to create a separate revenue account for **periodic, non-recurring, unanticipated sums received upon approval of the director of accounts.** (*§ 9, clause 4*).
- Funds can be spent by Chief Executive Officer of city or town **without further appropriation.**
- Director of Accounts for the Division of Local Services has determined that Fiscal Year 2024 opioid settlements funds and any future funds meet the requirement described above.

# Stabilization Funds Previously Created (§ 197)



- Proceeds in Stabilization Fund can be transferred to opioid special revenue account.
- Legislative body can then vote to revoke the Stabilization Fund.
  - Removes stabilization fund from municipality's balance sheet.
- Funds can be spent by Chief Executive Officer of city or town **without further appropriation.**

# A municipality can still use a Stabilization Fund

- While Director of Accounts at the Division of Local Services determined that these receipts can be deposited in a special revenue account and spent without further appropriation, they do not HAVE to be accounted for this way.
- Stabilization funds can still be utilized.



# Questions about how to budget the funds

- Check with Comptroller/Finance director/CFO.
- General thoughts:
  - Amount estimated on AGO charts is maximum amount.
  - Estimate lower than that amount.
  - Revenue stream “appears to be a little front loaded.”
    - Larger amounts in years 1-3, smaller in years 4-6.
  - Estimate a 6-year revenue total.
  - Set an average annual estimate and budget on that.
  - Money rolls over.
- Check with Comptroller/Finance Director/CFO.

# Inter-Municipal Agreements

## *G.L. c. 40, s. 4A*

- Authorizes Chief Executive Officer (CEO) of a city or town to enter into agreements with one or more municipalities and other governmental units to jointly perform services and share costs which any one of them is authorized to perform.
  - CEO – Select Board, Mayor or another as designated by Select Board, Mayor or Municipal Charter
    - City/Town Manager, Administrator
- ***Public Health Excellence Collaboratives***
  - Lead municipality





# Inter-Municipal Agreements (IMA) Options

- Amend current Public Excellence Collaborative IMA.
  - MAHB has a sample template that is being amended to reflect new law.
- Create separate IMA for Use and Expenditure of Certain Opioid Abatement Funds.
  - MAHB has a sample template that is being amended to reflect new law.



# Governance or Advisory Board

- **Part of Inter-Municipal Agreement**
  - One member appointed by Board of Health from each municipality.
  - Each municipality gets one vote.
    - Equal voice in determining shared priorities and services provided.
- **Roles and Responsibilities:**
  - Develop annual and long-term goals.
  - Advise collaborative on staff priorities.
  - Adopt collaborative-wide policies.
  - Build budget.
  - Evaluate shared services program.
- Renew annually.



# Tips for Smaller Rural Municipalities

- ❑ Involving community members + building a coalition can create new capacity
- ❑ Regionalize – share staff and resources
- ❑ Partner with community organizations providing direct services
- ❑ Recognize not everyone has access to consistent, fast internet. Offer low-tech options for getting their voices heard
- ❑ Provide opportunities for anonymous and private participation
- ❑ It's ok to have a short and long-term plan if you can't do everything you want to at once



# How to Involve Your Community Members

- ❑ Offer ongoing, meaningful opportunities for engagement
- ❑ Follow-up to report back on how feedback was incorporated (or not) into funding decisions + why
- ❑ Validate experiences + emphasize the importance of the voices of people with lived + living experience
- ❑ Use different types of engagement events and tools (interviews, surveys, community forums, in-person/virtual options, anonymous feedback)

Information from February 1, 2024 Care Massachusetts office hours:  
“How to Engage with People Who Use Drugs”



# How to Involve Your Community Members

- ❑ Contact organizations led by people who use drugs, other advocacy groups, substance use coalitions, service providers, Peer Recovery Support Centers, syringe services programs
- ❑ Recognize the disproportionate impact on people of color in your community + connect with organizations led by and serving people of color
  - Incorporate cultural humility + understanding, opportunities to provide input in multiple languages

Information from February 1, 2024 Care Massachusetts office hours:  
“How to Engage with People Who Use Drugs”



# Pay People for Their Time

- ❑ Use multiple types of incentives for engagement (stipends, travel supports, food/beverages at events, childcare)
- ❑ Cash or Visa gift cards are the best option
  - Otherwise, ask your community members how they would like to be paid if cash is not an option
- ❑ Partner with a community organization if easier to process individual payments through them

Information from February 1, 2024 Care Massachusetts office hours:  
“How to Engage with People Who Use Drugs”

