

# Guidance Document for Municipal Opioid Abatement

## I. Introduction

The Massachusetts Attorney General's Office (AGO) brought litigation against opioid distributors, manufacturers, pharmacies, and other companies in the opioid industry after uncovering the egregious acts that these companies committed that contributed to the worst drug epidemic in U.S. history. The AGO, along with a coalition of other states, entered into settlements with these companies and held them accountable for their role in creating and fueling the overdose crisis. Consequently, Massachusetts is expected to receive over \$1 billion through the year 2038 to abate the harms associated with the opioid epidemic. The majority of the statewide opioid settlement funds will be divided 60/40 with 60% going to the state and 40% to participating municipalities.

These funds offer municipalities a once-in-a-lifetime opportunity to save lives and support individuals and families impacted by opioid use disorder (OUD). Given what is at stake, it is critical that municipalities have the tools and resources they need to invest these funds efficiently and effectively. This document offers additional guidance to participating municipalities as they consider how to invest their opioid abatement funds in a manner that builds public trust and supports those who have been disproportionately impacted by the opioid epidemic.

## II. Municipal Opioid Abatement Funds

### A. *Massachusetts State Subdivision Agreement*

As part of The AGO and participating Massachusetts municipalities entered into the [Massachusetts State Subdivision Agreement](#) (SSA), which dictates how statewide opioid settlement funds will be distributed and sets forth the abatement strategies that municipalities are allowed to fund, the reporting requirements that must be met, and the resources that will be available to support municipal opioid abatement efforts.

#### Shared Commitment

As stated in the SSA, it is the shared commitment of the Commonwealth and its municipalities to use opioid abatement funds solely to supplement and strengthen substance use disorder (SUD) resources for prevention, harm reduction, treatment, and recovery in a manner that:

1. Reflects the input of those personally impacted by the opioid epidemic, those with subject-matter expertise, and those working in the field who will be carrying out the abatement work;
2. Addresses disparities in existing services and outcomes, and improve equity and the health of communities disadvantaged by race, wealth, and stigma, including through efforts to increase diversity among service providers;
3. Focuses on mental health conditions, substance use disorder, and other behavioral health needs that occur with opioid use disorder (OUD);
4. Leverages programs and services reimbursed by state agencies and programs, including direct reimbursement through MassHealth and the Bureau of Substance Addiction Services (BSAS); and
5. Encourages innovation, fills gaps and fixes shortcomings of existing approaches; supplements rather than supplants resources for prevention, harm reduction, treatment and

recovery: funds evidence-based/informed programs; and takes advantage of the flexibility of these funds.

Municipalities are encouraged to utilize the services offered through [Care Massachusetts: The Opioid Abatement Partnership](#) (Care Mass) to operationalize these guiding principles. As stated in the SSA, the Massachusetts Department of Public Health (DPH) is tasked with providing support to participating municipalities receiving opioid abatement funds. In 2023, DPH's Bureau of Substance Addiction Services (BSAS) oversaw the development of Care Mass as the state-sponsored training and technical assistance (T/TA) program for municipal opioid abatement. Care Mass's goal is to help municipalities build their capacity to effectively oversee opioid abatement funds so that they are able to satisfy the requirements of the SSA. The T/TA services that Care Mass offers are designed around the guiding principles described above. In addition to Care Mass's services, there are other resources available that can assist municipalities in incorporating the principles, which are listed in Table 1, [Putting Principles Into Practice](#).

### Supplanting Funds

Massachusetts abatement funds must be used solely to supplement and strengthen, rather than supplant, resources for prevention, harm reduction, treatment, and recovery, in accordance with the purposes and subject to the requirements in the SSA. Generally, opioid abatement funds supplant existing resources when a municipality reduces existing funds or takes action that results in a reduction of existing funds available for SSA-approved opioid abatement strategies specifically because the opioid abatement funds from the national settlements are available (or are expected to be available) to fund that same activity. For example, under the SSA, a municipality may not use abatement funds to cover staff positions that were previously funded by another budget source that remains available to the municipality. In addition, the following is a list of indicators that municipalities can use to determine whether a proposed use of opioid abatement funds would improperly supplant existing abatement resources:

- Covers expenses that the municipality would have funded otherwise
- Covers expenses that the municipality has funded in prior years
- Covers expenses that could otherwise be paid for by an alternate funding source including, but not limited to programs and services already funded or reimbursed by other state agencies such as MassHealth and or BSAS
- Subsidizes funding that is required under other federal, state, or local laws or contracts

### Reporting Requirements

Per the SSA, municipalities that receive \$35,000 or more in a single fiscal year are required to submit an annual report, and those receiving less than \$35,000 are strongly encouraged to do so. It is important to note that the payment schedule and amounts may vary from one fiscal year to the next, and municipalities are responsible for tracking all settlement funds received to determine whether they are required to submit an annual report. To that end, municipalities are encouraged to use the [Municipal Opioid Abatement Funds Look-Up Tool](#) that reflects (1) the estimated annual distributions to participating municipalities, by settlement, for the Commonwealth's settlements with the Distributors, Janssen, Teva, Allergan, Walmart, CVS, and Walgreens; and (2) the actual payments that have been made to municipalities. Instructions for navigating the Look-Up Tool can be found in Row 6 of the tool.

## **B. Municipal Opioid Abatement Dashboard**

The information from the annual reports is displayed on the [Municipal Opioid Abatement Dashboard](#), which is an interactive site that contains aggregated data submitted by all reporting municipalities. The tabs on the dashboard display the data in various geographic-level categories: Municipalities (by each individual city or town); Regions (as defined by the Massachusetts Department of Public Health regions: Central, Greater Boston, MetroWest, Northeast, Southeast, Western); and Opioid Abatement Collaborative (OAC). For each geographic level, there are five subsections: Funding, Shared Commitments, Assessment & Planning, Populations Served, and Strategy Implementation. The Municipalities tab landing page contains an overview of funds received and expended and includes the name and contact information of the municipality's designated information officer. This information officer will likely receive incoming questions about opioid abatement funds. With this in mind, municipalities should consider drafting a set of remarks in advance for the information officer to refer to when responding to inquiries that provide details about the following:

- Specifics about the programs and activities funded
- Specifics about the populations served through settlement funds
- Specifics about assessment and planning activities undertaken
- Reports or data you have generated from planning activities
- Communities, populations or partners you have engaged in your planning process
- Opportunities for community members to participate in continued planning process
- Description of how decision-making aligns with the principles of the Shared Commitments and the Approved Strategies as outlined in the State Subdivision Agreement

Furthermore, Care Mass has developed [Talking Points](#) that municipalities can refer to when responding to inquiries from the public. Municipalities are responsible for notifying [Care Mass](#) of any change to the appointed municipal information officer's name or contact information. Please visit the dashboard to ensure the information officer listed for your municipality is correct.

## **C. Administrative Costs & Planning Activities**

As previously described, municipalities are expected to make data-driven decisions that reflect the input of those most impacted by the opioid epidemic. Therefore, it is understandable if municipalities decide to allocate funds to cover administrative costs and/or planning expenses. Under the statewide opioid settlement agreements,<sup>1</sup> opioid remediation includes (1) planning expenditures related to opioid remediation and (2) reasonable administrative expenditures related to opioid remediation. According to the U.S. Office of Management and Budget, a "cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost ([2 CFR § 200.403\(i\)](#)). This, along with the information included in the Supplanting Funds section, is important for municipalities to keep in mind when allocating funds. Moreover, understanding the difference between administrative costs and other types of expenditures is imperative for budgeting and reporting purposes. To that end, unlike planning expenditures that are used for a specific purpose, administrative costs are incurred for general purposes that benefit the work in its entirety.

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<sup>1</sup> The statewide opioid settlement agreements can be found at <https://nationalopioidsettlement.com>.

## Planning Activities

Assessment and planning costs are typically determined by the size and scope of the process. Moreover, the link between assessment and planning is two-way, where assessment results inform strategic planning efforts. The information listed in Table 4, [Levels of Strategic Planning](#) provides a range of assessment and planning activities, and the estimated costs for hiring a consultant to perform them. It's important to note that the level of strategic planning that municipalities opt to undertake may vary depending on the size of the community, funding available, as well as other factors including access to relevant data and existing strategic plans already underway. Incidentally, Care Mass recommends that municipalities spend **no more than 10-30%** of the average annual payments they receive during the planning stage on strategic planning-related activities. Furthermore, Care Mass encourages municipalities to pool their funds to reduce planning-related costs. Lastly, Care Mass provides guidance that can help municipalities determine the level of strategic planning that is appropriate for them. The following list includes examples of strategic planning-related expenses:

- Personnel and/or consultant costs to perform the following activities:
  - Creation of data collection tools and materials, including community surveys, and interview and focus group guides
  - Dissemination of community surveys, and facilitation of individual interviews, focus groups and community forums
  - Data compilation, data analysis reports, and recommendations that align needs that community members deemed most pressing to specific strategies
  - Logic model development that illustrates the strategies that will be implemented, populations that will be served, and outcomes that will be achieved
  - Drafting implementation plan that contains action steps that will be taken, resources needed, parties responsible, and timeframe for completion
  - Development of evaluation plan that defines outcomes that will be achieved, and evaluation measures and methods that will be undertaken
- External communication including materials and advertising to promote opportunities for community members to participate in planning efforts and provide input
- Compensation for people who use/used drugs, including those who have survived and/or lost loved ones to overdose via cash stipends or gift cards
- Fees for reserving rooms, onsite childcare, refreshments, paper goods, etc.

## D. Opioid Abatement Collaboratives

With funding amounts varying from one municipality to the next, some municipalities have decided to pool their abatement funds in order to maximize the impact that these dollars can have across geographic regions. The AGO and BSAS encourage municipalities to pool their opioid abatement funds by utilizing the Office of Local and Regional Health's (OLRH) [Shared Service Infrastructure](#) or through some other [formalized agreement](#). The term 'Opioid Abatement Collaboratives' (OAC) refers to two or more municipalities pooling their opioid abatement funds through a formalized agreement. The Massachusetts Association of Health Boards (MAHB) is funded by DPH to support Care Mass and provide T/TA to municipalities interested in establishing an OAC. MAHB can assist municipalities in navigating the fiscal and/or legal considerations associated with forming an OAC, including

conducting consultations with existing Public Health Excellence (PHE) grantees, drafting and amending intermunicipal agreements and memorandums of understanding, complying with municipal finance laws pertaining to fund appropriation and utilization, and establishing governance bodies. The [Opioid Abatement Collaboratives \(OACs\) FAQs](#) document contains specific information for those interested in learning more about the collaboratives.

### **E. Making Data-Driven Funding Decisions**

As previously noted, municipalities are positioned to mitigate the ongoing harms associated with the overdose epidemic by selecting interventions that are proven to be successful. To guide municipalities in making good investments, Table 2, [Making Data-Driven Funding Decisions](#) lists activities that are not recommended and recommends alternative activities that are supported by data. Moreover, municipalities can set themselves up for success by confirming with Care Mass that their proposed investments are considered best practices and by soliciting input from community members that have lived or living experiences. Lastly, Table 2, [Making Data-Driven Funding Decisions](#) is not an exhaustive list, but rather, includes examples of activities frequently raised by municipalities.

### **F. Low-Cost, High-Impact Abatement Strategies**

As specified in the SSA, municipalities must spend their opioid abatement funds to support the seven strategies listed in the SSA. The SSA includes examples of activities that align with each strategy. For municipalities with limited infrastructure and/or smaller distributions of abatement funds, some of these activities may not be feasible to implement. Additionally, municipalities may be seeking ideas for high-value abatement strategies that can be implemented with minimal infrastructure. Table 3, [Low-Cost, High Impact Strategies](#) includes examples of lower cost activities that align with the approved strategies listed in the SSA. All of the activities listed in Table 3 are considered to be evidence-based/informed and/or best practice. It's important to note that Table 3, [Low Cost, High Impact Strategies](#) is not intended to be an exhaustive list. As previously noted, municipalities are encouraged to consult with the [Care Mass](#) team if they have questions about potential spending and are not sure if their proposed activities align with the approved strategies listed in the SSA. Above all, it is critical to implement these activities through a lens of equity, which includes engaging PWUD and those with lived and living experience throughout planning and implementation and utilizing their feedback to guide decision-making.

### **G. How to Request Training & Technical Assistance from Care Mass**

Care Mass is able to support municipalities at any stage of the process, which includes assessing individual T/TA needs, and developing a T/TA plan for addressing them. To that end, municipalities can request T/TA serviced by:

- Visiting the Care Mass [website](#)
- Emailing questions to [abate@jsi.com](mailto:abate@jsi.com) or calling 617-385-3655
- Submitting [T/TA Request Form](#)

**Table 1: Putting Opioid Abatement Principles into Practice**

		Presentation	Articles	Manuals	Tools
<i>Principle 1: Decisions that reflect the input of those personally impacted by the opioid epidemic, working in the field who will be carrying out the abatement work, and subject-matter experts</i>					
How to Engage People in Recovery in Planning Efforts	<a href="#">Recording &amp; Slides</a>	✓			
Why Engage People Who Use Drugs in Opioid Abatement Fund Planning and Decision Making?	<a href="#">Recording &amp; Slides</a>	✓			
How to Engage Family Members of People Who Use Drugs in Planning Efforts	<a href="#">Recording &amp; Slides</a>	✓			
How to Organize a Community Forum	<a href="#">Recording (Passcode: Qc#8iHwk) &amp; Slides</a>	✓			
Facilitating Inclusive & Meaningful Community Engagement with Priority Populations	<a href="#">Recording (Passcode: @3A9y=W9) &amp; Slides</a>	✓			
Engaging Individuals with Lived Experiences: Meeting Facilitation Guide	<a href="#">PDF</a>			✓	
Best Practices for Convening Consumer Advisory Boards	<a href="#">PDF</a>				✓
Engaging Community Members: A Guide to Equitable Compensation	<a href="#">PDF</a>			✓	
<i>Principle 2: Address disparities in existing services and outcomes, and improve equity and health of communities disadvantaged by race, wealth, and stigma</i>					
Leveraging Community Expertise to Advance Health Equity	<a href="#">PDF</a>			✓	
Getting Started with Community Needs Assessment	<a href="#">Recording (Passcode: +X4iXx5W) &amp; Slides</a>	✓			
Words Matter: Stigma and Language	<a href="#">Recording (Passcode: #+J*2MGT), Slides &amp; PDF</a>	✓			✓
Engaging Staff to Be Equity Minded: A Conversation with Public Sector Leaders	<a href="#">Recording &amp; Website</a>	✓			✓
<i>Principle 3: Focuses on mental health conditions, substance use disorder, and other behavioral health needs that occur with opioid use disorder (OUD)</i>					
Improving Treatment Access for Veterans with Opioid Use Disorder	<a href="#">Website</a>		✓		
Substance Use Treatment for Persons With Co-Occurring Disorders	<a href="#">PDF</a>			✓	
A Chance in a Lifetime: Using Opioid Settlement Funds Creatively to Help Older Adults	<a href="#">Website</a>		✓		
Addressing Mental Health & Substance Use Disorders During Pregnancy and Postpartum	<a href="#">Report</a>			✓	
<i>Principle 4: Leverages programs and services reimbursed by state agencies and programs, including reimbursement through MassHealth and the Bureau of Substance Addiction Services (BSAS)</i>					
Leveraging Opioid Settlements to Support Sustainable Community-Based Treatment & Recovery Infrastructure	<a href="#">Slides</a>	✓			
Government Approach to Addressing SUD Through Aligned Funding Streams & Coordinated Outcomes	<a href="#">PDF</a>			✓	
Using Opioid Settlement Funds to Make Meaningful Investments at the Local Level	<a href="#">PDF</a>			✓	
<i>Principle 5: Encourages innovation, fills gaps and fixes shortcoming of existing approaches, invests in data-driven programs, and takes advantage of the flexibility of these funds</i>					



Strategies for Effectively Allocating Opioid Settlement Funds	<a href="#">Website</a>		✓		
Opioid Settlement Principles Resource and Indicators (OSPRI) Tool	<a href="#">Website</a>				
Leveraging Aligned Data and Measures to Sustain Opioid Settlement Fund Investments	<a href="#">PDF</a>			✓	
Community Guide for Sustainable Opioid Settlement Fund Investments	<a href="#">Slides</a>	✓			
Opioid Abatement Needs and Investment Tool (OANI)	<a href="#">Website</a>				✓

**Table 2: Making Data-Driven Funding Decisions**

Non-Recommended Activities	Recommended Activities	Here's Why:
Purchasing Fentanyl Filtered Hoods and/or Tru Narc	<p>Partner with existing <a href="#">harm reduction programs</a> already using FTIR machines who have the capacity to perform drug testing, or engage harm reduction organizations to inquire if FTIR machines are a good investment</p> <p>Promote organizations like <a href="#">Safety &amp; Health Integration in the Enforcement on Laws of Drugs</a> (SHIELD) that offers trainings designed to address safety concerns of first responders and law enforcement by providing personnel factual information that reduces anxiety and dispels misinformation</p>	Experts <a href="#">report</a> that airborne and dermal exposure to fentanyl does not pose a realistic threat to a person's safety. Furthermore, misinformation amongst first responders and law enforcement about exposure to fentanyl can lead to death, not of the responder, but of a person who is in the midst of acute overdose as a result of taking unnecessary precautions that delay response time
Funding law enforcement and/or first responders to engage people who use drugs (PWUD) through post-overdose outreach and/or other engagement efforts	Fund <a href="#">harm reduction</a> or community outreach organizations that employ skilled and qualified staff to engage PWUD. Law enforcement/first responders should be called upon to address safety concerns and/or respond to medical emergencies such as acute overdose, violence, presence of weapons, and sexual exploitation	<a href="#">Studies</a> reveal that mistrust of police among PWUD can prevent access to services, and police presence can inadvertently intensify harms and create barriers for meaningful engagement
Funding programs that promote abstinence-only recovery of individuals with substance use disorder (SUD), and use punitive measures to address reoccurrence of drug use	Invest in programs that support multiple pathways to recovery whose practices aim to reduce the negative consequences of substance use by adopting person-centered approaches that are nonpunitive and nonjudgmental	<a href="#">Research</a> indicates that abstinence-only approaches often lead to lower treatment retention and higher rates of recurrence. Moreover, abstinence-only programs exclude harm reduction strategies, which are crucial in supporting people who are not ready or willing to stop using substances completely

High-dose long-acting opioid antagonists such as Opvee (i.e., nalmefene) to opioid reverse opioid-related overdose	Partner with existing <a href="#">harm reduction programs</a> to expand their capacity to provide overdose education and naloxone distribution services to PWUD	The <a href="#">American College of Medical Toxicology and the American Academy of Clinical Toxicology</a> stated that nalmefene should not replace naloxone as the primary opioid antidote at this time. <a href="#">Research</a> substantiates that powerful opioid antagonists will precipitate withdrawal for extended amounts of time causing apprehension of use amongst PWUD and thereby increasing the likelihood of fatal overdose particularly among those who use alone
Prevention curriculums like <i>D.A.R.E</i> that embrace an abstinence-only approach to drug education	Prevention curriculums like <a href="#">Safety First</a> that focus on understanding, preventing and reducing substance use and are designed to keep youth safe if or when they choose to use drugs or alcohol	<a href="#">Research</a> shows that abstinence programs have no significant impact on preventing drug use. A <a href="#">study</a> revealed <a href="#">Safety First</a> increased knowledge of harm reduction, and decreased substance use overall

**Table 3: Low Cost, High Impact Strategies**

Activities	Description	Est. Budget	Care Continuum				
			Prevention	Harm Reduction	Connections to Care	Recovery	Universal
Hire an evaluator for your public school district to conduct Youth Risk & Behavior Survey (YRBS)	YRBS data provides an accurate estimate of the prevalence of SUD among high school students that can be used to develop programs, shape policies and practices, strengthen funding proposals, and identify professional development needs	\$5K - \$25K	✓				
Support the implementation of a prevention curriculum like <i>Safety First</i> by covering the costs for teacher or school nurse stipends	Offered through Stanford Medicine’s REACH Lab, <a href="#">Safety First</a> is a free drug education curriculum that enables teens to make responsible decisions by providing honest, science-based information, and prioritizing safety through personal responsibility and knowledge. The REACH Lab offers free <a href="#">trainings</a> for educators interested in implementing the curriculum and has developed a <a href="#">dashboard</a> for educators to review and access student survey data	\$1K - \$5K	✓	✓			
Host a resource fair that brings together local nonprofits and SUD providers	Resource fairs are a great way to promote the programs and services available in your community. In addition, events like these can be a vehicle for raising awareness and forming relationships with community-based organizations and local providers. Check out this <a href="#">planning guide</a> to get started	\$1K +					✓
Sponsor community-based organizations to form speaker bureaus	Speaker bureaus are made up of individuals with lived and professional experience, who are best suited to talk about controversial issues that are often misunderstood by the public. For example, syringe service programs, low threshold housing, etc.	\$1K +					✓
Fund mini grants that increase recovery capital	Mini grants are small, one-time-only awards to fund short-term community projects, which offer an accessible pathway for community-based organizations apply for funding. The <a href="#">Community Tool Box</a> offers additional resources including an example of guidelines and mini grant application	\$5K +					✓



Fund harm reduction mini grants to distribute supplies, and increase access to testing/linkages to care	Mini grants are small, one-time-only awards to fund short-term community projects, which offer an accessible pathway for community-based organizations apply for funding. The <a href="#">Community Tool Box</a> offers additional resources including an example of guidelines and mini grant application	\$5K +		✓	✓	✓	
Fund mini grants for smaller culturally specific organizations serving those not reached by existing system	Mini grants are small, one-time-only awards to fund short-term community projects, which offer an accessible pathway for community-based organizations apply for funding. The <a href="#">Community Tool Box</a> offers additional resources including an example of guidelines and mini grant application	\$5K +		✓	✓	✓	
Fund harm reduction programs to expand outreach and engagement with PWUD, and purchase syringe disposal units and collection services	Harm reduction programs offer evidence-based services that reduce the risk of dying from an overdose, reduce HIV and hepatitis C infection rates, and offer a place to connect PWUD with other resources like housing, health care, and drug treatment. Click <a href="#">here</a> to locate nearby harm reduction programs	\$5K +		✓	✓	✓	
Purchase naloxone for schools, community organizations, and local businesses	Municipalities can purchase naloxone through the DPH State Office of Pharmacy Services (SOPS) at the public interest price. For more information about updated naloxone costs through SOPS, contact <a href="#">Scott Brody</a>	\$500 - \$5K		✓			
Partner with local harm reduction programs to provide overdose education trainings to organizations issued naloxone	Overdose education is an important component of naloxone distribution. Harm reduction programs provide trainings that deliver critical information on how to recognize and respond to an overdose. Click <a href="#">here</a> to locate nearby harm reduction programs	\$1K - \$10K		✓			
Implement a Recovery Friendly Workplace initiative	Recovery Friendly Workplaces (RFW) work to maintain and support the employment of people in recovery and their loved ones by eliminating barriers for those impacted by addiction, reducing stigma and judgement of people in recovery, and working to shift attitudes and perceptions. MassHire published the <a href="#">Hampden County's Recovery Friendly Workplace Guide</a> for municipalities interested in RFWs	\$500 - \$5K					✓
Designate an outdoor space to memorialize lives lost to drug-related overdose to reduce stigma	Families who've lost loved ones to drug-related overdose often suffer in silence due to stigma. Cities and towns can address the stigma by creating an outdoor space that honors those who've lost their life due to a drug overdose	\$500 - \$5K					✓
Launch a Stigma Campaign during Recovery Month	Drug-related stigma is a complex issue that perpetuates harm at multiple levels. The Substance Abuse and Mental Health Services Administration (SAMHSA) published a <a href="#">guide</a> that contains a number of resources to address stigma.	\$500 - \$5K					✓
Partner with Peer Support Centers to develop a recovery fund that can provide financial support to program recipients	Massachusetts Peer Recovery Support Centers (PRSC) are peer-led spaces that provide individuals in recovery from substance use, as well as families and loved ones affected by addiction support in a community environment. Click <a href="#">here</a> to locate a PRSC near you	\$1K - \$10K					✓

**Table 4: Levels of Strategic Planning**

Annual Payment	Percentage Allocation	Assessment Activities	Planning Activities	Estimated Costs
Under \$5,000	No more than 30%	<ul style="list-style-type: none"> <li>Community Survey</li> </ul>	<ul style="list-style-type: none"> <li>Action Plan</li> <li>Budget Plan</li> </ul>	Under \$1,500
Under \$20,000	No more than 30%	<ul style="list-style-type: none"> <li>Community Survey</li> <li>Focus Groups</li> </ul>	<ul style="list-style-type: none"> <li>Priority Setting</li> <li>Action Plan</li> <li>Budget Plan</li> </ul>	\$1,000 - \$6,000
Between \$20,000 - \$99,999	No more than 30%	<ul style="list-style-type: none"> <li>Stakeholder Analysis</li> <li>Community Survey</li> <li>Focus Groups</li> <li>Individual Interviews</li> <li>Data Analysis Report</li> </ul>	<ul style="list-style-type: none"> <li>Priority Setting</li> <li>Logic Model Development</li> <li>Implementation Plan</li> <li>Budget Plan</li> </ul>	\$4,000 - \$30,000
Between \$100,000 - \$249,999	No more than 20%	<ul style="list-style-type: none"> <li>Stakeholder Analysis</li> <li>Community Survey</li> <li>Focus Groups</li> <li>Individual Interviews</li> <li>SWOT/SWOC Analysis</li> <li>Data Analysis Report</li> </ul>	<ul style="list-style-type: none"> <li>Priority Setting</li> <li>Logic Model Development</li> <li>Capacity Building Plan</li> <li>Implementation Plan</li> <li>Budget Plan</li> <li>Evaluation Plan</li> </ul>	\$20,000 - \$50,000
Above \$250,000	No more than 20%	<ul style="list-style-type: none"> <li>Stakeholder Analysis</li> <li>Asset Mapping</li> <li>Community Survey</li> <li>Focus Groups</li> <li>Individual Interviews</li> <li>Readiness Assessment</li> <li>SWOT/SWOC Analysis</li> <li>Data Analysis Report</li> </ul>	<ul style="list-style-type: none"> <li>Priority Setting</li> <li>Logic Model Development</li> <li>Capacity Building Plan</li> <li>Implementation Plan</li> <li>Budget Plan</li> <li>Operational Plan</li> <li>Evaluation Plan</li> </ul>	\$25,000 - \$95,000

- \* In Column 1, the *Annual Payment* reflects the dollar amount municipalities receive in a single fiscal year from opioid abatement funds
- \* In Column 2, the *Percentage Allocation* is the maximum percentage allocation recommended for planning-related expenses based on the *Annual Payment* amount in Column 1
- \* Columns 3 and 4 display a range of assessment and planning activities that are commonly performed during a strategic planning process
- \* The figures displayed in Column 5 are *Estimated Costs* for hiring a consultant to perform the strategic planning activities listed in Columns 3 and 4. Actual costs may vary
- \* Planning-related costs are not intended to be reoccurring, rather they are incurred during the strategic planning process to fund assessment and planning-related activities
- \* Municipalities are encouraged to pool funds as a means to reduce planning-related expenses