

## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)

Plymouth Department of Health and Human Services (HHS)

Fiscal Year 2026 (FY'26) Grant Application

for

501(c)3 nonprofit organizations and government entities to provide opioid response strategies,  
including opioid prevention, harm reduction, recovery, and treatment services

Please send proposal submissions via email as attachments to both:

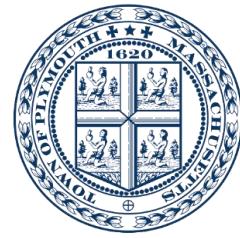
HHS Commissioner Michelle Bratti at [mbratti@plymouth-ma.gov](mailto:mbratti@plymouth-ma.gov) and cc

HHS Assistant Commissioner Emily Wilson at [ewilson@plymouth-ma.gov](mailto:ewilson@plymouth-ma.gov).

**Due date: May 1, 2025**

Please attach all materials, including your completed application and required appendices to your email. Materials can be attached as separate documents for each component, or submitted as one full document, but must be included in your email to be considered as complete.

Please contact Plymouth HHS at (508) 830-4230, extension 13111 with any questions.



## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)

### Introduction

The Town of Plymouth has received municipal opioid abatement funds from national/state opioid settlements reached by the [Massachusetts Office of the Attorney General \(AG\)](#) and several opioid manufacturers and distributors. These settlements make funds available to individual municipalities across the Commonwealth, which are required to adopt strategies for expanding opioid prevention, treatment, recovery, and harm reduction services in the communities they serve. The Plymouth Department of Health and Human Services (HHS) has been designated as the department responsible for administering the process to select nonprofit and/or government entity partners to provide high-quality opioid prevention, harm reduction, recovery, and treatment services to Plymouth residents in accordance with the [Massachusetts State-Subdivision Agreement](#).

Plymouth HHS launched the Plymouth Addiction Response and Improvement Strategies Effort (ARISE) in January 2024. Plymouth ARISE is the Town's coordinated response to the opioid epidemic that aims to decrease stigma and increase direct community engagement on opioid and other substance use issues while enhancing services for residents. One of Plymouth ARISE's goals is to award grant funds to local nonprofits and government entities that will provide opioid-related services to individuals, children, and families.

### Background & Purpose

State attorneys general across the U.S. have recently settled and/or are in the process of settling historic opioid-related lawsuits with major opioid manufacturers and distributors. To date, it is estimated that these settlements will yield approx. 50 billion dollars awarded to states including Massachusetts as part of national/state opioid settlements.<sup>1</sup>

The Town of Plymouth stands to receive a few million dollars over several years based on current projections.<sup>2</sup> On the state level, 60% of funds will be retained by the newly established [Massachusetts Opioid Recovery and Remediation Trust Fund](#) for statewide use. On the local level, 40% of funds will be distributed by the state for use by individual municipalities under the [Massachusetts State-Subdivision Agreement](#). The State began disbursement of funds to municipalities in FY 2023.<sup>3</sup>

<sup>1</sup> National Academy for State Health Policy (NASHP). (2024). [State approaches for distribution of national opioid settlement funding](#).

<sup>2</sup> Ibid.

<sup>3</sup> Massachusetts Office of the Attorney General. (2024). [Frequently asked questions about the AG's statewide opioid settlements](#).



## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)

### I. Eligibility

Registered 501(c)3 nonprofit organizations and government entities that are in full compliance with all applicable provisions of federal, state and local law/regulations, and provide opioid-related services to Town of Plymouth residents are eligible to apply for funding through this grant program. Joint proposals between eligible entities will also be considered. The current grant cycle is a duration of one year and should not exceed \$60,000. Applicants must serve Plymouth residents directly. Proposals that include subcontractors are not eligible. Previous Plymouth ARISE Grantees are eligible to apply. To be eligible, applicants must propose to provide at least one type of strategy that falls under seven specific strategy categories as defined by the [Massachusetts State-Subdivision Agreement](#), including:

1. Opioid Use Disorder Treatment
2. Support for People in Treatment and Recovery
3. Connections to Care
4. Harm Reduction
5. Address the Needs of Criminal-Justice-Involved Persons
6. Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
7. Prevent Misuse of Opioids and Implement Prevention Education

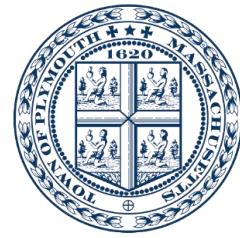
For a complete definition of each specific strategy category, please refer to pages 4-8 of the [Massachusetts State-Subdivision Agreement](#).

**NOTE:** Per the [Massachusetts State-Subdivision Agreement](#), grants cannot be used to fund direct services already reimbursed by the Commonwealth of Massachusetts, including through MassHealth and the Bureau of Substance Addiction Services (BSAS). Agencies that receive reimbursement for services can apply for funds to implement strategies not already funded/reimbursed by the Commonwealth.

### II. Funding Requirements

Nonprofit organizations and government entities selected to receive funding will be required to complete the following activities:

- ✓ Complete a Grant Agreement with the Town of Plymouth, including all required documentation and declare no conflicts as part of the contract.
- ✓ Implement a project that consists of at least one opioid-related strategy for Plymouth residents as defined in the [Massachusetts State-Subdivision Agreement](#), including prevention, harm reduction, recovery, and/or treatment services.
- ✓ Complete four brief quarterly project updates, which will include but not be limited to providing Plymouth HHS with information about how strategies/services were implemented, how funds were spent, and a description of progress towards any stated project goals/objectives.
- ✓ Complete a brief final report summarizing quantitative/qualitative data and how project goals were achieved.
- ✓ Respond to any additional requests for information from HHS as needed for state reporting, etc. (The Town of Plymouth reserves the right to visit site and/or request additional information.)



## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)

### III. Review Process & Criteria

Applications will be reviewed by the Plymouth ARISE Grant Review Committee unless otherwise indicated. Only applicants who meet eligibility criteria, commit to funding requirements, and provide complete information for each element listed below will be considered.

#### Application Elements:

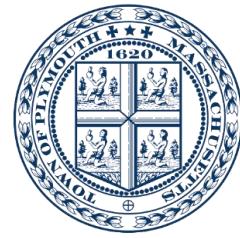
1. Applicant Organization Information (organization name, contacts, etc.)
2. Brief Organization Overview
3. Brief Project Narrative (including Statement of Commitment to Funding Requirements)
4. Project Timeline (Appendix A)
5. Project Budget (Appendix B)
6. Letter of Support (Appendix C)
7. Additional Documents (Appendix D)

#### Important Review Considerations:

- ✓ Applicants will be considered based on the extent to which they provide clear information/responses to each application element listed above.
- ✓ Reviewers will consider the extent to which each applicant provides a clear description of how their project will foster access and enhance services for Plymouth residents.
- ✓ Reviewers will consider the extent to which each applicant proposes evidence-based strategies.
- ✓ Reviewers may also consider whether applicants have received funding previously from Plymouth ARISE.

### IV. Rejection of Proposals

The Town of Plymouth does not promise to accept the lowest cost proposal and specifically reserves the right to reject any or all proposals or parts thereof in its sole discretion, to waive any formal proposal requirements, to investigate the qualifications and experience of any applicant, to reject any provisions in any proposal, to obtain new proposals, to negotiate the requested services and contract terms, and to adjust funding amounts with any applicant. The Town of Plymouth further reserves the right to insist on or waive any technicalities required for the best interest of the Town. If a proposal is unacceptable, the Town reserves the right to reject said proposal or to determine to spend the Opioid Settlement funds in any way permitted by law and the terms of the settlement, whether through proposal application or otherwise. Incomplete proposals and proposals not sufficiently detailed or not in acceptable form may be returned for completion or may be rejected by the Town of Plymouth.

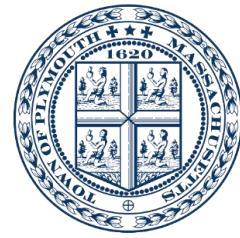


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### V. Indemnification

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To the fullest extent permitted by law, the Grantee agrees to indemnify and hold harmless the Town of Plymouth and all of its employees, officers, and agents (collectively, "Indemnified Persons") from and against any and all losses, costs, damages, expenses, judgments, and liabilities of whatever nature (including, but not limited to, attorneys', accountants' and other professionals' fees and expenses, litigation and court costs and expenses, amounts paid in settlement and amounts paid to discharge judgments and amounts payable by an Indemnified Person relating to or arising out of (i) the actual or alleged failure of the Grantee to comply with the terms of this Agreement or with any other requirement or condition applicable to the grant with which any Grant is funded or (ii) the operation or undertaking of each Project; provided that no indemnification shall be required of an Indemnified Person to the extent such losses are determined by the final judgment of a court of competent jurisdiction to be the result of the gross negligence or willful misconduct of such Indemnified Person. Such indemnification includes, but is not limited to, costs arising from third-party claims. The provisions of this Section shall survive the termination of this Agreement, and the obligations of the Grantee hereunder shall apply to losses or claims whether asserted prior to or after the termination of this Agreement. In the event of failure by the Grantee to observe the covenants, conditions and agreements contained in this Section, any Indemnified Person may take any action at law or in equity to collect amounts then due and thereafter to become due, or to enforce performance and observance of any obligation, agreement or covenant of the Grantee under this Section. The obligations of the Grantee under this Section shall not be affected by any assignment or other transfer by the Town of Plymouth of its rights or interests under this Agreement and will continue to inure to the benefit of the Indemnified Persons after any such transfer. The provisions of this Section shall be cumulative with and in addition to any other agreement by the Grantee to indemnify any Indemnified Person.



## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)

### VI. APPLICATION

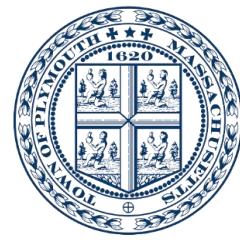
<b><i>Applicant Organization Information (to be written/typed here or on separate page)</i></b>	
Entity legal name:	
Physical address:	
Website:	
Primary contact name, phone, email:	
Executive Director name, phone, email:	
Finance contact name, phone, email:	
Entity's EIN:	

<b><i>Brief Organization Overview (please attach separate page)</i></b>	
One page maximum.	
<ul style="list-style-type: none"><li>Please briefly describe the history of the nonprofit organization or government entity (including its history of providing services to Plymouth residents, if applicable), the organization's mission/vision/values, and the current staff/leadership/board. State whether your organization has received funding previously from Plymouth ARISE and include the previous project name.</li><li>Include a description of the organization's major area(s) of focus. Be sure to highlight any details regarding the organization's experience with opioid/substance use prevention, harm reduction, recovery, and/or treatment.</li><li>Please share any details about your organization's experience with addressing stigma among individuals, families, and/or communities with lived experience around opioid use.</li><li>Also include experience addressing disparities among individuals/communities across racial, cultural, gender, linguistic, socioeconomic, and/or other identities and backgrounds.</li></ul>	

<b><i>Brief Project Narrative (please attach separate pages)</i></b>	
Two pages maximum.	
<ul style="list-style-type: none"><li>In the checklist on pages 7-10, please indicate which strategy or multiple strategies from the <a href="#">Massachusetts State-Subdivision Agreement</a> your organization is proposing to provide.</li><li>Provide a brief description of your proposed project/strategy(ies) and describe how your project will utilize evidence-based approaches to foster access and promote equity among vulnerable and underserved community members and/or groups in Plymouth.</li><li>Please provide a Statement of Commitment to Funding Requirements by declaring your organization's commitment to comply with all funding requirements mentioned on Page 3. This statement can be a one-sentence statement declaring your organization's commitment to comply and should be included within the Project Narrative page.</li></ul>	



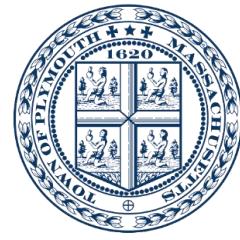
## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)



Massachusetts State-Subdivision Agreement Seven Strategy Categories Checklist (check yes/no)		
Strategy	Description	Y/N
<b>1. Opioid Use Disorder (OUD) Treatment</b> <i>Support and promote treatment of persons with OUD, including through programs or strategies that:</i>	<p>Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches.</p> <p>b. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.</p> <p>c. Make capital expenditures to rehabilitate and expand facilities that offer treatment for OUD, in partnership with treatment providers.</p> <p>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).</p>	
<b>2. Support People in Treatment/Recovery</b> <i>Support and promote programs or strategies that:</i>	<p>a. Provide comprehensive wrap-around services to individuals with OUD, including job placement, job training, or childcare.</p> <p>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.</p> <p>c. Rehabilitate properties appropriate for low-threshold and recovery housing, including in partnership with DHCD-funded agencies and OUD-specialized organizations.</p> <p>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.</p> <p>e. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD.</p> <p>f. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD.</p> <p>g. Provide transportation to treatment or recovery services for persons with OUD.</p> <p>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.</p> <p>i. Increase the number and capacity of high-quality recovery programs to help people in recovery.</p> <p>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.</p> <p>k. Support programs for recovery in schools and/or standalone recovery high schools.</p> <p>l. Support bereaved families and frontline care providers.</p>	



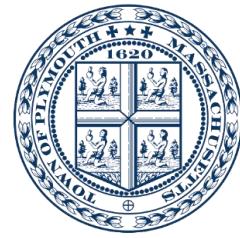
## Plymouth Addiction Response and Improvement Strategies Effort (ARISE)



<i>(Checklist continued)</i>	
<b>3. Connections to Care</b> <i>Provide connections to care for people who have, or are at risk of developing, OUD through programs or strategies that:</i>	<ul style="list-style-type: none"><li>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.</li><li>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.</li><li>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.</li><li>d. Include Fire Department partnerships such as Safe Stations.</li></ul>
<b>4. Harm Reduction</b> <i>Support efforts to prevent overdose deaths or other opioid-related harms through strategies that:</i>	<ul style="list-style-type: none"><li>a. Increase availability of naloxone and other drugs that treat overdoses for first responders, 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.</li><li>b. Provide training and education regarding naloxone and other drugs that treat overdoses.</li><li>c. "Naloxone Plus" strategies to ensure that individuals who receive naloxone to reverse an overdose are linked to treatment programs or other appropriate services.</li><li>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.</li><li>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.</li><li>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.</li><li>g. Active outreach strategies such as the Drug Abuse Response Team model or the Post Overdose Support Team model.</li></ul>



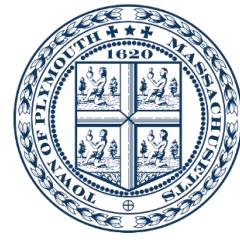
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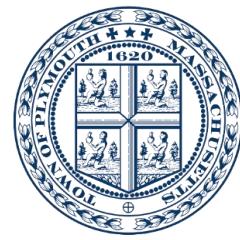
<p><i>(Checklist continued)</i></p> <p><b>5. Address the Needs of Criminal-Justice-Involved Persons</b>  <i>Support diversion and deflection programs and strategies for criminal-justice-involved persons with OUD, including:</i></p>	<p>h. Provide outreach and services for people who use drugs and are not yet in treatment, including services that build relationships with and support for people with OUD.</p> <p>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 services.</p> <p>b. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater OUD expertise.</p> <p>c. Public safety-led diversion strategies such as the Law Enforcement Assisted Diversion model.</p> <p>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.</p>	
<p><b>6. Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome (NAS)</b>  <i>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:</i></p>	<p>a. FIRST Steps Together, a home visiting program for parents in recovery that currently has seven sites serving cities and towns across the state;</p> <p>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</p> <p>c. the Moms Do Care recovery support program that has grown from two to ten program that has grown from two to ten programs in the state.</p>	
<p><b>7. Prevent Misuse of Opioids and Implement Prevention Education</b>  <i>Support efforts to prevent misuse of opioids through strategies that:</i></p>	<p>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 <a href="#">Blueprints for Health Youth Development</a>.</p> <p>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 <a href="#">U.S. Substance Abuse and Mental Health Services Administration</a> and <a href="#">Communities That Care developed by the University of Washington</a>.</p> <p>c. Engage a robust multi-sector coalition of stakeholders in both the development and implementation <a href="#">of the above stated strategic plan</a>.</p>	



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<i>(Checklist continued)</i>	<p>d. Support community-based education or intervention services for families, youth, and adolescents at risk for OUD.</p> <p>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.</p> <p>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.</p>	
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### VII. APPENDICES

#### ***Project Timeline – Appendix A (please attach separate page)***

Maximum one page.

- Please attach a timeline that describes your project milestones for implementing your strategy(ies) on a quarterly basis (e.g., goals and activities in three-month increments)

#### ***Project Budget – Appendix B (please attach separate pages)***

Maximum two pages.

- Please attach a budget for your proposed project, including itemized expenses such as personnel costs, operating costs, equipment and/or supplies, etc. The proposed project budget should not exceed \$60,000. **If applying jointly, applicants must submit an itemized budget and budget narrative for each organization and address the requirements listed below in this section.**
- Please provide a brief budget narrative that justifies expenses and describes any anticipated sources of revenue for the project (e.g., donations, fees for services, etc.).
- If this proposed project/strategy(ies) is funded in part by another existing funding source, please describe this here. If state funding is received for any services, indicate how existing state funds **will not** be used for this proposed project/strategy(ies).

#### ***Letter of Support – Appendix C (please attach separate page)***

Maximum one page.

- Please attach a letter of support from a client, partner organization, funder, public/legislative representative, civic leader, and/or other key stakeholder that demonstrates your organization's record with leading similar initiatives and/or providing services in the community.

#### ***Additional Documents – Appendix D (please attach separate pages)***

- Please attach a copy of proof of your organization's registered 501(c)3 or municipal status.
- Please attach a copy of your organization's certificate of insurance.
- Please attach a copy of your organization's most recent audit statement (if your organization is not required to conduct an annual audit based on federal/state laws, please attach a note here).