This document reflects the desire of the Massachusetts Department of Public Health’s Bureau of Substance Abuse Services (BSAS) to:

1. Provide MOAPC clusters a full 10 months to create a Regional Strategic Plan that will guide the work of the cluster in Year Two, and

2. Provide lead communities and partner communities an opportunity to begin to pilot discrete interventions in Year One – even though these interventions may not be continued into subsequent years based on the results of the strategic planning process.

**OVERVIEW: Year 1 (July 1, 2013 – June 30, 2014)**

- **Assessment:** The lead community and partner communities begin work on assessing need and resources across all communities in the cluster.

- **Capacity:** The lead community and partner communities begin work on coalition building and developing the structure that will support successful implementation of the grant.

- **Planning:** The cluster begins to develop their Regional Strategic Plan. The Regional Strategic Plan should be a synthesis of information from the lead and partner communities – it should identify site-by-site variation in need, readiness, and capacity and draw overall conclusions about how to allocate and distribute resources and programming in a way that will best serve the region as a whole.

  - No later than December 30, 2013, all clusters will submit Part I of their Regional Strategic Plan. Part I of the plan will describe, in detail, how the cluster is currently undertaking SPF Steps 1-3 and how the cluster will continue to work on these three steps while working on Part II of the plan. Part I of the plan should not identify the strategies the cluster plans to implement during Year 2.

  - No later than April 30, 2014, all clusters will submit Part II of their Regional Strategic Plan. Part II of the plan will cover all 5 Steps of the SPF along with a list of the strategies the cluster plans to implement in Year 2 – including a detailed implementation plan.

- **Implementation:** The lead community in each cluster is required to pilot one primary prevention strategy while the Regional Strategic Plan is being developed and one of the partner communities in each cluster is required to pilot one overdose prevention strategy during this same time period. Implementation of the pilot projects (which are subject to BSAS approval) is to begin in the lead community and in the selected partner community no later than January 1, 2014. Details on this aspect of the project appear below in the Pilot Project Requirements section of this document.

The 10 MOAPC communities that were MassCALL2 grant recipients previously funded to implement overdose prevention strategies may continue to implement one of the overdose prevention strategies described below during Year One if they were already implementing one of these strategies under MassCALL2.

- **Evaluation:** Clusters are required to begin to track MIS service data on MOAPC activities immediately upon award. Templates for doing so will be provided by the State.
PILOT PROJECT REQUIREMENTS: Year 1 (July 1, 2013 – June 30, 2014)

The lead community in each cluster is required to pilot one primary prevention strategy and one partner community in each cluster is required to implement an overdose prevention strategy while the Regional Strategic Plan is being developed. These pilot strategies do not need to be chosen based on a complete SPF process – selection should be guided by capacity, feasibility, fit, and the wisdom of practice, as follows:

- **REQUIRED:** All 13 lead communities must identify and begin to implement a pilot of one new primary prevention strategy in the lead community by **January 1, 2014**. Acceptable strategies are those identified in the SAMHSA/CAPT Strategies/Interventions for Reducing Non-Medical use of Prescription Drugs document. Communities are encouraged to consider: (1) prescription drug take back events, (2) enrolling prescribers in the PMP, (3) working with pharmacists to reduce access, and (4) strategies promoting proper storage and disposal of prescription drugs.

The goal is for lead communities to begin implementation of a prevention strategy (since MOAPC is being funded through the block grant and must include prevention programming) while the cluster is working on its Regional Strategic Plan. This strategy does not need to be chosen based on a complete SPF process – selection should be guided by capacity, feasibility, fit, and the wisdom of practice. This strategy may or may not be continued into subsequent years based on the results of the Regional Strategic Plan – it is a one-year pilot.

- **REQUIRED:** One partner community in each cluster must identify and begin to pilot one of the following overdose prevention strategies by **January 1, 2014**: (1) strategies that improve the response of first responders, (2) dissemination of overdose prevention materials, (3) strategies that share information about the Good Samaritan Law, (4) connecting/collaborating with a Learn to Cope group, or (5) strategies that promote connections to the Narcan Pilot Program.

The goal is to leverage the experience from MassCALL2 to introduce overdose prevention programming in a new setting while the Regional Strategic Plan is being developed. This strategy does not need to be chosen based on a complete SPF process – selection should be guided by capacity, feasibility, fit, and the wisdom of practice. This strategy may or may not be continued into subsequent years based on the results of the Regional Strategic Plan – it is a one-year pilot.

The determination of which partner community within each cluster will implement the pilot strategy should be determined collaboratively by the members of the cluster. Priority should be given to partner communities that demonstrate readiness to implement the strategy, need, and fit.

- **OPTIONAL:** The 10 MOAPC lead communities that were MassCALL2 grant recipients may continue to implement one of the following overdose prevention strategies if they were already doing so under MassCALL2: (1) strategies that improve the response of first responders, (2) dissemination of overdose prevention materials, (3) strategies that share information about the Good Samaritan Law, (4) connecting/collaborating with a Learn to Cope group, or (5) strategies that promote connections to the Narcan Pilot Program.

The goal here is to continue work on one existing strategy, not to introduce a new overdose prevention strategy at this point.
DEADLINES: Year 1 (July 1, 2013 – June 30, 2014)

No Later Than November 30, 2013

• The lead community must submit a memo to BSAS outlining:
  
  a) whether or not the lead community will be continuing a MassCALL2 strategy,
  
  b) the new primary prevention strategy that the lead community will be implementing while the Regional Strategic Plan is being developed, and
  
  c) the new overdose prevention strategy that one partner community will be implementing while the Regional Strategic Plan is being developed – including an identification of which partner community has been selected for the pilot.

No Later Than December 30, 2013

• All clusters submit Part I of their regional strategic plan that describes, in detail, how the cluster is currently undertaking SPF Steps 1-3 and how the cluster will continue to work on these three steps while working on Part II of the plan.

No Later Than January 1, 2014

• Lead communities begin piloting one new primary prevention strategy after receiving approval from BSAS.

• One partner community begins piloting one overdose prevention strategy after receiving approval from BSAS.

No Later Than April 30, 2014

• All clusters submit Part II of their regional strategic plan, which covers all 5 Steps of the SPF along with a list of Year 2 cluster strategies and a detailed implementation plan.

No Later Than July 1, 2014

• All clusters begin to implement the strategies identified in their Year Two strategic plan – which may or may not include the pilot/continuation strategies from Year One based on the results of the regional needs assessment. Implementation may not begin on Year Two strategies until the Regional Strategic Plan has been approved by BSAS.