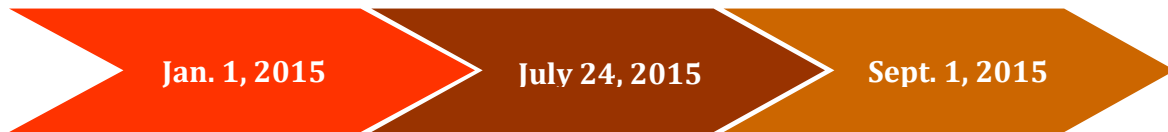


Appendix 2: Milestones and Timelines for MOAPC Grantees



The MOAPC Expansion sites are on a truncated state fiscal year for the first year of the project (January 1, 2015–June 30, 2015). The official “second year” will begin on July 1, 2015. This document highlights the tasks and deliverables that sites are responsible for during the truncated six month first year and for the first two months of the second year.

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

1. Provide MOAPC programs **seven (7) months to create a Strategic Plan** that will guide the work of the expansion communities in subsequent years, and
2. Provide MOAPC programs an opportunity to begin to pilot a prevention strategy or discrete intervention within the first 8 months of funding, even though this pilot may not be continued into subsequent years based on the results of the strategic planning process.

OVERVIEW: January 1, 2015–August 31, 2015

- **ASSESSMENT:** The lead municipality/agency and partner municipalities (where applicable) begin work on assessing need and resources across all municipalities within their Cluster or catchment area.
- **CAPACITY BUILDING:** The lead municipality/agency and partner municipalities (where applicable) begin work on coalition building and developing the decision making structure that will support successful implementation of the grant.
- **PLANNING:** The lead municipality/agency begins to develop the Strategic Plan. The Strategic Plan should be a synthesis of information from all communities within the cluster or catchment area. It should identify site-by-site variation in need, readiness, and capacity and draw overall conclusions about how to allocate and distribute financial and programmatic resources in a way that will best serve the entire service area.
- **IMPLEMENTATION (PILOT):** A **partner** municipality is required to pilot **one** primary prevention strategy OR **one** overdose prevention strategy while the Strategic Plan is being developed. In the case of a Large Individual Municipality or Public Health District, the lead municipality/agency will be responsible for implementing the pilot strategy. Implementation of the pilot strategy **must** be approved by BSAS and should begin no later than **April 1, 2015** (details on this aspect of the project appear below in the “Pilot Project Requirements” section of this document).
- **EVALUATION:** Programs are required to begin to track MIS service data on MOAPC activities **immediately** upon award. Templates for doing so will be provided by BSAS.

No later than *July 24, 2015*, all clusters will submit their Strategic Plan. This plan will cover, in detail, all five steps of the Strategic Prevention Framework, along with a list of the strategies the program plans to implement in Year 2—including a detailed implementation plan.

PILOT PROJECT REQUIREMENTS: April 1, 2015–August 31, 2015

A **partner** municipality is required to pilot **one** primary prevention strategy OR **one** overdose prevention strategy while the Strategic Plan is being developed. In the case of a Large Individual Municipality or Public Health District, the lead municipality/agency will be responsible for implementing the pilot strategy. It is our preference that this pilot be implemented by a partner municipality so that the lead municipality/agency may devote its time and resources to the Assessment, Capacity Building, and Planning phases of this project, which are vital for the creation of a comprehensive and well-developed Strategic Plan.

In addition, it is crucial for the lead municipality/agency to develop an effective decision-making structure to coordinate efforts across the Cluster or catchment area during this time period. Programs may request that the pilot strategy be implemented by the Lead municipality/agency and/or more than one partner municipality within their Cluster or catchment area, provided that the program can demonstrate that it has the capacity to implement the pilot strategy without significantly impacting its ability to carry out the aforementioned activities. This request may be included in the March Memo and **must** be approved by BSAS (details on this aspect of the project appear below in “Deadlines” section of this document). The pilot 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, as follows:

- **REQUIRED: One** partner municipality (or lead municipality/agency, if applicable) must identify and begin to implement a pilot of **one primary prevention** strategy by **April 1, 2015**. Acceptable strategies are those identified in the SAMHSA/CAPT Strategies/Interventions for Reducing Non-Medical use of Prescription Drugs document. Programs are encouraged to consider (1) Rx drug take-back events, (2) working with pharmacists to reduce access to Rx drugs, and (3) strategies promoting proper storage and disposal of Rx drugs.

The goal is for programs to begin implementation of a prevention strategy while they work on developing their 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 final Strategic Plan—it is a five-month pilot.

OR

- **REQUIRED: One** partner municipality (or lead municipality/agency if applicable) must identify and begin to implement a pilot of **one overdose prevention** strategy by **April 1, 2015**. Programs are encouraged to consider (1) strategies that improve the response of first responders to an overdose, (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 BSAS Narcan Pilot Programs.

The goal is to leverage the experience from the MassCALL2 grant, the predecessor to the MOAPC grant, to introduce overdose prevention programming while the 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 final Strategic Plan—it is a five-month pilot.

The determination of which partner municipality (or lead municipality/agency if applicable) within each Cluster or catchment area will implement the pilot strategy should be determined collaboratively by the members of the Cluster. Priority should be given to communities that demonstrate both a capacity and readiness to implement the strategy, as well as the need, and appropriate fit.

DEADLINES: January 1, 2015–August 31, 2015

1. January 1, 2015:

- *The MOAPC Expansion Grant begins.*

2. No Later Than MARCH 13, 2015:

- *Program must submit a memo to BSAS outlining:*
 - a) The pilot strategy that will be implemented while the Strategic Plan is being developed.
 - b) The partner municipality being designated to implement the pilot strategy.
 - c) Description of the designated community's capacity and readiness to implement the strategy as well as the need and appropriateness of the strategy in that community.

3. No Later Than MARCH 27, 2015:

- *Program must schedule a meeting with their MassTAPP TA provider to discuss:*
 - a) Status of the development of a decision-making structure for coordinating efforts across the Cluster or catchment area.
 - b) Status of Assessment efforts and whether any data gaps remain.
 - c) Status of Capacity Building efforts and any challenges being faced in this area.
 - d) Remaining steps towards completing the Assessment and Capacity Building stages.

4. No Later Than APRIL 1, 2015:

- *Programs begin pilot strategy after receiving approval from BSAS.*

5. No Later Than **APRIL 30, 2015:**
 - *Program must schedule a meeting with their MassTAPP TA provider to discuss:*
 - a) Completion of the Assessment phase and beginning of analysis of data collected.
 - b) Selection of Intervening Variables and Strategies based on the data collected during the Assessment phase.
6. No Later Than **MAY 15, 2015:**
 - *Program must submit a draft of their **Logic Model** to their MassTAPP TA provider for review.*
7. No Later Than **JUNE 19, 2015:**
 - *Program must submit a draft of their **Strategic Plan** to their MassTAPP TA provider for review.*
8. **June 30, 2015:**
 - *End of the first year of the MOAPC Expansion Sites.*
9. **July 1, 2015:**
 - *Beginning of the second year of the MOAPC Expansion Sites.*
10. No Later Than **JULY 24, 2015:**
 - *Program must submit their **Strategic Plan** to BSAS.*
11. No Later Than **SEPTEMBER 1, 2015:**
 - *All programs begin **full implementation** the strategies identified in their Strategic Plan—which may or may not include their pilot strategy based on the results of their needs assessment. **Full implementation may not begin until the Strategic Plan has been approved by BSAS.***
12. **JUNE 30, 2016:**
 - *End of the second year of the MOAPC Expansion sites.*