



**Care Massachusetts  
The Opioid Abatement  
Partnership**

# WEBINAR

## FY24 Expenditure Reporting

---

8/20/2024



# AGENDA

1. Welcome & Introductions
2. Meeting State Subdivision Requirements
3. Role of Care Massachusetts
4. Key Expenditure Report Highlights
5. FY24 Expenditure Report Details
6. IMA or Pooled Reporting
7. Regionalization & Readiness
8. Questions



# SESSION REMINDERS

Use the Q&A function for all questions

 Session will be recorded

Please fill out your evaluation at the end of the session

IT Trouble? Contact Allie via chat



# PRESENTERS



**Jo Morrissey**  
*JSI*



**Gretchen Shoemaker**  
*JSI*



**Sasha Bianchi**  
*JSI*



# MEETING STATE SUBDIVISION REQUIREMENTS



# Municipal Strategies

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



# Shared Commitments for Opioid Abatement

## Community-Driven Decision-Making

- Decisions that reflect the voices of those with lived/living experience who possess a unique understanding of the issue
- Listen to your community for suggestions on key investments.
- Prioritize investments in community-based programming rather than the institutions that contributed to this crisis.

## Pool Your Funding

- Build regional coalitions!
- Work with neighboring municipalities to build more substantive programming through pooled funding.

## Use the Resources Available

- Allocate funding to build capacity, such as hiring staff, planning and implementation, evaluation etc.
- Lean on Care Mass for training and technical assistance.

## Focus on Specific Local Needs

- Build on the statewide ORRF work by focusing your investments on specific local needs.
- ORRF and municipal investments should compliment each other.



# Meeting State Subdivision Requirements

☐ **\$35,000 or more in individual municipal receipts**    ☐ **Required to submit a report**

☐ **\$35,000 or more in pooled receipts**    ☐ **Required to submit a report**

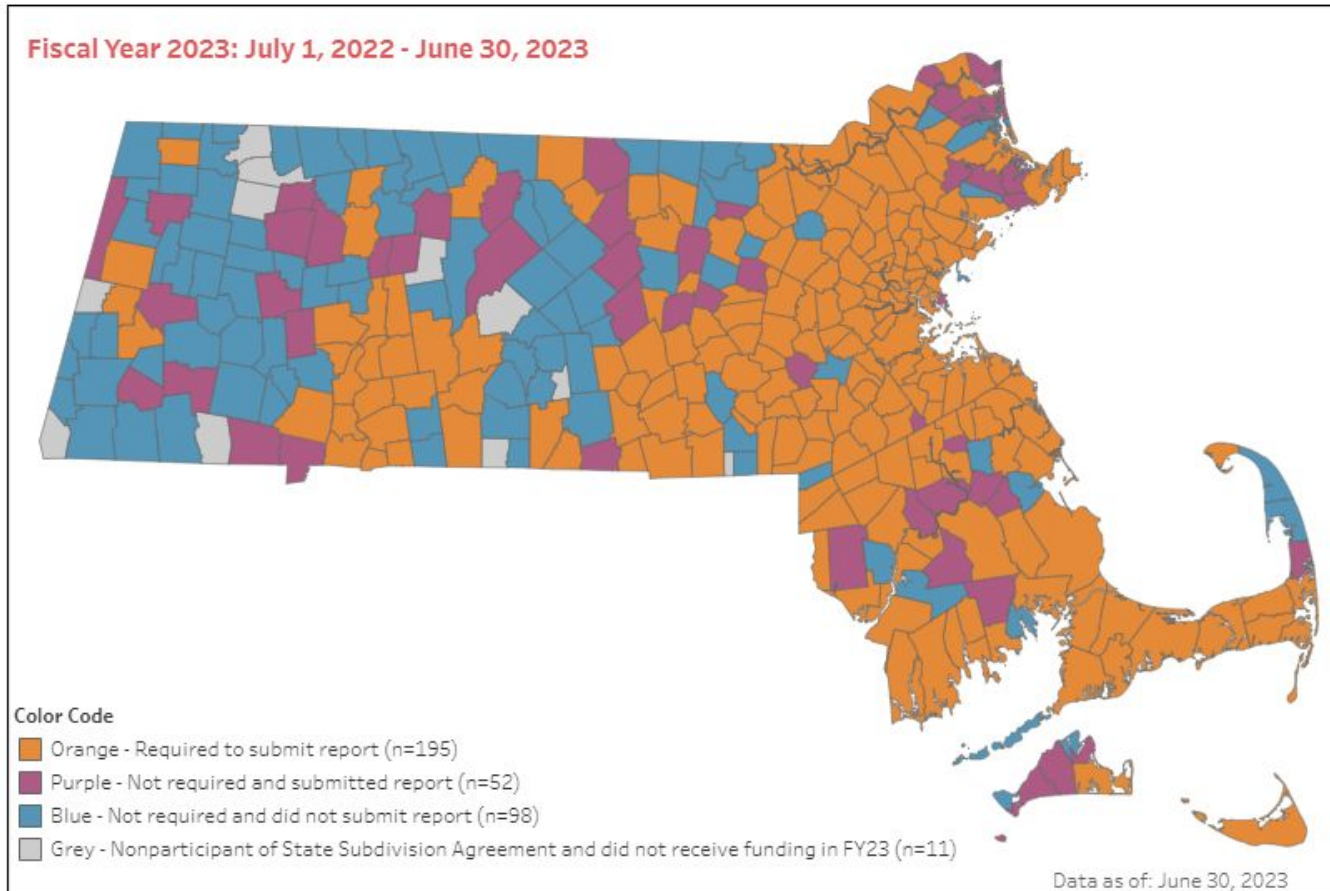
☐ **\$34,999 or less in individual or pooled receipts**    ☐ **Encouraged to submit a report**



# ROLE OF CARE MASSACHUSETTS



# Expenditure Reporting



- ❑ **Collect Expenditure Reports**
- ❑ **Create a Public Facing Data Dashboard**



# Care Massachusetts: Other Roles

**Care Massachusetts provides resources and technical assistance for municipalities to:**

- ❑ Guide municipalities through the different phases of the process
- ❑ 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



# KEY EXPENDITURE REPORT HIGHLIGHTS



# What's New

## **Updated report to include more detail on:**

- ❑ 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 the seven approved strategies



# REPORTING PERIOD TIMELINE



**Webinar  
Portal Opens  
Office Hours**

Webinar August 20th  
Portal Opens August 21st  
Office Hours August 29th

**Portal Open**

**Portal Closes**

Portal Closes on October 30th

**Data Analysis  
and Reporting**

N/A

**ORRF Meeting  
Dashboard Live**

Opioid Recovery and Remediation Fund (ORRF) Advisory Council Meeting: 12/3  
Data Dashboard Live on or before 12/3



# FISCAL YEAR 2024

**Jul 1**

**Jun 30**



**July 1, 2023**  
Start of FY24 reporting period

**June 30, 2024**  
End of FY24 reporting period





# FY24 EXPENDITURE REPORT DETAILS



# Login Credentials

## Existing Users

→ Use existing username and password

## Forgot password?

→ Click 'forgot password' and follow the prompts

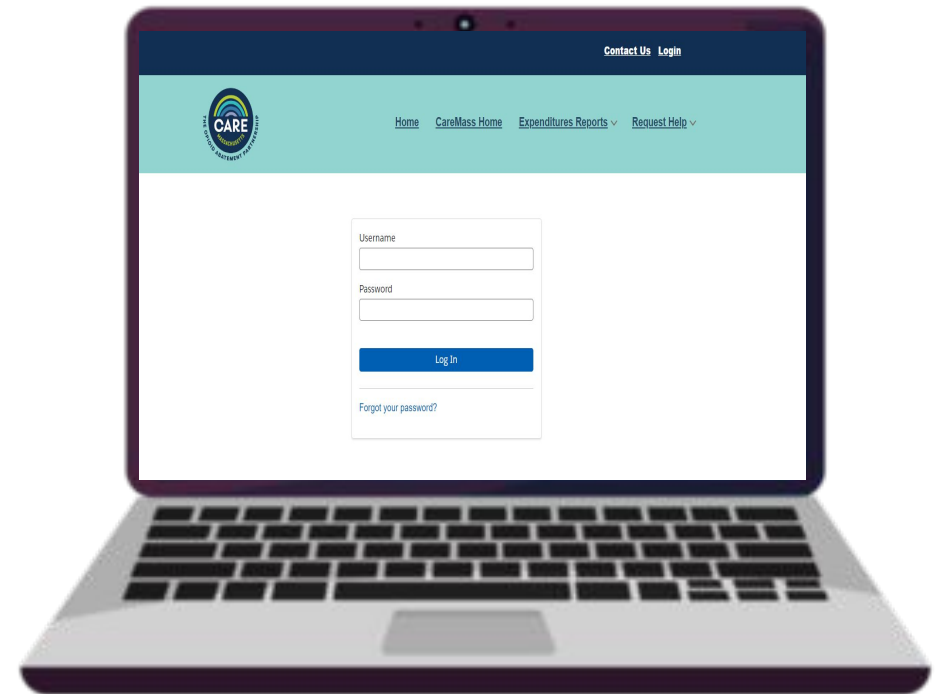
## New Users

→ Welcome email to Primary Contact

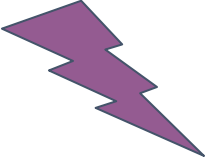


→ Active for only 24 hours

## Note

→ Only 1 (one) set of credentials issued per municipality to ensure security and integrity of the system.



# Technical Considerations

- Municipal firewalls 
- Not compatible with mobile devices 
- Browser back button 



# TYPES OF REPORTS

Condition	Task
Did not pool funds	Complete entire report
Pooled all funds, NOT fiscal agent	Complete the Contact Information and Funding Allocations sections only
Pooled some funds, NOT all	Complete report for the amount retained
Pooled funds, ARE fiscal agent	Complete entire report on behalf of your IMA



# Navigation

Section	Status	Actions
Contact Information *	Not Started	<a href="#">Answer</a>
Funding Allocations *	Not Started	<a href="#">Answer</a>
Shared Commitments, Goals, & Objectives *	Not Started	<a href="#">Answer</a>
Assessment & Planning Process *	Not Started	<a href="#">Answer</a>
Populations Served *	Not Started	<a href="#">Answer</a>
Strategy Implementation *	Not Started	<a href="#">Answer</a>



# Navigation

Save and continue later ▾

Care Mass FY2024 Expenditure Reporting Form

Save and continue later ▲

Please supply an email address to save your progress. A unique link will be emailed to you that will allow you to return where you left off.

Email:

Verify Email:

Save

Cancel



# Contact Information

Enter primary and secondary contact information for those responsible for completing the Expenditure Report.

- Name
- Email address
- Phone



# Funding Allocations

## Worksheet 1: Municipal Funding Allocations

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)	





# FUNDING ALLOCATIONS

**If YES to M4 (pooled funds)**

**If NO to M4 (did not pool funds)**

**M4a** Specify which IMA

**M4d** IMA Fiscal Agent?

**M4e** If not fiscal agent, who is?

**M4f** Did you pool all of your settlement funding?

**M4b** Interested in pooling funds?

**All users**

**M4c** Interested in allocating some or all of your funds to the Opioid Recovery or Remediation Fund (ORFF)?



# Shared Commitments, Goals, & Objectives

1. Decision-making that reflects the input of those most impacted by the opioid epidemic
2. Addresses disparities in access to existing services and health outcomes
3. Address mental health conditions, substance use disorders, and other behavioral health needs
4. Leverage existing programs and services
5. Encourage innovation, fill gaps, and address shortcomings



# Shared Commitments, Goals, & Objectives

	Programs/Services	Type					
		Administrative Data Source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Program/Service 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/Service 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/Service 3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/Service 4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/Service 5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Shared Commitments, Goals, & Objectives

## Leveraging Existing Programs or Services

	Programs/Services	Type					
		Administrative Data Source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Program/Service 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you used administrative data sources to identify disparities, please list those data sources below:



# Shared Commitments, Goals, & Objectives

## Leveraging Existing Programs or Services

	Programs/Services	Type					
		Administrative Data Source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Program/Service 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please describe the other ways you identified mental health conditions, substance use disorders, and other behavioral health needs.



# Shared Commitments, Goals, & Objectives

## Leveraging Existing Programs or Services

	Programs/Services	Type					
		Administrative Data Source	Survey	Interviews	Groups/meetings	Other	N/A did not assess this need
Program/Service 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?



# Assessment & Planning Process

<b>P1: If you check: “contracted with a consultant to support the process”</b>	<b>P1: If check: “consulted with Care Mass”</b>
you will be prompted to:	you will be prompted to:
<b>P2a</b> Check the activities the consultant assisted you with	<b>P2b</b> Check the activities the Care Mass assisted you with
<b>P3.</b> Provides the opportunity to upload assessment, planning, and implementation docs. Max file size 50MB. Please compress all docs into a single a PDF file	



# Populations Served

**PG1: If you check YES  
to either option**

you will be prompted to **PG1a** Identify any historically disadvantaged or disproportionately impacted individuals, groups, or populations served with abatement funds.

**PG1: If you check NO**

you will be prompted to the next section





# Strategy Implementation

1. Opioid Use Disorder Treatment
2. Support People in Treatment and Recovery
3. Connections to Care
4. Harm Reduction
5. Address the Needs of Criminal and Justice-Involved Persons
6. Support Pregnant and Parenting People and their Families, including Babies with NAS
7. Prevent Misuse of Opioids and Implement Prevention Strategies
8. Other Strategies
9. Other Costs



# Strategy Implementation

## Worksheet 2: Strategy Implementation

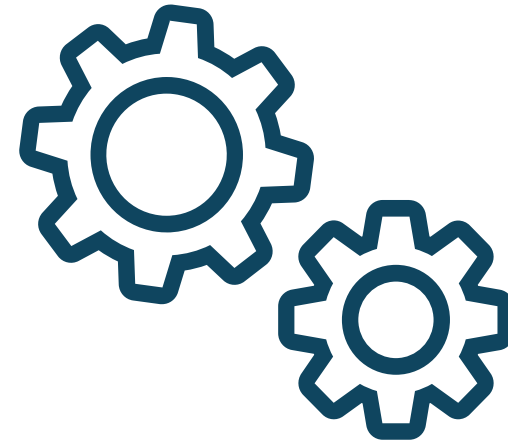
ID#	Cost Category	Amount
S.1.1a	Opioid Use Disorder Treatment	
S.1.2a	Support People in Treatment and Recovery	
S.1.3a	Connections to Care	
S.1.4a	Harm Reduction	
S.1.5a	Address the Needs of Criminal-Justice-Involved People	
S.1.6a	Support Pregnant or Parenting People and their Families	
S.1.7a	Prevent Misuse of Opioids and Implement Prevention Education	
S.1.8a	Administrative Costs	
S.1.9a	Other Costs	
	Total Expenditures (add S1.1b-S.1.9b). Place total expenditures in <b>M5</b> in Worksheet 1.	
S2	Total unexpended funds remaining calculated in Worksheet 1.	



# Strategy Implementation

For each of the 9 spending categories, you will be prompted to identify the progress your municipality has made. Options include:

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



# Strategy Implementation

If you choose the option, “No work in this area” you will be prompted to share any challenges or barriers you experienced:

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



# Strategy Implementation

If you choose:

- Planning
- Early implementation
- Full implementation

S1.1a. Opioid Use Disorder Treatment: how much has been expended?  
(exact dollar and cents amount, no \$ sign)



# Strategy Implementation

When you add a dollar amount you will be asked to provide more detail:

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):  \*



# IMA or SSA REPORTING



# Fiscal Agent for an IMA and Retained Funds

You will need to submit two separate reports:

- One report will be for the IMA's expenditures
- The other report will be for your municipality's expenditures

## Municipality participated in an IMA and Retained Funds

- You will need to submit an Expenditure Report only for your municipality's expenditures





# Next Steps: Regionalization & Readiness

- ❑ Care Massachusetts training and technical assistance liaisons assigned to each BSAS region
- ❑ Regional meetings with all municipal and intermunicipal contacts
  - Fall 2024
  - Agenda + details TBA
- ❑ Outreach and individualized technical assistance
- ❑ Facilitation of regional and subregional efforts
- ❑ Readiness Assessments



# Resources

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



[Expenditure  
Reporting  
Resource Page](#)



[Office Hours  
August 29, 2024  
2-3 PM](#)



# QUESTIONS?



# THANK YOU!

[ABATE@JSI.COM](mailto:ABATE@JSI.COM)

[WWW.CAREMASS.ORG](http://WWW.CAREMASS.ORG)

Care Massachusetts is funded by a subcontract from the Massachusetts Department of Public Health, Bureau of Substance Addiction Services.

