

TOWN OF HULL
ADVISORY BOARD MINUTES

Date of Meeting: 3/11/2024

Meeting Start: 7:02pm

Adjourn: 9:00pm (move to Executive Session)

Member	Present	Absent	Other
David Clinton	X		Town Manager Jennifer Constable
Jay Polito		With notice	Scott Miller, Opioid Abatement Citizens Petition
Dan Sullivan	X		Rachel Kelly, Chair of Community Preservation Committee
Peter Larsen		With notice	Maureen Gillis, Director of Development, Hull Lifesaving Museum
Chad Wolfe	X		Chris Krahforst, Conservation Agent
Bob Carney	X		Mike Buckley, Town Accountant
Robyn Healey	X		Jim Lampke, Town Counsel
Jason Frady	X		
Pat Cormier	X		
Stephen Kiley	X		
Moraiba Reyes	X		

Exhibits	Description
Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments	Printout from Mass.gov website
Massachusetts Abatement Terms	Printout from MA Mass.gov website
Conservation Bylaw Amendment Article for 2023 Annual Town Meeting	Current wording of article

Agenda

Town Manager Updates

Citizens Petition Opioid Abatement Settlement Fund Committee

CPC Articles

Conservations Commission Articles

Legal Department Budget and Updates

Approval of Minutes

The Advisory Board discussion summary for agenda items is below.

Town Manager Update

- Memorandum of Understanding for Middle School being presented to School Committee this evening and the Select Board this Wednesday, followed by joint meeting.
- Marijuana bylaw amendment will be moving forward to clarify allowable uses. Public hearings to be held. Banning all uses with a carveout for retail usage, and limiting the number of establishments in the district to two.
- Select Board adopted its own governance policies this past week, agreed upon by Town Manager
- Road paving update. Discussion today with engineering firm Beta Engineering. Moving forward with analysis on one-way traffic for Beach Ave from A to L Street. Engineering firm also beginning engineering studies for Samoset Ave. and Manomet Ave. and a section of Beach Ave. that has drainage issues. Separate traffic analysis for Fitzpatrick Way with 4 options will be presented on April 2 at 6:30.
- Assistant Town Manager has accepted the offer. Stacy Callahan will be coming to us from Rockland.

Citizens Petition Opioid Abatement Settlement Fund Committee: Scott Miller, proponent of the article, provides background:

- Town getting approximately \$740K in upcoming years just from Perdue Pharma lawsuit
- Money awarded to town starting a couple of years ago
- Would like to set up a committee, similar to Abington & Plymouth, to review and determine how to utilize funds
- People directly impacted should be on committee: First responders, School Committee, Fire, Police, Town Manager

Advisory Board discussion and questioning:

- Town Manager explains that she's solicited input from Police, Fire and others, including the Anchor. Funds will be received and distributed to cities and towns over 25 years
- Any committee would be advisory in nature, and this article aims to direct the Select Board to create the committee

- Town Counsel explains that conditions on the opioid settlement fund allowable uses will vary based on the terms of the legal settlement that originated the funds
- If passed, will be non-binding. The Select Board cannot be forced to create a committee

CPC Articles Rachel Kelly presents Article 13b details:

- 7 total applications to be presented to Town Meeting for approval this year
- 3 applications for Open Space projects:
 - o Dog Park Location Study – \$10K requested to hire consultant to determine viable location on town-owned land
 - o Kenberma Pickleball Courts - \$10K requested to resurface exterior red area of the courts (not entire courts, as they have recently been redone). Original funding didn't cover this area of the courts.
 - o Shade structures for Menice field, Dustbowl, Kenberma near Pickleball Courts. \$20K requested. Purchase of similar shade structures approved for L Street at 2023 Town Meeting. DPW responsible for taking down and storing during off-season and storm events.
- 4 applications for Historic projects:
 - o Restoration of Paragon Carousel lighting. \$25K requested to keep historic style but save on electricity by moving to LED light bulbs.
 - o Veterans Memorial Grave Markers. \$7.7K requested to place in Hull Cemetery. Requested by town.
 - o Hull Lifesaving Museum restoration of boathouse at Pemberton Point. \$85K requested for interior work: ADA compliant bathroom, ADA ramp on Peddock's side, insulation of the boat house, upgrading the electrical. Maureen Gillis explains that the museum is becoming community hub hosting monthly veterans meeting and lectures, and that space is getting tight. CPC money to be used to obtain matching grants and will allow \$190K of work to be completed. Projects will be phased for maximum impact and to maximize grant money. Dave Clinton adds that the boathouse is a town building, and by having the nonprofit Hull Lifesaving Museum obtaining grants and managing maintenance, the town is saving money that would be needed to maintain the building.
 - o St. Nicholas United Methodist Church. \$27K requested for restoration of deteriorating steeple. Quotes have been obtained. Building is recognized as historic gathering space by the Hull Historic District Commission. Recommending restriction be placed on the building deed stipulating repayment of funds to Town of Hull if ever sold. Dan Sullivan expressed concern about utilizing town funds for a church, and discussion ensued. Main points: CPC has been used for historic churches in many other towns (ex/ Old Ship Church in Hingham). Public use should be documented/guaranteed, as adjacent Gould Hall is used for public gathering and as a warming station for weather events for Village residents and the church host non-denominational events such as architectural tours and piano lessons.
 - o Balance in CPC General Fund allows to bond \$500K instead of \$1M for the Village Fire Station restoration passed at 2023 Town Meeting. Bond will be de-authorized to \$500K to avoid borrowing.
- Current CPC balances as of Jan 31.

- \$98,999 Historic Reserves
- \$503,317 Community Housing Reserves
- \$81,933 Open Spaces Reserves
- \$887,743 Held for projects that have already been approved
- Approx \$1M in CPC General Fund reserves that will reduce to \$500k if all above are approved. Anticipate having \$750K in CPC General Fund at the end of the year after all above projects (if approved)

Conservations Commission Articles

Amendment to the Conservation Bylaw that looks to establish fees for all after-the-fact work for two procedures. The bylaw was originally concerned with the cost of administering Wetlands Protection Act. Some of the most problematic applications coming before the commission are after-the-fact non-compliance. The two procedures proposed for after-the-fact fees for are Notice of Intent and Request for Determination of Applicability. Higher fees if applications received after initiating the work. These fees are punitive, intended to deter people from initiating projects without approval. Other towns have implemented similar fee structures.

Legal Department Budget and Updates

Town Manager explains that legal budget will increase upon Jim Lampke's July 1 retirement when the legal structure changes from dedicated Town Counsel to outside counsel. Outside counsel (3 different firms) will be used for 3 areas: Town Counsel, Labor & Employment Counsel, Land Use Counsel. This is the first year with the new model, so budget is estimated based on what is known, but much is yet unknown. FY25 budget estimated based on legal proceedings underway, firm fee structures, other community budgets with similar structure. Example of fee structure for Labor & Employment firm - \$225 per hour for legal services but unlimited monthly calls/questions. Billing from each firm occurs monthly. Advisory Board members expressed interest in tracking and reporting legal dollars by department or area spent under this new model.

Article 17 Crescent Beach – Jim Lampke gives general overview on ongoing litigations between Town and contractor for Crescent Beach Seawall project. Issues with contractor performance. Contractor walked off the job, but contends that the Town terminated them. Town called in the performance bond, but bonding company denied claim/payment. Litigation has been ongoing for several years, and the contractor has since filed for bankruptcy in Rhode Island. Town of Hull hired a firm in Boston to represent the Town. Town of Hull seeking to complete the project necessary to ensure adequate protections for residents in the Gunrock/Crescent beach neighborhood. Case is currently in the discovery phase. Mediation of the case was attempted, but was not successful. Town Manager has estimated total cost to litigate. Article will be necessary to appropriate funds for litigation.

Further discussion in executive session.

Motion to move to Executive Session

Member	Motion	Second	For	Against	Abstain
David Clinton	X		X		
Jay Polito					
Dan Sullivan					X

Peter Larsen					
Chad Wolfe			X		
Bob Carney		X	X		
Robyn Healey			X		
Jason Frady			X		
Pat Cormier			X		
Stephen Kiley			X		
Moraiba Reyes			X		

Respectfully Submitted,

Robyn Healey

MASSACHUSETTS ABATEMENT TERMS

I. STATEWIDE COMMITMENT TO ABATEMENT

The Commonwealth and its municipalities have a shared commitment to using abatement funds recovered from statewide opioid settlements to supplement and strengthen resources available to Massachusetts communities and families for substance use disorder prevention, harm reduction, treatment, and recovery in a manner that:

- ❖ reflects the input of our communities, of people who have personal experience with the opioid crisis, of experts in treatment and prevention, and of staff and organizations that are carrying out the abatement work;
- ❖ addresses disparities in existing services and outcomes and improves equity and the health of individuals and communities disadvantaged by race, wealth, and stigma, including through efforts to increase diversity among service providers;
- ❖ addresses mental health conditions, substance use disorders, and other behavior health needs that occur together with opioid use disorder (“OUD”);
- ❖ leverages programs and services already reimbursed by state agencies and programs, including direct care reimbursed by MassHealth and the state’s Bureau of Substance Addiction Services (“BSAS”); and
- ❖ encourages innovation, fills gaps and fixes shortcomings of existing approaches; supplements rather than supplants resources for prevention, harm reduction, treatment, and recovery; includes evidence-based, evidence-informed, and promising programs; and takes advantage of the flexibility that is allowed for these funds.²

This document sets forth: how abatement funds from these settlements must be used by the state and its municipalities (Sections II and III); how the state will support municipal abatement initiatives (Section IV); and state and municipal reporting requirements (Section V).

II. STATE USE OF ABATEMENT FUNDS

Abatement funds directed to the state shall be deposited into the statewide Opioid Recovery and Remediation Fund to supplement prevention, harm reduction, treatment, and recovery programs throughout Massachusetts. The Fund is overseen by the Commonwealth’s Executive Office of Health and Human Services (“EOHHS”) together with a Council comprised of 10 municipal appointees appointed by the Massachusetts Municipal Association and 10 state

² In this document, the words “fund” and “support” are used interchangeably and mean to create, expand, or sustain a program, service, or activity. References to persons with opioid use disorder are intended in a broad practical manner to address the public health crisis, rather than to require a clinical diagnosis, and they include, for example, persons who have suffered an opioid overdose. It is also understood that OUD is often accompanied by co-occurring substance use disorder or mental health conditions, and it is intended that the strategies in this document will support persons with OUD and any co-occurring SUD and mental health conditions.

appointees qualified by experience and expertise regarding opioid use disorder. Appointees serve for two years. The Council holds public meetings every quarter to identify priorities for addressing the opioid epidemic in Massachusetts.

III. MUNICIPAL USE OF ABATEMENT FUNDS

Abatement funds allocated to municipalities shall be used to implement the strategies set forth below. Municipalities are encouraged to pool abatement funds to increase their impact, including by utilizing the Office of Local and Regional Health's Shared Service infrastructure. Municipal abatement funds shall not be used to fund care reimbursed by the state, including through MassHealth and BSAS, although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants.

1. Opioid Use Disorder Treatment

Support and promote treatment of persons with OUD, including through programs or strategies that:

- a. Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches.
- b. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- c. Make capital expenditures to rehabilitate and expand facilities that offer treatment for OUD, in partnership with treatment providers.
- d. Treat trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose).

2. Support People In Treatment And Recovery

Support and promote programs or strategies that:

- a. Provide comprehensive wrap-around services to individuals with OUD, including job placement, job training, or childcare.
- b. Provide access to housing for people with OUD, including supportive housing, recovery housing, housing, rent, move-in deposits, and utilities assistance programs, training for housing providers, or recovery housing programs that integrate FDA-approved medication with other support services.
- c. Rehabilitate properties appropriate for low-threshold and recovery housing, including in partnership with DHCD-funded agencies and OUD-specialized organizations.
- d. Provide peer support specialists that support people in accessing OUD treatment, trauma-informed counseling and recovery support, harm reduction services, primary healthcare,

or other services, including support for long-term recovery encompassing relapse, treatment, and continued recovery.

- e. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD.
- f. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD.
- g. Provide transportation to treatment or recovery services for persons with OUD.
- h. Provide employment training or educational services for persons with OUD, such as job training, job placement, interview coaching, community college or vocational school courses, transportation to these activities, or similar supports.
- i. Increase the number and capacity of high-quality recovery programs to help people in recovery.
- j. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- k. Support programs for recovery in schools and/or standalone recovery high schools.
- l. Support bereaved families and frontline care providers.

3. Connections To Care

Provide connections to care for people who have, or are at risk of developing, OUD through programs or strategies that:

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

- d. Include Fire Department partnerships such as Safe Stations.³

4. Harm Reduction

Support efforts to prevent overdose deaths or other opioid-related harms through strategies that:

- a. Increase availability of naloxone and other drugs that treat overdoses for first responders,⁴ overdose patients, individuals with OUD and their friends and family, schools, community-based organizations, community navigators and outreach workers, persons being released from jail or prison, or the public.
- b. Provide training and education regarding naloxone and other drugs that treat overdoses.
- c. “Naloxone Plus” strategies to ensure that individuals who receive naloxone to reverse an overdose are linked to treatment programs or other appropriate services.
- d. Approve and fund syringe service programs and other programs to reduce harms associated with drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, syringe collection and disposal, connections to care, and the full range of harm reduction and treatment services provided by these programs.
- e. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, primary and behavioral health care, recovery support, or other appropriate services to persons with OUD.
- f. Promote efforts to train health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD in crisis training and harm reduction strategies.
- g. Active outreach strategies such as the Drug Abuse Response Team model or the Post Overdose Support Team model.
- h. Provide outreach and services for people who use drugs and are not yet in treatment, including services that build relationships with and support for people with OUD.

5. Address The Needs Of Criminal-Justice-Involved Persons

Support diversion and deflection programs and strategies for criminal-justice-involved persons with OUD, including:

- a. Programs, that connect individuals involved in the criminal justice system and upon release from jail or prison to OUD harm reduction services, treatment, recovery support, primary healthcare, prevention, legal support, or other supports, or that provide these

³ Safe Stations currently operate in Fall River and Revere. See, e.g., <https://www.mma.org/fall-river-fire-stations-become-safe-stations-for-people-seeking-addiction-treatment/>.

⁴ Municipalities can purchase discounted naloxone kits from the State Office of Pharmacy Services. See <https://www.mass.gov/service-details/bulk-purchasing-of-naloxone>.

services.

- b. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater OUD expertise.
- c. Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion model.
- d. Participate in membership organizations such as the Police Assisted Addiction Recovery Initiative for training and networking and utilize law enforcement training opportunities such as the Safety and Health Integration in the Enforcement of Laws on Drugs (SHIELD) model.⁵

6. Support Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome

Support pregnant or parenting women with OUD and their families, including babies with neonatal abstinence syndrome, through programs or strategies that provide family supports or childcare services for parents with OUD, including supporting programs such as:

- a. FIRST Steps Together, a home visiting program for parents in recovery that currently has seven sites serving cities and towns across the state;
- b. Pregnant/post-partum and family residential treatment programs, including and in addition to the eight family residential treatment programs currently funded by DPH; and
- c. the Moms Do Care recovery support program that has grown from two to ten programs in the state.

7. Prevent Misuse Of Opioids And Implement Prevention Education

Support efforts to prevent misuse of opioids through strategies that:

- a. Support programs, policies, and practices that have demonstrated effectiveness in preventing drug misuse among youth. These strategies can be found at a number of existing evidence-based registries such as Blueprints for Health Youth Development (<https://www.blueprintsprograms.org/>).
- b. Support community coalitions in developing and implementing a comprehensive strategic plan for substance misuse prevention. There are a number of evidence based models for strategic planning to consider including but not limited to the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>) and Communities That Care developed by the University of Washington (<https://www.communitiesthatcare.net/programs/ctc-plus/>).
- c. Engage a robust multi-sector coalition of stakeholders in both the development and implementation of the above stated strategic plan (<https://www.prevention->

⁵ See <https://paarius.org>

first.org/centers/center-for-community-engagement/about-this-center).

- d. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD.
- e. Support greater access to mental health services and supports for young people, including services provided in school and in the community to address mental health needs in young people that (when not addressed) increase the risk of opioid or another drug misuse.
- f. Initiate, enhance, and sustain local youth health assessment through the implementation of a validated survey tool to develop localized strategic plans that will inform the best ways to institute or enhance strategies to reduce and prevent youth substance misuse, including mental health services and supports for young people, intervention services for families, and youth-focused programs, policies, and practices that have demonstrated effectiveness in reducing and preventing drug misuse.

IV. STATE SUPPORT FOR MUNICIPAL ABATEMENT AND INTER-MUNICIPAL COLLABORATION

EOHHS and the Department of Public Health (DPH), including through its Office of Local and Regional Health (OLRH), will support municipal abatement initiatives by providing strategic guidance to help Massachusetts municipalities select and implement abatement strategies and effectively pool their resources through inter-municipal Shared Service Agreements, as well as other technical assistance. By pooling resources, functions, and expertise, a consortium of cities and towns can expand the public health protections and services they offer residents.

In addition, EOHHS/DPH will collect information regarding municipal abatement and publish an annual report to provide the public with information about the municipal abatement work and to highlight effective strategies, lessons learned, and opportunities for further progress. The support for municipal abatement described in this Section IV will be funded by the state abatement funds described in Section II, above.

V. REPORTING AND RECORD-KEEPING REQUIREMENTS

A. STATE REPORTING. Annually, not later than October 1, the secretary of EOHHS shall file a report on the activity, revenue and expenditures to and from the statewide Opioid Recovery and Remediation Fund in the prior fiscal year with the clerks of the senate and the house of representatives, the house and senate committees on ways and means and the joint committee on mental health, substance use and recovery and made available on the executive office of health and human services' public website. The report shall include, but not be limited to: revenue credited to the fund; expenditures attributable to the administrative costs of the executive office; an itemized list of the funds expended from the fund; data and an assessment of how well resources have been directed to vulnerable and under-served communities. EOHHS filed its first Annual Report on October 1, 2021.

B. MUNICIPAL REPORTING. Cities and towns that receive annual abatement distributions of \$35,000⁶ or more, whether individually or pooled through OLRH Shared Service arrangements, will be required to submit annual reports of their Municipal Abatement Fund expenditures in the prior fiscal year to EOHHS, starting in FY2023. The reports shall include, but not be limited to: municipal abatement funds received; an itemized list of the funds expended for abatement and administrative costs, if applicable; the unexpended balance; a brief description of the funded abatement strategies and efforts to direct resources to vulnerable and under-served communities. Additional reporting-related guidance shall be provided. All municipalities must: maintain, for a period of at least 5 years after funds are received, documents sufficient to reflect that Municipal Abatement Funds were utilized for the Municipal Abatement Strategies listed herein.⁷

⁶ EOHHS retains the right to modify this reporting threshold.

⁷ Nothing in this document reduces obligations under public records law.



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Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments

This site will provide information from the Bureau of Substance Addiction Services on the background, helpful considerations and further resources for municipalities participating in the Opioid Abatement Settlement.

[Regional Community Engagement Assistance](#) (#regional-community-engagement-assistance-)

[Statewide Opioid Settlement Recoveries](#) (#statewide-opioid-settlement-recoveries-)

[Guidelines for Expenditure of Municipal Opioid Settlement Recoveries](#) (#guidelines-for-expenditure-of-municipal-opioid-settlement-recoveries-)

[Municipal Abatement Funds & State Procurement Laws](#) (#municipal-abatement-funds-&-state-procurement-laws-)

[Chapter 77 Acts of 2023 – Opioid Settlement Receipts](#) (#chapter-77-acts-of-2023---opioid-settlement-receipts-)

[Statewide procurements for opioid-related programs and services](#) (#statewide-procurements-for-opioid-related-programs-and-services-)

[Reporting Requirements for Municipalities](#) (#reporting-requirements-for-municipalities-)

[Municipal Opioid Settlement Funding Expenditure Dashboard](#) (#municipal-opioid-settlement-funding-expenditure-dashboard-)

[Additional Resources](#) (#additional-resources-)

Regional Community Engagement Assistance

Municipalities can access support from John Snow Research and Training Institute (JSI) at www.caremass.org (<http://www.caremass.org/>) and fill out the **Request Help form** (<https://caremass.my.site.com/s/get-help>) or by emailing abate@jsi.com (<mailto:abate@jsi.com>) or by phone (617-385-3655). The team at JSI can provide technical assistance and training related to using these funds in compliance with the **State-Subdivision Agreement** (</doc/march-4-2022-ma-subdivision-agreement/download>).

Statewide Opioid Settlement Recoveries

Massachusetts has participated in nationwide financial settlements with several companies as part of the historic legal efforts to demand abatement of the harms caused by the opioid epidemic. These settlements combined will bring over \$900 million into Massachusetts for substance use prevention, harm reduction, treatment, and recovery support.

Under the terms of a **State-Subdivision Agreement (PDF)** (</doc/march-4-2022-ma-subdivision-agreement/download>) reached by the state and its municipalities and entered by a Massachusetts state court, 40% of the Massachusetts recoveries will be allocated to Massachusetts

Chapter 77 Acts of 2023 – Opioid Settlement Receipts

On December 4th, 2023, Governor Healey signed Chapter 77 of the Acts of 2023. Section 9 of the law provides, in part, for an exception to the legal requirement that all receipts are to be recorded as general fund revenue per G.L. c. 44, § 53 for Opioid Settlement Receipts. Municipalities now have the option to account for these receipts in a special revenue fund. The Department of Revenue's **Division of Local Services (DLS)** (</lists/dls-frequently-asked-questions>) released the **Opioid Settlement Receipts Bulletin** (<https://dls.gateway.dor.state.ma.us/gateway/DLSPublic/BulletinMaintenance/Index/521>) to provide guidance to municipalities on how the legislation will impact fiscal management of the opioid abatement funds.

Statewide procurements for opioid-related programs and services

Municipalities may be eligible bidders for state procurements for opioid-related programs and services or may be able to use their municipal abatement funds to support new and existing programs and services in their communities.

Existing Free Harm Reduction Resources for Municipalities

Bulk Purchasing of Naloxone (</info-details/naloxone-for-programs-and-agencies>)

- Municipal Police and Fire Departments are welcome to order **fully subsidized** naloxone from the State Office of Pharmacy Services (SOPS), funded by BSAS.

Community Naloxone Purchasing Program (CNPP) (</info-details/community-naloxone-purchasing-program-cnpp>)

- Organizations that work with individuals who may either witness or experience an overdose are welcome to apply to the CNPP and access **fully subsidized** naloxone funded by BSAS.

Fentanyl Test Strips (<https://massclearinghouse.ehs.state.ma.us/PROG-BSAS-SBIRT/SA5844kit.html>)

- Fentanyl Test Strips are now available for free from the DPH Health Promotion Clearinghouse funded by BSAS. They are shipped out with an accompanying instructional wallet card.
- Additional educational materials related to harm reduction and overdose prevention are also available to print or order in bulk at no cost.

Reporting Requirements for Municipalities

Starting in August 2023, all participating municipalities will be asked to submit an annual report on their FY23 Opioid Abatement Fund planning process, strategies selected, and expenditures. Those municipalities that received \$35,000.00 or more in FY23 are required to submit a report. The reporting form covers:

- Efforts to solicit community input regarding how abatement funds should be spent from local stakeholders including people with lived experience of the opioid epidemic.
- The abatement funds that were received and expended in Fiscal Year 2023.
- The abatement strategies that were selected.
- Efforts to address service disparities and inequity in opioid use disorder treatment, prevention, harm reduction, and recovery support and to direct resources to under-served or vulnerable populations.

All reports will be submitted through a web-based reporting platform. Fill out **this form**

(<https://docs.google.com/forms/d/e/1FAIpQLSfmj0NGLG7DJPgFco9oa6N08dD90TsBd9oFFXM00f4g4RYzNQ/viewform>) to indicate who will be the official point of contact for submitting reports on opioid settlement activities to the Commonwealth. This person will receive information on setting up a log-in for the online reporting system. To support local planning and for the convenience of municipalities, please use the draft **annual reporting form (PDF)** (</doc/ma-opioid-settlement-municipal-report-9-21-2022/download>) I (**DOCX**)

(</doc/ma-opioid-settlement-municipal-report-9-21-2022-0/download>). Questions may differ in the final version.

In order to support full transparency of the use of the opioid abatement funds, and in accordance with the **State-Subdivision Agreement** (</doc/massachusetts-abatement-terms-3-8-22/download>) | ([DOCX](/doc/massachusetts-abatement-terms-3-8-22-0/download)) (</doc/massachusetts-abatement-terms-3-8-22-0/download>), all reports will be made public.

Municipalities must retain documentation regarding these funds and their expenditure for either five years after funds are received or the period required by law, whichever is longer.

Municipal Opioid Settlement Funding Expenditure Dashboard

The **Municipal Opioid Settlement Funding Expenditures Dashboard** (<https://www.caremass.org/ma-opioid-abatement-municipality-data>) is an interactive site that allows the public to review the information that municipalities report annually on the planning processes they have undertaken, the strategies selected, and the total funds expended for the opioid abatement work. The current data in the dashboard was extracted from the annual Municipal Expenditure Reports for Fiscal Year 2023 (FY23 - July 1, 2022, to June 30, 2023).

The **Massachusetts State Subdivision Agreement** (</doc/march-4-2022-ma-subdivision-agreement/download>) requires those municipalities that receive \$35,000 or more annually, either individually or pooled across municipalities, to file an annual report. Municipalities that receive less than \$35,000 are strongly encouraged to submit a report as well. The submission rate for the FY23 reporting period was 100% (n=195) for those municipalities required to submit a report, and 35% (n=150) for those not required to submit a report. The dashboard also displays communities that did not receive funding as a result of not participating in the national opioid settlements.

Additional Resources

Operational Services Division Statewide Contracts

Municipalities can utilize the **Operational Service Division's** (</orgs/operational-services-division>) (OSD) Statewide Contracts for relevant purchases and avoid the need for new procurements.

Some potential expenditures/ purchases that are available on already-procured statewide contracts (</buy-from-a-statewide-contract>) include:

- First Responder overdose emergency response equipment
 - **Naloxone** (</info-details/naloxone-for-programs-and-agencies>) is available in bulk from the State Office of Pharmacy Services (SOPS) subsidized by DPH, so does not need to be purchased separately.
- Sharps/Syringe disposal and destruction
- Medication disposal and destruction

For more information on these items, please see the **OSD Statewide Contract User Guides**

(</info-details/find-a-statewide-contract-user-guide>) FAC110 HSP43, HSP44 and HSP41 (HSP41 will become HSP45 on JAN 1, 2023). Other statewide contracts may be relevant for Opioid-related remediation as well

Opioid Overdose Prevention and Harm Reduction

- **SAMHSA Opioid Overdose Prevention Toolkit** (<https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4742.pdf>)
- **Harm Reduction Coalition Overdose Prevention Toolkit** (<https://harmreduction.org/issues/overdose-prevention/>)
- **MA DPH Naloxone Resources and Training** (</stop-an-overdose-with-naloxone>)
- **The Massachusetts Health Promotion Clearinghouse Website** (<https://massclearinghouse.ehs.state.ma.us/category/ALCH.html>)

Municipal Overdose Prevention Planning Guides

- **EDC Opioid and other Substance Misuse Prevention resources** (<https://www.edc.org/body-work/opioid-and-other-substance-misuse-prevention>)
- **Massachusetts Health Officers Association "Essential Measures: A Local Public Health Toolkit for Addressing the Opioid Epidemic"** (<https://opioid-toolkit.mhoa.com/home/>)
- **National Association of County and City Health Officials Opioid Epidemic Toolkit 2021** (<https://www.naccho.org/programs/community-health/injury-and-violence/opioid-epidemic/local-health-departments-and-the-opioid-epidemic-a-toolkit#stakeholders>)
- **John Hopkins University Bloomberg School of Public Health "Principles for Use of Funds from the Opioid Litigation"** (<https://opioidprinciples.jhsph.edu/wp-content/uploads/2022/02/Opioid-Principles-Doc.pdf>)
- **National League of Cities "Aligning City, County and State Resources to Address the Opioid Epidemic: Lessons Learned and Future Opportunities"** (https://www.naccho.org/uploads/downloadable-resources/H_NLC-Mayors-Institute-on-Opioids.pdf)
- **National Association of County and City Health Officials "Overdose Spike Response Framework for Communities and Local Health Departments"** (<https://www.naccho.org/uploads/downloadable-resources/OVERDOSE-SPIKE-RESPONSE-FRAMEWORK-FOR-COMMUNITIES-LHDS.pdf>)
- **HHS / The Partnership Center The Opiate Crisis Practical Toolkit** (<https://www.hhs.gov/sites/default/files/the-opioid-crisis-practical-toolkit.pdf>)
- **Brandeis University Opioid Resource Connector** (<https://opioid-resource-connector.org/>)

Prevention and Treatment Guidance

- **SAMHSA Prevention Strategy Framework and Guidelines; Communities That Care** (<https://www.communitiesthatcare.net/>)
- **CDC Report "Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices"** (https://www.cdc.gov/drugoverdose/pdf/pubs/Linkage-to-Care_Edited-PDF_508-3-15-2022.pdf)
- **SAMHSA "Evidence Based Practices" Resource Center** (<https://www.samhsa.gov/resource-search/ebp>)
- **Opioid Epidemic and Substance Use Disorder: A Primer for Massachusetts Boards of Health** (<https://sites.bu.edu/masslocalinstitute/2021/02/17/opioid-epidemic-and-substance-use-disorder-local-public-health-in-action-2/>)
- **Opioid Epidemic and Substance Use Disorder: Local Public Health in Action** (<https://sites.bu.edu/masslocalinstitute/2021/02/10/opioid-epidemic-and-substance-use-disorder-local-public-health-in-action/>)
- **The Center for Strategic Prevention Support** (<https://csps-ma.org/>)

Helplines

- **Massachusetts Substance Use Helpline**
 - For Voice and hearing users, Call (800) 327-5050
 - For TTY and ASCII users, Call (800) 720-3480.
 - Or visit <https://helplinema.org> (<https://helplinema.org/>)
- **National Crisis Hotline: 9-8-8**

For questions and other technical assistance with municipal abatement initiatives, municipalities can email:

abate@jsi.org (<mailto:abate@jsi.org>)



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[All Topics \(/topics/massachusetts-topics\)](/topics/massachusetts-topics)

[Site Policies \(/massgov-site-policies\)](/massgov-site-policies)

[Public Records Requests \(/topics/public-records-requests\)](/topics/public-records-requests)

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Conservation Bylaw Amendment Article for 2024 Annual Town Meeting

ARTICLE XX: Motion that the Town will amend Chapter 233 of the Code/Bylaws of the Town of Hull, Conservation, by adding the following new sections, to be numbered as indicated or by the Town Clerk:

A. § 233-6. [Procedures.]

Unless otherwise exempted by law, applications for a hearing before the Conservation Commission are required and a hearing held, before conducting any activities that may impact natural resources protected by the Massachusetts Wetlands Act (G.L. C.131, §40) and/or other applicable law. These procedures are detailed in 310 CMR 10.05 and other applicable law. After-the-fact applications for the following procedures have additional Conservation Commission administrative fees:

(a) Notice of Intent (NOI)

A NOI is a standard application for a proposed activity which is likely to impact on a site or nearby wetland resource areas. The Conservation Commission is the town appointed body responsible for review of a NOI. The information supplied with the NOI is the primary data base used in making decisions on wetlands projects. Complete and accurate submissions minimize possible delays to secure necessary information.

(b) Request for Determination of Applicability (RDA)

Any person who would like a formal decision as to whether the Conservation Commission has jurisdiction over a specific area or a proposed activity (or both) may file a RDA with the Conservation Commission.

B. § 233-7. [After-The-Fact Fees.]

- (a) Payments to the Town of Hull in accordance with the fee schedule established herein or otherwise provided for by law shall accompany all after-the-fact NOIs and RDAs. Fees are payable at the time of application and are nonrefundable.
- (b) The applicant is responsible for payment of the fee or cost to provide public notice for publishing in the local newspaper.

(c) **After-the-Fee Schedule:**

Filing fee for any after-the-fact RDA and NOI shall be **in addition** to the Commonwealth of Massachusetts fee (310 CMR 10.03(7) associated with the NOI application (Mass Dept. of Environmental Protection WPA Form 3), set forth as follows:

Requests for Determination of Applicability		\$ 50.00
Notices of Intent*	Category 1	\$ 100.00
	Category 2	\$ 275.00
	Category 3	\$ 550.00
	Category 4	\$ 750.00

Conservation Bylaw Amendment Article for 2024 Annual Town Meeting

Category 5 \$ 3.00/foot (Not less than \$100.00)

Category 6 \$ 3.00/foot (Not less than \$100.00)

***[Notice of Intent Categories (from Mass DEP Form wpa3inst.doc, ref. 1/03/13):**

CATEGORY 1: \$100.00

- a) Work on Single Family Lot: addition, pool, etc.
- b) Site work without house
- c) Control vegetation (SFH): removal, herbicide, etc.
- d) Resource improvement.
- e) Work on septic system separate from house.
- f) Monitoring well activities minus roadway.

CATEGORY 2: \$275.00

- a) Construction of Single Family House (SFH).
- b) Parking lot.
- c) Beach nourishment.
- d) Electric Generating Facility activities.
- e) Inland Limited Projects minus road crossings.
- f) New agricultural or aquacultural projects.
- g) Each crossing for driveway to SFH.
- h) Any point source discharge.

CATEGORY 3: \$550.00

- a) Site preparation (for development beyond NOI scope).
- b) Each building (for development) including site.
- c) Road construction not crossing or driveway.
- d) Hazardous clean up.

CATEGORY 4: \$750.00

- a) Each crossing for development or commercial road.
- b) Dam, sluiceway, tidegate work.
- c) Landfill.
- d) Sand and gravel operation.
- e) Railroad line construction.
- f) Control vegetation in development (SFH).
- g) Bridge (SFH).
- h) Water level variation.
- i) Hazardous waste alterations to resource area.
- j) Dredging.
- k) Package treatment plant & discharge

CATEGORY 5: \$3.00 per linear foot (\$100.00 minimum)

- a) Docks, piers, revetments dikes, etc.

CATEGORY 6: \$3.00 per linear foot (\$100.00 minimum)

- a) Boundary delineations for wetlands resources]