# 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 to demand justice for the harms caused by the opioid epidemic 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 to hold 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, referred to as the Opioid Recovery and Remediation Fund (ORRF), 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 the impact these funds can have in our communities, 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 overdose crisis.

## II. Municipal Opioid Abatement Funds

**Settlement funds** are dollars that companies from the opioid industry have agreed to pay out for their role in the overdose crisis. This term encompasses the total amount of money that states, counties, and municipalities will receive from settlement agreements. In the context of opioid settlements, **abatement** refers explicitly to actions and strategies designed to reduce the harm caused by the opioid crisis, including those designed to reduce opioid misuse, treat opioid use disorder (OUD) and related disorders, and mitigate the ongoing effects that the overdose crisis has on individuals, families and communities. Throughout this document, you will see the use of "abatement funds" because they are being used in a targeted way to fund programs across the Commonwealth.

### *A. Massachusetts State Subdivision Agreement*

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.

As stated in the SSA, the Massachusetts Department of Public Health (DPH) is tasked with providing support to participating municipalities receiving opioid abatement funds. Training and technical assistance is provided by Mosaic Opioid Recovery Partnership (Mosaic), funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation. RIZE approaches this work with the belief that partnership is at the heart of training and technical assistance and is committed to working alongside cities and towns to help them use their abatement funds to build solutions and strategies rooted in the community.

### 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. The following is a list of examples that municipalities can use to determine whether a proposed use of opioid abatement funds would improperly supplant existing 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, every municipality that receives funds must submit an annual report. 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 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. Massachusetts Opioid Settlement Funds Data Dashboard*

The Massachusetts Opioid Settlement Funds Data Dashboard lets you explore how opioid settlement funds are used across the state. The dashboard has three main views:

- **Annualized Settlement Funds view**: Displays the statewide opioid settlement funds received by fiscal year and the projected funds to be received through fiscal year 2038.
- **State Opioid Recovery and Remediation Funds view**: Displays information about the initiatives funded by the state portion of the opioid settlement funds.
- **Municipality/Collaborative view:** Every municipality that receives funds must submit an annual expenditure report showing how money was used. Data from these reports is displayed on this view. Municipalities that collaborate financially will report as a collaborative. Please note that the information shown in this view reflects self-reported financial and program information from cities and towns. Displaying a project or expenditure on the dashboard does not indicate that it represents a best practice, or that it has been approved or recommended by the Massachusetts Department of Public Health or the AGO.

  This dashboard is designed to strengthen transparency, support accountability to the terms of the State Subdivision Agreement, and to help communities understand how settlement dollars are being used. It should not be interpreted as a comprehensive inventory of every opioid-related initiative in Massachusetts.

  You can also view or download a **glossary of terms** used in the dashboard.

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

As previously noted, abatement funding is intended to help municipalities mitigate the ongoing harms associated with the overdose epidemic by investing in 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 provides alternative activities that are supported by data. Moreover, municipalities can set themselves up for success by confirming with Mosaic that their proposed investments are considered best practices and listening to the voices of community members that have lived or living experiences. Table 2, Making Data-Driven Funding Decisions is not an exhaustive list, but rather, includes examples of activities frequently raised by municipalities.

### Bureau of Substance Addiction Services Dashboard

The Massachusetts Department of Public Health's Bureau of Substance Addiction (BSAS) Dashboard is an interactive data tool that provides statewide, county, and municipal information on substance misuse outcomes, harm reduction services, and substance use treatment services. The dashboard is updated twice a year and is designed to help communities better understand local trends, identify service gaps, and support data-informed planning and decision-making.

The dashboard is organized into two primary sections: Community Profile and Data on BSAS Enrollments. The Community Profile provides city/town, county, and state-level snapshots of substance-related deaths, emergency events, and substance use services. The BSAS Enrollments section contains information on individuals receiving BSAS-funded or licensed substance use treatment services, with data available by geography, fiscal year, and demographic characteristics. Users can further explore the data through interactive maps, charts, filters, and comparison tools to better understand trends within their communities. Municipalities can use the dashboard to inform opioid abatement planning, assess community needs, identify disparities, and evaluate whether current strategies align with local trends. The dashboard can also help support discussions with community partners and guide evidence-based investments by providing information about the following:

- Substance-related deaths and overdose trends
- Emergency medical service incidents and substance-related hospitalizations
- Access to prevention, treatment, recovery, and harm reduction services
- Distribution of naloxone kits and fentanyl test strips
- BSAS-funded service enrollments by demographic characteristics and geography
- Community and county comparisons to identify strengths, gaps, and emerging needs

## *D. Administrative Costs & Planning Activities*

As previously described, municipalities are expected to make data-driven decisions that reflect the voices of people with lived and living experience. Therefore, it is understandable if municipalities decide to allocate funds to cover administrative costs and/or planning expenses. Under the statewide opioid settlement agreements,[1] 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.

### 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, Mosaic 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, Mosaic encourages municipalities to pool their funds to reduce planning-related costs. Lastly, Mosaic 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 an implementation plan that contains action steps that will be taken, resources needed, parties responsible, and timeframe for completion
    - Development of an 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 via cash stipends or gift cards for people who use/used drugs, including those who have survived and/or lost loved ones to overdose
- Fees for reserving rooms, onsite childcare, refreshments, paper goods, etc.

## *E. Pooling Opioid Abatement Funds*

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 an Opioid Abatement Collaborative (OAC), which refers to two or more municipalities dedicating some of all of their opioid abatement funds through a formalized agreement. The Massachusetts Association of Health Boards (MAHB) is funded by DPH to support Mosaic and provide training and technical assistance 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.

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

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 Mosaic 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 Mosaic*

Mosaic is committed to working alongside cities and towns to help them use their abatement funds to build solutions and strategies rooted in the community at any stage in the process, which includes assessing individual training and technical assistance (TTA) needs and developing a TTA plan for addressing them. To that end, municipalities can request TTA serviced by:

- Visiting Mosaic's website
- Emailing questions to muniTTA@rizema.org
- Submitting a TTA Request Form

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

| | | Presentation | Articles | Manuals | Tools |
|---|---|---|---|---|---|
| *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* | | | | | |
| Engaging Individuals with Lived Experiences: Meeting Facilitation Guide | PDF | | | ✓ | |
| Best Practices for Convening Consumer Advisory Boards | PDF | | | | ✓ |
| Engaging Community Members: A Guide to Equitable Compensation | PDF | | | ✓ | |
| *Principle 2: Address disparities in existing services and outcomes, and improve equity and health of communities disadvantaged by race, wealth, and stigma* | | | | | |
| Leveraging Community Expertise to Advance Health Equity | PDF | | | ✓ | |
| Engaging Staff to Be Equity Minded: A Conversation with Public Sector Leaders | Recording & Website | ✓ | | | ✓ |
| *Principle 3: Focuses on mental health conditions, substance use disorder, and other behavioral health needs that occur with opioid use disorder (OUD)* | | | | | |
| Improving Treatment Access for Veterans with Opioid Use Disorder | Website | | ✓ | | |
| Substance Use Treatment for Persons with Co-Occurring Disorders | PDF | | | ✓ | |
| A Chance in a Lifetime: Using Opioid Settlement Funds Creatively to Help Older Adults | Website | | ✓ | | |
| Addressing Mental Health & Substance Use Disorders During Pregnancy and Postpartum | Report | | | ✓ | |
| *Principle 4: Leverages programs and services reimbursed by state agencies and programs, including reimbursement through MassHealth and the Bureau of Substance Addiction Services (BSAS)* | | | | | |
| Leveraging Opioid Settlements to Support Sustainable Community-Based Treatment & Recovery Infrastructure | Slides | ✓ | | | |
| Government Approach to Addressing SUD Through Aligned Funding Streams & Coordinated Outcomes | PDF | | | ✓ | |
| Using Opioid Settlement Funds to Make Meaningful Investments at the Local Level | PDF | | | ✓ | |
| *Principle 5: Encourages innovation, fills gaps and fixes shortcomings of existing approaches, invests in data-driven programs, and takes advantage of the flexibility of these funds* | | | | | |
| Strategies for Effectively Allocating Opioid Settlement Funds | Website | | ✓ | | |
| Opioid Settlement Principles Resource and Indicators (OSPRI) Tool | Website | | | | |
| Leveraging Aligned Data and Measures to Sustain Opioid Settlement Fund Investments | PDF | | | ✓ | |
| Community Guide for Sustainable Opioid Settlement Fund Investments | Slides | ✓ | | | |
| Opioid Abatement Needs and Investment Tool (OANI) | Website | | | | ✓ |

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

| Non-Recommended Activities | Recommended Activities | Here's Why: |
|---|---|---|
| Purchasing Fentanyl Filtered Hoods and/or Tru Narc | Partner with existing harm reduction programs 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 | Experts report 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 |
| | Promote organizations like Safety & Health Integration in the Enforcement on Laws of Drugs (SHIELD) that offers trainings designed to address safety concerns of first responders and law enforcement by providing personnel with factual information that reduces anxiety and dispels misinformation | |
| Funding law enforcement and/or first responders to engage people who use drugs (PWUD) through post-overdose outreach and/or other engagement efforts | Fund harm reduction 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 | Studies 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 | Research 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 harm reduction programs to expand their capacity to provide overdose education and naloxone distribution services to PWUD | The American College of Medical Toxicology and the American Academy of Clinical Toxicology stated that nalmefene should not replace naloxone as the primary opioid antidote at this time. Research 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 *D.A.R.E* that embrace an abstinence-only approach to drug education | Prevention curriculums like Safety First 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 | Research shows that abstinence programs have no significant impact on preventing drug use. A study revealed Safety First increased knowledge of harm reduction, and decreased substance use overall |

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# **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 *Safety First* by covering the costs for teacher or school nurse stipends | Offered through Stanford Medicine's REACH Lab, Safety First 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 trainings for educators interested in implementing the curriculum and has developed a data dashboard 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 planning guide 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 Community Tool Box 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 Community Tool Box 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 Community Tool Box offers additional resources including an example of guidelines and mini grant application | $5K + | | ✓ | ✓ | ✓ | |

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| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 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 here 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 Scott Brody | $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 here 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 Hampden County's Recovery Ready Workplace Guide 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 guide 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 here 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% | • Community Survey | • Action Plan<br>• Budget Plan | Under $1,500 |
| Under $20,000 | No more than 30% | • Community Survey<br>• Focus Groups | • Priority Setting<br>• Action Plan<br>• Budget Plan | $1,000 - $6,000 |
| Between $20,000 - $99,999 | No more than 30% | • Stakeholder Analysis<br>• Community Survey<br>• Focus Groups<br>• Individual Interviews<br>• Data Analysis Report | • Priority Setting<br>• Logic Model Development<br>• Implementation Plan<br>• Budget Plan | $4,000 - $30,000 |
| Between $100,000 - $249,999 | No more than 20% | • Stakeholder Analysis<br>• Community Survey<br>• Focus Groups<br>• Individual Interviews<br>• SWOT/SWOC Analysis<br>• Data Analysis Report | • Priority Setting<br>• Logic Model Development<br>• Capacity Building Plan<br>• Implementation Plan<br>• Budget Plan<br>• Evaluation Plan | $20,000 - $50,000 |
| Above $250,000 | No more than 20% | • Stakeholder Analysis<br>• Asset Mapping<br>• Community Survey<br>• Focus Groups<br>• Individual Interviews<br>• Readiness Assessment<br>• SWOT/SWOC Analysis<br>• Data Analysis Report | • Priority Setting<br>• Logic Model Development<br>• Capacity Building Plan<br>• Implementation Plan<br>• Budget Plan<br>• Operational Plan<br>• Evaluation Plan | $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

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