

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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September 30, 2022

Michael D. Hurley, Clerk  
State House, Room 335  
Boston, MA 02133

Steven T. James, Clerk  
State House, Room 145  
Boston, MA 02133

RE: Opioid Recovery and Remediation Fund Advisory Council

Dear Clerks Hurley and James:

On behalf of the Opioid Recovery and Remediation Fund Advisory Council (Council), I am pleased to provide the following letter summarizing the Council's activities to date in 2022, pursuant to Chapter 309 of the Acts of 2020. Please accept this letter as the Council's Annual Report.

Opioid Recovery and Remediation Fund: To date, the Opioid Recovery and Remediation Fund (Fund) has received \$35,447,802.83 from opioid settlement recoveries secured by the Attorney General's Office, including \$12,970,317.00 in fiscal year 2022. Per statute, these funds are administered by the Executive Office of Health and Human Services, in consultation with the Opioid Recovery and Remediation Fund Advisory Council. During the Council's second year, a total of \$9.225 million in expenditures were made from the Trust Fund. Please find an overview of these expenditures in the Council Activities section below.

Council Activities: As of this report, the Council has met three times in 2022 and has focused its sessions on reviewing currently approved funded initiatives, finalizing the Council's principles for the Fund, and embarking on an initial strategic plan to ensure the investment of funds to address racial and geographic disparities with a goal of creating a full continuum of prevention, harm reduction, treatment, services and supports for an individual's recovery from opioid addiction and in support of their loved ones. A specific objective is that these funds augment and do not replace services and supports that are currently funded. To date, the Council has allocated a total of \$9.25million to four specific initiatives overseen by the Department of Public Health's Bureau of Substance Abuse Services (DPH-BSAS). Below, please find an overview of each initiative:



### Expansion of Harm Reduction Services

*Total funding: \$3.4million*

- Rolled out Community Naloxone Purchasing Program allowing community-based programs to purchase naloxone through the State Office of Pharmacy Services at subsidized, public interest pricing.
- Developed a competitive application opportunity for existing harm reduction partners to collaborate, expand through sub-contractual arrangements with organizations that reach historically underserved populations and communities including Black, Indigenous, and people of color (BIPOC) individuals who are at high risk for experiencing overdose.
- Increased access to fentanyl test strips by making them available at no-cost through the -newly established Massachusetts Clearinghouse.

### Increased Access to Medication for Opioid Use Disorder (MOUD)

*Total funding: \$3.1 million*

- Increased access to MOUD in underserved areas through opening two new opioid treatment programs in Ware and Greenfield respectively. The addition of these two sites will build upon existing OTP expansion efforts that have yielded an increase approximately 2,000 OTP patients over the 2-year period since Covid
- Expanded access to MOUDs by adding 3 new mobile methadone delivery programs and in addition to 2 new med units.

### Expansion of Supportive Housing Programs

*Total funding: \$2,000,000*

- Expanded statewide capacity of 14 homeless service providers that has resulted in a total of 380 units contracted for FY23. As of August, 233 of these units have been filled despite ongoing staffing hiring challenges.

### Community Outreach and Engagement

*Total funding: \$750,000*

- Conducted state and national environmental scan of community outreach programming for people who use opioids. Key findings that there is no existing community outreach model specifically for this population and that Massachusetts is on the cutting edge of innovation in this area by developing a new model.
- Finalizing a new proposed model for community outreach based off findings from landscape analysis.

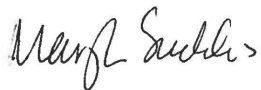
In 2022, the Massachusetts Legislature appropriated and the Governor signed \$110M in ARPA funding to support loan repayment for workers in Community Health Centers (CHCs), Community Mental Health Centers (CMHC), and acute-inpatient psychiatric settings. Workers in acute treatment settings (ATS), clinical stabilization settings (CSS), CSS, and residential treatment settings for substance use disorder were not included in this funding authorization; nor were certain outpatient settings not classified as CHC or CMHC. As such, to capitalize and complement this student loan repayment funding, the Secretary requested and the Council concurred that \$15M in ORRF funds be added to the July procurement to support loan repayment for Master level, Bachelor level, and Associate level workers in ATS, CSS, residential treatment, and outpatient SUD treatment settings.

The Council continues to receive regular updates on ongoing litigation and settlements from the Office of the Attorney General. In March's Council meeting, the Office of the Attorney General reported the Commonwealth is expected to receive over \$526 million in settlement funds over the next 18 years. Approximately 60% of these settlement funds, roughly \$344 million, will go directly to the Fund and the remaining 40% will be split across 150 cities and towns in the Commonwealth.

The Council recognizes the significant impact that these settlement funds will have in our State's efforts to combat the opioid epidemic. In order to ensure the Fund has a maximum impact in addressing racial and geographic barriers and ensuring a full continuum, the Council has embarked on a 3-year strategic plan. Through a competitive procurement, KPMG, was engaged to support these strategic planning efforts by conducting 2 stakeholder sessions, highlighting best and promising practices in other States and Municipalities, and assessing service gaps within the Commonwealth.

The Council acknowledges and appreciates the Legislature's, Attorney General's and Executive Branch's continued commitment to engage in assertive opioid prevention and treatment initiatives, and investments in upstream prevention, particularly among historically underserved communities.

Sincerely,



Marylou Sudders  
Secretary, Executive Office of Health & Human Services and  
Non-voting Chair, Opioid Recovery and Remediation Fund Advisory Council

Cc: The Honorable Karen E. Spilka, Senate President  
The Honorable Ronald Mariano, Speaker of the House

## Appendix

### Opioid Recovery and Remediation Fund Advisory Council Statute

**Legal Authority:** Chapter 309 of the Acts of 2020

**Statute:**

Section 35000 (a) There shall be an Opioid Recovery and Remediation Fund. Expenditures from the fund shall be made by the Executive Office of Health and Human services, without further appropriation and consistent with the terms of settlements made in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids, as applicable. The secretary of health and human services, in consultation with the Opioid Recovery and Remediation Fund advisory council established in subsection (b), shall administer the fund.

The fund shall be expended to mitigate the impacts of the opioid epidemic in the commonwealth, including, but not limited to, expanding access to opioid use disorder prevention, intervention, treatment and recovery options. Amounts credited to the fund shall not be subject to further appropriation and monies remaining in the fund at the end of a fiscal year shall not revert to the General Fund, but shall instead be available for expenditure during the next fiscal year. Any fiscal year-end balance in the fund shall be excluded from the calculation of the consolidated net surplus pursuant to section 5C of chapter 29.

There shall be credited to the fund: (i) amounts recovered by the commonwealth and credited thereto in connection with claims arising from the manufacture, marketing, distribution or dispensing of opioids; (ii) transfers from other funds authorized by the general court and so designated; (iii) funds from public or private sources, including, but not limited to, gifts, grants, donations, rebates and settlements received by the commonwealth designated to the fund; and (iv) any interest earned on such amounts.

(b) There shall be an Opioid Recovery and Remediation Fund advisory council regarding the expenditures from the fund. The council shall consist of the following members or their designees:

- the secretary of health and human services, who shall serve as a non-voting chair;
- 1 person to be appointed by the senate president;
- 1 person to be appointed by the speaker of the house of representatives;
- 1 person to be appointed by the minority leader of the senate;
- 1 person to be appointed by the minority leader of the house of representatives;
- 3 persons to be appointed by the governor, including not less than 1 person qualified by experience with opioid use disorder, either first-hand or as a family member of an individual with opioid use disorder;
- 3 persons to be appointed by the attorney general, including not less than 1 person qualified by experience with opioid use disorder, either first-hand or as a family member of an individual with opioid use disorder; and

- 10 people to be appointed by the Massachusetts Municipal Association, Inc., who are officials employed by a city or town and who represent the diversity of the commonwealth's cities and towns; provided, however, that not less than 2 officials appointed under this clause shall be employed by a city or town that is a gateway municipality, as defined in section 3A of chapter 23A; and provided, further, that no 2 officials appointed under this clause shall be employed by a city or town that is in the same county.

In making appointments, the appointing authorities shall ensure that the council includes: (i) members representing racially and socioeconomically diverse communities; (ii) members with public health expertise concerning opioid use disorder; (iii) members with personal experience with opioid use disorder; and (iv) members who will contribute to reducing disparities in health outcomes for underserved communities experiencing opioid use disorder. The appointing authorities shall also consider having racially diverse representation on the council.

The council shall hold no fewer than 4 meetings annually and the council shall make its recommendations upon a majority vote. The council shall be subject to sections 18 to 25, inclusive, of chapter 30A. Council members shall serve without compensation for terms of 2 years. Members shall be reimbursed for actual expenses necessarily incurred in the performance of their duties. Any member shall be eligible for reappointment. In the event of a vacancy, the original appointing authority shall appoint a new member to fulfill the remainder of the unexpired term. Any member who is appointed may be removed by the appointing authority. The secretary of health and human services shall provide administrative support to the council.

(c) Annually, not later than October 1, the secretary of health and human services shall file a report on the activity, revenue and expenditures to and from the fund in the prior fiscal year with the clerks of the senate and the house of representatives, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery and made available on the executive office of health and human services' public website. The report shall include, but not be limited to: (i) the revenue credited to the fund; (ii) the amount of expenditures attributable to the administrative costs of the executive office; (iii) an itemized list of the funds expended from the fund; and (iv) data and an assessment of how well resources have been directed to vulnerable and under-served communities.

## Opioid Recovery and Remediation Fund Advisory Council Membership

### **Council Chair (non-voting)**

- Marylou Sudders, Secretary, Executive Office of Health and Human Services

### **Appointed Members**

- Jennifer Almonte, Public Health Nurse, City of Lynn (*MMA appointment*)
- Charles Anderson MD, MPH, MBA, President/CEO, The Dimock Center (*Attorney General appointment*)
- Gina Armstrong, Director of Public Health, City of Pittsfield (*MMA appointment*)
- Jason Ball, Officer, Framingham Police (*MMA Appointment*)
- Matilde Castiel, MD, Commissioner of Health and Human Services, City of Worcester (*MMA Appointment*)
- Maureen Cavanagh, President, Magnolia New Beginnings (*Appointment of House Minority Leader Bradley Jones, Jr.*)
- Damon Chaplin, Director of Public Health, City of New Bedford (*MMA appointment*)
- Gabriel Dean, Public Health Social Worker, Town of Brookline (*MMA appointment*)
- Denise Garlick, House Representative, (*Appointment of House Speaker Ronald Mariano*)
- Lindsay Hackett, Deputy Chief Administrative & Financial Officer, City of Springfield (*MMA appointment*)
- Suzie Hauptmann, Director of Human Services, Town of Falmouth (*MMA appointment*)
- Brendan Little, Former Policy Director, Office of Recovery Services, City of Boston, Person in Recovery (*Governor appointment*)
- John McGahan, President/CEO, Gavin Foundation (*Governor appointment*)
- Jeffrey Olmstead, Amherst Fire Department, Town of Amherst (*MMA appointment*)
- Joanne Peterson, Executive Director, Learn 2 Cope (*Attorney General appointment*)
- David Rosenbloom, PhD, Professor, Boston University School of Public Health (*Appointment of Senate President Karen E. Spilka*)
- John Rosenthal, Founder, Police Assisted Addiction and Recovery Initiative (PAARI) (*Appointment of Senate Minority Leader Bruce Tarr*)
- Elsie Taveras, MD, MPH, Chief Community Health Equity Officer, Executive Director of the Kraft Center for Community Health, Mass General Brigham (*Governor Appointment*)
- Jennifer Tracey, Director, Office of Recovery Services, City of Boston (*MMA appointment*)
- LaToya Whiteside, Staff Attorney, Prisoners' Legal Services (*Attorney General appointment*)

### **Council Staff**

- Gabriel Cohen, Program Planning and Implementation Manager, Executive Office of Health and Human Services
- Joshua Cuddy, Senior Manager of Strategy, Executive Office of Health and Human Services.

## **Summary of Activities of the Opioid Recovery and Remediation Fund Advisory Council for 2022**

### **January 5<sup>th</sup> 2022**

**Summary:** *Updates on ongoing settlements, Trust Fund spending principles, and discussion on services for incarcerated and post-incarcerated individuals*

In addition to receiving an update on ongoing litigation led by the Office of the Attorney General, , Council members discussed principles for spending Trust Fund dollars, proposed services which the Fund might support, the initial four-proposals discussed at the Council's last meeting in September, services for incarcerated and post-incarcerated individuals including the Behavioral Health Supports for Justice Involved Individuals (BH-JI) grant.

### **March 23<sup>rd</sup>, 2022**

**Summary:** *Finalizing Council's guiding principles, updates on ongoing settlements, discussion of strategic planning efforts, and an overview on peer grief counseling for people affected by a death from substance use*

The Council finalized the revised principles for the Fund in addition to discussing proposed programming the Fund could support. Members discussed plan to onboard a strategic planning vendor to support the development of a strategic plan for initial Fund disbursement. The Council was joined by Franklin Cook and Glen Lord, Co-directors of Support After a Death by Overdose (SADOD), who presented on SADOD's work to increase the capacity and effectiveness of peer grief counseling for people affected by a death from substance use.

### **June 28<sup>th</sup>, 2022**

**Summary:** *Discussion of anticipated settlement funds, ORRF revenue and expenditure overview, an overview of strategic planning efforts, review of a proposed student loan forgiveness initiative, and an overview on current criminal justice focused interventions.*

The Council receiving an update on ongoing litigation led by the Office of the Attorney General, an discussion on currently approved funding initiatives, grouped into four distinct themes: expansion of harm reduction services; increased access to methadone; strengthening supportive housing programs; and case management and support through multi-disciplinary outreach teams. In addition, the council voted to adopt the proposed recommendation to provide ORRF funds towards student loan forgiveness programming for direct-care staff employed to provide substance-use disorder treatment programming. Members discussed the proposed planning to contract with a vendor to support strategic planning efforts and timeline for a strategic funding plan. The Council was joined by Danna Mauch, President of Massachusetts Association for Mental Health, and Peter Koutojian, Middlesex Sheriff, who provided a presentation on the current impact of the Middlesex Restoration Center.