



Needham Public Health Division
Opioid Abatement Settlement Funding
Strategic Plan

October 2024

Table of Contents

• Introduction.....	3
• Community Engagement Process and Findings.....	4
○ <i>Community Engagement Activities</i>	
○ <i>Community Engagement Process Findings</i>	
○ <i>Recommendations</i>	
○ <i>Additional Community Feedback</i>	
• Strategic Planning Process Overview.....	5
○ <i>Opioid-Related Data Reviewed</i>	
○ <i>Needham’s Current Opioid-Related Efforts</i>	
○ <i>Preliminary Themes Identified</i>	
○ <i>Strategies Considered</i>	
○ <i>Selection Criteria</i>	
○ <i>Strategy Prioritization Process</i>	
○ <i>Selected Strategies</i>	
• Limitations.....	10
• Conclusion and Next Steps.....	11
• Appendices.....	12
○ <i>Appendix A. Selected strategies</i>	
○ <i>Appendix B. List of strategic planning group members</i>	
○ <i>Appendix C. Draft logic models</i>	

Introduction

The Needham Public Health Division (NPHD) has developed this five-year strategic plan to guide the use of opioid settlement funding from the state of Massachusetts to support a multi-disciplinary approach to preventing focused upon reducing opioid-related harms and barriers to treatment, substance use prevention, and mental health promotion in Needham.

In July 2021, the Massachusetts Attorney General announced the state's participation in a \$26 billion nationwide resolution with opioid distributors AmerisourceBergen, Cardinal and McKesson and opioid manufacturer Johnson & Johnson, resolving claims that those companies engaged in misconduct that enabled and perpetuated vast increases in opioid over-dispensing and diversion in Massachusetts. The resolutions are expected to bring more than \$525 million into Massachusetts for prevention, harm reduction, treatment, and recovery. (source: MA DPH Bureau of Substance Addiction Services website)

Under the terms of a State-Subdivision Agreement (PDF) reached by the state and its municipalities and entered by a Massachusetts state court, 40% of the Massachusetts recoveries will be allocated to Massachusetts municipalities, 60% of the Massachusetts recoveries will be allocated to the statewide Opioid Recovery and Remediation Fund, and all the recoveries must be used to fund prevention, harm reduction, treatment, and recovery programs.

Based upon current projections, Needham will receive slightly more than \$1.8 million dollars between now and 2038. Municipalities participating in the opioid abatement initiative like Needham must develop plans to guide the use of these funds that:

- 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; and
- Leverage existing state, city, town, and community opiate use disorder, mental health disorder, and behavioral health disorder programming and services and encourage innovative collaborations across municipalities.

To guide the use of these funds, the town of Needham embarked on a multi-pronged process to 1) gather feedback from community members, including those with lived experience of opioid use/misuse/overdose, to inform future planning, and; 2) to convene a multi-disciplinary group of town partners to develop a comprehensive strategic plan complete with a range of strategies to advance the town's stated goals and objectives in the areas of opioid-related prevention, treatment, and harm reduction outcomes.

This strategic plan includes clear goals specific to opioid-related prevention, harm reduction, treatment, and recovery support efforts within the community; specific objectives aligned with each goal, and targeted and measurable outcomes. It outlines the process used to prioritize among possible opioid abatement strategies and to identify specific implementation-related activities for selected strategies.

Community Engagement Process and Findings

NPHD engaged Regina Villa Associates (RVA) to lead a community engagement process to understand strengths, gaps, and weaknesses in current efforts to address opioid use/misuse/overdose/treatment/recovery.

Community engagement activities. To support Needham's community engagement process, RVA implemented several different activities. These included:

- Fourteen interviews with practitioners, public health officials, and other stakeholders intimately familiar with Needham's approach to opioid misuse conducted between fall 2023 and spring 2024;
- Two roundtable discussions, which centered the perspectives of those with lived experience with substance abuse disorders, including OUDs, as well as friends and family of those impacted by opioid misuse. Sixteen individuals participated in these roundtable opportunities during spring 2024; and
- A community forum held in spring 2024 with seven participants in attendance. Participants heard a description of the community engagement process findings through April 2024 and took part in a facilitated discussion to further inform the process.

Community engagement process findings. The full community engagement process report is accessible [here](#). Community members identified the existing strengths and potential areas of growth related to Needham's opioid-related prevention, harm reduction and treatment activities and resources. Examples of both are described below.

Strengths. Examples of opioid prevention strengths identified included the town's current effective youth prevention efforts (though focused on alcohol and electronic vapor product use prevention) and local grassroots organizations, like Students Advocating for Life Without Substance Abuse (SALSA) and the Substance Prevention Alliance of Needham (SPAN). Strengths related to harm reduction efforts in Needham included perceived widespread support for naloxone—the opioid overdose reversal drug also known as Narcan—and fentanyl test strip distribution, as well as for installing SAMBOXes (or surface-mounted enclosures that provide access to naloxone inside buildings) and for providing follow-up support and connections to care after overdose events. Treatment-related strengths noted by community members included the hiring of a recovery coach to support the community and Needham's geographic proximity to high quality healthcare services.

Areas of growth. Community engagement process participants noted a lack of prevention efforts (and efforts, generally) focused on young adult or adult populations and noted that some groups (e.g., youth) may not be aware of and/or using available resources. They also shared that there was a perceived under-emphasis on harm reduction in the community and the need for more proactive outreach to counteract the lack of awareness of available harm reduction supports (e.g., Narcan, test strips, SAMBOXes) and the stigma that prevents some people from accessing needed

services. Participants also noted a similar lack of treatment-related resources and limited awareness of those that are available.

Recommendations. Based on these observations, RVA developed a set of recommendations for the town to consider in developing its strategic plan. Recommendations fit into four categories: 1) Tackling stigma; 2) supporting peer recovery services; 3) expanding Narcan availability; and 4) providing additional services for young adults.

Sample suggested stigma-mitigation strategies included increased publicization of opioid-related resources in Needham, including a greater emphasis on school-based education efforts. Examples of suggested peer recovery-related strategies included exploring models that had been effective in nearby communities (e.g., [Turning Point](#) in Walpole and [the Living Room](#) program in Framingham). Suggested strategies related to increasing Narcan availability included (but were not limited to) expanding the number of SAMBOXes posted throughout town and more robustly advertising the SAMBOX initiative to community members. Suggested additional young adult-focused strategies included exploring programming specifically for this cohort used in other communities and to support clinical staff in building skills to work more effectively with young adults.

Additional community feedback. As part of the community engagement process, NPHD also solicited feedback from the town's Recovery Coach, who provided insight into the types of resources needed to better support individuals affected by opioid-related issues. Two main themes emerged: 1) Opioid-involved individuals would benefit from transportation support (e.g., Uber or Lyft gift cards) to help them attend meetings, medical appointments and other services; and 2) Persons interested in becoming certified recovery coaches (including peers) in Massachusetts would benefit from financial assistance to attend courses through the Massachusetts Department of Public Health Bureau of Substance Addiction Services Recovery Education Collaborative.

Input from community members gleaned through this multi-stage community engagement process formed the cornerstone of the town's strategic planning process, described in the section below.

Strategic Planning Process Overview

In late spring and early summer 2024, NPHD engaged several key town partners representing a variety of departments, organizations, and perspectives (see Appendix B for full list of strategic planning group members) in a strategic planning process facilitated by NPHD and consultants from Education Development Center (EDC). Working with EDC, NPHD leadership developed meeting agendas for a three-part planning process, held both virtually and in person over a six-week period. Prior to the first meeting, NPHD and EDC staff collected and synthesized opioid-related data from a variety of sources to create a "snapshot" of the scope of opioid-related problems in Needham. Similarly, they also compiled a list of current opioid-related efforts in town to share with the strategic planning group so that its members were aware of current efforts that could be built upon and to prevent duplication.

Meeting #1, held on June 3, 2024, began with an overview of the state's Opioid Abatement Settlement Funding initiative, including its purpose and the expectations for participating municipalities. The strategic group then reviewed data on opioid misuse, overdose, and related consequences from sources including Needham Police Department and Needham Public Schools, the MetroWest Adolescent Health Survey, and town Parent Survey, among others. They reflected on what stood out to them from the available data and potential data gaps. Then, the group explored the town's current capacity (e.g., available resources and level of readiness) to address opioid-related problems. (It also reviewed the findings from the community engagement process presented above.)

Opioid-related data reviewed. NPHD compiled data from the Massachusetts Department of Public Health (MPDH) Bureau of Substance Addiction Services (BSAS), as well as the Needham Police and Fire Departments, to determine the number of opioid overdoses in recent years. Between 2017-2023, there were between 9-28 suspected overdoses each year. During this time, the percentage of non-opiate related overdoses increased from 50% to 67%. Police and Fire Department officials reported using Narcan when responding to opioid-related incidents between 4 -10 times per year during the same period.

From 2015-2023, there were between 1- 3 deaths per year each year in the town. During the 2022 calendar year (for which the most recent data is available), there was one opioid-related death and eight opioid-related emergency room (ER) visits/emergency medical service (EMS) incidents. In comparison, in 2022, there were four alcohol-related deaths and 156 alcohol-involved ER/EMS. In the same year, 23 individuals from Needham were admitted into BSAS treatment services, but this may represent a small portion of Needham residents that sought and received treatment services during that time from non-BSAS service providers (for which there is no data currently available).

The 2022 Needham Parent Survey (the most recent survey for which data were available) covered a wide range of topics, including parent/caregiver attitudes, beliefs and behaviors related to youth substance use. Most questions included on the survey instrument did not focus specifically on youth opioid/prescription drug misuse; however, some information did inform this planning process. Survey results indicated that Needham parents (n=180) overwhelmingly disapprove of youth prescription drug misuse (rating it 3.98 out of a possible 4.0 on a 'wrongness' scale) but communicate with children least about prescription drugs as compared to other substances. Fifty-seven percent of respondents indicated they had talked to their children about the risks of prescription drug misuse compared to between 77%-88% who had spoken to their kids about other substances. Parents/caregivers also report a high sense of self-efficacy around influencing children's substance use behavior but some (~20%) could benefit from more tools/knowledge around how to talk to their children about alcohol and other substances.

The MetroWest Adolescent Health Survey (MWAHS), an initiative of the MetroWest Health Foundation, has been monitoring trends in adolescent health and risk behaviors since 2006. MWAHS is administered to more than 40,000 middle and high school youth in 25 communities west of Boston, including Needham. The survey collects self-reported data on health and risk behaviors, including substance use, bullying, mental health, violence, sexual behavior, and physical activity. It also captures data on emerging and evolving behaviors in the adolescent population, such as social media use, prescription drug misuse (including opioids),

and vaping, and identifies health disparities experienced by groups such as LGBTQ youth and youth with disabilities.

On the most recent MWAHS, administered in spring 2023, 6.3% of Needham High School students reported lifetime prescription drug misuse, representing a slight increase from about 4% between 2014-2021. In 2023, the rate of lifetime use in Needham was the same across genders surveyed (i.e., male, female) and similar to the lifetime use rate across the MetroWest region. (Questions related to past 30-day use are not included on the MWAHS because those numbers are typically low among youth.) High school students' lifetime use of prescription drugs was also lower than the lifetime use rates for other commonly used substances including cigarettes (10%), electronic vaping products (EVPs at 17%), alcohol (48%), and marijuana (18%).

Needham's current opioid-related efforts. The strategic planning group then reviewed the town's existing efforts to address opioid use/misuse/overdose/treatment and recovery needs. There are several Narcan-related initiatives including opioid education and community naloxone distribution, as well as 15 SAMBOXes that were ordered and are being placed in town buildings and community spaces. The town also distributes fentanyl and xylazine test strips to the public and has a robust, youth-focused substance misuse prevention infrastructure, anchored by the community-based prevention coalition, the Substance Prevention Alliance of Needham (SPAN).

Central to Needham's current opioid abatement efforts is its peer recovery coaching initiative. The town's recovery coach works to dismantle stigma and combat misinformation related to opioid use. Recognizing that most people with behavioral health conditions do not seek or receive timely or effective treatment—only 1 in 3 people with a serious mental illness will access specialty mental health care and only 1 in 10 with an addictive disorder will access specialty substance use treatment—the recovery coach role models how to manage and overcome substance use problems, as well as how to navigate the health and social services systems. Recovery coach services go beyond traditional pathways to recovery (e.g., detox/treatment, in person support groups, sober living, etc.) and embrace new paradigms of supporting individuals service maximize wellness. These include making connections to diverse treatment and recovery modalities (i.e., Medication for Opioid Use Disorder (MOUD), online support groups) and providing support resources (i.e., quit literature, podcasts), and linking individuals to wellness-related activities (e.g., meditation, exercise, spirituality).

Preliminary themes identified. Following the review of community engagement process feedback, existing opioid-related data, and current town-based efforts, the strategic planning group identified several emergent themes. These include the lack of prevention programming for youth and young adults, both related to opioid use/misuse/overdose prevention and for other issues, as a key theme and underscored how difficult it is to engage adults between 18 – 60 years-old. The lack of awareness, understanding of, and focus on harm reduction also rose to the top as a key concern, as did the prevalence of stigma and denial related to opioid use and related harms in the community. The group also recognized the importance of service providers, like the town's recovery coach, facilitating necessary connections to care.

During Meeting #2 on June 17, 2024, strategic planning group members reviewed a list of strategies for consideration and narrowed in on a set of criteria to aid in prioritizing among them.

Strategies considered. NPHD curated a list of strategies from the set of recommendations identified from the community engagement process participants and from the state's opioid settlement funding guidelines, which sets forth how abatement funds from these settlements must be used by the state and its municipalities Under the State-Subdivision Agreement, there are seven 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; and
7. Prevent misuses of opioids and implement prevention education.

The group reviewed a total of more than forty (40) strategies categorized underneath the categories listed above and culled the list down to 13 strategies that seemed most aligned with the town's current capacity and efforts, the scope of opioid-related issues in Needham, and the community's feedback through the engagement process. Those strategies are listed below. The number and letter ("4F") following each strategy reflect the way these strategies were listed in the [state's funding guidelines](#).

- 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. (4F)
- Expand mobile intervention, treatment, telehealth treatment, and recovery services offered by qualified providers, including peer recovery coaches. (1A)
- 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 drugs. (7E)
- 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. (2D)
- 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. (5A)
- Provide transportation to treatment or recovery services for persons with OUD. (2G)
- 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. (3A)

- 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. (4H)
- 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. (3C)
- 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. (4A)
- Provide training and education regarding naloxone and other drugs that treat overdoses. (4B)
- Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD. (2F)
- 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. (2J)

Selection criteria. The strategic planning group then considered several different criteria to use to prioritize among the strategies above and ultimately selected the following five criteria to guide the prioritization process:

- **Accessibility:** Is the strategy accessible, broadly speaking? Does it complement other strategies such that there will be a comprehensive mix of strategies each serving individual in different stages of the lifespan?
- **Opportunities to innovate:** Does the strategy allow for the town to use the available funding in innovative ways in the hopes of producing positive outcomes that can be sustained over time?
- **Focus on specific age groups:** Does the strategy meet the needs of a particular population/age group (in this case, adults between the ages of 18-60 years old)?
- **Addresses multiple outcomes:** Does the strategy address multiple outcomes of interest (e.g., polydrug use, alcohol use) or could it be implemented in such ways that it does?
- **Addresses racial and other forms of equity:** Does the strategy help the town advance equity in access to, use of, and/or outcomes related to services in support of people affected by opioid-related issues?

Other criteria (e.g., funding feasibility, avoiding duplication, etc.) were also considered but the group ultimately determined the five criteria above were most essential to consider.

Strategy prioritization process. During Meeting #3 on July 2, 2024, the strategic planning group formally prioritized among the thirteen short-listed strategies by rating them on a scale of 1 – 5, with ‘1’ representing that the strategy under consideration did not satisfy the criteria at all and ‘5’ representing that the strategy fully satisfied the criteria. Group members responded to a web-based survey on the platform, Qualtrics, to rank order strategies. The group then reviewed the results of the prioritization survey in real-time. Group members discussed the implications of moving forward with the top-rated strategies, including how well those strategies reflected the feedback from community members gained through the engagement process.

Strategies selected. Following the strategic planning group’s strategy prioritization process, NPHD leadership and consultants from EDC cross-referenced the selected strategies to link them concretely to specific aspects of the community engagement feedback to ensure close alignment between the two. Ultimately, the group decided not to eliminate any of the strategies considered; rather the rankings provided the order in which strategies will be implemented over the next five years. The group then explored preliminary implementation steps for each strategy.

Through this process, the strategies were consolidated together logically under the four topic areas identified under the State-Subdivision Agreement from which they originally came: 1) Prevent Misuse of Opioids and Implement Prevention Education; 2) Harm Reduction; 3) Connections to Care; and 4) Support People in Treatment and Recovery.

Below, in the appendix, are the strategies organized under each category, the goals/objectives they align with, the proposed audience(s), and concrete connections to the community engagement process feedback. The implementation plan for each strategy will be developed with ongoing feedback from community members, including individuals who participated in the initial community engagement process, to ensure that the proposed activities respond directly to expressed needs from those most directly affected by the issue.

To further support the implementation process, NPHD is in process of developing implementation plans that describe the action steps to be carried out for each strategy in detail, the staff person(s) and partners responsible for overseeing implementation, the anticipated timeline for completion of each activity and the measure of success (e.g., ‘how will we know we have been successful in executing this activity?’). NPHD has also developed the first iteration of logic models for each of the four topic areas listed above and the associated strategies, articulating the goals and objectives, strategies, and expected short-, intermediate-, and long-term outcomes. These logic models will be ‘living documents’ that may change and evolve based on additional information collected as part of the implementation process and in response to newly identified needs.

Limitations

There are several limitations to acknowledge in the development of this strategic plan. Despite a very comprehensive, data- and community-informed planning process, the planning group identified additional information that was not available during the planning discussions but that would enhance the implementation process moving forward. For example, more data on

community-specific risk and protective factors driving opioid use, misuse, and overdose in Needham could further enable the town to better focus opioid abatement resources to maximize impact. Therefore, some of the first action steps to be implemented will focus on collecting additional data/information to further inform this strategic plan and strategy implementation plans.

Further data collection related to existing resources and resource gaps is also needed. For example, some strategies focus on expanding treatment and recovery services. However, to truly know whether there is a need to expand certain types of services in Needham, it is necessary to first determine the actual service use rates, including whether certain community members experience barriers to accessing these services, to understand whether there is a real need for expansion. For other strategies, there is the need to clarify exactly what is already going on in the community (e.g., post-overdose follow-up and ongoing support services) and which organizations are involved in those efforts to determine whether additional services are warranted.

Finally, some of the selected strategies are intentionally broad to allow for customization to meet town-specific needs. For these, exactly what will be done (the specific ‘activities’) and who will be doing it will be further defined in the implementation planning process to come. Some strategies are ‘one-time’ events/interventions (e.g., purchase more SAMBoxes for installation in public buildings), while some may require longer implementation timelines due to the need for additional planning and/or capacity building necessary prior to implementation.

Conclusion and Next Steps

This strategic plan will be a ‘living’ document that can be re-evaluated and updated as needed when new information and data bring to light emergent needs. NPHD leadership will use the preliminary implementation steps and logic models to further define the activities associated with each strategy and develop a comprehensive evaluation plan. Moving forward, NPHD will continue to meet with individuals who participated in the community engagement process to share the decisions made and incorporate their input to strengthen the strategy implementation process. This strategic plan, as well as a comprehensive evaluation plan, will be used to guide implementation efforts over the next five years. A short-term action plan to guide opioid abatement efforts through June 2025 will be presented to Town Meeting for approval in October 2024, and the full strategic plan will be delivered for approval in Spring 2025.

Appendix A. List of Strategic Planning Group Members

Member	Organization
Katie King	Needham Deputy Town Manager
Cecilia Simchak	Assistant Director of Finance
Susannah Hann	Director of Health Services, Needham Public Schools
Karen Shannon	Substance Use Prevention Program Coordinator/SPAN Lead
Lydia Cunningham	Substance Use Prevention Program Coordinator
John Schlittler	Needham Chief of Police
Thomas Conroy	Needham Fire Chief
Jessica Moss	Assistant Director of Counseling and Volunteers, Center at the Heights
Sara Shine	Director, Youth and Family Services
Ginnie Chacon-Lopez	Public Health Nurse
Sandra Robinson	Executive Director, Needham Community Council
Timothy McDonald	Director, Needham Department of Health and Human Services

Appendix B. Selected Strategies

Area #1: Prevent Misuse of Opioids and Implement Prevention Education			
Goal: Prevent opioid misuse among youth.			
Objectives	Strategy/ies	Proposed audience(s)	Connections to community engagement process
Objective #1: Reduce risk factors that lead to youth opioid misuse.	Provide information on the causes and risks of opioid misuse.	Youth and their caregivers.	Community members suggested more education on the causes/risks of OUD among youth and young adults.
	Provide school- and community-based services to address mental health needs and promote wellbeing.	Youth and their caregivers.	Community members suggested a greater focus on school-based prevention efforts and on mental health disorders.

Appendix B. Selected Strategies

Area #2: Harm Reduction			
Goal: Reduce opioid related harms (e.g., non-fatal overdoses, opioid related injury, 911 crisis calls, etc.).			
Objectives	Strategy/ies	Proposed audience(s)	Connections to community engagement process
Objective #1: Increase access to Naloxone and Fentanyl/Xylazine test strips.	Add SAMBoxes and test strips to additional locations.	Needham residents and visitors.	Community members suggested placing Narcan in as many public places as possible in addition to other, more proactive and structured methods of Narcan and test strip distribution.
Objective #2: Increase awareness of existing resources.	Implement school-based programming to raise awareness about existing harm reduction resources.	School-aged youth.	Community members mentioned that schools must provide greater levels of education around Narcan and other harm reduction techniques, including fentanyl testing strips.
	Provide outreach and education to general population and special populations.	Young adults, including those that use drugs but are not in treatment.	Community members noted the lack of programming available exclusively to teens and young adults and supported creation of programming aimed at reaching young adults (including those who may use drugs).
Objective #3: Increase knowledge of overdose prevention and other harm reduction techniques.	Provide training in harm reduction strategies, crisis management techniques, etc.	Healthcare providers, current and potential peer recovery coaches, outreach specialists, first responders.	Community members noted the need strengthen local healthcare and other service providers' ability to address addiction-related issues.
	Support peers/people with lived experience of OUD to become recovery coaches.	Peers/people with lived experience of OUD.	Community members suggested training of additional recovery coaches.

Appendix B. Selected Strategies

Area #3: Connections to Care			
Goal: Increase positive health-related outcomes for people with OUD			
Objectives	Strategy/ies	Proposed audience(s)	Connections to community engagement process
Objective #1 Reduce barriers to access needed services.	Provide transportation to treatment, recovery and other services for people who use opioids/with OUD.	People with OUD, recently released individuals involved in the criminal legal system.	Community members communicated the need for funding for transportation for individuals in treatment or recovery to attend meetings, appointments, etc. to the town recovery coach.
	Provide people who use opioids/with OUD access to peer support specialists to help navigate care options.	People with OUD, recently released individuals involved in the criminal legal system.	Community members identified the need to support peers to attend trainings to become MA Certified Recovery Coaches and shared the perspective that peer recovery represents a “two-way street” with recovery specialists working alongside someone also in recovery represented as a potentially meaningful connection and pathway to recovery.
	Support Emergency Medical Service providers build skills/knowledge needed to better connect people who use opioids/with OUD to care.	People who use opioid or have OUD.	Community members advocated for greater training (including Narcan training) for first responders (including EMS) so that responses to OUD-related events are equitable and urgent universally and noted that EMS follow up services after overdose events provide vital connections to care.
	Enhance post overdose response activities to connect individuals experiencing non-fatal overdoses to resources and supports.	People experiencing non-fatal overdose and their families.	Community members noted that follow-up services after an overdose event were important, especially from a harm reduction perspective. Such follow up—specifically when provided without law

			enforcement involvement—was recognized as a crucial window in which those experiencing OUD may pursue recovery.
	Conduct services/trainings (e.g., Mental Health First Aid) to encourage early identification /intervention of people who use opioids and may develop OUD.	Children, adolescents, caregivers, school staff, peers, neighbors, health and/or human services professionals, or others in contact with children or adolescents.	Community members observed a lack of programming available exclusively to teens and young adults and few available resources for parents and loved ones of those with OUD.

Appendix B. Selected Strategies

Area #4: Treatment and Recovery			
Goal: Support people in need of treatment and recovery services and those currently in treatment and recovery in Needham to have better outcomes.			
Objectives	Strategy/ies	Proposed audience(s)	Connections to community engagement process
Objective #1: Increase use of existing treatment and recovery services available to Needham residents.	Educate community members about available mobile intervention, treatment, telehealth, and recovery services offered by qualified providers, as well as recovery-oriented resources including support groups, social events, and other services.	People in need of SUD/OD treatment and recovery services.	Community members noted a pervasive lack of awareness in the community about treatment resources currently available.
	Support/expand peer recovery centers, including support groups, social events, and other services for people with OUD.	People in need of SUD/OD recovery support services.	Community members suggested recovery houses and sober living facilities as potential avenues the town should explore, though noted the logistical and financial barriers to implementing such initiatives and identified several specific recovery support models in use in nearby communities for potential replication.

Objective #2: Increase support provided to family members that support people in treatment and recovery.	Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members.	Families of people who use opioids/with OUD, in treatment and/or in recovery.	Strategic planning group members identified the need to engage these community sectors/organizations as partners in efforts to reach and support family members of people in treatment and recovery.
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Appendix C. Draft Logic Models

Area #1: Prevent Misuse of Opioids and Implement Prevention Education						
Goal: Prevent opioid misuse among youth. Objective #1: Reduce risk factors that lead to youth opioid misuse (including lack of awareness, low perception of harm [POH]).						
Inputs	Strategies	Activities	Outputs	Short-term Outcomes	Intermediate-term Outcomes	Long-term Outcomes
- NPHD staff and leadership - SPAN - Recovery Coach - School administrators - Health educators	Provide information to youth on the causes and risks of opioid misuse and OUD.			Increased knowledge of factors that lead to opioid misuse, OUD.	Increased attitudes unfavorable toward use (e.g., higher POH).	Reduced opioid misuse among youth.
	Provide school- and community-based services to address mental health needs and promote wellbeing.			Increased knowledge/skills to address mental health issues.	Decrease in students reporting unmet mental health needs.	
				Increased knowledge/skills to promoting wellbeing.	Increase in students reporting positive mental health/wellbeing.	

Appendix C. Draft Logic Models

Area #2: Harm Reduction						
Goal: Reduce opioid related harms (e.g., non-fatal overdoses, opioid related injury, 911 crisis calls, etc.). Objective #1: Increase access to Naloxone and Fentanyl/Xylazine test strips. Objective #2: Increase awareness of existing resources. Objective #3: Increase knowledge of overdose prevention and other harm reduction techniques.						
Inputs	Strategies	Activities	Outputs	Short-term Outcomes	Intermediate-term Outcomes	Long-term Outcomes
• NPHD staff and leadership • Recovery Coach • Peers • Local businesses/institutions • SPAN • School administrators • Health educators • Local health care providers	Add SAMBoxes and test strips to additional locations.			Greater access to Narcan and test strips	Greater use of Narcan and test strips	Reduction in opioid related harms (e.g., non-fatal overdoses, opioid related injury, 911 crisis calls, etc.).
	Implement school-based programming to raise awareness about existing harm reduction resources.			Increased awareness of existing resources	Increased use of existing resources	
	Provide outreach and education to general population and special populations (including people who use drugs not in treatment, young adults).					
	Provide training to health care providers, etc. in harm reduction strategies, crisis management techniques, etc.			Increased knowledge in hard reduction approaches, etc.	Increase in harm reduction approaches integrated into available support	
	Support peers/people with lived experience of OUD to become recovery coaches.					

Appendix C. Draft Logic Models

Area #3: Connections to Care						
Goal: Increase positive health-related outcomes for people with OUD. Objective #1: Reduce barriers to access needed services.						
Inputs	Strategies	Activities	Outputs	Short-term Outcomes	Intermediate-term Outcomes	Long-term Outcomes
• NPHD staff and leadership • Recovery coach • Peer support specialists • Emergency Medical Service providers • Transportation providers • Training curricula	Provide transportation to treatment, recovery and other services for people who use opioids/with OUD.			Increased access to services	Increased use of services	Increased positive health outcomes for people with OUD
	Provide people who use opioids/with OUD access to peer support specialists to help navigate care options.					
	Support Emergency Medical Service providers build skills/knowledge needed to better connect people who use opioids/with OUD to care.					
	Enhance post overdose response activities to connect individuals experiencing non-fatal overdoses to resources and supports.					
	Conduct services/trainings (e.g., Mental Health First Aid) to encourage early identification /intervention of people who use opioids and may develop OUD.					

Appendix C. Draft Logic Models

Area #4: Support People in Treatment and Recovery						
Goal: Support people in need of treatment and recovery services and those currently in treatment and recovery in Needham to have better outcomes. Objective #1: Increase use of existing treatment and recovery services available to Needham residents Objective #2: Increase support provided to family members that support people in treatment and recovery.						
Inputs	Strategies	Activities	Outputs	Short-term Outcomes	Intermediate-term Outcomes	Long-term Outcomes
• NPHD staff and leadership • Recovery coach • Local treatment providers • Local recovery support services • Local non-profits • Local faith-based organizations • Community coalitions	Educate community members about available mobile intervention, treatment, telehealth, and recovery services offered by qualified providers, as well as recovery-oriented resources including support groups, social events, and other services.			Greater awareness of available mobile intervention, treatment, and recovery services etc.	Greater use of available mobile intervention, treatment, recovery services, etc.	People in treatment and recovery are better supported/have better outcomes
	Support/expand peer recovery centers, including support groups, social events, and other services for people with OUD.			Greater availability of recovery centers, including support groups, social events, and other services.		
	Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members.			Families are more aware of resources/ supports to help them.	Families use available resources/ supports.	