Care Mass FY2024 Expenditure Reporting Form Question List

Note: this list is inclusive of all possible questions in the reporting form. Based on your individual situation and your answers, some of the questions below may not be required, and would therefore be hidden. Please see the [Care Mass Expenditure Reporting website page](#) for further support and instructions.

This list is for reference only. Expenditure reporting must be completed through the online portal by the authorized municipal representative.

Sections
1. Contact information
2. Municipal Funding Allocations
3. Shared Commitments, Goals, & Objectives
4. Assessment & Planning Process
5. Populations Served
6. Strategy Implementation

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1. Contact information

C1. Primary contact name*
C2. Primary contact email*
C3. Primary contact phone*
C4. Secondary contact name
C5. Secondary contact email
C6. Secondary contact phone

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2. Municipal Funding Allocations

M1. Name of the Municipality you are reporting on:*

M2. Total abatement funds received in all years your municipality has participated in the State Subdivision Agreement.*

M2a. Total abatement funds that were carried over from previous years in which your municipality has participated in the State Subdivision Agreement.*

M2b. Total abatement funds <u>received</u> by <u>your municipality</u> in FY2024: (July 1, 2023 - June 30, 2024)*

M3. Total Funds Available in FY24:
Do not edit this number. This number is calculated based on the information you previously provided in questions M2a and M2b. If you need to make changes, change those responses. Per the State Subdivision Agreement, municipalities may elect to share or pool some or all of their funding with other participating municipalities and/or reallocate their funding to the statewide Opioid Recovery and Remediation Fund.

M4. Did your municipality pool funding by entering into an inter-municipal agreement with other municipalities?*
    ( ) Yes
    ( ) No

M4a. Which inter-municipal agreement (IMA) or shared service agreement (SSA) did your municipality participate in when you pooled your abatement funds?*
(Choose all that apply from the options below)
    [ ] Amesbury
    [ ] Berkshire Public Health Alliance
    [ ] Blackstone Valley Partnership for Public Health
    [ ] Bristol Norfolk Public Health Partners
    [ ] CAPE Public Health Collaborative
    [ ] Central Massachusetts Regional Public Health Alliance
    [ ] Central Pioneer Valley Health District
    [ ] Charles River Public Health District
    [ ] Charlton Coalition for Public Health
    [ ] Cooperative Public Health District
    [ ] East Hampden Shared Public Health Services
    [ ] Eastern Essex Regional Public Health Coalition
    [ ] Essex County Tri-Town Shared Health Initiative
    [ ] Foothills Health District
    [ ] Great Meadows Public Health Collaborative
    [ ] Greater Boroughs Partnership for Health
    [ ] Halifax Public Health Excellence Group
    [ ] Hampshire Public Health Shared Services Collaborative
    [ ] Inter-Island Public Health Excellence Collaborative
    [ ] Leicester Regional Public Health Coalition
    [ ] MAPC - Somerville
    [ ] Marshfield Public Health Excellence Grant Collaboration
    [ ] Metacomet Public Health Alliance
    [ ] Methuen-Lawrence
    [ ] Metro Public Health Collaborative
    [ ] MetroWest Shared Public Health Services

[ ] Mill Towns Public Health Coalition
[ ] Montachusett Public Health Network
[ ] Mystic Valley Public Health Coalition
[ ] Nashoba Associated Boards of Health
[ ] New Bedford
[ ] Norfolk County 5 East
[ ] Norfolk County-8 Local Public Health Coalition
[ ] North Bristol County Public Health Alliance
[ ] North East Public Health Alliance
[ ] North Quabbin Health Collaborative
[ ] North Shore Shared Public Health Services Partnership
[ ] North Suffolk Public Health Collaborative
[ ] NorthWest Public Health Coalition
[ ] Plymouth - Norfolk 5
[ ] Quabbin Health District
[ ] South Central Massachusetts Partnership for Health
[ ] South Shore Public Health Collaborative
[ ] Southcoast Public Health Coalition
[ ] Southcoast Public Health Collaborative
[ ] Southern Berkshire Public Health Collaborative
[ ] Southern Plymouth County Public Health Excellence Collaborative
[ ] Town of North Andover
[ ] Tri-town Shared Services Coalition
[ ] Valley Health Regional Collaborative
[ ] Western Hampden County Public Health District
[ ] Other (please specify): *

M4b. Please indicate if your municipality is interested or considering sharing and/or pooling funds with other participating municipalities.
 ( ) Yes
 ( ) No

M4c. Please indicate if your municipality is interested in reallocating some or all of its funding to the statewide Opioid Recovery and Remediation Fund. By choosing "Yes", someone from the Care Mass support team will be in touch with you on the process for reallocating funds to the Opioid Recovery and Remediation Fund.
 ( ) Yes
 ( ) No

M4d. Is your municipality the fiscal agent of the IMA or SSA?*
 ( ) Yes
 ( ) No

M4e. Who is the fiscal agent for your inter-municipal agreement to share Abatement funding?

M4f. Did your municipality pool all the abatement funding you have received to date?*
    ( ) Yes
    ( ) No

Based on your responses, as the fiscal agent you are responsible for completing the rest of the expenditure report on behalf of each municipality participating in the IMA.

Based on your responses, as the fiscal agent for the IMA, and a municipality that has retained a portion of your abatement funding, you must complete two separate Expenditure Reports. One report on behalf of the IMA, and a separate report on behalf of your municipality for any funds that were not pooled.
    •   To complete the report on behalf of your IMA, continue below.
    •   To complete the report on behalf of your municipality, *click here.*

M5. Total abatement funds expended in FY24. Total FY24 pooled funds and expenditures may include funds received but not spent from previous years.*

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3. Shared Commitments, Goals, and Objectives

Commitment One: Decision-making that reflects the input of those most impact by the opioid epidemic.

G1. Instructions: Use the grid below to describe engagement activities. In each cell within the grid, place a check for the population that was engaged with each activity.*

	Forum/Listening Session	Survey	Interviews	Focus Groups/Meetings	Other	N/A Did not engage this population
People who use drugs	☐	☐	☐	☐	☐	☐
People in recovery	☐	☐	☐	☐	☐	☐
Families impacted	☐	☐	☐	☐	☐	☐
Subject matter experts in prevention, harm reduction, treatment, and recovery	☐	☐	☐	☐	☐	☐

If you choose OTHER, please describe other ways you've engaged with *population*:

If you choose N/A DID NOT ENGAGE THIS POPULATION, please describe what barriers did you encounter in engaging with *population* and what steps have you (or will you take) to address these barriers/engage these populations?*

Commitment Two: Addresses 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.

G2. Instructions: Use the grid below to describe how you identified disparities in access, health outcomes, and staffing. In each cell within the grid check the method that describes how you assessed your community's needs and gaps.

	Administrative Data source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Access to existing services	☐	☐	☐	☐	☐	☐
Health outcomes by race	☐	☐	☐	☐	☐	☐
Health outcomes by wealth	☐	☐	☐	☐	☐	☐
Stigma's impact on access and outcomes	☐	☐	☐	☐	☐	☐
Lack of diversity among service providers	☐	☐	☐	☐	☐	☐

IF YOU USED ADMINISTRATIVE DATA SOURCES TO IDENTIFY DISPARITIES, please list those data sources below:*

If you choose OTHER, that you identified disparities in other ways? If so, please describe.*

If you choose N/A DID NOT ASSESS THIS NEED, please describe what barriers did you encounter in assessing the potential gaps or needs for this commitment and what steps have you (or will you take) to address those barriers?*

Commitment Three: Address mental health conditions, substance use disorders, and other behavioral health needs that occur together with opioid use disorder (OUD).

G3. Instructions: Use the grid below to describe how you identified mental health conditions, substance use disorders, other behavioral health needs, or the prevalence of co-occurring disorders in your community. In each cell within the grid check the method that describes how you assessed your community's needs and gaps.

	Administrative Data source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Opioid overdose	☐	☐	☐	☐	☐	☐
Fatal opioid overdoses	☐	☐	☐	☐	☐	☐
EMT response	☐	☐	☐	☐	☐	☐
Past 30-day opioid use	☐	☐	☐	☐	☐	☐
Patients in treatment	☐	☐	☐	☐	☐	☐
People in recovery	☐	☐	☐	☐	☐	☐
People who use drugs	☐	☐	☐	☐	☐	☐
# of treatment providers	☐	☐	☐	☐	☐	☐
# of recovery centers	☐	☐	☐	☐	☐	☐
Mental health conditions	☐	☐	☐	☐	☐	☐

IF YOU USED ADMINISTRATIVE DATA SOURCES TO IDENTIFY DISPARITIES, please list those data sources below:

If you choose OTHER, please describe the other ways you identified mental health conditions, substance use disorders, and other behavioral health needs.

If you choose N/A DID NOT ASSESS THIS NEED, please describe what barriers you encountered in assessing the potential gaps or needs for this commitment and what steps have you (or will you take) to address those barriers?

Commitment Four: 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). Examples include Opioid Treatment Programs, Syringe Service Programs, or Peer Recovery Support Centers.

G4. Instructions: Use the grid below to list any programs or services that already exist that you intend to expand upon or enhance. In each cell within the grid check the method that describes how you identified these programs.

	Programs/Services	Type					
		Administrative Data Source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Program/Service 1		☐	☐	☐	☐	☐	☐
Program/Service 2		☐	☐	☐	☐	☐	☐
Program/Service 3		☐	☐	☐	☐	☐	☐
Program/Service 4		☐	☐	☐	☐	☐	☐
Program/Service 5		☐	☐	☐	☐	☐	☐

IF YOU USED ADMINISTRATIVE DATA SOURCES TO IDENTIFY DISPARITIES, please list those data sources below:

If you choose OTHER you identified programs and services reimbursed by state agencies, please describe them below.

Commitment Five: 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 overdose epidemic. This includes implementing emerging or promising evidence-based, or evidence-informed programs, policies, or practices.

G5. Instructions: Use the grid below to list any emerging or promising, evidence-based, or evidence-informed programs, policies, or practices. In each cell within the grid check the method that describes how you identified these programs.

	Policies/Practices	Source					
		Literature Review	Based on needs of my community	Hired Consultant	Care Mass	Copied another municipality	Other
Policy/Practice 1		☐	☐	☐	☐	☐	☐
Policy/Practice 2		☐	☐	☐	☐	☐	☐
Policy/Practice 3		☐	☐	☐	☐	☐	☐
Policy/Practice 4		☐	☐	☐	☐	☐	☐
Policy/Practice 5		☐	☐	☐	☐	☐	☐

IF YOU USED OTHER WAYS TO IDENTIFY POLICIES OR PRACTICES TO FILL GAPS AND ADDRESS SHORTCOMINGS, please describe them below.

4. Assessment and Planning Process

P1. What planning process was used during FY24 to determine how to allocate abatement funds?

      [ ] Our municipality conducted its own planning process.

      [ ] We engaged in shared planning with other municipalities.

      [ ] We contracted a consultant to support this process.

      [ ] We consulted with Care Mass.

      [ ] We did not engage in a planning process.

P2a. Which activities did the consultant assist you with?

      [ ] Developed and conducted a community survey

      [ ] Developed and conducted individual interviews

      [ ] Developed and conducted focus groups or a meeting with an affinity group

      [ ] Developed and conducted listening sessions or community forums

      [ ] Compiled data and drafted data analysis report

      [ ] Developed criteria for prioritizing needs and gaps based on findings

      [ ] Facilitated planning sessions to prioritize needs and gaps

      [ ] Facilitated planning sessions to set goals and select strategies to address needs and gaps

      [ ] Developed an implementation plan

      [ ] Developed an evaluation plan to track outputs and monitor performance

      [ ] Other activities (please specify): *

P2b. Which activities did Care Mass assist you with?

      [ ] Developed and conducted a community survey

      [ ] Developed and conducted individual interviews

      [ ] Developed and conducted focus groups or a meeting with an affinity group

      [ ] Developed and conducted listening sessions or community forums

      [ ] Compiled data and drafted data analysis report

      [ ] Developed criteria for prioritizing needs and gaps based on findings

      [ ] Facilitated planning sessions to prioritize needs and gaps

      [ ] Facilitated planning sessions to set goals and select strategies to address needs and gaps

      [ ] Developed an implementation plan

      [ ] Developed an evaluation plan to track outputs and monitor performance

      [ ] Other activities (please specify): *

Allows one file. Allowed types: png, gif, jpg, jpeg, doc, xls, docx, xlsx, pdf, txt, mov, mp3, mp4. Max file size: 50 MB

P3. Please upload any available assessment, planning, and implementation documents. Note that this field only allows respondents to upload one document; please combine materials into one file for upload, if necessary.
(max file size 50MB)

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5. Populations Served

PG1. During FY24, were abatement funds used to serve or plan to serve any specific individuals, groups, or populations defined by age, gender identity, race/ethnicity, sexual orientation, or other characteristics?*
       ( ) Yes, all of our efforts are focused on a specific population
       ( ) Yes, some of our efforts are focused on a specific population
       ( ) No, our efforts are not focused on a specific population

PG1a. Please identify any historically disadvantaged or disproportionately impacted individuals, groups, or populations you served or plan to serve with abatement funds.*
       [ ] Aging adults
       [ ] Arab or Muslim
       [ ] Asian, Pacific Islander, or Southeast Asian
       [ ] Black or African American
       [ ] Disabled
       [ ] Economically under-resourced
       [ ] Immigrant
       [ ] Indigenous or Native American
       [ ] Individuals who have been incarcerated and/or under community supervision
       [ ] Latino/a/x/e or Hispanic
       [ ] LGBTQ+
       [ ] Non-native English speakers
       [ ] Pregnant and/or parenting populations
       [ ] Transgender or gender expansive
       [ ] Unsheltered or housing-insecure
       [ ] Veterans
       [ ] Youth and/or young adults
       [ ] Other: *
       [ ] None of the above

PG1a1. Briefly describe other historically disadvantaged or disproportionately impacted individuals, groups, or populations you served or plan to serve with abatement funds.

PG1b. What barriers did you encounter in addressing the needs of historically disadvantaged or disproportionately impacted individuals, groups, or populations and what steps have you taken (or will you take) to address these barriers?

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6. Strategy Implementation Overview

S1. Instructions: There are nine expenditure categories below. Spending categories include the seven strategies from the State Subdivision Agreement plus Administrative and Other categories.

Start by identifying the progress level in FY24 related to the abatement fund expenditures in each of the following required strategic areas.

For those areas where you indicate you are in planning, early implementation, or full implementation, you will be asked to place the amount expended in FY24. For categories you indicate there is 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 received to date and expended in FY24 as answered in Question M5. List exact dollar and cents amount, no $ sign. Provide details on the types of strategies implemented below each category as prompted.

S1.1. Opioid Use Disorder Treatment: Identify the level of progress in FY24 related to the abatement fund expenditures.*
      ( ) No work in this area
      ( ) Planning
      ( ) Early implementation
      ( ) Full implementation

S1.1a. Opioid Use Disorder Treatment: how much has been expended?*

S1.1b. Opioid Use Disorder Treatment: How were these funds spent?*
      [ ] Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including recovery coaches
      [ ] Support evidence-based withdrawal management services for people with OUD and co-occurring mental health conditions
      [ ] Make capital expenditures to rehabilitate and expand facilities that offer treatment for OUD, in partnership with treatment providers
      [ ] Improve or implement trauma-informed treatment services
      [ ] Other (please specify): *

S1.1c. If no work in this Opioid Use Disorder Treatment, please describe any challenges or barriers:*

S1.2. Support People in Treatment and Recovery: Identify the level of progress in FY24 related to the abatement fund expenditures.*
    ( ) No work in this area
    ( ) Planning
    ( ) Early implementation
    ( ) Full implementation

S1.2a. Support People in Treatment and Recovery: how much has been expended?*

S1.2b. Support People in Treatment and Recovery: How were these funds spent?*
    [ ] Provide comprehensive wrap-around services to individuals with OUD, including job
        placement, job training, or childcare
    [ ] Provide access to housing for people with OUD, including supportive housing,
        recovery housing, housing, rent, move-in deposits, and utilities assistance programs,
        training for housing providers, or recovery housing programs that integrate
        FDA-approved medication with other support services
    [ ] Rehabilitate properties appropriate for low-threshold and recovery housing, including
        in partnership with DHCD-funded agencies and OUD-specialized organizations
    [ ] Provide peer support specialists that support people in accessing OUD treatment,
        trauma-informed counseling and recovery support, harm reduction services, primary
        healthcare, or other services support for recovery across the continuum
    [ ] Provide community support services, including social and legal services, to assist in
        deinstitutionalizing persons with OUD
    [ ] Support or expand peer-recovery centers, which may include support groups, social
        events, computer access, or other services for persons with OUD
    [ ] Provide transportation to treatment or recovery services for persons with OUD
    [ ] Provide employment training or educational services for persons with OUD, such as
        job training, job placement, interview coaching, community college or vocational
        school courses, transportation to these activities, or similar supports
    [ ] Increase the number and capacity of high-quality recovery programs to help people in
        recovery
    [ ] Engage non-profits, faith-based communities, and community coalitions to support
        people in treatment and recovery and to support family members in their efforts to
        support the person with OUD in the family
    [ ] Support programs for recovery in schools and/or standalone recovery high schools
    [ ] Support bereaved families and frontline care providers
    [ ] Other (please specify): *

S1.2c. If no work in this Support People in Treatment and Recovery, please describe any challenges or barriers:*

S1.3. Connections to Care: Identify the level of progress in FY24 related to the abatement fund expenditures.*
        ( ) No work in this area
        ( ) Planning
        ( ) Early implementation
        ( ) Full implementation

S1.3a. Connections to Care: how much has been expended?*

S1.3b. Connections to Care: How were these funds spent?*
        [ ] Support the work of Emergency Medical Systems, including peer support specialists and post-overdose response teams, to connect individuals to trauma-informed treatment recovery support, harm reduction services, primary healthcare, or other appropriate services following an opioid overdose or other opioid-related adverse event
        [ ] Support school-based services related to OUD, such as school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people. This should include alternatives to suspension or interaction with school resource officers such as restorative justice approaches
        [ ] Fund services or training to encourage early identification and intervention for families, children, or adolescents who may be struggling with use of drugs or mental health conditions, including peer-based programs and Youth Mental Health First Aid. Training programs may target families, caregivers, school staff, peers, neighbors, health or human services professionals, or other in contact with children or adolescents.
        [ ] Other (please specify): *

S1.3c. If no work in this Connections to Care, please describe any challenges or barriers:*

S1.4. Harm Reduction: Identify the level of progress in FY24 related to the abatement fund expenditures.*
        ( ) No work in this area
        ( ) Planning
        ( ) Early implementation
        ( ) Full implementation

S1.4a. Harm Reduction: how much has been expended?*

S1.4b. Harm Reduction: How were these funds spent?*
        [ ] Increase availability of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family,

schools, community-based organizations, community navigators and outreach
workers, persons being released from jail or prison, or the public

[ ] Provide training and education regarding naloxone and other drugs that treat
overdoses

[ ] "Naloxone Plus" strategies to ensure that individuals who receive naloxone to reverse
an overdose are linked to treatment programs or other appropriate services

[ ] Approve and fund syringe service programs and other programs to reduce harms
associated with drug use, including supplies, staffing, space, peer support services,
referrals to treatment, fentanyl checking, syringe collection and disposal, connection
to care, and the full range of harm reduction and treatment services provided by these
programs

[ ] Support mobile units that offer or provide referrals to harm reduction services,
treatment, recovery supports, primary and behavioral health care, recovery support,
or other appropriate services with OUD

[ ] Promote efforts to train health care providers, students, peer recovery coaches,
recovery outreach specialists, or other professionals that provide care to persons who
use opioids or persons with OUD in crisis training and harm reduction strategies

[ ] Active outreach strategies such as the Drug Abuse Response Team model or the Post
Overdose Support Team model

[ ] Provide outreach and services for people who use drugs and are not yet in treatment,
including services that build relationships with and support for people with OUD

[ ] Other (please specify): *

S1.4c. If no work in this Harm Reduction, please describe any challenges or barriers:*

S1.5. Address the Needs of Criminal and Justice-Involved Persons: Identify the level of
progress in FY24 related to the abatement fund expenditures.*
( ) No work in this area
( ) Planning
( ) Early implementation
( ) Full implementation

S1.5a. Address the Needs of Criminal and Justice-Involved Persons: how much has been
expended?*

S1.5b. Address the Needs of Criminal-Justice-Involved People: How were these funds spent?*
[ ] Programs, that connect individuals involved in the criminal justice system and upon
release from jail or prison to OUD harm reduction services, treatment, recovery
support, healthcare, prevention, legal support, or other supports, or that provide these

[ ] Co-responder and/or alternative responder models to address OUD-related greater
OUD expertise

[ ] Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion
model

[ ] Participate in membership organizations such as the Police Assisted Addiction
   Recovery Initiative for training and networking and utilize law enforcement
   opportunities such as the Safety and Health Integration in the Enforcement of Laws
   on Drugs (SHIELD)
[ ] Other (please specify): *

S1.5c. If no work in this Address the Needs of Criminal and Justice-Involved Persons, please describe any challenges or barriers:*

S1.6. Support Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome: Identify the level of progress in FY24 related to the abatement fund expenditures.*
   ( ) No work in this area
   ( ) Planning
   ( ) Early implementation
   ( ) Full implementation

S1.6a. Support Pregnant or Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome: how much has been expended?*

S1.6b. Support Pregnant or Parenting People and their Families, including Babies with Neonatal Abstinence Syndrome: How were these funds spent?
   [ ] Initiated or expanded FIRST Steps Together or similar evidence-based home visiting
      program for parents in recovery
   [ ] Supported, expanded, or improved connection with pregnant/post-partum and family
      residential treatment programs, including and in addition to the eight family residential
      treatment programs currently funded by DPH
   [ ] Supported, expanded, and improved connections with the Moms Do Care recovery
      support program
   [ ] Other (please specify): *

S1.6c. If no work in this Support Pregnant and Parenting Women and their Families, including Babies with Neonatal Abstinence Syndrome, please describe any challenges or barriers:*

S1.7. Prevent Misuse of Opioids and Implement Prevention Strategies: Identify the level of progress in FY24 related to the abatement fund expenditures.*
   ( ) No work in this area
   ( ) Planning
   ( ) Early implementation
   ( ) Full implementation

S1.7a. Prevent Misuse of Opioids and Implement Prevention Strategies: how much has been expended?*

S1.7b. Prevent Misuse of Opioids and Implementing Prevention Education: How were these funds spent?*

    [ ] Supported programs, policies, and practices that have demonstrated effectiveness in preventing drug misuse among youth

    [ ] Supported community coalitions in developing and implementing a comprehensive strategic plan for substance misuse prevention

    [ ] Engage a robust multi-sector coalition of stakeholders in development and implementation of above stated strategic plan

    [ ] Supported community-based education or intervention services for families, youth, and adolescents at risk for OUD

    [ ] Increased access to mental health services and support for young people provided either in the school or in the community that, if unaddressed, increases the risk of opioid or other drug use

    [ ] Initiated, enhanced, or sustained local youth health assessment efforts using validated survey tools

    [ ] Other (please specify): _____*

S1.7c. If no work in this Prevent Misuse of Opioids and Implement Prevention Strategies, please describe any challenges or barriers:*

S1.8. Administrative Costs: Identify the level of progress in FY24 related to the abatement fund expenditures.*

    ( ) No work in this area
    ( ) Planning
    ( ) Early implementation
    ( ) Full implementation

S1.8a. Administrative Costs: how much has been expended?*

S1.8b. Administrative Costs: How were these funds spent?*

    [ ] Program staffing
    [ ] Other (please specify): _____*

Please specify the job title of the role funded by abatement funds:*

Please specify the Full-Time Equivalent (FTE) of the role funded by abatement funds:*

S1.9. Other Costs: Identify the level of progress in FY24 related to the abatement fund expenditures.

Costs associated with planning and implementing opioid abatement activities to ensure the expenditure of allocated Opioid Abatement Funds is effective and meets the terms of the State Subdivision Agreement.*

    ( ) No work in this area

( ) Planning
( ) Early implementation
( ) Full implementation

S1.9a. Other Costs: how much has been expended?*

S1.9b. Other Costs: How were these funds spent?

Costs associated with planning and implementing opioid abatement activities to ensure the expenditure of allocated Opioid Abatement Funds is effective and meets the terms of the State Subdivision Agreement.*
      [ ] Compensating people with lived and living experience for their time and expertise that they contribute
      [ ] Contracting consultants to support coalition building, community needs assessment, planning and implementation, and evaluation and reporting
      [ ] Other (please describe): *

S2. What is the total amount of unexpended funds remaining? This amount, and the amounts listed in 1-9 above should equal the amount reported in questions M3 (total funds available in FY24).*

Additional Comments

Provide any additional comments you have about the Massachusetts Opioid Settlement Abatement Initiative.
      Comment box max word count = 500

Were there needs identified in your community that could not be met with the funding you have available? If so, please describe.
      Comment box max word count = 500

Do you have spending priority recommendations for the Statewide Opioid Recovery and Remediation Fund (ORFF) that resulted from your local assessment process?

The mission of the ORFF 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. See ORRF Strategic Framework.
      Comment box max word count = 500