

Appendix I: DPH Recommended Investments in Priority Order

Recommendation	Funding Estimate	Annualized	Pending Legislative Action
Develop a central navigation system that could be accessed through an 800 number. The system would build upon existing information lines, other central navigation systems and be used by consumers, families, first responders, health care professionals and behavioral health providers to access information about treatment options including current availability.	\$1,450,000	Yes	Proposed Senate budget includes language and funding for a central navigation system
Pilot regional centers that provide assessment, drop-in counseling and referral to treatment on demand leveraging existing treatment organizations.	\$1,800,000	Yes	Senate budget proposes \$10M Trust Fund to expand services.
Develop Prescription Monitoring Program infrastructure to support safe opioid prescribing practices and new regulations related to the Public Health Emergency and accelerated enrollment of prescribers.	\$1,500,000	Yes	SB2142 provides DPH additional authorities to require PMP registration and consultations, as well as places limitations on the prescribing physician. In the budget, House and Senate proposed \$3.7M for roll-out of full, mandatory use of the PMP by prescribers.
DPH and the DOI, in consultation with the Health Policy Commission to conduct a comprehensive review of medical necessity criteria and utilization review guidelines for opiate abuse and addiction treatment developed by carriers pursuant to sections 12 and 16 of chapter 1760. The agencies to consult with clinical experts to develop minimum criteria for opiate abuse and addiction treatment services that will be considered medically necessary for all plans.	\$250,000	No	SB2142 directs the Center for Health Information and Analysis (CHIA) to review accessibility of substance abuse treatment and the adequacy of coverage; while the Health Policy Commission is to determine standards for evidence-based substance abuse treatment and to create a certification process for providers.
Enhance the DOC's continuum of care by increasing the availability of treatment for offenders at designated DOC facilities.	\$2,000,000	Yes	

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Support the expansion of the use of injectable naltrexone for persons re-entering the community from correctional facilities.	\$1,000,000	Yes	
Add funding to allow community health centers to increase capacity to provide medication assisted treatment including injectable naltrexone to people in the community.	\$300,000	Yes	
Develop a statewide evidence-based public service campaign on the prevention of addictive disorders targeted at youth and parents.	\$1,000,000	No	SB2142 requires distribution of educational information on family support services to families, upon admission to the program. The Senate final budget proposes funding for a public education campaign.
Develop/implement voluntary accreditation for Alcohol and Drug-Free living homes.	\$500,000	Yes, for at least 3 years	Senate and House proposed budgets include language and funding for voluntary accreditation for Alcohol and Drug-Free living homes.
Add five community based treatment programs for youth and young adults to provide home based counseling services using both evidence based treatment models.	\$1,000,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add two adolescent residential treatment programs for 13-17 year olds.	\$855,125	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add one residential treatment programs for 16-21 year olds.	\$660,985	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add one residential treatment program for 18-25 year olds.	\$660,985	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add one family residential treatment program.	\$820,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add two adult residential treatment programs prioritizing Hispanics and single adults with children.	\$1,100,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add one detoxification program in Franklin County.	\$550,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add one Clinical Stabilization Services Program.	\$350,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add five Opioid Overdose Prevention Coalitions in high need areas.	\$500,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.

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Develop peer to peer support networks to meet with persons at critical transition points, such as in emergency rooms, at times of arrest, at times of program transition.	\$500,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Expand the hours of currently existing Recovery Support Centers to cover nights and weekends.	\$350,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add three new Recovery Support Centers.	\$1,050,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add another Recovery High School in the Worcester area.	\$500,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add Learn to Cope Chapters across the state by adding program staff.	\$300,000	Yes	As noted above, the Senate budget proposes a \$10M trust fund to expand services.
Add a public facing dashboard to facilitate consumer choice and transparency, includes development of IT and data structures.	\$1,000,000	No	Senate budget recommends a public facing dashboard.
TOTAL	\$19,997,095		