

# OPIOID EXPENDITURE REPORTING USER MANUAL



# **Table of Contents**

Introduction	3
Accessing the Expenditure Form Portal	3
Navigating Through the Portal and Final Submission	4
Navigation	4
Required Fields	4
Submitting Your Report	5
Filling Out the Expenditure Form:	5
1. Verify Contact Information	5
2. Municipal Funding Allocations	5
→ Worksheet 1: Municipal Funding Allocations	7
→ Worksheet 2: Strategy Implementation	7
3. Shared Commitments, Goals, and Objectives	8
4. Assessment and Planning Process	9
5. Population(s) Served:1	0
6. Strategy Implementation Overview:1	0
7. Additional Comments1	1
Troubleshooting1	2



# Introduction

Welcome to the FY24 Expenditure Report user manual. Care Massachusetts administers the annual reporting for municipal opioid abatement, also referred to as Expenditure Reports. These reports are not associated with reporting administered by BrownGreer, the Directing Administrator of the National Opioid Settlements.

Please note a number of our reporting questions and processes have been updated to reflect lessons learned from the FY23 reporting cycle, which was our first year collecting these reports. The updated report includes more detail on the following:

- Office of Local and Regional Health Shared Service arrangements
- Efforts to meet the shared commitments for community input, addressing disparities, leveraging programs, and using evidence-based and evidence-informed strategies
- Greater detail on planning and implementation efforts centering on the seven strategies that shall be used as described in the State Subdivision Agreement

Care Massachusetts provides resources and technical assistance to:

- Connect with the people most impacted by the overdose crisis
- Promote the use of proven public health strategies
- Educate the public on the source and purpose of the funds
- □ Facilitate collaboration across municipalities
- Comply with annual reporting requirements

## **Accessing the Expenditure Form Portal**

To access the Expenditure Report reporting portal, go to <u>www.caremass.org</u> and click on the Login link in the upper right corner (<u>www.caremass.org/login</u>).

- <u>If you are a returning user</u>, you may enter your username and password now to confirm you still have access.
- If you are a returning user and have forgotten your password, click the "forgot your password" link and follow the instructions. The process for reissuing passwords for previous users is fully automated, and you should receive an email to the registered user's account almost immediately.
- If you are a new user and do not yet have a username, you will receive a registration email from <u>'noreply@salesforce.com</u> on behalf of <u>abate@jsi.com</u> containing your username and a link to create your password.



**NOTE**: For security purposes, passwords are manually generated and can take up to one business day to be delivered. In addition, once the link to set up your password arrives in your inbox, it is only active for 24 hours. If you know you will need your password registration email sent (or not sent) on a specific date, or need the registration email to be resent, please contact us at <a href="mailto:abate@jsi.com">abate@jsi.com</a>.

# **Navigating Through the Portal and Final Submission**

The Expenditure Reporting form is not compatible with mobile devices. Please use a desktop or laptop computer.

#### **Navigation**

The navigation menu on the first page of the Expenditure Report provides an overview of your progress and allows you to jump between sections. At the conclusion of any section, you can return to the navigation menu by clicking on the "BACK" option at the bottom of the page. For sections with multiple pages, you can only use the "BACK" button on the first page, and the "NEXT" button on the last page to return to the navigation menu.

Please do not use your browser's back button for navigation, as you will receive an error message. If this happens, the survey URL will still be listed in your browser. To return to the survey hit "RETURN or ENTER" and it will bring you back to this navigation page.

Below is a list of status options listed in the navigation menu, as well as their descriptions:

Not Started	This section has no responses entered.	
Started	This section has some, but not all of the required responses.	
Complete	All questions have been answered.	
Finished	All required questions have been answered.	
Answered	The section has some answers but it's not yet finished, OR the section is finished but the questions weren't required.	

You will not be able to submit your municipality's report until all required fields have been completed.

#### **Required Fields**

Required fields are marked with a red asterisk (\*). You will not be able to continue to the next section or submit your municipality's report unless all required fields are completed.



#### **Submitting Your Report**

From the main navigation page, once all the sections have been completed, click "NEXT". If there are incomplete sections, prompts will appear at the top of the page. Follow the prompts to complete the report. Once all sections are complete and you click "NEXT", you will be directed to provide additional comments (See Section 7 below). Once you have completed any additional comments, click "SUBMIT".

## **Filling Out the Expenditure Form:**

The Expenditure Form is a self-navigated form that will take up to an hour to complete. This includes the time needed to gather financial numbers and programmatic progress information. The form has nine (9) sections:

- 1. Verify Contact Information
- 2. Municipal Funding Allocations
- 3. Shared Commitments, Goals, and Objectives
- 4. Assessment and Planning Process
- 5. Population(s) Served
- 6. Strategy Implementation Overview
- 7. Additional Comments
- 8. Additional Needs That Could not be Met
- 9. Priority Recommendations for the Statewide Opioid Recovery and Remediation Fund (ORRF)

#### **1. Verify Contact Information**

Please verify the contact information for the primary and secondary Expenditure Reporting contacts. This contact information will be used to communicate with those responsible for meeting the annual Opioid Abatement reporting requirements.

#### 2. Municipal Funding Allocations

The questions in this section are to verify appropriate accounting of all abatement funds received and expended as of June 30, 2024. This section is also used to determine whether municipalities are responsible for completing this report as a fiscal agent for an IMA or SSA, or as an individual municipality. The section also includes questions about whether municipalities intend to continue working independently and whether municipalities are considering reallocating funds to the statewide Opioid Recovery and Remediation Fund.

Please note that if you are completing this report on behalf of an IMA or SSA and your municipality has not pooled all of its funding, you must ALSO complete this report for your municipality or county. If so, a link to complete your own municipality's expenditure report will appear at the end of this section.



**M1**. Choose the municipality or county for whom you are reporting. Municipality names will auto-suggest as you begin typing.

**M2**. List total abatement funds received that your municipality or county has received from the date participation began. This time period extends from the beginning of FY23 (July 1, 2022) through the end of FY 24 (June 30, 2024). List exact dollar and cents amount, and do not include a dollar (\$) sign.

**M2a**. This is the amount of all funds received in FY23 minus any expenditures. List exact dollar and cents amount, and do not include a dollar (\$) sign.

**M2b.** This is the amount received in FY24 (July 1, 2023-June 30, 2024). List exact dollar and cents amount, and do not include a dollar (\$) sign.

**M3**. Do not edit this number. This number is calculated based on the information provided in questions M2a and M2b. If you need to make changes, change responses to M2a and M2b.

**M4**. Choose "YES" if your municipality pools its funding via an inter-municipal agreement or shared service agreement. Choose "NO" if your municipality does not pool its funding.

**M4a**. This question appears only if you chose "YES" to M4. If your municipality pooled its funds, please check which IMA or SSA collaborative. If your collaborative is not listed, choose "other" and write in a name along with the participating municipalities.

**M4b.** This question appears only if you chose "NO" to M4. Choose "YES" if your municipality is interested in or is considering sharing and/or pooling funds with other participating municipalities, AND if your municipality is not already part of an IMA or SSA that is pooling settlement funds. If you choose "YES", someone from our TTA team will contact you to assist in pooling your funds.

**M4c.** This question appears for all users. Choose "YES" if your municipality is interested in reallocating some or all of your funding to the Opioid Recovery and Remediation Fund; someone will reach out to you after the Expenditure Reporting period has ended. Choose "NO" if your municipality is not interested in reallocating some or all of its funding to the statewide Opioid Recovery and Remediation Fund.

**M4d**. This question appears only if you chose "YES" to M4. Choose "YES" if your municipality is the fiscal agent for an IMA or SSA that has pooled its settlement funds. Choose "NO" if there is another municipality acting as the fiscal agent for your IMA or SSA.

**M4e**. This question appears only if you chose "YES" to M4, your municipality pooled its settlement funds and answered "NO" to M4d, indicating your municipality is not the fiscal agent. Municipality names will auto-suggest as you begin typing in the text box.

**M4f**. This question appears only if you chose "YES" to both M4 and M4d. Choose "YES" if your municipality pooled all of its funding. Choose "NO" if your municipality retained a portion of your funding.

**M5**. This question appears only for those municipalities required to complete the rest of the report. This includes municipalities that did not pool any of their funding, pooled some but not all of their funding, or are the fiscal agent for an IMA. List exact dollar and cents amount, and do not use a dollar sign (\$). List the total amount of abatement funds expended in FY24 (July 1, 2023 through June 30, 2024). This amount must equal the sum of expenditures listed in questions S.1.1a, S.1.2a, S.1.3a, S.1.4a, S.1.5a, S.1.6a, S.1.7a, and S.1.8a in Section 6: Strategy Implementation.



#### → Worksheet 1: Municipal Funding Allocations

This worksheet will help you to complete questions on amounts received and expended for all years. Remember to report amounts in exact dollars and cents, and do not include a dollar sign (\$).

ID #	Description	Amount	
M2	Funds received in all years		
M2a	Funds carried over from previous years		
M2b	Funds received in FY24		
M3	Total funds available in FY24 (M2a plus M2b)		
M5	Total abatement funds expended in FY24 (total expenditures, total from S1 worksheet)		
S2	Funds remaining (M3 minus M5)		

#### → Worksheet 2: Strategy Implementation

This worksheet lists expenditures from one of the nine categories. Remember to report amounts in exact dollars and cents. Place the total expenditures in line M5 in Worksheet 1.

ID#	Cost Category	Amount
S.1.1a	Opioid Use Disorder Treatment	
S.1.2a	Support People in Treatment and Recovery	
S.1.3a	Connections to Care	
S.1.4a	1.4a Harm Reduction	
S.1.5a	Address the Needs of Criminal-Justice-Involved People	
S.1.6a	.6a Support Pregnant or Parenting People and their Families	
S.1.7a	7a Prevent Misuse of Opioids and Implement Prevention Education	
S.1.8a	Administrative Costs	
S.1.9a	Other Costs	
	S1 Total Expenditures (add S1.1a-S.1.9a). Place total expenditures in <b>M5</b> in Worksheet 1.	



#### 3. Shared Commitments, Goals, and Objectives

The Shared Commitments outlined in the State Subdivision Agreement are a set of standards municipalities must incorporate in all aspects of opioid abatement work.

Responses in this section are collected in grids. The first column of each grid lists the focus of each commitment. The remaining columns offer examples of ways to meet those commitments. Place a check mark within the grid to indicate which commitment was met by the options listed at the top of each column. In Grids 1, 2, and 4, choosing certain cells within the grids will prompt open-ended questions asking for greater detail. Grids 3 and 5 automatically ask for more information below the grid. For instance, selecting "Administrative Data source" in Grid 1 will prompt an open-ended question asking for you to describe which data sources were used. Choosing "OTHER" can prompt an open-ended question asking for further clarification. Choosing a column that begins with the words "n/a did not ..." can prompt an open-ended question asking about overcoming challenges and barriers. In other instances, the open-ended questions automatically appear.

**G1** This question asks about your municipality's efforts to pursue a shared decision-making model that reflects input of those most impacted by the opioid epidemic.

- Choosing "OTHER" will prompt you to describe other ways your municipality engaged in shared decision-making activities.
- Choosing "N/A DID NOT ENGAGE THIS POPULATION" will prompt you to describe the barriers your municipality encountered in its efforts to conduct a shared decision-making process.

**G2** This question asks about your municipality's efforts to address disparities in access to existing services and health outcomes for those communities historically disadvantaged by race, wealth, and stigma, as well as your municipality's efforts to increase diversity among service providers to demographically reflect the communities they serve. Use the grid to describe how your municipality identified disparities in access, health outcomes, and staffing. In each cell within the grid, check the method that describes how your team assessed your community's needs and gaps.

- If your municipality used "ADMINISTRATIVE DATA SOURCES", please describe them.
- If your municipality used "OTHER" sources, please describe them.
- Please describe any barriers your municipality encountered and what steps have been taken or will take to address those barriers.

**G3** This question asks about your municipality's efforts to address mental health conditions, substance use disorders, and other behavioral health needs that occur with opioid use disorder (OUD). Use the grid to describe how your municipality identified mental health conditions, substance use disorders, other behavioral health needs, the prevalence of co-occurring disorders in your community, or mental health conditions. In each cell within the grid, check the method that describes how your municipality assessed its community's needs and gaps.



- If your municipality used ADMINISTRATIVE DATA SOURCES, please describe them.
- If your municipality used OTHER sources, please describe them.
- Please describe any barriers your municipality encountered and what steps your municipality has taken or will take to address those barriers.

G4 This question asks about your municipality's efforts to leverage programs and services already reimbursed by state agencies and programs, including direct care reimbursement by MassHealth and the state's Bureau of Substance Addiction Services (BSAS). Use the grid to describe how your municipality identified these programs and services already reimbursed by state agencies and programs in your community. Examples include Opioid Treatment Programs, Syringe Service Programs, or Peer Recovery Support Centers. Place the name of the program or service in the first column and place a check mark under each method that describes how your municipality identified these programs.

- If your municipality used ADMINISTRATIVE DATA SOURCES, please describe them.
- If your municipality used OTHER sources, please describe them.
- Please describe any barriers your municipality encountered and what steps your municipality has taken or will take to address those barriers.

**G5** This question asks about your municipality's efforts to encourage innovation, fill gaps, and address shortcomings, supplement, not supplant existing programs and resources for prevention, harm reduction, treatment, and recovery to increase the magnitude of impact in addressing the opioid crisis. This includes implementing emerging or promising evidence-based or evidence-informed programs, policies, or practices. Use the grid to describe how your municipality identified these programs, policies, or practices. Place the name of the policy or practice in the first column and place a check mark under each method used to identify that policy or practice.

• If your municipality used other ways to identify policies or practices to fill gaps and address shortcomings, please describe.

#### 4. Assessment and Planning Process

This section asks about the planning process used during FY24 to determine how to allocate abatement funds. There are specific questions regarding whether assessment and planning efforts were done collaboratively with other municipalities, whether a consultant was hired to assist your municipality , or whether your municipality sought assistance from Care Massachusetts.

**P1.** If you check that your municipality contracted with a consultant or with Care Massachusetts, you will be prompted to complete P2a or P2b.

**P2a or P2b**. Check the type of support your municipality received. If the type of support received is not listed, choose "OTHER" and specify.

**P3.** You are also asked to upload or provide links to any publicly available documentation, reports, or information developed as a result of your municipality's assessment and planning



efforts. The maximum file size allowed for this question is 50 MB, and only one file can be uploaded. If you wish to upload multiple documents, please combine them into one document.

### 5. Population(s) Served:

In this section, you are asked to describe whether abatement funds were used to serve, or will serve any specific individuals, groups, or populations defined by age, gender identity, race/ethnicity, sexual orientation, or other characteristics. Answers in this section should provide greater detail on how your municipality fulfilled Shared Commitment Two: to address disparities in access to existing services and health outcomes for those communities historically disadvantaged by race, wealth, and stigma and increase diversity among service providers so that provider demographics reflect the community they serve, as described in the State Subdivision Agreement.

**PG1.** If you choose "YES", you will be prompted to check which populations are or will be the focus of your municipality's efforts.

**PG1a.** This question appears if you choose "YES" to either option in PG1. Choose the population(s) that were the focus of your municipality's efforts. If you choose "OTHER", please describe.

#### 6. Strategy Implementation Overview:

**S1** Expenditure funding allocated to municipalities shall be used to implement the seven strategies outlined in the State Subdivision Agreement. This section asks you to report your municipality's level of progress for each of the seven strategic areas, plus any administrative or other areas of focus, for a total of nine expenditure categories.

With **S1.1** through **S1.8**, you will be asked to identify your municipality's level of progress in each of the seven expenditure categories outlined in the State Subdivision Agreement. Each question has the same response pattern:

Check the level of progress:

- No work in this area
- Planning
- Early implementation
- □ Full implementation

**S1.1.a through S1.8a** If you choose "PLANNING", "EARLY IMPLEMENTATION", or "FULL IMPLEMENTATION", you will be prompted to report the amount expended in FY24. List exact dollar and cents amount, and do not include a dollar sign (\$).

**S1.1b through S1.18b** If you choose "PLANNING", "EARLY IMPLEMENTATION", or "FULL IMPLEMENTATION" *and* you added a dollar amount, you will be prompted to provide details on the types of strategies implemented.



**S1.1c. through S1.7c** If you choose "NO WORK IN THIS AREA", you will be prompted to describe any challenges or barriers to conducting any work in that category.

Note: The total amounts for all categories should equal the total amount of funds as reported in Question M5. List exact dollar and cents amount, and do not include a dollar sign (\$).

**S1.9** This question asks for additional details specifically about any other expenditures associated with planning and implementing opioid abatement programs and activities. If you choose "NO WORK IN THIS AREA", then the question will be considered complete. If you choose "PLANNING", "EARLY IMPLEMENTATION", or "FULL IMPLEMENTATION" you will be prompted to report the amount expended in FY24. List exact dollar and cents amount, and do not include a dollar sign (\$). You will also be prompted to provide details on these other costs.

**S2** List the total amount of unexpended funds remaining. This amount should equal the amounts expended for each of the nine categories in S.1.1-.9b above *minus* the amount listed in questions **M3** Total Funds Available in FY24. List exact dollar and cents amount, and do not include a dollar sign (\$).

## 7. Additional Comments

There is an opportunity for additional comments once you have completed all six (6) sections of the report and begin the submission process. There are three promptsor questions that appear each with their own comment box:

- a. Provide any additional comments you have about the Massachusetts Opioid Settlement Abatement Initiative (character limit 500 words). This question is optional.
- b. Were there needs identified in your community that could not be met with the funding you have available? If so, please describe. (Character limit 500 words). This question is optional.
- c. Priority Recommendations for the Statewide Opioid Recovery and Remediation Fund (ORRF): The mission of the ORRF is to mitigate the effects of the opioid epidemic on individuals and families, particularly in historically underserved communities, which have experienced a disproportionately high rate of opioid-related overdose deaths. The vision of the ORRF is to finance activities across the full continuum of prevention, harm reduction, treatment services, and support for an individual's recovery from opioid addiction and in support of their loved ones. For more information, see the ORRF Strategic Framework:

https://www.mass.gov/doc/orrf-advisory-council-meeting-presentation-12622/download. This question is optional.



# Troubleshooting

Below are some common challenges you may encounter while completing the Expenditure Report.

Problem	Solution
Received Error Message, "Confirm Form Resubmission	This appears if you use your browser's "BACK" button instead of the form's navigation buttons. To return to the report, sign in again.
Cannot access Expenditure Reporting Portal	Check with your municipality about their security settings. Many users have experienced firewall issues due to their municipalities' security settings.
Are not receiving welcome email with username and instructions for creating a password.	Check with your IT department to make sure emails from 'noreply@salesforce.com on behalf of abate@jsi.com' are on your systems allowed sender's list.
Forgot password	Go to <u>https://portal.caremass.org/login</u> and click on, "Forgot your password?" to reset.
Do not have or forgot user name	Email <u>abate@jsi.com</u> . Response could take up to 24 hours.

