NEEDHAM OPIOID SETTLEMENT FUNDING FINAL REPORT – MAY 2024

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2 OVERVIEW OF THE ABATEMENT FUNDS

In June 2021, the Massachusetts Attorney General announced the state's participation in a $26 billion nationwide resolution with opioid distributors and manufacturers resolving claims that those companies engaged in misconduct by enabling and perpetuating vast increases in opioid over-dispensing and diversion in Massachusetts. Under the terms of a State-Subdivision Agreement reached by the state and its municipalities, 40% of the $525 million the manufacturers and distributors must provide Massachusetts will be allocated to Massachusetts municipalities like Needham for prevention, harm reduction, treatment, and recovery.

As of Spring 2024, the Town of Needham is set to receive a total of $1,861,003 through disbursements into the 2030s, with the last due in 2038. Under the State-Subdivision Agreement, these funds must be spent on opioid abatement strategies consistent with seven allowable spending categories:

1. Opioid Use Disorder Treatment
2. Support People in Treatment & 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 with Neonatal Abstinence Syndrome
7. Prevent Misuses of Opioids and Implement Prevention Education

Additionally, the State-Subdivision Agreement recommended that any abatement plans developed by municipalities should:

- Incorporate community input from those directly affected by the opioid epidemic.
- Address service disparities to increase access and equity in treatment and services for Opioid Use Disorder (OUD), prevention, and harm reduction relating to opiates.
- Leverage existing state, city, town, and community opiate use disorder, mental health disorder, and behavioral health disorder programming and services.

3 INTERNAL PLANNING PROCESS OVERVIEW

In September 2023, the Needham Public Health Division (NPH) engaged Regina Villa Associates (RVA) to provide stakeholder engagement, meeting facilitation, and public engagement services to assist in the development of an abatement plan. Goals of RVA's engagement were to identify current strengths of Needham's substance use prevention efforts, gaps and challenges, and how opioid settlement funding might be used to meet substance use prevention and treatment, recovery, harm reduction, and mental health promotions challenges over the next decade-plus.

The planning process included three elements:

- Stakeholder Interviews
- Group Roundtable Discussions
- Community Forum

The planning process was completed in May 2024.

4 STAKEHOLDER INTERVIEWS

4.1 STAKEHOLDER INTERVIEW PROCESS

As part of the public engagement process, RVA interviewed key stakeholders about existing opioid abatement resources, current gaps in abatement efforts, and opportunities for improved response to opioid use disorder in Needham.

Invitations were sent to 29 individuals, identified in partnership with NPH. RVA staff interviewed 15 stakeholders between January and February of 2024. These interviews were conducted both in-person and virtually via Teams. A link to the interview questionnaire can be found in Appendix A. Additionally, an online version of the questionnaire was sent to stakeholders who were not able to attend an interview. With this additional cohort included, a total of 22 responses were recorded.

Interviews were conducted with a wide-ranging group of practitioners, town employees, public health professionals, and advocacy organizations. Interviewees were told that their responses would remain anonymous if they wished. Groups represented included:

- Needham Public Health Division
- Beth Israel Deaconess Hospital Needham
- Needham Public Schools
- Needham Police Department
- Needham Fire Department
- Needham Town Manager's Office
- Becca Schmill Foundation
- Sober in the Suburbs
- Needham Department of Youth and Family Services
- Substance Prevention Alliance of Needham (SPAN)
- Students Advocating Life without Substance Abuse (SALSA)
- Denise Garlick

4.2 Stakeholder Interview Questionnaire

As previously mentioned, interviews were conducted using an interview questionnaire drafted by RVA in partnership with NPH (see Appendix A). While these interviews were intended to be open-ended conversations with stakeholders, the same questionnaire was used to guide the interviews with all stakeholders.

The questionnaire was broken into three major categories, with an open-ended section at the end:

1. Opioid Use Prevention
2. Harm Reduction
3. Opioid Use Disorder (OUD) Treatment

For each of these three categories, stakeholders were asked to evaluate Needham's current efforts, identify gaps or weaknesses, as well as rate their perceived importance of potential uses of future settlement funds. Interviewees were then given an opportunity to provide open-ended feedback of strategies, existing gaps, or programs that may not fit into one of the three aforementioned abatement categories.

4.3 Interview Responses – Opioid Use Prevention

Overall, there was a strong consensus among stakeholders that Needham's existing opioid use prevention strategies are robust and effective. There was a high level of awareness around prevention, with 85% of respondents saying they were familiar or very familiar with existing prevention efforts in Needham.

Prevention efforts towards youth and students were noted as a particular strength of Needham's current response. Students Advocating Life without Substance Abuse (SALSA), a peer-based program in which Needham High Schoolers speak to Middle Schoolers about substance use, was repeatedly mentioned as a highlight of Needham's prevention response. While substance abuse education in Needham focuses mainly on alcohol and tobacco, many stakeholders expressed support for the fact that opioids, including fentanyl and synthetic opioids, are discussed in the drug education curriculum.

A consistent topic mentioned throughout these interviews was the social stigma surrounding opioid misuse in Needham. Many feel that opioid use is not spoken about openly in Needham, and many in Needham refuse to admit that it is an issue impacting the town. There are particular concerns about stigma impacting youth, who may be prevented from seeking help or being open about OUD due to the high level of pressure put on Needham youth.

As such, many stakeholders pointed to the work being done by local advocacy organizations, namely the Becca Schmill Foundation, to promote opioid use prevention by openly discussing OUD and reducing the stigma. Relatedly, public events such as Needham's Overdose Awareness Day, were repeatedly mentioned as impactful prevention efforts.

While most stakeholders felt that prevention is the strongest aspect of Needham's abatement approach, there were several gaps identified in the current prevention strategy. One of the biggest was the intended audience of prevention programming. While stakeholders feel there is robust programming available to youth via the schools and elderly residents via the Council on Aging, young adults and adults are not being reached.

A prevailing sentiment amongst stakeholders is that a gap exists as it relates to reaching younger adults – those that have aged out of the local school system. Though there was consensus that Needham Public Schools has done well to introduce programming to students, young adults aged over 18 received fewer communications and had fewer resources dedicated to educating them on prevention. There was a strong desire among stakeholders to see settlement funds steered towards the creation of programming aimed at preventing OUD amongst this cohort.

4.4 Interview Responses – Harm Reduction

Harm Reduction strategies were consistently mentioned as priorities for abatement funding. While there is widespread support for existing harm reduction efforts, many feel that these can be strengthened, and that Needham should be pursuing more ambitious efforts with this funding.

Narcan and Fentanyl/Xylazine test strip distribution were the most frequently mentioned harm reduction strategies, with universal support among stakeholders. However, there are widespread misconceptions surrounding Needham's current Narcan distribution program, with many stakeholders (including town employees) erroneously believing a lengthy training class is necessary to receive Narcan from NPH. Similarly, there is a general lack of awareness around fentanyl/xylazine test strips, with several stakeholders admitting that they did not know test strips were available to the public. As such, raising awareness of the current harm reduction programs should be prioritized.

A near-unanimous complaint was that Narcan and test strips are not currently being distributed widely enough. While stakeholders are pleased that Needham has Narcan and test strips, many feel that there is currently no cohesive plan for their distribution and utilization. There is a strong desire for a more proactive distribution of these vital harm reduction tools. Many stakeholders note that currently Narcan and test strips are available for pickup at NPH, but due to stigma very few people go out of their way to get them. Proactively distributing these to the community and having them readily available in a variety of public places are improvements stakeholders would like to see made.

Increasing the availability of Narcan and test strips to youth and students was also identified as a vital use of settlement funding. The lack of distribution in schools, or to graduating seniors who may take them to college, was consistently identified as a major gap in Needham's

response. Young people, even those who do not use drugs, would likely take Narcan or test strips if given the opportunity, vastly increasing the impact of these harm reduction methods.

On the topic of youth and students, several stakeholders felt that too much of the focus of Needham's opioid education is on prevention, with inadequate attention being given to harm reduction strategies. Given the dangers of synthetic opioids, several interviewees noted that robust harm reduction education for youth on subjects like testing your drugs, having a sober sitter, and Narcan use are necessary.

There were several stakeholders who expressed a desire to see the settlement funds used for more ambitious harm reduction programs. Safe injection sites and needle exchange programs were mentioned by some, although other stakeholders noted that these efforts may not be relevant in Needham. Overall, there was a strong desire for a more coordinated, proactive harm reduction response.

4.5 Interview Responses – Treatment

Overall, those interviewed were much less familiar with the treatment resources available in Needham as compared to prevention and harm reduction programing. While some were familiar with the programs offered by local hospitals, there was a widespread lack of awareness that the town itself has made efforts in OUD treatment.

There were differences of opinion when it came to social determinants of health and their relationship to OUD recovery. When asked about using settlement funds to provide transportation vouchers, assist with rent or housing, or aid in job placement, many said that the demographics of Needham make these unnecessary. In the view of these stakeholders, the problem in Needham is less economic (those with OUD can afford rent and transportation to treatment, etc.), as it is cultural (those with OUD cannot openly admit it due to the pervasive stigma in Needham). However, other stakeholders believed that funding these social determinants of health is always worthwhile. Childcare for those seeking treatment was repeatedly mentioned by these interviewees as helpful in assisting with treatment.

When asked about weakness and/or gaps in Needham's current approach, the lack of programming available for teens and young adults came up consistently. While there is strong support for Needham's recovery coach and a desire to see this program expanded, multiple stakeholders mentioned that coaching is only available to those 18+. For young adults, or youth not currently in the school system, there are few options available for treatment.

Additionally, stakeholders consistently stressed the importance of creating programming exclusively for young adults. Many feel that grouping teenagers and young adults in with adults in treatment programs can do more harm than good. Recovery houses and sober living communities exclusive to teens were highlighted as opportunities worth exploring.

5 ROUNDTABLE DISCUSSIONS

5.1 ROUNDTABLE DISCUSSION PROCESS

RVA hosted and facilitated multiple small group meetings centered around OUD in Needham and possible uses for the abatement funds. This phase of public engagement centered stakeholders with lived experiences – those who have experienced or are experiencing OUD or the relatives of those that have or are experiencing OUD.

Two roundtable discussions were held, with a total of 16 people attending. The first of these roundtables was held in conjunction with the Massachusetts Organization for Addiction Recovery (MOAR), while the second was scheduled in partnership with NPH.

The structure of these events was designed to allow for free-flowing exchanges of ideas, suggestions, anecdotes, and other data that would ultimately inform the process. To guide the conversations, RVA drafted a semi-structured facilitation guide, which can be found in Appendix B, which allowed for the collection of meaningful data via both direct questioning and through the conversations that developed naturally.

5.2 ROUNDTABLE DISCUSSION – BACKGROUND & RESULTS

5.2.1 Roundtable One: MOAR, February 13, 2024

The first roundtable event was held with MOAR, the Massachusetts Organization for Addiction Recovery. The event was organized with MOAR's MetroWest Coordinator, Scott Francis, as part of the group's regular monthly meeting. RVA was granted ample time during the meeting to conduct the roundtable. The meeting attracted 13 attendees, including both men and women of various ages. The following were key takeaways from the MOAR roundtable:

- The concept of peer recovery was cited as an important model and something that may benefit those experiencing OUD in Needham. The notion that peer recovery represents a "two-way street" was important to participants, as working alongside someone also in recovery represented a potentially meaningful connection and pathway to recovery.
- Options beyond a 12-step program were cited as potentially beneficial. Though there was acknowledgment that 12-step programs and clinical care could be beneficial for some individuals experiencing OUD, recovery centers were seen as valuable options. A model respondents noted was the Turning Point recovery center in Walpole.
- Respondents noted that Wellness Recovery Action Plan (WRAP) programs were important when combined with recovery coaching and would like to see such programs funded by the Commonwealth, as they had been previously.
- The Clubhouse Coalition was also noted as a constructive model. The Town of Medway used some of its abatement funds to usher in peer training programs and the eventual

creation of part-time positions training new Clubhouse leaders that could, in turn, train others.

- Stigma was cited as a core issue by respondents. A participant who grew up in Needham noted that, in their experience, issues related to addiction were generally swept under the proverbial rug and that services were not well publicized. Others argued that stigma is a gateway to misuse, as the isolation individuals often feel drives self-medication. Though the general consensus was that there exists greater awareness around issues of addiction in wider society, stigma nevertheless continues to represent a barrier to recovery for many.
- Related to harm reduction, the group was vociferously in favor of increasing the availability of Narcan. One attendee argued that Narcan should be as widely available as fire extinguishers in public buildings. The availability of Narcan should be, according to respondents, extended more ubiquitously to first responders. A respondent shared that EMS saved their life during an overdose because they happened to be carrying Narcan but that results could have been markedly different had they not been.
- In addition to Narcan, respondents noted that they thought follow-up services were important when considering harm reduction. Following overdose events, having follow-up services – specifically without law enforcement – was cited as a crucial window in which those experiencing OUD may pursue recovery.
- Related to prevention, respondents noted that certain social determinants of health, including housing, transportation, employment, and childcare were all noted as important to ensuring that those in recovery stayed in recovery. These indicators, it was shared, ultimately served as the impetus for the founding of MOAR. The Living Room, a program based in Framingham, was seen as a potential model in which those needing care can avoid the ER and instead drop in to this 24-hour center and be connected to a peer recovery specialist.
- Consensus was again reached when the conversation turned toward the gap that exists for young adults. One participant noted that when she was beginning her recovery, there were few spaces that would cater to those 18-24, for example, and that being an 18-year-old young woman in a room full of much older people could be intimidating and serve as a hindrance to recovery. Potential models include KIVA Centers and the Zia Center in Worcester, which specifically caters to young adults.
- Considering other potential uses for the abatement funding, respondents noted everything from providing funding for funeral for families and loved ones of those who lost their lives due to OUD to greater regional cooperation between Needham and neighboring communities. Additionally, the conversation returned to stigma, where Needham's Overdose Awareness Day was cited as a worthwhile event.

5.2.2 Roundtable Two: Deb, Jeff, and Linda, February 28, 2024

The second roundtable was held at Needham Public Health and was attended by three individuals with lived experiences: Deb, Jeff, and Linda. Both Deb and Linda lost their children to OUD and Jeff is in recovery, while his own children have experienced OUD. The conversation was colored by these experiences. The following were the key takeaways of the roundtable held with these individuals with lived experiences.

- Deb's expressed that she felt clinical environments were lacking based on the experiences she had with her daughter. She noted that her daughter's OUD worsened during the COVID-19 pandemic and that staff located at Beth Israel did not test for drugs, nor did they provide connections to care.
- This flowed into a conversation around stigma. Jeff noted that, for him, a 12-step program he participated in was very useful. In his experience, unless he told others that he was working on his recovery via his 12-step program, he was treated poorly. Deb and Linda also noted the importance of having staff in clinical settings that understand addiction – that it is a disease and should be treated as such. With this in mind, the participants endorsed peer recovery as a necessity and argued that Emergency Rooms do not have the staff or tools to handle addiction.
- They also argued that first responders need better training around OUD and addiction issues. In their experience, EMS personnel treated those experiencing an overdose differently – poorly – upon learning the situation.
- The group concurred that schools were hotbeds for stigma. They all agreed that though it should be obvious that no one sets out to become an addict and that there are a variety of reasons as to why one may experience OUD, stigma is nevertheless prevalent. There must be, they argued, a greater shared understanding of why people use drugs in the first place. For now, though, certain parents do not want to talk about issues related to OUD, and it is often difficult to get certain information into the schools. For example, the group noted that there needs to be greater understanding that an overdose event does not require an addiction to opioids.
- When discussing treatment for young people, the group cited the SAFE Coalition and Ripple Effect as potential models. They did concur with the sentiment of the MOAR roundtable by arguing that there is a large gap in resources for young adults. It was thought that young women going to a 12-step program with much older men may actually do more harm than good for that young woman.
- Other resources noted included Hub programs available across a number of towns in the community and PAARI, a police addiction recovery program.
- In reducing stigma in schools, the group cited the example of former Boston Celtics player Chris Herron, himself in recovery, as a worthwhile speaker often brought in to talk about his experiences with young people. The group thought that getting information into schools for young people was vital.

- The group also noted that outside of ERs and rehabilitation centers, there are precious few places for young people to go. Providing a safe space for young adults and children is key.
- The group concluded that, in their experience, opioid addiction is not a priority for the Town of Needham and that this exacerbates stigma. Examples of overcoming this in communities include Learn2Cope, where the group thought holding regular meetings may decrease stigma. The Becca Schmill Foundation, which Deb leads, went door-to-door with information about fentanyl and about stigma.
- Mental health resources were also cited as important – the group thought that these services must be proactive.
- The group also concurred that Narcan availability is crucial. They noted the example of Cambridge, which has placed Narcan kits at MBTA stations within the city as a model that should be followed as it relates to placing Narcan in public places.

6 COMMUNITY FORUM

6.1 OUTREACH FOR THE EVENT

Outreach for the community forum to the wider Needham community was robust across relevant town channels and locations through a mix of digital and physical notices. Beginning a month before the forum, notice was provided across Needham's town social media channels, including Twitter/X (3600+ followers), Facebook (3700+ likes), and Instagram (2000+ followers). Additionally, the town publicized the forum in its popular News You Need(ham) weekly newsletter three weeks prior to the event. State Representative Denise Garlick, a longtime fixture in town civic events, also publicized the forum in her newsletter to constituents the week prior to the event taking place.

In addition to these digital notices, physical flyers were placed at eighteen locations around Needham, including pharmacies, physicians' offices, both local YMCAs, area grocery stores, the local Community Council, and a select number of private businesses and restaurants, such as an area McDonald's. The Needham Public Health team also reached out to a host of local community groups, as well as Town of Needham department heads, with the flyer to print and post/share.

6.2 ABOUT THE FORUM

The community forum was held at Powers Hall in Needham Town Hall on Wednesday, April 10 at 6:30 PM. The forum was attended by seven participants and additional staff from the Substance Prevention Alliance of Needham (SPAN). Most participants at the meeting had been

involved with the project in some way – either as part of the public health division of the town, neighboring board of health members, interview participants, or contractors working on the project. There were only two Needham residents that attended the forum who were new to the process and discussion.

6.3 Presentation

The forum began with a presentation conducted by Tiffany Benoit, Assistant Director of Public Health for Needham and Keith Sonia, Community Engagement Director for Regina Villa Associates.

Ms. Benoit's portion of the presentation included an overview of the awarding of abatement funding and the settlement guidelines issued by the Office of the Massachusetts Attorney General, as well as the current programming offered by Needham Public Health. Mr. Sonia then presented an overview of the three-step engagement process undertaken for the project, including stakeholder interviews, stakeholder roundtable discussions, and the public forum itself, followed by a high-level overview of some of the feedback the team received from stakeholders during that process.

A link to the presentation can be found in Appendix C.

6.4 Small Group Discussions

After the presentation, participants were divided into two groups for discussions. Each discussion was led by a moderator and focused on the following topics: awareness of the current programs in Needham, feedback on the perceived strengths and gaps of the existing program, feedback on recommendations shared from outreach process, a discussion of what may be missing from the recommendations.

6.4.1 Group 1

Group 1 included individuals from other members of local public health who were familiar with the settlement funding, an individual who had already been interviewed for the effort who is not a Needham resident, a contractor who will be working on the strategic plan, a member of Needham public health, and a Needham resident, who has interest in this topic due to his job developing opioid misuse prevention video games for teens.

In Group 1, there was a consensus that there was a lack of awareness of many of the existing Needham programs, especially the SAMBOX program. There was an interest in seeing that program expand and use it as an opportunity to provide education to the community, including and even beyond QR codes.

There was also agreement with the observation from the engagement process that many youth prevention discussions tend to focus on alcohol and vaping, and not opioid misuse.

Much of the discussion in the small group was centered around the need for education on this topic for the community in general, including the prevalence and potential for severity of outcomes. Participants expressed concern that their perception is that overall drug use and opioid abuse appears to be ebbing, they are nevertheless concerned about the potency of ubiquitous synthetic opioids that appear in pill form and are often ingested orally. The participants felt that the likelihood of a very rare user of illicit opioids experiencing an overdose and dying has risen as the result of the potency of synthetics.

Participants were surprised about the recommendation for a recovery house for young adults. It was pointed out that the recommendation came out of interviews and roundtables with those with lived experiences on this topic, and further analysis will be conducted to see if this would be an appropriate recommendation contained in the strategic plan.

A large portion of the discussion was centered around the lack of participation in the forum. Participants discussed that this could be because of the potential stigma on the topic if there was personal or familial experience with opioid misuse or because there was a perception that opioid misuse was not a problem in Needham. Participants indicated that peers knew about the forum but chose not to participate.

6.4.2 Group 2

Group 2 included two advocates of the Clubhouse initiative, one of whom the project team had previously met with, and another who manages the day-to-day operations of Needham's existing Clubhouse, Eliot House; two Needham Public Health staff members that had previously been consulted; and a local Needham resident and Town Meeting member.

Group 2 expressed that they had not previously been aware of existing programs that target senior citizens around the issue of opioid abuse, nor the existing Narcan SAMBOX initiative, though in both cases participants expressed these as worthwhile programs. Additionally, following discussion regarding Eliot House, a participant expressed that they did not know that services there are also made available to those not necessarily from Needham.

When thinking about what resonated regarding current strengths and gaps, the attendees primarily focused on services to young adults and stigma as notable gaps, while another attendee advocated for Clubhouse as a potential partner to the town. An attendee noted that he was not surprised by the lack of services for young adults, particularly psychological assistance, given that that age cohort often faces challenging socioeconomic barriers to care – he noted that as a professional psychologist, when he was treating young people with opioid use disorder, it was often easy to determine that they also faced mental health challenges. Attendees universally concurred that stigma was particularly challenging in the town and wider region, making it more difficult to reach folks that may need help and/or information.

In thinking about some of the recommendations that the engagement team received during the process, attendees were surprised by a number of different examples, including the concept of

a residence for young people suffering from opioid use disorder; the overall awareness of harm reduction strategies as an effective tool; and about the existing SAMBOX initiative and the recommendation that it be expanded. More broadly, an attendee noted that opioid issues have traditionally not been spoken about in town, though acknowledged grassroots organizations like the Becca Schmill Foundation have helped in this regard, and so this process represented a form of progress in that regard.

When thinking about potential services or recommendations that had not been brought up in the other phases of the engagement process, the participants had numerous thoughts. An attendee advocating for greater cooperation between towns around this issue noted that financial barriers could otherwise be a challenge to accomplishing more in this space. He cited EMT Riverside Services as a good model with local/regional medical centers. A fellow attendee concurred that shared services are often successful and that she was aware of some model examples in Central Massachusetts. An attendee noted that there is room to improve approaches at medical centers. She noted that young people (or their parents) are given prescriptions but not Narcan after being treated for opioid use disorder and that this is nonsensical given the condition of the patient. An attendee also cited some of the basics – transportation, childcare – as crucial for some folks attempting to participate in recovery programs. Attendees also noted that working finance requests through Needham's town meeting/municipal government structure was often difficult and that consideration of this fact must be built into programmatic design.

6.5 Follow-up Survey/Views on Platforms

The presentation was broadcast on Needham local access television, where it was watched by a total of eight viewers On Demand with another seven viewers tuning in to the live signal at the time of the event. This is only slightly under what other key local events, such as Select Board meetings, have recently yielded in viewership.

Across social media channels, the promotion for the event received the following:

- Town of Needham Facebook: 31 views, two likes, two link clicks, and one share.
- Instagram: 24 accounts reached.
- X/Twitter: 100 views of the Tweet, two link clicks, one profile view, and one click to expand the Tweet.

A survey offered to viewers of the TV/On Demand presentation to provide feedback was not taken by any member of the public.

6.6 Takeaways

Though the community forum did not attract a significant number of participants, it nevertheless yielded fascinating discussions that confirmed much of what the project team heard in earlier phases of outreach to key stakeholders, namely that there is a gap in

knowledge about current NPH programming and that a pervasive stigma around opioid use disorder and its effects may be a continual barrier to greater community awareness regarding the issue. Indeed, despite a significant amount of outreach ahead of the forum, the community generally failed to participate – though every reason for individual members of the community not being able or not wanting to participate is unknowable, the poor attendance is itself a representative data point that could point to the approach taken by many within Needham: out of sight, out of mind.

Yet, for those that did participate, there was general consensus regarding multiple issues, including stigma, the need for enhanced services for young adults, and the virtue of the SAMBOX initiative. This cut across the frontline practitioners that attended and the small number of local residents that offered feedback. Though NPH is bound by the limits of the monies awarded to the town and the parameters established by the Attorney General's office, the department may consider this degree of consensus when deliberating how best to effectively utilize abatement funds.

7 RECOMMENDATIONS FROM THE COMMUNITY ENGAGEMENT PROCESS

At the conclusion of the public engagement process, Needham Public Health will coordinate alongside Education Development Center (EDC) to engage with the feedback received as a means of prioritizing potential uses for abatement funding. To assist in this process, NPH and EDC have requested topline recommendations heard and received during the public engagement process, rather than an exhaustive list of datapoints.

The following recommendations are a summary of feedback heard from stakeholders throughout the months of engagement. Additionally, the following recommendations do not represent an exhaustive list of every piece of information or data collected during the process, but rather a high-level overview of frequently cited issues, with an emphasis of feedback from those with lived experiences.

7.1 STIGMA

Stigma was cited as an issue in all phases of the engagement process. Participants in the process noted that Needham often failed to adequately publicize resources available within the Town – some argued that this was done purposefully as best to stifle conversations around such a sensitive topic. Suggestions in tackling stigma in Needham included:

- Greater publicization of resources in Needham
- Greater emphasis on schools; this could include bringing in noted public speakers, such as Chris Herron, to speak to students and/or families.

- Greater education on the causes of OUD.
- Leaning in to existing tools, including Opioid Awareness Day in Needham and local on-the-ground organizations, including the Becca Schmill Foundation.
- Greater training for first responders so that responses to OUD-related events are equitable and urgent universally.

7.2 Peer Recovery

The effectiveness of peer recovery programs was cited frequently throughout the public engagement process. The sentiments around peer recovery ranged from those that believed this tool was a potent option in OUD recovery because working alongside those also in recovery bred empathy and understanding, while others noted that such programs were necessary because clinical environments like Emergency Rooms lacked the staff and infrastructure required. Specific noted mentioned related to peer recovery include:

- Models like Turning Point in Walpole.
- The general failure of local ERs, including Beth Israel, to address issues of addiction.
- The Living Room program in Framingham as a potential model.

7.3 Narcan & Similar Initiatives

Throughout the duration of the public engagement process, respondents regularly articulated that they believed that Narcan should be more readily available in public places and more ubiquitous amongst first responders. Certain town initiatives, like the use of SAMBOX kits, were not well-known by many that engaged in the process but were nevertheless supported. Other notes on this issue include:

- The belief of some that schools must provide greater levels of education around Narcan and other harm reduction techniques, including fentanyl testing strips.
- That the SAMBOX initiative should be more robustly advertised within Needham.
- That Needham should follow the model of cities like Cambridge in placing Narcan kits in as many public places as possible.
- A more robust organization of Narcan and test strip distribution. The view of some participants is that it is a worthwhile endeavor to provide Narcan and testing strips, but that there does not seem to be any structured method of disbursement.
- Greater training for first responders on Narcan. Ensuring that Needham's police, fire, and EMS staff are all trained to carry Narcan.

7.4 Resources Dedicated for Young Adults

A frequent issue cited across the engagement process was the lack of dedicated resources for young adults. Generally, the cohort engagement participants had in mind were those that aged out of schools but who would be considered very young compared to many that engage with services like 12-step programs. Because of this gap, participants felt that those that might otherwise be interested in OUD-related services do not as a result. Issues and suggestions raised include:

- Models like the SAFE Coalition, Ripple Effect, KIVA Centers, and the Zia Center in Worcester.
- Greater training for clinical staff. Deb Schmill noted the inability of clinicians to adequately aid her daughter prior to her passing.
- There was support for the creation of programming aimed at reaching this cohort within Needham.
- Recovery houses and sober living facilities were cited as potential avenues the town should explore, though most respondents conceded that it is unlikely that Needham would support such initiatives.

8 APPENDIX A: INTERVIEW QUESTIONNAIRE

BACKGROUND

Your name:

Your email address:

Your organization:

Are you or your organization involved in any work to address the opioid epidemic? If so, can you describe it? Are there any ways the epidemic is impacting you and your organization?

On a scale of 1 to 5, how concerned are you about opioid misuse in Needham?

1. Not at all concerned
2. A little concerned
3. Somewhat concerned
4. Concerned
5. Extremely concerned

Overall, how familiar are you with the opioid abatement resources available in Needham?

1. Not familiar at all
2. A little familiar
3. Somewhat familiar
4. Familiar
5. Very familiar

Overall, how would you rate Needham's response to the opioid epidemic?

1. Don't know
2. Very poor
3. Poor
4. Neutral
5. Good
6. Very good

Of the following three opioid abatement strategies, which should Needham prioritize when it comes to spending settlement funds? We'll get into the specifics of these strategies later.

- Opioid Use Prevention: programs and education strategies to prevent people (typically youth) from opioid misuse
- Opioid Use Recovery: resources and support for those currently experiencing opioid use disorder

- Harm Reduction: reducing overdoses and minimizing the harm caused by opioid use disorder through a variety of public health interventions

Of the following groups impacted by the opioid epidemic, where should Needham focus when it comes to settlement spending?

- Impacted families
- People in recovery from opioid use disorder
- People who currently use opioids
- Youth vulnerable to opioid use disorder
- Other (please describe) _____

PREVENTION

On a scale from 1 to 5, how familiar are you with the resources available in Needham for opioid abuse <u>prevention</u>? As an example, SPAN (Substance Prevention Alliance of Needham) is a volunteer-based program focused on reducing drug use among Needham youth

1. Not familiar at all
2. A little familiar
3. Somewhat familiar
4. Familiar
5. Very familiar

Please indicate how important you think each of the following prevention strategies are (<u>don't know</u>, <u>not important</u>, <u>somewhat important</u>, <u>very important</u>). Please note that these are broad categories and are not necessarily currently in place in Needham

Strategy	Importance	Comments
Youth prevention: evidence-based protective factor promotion in Needham public schools		
Community prevention: adult education programs aimed at preventing opioid misuse		
Positive community norms: social and traditional ad campaigns		
Mental health promotion: training and resources to recognize and respond to individuals in mental health or substance use crises, community forums on behavioral health		

Early intervention: community-based identification and intervention services for families, youth, and adolescents at risk of or who have recently developed opioid use disorders		
Other prevention strategies you may be aware of, which may or may not be in place in Needham (please specify):		

How would you rate Needham's efforts in opioid abuse <u>prevention</u>?

1. Don't know
2. Very poor
3. Poor
4. Neutral
5. Good
6. Very good

HARM REDUCTION

On a scale from 1 to 5, how familiar are you with the resources available in Needham for <u>harm reduction</u>? As an example of harm reduction, Needham currently offers Narcan training to reduce overdose deaths.

1. Not familiar at all
2. A little familiar
3. Somewhat familiar
4. Familiar
5. Very familiar

Please indicate how important you think each of the following harm reduction strategies are (<u>don't know</u>, <u>not important, somewhat important</u>, <u>very important</u>). Please note that these are broad categories and are not necessarily currently in place in Needham

Strategy	Importance	Comments
Narcan training: Expanded community level Naloxone usage trainings		

Overdose prevention: funding for opioid overdose toolkits accessible in public places		
Emergency Medical Services programming: support for overdose death prevention, training for first responders to provide individuals with resources and linkages to care after an overdose event		
Fentanyl testing: distribution of fentanyl testing kits		
Connections to care: provide outreach and referrals to services for people who use drugs and are not yet in treatment		
Other harm reduction strategies you may be aware of, either currently active in Needham or elsewhere (please specify):		

Overall, how would you rate Needham's efforts in opioid <u>harm reduction</u>?

1. Don't know
2. Very poor
3. Poor
4. Neutral
5. Good
6. Very good

TREATMENT

On a scale from 1 to 5, how familiar are you with the resources available in Needham for opioid abuse <u>treatment</u>? As an example of treatment resources, Needham Youth & Family Services currently offers substance abuse counseling

1. Not familiar at all

2. A little familiar
3. Somewhat familiar
4. Familiar
5. Very familiar

Please indicate how important you think each of the following opioid treatment strategies are (don't know, not important, somewhat important, very important). Please note that these are broad categories and are not necessarily currently in place in Needham

Strategy	Importance	Comments
Transportation vouchers: transportation vouchers connecting people to services		
Transportation: Direct transportation services connecting people to treatment		
Housing: Increased housing support for people living in recovery/treatment		
Childcare: Childcare services for parents while they attend treatment		
Job services: Job placement and/or training for those in recovery		
Recovery coach: Hiring a part time staff member to assist those currently in or seeking recovery from opioid misuse		
Family support: Support groups and resources for friends and family members of those experiencing opioid addiction/misuse		
Increased peer-recovery efforts: Support groups, social events, recreational programming, computer access, etc.		

Other opioid treatment strategies you may be aware of, either currently active in Needham or elsewhere (please specify):		

Overall, how would you rate Needham's efforts in opioid abuse <u>treatment</u>?

1. Don't know
2. Very poor
3. Poor
4. Neutral
5. Good
6. Very good

GENERAL/OPEN-ENDED

Are there any particular aspects of Needham's current opioid response that you think are working well?

Are there any particular aspects of Needham's current opioid response efforts that are not working, or need improvement?

Do you think there are any gaps in Needham's opioid response? For example: lack of programs, lack of funding/staff, lack of public awareness:

In your experience, what have you seen to be effective in helping people reach and/or maintain substance abuse recovery?

With limited funding available, what features or services do you think would be most important to incorporate into Needham's opioid response strategy?

Is there anything else you would like to add?

9 APPENDIX B : ROUNDTABLE FACILITATION GUIDE

Introductions

My name is Keith Sonia, and I am here with my colleague, Matt Costas, on behalf of the town of Needham. As you may know, cities and towns across Massachusetts have been allocated funds derived from a nationwide settlement with opioid suppliers and manufacturers. Needham is in the process of reaching out to relevant stakeholders, like town officials, first responders, and medical practitioners, as well as those with lived experience to determine how best to use the abatement funds and addressing prevention, harm reduction, and treatment needs.

We're grateful to XXXXXX and to all of you for allowing us the opportunity to speak with you about this important issue that has touched the lives of so many. Each of us are only one or two degrees away from the issue of opioid misuse. For that reason, we are proud to be working with Needham to find a way forward.

We have a few questions we would like to get to over the course of the conversation, but we'd like this to be a free-flowing conversation and you should feel free to share whatever you are comfortable with. As a reminder, we are happy to maintain anonymity in the final report if requested. Thank you again for your time.

Questions/Prompts

- **Were there any community-based or other programs that you found particularly helpful in your experience?**

- **Were you aware of community-based resources that you wished were available to you? Was there anything you thought might have made your path to recovery easier that your hometown could have provided?**

- **How, in your opinion, should a suburban town like Needham prioritize its abatement funds? Harm reduction programs? Treatment? Prevention? We have heard that a gap in treatment for younger adults – older than 18 – exists. Did you or someone you know grapple with a lack of resources for your demographic?**

- **What are some strategies on:**

  - **Harm reduction ;**
  - **Treatment;**
  - **Or prevention strategies that you wish more community leaders were aware of because of their effectiveness?**

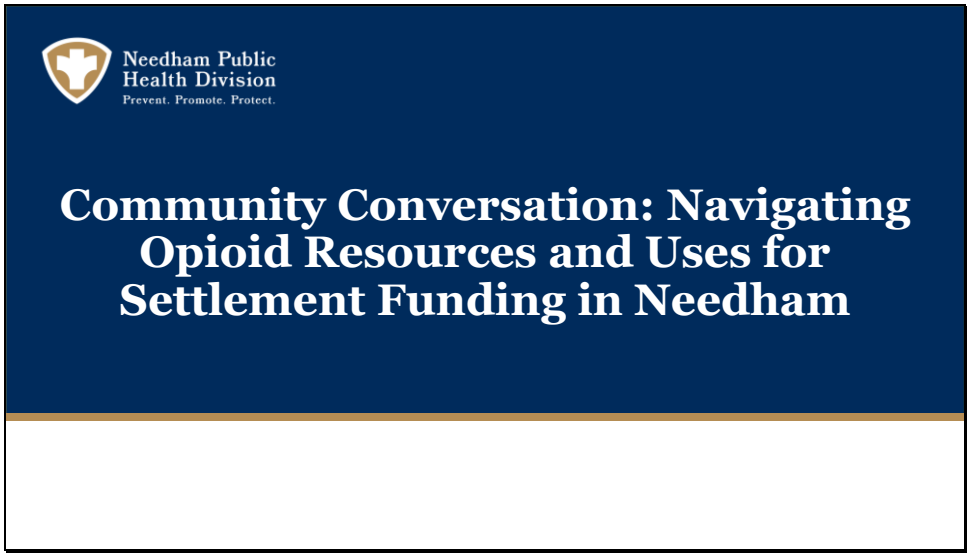
- **For those of you from suburban or rural communities, what social factors or obstacles exist that would hamper a community like Needham or like yours from adopting certain abatement strategies?**

- **We have heard that reducing stigma helps unlock care and recovery. Are there, in your opinion, social factors that might prevent certain communities – wealthier, suburban – from adopting specific harm reduction, treatment, or prevention strategies that you think would otherwise be helpful and what might otherwise be available in a setting like Boston or Somerville, for example? Are there differences in strategies between different types of communities and would a more uniform approach help?**
-

10 Appendix C: Community Forum Presentation

Slide 1

Slide 2



Slide 3

Project Team Introductions

- Needham Public Health Division (NPH)
- Regina Villa Associates

Slide 4

Community Forum

- Purpose of this forum
  - Continual community involvement in the process
  - Education about Opioids and what we have seen in Needham
  - Education about current programs in Needham
  - Education about what the funding is and what has been expressed as needs
- What we hope to gain
  - Open conversation about opioids and the opioid funding
  - Feedback about what is being presented
  - Information from you about what you would still like to know

Slide 5

Agenda

- Education/Discussion
  - Brief Opioid Review
  - Project Overview
  - Current Efforts
  - Engagement Process
  - What We've Heard
  - Next Steps
- Small Group Breakout Sessions

Slide 6

Brief Opioid Review

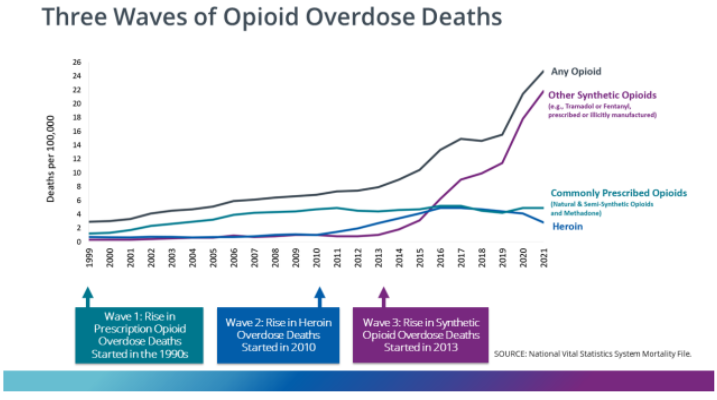
Slide 7

Opioid Types

- **Natural opioids** (including morphine and codeine) and **semi-synthetic opioids** (drugs like oxycodone, hydrocodone, hydromorphone, and oxymorphone)
- **Methadone**, a synthetic opioid
- **Synthetic opioids** other than methadone (drugs like tramadol and fentanyl)
- **Heroin**, an illicit (illegally made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance.

Slide 8

Opioid Overdose Deaths



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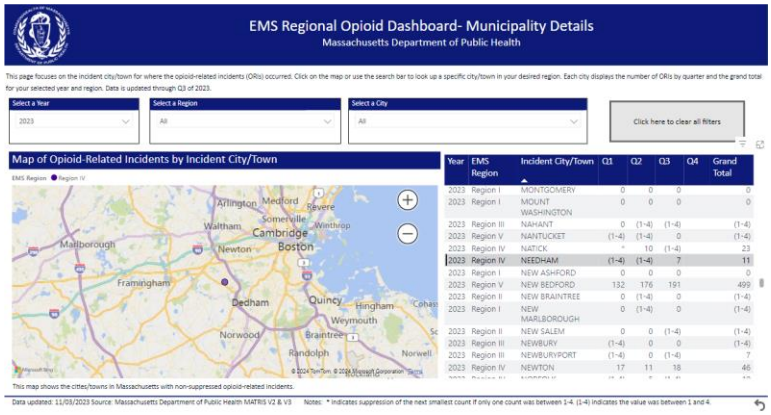
Opioid-Related Incidents in Needham



Slide 10

Project Overview

Slide 11

Opioid Settlement- Overview

- June 2021- MA Attorney General announces MA's participation in $26 billion nationwide resolution with opioid distributors and manufacturers
- March 2022- State-Subdivision Agreement reached between MA and its municipalities
- Per the agreement, 40% of the $525 million provided to MA will be allocated to municipalities like Needham

Slide 12

Opioid Settlement- Needham's Role

- As of Spring 2024, Needham is set to receive just over $1.8 million in settlement funding
- These disbursements will carry into the 2030s, with the last due in 2038

Slide 13

Opioid Settlement- Guidelines

Under the State-Subdivision Agreement, there are 7 allowable spending categories for these funds:

1. Opioid Use Disorder Treatment
2. Support People in Treatment & 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 with Neonatal Abstinence Syndrome
7. Prevent Misuses of Opioids and Implement Prevention Education

Slide 14

Opioid Settlement- Guidelines

Additionally, any abatement plans developed by municipalities should:

- Incorporate community input from those directly affected by the opioid epidemic.
- Address service disparities to increase access and equity in treatment and services for Opioid Use Disorder (OUD), prevention, and harm reduction relating to opiates.
- Leverage existing state, city, town, and community opiate use disorder, mental health disorder, and behavioral health disorder programming and services.

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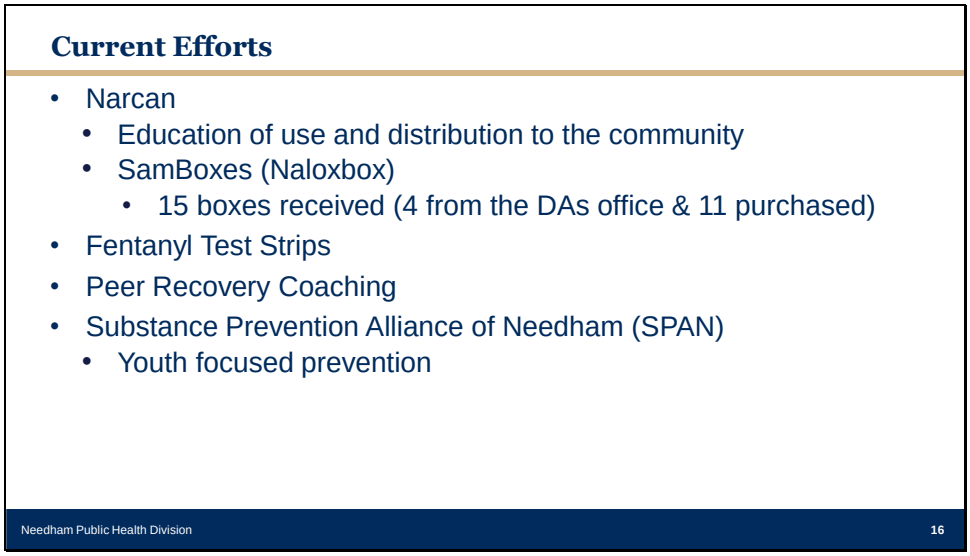

Slide 17

What Does a SAMBOX Look Like?

Slide 18

Peer Recovery Coach Services

Dismantle stigma and misinformation

Most people with behavioral health conditions do not seek or receive timely or effective treatment.

- Only one in three people with a serious mental illness will access specialty mental health care.
- Only one in ten with an addictive disorder will access specialty substance use treatment.

Role models on how to manage and overcome substance use problem, as well as how to navigate the health and social services systems.

Peer Recovery Coach	Clinician / Treatment
Personal experience used often and open about recovery status in public.	Personal experience used sparingly if at all.
In the community or office, personal and informal.	In the office, formal.
Open-ended relationship. Minimal power differential.	Prescribed treatment plan. Significant power differential.

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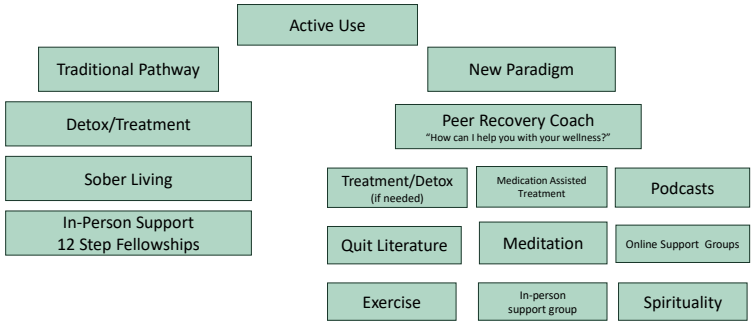
Peer Recovery Coach Services



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Opioid Settlement Funding

1. $90,000 for contractual help (*Prevent Misuse of Opioids & Implement Prevention Education)*
   A. Regina Villa Associates (RVA)
   B. Educational Development Center (EDC)
      - Strategic Plan with Annual Evaluation Plan
2. $3,000 for SamBoxes *(Harm Reduction)*
3. $52,000 for Peer Recovery Services (*Support People in Treatment & Recovery, Connections to Care)*

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Engagement Process

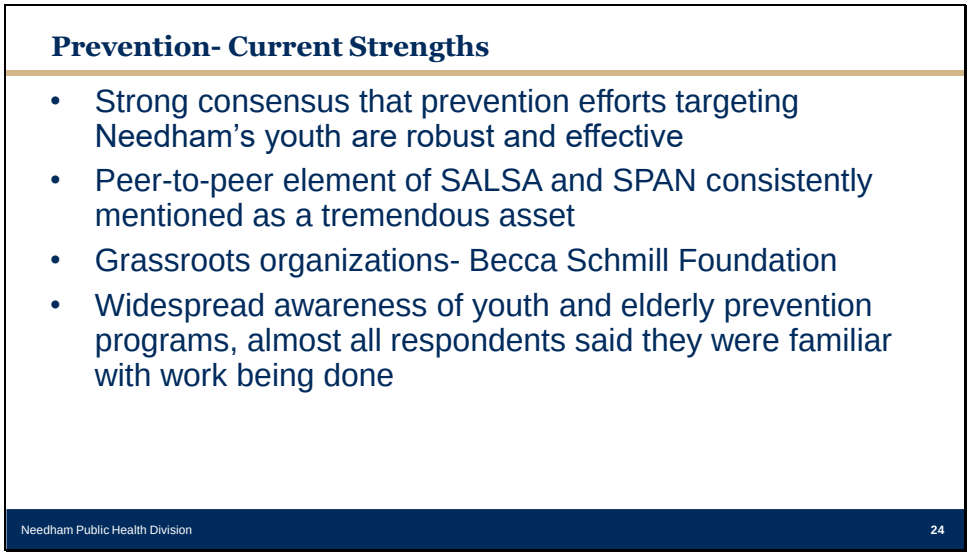
Slide 22

Outreach Process

- Stakeholder Interviews
  - Interviews with practitioners, public health officials, and other stakeholders intimately familiar with Needham's approach to opioid misuse
  - 14 interviews held
- Roundtable Discussions
  - Centered those with lived experience with substance abuse disorder, as well as friends and family of those impacted by opioid misuse
  - Two roundtables, 16 attendees total
- Community Forum

Slide 23

Slide 24



Slide 25

Prevention- Gaps/Weaknesses

- Lack of prevention efforts for young adults and adults.
  - Youth and elderly are being reached, everyone else is a huge blind spot
- Stigma- many feel that youth are not utilizing available resources due to a belief that it will impact their future.
- Prevention strategies often under-emphasize harm reduction
  - Belief that the focus is on alcohol and tobacco/vaping, opioid use is much less discussed

Slide 26

Harm Reduction- Current Strengths

- Widespread support for Narcan and test strip distribution
- EMS follow up (through Riverside Community Care) after overdose events provides vital connections to care
- Positive reactions to SAMBOX initiative, belief that these should be in every public building

Slide 27

Harm Reduction- Gaps and Weaknesses

- Lack of awareness surrounding Narcan and test strip distribution
  - Desire for more proactive distribution, stigma prevents people from going out of their way to pick these up
  - Widespread misconceptions regarding these efforts (many think extensive training session is required)
- Many feel youth/students are not being reached with Narcan outreach

Slide 28

Treatment- Current Strengths

- Positive feedback on Needham's hiring of a recovery coach
- Network of support through local hospitals, Needham has great access to hospitals compared to many communities
- Most feel that Needham is very strong in terms of social determinants of health (housing, transportation, etc.)

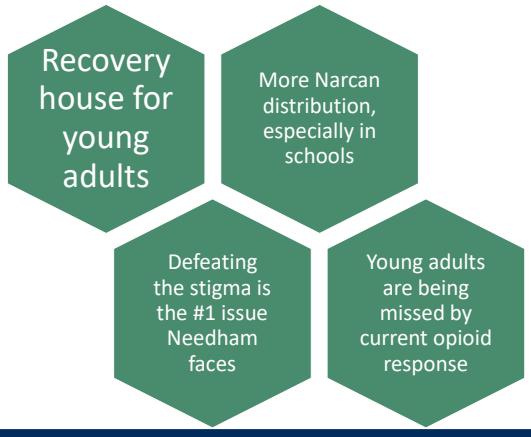
Slide 29

Treatment- Gaps and Weaknesses

- Lack of programming available exclusively to teens and young adults.
  - Recovery Coach only available to those 18+
  - No safe spaces available for young adults with OUD
- Pervasive lack of awareness around treatment resources currently available
- Few resources for parents and loved ones of those with OUD
- Social stigma- many feel a culture of shame and secrecy around OUD in Needham prevents people from getting help

Slide 30

What We've Heard



Slide 31

Next Steps

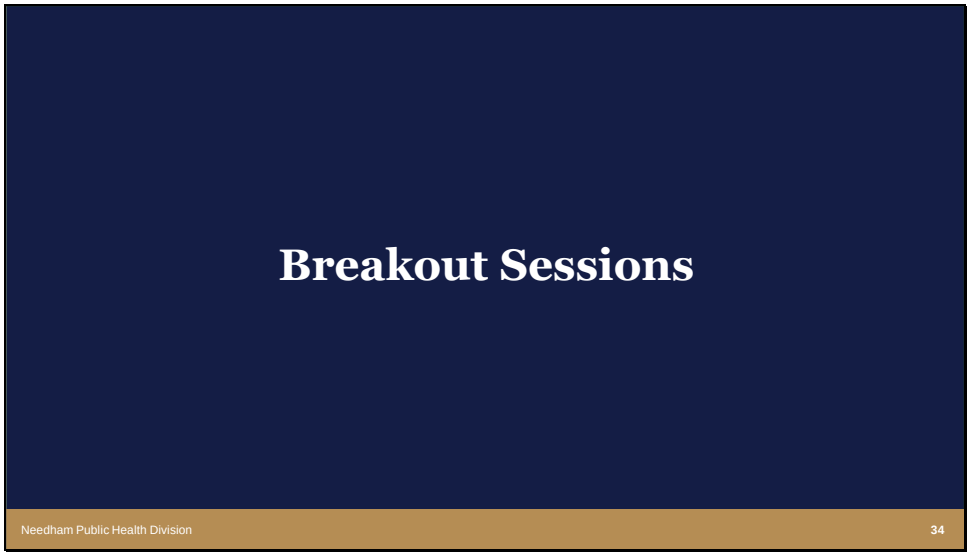
Slide 32

Final Report & Strategic Planning

- Final Report and Connections with Educational Development Center (EDC)
  - EDC – contractor that will help to develop a 5yr. Strategic Plan with an Evaluation Plan
- Strategic Plan:
  - Will meet with Stakeholders from the Town and Community to determine what is feasible to provide.
  - Will be developed with 5yr timeline but will be evaluated annually
- Continual communication to the community
- Final plan delivered to Town Meeting for vote in October 2024

Slide 33

Slide 34



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