



### Memorandum

To: Kate Fitzpatrick, Town Manager

From: Tiffany Benoit, Assistant Director of Public Health

CC: Timothy McDonald, Director of Health & Human Services Kathleen King, Deputy Town Manager/Director of Operations

David Davison, Deputy Town Manager/Director of Finance

Date: January 27th, 2025

Re: Opioid Settlement Stabilization Fund Plan

The Needham Public Health Division seeks Town Meeting's approval to use \$108,783 of the Opioid Settlement Stabilization Funds to work on increasing the opioid initiatives throughout the town of Needham for FY26. This funding will be used to pay for the Behavioral Health Peer Support Specialist, including all fringe benefits and mileage reimbursement. The breakdown is as follows:

Total	\$108,783.00
Mileage	\$2,000.00
Fringe	\$36,076.00
Salary	\$70,707.00

This is the only funding we are seeking as we believe that the other deliverables that will be worked on throughout FY26 will be able to be completed through funding currently available. The areas of the Statewide Commitment for Abatement that will be worked on for FY26 include, connections to care, prevention and education, harm reduction, and supporting people in treatment and recovery.

In FY25 we were able to complete the Strategic Plan and Community Engagement activities. By engaging those with lived experiences with opioids, a logic model and action plan have been created to help guide activities that will be continued through FY26. A few activities that were accomplished in FY25 included piloting a Peer Recovery Coach and converting the position to a full time Behavioral Peer Support Specialist, providing transportation to 10 residents to treatment, and starting a Dual Recovery Anonymous meeting.

Some of the action planning steps for FY26 include: continuing training of youth in Narcan through education in Teen Mental Health First Aid given to the entire 10<sup>th</sup> grade, education of Narcan with Students Advocating for Life without Substance Abuse (SALSA) club at the high school, and through free distribution at the Needham Health Division and discussions with parents and youth in substance use, working with physician groups for training on Peer Recovery Coaching, working on a transportation program for access to treatment, and enhance post overdose response activities, among others. FY26 will also include data gathering and system improvements to track outcomes and provide annual evaluations of strategic planning.

Thank you for your time in considering the funding needs and use for the Opioid Settlement Stabilization Funding. Please see Exhibit A for an infographic of Peer Recovery Coach work and Exhibit B for the logic model with action planning steps for FY25-FY26.

Sincerely,

Tiffany Benoit

Assistant Director of Public Health

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#### EXHIBIT A

# NEEDHAM RECOVERY COACH SERVICES

Needham Public Health Recovery Coach Pilot Program
JANUARY 2024-DECEMBER 2024

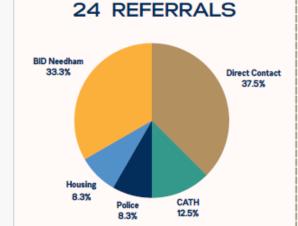
Dual Recovery
Anonymous Meeting
on Thursdays from 12-1PM
at the Center at the Heights

**30**+

participants
8 weeks of meetings
Average weekly
attendance 4-5

Recovery Coaching Services approximately 10 hours per week

> 139 hours of One-on-One meetings









## NEEDHAM RECOVERY COACH SERVICES

JANUARY 2024-DECEMBER 2024

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#### Exhibit B

#### 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	Intermediate-	Long-term
<ul> <li>NPHD staff and leadership</li> <li>SPAN</li> <li>Recovery Coach</li> </ul>	Provide information to youth on the causes and risks of opioid misuse and OUD.	Training Youth on Narcan	# of students trained	Increased knowledge of factors that lead to opioid misuse, OUD.	Increased attitudes unfavorable toward use (e.g., higher POH).	Outcomes
<ul> <li>School administrators</li> <li>Health educators</li> </ul>	Provide school- and community-based services to address mental health needs and promote wellbeing.	Involve parents and youth in discussions about substance use.	Conversations with parents of a middle school "Why you shouldn't wait to speak with your youth about substance use" 3-part series (75 min) # of parents for all sessions.	Increased knowledge/skills to address mental health issues. Increased knowledge/skills to promoting wellbeing.	Decrease in students reporting unmet mental health needs. Increase in students reporting positive mental health/wellbeing.	Reduced opioid misuse among youth.

#### 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
<ul><li>NPHD staff and leadership</li><li>Recovery</li></ul>	ship additional locations.	Provide SAMBoxes (through grant type system) to private facilities.	# of SAMBoxes placed	Greater access to Narcan and test strips	Greater use of Narcan and test strips	
<ul> <li>Recovery Coach</li> <li>Peers</li> <li>Local businesses/ institutions</li> <li>SPAN</li> <li>School administrators</li> <li>Health educators</li> <li>Local health care providers</li> </ul>	Implement school-based programming to raise awareness about existing harm reduction resources.  Provide outreach and education to general population and special populations (including people who use drugs not in treatment, young adults).	Teen Mental Health First Aid in High School, and SALSA team Narcan training  6 weeks Multiple pathways presentation at Housing Authority	400 high school students (10 <sup>th</sup> grade) trained, # of SALSA students trained 1 person chose recovery from this meeting	Increased awareness of existing resources	Increased use of existing resources	Reduction in opioid related harms (e.g., non-fatal overdoses, opioid related injury, 911 crisis calls, etc.).
	Provide training to health care providers, etc. in harm reduction strategies, crisis management techniques, etc.	Work with physician groups for training on PRC.	# of Newton Wellesley physician group discussions, # of physicians participated	Increased knowledge in hard reduction	Increase in harm reduction approaches integrated into	
	Support peers/people with lived experience of OUD to become recovery coaches/sponsors.	Financially support, both training and literature, residents in need to take recovery/sponsorship classes.	Amount of funding and # of people helped.	approaches, etc. available support		

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#### 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
•	leadership  Recovery coach  Peer support specialists  Emergency Medical Service providers  Transportation providers	Provide transportation to treatment, recovery and other services for people who use opioids/with OUD.	Need-based system to provide transportation services.	10 rides have been provided for residents in need of treatment. Multiple facilitated discussion with treatment centers to provide transportation for residents in outpatient.			Increased
		Provide people who use opioids/with OUD access to peer support specialists to help navigate care options.	Dual Recovery Anonymous Meeting, Hire full- time Recover Coach	30+ participants since Nov 2024, 1 PRC hired in Feb 25	Increased access to services	Increased use of services	positive health outcomes for people with OUD
		Support Emergency Medical Service providers build skills/knowledge needed to better connect people who use opioids/with OUD to care.	Gather data about current trainings and needs to EMS providers.	# and type of trainings currently used by EMS			
		Enhance post overdose response activities to connect individuals experiencing non-fatal overdoses to resources and supports.	Speak with community resource teams to discuss initiatives in place currently	# of discussions held about current post overdose efforts			

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Conduct services/trainings (e.g.,	Teen Mental Health	# of people	
Mental Health First Aid) to	First Aid to 10 <sup>th</sup>	trained	
encourage early identification	grade students,		
/intervention of people who use	work with providers		
opioids and may develop OUD.	of Mental Health		
	First Aid to provide		
	trainings.		

#### 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	Intermediate-	Long-term
				Outcomes	term Outcomes	Outcomes
<ul> <li>NPHD staff and leadership</li> <li>Recovery coach</li> <li>Local treatment providers</li> <li>Local recovery support services</li> <li>Local non-profits</li> </ul>	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.	Provides flyers with resources to Overdose awareness day, harvest fair, coffee talks, create mailer for Needham Residents	# of presentations/encounters,# of mailers	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
<ul> <li>Local faith- based organizations</li> <li>Community coalitions</li> </ul>	Support/expand peer recovery services, including support groups, social events, and other services for people with OUD.	Dual Recovery Anonymous	30+ participants, 139 hrs. of 1 on 1 meetings	Greater availability of recovery centers, including support groups, social events, and other services.		better outcomes

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Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members.	One of the core functions of Peer Recovery Coaching	Families are more aware of resources/ supports to help them.	Families use available resources/ supports.	

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