MASSACHUSETTS HEALTH OFFICERS ASSOCIATION

SUCCESSFUL OPIOID SETTLEMENT SPENDING STRATEGIES FOR LOCAL PUBLIC HEALTH

Panelists:

Olivia Dufour, MPH - Great Meadows Public Health Collaborative

Phoebe Walker - Franklin Regional Council of Governments

Cynthia Baker, MPH - BME Strategies on behalf of Norfolk County-8 Public Health Coalition (NC-8)

PRESENTATION OVERVIEW

- 1:10-1:15 Background on Opioid Settlement Funds
- 1:15-1:45 Three Approaches:
  - Great Meadows Public Health Collaborative
  - Franklin Regional Council of Governments
  - Norfolk County-8 Public Health Coalition
- 1:45-2:00 Q&A

OPIOID ABATEMENT FUNDS

2020

Opioid Recovery and Remediation Fund Advisory Council is established to recommend expenditures for opioid funds

2021-2023

MA Attorney General's Office suit results in >$900 million from various pharmaceutical companies, 40% of which is being distributed to municipalities.

2022

Funds begin being disbursed to municipalities, and will be fully paid out in 2038.

2025

MA Attorney General announces new settlement, anticipated to bring an additional $117 million into the Commonwealth.

National Settlement Formula

How the Opioid Settlement Funds are Allocated by Town in MA

Step 1.
Gather National Data on Opioid Use

- Opioid Use Disorder diagnoses by county 2007-2016
- Overdose deaths by country 2006-2016
- Opioid shipments to the county 2006-2014

Results in a % "impact of opioids" for each county in the US

Step 2:
Divide each settlement fund by county impact % to arrive at $ for each county in the US

Settlements: J&J, Walmart, Teva, Allergan, CVS, Walgreens, and more coming

Step 3:
Divide county $ by town data from Census that is "relevant to opioid abatement"

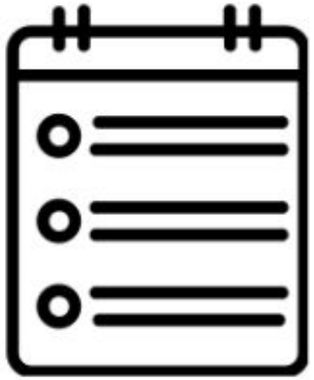
How many employees in each town budget fall into 3 categories as reported to Census:

- Healthcare
- Public Welfare
- Education

The Result: Towns with school employees in their budgets (vs. a charge from a regional school district) are receiving significantly more opioid settlement funds.

The town-by-town amounts have no direct connection to opioid use in that town.

OPIOID ABATEMENT FUNDS



- The abatement terms have stipulations for spending of the funds including:
  - Decision making processes
  - Priority areas for spending

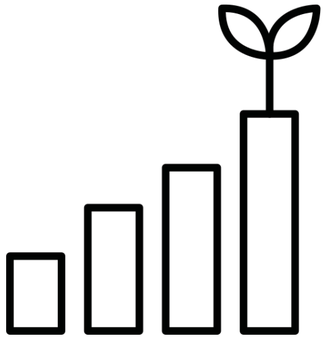
- Guidance document that explains the funds and strategies in more depth.

OPIOID ABATEMENT FUNDS

Decision Making

Reflects input of our communities, particularly individuals with lived & living experience with the opioid epidemic

Addresses disparities in existing services, improves equity, and decreases stigma



Addresses mental health disorders, substance use disorders, and other behavioral health needs that occur with opioid use disorder

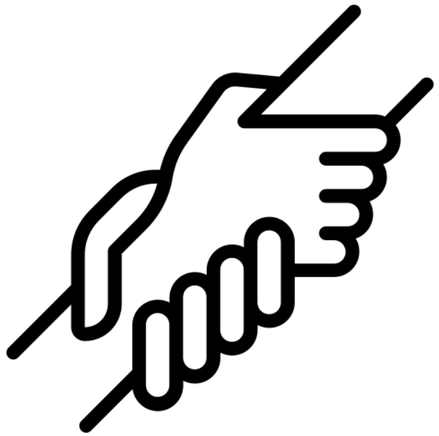
Leverages programs and services already reimbursed by state agencies and programs

Encourages innovation, fills gaps, and includes evidence-based, evidence-informed, and promising programs

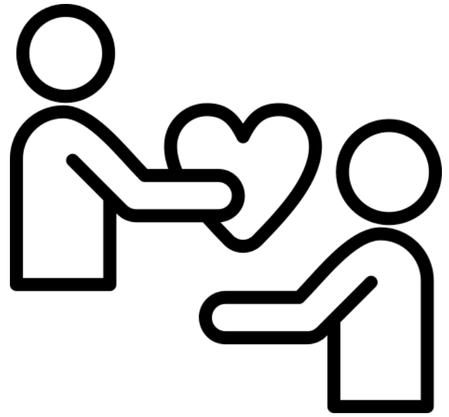
OPIOID ABATEMENT FUNDS

Priority Spending Areas

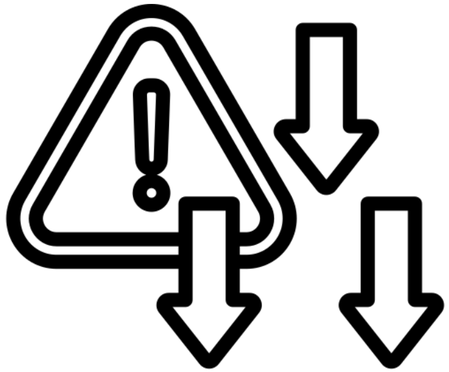
Connection to Care



Opioid/Substance Use Prevention



Treatment & Recovery



Harm Reduction

GREAT MEADOWS PUBLIC HEALTH COLLABORATIVE

OPIOID SETTLEMENT FUNDS

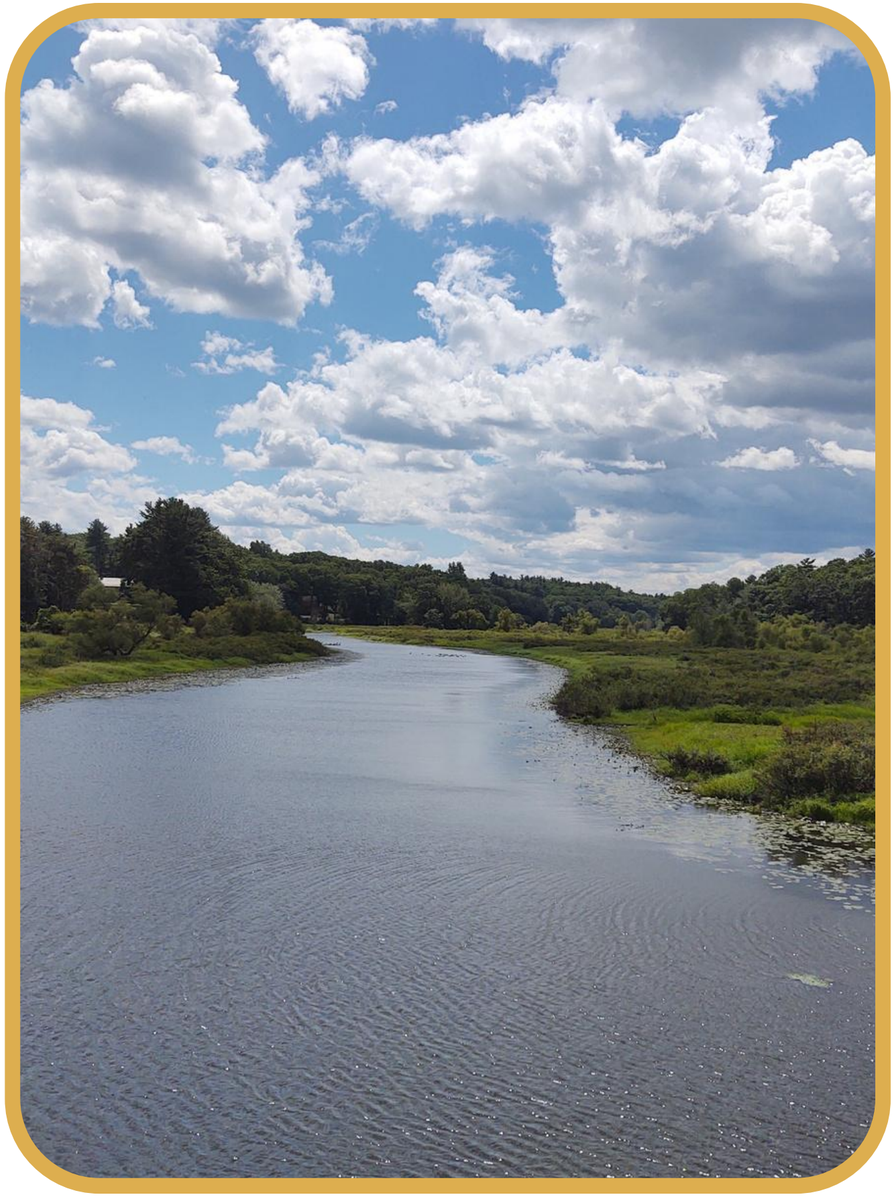
Bedford | Carlisle | Concord | Lincoln | Sudbury | Wayland | Weston

Olivia Dufour, MPH

REGIONAL HEALTH ADVISORY COMMITTEE

ONE REPRESENTATIVE FROM EACH PARTICIPATING MUNICIPALITY

- Heidi Porter, Bedford
- Linda Fantasia, Carlisle
- Melanie Dineen, Concord
- Dan Pereira, Lincoln
- Vivian Zeng, Sudbury*
- Julia Junghanns, Wayland
- Kelly Pawluczonek, Weston



*host municipality

OUR TEAM

KELLI M. CALO (1 FTE)

SHARED SERVICES COORDINATOR

OLIVIA DUFOUR (1 FTE)

REGIONAL SUBSTANCE USE PREVENTION SPECIALIST*

ANN LOREE (1 FTE)

REGIONAL PUBLIC HEALTH INSPECTOR

ERIN OLSON (0.5 FTE)

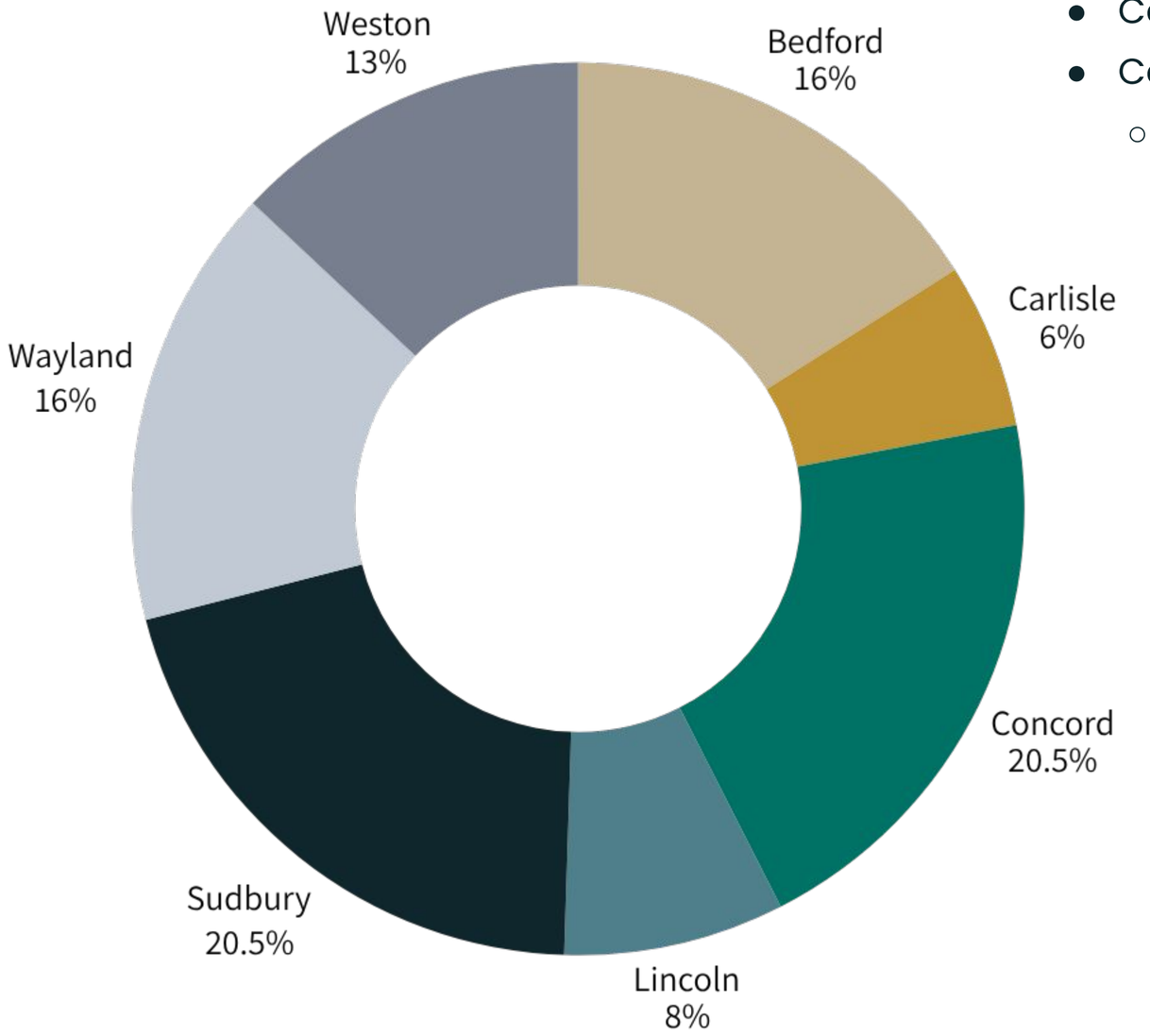
REGIONAL HEALTH COMMUNICIATIONS SPECIALIST

VACANT (0.5 FTE)

REGIONAL PUBLIC HEALTH INSPECTOR

*funded by opioid settlement funds

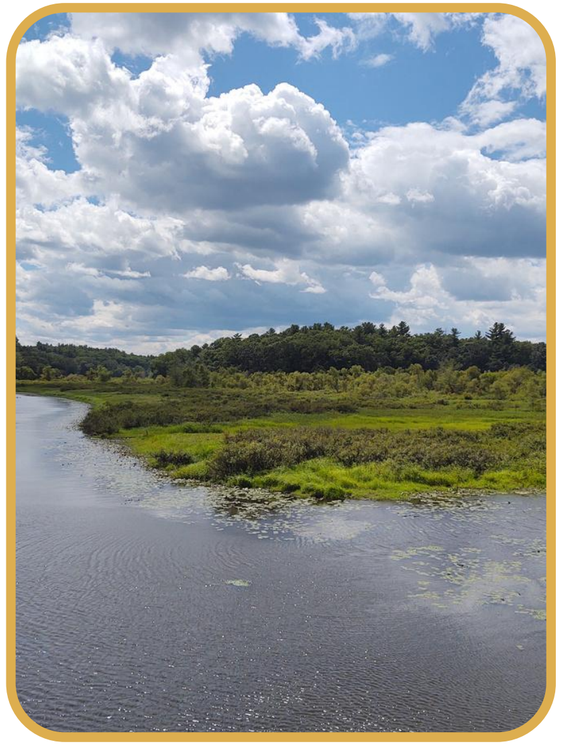
TOWN CONTRIBUTION TOWARD REGIONAL POSITION



- Cost based on each town's share of the total regional population
- Contributing Opioid Settlement Funds*
  - *Wayland contributing from alternative source

INTERMUNICIPAL AGREEMENT

- Drafted in January, 2024
- Municipal attorneys review IMA
- IMA signed in September, 2024

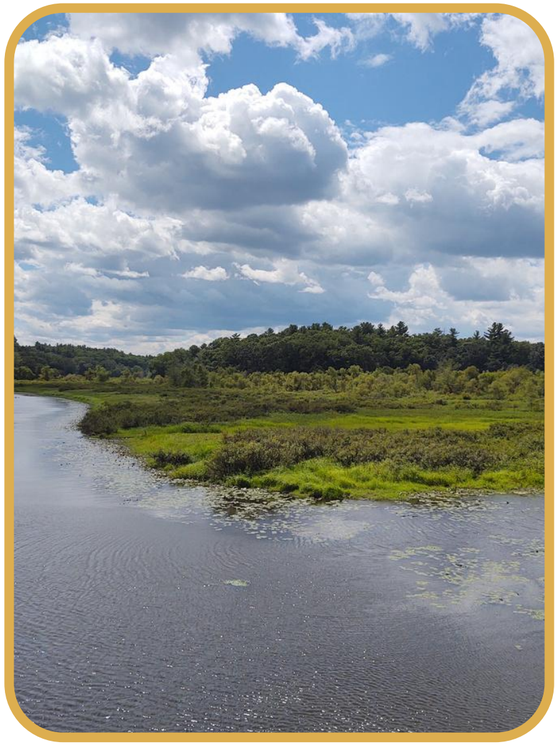


WHY AN IMA?

- Creates a governance structure
- Secured financial commitments, ensuring funds are used for the Coordinator
- Provides a framework for handling situations where a municipality cannot meet its financial obligations, ensuring the program's continuity and effectiveness

WHY REGIONALIZE?

- **Increase capacity:**
  - The health departments in our region have an average staff size of 3.7 persons (excluding regional staff)
- **Reduce duplication of effort:**
  - The communities in our region generally have similar needs and resources, by regionalizing we can have programming that addresses these needs without having to operate it 7 different times.
- **Maintain flexibility:**
  - By only pooling a portion of funds, our communities can still use the money to fund initiatives that are important to their specific community, while tapping into the regional efforts.



INTRODUCING

SAFE GREAT MEADOWS

A regional coalition for substance use prevention, treatment, and recovery, and harm reduction.

VISION

We envision a connected and resilient community in the Great Meadows region that is free from stigma and recognizes all pathways of recovery.

MISSION

To support safe, informed, and healthy communities by promoting education, prevention, and harm reduction strategies around substance use. We believe in meeting people where they are, reducing stigma, and building lasting connections to care.

COMMUNITY RELATIONSHIPS:

Building relationships with existing organizations that are steeped in the work to create a network of providers and community-based organizations that can work together towards our common goal: preventing and treating harmful substance use.

- Town Health Departments
- Public Libraries
- Schools
- Emerson Hospital
- MOAR
- Engage Wellness
- Forrest Recovery
- Kiwi Recovery
- Pyramid Healthcare
- RISE at JRI
- Heartwell Institute
- Learn2Cope
- & more!

COMMUNITY LEVEL FEEDBACK

THREE PRONG APPROACH:

1. Mixed Method Survey
2. Focus Groups
3. Key Informant Interviews

Goal: Gather community input on the spending of opioid settlement funds in individual municipalities, and guide the priorities of programming from the region.

COMMUNITY LEVEL FEEDBACK

1

Mixed Method Survey

We have received >750 survey responses across the region.

2

Focus Groups

We have 38 participants signed up to participate in focus groups.

3

Key Informant Interviews

We have 10 local stakeholders identified to participate in key informant interviews.

COMMUNITY LEVEL FEEDBACK

In what ways have you, your loved ones, or your work been impacted by the opioid epidemic? (Select all that apply) *

- [ ] I am actively using opioids
- [ ] I am in treatment from opioid use
- [ ] I am in recovery from opioid use
- [ ] I have a family member, friend, or loved one who is actively using opioids, in treatment, or in recovery
- [ ] I have lost a family member, friend, or loved one to overdose
- [ ] I work in a profession that supports individuals and/or families affected by opioid use
- [ ] I know someone or know of someone who has been impacted by the opioid epidemic
- [ ] I have not been personally affected by the opioid epidemic
- [ ] Other: _____

COMMUNITY LEVEL FEEDBACK

Survey Responses

How can we best address your concerns about opioid use?

"Education and prevention should be a priority since addiction is hard to treat. Reducing stigma to increase the conversation and connection to resources in the community."

What do you feel is missing in our community to support individuals who are experiencing opioid use disorder?

"A lack of understanding about opioid use within the community often results in limited or even non-existent support for individuals struggling with it. This lack of awareness can lead to stigma, isolation, and inadequate access to resources like treatment, harm reduction services, and mental health support, all of which are critical for recovery and prevention."

THE OPIOID PROJECT

Through grant funding from Emerson Hospital we were able to put on The Opioid Project, an arts based initiative which aims to start conversations around opioid use and reduce stigma.

SUCCESSES

- Getting the IMA approved by all 7 municipalities
- Streamlined Narcan availability
- Running the Opioid Project
- Engaging with community stakeholders
- Gathering community feedback through surveys and focus groups

CHALLENGES

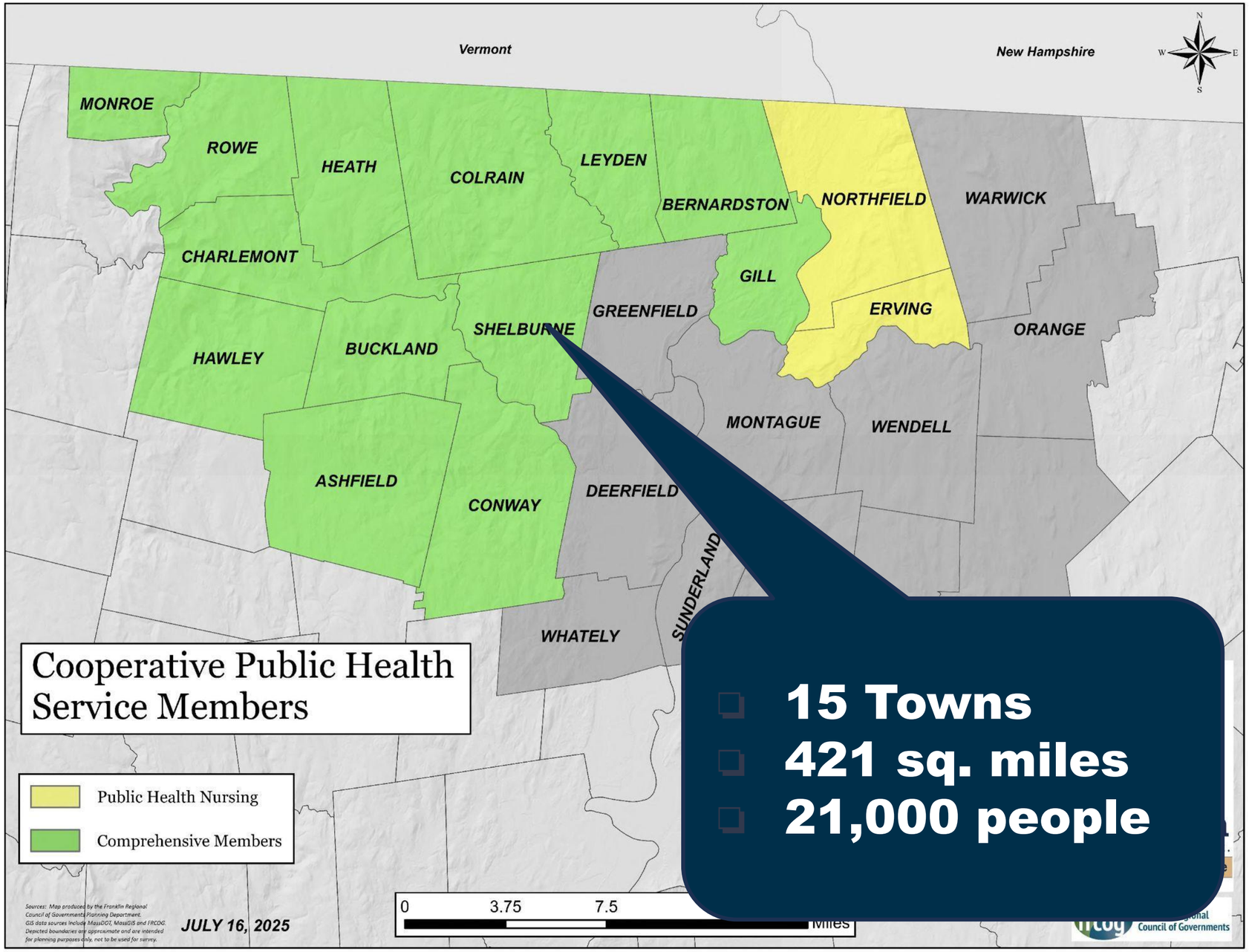
- Getting the IMA approved by all 7 municipalities
- Building community buy-in
- Communicating with the public about the work

LOOKING TO THE FUTURE:

- We’re almost a year into this endeavor!
  - Analyze the data from our survey results
  - Bring programming into the region based on priorities identified in the survey results
  - Create a community advisory board for continued community involvement in programming and initiatives
  - Evaluate effectiveness of programming

Cooperative Public Health District Opioid Abatement Collaborative

Franklin Regional Council of Governments



Our OAC: Cooperative Public Health Service (CPHS)

- A program of the Franklin Regional Council of Governments, RPA (and more) for our region.
- Guidance from an Oversight Board made up of local board of health members which meets monthly.
- Shared permitting software and uniform fee schedule for 13 health inspection towns.
- 4 Health Agents, 2 Nurses, and a Clerk
- Created through an Inter-Municipal Agreement between towns and FRCOG
- Serves as the Opioid Abatement Collaborative for the 15 member towns – 2 are too small to get the money, sent it to another

CPHS Health District Towns Total Opioid Settlement Funds:

$34,600 average annual amount

TOWN	POP.	18 YEAR TOTAL
Ashfield	1,695	$ 10,337
Bernardston	2,130	$ 15,433
Buckland	1,902	$ 11,890
Charlemont	1,266	$ 25,285
Colrain	1,671	$ 6,066
Conway	1,897	$ 134,286
Erving	1,767	$ 194,562
Gill	1,500	$ 12,230
Hawley	337	$ 1,019
Heath	706	$ 4,465
Leyden	711	$ 2,912
Monroe	121	$ 389
Northfield	3,032	$ 57,947
Rowe	393	$ 91,822
Shelburne	1893	$ 55,180
Total		$ 623,824

Formula Data Source: Census of Governments

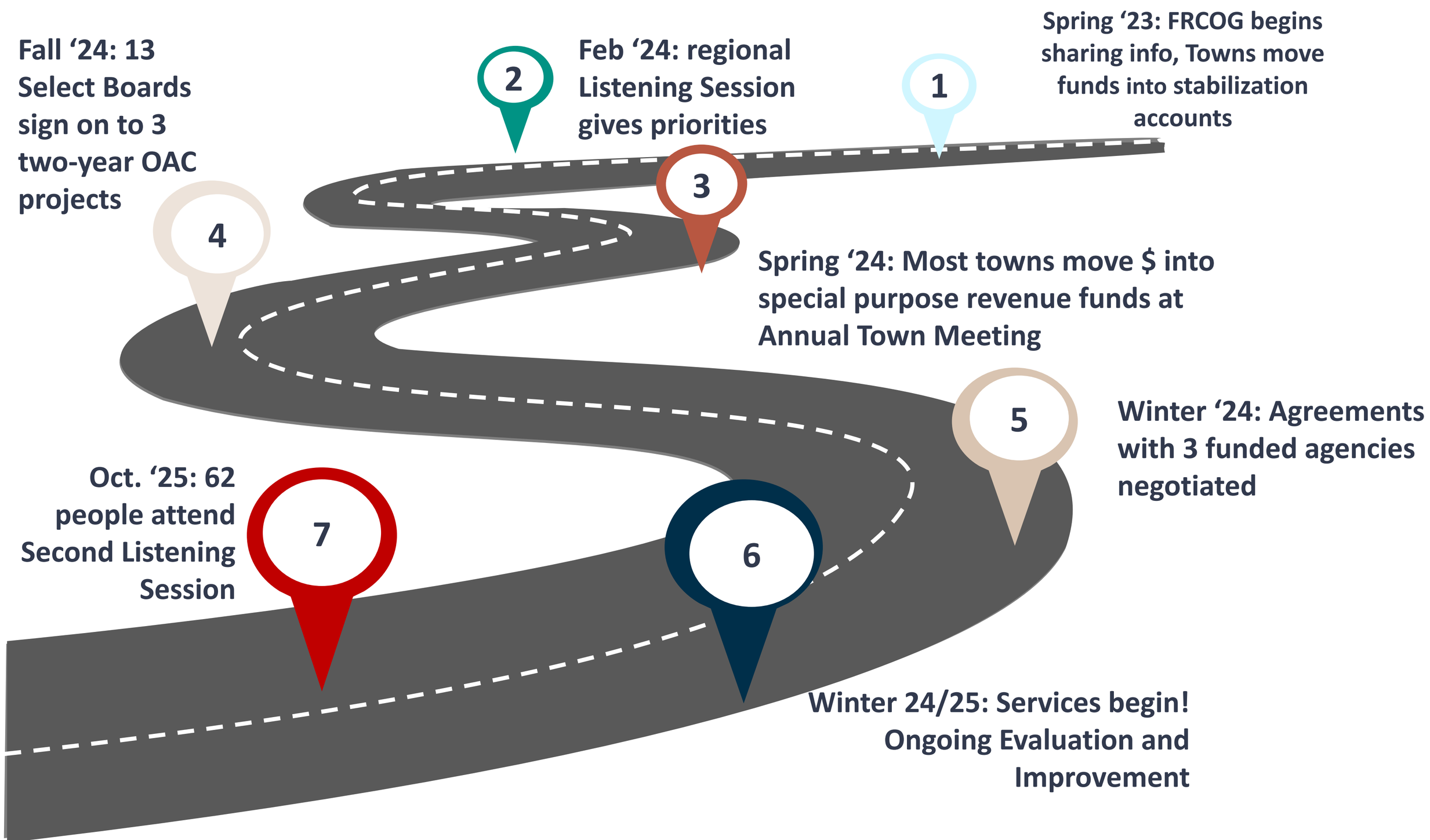
(used to divide county total into town-level settlement allocations)

1	State	Type of Government	Name of Government	Government Function	Full-time Employees
28041	Massachusetts	Township	Rowe	Financial Administration	0
28042	Massachusetts	Township	Rowe	Other Government Administration	2
28043	Massachusetts	Township	Rowe	Police Protection - Persons with Po	1
28044	Massachusetts	Township	Rowe	Fire Protection - Firefighters	0
28045	Massachusetts	Township	Rowe	Highways	5
28046	Massachusetts	Township	Rowe	Solid Waste Management	0
28047	Massachusetts	Township	Rowe	Parks and Recreation	1
28048	Massachusetts	Township	Rowe	Education - Elementary and Second	10
28049	Massachusetts	Township	Rowe	Education - Elementary and Second	12
28050	Massachusetts	Township	Rowe	Libraries	0
28051	Massachusetts	Township	Shelburne	Total - All Government Employmen	11
28052	Massachusetts	Township	Shelburne	Financial Administration	1
28053	Massachusetts	Township	Shelburne	Other Government Administration	2
28054	Massachusetts	Township	Shelburne	Police Protection - Persons with Po	3
28055	Massachusetts	Township	Shelburne	Highways	5
28056	Massachusetts	Township	Shelburne	Public Welfare	0
28057	Massachusetts	Township	Shelburne	Solid Waste Management	0
28058	Massachusetts	Township	Shelburne	Libraries	0
28059	Massachusetts	Township	Shelburne	All other and unallocable	0

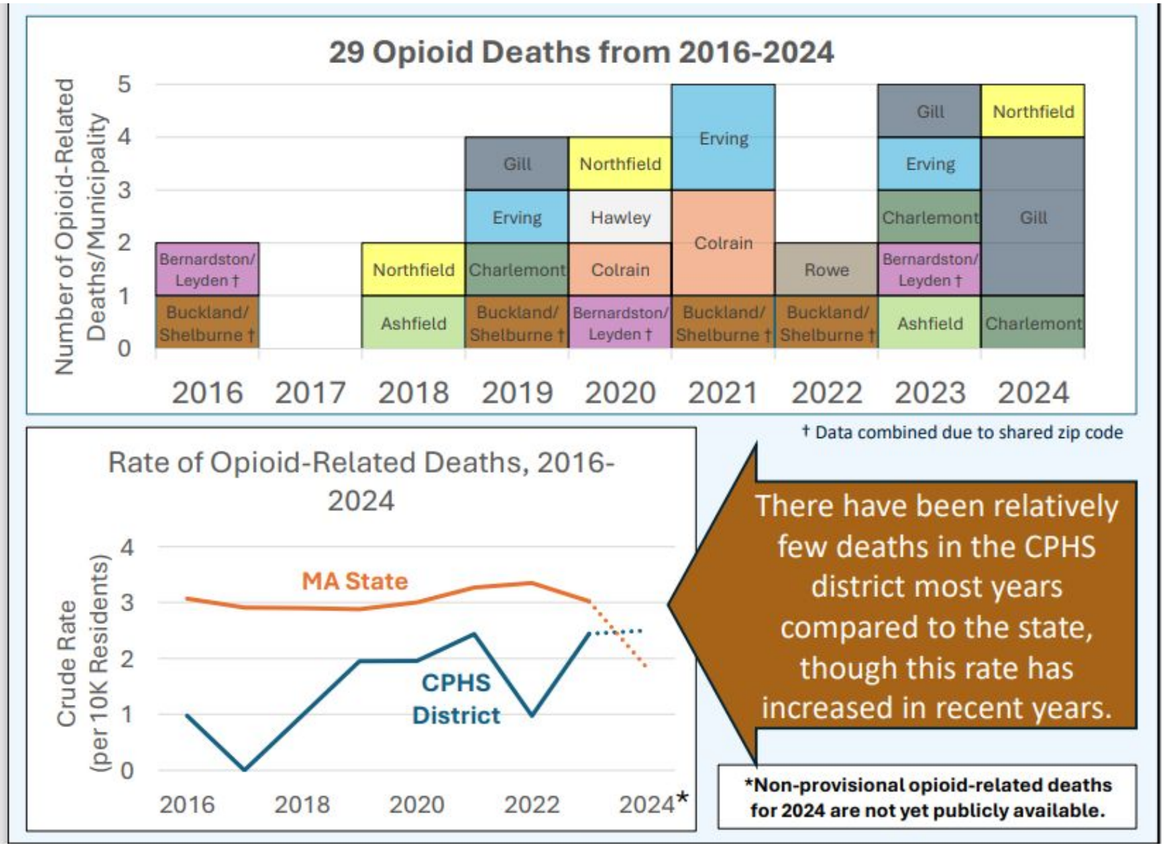
1	State	Type of Government	Name of Government	Government Function	Full-time Employees
127897	Massachusetts	Township	Colrain	Financial Administration	0
127898	Massachusetts	Township	Colrain	Other Government Administration	0
127899	Massachusetts	Township	Colrain	Police Protection - Persons with Po	0
127900	Massachusetts	Township	Colrain	Highways	0
127901	Massachusetts	Township	Colrain	Solid Waste Management	0
127902	Massachusetts	Township	Colrain	Libraries	0
127903	Massachusetts	Township	Colrain	All other and unallocable	0
127904	Massachusetts	Township	Conway	Total - All Government Employmen	76
127905	Massachusetts	Township	Conway	Financial Administration	1
127906	Massachusetts	Township	Conway	Other Government Administration	1
127907	Massachusetts	Township	Conway	Police Protection - Persons with Po	1
127908	Massachusetts	Township	Conway	Fire Protection - Firefighters	0
127909	Massachusetts	Township	Conway	Fire Protection - Other	0
127910	Massachusetts	Township	Conway	Highways	5
127911	Massachusetts	Township	Conway	Public Welfare	0
127912	Massachusetts	Township	Conway	Health	0
127913	Massachusetts	Township	Conway	Solid Waste Management	0
127914	Massachusetts	Township	Conway	Education - Elementary and Second	19
127915	Massachusetts	Township	Conway	Education - Elementary and Second	3
127916	Massachusetts	Township	Conway	All other and unallocable	46

Red numbers are school employees in town budgets, as reported to Census of Governments in 2020

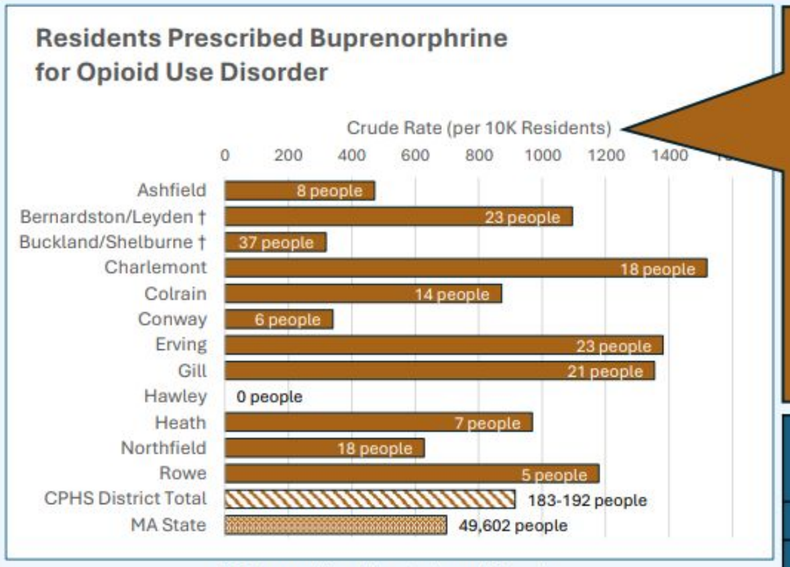
Source: https://www.census.gov/data/datasets/2022/econ/apes/2022.html


Spring ‘23: FRCOG begins sharing info, Towns move funds into stabilization accounts
1
Feb ‘24: regional Listening Session gives priorities
2
Fall ‘24: 13 Select Boards sign on to 3 two-year OAC projects
3
4
Spring ‘24: Most towns move $ into special purpose revenue funds at Annual Town Meeting
Winter ‘24: Agreements with 3 funded agencies negotiated
5
6
Oct. ‘25: 62 people attend Second Listening Session
7
Winter 24/25: Services begin! Ongoing Evaluation and Improvement

Local Data made a difference

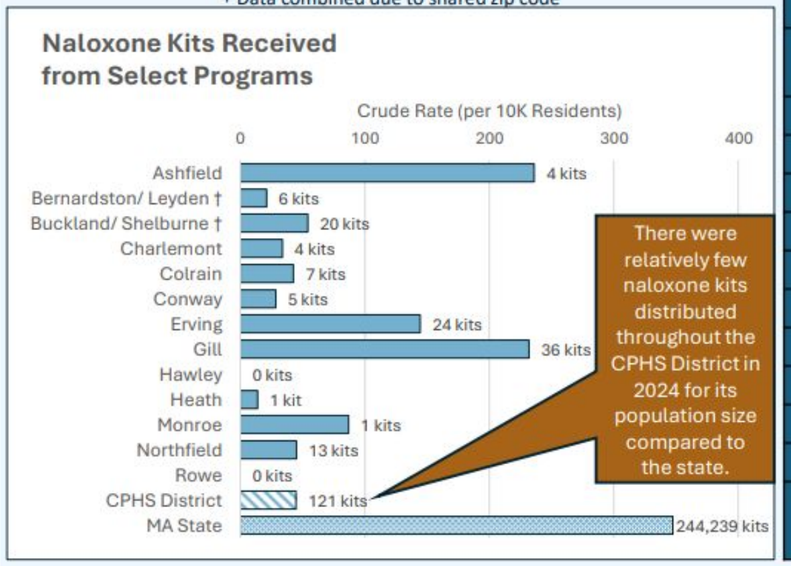


Local Rates of Opioid Use Disorder Treatment



The **bars** in these graphs show the **"Crude Rate"** of treatment services/town, which scales the actual number of cases by population size for better comparison between towns.

The **numbers** at the ends of each bar show the **actual number of cases.**



People Getting Treatment for Opioid Use Since 2020	
Ashfield	21-25
Bernardston Leyden †	37-45
Buckland/ Shelburne †	77-85
Charlemont	41-45
Colrain	46-50
Conway	6-10
Erving	56-60
Gill	41-45
Hawley	1-5
Heath	1-5
Monroe	1-5
Northfield	61-65
Rowe	11-15
CPHS District Total	**400-460**

October 2025 Listening Session

- Held at a peer recovery center
- Food provided both onsite and for groups attending remotely
- 62 people attended – half online and half in person
- Mostly people with lived and living exp
- erience
- Clear guidance on what is missing in our region

SUCCESSES

All-Recovery Meetings in underserved rural Towns : The Recover Project staffed all-recovery meetings along with drop-in recovery coaching hours at a church and a Library, and Recovery Coaches were available to meet with people nearer to home.

Doula Support for Pregnant People with Opioid Use Disorder: Moms Do Care provided care coordination, doula birthing support and recovery coaching to families representing 12 adults and 13 children and infants within CPHS member Towns.

Rural Communities Naloxone Project: This initiative includes distributing medication through cabinets hosted at public spaces and working with trained volunteers and public health staff to provide community workshops about both how to recognize an overdose, and how to use the medicine.

Barriers/Challenges

- Amount of funding so small that it didn’t seem worth it.
- In rural towns, two Annual Town Meetings needed before we could spend.
- Enormous number of night meetings
- Reporting form not set up for this kind of collaboration

Facilitators

- Already had a strong sharing relationship – shared nurses and agents, regional grants
- Town-level data proved need
- Obvious inequity of the formula made sharing the right thing.
- Regional COG staff to manage the project

Key Takeaways

- Listening to the people impacted must be the first step in spending, and a regular practice.
- Even a small amount of funding can make a difference if you collaborate!
- Doing the work of building a spending plan is helpful anti-stigma work.
- There are plenty of gaps to fill in our communities.

NORFOLK COUNTY 8 PUBLIC HEALTH COALITION

Local Partnership to Expand Recovery Services

Riverside Community Care

Leading the Way in Behavioral Healthcare & Human Services

BME STRATEGIES

Norfolk County–8 Public Health Coalition

NC-8 Advisory Board

- Meg Goldstein, Canton
- Sam Menard, Dedham
- Caroline Kinsella, Milton
- Stacey Lane, Norwood
- Melissa Ranieri, Walpole
- Lenny Izzo, Wellesley
- Jared Orsini, Westwood

Norfolk County–8 Public Health Coalition

Population: 181,904

Median Household Income: $158,993.86

Uninsured Rate: 1.8%

Privately Insured Rate: 87.07%

Source: US Census Bureau, American Community Survey. 2019-23

NC-8 Regional Snapshot

Community Deaths

39 *All Substance-Related Deaths*

11 *Opioid-Related Overdose*

Number of ER Visits

1,652 *Any Substance-Related*

67 *Opioid-Related*

Number of EMS Incidents

118 *Opioid-Related*

Support & Treatment Services Enrollment

176 *Individuals Admitted to Treatment (except Medication Assisted Treatment)*

150 *Individuals Receiving Methadone*

942 *Individuals Receiving Buprenorphine*

37 *Individuals Admitted to Community Support Services*

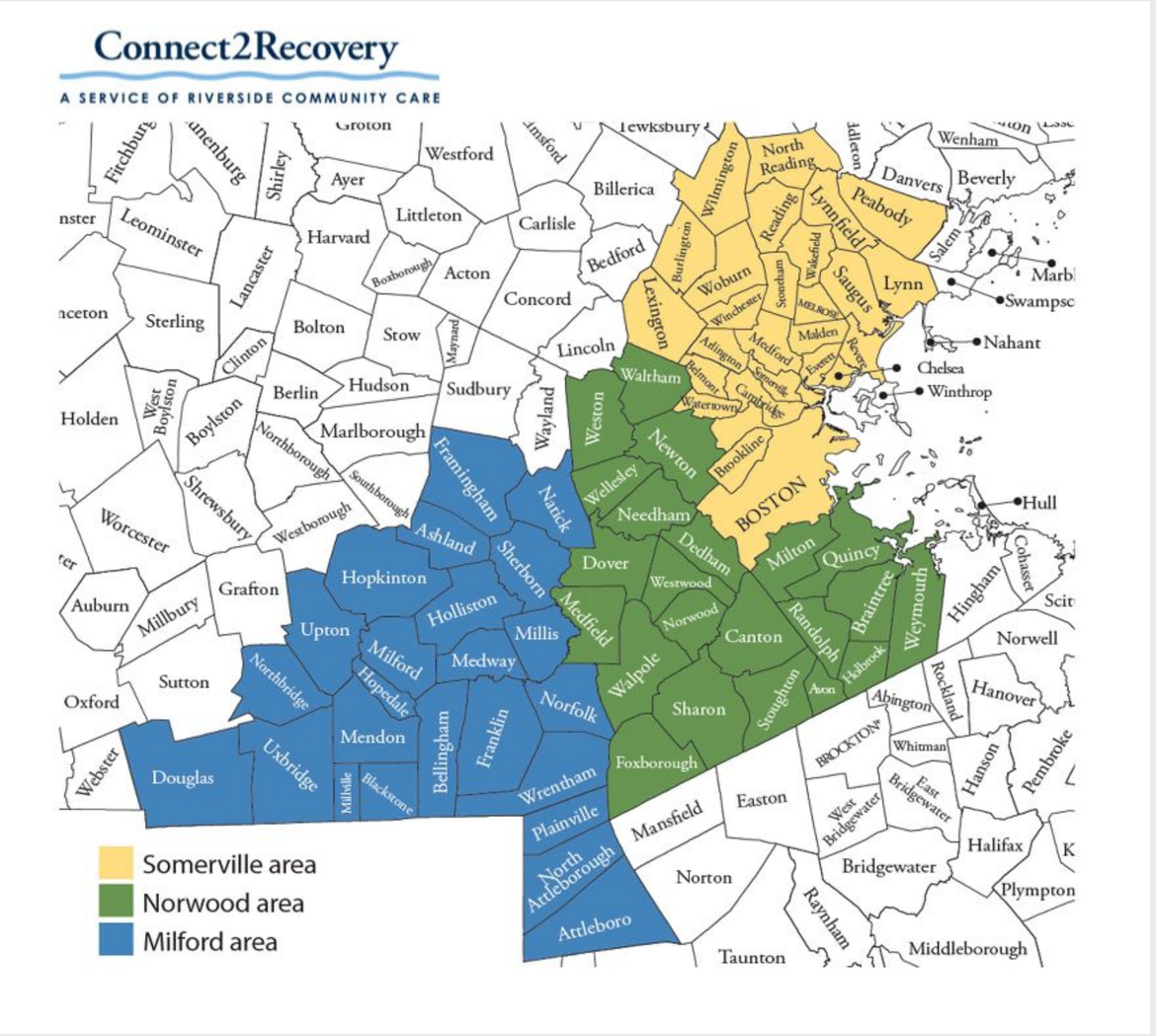
Source: Bureau of Substance Addiction Services Dashboard: Community Profile

Riverside Community Care

- Community-based non-profit with 118 programs in 75 MA locations

- Services include behavioral healthcare, early childhood & youth programs, developmental and brain injury services, addiction treatment, suicide prevention, trauma response & more

- Connect2Recovery provides person-centered, strengths-based support to 400+ individuals in Massachusetts



What does a recovery coach do?

- Provides 1:1 recovery support and resource navigation
- Forms community connections
- Connects individuals with peer recovery resources
- Assists with access to living/financial supports such as SNAP benefits and transitional assistance
- Connects individuals to health providers and specialists
- Coordinates with DCF and family supports
- Supports with drug court and probation

NC-8 Recovery Coach Program

- NC-8 funds direct 1:1 recovery coaching services for NC-8 residents who are uninsured, or whose insurance **does not cover recovery coaching services** (currently only reimbursed by MassHealth).
- Recovery coaches meet with enrolled individuals a **minimum of 1x a week** for an average interval of 6-9 months.
- Recovery coaches engage community stakeholders to develop referral networks and explore additional opportunities to ensure the substance use and behavioral health needs of NC-8 residents are met.

Collaboration Timeline

FEBRUARY 2024

NC-8 begins allocating additional meeting time to discuss potential shared efforts with settlement funds.

MARCH – MAY 2024

NC-8 continues to meet monthly; connects with Riverside Community Care and begin regular discussions to align on potential partnership opportunities.

JUNE 2024

Riverside Community Care hosts site visit for NC-8 communities at Norwood CBHC.

JUL. 2024 – JAN. 2025

Scope of work refinement and contract negotiation takes place.

MARCH 2025

Prorated contract for Q4 of FY25 is finalized with Dedham, Milton, Norwood, Walpole, and Wellesley.

MARCH – APRIL 2025

Riverside recovery coaching team kicks off services with partnership meetings in each community.

JUNE 2025

New, full year FY26 contract is executed to include all NC-8 partner communities.

Program Data (through October 2025)

9
NC-8 referrals to date

6
Unique referral sources to date

6
Individuals actively receiving NC-8 services

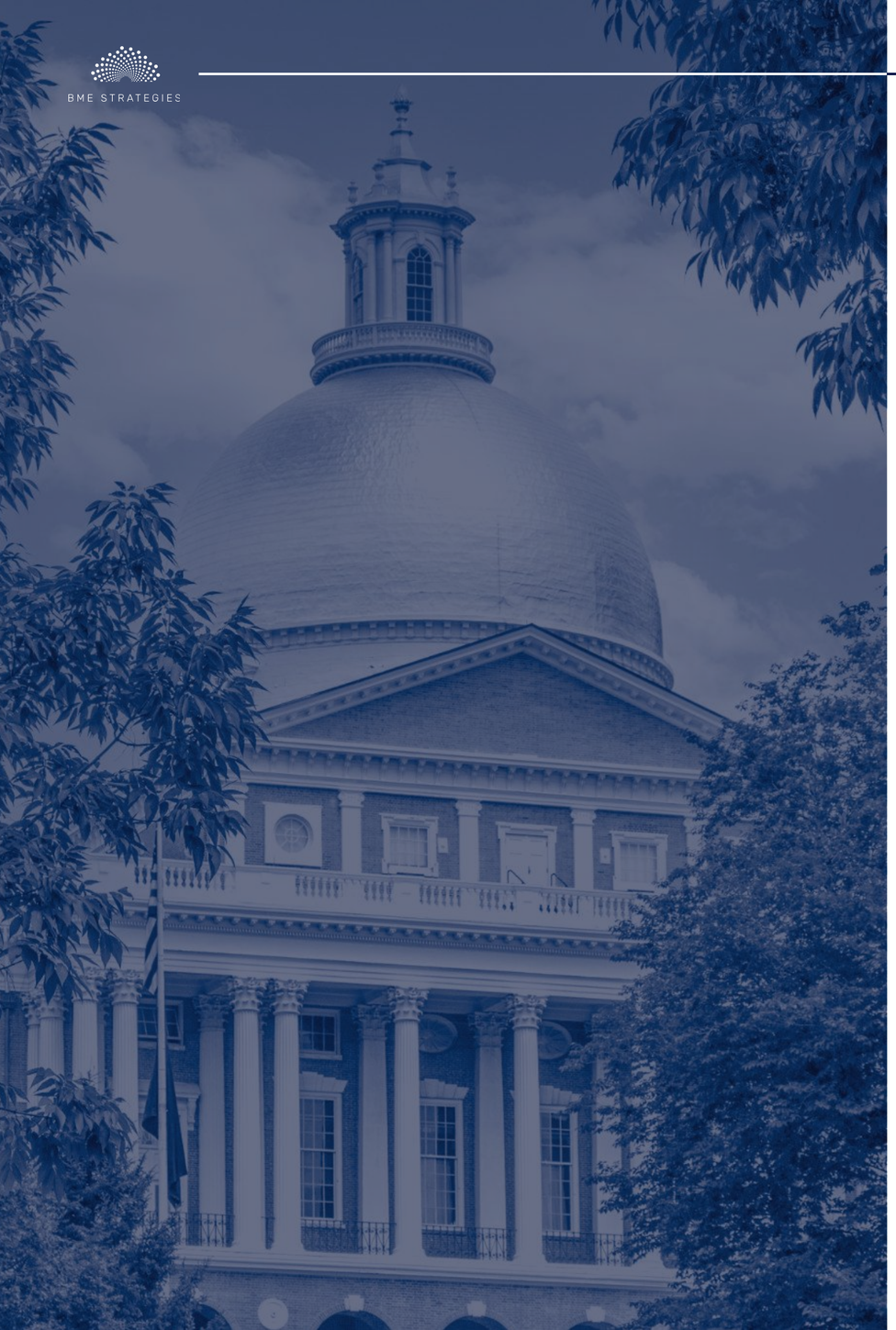
6
Referral types by substance

Successes

01 Program scope addresses service gap in recovery journey & supports individuals in transition to facilitate long-term, sustainable recovery

02 Initiative facilitates greater connections within each community between partners such as emergency responders, municipal stakeholders, & community-based organizations

03 Collaboration with local partner who knows the communities, affiliate organizations, and regional providers



Challenges

01 **Governance**
Differences in municipal control of settlement funds

02 **Efficiency**
Limitations for future or additional projects without stronger organizational structure

03 **Time**
It takes time to build program infrastructure and trust with community members

Key Takeaways

Take the first step!
Coalitions can collaborate or share abatement funding meaningfully at any stage in their journey.

Seek local partners
Partner with organizations that already work in your communities and support your residents.

Q & A

Contact:

Olivia Dufour: dufouro@sudbury.ma.us

Phoebe Walker: walker@frcog.org

Cynthia Baker: cbaker@bmestrategies.com

Opioid Abatement Guidance Document