

Brockton Action Plan Summary

Coalition: Brockton

Selected Strategies	Goal	Targeted Populations	Summary of Activity	HEAL Funding
Fiscal agent total costs	Ensure interventions are implemented	N/A	Work with partners to implement programs; co-facilitate meetings; contracting support.	N/A
Objective 1: Increase Opioid Overdose Prevention Education and Naloxone Distribution				
Active OEND				
1.1a Distribute naloxone directly to clients of Homeless Improvement Project, Plymouth County House of Corrections, Teen Challenge, High Point OTP, and Stairway to Recovery at Gandara.	Increases access to naloxone for populations who are at high risk for overdose.	People who use drugs, individuals experiencing homelessness, people in recovery, people being released from incarceration,	Jesse Pack, BAMS, will provide training and naloxone to organizations interested in secondary distribution.	0.00

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>1.1b Train peer leaders in secondary naloxone distribution</p>	<p>Improve HIP's ability to provide culturally and linguistically intelligent overdose prevention (and naloxone distribution), case management and telehealth MOUD services to specific racial/cultural/linguistic groups- in other words, HCS special populations disproportionately affected by overdose death.</p>	<p>People who use drugs, individuals experiencing homelessness, people in recovery, People who inject drugs and with co-occurring conditions, non-English speaking populations</p>	<p>A series of focus groups with an education component in November/December. Judy Gustafson (HIP) will then identify engaged leaders among the people who attend those groups; train the leaders in active OEND; and send the leaders back out into their communities with education, resources, and harm reduction materials under the guidance of a HIP staff member.</p> <p>Funding for PT organizer position; focus groups, stipends for peer leaders</p>	<p>\$27,506 (rollover funding)</p>
<p>Passive OEND</p>				
<p>1.2 Put stickers on all syringes for sale that says the pharmacy also sells naloxone.</p>	<p>Goal to reduce stigma about persons with opioid use disorder in order to improve pharmacy distribution of naloxone.</p>	<p>People who inject drugs</p>	<p>Start with 1000 stickers to place on syringes being sold at pharmacies, sticker to include picture of naloxone, 5 languages:</p> <ul style="list-style-type: none"> • English • Haitian Creole • Cape Verdean Creole • Portuguese • Spanish 	<p>\$600.00</p>
<p>Never Use Alone</p>				

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

1.4 Promote Never Use Alone widely in Brockton.	Goal to promote harm reduction and support people who actively use drugs.	People who inject drugs	Promote by printing stickers and engaging various organizations in Brockton.	0.00 (free service; promotion materials paid through communications)
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				funding – see communicatio nsplan)
Objective 2: Outreach and Delivery of Medications for Opioid Use Disorder to High-Risk Populations				
2.1a Expand office based addiction treatment (OBAT) at Signature HealthCare	Expand access to office based addictiontreatment.	People with opioid use disorder, people who use opioids, and/or are at risk of opioid-related overdose; people presenting in emergency department/ hospital with opioid issues	Increase access to office based addition treatment(OBAT) services in the community by increasing treatment capacity (including urgent access) and linkages to care from hospital/ emergency department. Includes nurse, 1.5 recovery coaches,provider time, and medical assistant to expand OBAT access.	\$159,835/ year
<u>Expand MOUD Treatment</u>				

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.1b Brockton Neighborhood Health Center operates a mobile medical care unit.</p>	<p>Expand Medication Treatment (buprenorphine) and harm reduction services.</p>	<p>Individuals experiencing homelessness; people who inject drugs; Non-English speaking populations (specifically Cape Verdean Creole speaking individuals)</p>	<p>Medication treatment, including, but not limited to, buprenorphine, naltrexone, and acamprosate. Harm Reduction Services including syringe distribution and collection (provided by BAMSI), drug checking, wound care, safe use supplies, education, naloxone distribution, and overdose prevention training. Testing for infectious diseases including HIV, hepatitis, STIs, and tuberculosis with the goal of providing treatment (including PrEP, PEP) or linkage into BNHC's Infectious Disease Program. Wound care and soft tissue care to prevent serious infection and emergency department visits. Preventative medicine including immunizations and blood glucose screenings. Recovery coaching, drug and alcohol counseling, and behavioral health support through linkage to BNHC's integrated and outpatient services. Outreach to the target population on the streets, at the correctional facility, library, local drop-in centers, and other locations. Linkage to social</p>	<p>\$450,000.00 + \$32,441.03 (0.9FTE CHW- new Fall 2021) + \$100,000 extension funding for mobile unit staff Total= \$582,441.03</p>
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Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

			<p>services and treatment, including assistance with re-entry from the correctional system; For pregnant and parenting women, linkage to BNHC’sMoms Do Care program for wrap-around support;</p> <p>Approved Modification (10/2021): 0.9 FTE Cape Verdean Speaking CHW This modification will improve the mobile unit’s ability to reach HCS-defined special and high-risk population, specifically Cape Verdean Brocktonians who use substances and are disproportionately affected by overdose deaths and face a rising rate of overdose death.</p>	
<p>2.1c Telemedicine at the BAMSI COPE Center and Champion Plan, includes funding for intensive case manager to link people to harm reduction and medication treatment services, linking among new programs being launched through HEAL.</p>	<p>Expand medication treatment and other medical services. Increase retention by better supporting people who use drugs.</p>	<p>People who inject drugs and with co-occurring conditions</p>	<p>BNHC would provide telehealth medical services. Case manager at COPE Center and Champion Plan would facilitate patient access to telehealth, through physical space, technology needs, and casemanagement to register patients with the health center. Provide linkage to community-based primary, specialty and behavioral health including MOUD, provide supported referrals with a warm hand-off to treatment. Linkages to recovery support such as recovery coaches and warm handoff to recovery centers. Linkage to the harm reduction services offered to the COPE in Champion Plans.</p>	<p>81,582.40 + \$3500 for telemedicine provided from BNHC</p>

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.1 d Telemedicine at Homeless Improvement Project, includes funding for staff time and case management</p>	<p>Expand medication treatment and other services. Help individuals experiencing homelessness get started on medication treatment and to help them remain engaged in medication treatment.</p>	<p>People who inject drugs; people experiencing homelessness</p>	<p>BNHC would provide telehealth medical services. HIP would facilitate patient access to telehealth, through physical space, technology needs, and case mgmt.. to register patients with the health center. Case manager would take care of setting people (mainly individuals experiencing homelessness) up with insurance, housing, disability paperwork, other community benefits. Homeless Improvement Project report on how many clients are getting connected to services and staying engaged in treatment. Case manager would collaborate with various agencies in Brockton about specific clients' needs.</p>	<p>101,225+ \$3500 for telemedicine provided from BNHC (includes \$18,720 extension funding for case managers)</p>
<p>2.1e Increase capacity to offer medication treatment and clinical services to non- English speaking patients</p>	<p>Expand to more effectively treat non-English speaking patients.</p>	<p>Non-English speaking individuals</p>	<p>Set aside funding for medical centers interested in increasing clinical language capacity. Fund training on Substance Use 101 for clinical interpreters.</p>	<p>\$1,000.00</p>
<p>2.1 f Increase Teen Challenge CSS capacity to accept more clients by providing the program with extra nursing to assist in the continuum of care that will be needed for each client.</p>	<p>Support the continuum of care that will be needed for each client.</p>	<p>People in recovery</p>	<p>Increased nursing hours to provide wraparound services by helping clients who are on medication for opioid use disorder, including methadone. Expand partnerships for referrals with Brockton based organizations.</p>	<p>\$45,000.00</p>

Linkage to services

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.2a Fund staff position through PCO (Plymouth County Outreach) to link incarcerated individuals to medication treatment services upon release.</p>	<p>Provide at risk individuals releasing from incarceration with naloxone and appointments for medication treatment. Provide transportation as needed.</p>	<p>Individuals post incarceration</p>	<p>Create a position at Plymouth County Correctional Facility to fill gap between leaving incarceration and returning home in order to support recovery and lower risk of overdose after incarceration. Person would help with linkages to medication treatment post-incarceration. Cost to be split between Brockton & Plymouth Coalitions.</p>	<p>\$27,500-Half-time salary; split between Brockton & Plymouth Coalitions until PCO took over and it is now funded by their grant in Jan. 2022.</p>
<p>2.2b Launch addiction consult services (ACS) at Signature Hospital.</p>	<p>Increase number of people initiated on medication; ensure continuum of care for people with opioid use disorder. There is currently no addiction consult service at either hospital in Brockton.</p>	<p>Individuals with prior overdose and/or co-occurring conditions</p>	<p>Initially run by nurse practitioner with the supervising physician and the service should be expanded as needed. Signature Hospital: Leaders Michael Dern, Grace Kooper, Henry Grazioso), would involve collaborating with methadone clinics/OTPs on direct admission process. Provide a “beyond the waiver” training to hospitalists.</p>	<p>\$125,000.00 for startup costs then insurance reimbursable</p>

Treatment, Engagement, and Retention

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.3A Training for four (4) individuals to become certified addiction counselors through Latino Behavioral Health Workforce Training Program and Black Addiction Counselor Education Program(BACE).</p>	<p>Increase number of addiction counselors to increase treatment system’s capacity to provide culturally and linguistically competent services to engage and retain Latinx and Black populations, thereby addressing health disparities and their impact on Latinx and Black folks.</p>	<p>Non-English speaking individuals & minorities</p>	<p>Require Brockton residents only. Require that individuals being trained are existing employees of organizations working with affected populations in Brockton.</p> <p>Dr. Haner Hernandez directs the Latino Behavioral Health Workforce Training Program; Dr. Della Blake directs the Black Addiction Counselor Education Program (BACE).</p>	<p>\$1,000.00</p>
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Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.3B Train religious leaders/pastors (over 160 in Brockton) on harm reduction, naloxone, medications, etc.</p>	<p>Increase engagement in treatment because people go to their pastors for guidance. Information about medication treatment and trainings would be provided. Purpose is to educate pastors so they can be better informed to better support people who use drugs. Will also promote team building among pastors. Will also reach non-English</p>	<p>People who use drugs; stigma issues; non-English speaking</p>	<p>Pastor Roberto Silveira and Marline Amedee helping to bring together pastors in Brockton. Will have initial meeting to inquire about what the needs are. Based on discussion, schedule a series of events (webinars, trainings) around overdose education, naloxone, and medication for opioid use disorder, harm reduction, addiction, stigma, HIV, and other topics. Could involve Clergy Caucus, Brockton Interfaith Community (BIC).</p>	<p>\$2,500.00</p>
	<p>speaking Haitian and Cape Verdean communities.</p>			

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.3C Provide cell phones to patients accessing methadone at High Point OTP.</p>	<p>Increases flexibility in counseling for methadone treatment; supports retention in treatment via telemedicine.</p>	<p>People in recovery</p>	<p>High Point OTP to have a conversation when giving patients the phone about the expectations of treatment and that they will only be provided with one phone from the program. Ensure that patients receiving phones have the greatest need and that have expressed not having a phone is a barrier to treatment during previous interventions.</p>	<p>\$13,000.00 + \$10,000 (transfer from OTP bus pass line because of cell phone demand) = \$23,000</p>
<p>2.3 D Provide cell phones to patients accessing methadone at Habit OPCO</p>	<p>Increases flexibility in counseling for methadone treatment; supports retention in treatment via telemedicine.</p>	<p>People in recovery</p>	<p>Habit OPCO to have a conversation when giving patients the phone about the expectations of treatment and that they will only be provided with one phone from the program. Ensure that patients receiving phones have the greatest need and that have expressed not having a phone is a barrier to treatment during previous interventions.</p>	<p>\$11,000.00+ \$10,000 (transfer from OTP bus pass line because of cell phone demand) = \$21,000</p>
<p>2.3 E Improve transportation availability to individuals accessing medication that are leaving the Plymouth House of Corrections, the Brockton courts, and getting to and from medication treatment appointments (for various medical providers), including Teen Challenge CSS rides to methadone appointments.</p>	<p>Improve retention in treatment.</p>	<p>People in recovery; recently incarcerated</p>	<p>Teen Challenge stands up a transportation program that provides rides as well as distributes naloxone to passengers. Teen Challenge work with PT1 to start up for following year. Include patient feedback forms. Program is for all residents of Brockton. The Teen Challenge Recovery Ride program (in partnership with the Plymouth County House of Corrections, local Brockton MOUD providers, local sober homes, the Teen Challenge CSS program, and other Brockton coalition partners), the Recovery Ride will provide at least 25 rides per week to MOUD appointments within the first three months of the program, increasing to at least 50 rides per week by six months, followed by an eventual goal of increasing rides to 75 per week by December 2021.</p>	<p>\$173,000.00 + \$11,944 rollover funds for extending driver salary through 6/2022 Total = \$184,944</p>

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

2.3 F Improve transportation availability for patients accessing High Point OTP.	Improve retention in treatment.	People in recovery	High Point OTP provide bus vouchers to patients to increase retention in treatment if transportation is a barrier for them.	\$6,500.00 (took \$10,000 away for cell phones 2.3c).
2.3 G Improve transportation availability for patients accessing Habit OPCO.	Improve retention in treatment.	People in recovery	Habit OPCO provide bus vouchers to patients to increase retention in treatment if transportation is a barrier for them.	\$6,500.00 (took \$10,000 away for cell phones 2.3d).
2.3 H Train Brockton Neighborhood Health Center (BNHC) providers to address mental health issues. Offer to other medical centers and hospitals in Brockton.	Increase retention by treatment co-occurring conditions.	People with co-occurring conditions	Funding for staff salaries for training time.	\$30,000.00

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.3 I Old Colony YMCA funding approval to staff clinician at Signature OBAT who could support with psychotherapy.</p>	<p>Increase retention by better supporting people with co-occurring mental health conditions.</p>	<p>People who are in recovery and with co-occurring conditions.</p>	<p>OCY Mental Health Clinic will partner with Signature Healthcare's OBAT team. The OBAT setting provides outpatient opioid agonist treatment to patients, but is in need of other therapeutic and clinical services as medication alone is not effective. The OCY would staff a clinician to work 2 days per week on site at Signature health's OBAT center in Abington. This clinician ideally would be a licensed clinician (LADC, LMHC, LCSW or LICSW or other with equivalent skills) with a minimum of 2 years providing substance abuse treatment. Also he or she ideally would identify in a minority group (BIPOC) that is reflected in the Brockton community. The clinician would be educated on and comfortable treating clients who are BIPOC. This service will allow patient to access therapy at the time they are at the office to receive medication. This is when patients are most motivated to engage in therapy. This service would also assist the OBAT team to see longer term success in their patient's recovery but having access to psychotherapy. The clinician on site would be available to provide immediate</p>	<p>\$50,000</p>
			<p>intervention, assess and make referrals, connect clients to appropriate self-help/ peer recovery support, and provide psychoeducation. The clinician would educate patient on the use of Naloxone to prevent overdose and other harm reduction skills.</p>	

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>2.3 J Community-wide cultural humility training in substance use disorder treatment for Brockton</p>	<p>Promote racial equity by better understanding health disparities in substance use disorder treatment.</p>	<p>Providers, people who use drugs, people in recovery, general public</p>	<p>This training will explore the development of disparities in the US and their impacts on marginalized communities. Utilizing a social justice framework the participants will learn about building health equity and community engagement. Participants will also learn about approaches and strategies grounded in cultural humility and cultural intelligence, and will learn about the Enhanced CLAS Standards, Cultural Self- Assessments and other tools designed to improve services and eliminate health disparities.</p>	<p>\$1000.00</p>
<p>2.3 K Increasing engagement and retention of patients on MOUD treatment through Equity Optimization processes at Signature OBAT (in collaboration with Old Colony YMCA)</p>		<p>Providers, people who use drugs, people in recovery, People with co-occurring conditions, Non-English speaking individuals, BIPOC (specifically Black Brocktonians)</p>	<p>New strategy (added 12/1/21) to optimize Signature OBAT MOUD treatment by making plan for workflow, physical environment, and other adjustments to reach and serve disproportionately affected people of color with OUD.</p> <p>This modification aims to improve Signature OBAT’s ability to reach and provide MOUD and other services to disproportionately affected Black, Indigenous, and People of Color, and Immigrants.</p> <p>It is an extension of the new partnership between Old Colony YMCA (OCY) and Signature OBAT, begun with sharing OCY mental health clinician Patrick Forde to work two days a week at Signature OBAT. The OCY Diversity, Equity, and Inclusion Specialist Jimmy Juste will be funded to work with Signature OBAT and engaging the OBAT team to work with Jimmy to develop the plan.</p>	<p>\$17,813</p> <p>for DEI Specialist time, focus group expenses including iPad, incentives for participants, and travel.</p>

Objective 3: Improve Prescription Opioid Safety

<p>3.1 a Create educational series promoting safe opioid prescribing & Brockton-area resources.</p>	<p>Promote safer prescribing by bringing together multiple medical disciplines, and potentially highlighting findings from Pain and Opioid</p>	<p>Providers, people who use drugs, and people in recovery</p>	<p>Series of 2-3 webinars targeting physicians, nurse practitioners, physician assistants, Doctors of Osteopathic Medicine, pharmacists, nurses across multiple specialties, starting in late fall 2020. Incorporate Scope of Pain Training for individuals with chronic pain. Provide relevant continuing education unit (CEU) credits (continuing medical education/ CME in risk</p>	<p>\$500.00</p>
	<p>Management Committee (POMAC).</p>		<p>management, continuing nursing education/ CNE, pharmacist) Possible in-person event to be held at Teen Challenge or Brockton Nursing School. Include promotion of Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAPP). MCSTAPP supports Massachusetts clinicians in increasing their capacity for, and comfort in, using evidence-based practices to screen, diagnose, treat, and manage the care of all patients with chronic pain, substance use disorders, or both. Providers can call service for free and receive support. https://www.mcstap.com/Default.aspx</p>	

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

3.1 b Promote Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAPP).	Support to providers for safer prescribing through one on one consultations.	Providers	MCSTAP supports Massachusetts clinicians in increasing their capacity for, and comfort in, using evidence-based practices to screen, diagnose, treat, and manage the care of all patients with chronic pain, substance use disorders, or both. Providers can call service for free and receive support. https://www.mcstap.com/Default.aspx	\$0
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Selected Strategies	Goal	Targeted Populations	Type of Communications Activity (promote EBPs or HCS campaigns)	HEAL Funding
<u>Communications</u>				
4.a Place posters advertising four (4) programs (BNHC Mobile Medical Unit, Teen Challenge Recovery Ride, Homeless Improvement Project Telemedicine, NeverUse Alone hotline) on the 4 bus queen ads & 20 interior ads.	Get the word out about new programs in Brockton to general audience	People who are going to utilize the new services being launched	Promote EBPs	\$3,960
4.b Series of <u>Cape Verdean radio segments</u> on harm reduction, naloxone, medications, and reducing stigma to reach immigrant communities, and particularly older folks. Get the word out about new programs launched under HEAL, share information about harm reduction, naloxone, medication, and overcoming stigma, and hear from people at different stages of addiction and recovery.	Reach Cape Verdean Creole speakers	Immigrants and non-English speakers	Promote EBPs	\$3960 total: \$2360 for radio segment plus \$1600 for speaker stipends (\$200 stipend for each speaker – 2 speakers per session, 4 sessions)

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

<p>4.c Series of <u>Haitian radio segments</u> on harm reduction, naloxone, medications, and reducing stigma to reach immigrant communities, and particularly older folks. Get the word out about new programs launched under HEAL, share information about harm reduction, naloxone, medication, and overcoming stigma, and hear from people at different stages of addiction and recovery.</p>	<p>Reach Haitian Creolespeakers</p>	<p>Immigrants and non-English speakers</p>	<p>Promote EBPs</p>	<p>\$3600 total: \$2000 for radio segment plus \$1600 for speaker stipends (\$200 stipend for each speaker – 2 speakers per session, 4 sessions)</p>
<p>4.d Strategy to reach Spanish speakers.</p>	<p>Create working group that meets periodically specifically to identify strategies for reaching Spanish speakers.</p>	<p>Immigrants and non-English speakers</p>	<p>Promote EBPs</p>	<p>0</p>
<p>4.e Advertise Never Use Alone service widely in Brockton, by creating stickers for distributing to local organizations so they can include them in their own materials to get the word out about the program.</p>	<p>Get the word out about Never Use Alone to people accessing programs in Brockton. Stickers to be printed for several local organizations, other strategies to advertise will be determined.</p>	<p>People who use drugs</p>	<p>Promote EBPs</p>	<p>\$1,448</p>
<p>4.f Advertise Never Use Alone service widely in Brockton by partnering with 24 Hr. Power and having Artists for Recovery develop materials.</p>	<p>Get the word out about Never Use Alone to a wider general audience in</p>	<p>People who use drugs</p>	<p>Promote EBPs</p>	<p>\$2,032</p>

Massachusetts HCS Wave 1 Brockton Action Plan 12/03/2021

	Brockton who can share information with their networks			
4.g Promote HCS campaigns through social media	Promote HCS campaigns to a large audience without spending funding from the study	People who use drugs and their networks, families, etc.	HCS campaigns	0
4.h Funds for Translation & improve Linguistic Access (audio/visual) of Communication and EBP materials	Improve communication methods to various non-English speaking populations through means of translation and improving linguistic access to audio visual materials	Non-English speaking individuals, people who use drugs and their networks, people in recovery, providers	Translation of EBP & Comms materials	\$10,000
4.i Outreach and Engagement to Black Owned businesses, Black community leaders, key business/ organizations that serve the Black and Cape Verdean communities		BIPOC- specifically Black communities (African American, Cape Verdean, Haitian, and other Black Brocktonians)	Outreach, message and material development, relationship/partnership building (and networking) with SUD services and HEAL coalition members	0