

# **Greater New Bedford Opioid Task Force Strategic Plan Report**

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**Presented to the New Bedford Health Department**

**Prepared by Prevention Solutions @EDC**

## I. Executive Summary

Prevention Solutions@EDC (PS@EDC) partnered with the New Bedford Health Department (NBHD) and the Greater New Bedford Opioid Task Force (GNBOTF) to develop a comprehensive strategic plan and associated implementation plan to reduce the number of fatal and non-fatal overdoses in the Greater New Bedford area. The aim of this strategic plan process is to develop a detailed and comprehensive action plan that will guide the work of the task force in the years ahead. To develop this plan, PS@EDC engaged in a three-month process to gather information from various stakeholders. Data gathering methods included ongoing communication with the GNBOTF executive committee; analysis of existing data to determine nature of the problem; needs assessment survey; discussions with participants of GBBOTF's Opioid Summit in April of 2019; and information from additional initiatives.

As part of this process, the GNBOTF refined their vision to be as follows:

**Vision:** *Collaborating —across agencies, organizations, sectors and stakeholders—to build a healthier community by preventing the misuse of substances.*

**Mission:** To address opioid misuse and overdose in the Greater New Bedford community by increasing available (and leveraging existing) resources, enhancing infrastructure and coordination of efforts, and improving communication among community and organizational partners.

The strategic planning process also included an analysis of current efforts to address the opioid crisis, as well as the task force's functioning—particularly in comparison to the broad literature on effective coalitions. According to participants of the summit and survey respondents, most people are satisfied with the prevention, harm reduction, treatment, and recovery services currently offered in the community, but feel that there are not enough of these services. Therefore, a key goal for the task force is to increase current offerings to ensure they reach more people. In terms of the task force functioning, the characteristics of an effective coalition found to be in place at the GNBOTF included members seeing the value of their participation in the task force, members agreeing the task force has a clear vision and mission, reports from participants that meetings help further the task force goals; and members reporting feeling heard. Areas of growth for the task force include both internal and external communication (i.e., among participating members and between the task force and the rest of the community). Other areas of growth identified include ensuring greater representation on the task force, improving collaboration between members, increase funding, and build the capacity of task force members.

Based on the data gathered, several recommendations emerged for moving forward. Recommendations are organized by the five steps of SAMHSA's Strategic Prevention Framework and include the following:

### ***Assessment***

- Establish a data surveillance sub-committee to improve data sharing and use.

### ***Capacity***

- Articulate the specific functions of the task force
- Clearly define the criteria and benefits of members in task force.
- Ensure that the task force more properly represents the Greater New Bedford area by identifying sub-groups not currently involved in the task force and engage them.
- Four sub-committees (prevention, harm reduction, treatment, and recovery) should launch planning and implementation of activities.
- Conduct more accessible, interactive and engaging monthly meetings.
- Develop internal communication plan to facilitate information sharing among task force members
- Develop an external communication plan that enables it to raise awareness in the community about both the problem, as well as the services and supports offered by task force members.
- Conduct capacity building activities for task force members
- Conduct stakeholder analysis to determine task force's current composition and skills and identify gaps/needs.

### ***Planning:***

- Organize planning under each of the four pillars (prevention, harm reduction, treatment, and recovery).
- Create a “nested” logic model for all of the task force's goals, activities, and outcomes.
- Address gaps in services and supports in each of the four pillars.

### ***Implementation:***

- Use sub-committees to coordinate implementation of supports and services

### ***Evaluation***

- Provide ongoing training and technical assistances focused on evaluation capacity building.
- Develop evaluation plan based on logic model that articulates short- and long-term outcomes.

### ***Cultural Competence***

- Conduct focus groups and key information interviews with members of linguist minority groups to better understand barriers for participation.
- Develop specific outreach efforts to better reach linguistic minority populations.

### ***Sustainability***

- Create sustainability plan.
- Develop action plan for identifying funding sources to support task force members' activities.

## II. Introduction

### *Scope of the Plan*

Prevention Solutions@EDC (PS@EDC) partnered with the New Bedford Health Department (NBHD) and the Greater New Bedford Opioid Task Force (GNBOTF) to develop a comprehensive strategic plan and associated implementation plan to reduce the number of fatal and non-fatal overdoses in the Greater New Bedford area. The aim of this strategic plan process is to develop a detailed and comprehensive action plan that will guide the work of the task force in the years ahead. To develop this plan, PS@EDC engaged in a three-month process to gather information from various stakeholders including NBHD staff, GNBOTF executive committee members, GNBOTF members, and other members of the Greater New Bedford community; analyze the information gathered; and develop a set of recommendations for concrete action steps that would form part of the GNBOTF action plan.

### *Methodology*

The data gathering process for developing the strategic plan took place between March and June of 2019. It included the following steps:

- ***Ongoing Communication with GNBOTF Executive Committee:*** Three meetings of the GNBOTF executive committee were dedicated to discussing the strategic planning process with an emphasis on developing a clear vision and mission for the task force, as well as elicit feedback from executive members on the process. In addition, executive committee members provided feedback and direction via email and phone communication. Lastly, additional information was gathered through ongoing communication with NBHD staff, as well as the New Bedford Police Department.
- ***Analysis of Existing Data to Determine Nature of Problem:*** Extensive efforts were made to obtain relevant data to inform the development of the strategic plan; however, in some cases, there were limited data available and/or challenges, encountered by EDC, NBHD and other partners in accessing available data (e.g., for privacy issues). In addition to guidance as to publically available data sources to review, NBHD provided PS@EDC two sources of data for analysis as part of the strategic plan: select data from the 2017 New Bedford High School Youth Health Survey, and data on substance abuse –related deaths from the New Bedford Death Record Surveillance (2012-2017). Both sets of data were analyzed to gain a deeper understanding of the nature of the opioid problem in the Greater New Bedford area.
- ***Needs Assessment Survey:*** A community survey was administered online to members of the GNBOTF between June 9 and June 30, 2019, yielding 88 responses from the task force’s 126 members. The high response rate to this survey reflects the willingness of task force members to participate and offer their insight to this process. The survey asked about current services related to prevention, harm reduction, treatment, and recovery, as well as questions about the functioning of the task force including communication and coordination of efforts.
- ***Discussions with participants of GNBOTF’s Opioid Summit, April 2019:*** On April 18, 2019 the GNBOTF hosted an Opioid Summit with approximately 100 attendees—GNBOTF members, community leaders, and representatives of other entities working to address the

opioid crisis in the region. PS@EDC and NBHD staff facilitated breakout discussions organized into four groups, each focusing on a different area of work: prevention, harm reduction, treatment, and recovery. In each group, four questions were posed to participants: which efforts seem to be working to address the opioid crisis in Greater New Bedford? Which ones are not working well? What more do we need to do? What role do you see this group playing in these efforts? Notes from the discussion in each group were captured.

- **Information from Additional Initiatives:** Overlapping with PS@EDC data gathering process, NBHD worked with two other partners on additional initiatives designed to improve efforts to address the opioid crisis. First, NBHD worked with the National League of Cities (NLC) on the evaluation of current opioid-related programs, including offering an evaluation training and support for building program logic models. Second, NBHD partnered with the University of Massachusetts-Dartmouth on an overall Community Health Improvement Plan (CHIP) for the city of New Bedford, which includes as one of its priority areas Substance Abuse. PS@EDC examined information from both initiatives (program logic models from NLC-led initiative and CHIP report from UMass-Dartmouth-led initiative) to inform this process.

NBHD also holds two FDA Voluntary Standard grants, a Massachusetts Tobacco Cessation and Prevention (MTCP) grant, and five grants focusing on substance use. Through funding received from the Bureau of Substance Addiction Services (BSAS), NBHD holds three substance use prevention grants:

- The Massachusetts Substance Abuse Prevention Collaborative (SAPC) focuses on preventing underage drinking and other drug use
- The Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) aims to prevent opioid misuse/abuse and unintended opioid overdoses
- Partnerships for Success 2015 (PFS 2015) grant program focuses on preventing prescription drug misuse and abuse among high school aged youth

These grants have allowed NBHD to hire three prevention coordinators who collectively bring decades of experience working in substance use-related issues. As a result of these grants, the NBHD has implemented a number of surveys (in English and Spanish) in the New Bedford Public Schools to help focus its work on priority and high-risk populations. The MOAPC, SAPC, and MTCP grants require a regional cluster model approach, which has enabled the NBHD to form strong working relationships with communities and organizations in the Greater New Bedford area. The two remaining substance use grants, funded through private foundations, which have allowed the NBHD to hire a coordinator for the Greater New Bedford Opioid Task Force (GNBOTF). NBHD is currently awaiting notification for the FR-CARA grant, which focuses on Narcan dissemination and training.

### *Vision, Mission, and Goal*

One of the first steps in the process for developing the strategic plan was to revisit the task force's vision, mission, and goal. Through a process facilitated by PS@EDC, the GBNOTF executive committee established the following vision, mission, and overarching goal:

**Vision:** *Collaborating —across agencies, organizations, sectors and stakeholders—to build a healthier community by preventing the misuse of substances.*

**Mission:** To address opioid misuse and overdose in the Greater New Bedford community by increasing available (and leveraging existing) resources, enhancing infrastructure and coordination of efforts, and improving communication among community and organizational partners.

**Overarching goal:** Address the issue of opioid misuse, we strive to use strategies that are data-driven and grounded in evidence-based programs which are monitored and evaluated for quality improvement. Using this approach, we are focused on reducing both the annual number of opioid-related fatalities and the number of nonfatal overdoses by 5 percent each year over the next 5 years.

To accomplish this goal, GNBOTF focuses on the four pillars using four respective sub-committees: prevention, harm reduction, treatment, and recovery. The roles of these sub-committees are as follows:

- **Prevention:** Bringing together diverse stakeholders to participate in comprehensive, evidence-based prevention efforts with the goal of preventing the next generation from initiating opioid use and supporting children impacted by the opioid crisis.
- **Harm Reduction:** Ensuring the availability, accessibility, coordination and community awareness of services that engage people that use opioids—including those who have experienced non-fatal overdoses—as partners in reducing the harmful effects and negative consequences of opioid use.
- **Treatment:** Providing treatment services that are readily available, culturally responsive and trauma-informed that address the physical, mental, emotional and spiritual health needs of the “whole person” and their families through every step of the process and support them during transitions between care providers.
- **Recovery:** Reinforcing individuals and their families on their chosen paths to recovery through facilitating ongoing connections to resources, services, and support systems that promote resiliency, wellbeing and empowerment across the life course.

### *Limitations*

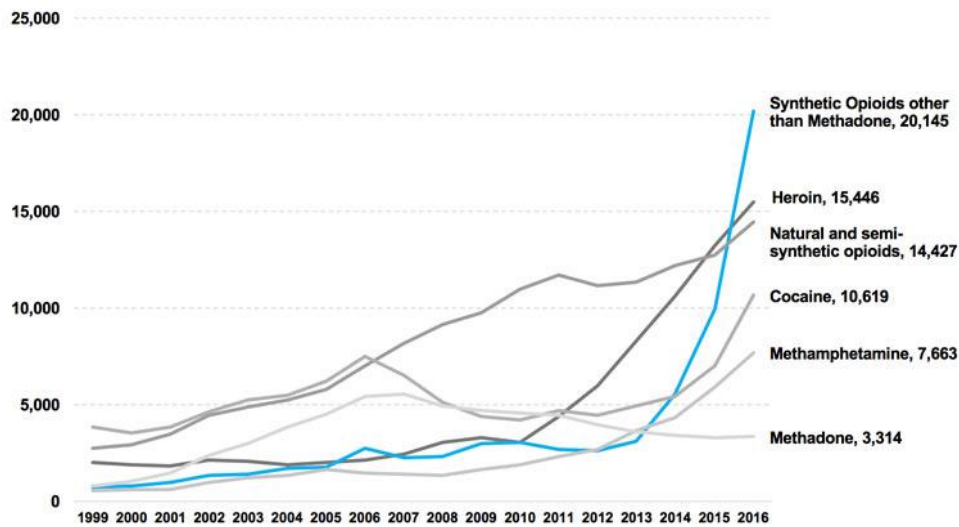
The strategic planning process aimed to identify areas of growth for efforts to address the opioid crisis in the Greater New Bedford area. However, most of the data gathered as part of this process pertained specifically to the City of New Bedford, as NBHD does not have access to surrounding towns’ data. Therefore, the limitation of this report is the lack of information and recommendations pertaining to the communities surrounding the City of New Bedford. Despite this limitation, the recommendations made in this report are intended to improve the overall functioning and coordination of opioid-related services within the context of the GNBOTF—improvements that have the potential to benefit the entire Greater New Bedford region.

### III. Nature of the Problem

The U.S. is facing an unprecedented opioid epidemic. Over 72,000 Americans died due to drug-related overdoses in 2017—two-thirds of these deaths involved opioids and each day, more than 130 people in the United States die from an opioid overdose (National Institute on Drug Abuse, 2018 and 2019). Opioid-related overdose deaths increased four-fold between 2002-2017, and focused on particular regions of the country including New England. Underlying this unprecedented death toll is an epidemic of addiction. As Figure 1 shows, the opioid epidemic was driven primarily by prescription opioid related deaths, followed by a brief period where it was predominantly propelled by heroin. For the past several years and to date, the availability and consumption of powerful synthetic opioids such as fentanyl and Fentanyl analogues have been the main contributors to the problem. Looking at emerging trends, the rate of deaths associated with prescription opioids, heroin, and synthetic opioids continue to rise, alongside an emerging and growing trend of cocaine- and methamphetamine-related deaths.

**Figure 1:**

**Drugs Involved in U.S. Overdose Deaths, 2000 to 2016**



*Source: Centers for Disease Control and Prevention. (2018). National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database.*

The national opioid epidemic has hit several states particularly hard, including Massachusetts. Ranked among the top ten states struggling with opioid overdose deaths, the Commonwealth has a rate of 28.2 deaths per 100,000 persons, twofold higher than the national rate of 14.6 deaths per 100,000 persons, according to the National Institute on Drug Abuse. The Centers for Disease Control (CDC) lists Massachusetts as the third highest state in the country for fentanyl related deaths (23.5 per 100,000 age-adjusted). Ethnic and racial disparities are even greater as the Black and Hispanic opioid death rates in Massachusetts are higher than the national average for all race and ethnicities based on CDC data.

The city of New Bedford has been significantly impacted by this national crisis and is ranked fifth in the state for opioid overdose deaths (Massachusetts Department of Health). DPH emergency medical services (EMS) for the first three quarters of 2018 found that the city had 579 opioid-related EMS incidents. In 2017, 43 New Bedford residents died of an opioid-related overdose (NBHD death records). Police data has identified three main areas in the city where approximately 85% of suspected opioid overdoses occur (as of 2019). Substance abuse related deaths involving fentanyl have consistently risen over the past five years and were present in 59.6% of deaths in 2017. Prescription opioids were present in 7.5%, heroin in 8.5% and non-specific opiates in another 4.3%. The vast majority of substance abuse-related deaths occur among white, non-Hispanic individuals between 25-64 years of age, and men comprise nearly three quarters of all substance abuse-related deaths. More than two-thirds of substance abuse-related deaths occur among individuals that have an educational attainment of high school graduation/GED or less and three-fourths of substance use-related deaths occur among people that have never married or are divorced.

Many residents of New Bedford experience high poverty rates, low educational attainment, and have additional considerations relating to immigration status as well as language barriers, all of which correspond with the disparities observed among the opioid epidemic in the City of New Bedford. Hispanic/Latino (8.5%), non-White (15%), and Foreign-born individuals (10.6%) as well as children of immigrants (23.4%) experienced a higher incidence of substance use-related deaths based on data from the NBHD death records. Top occupations experiencing substance abuse-related deaths include construction, fishing, installation, maintenance and repair, and production. Death rates are highest among unemployed individuals. Members of NB's fishing community are disproportionately affected by the opioid epidemic as they accounted for 11 percent of overdose fatalities from 2012-2018 (NBHD death records). It is important to note that, according to NBHD Death Record Surveillance data, there have been no substance-related deaths among individuals under the age of 18 between 2012-2017.

Beyond the death toll, it is important to consider substance misuse trends for adolescents that can be addressed to reduce the number of individuals developing substance use disorders (SUD). Specifically, the Youth Health Survey collected in 2017 from students at New Bedford High School shows a significant number of students--nearly one third (31.22%) reported experiencing depressive symptoms in the past year—a significant risk factor for SUD. Furthermore, nearly half (48%) of youth surveyed had tried alcohol before age 14 and more than one third of youth surveyed believe there is little to no risk of engaging in binge drinking. Current use rates of other substances among youth are similarly high; 18% have used marijuana in the past 30 days, and 2%, 4.5% and 9% have tried heroin, over-the-counter medications and prescription drugs that were not their own in their lifetimes, respectively. Key community informants also describe a sudden and alarming increase in e-cigarette use among students in New Bedford (New Bedford CHIP, 2019). Data reveal that many students believe that certain substances are easily accessible in the community, and that limited harm may come of using substances. In summary, in addition to addressing alarming rates of overdoses and people living with SUDs, it is also important to focus on preventing additional young people from developing SUDs given the percent of students reporting depression and early substance use.

## **IV. National and Regional Efforts**

At both the national and state-level, the opioid epidemic has been recognized as a public health crisis, and thus curbing its deadly impact has become a top priority. On the federal level many of the agencies under the Departments of Justice and Health and Human Services have released funding to states and communities to help address the crisis. In Massachusetts, various state-level agencies, led by the Department of Public Health have been making significant investments in helping communities build the infrastructure needed to address the crisis. Many of the key federal and state entities involved in these efforts are becoming increasingly aware that addressing the crisis requires a comprehensive, data-driven approach that addresses every aspect of addiction and overdose: the promotion of social and emotional competencies among children to become more resilient and make healthy choices; prevention opioid misuse among youth and adults, including curbing non-medical use of prescription opioids and over-prescription of these medications; carrying out harm-reduction strategies including the wide-distribution of naloxone; increasing both the access and quality to treatment services, including Medication Assisted Treatment (MAT); and supporting people in recovery. The response to the crisis at the local level has also been rapid, comprehensive, albeit overwhelming. Communities across the country are forming coalitions across sectors; bringing together law enforcement, education, public health, healthcare, criminal justice. These coalitions are working to coordinate efforts to support their populations overcome the challenges associated with the opioid crisis.

Despite enormous efforts, challenges continue to plague local efforts to address this crisis. Common challenges include lack of funding; lack of data and data coordination to identify and respond to challenges; lack of coordination between agencies at the local and state levels; difficult to reach populations—especially those plagued by poverty; stigma as a barrier for people to speak up about their challenges, as well as to seek and provide help; and simply put—the enormity of the challenge given the extent of the problem. These challenges can be found in communities across the country, as are the efforts to overcome these challenges with support from national and state agencies.

The City of New Bedford and surrounding communities are not alone in their challenge to address the opioid crisis—not in the State of Massachusetts and not at the national level. In fact, through the GNBOTF, many of the challenges facing communities like these ones are being identified and overtime are being addressed—including the present strategic planning process. GNBOTF has brought together representatives from different sectors to increase collaboration; is moving towards greater coordination and sharing of data; is supporting various community-based agencies and organizations in their implementation of prevention, harm reduction, treatment, and recovery efforts; and is moving towards the evaluation of its efforts to measure their impact.

## **V. Current Efforts in the Greater New Bedford Area**

The following section identifies strengths, weaknesses, and areas of growth in current community efforts to address substance use in general, and the opioid crisis in particular. To do so, the report relies on the voices of members of the community, including the GNBOTF, through discussions at the April 2019 Opioid Summit and from the Needs Assessment survey.

During the summit, participants described the various efforts already in place throughout the region that are helping address the opioid crisis<sup>1</sup>:

- **Prevention:** School-based programs such as Lifeskills, out-of-school programs for youth, and the wide availability of Naloxone (Narcan)
- **Harm reduction:** The Fishing Partnership-Navigator, the South Coast Health van, the youth program at Seven Hills, and the Mass Community Health Workers program
- **Treatment:** Post Overdose Follow-ups to reach out to overdose survivors and their families, the availability of MAT, and the recovery coach program.

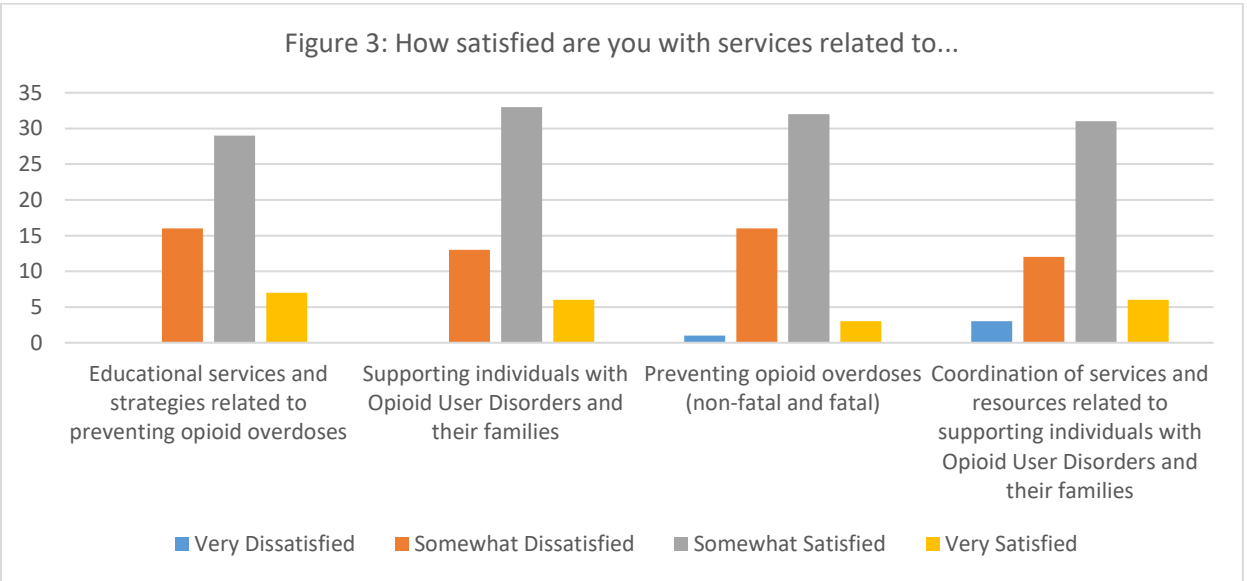
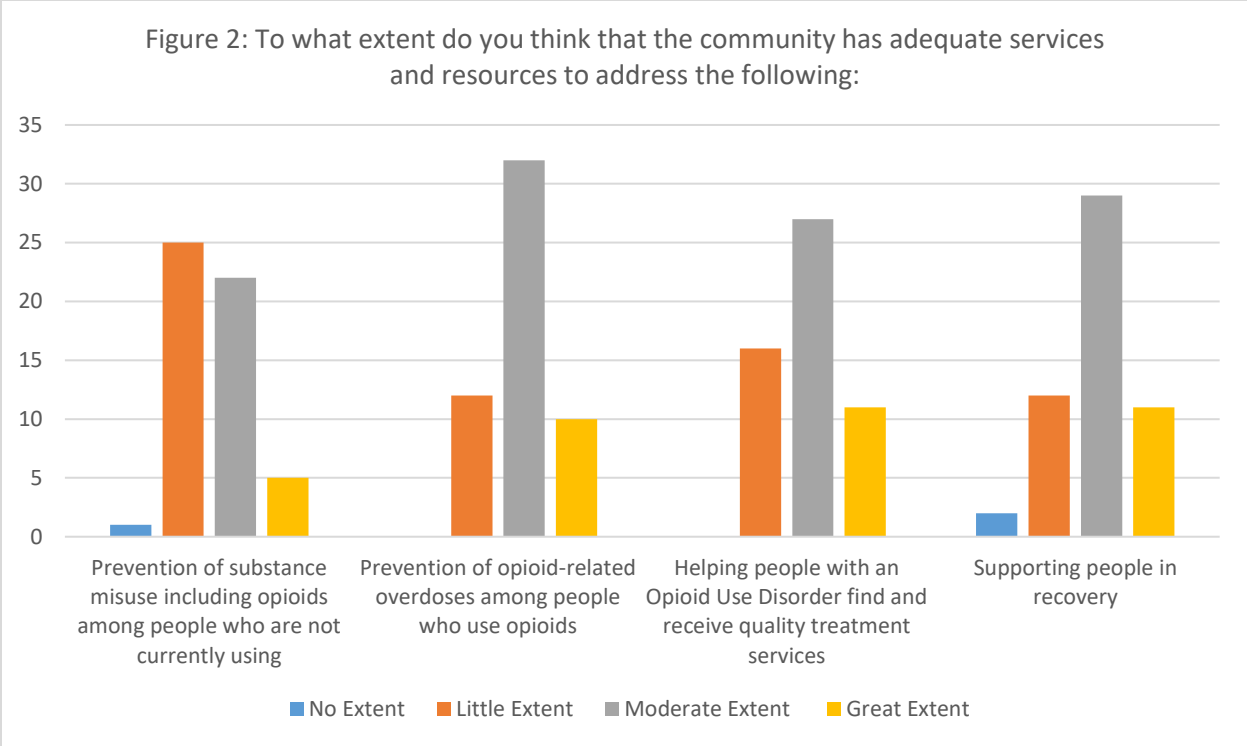
Participants also provided their insights about areas for growth in their four sub-groups:

- **Prevention:** increase parent engagement, increase in mental health support for children, additional prevention funding, better evaluation of current programs, increase in cultural competency, greater community representation in efforts, increased training for staff on working with at-risk youth, and reduction of stigma among healthcare providers
- **Harm reduction:** lack of communication between the various groups carrying out harm reduction efforts—including those within the task force, doing a better job of telling the story of these efforts to the community, and adding services to more people
- **Treatment:** Lack of transition services after overdoses, availability of beds for treatment and recovery, communication between support services and hospitals, addressing stigma, addressing disparities including among those who are homeless as well as persons who inject drugs (PWID), and increasing services during off-hours—especially evenings and early mornings.
- **Recovery:** Lack of access to psychiatric care, lack of workforce development for people in recovery, lack of support for parents in recovery, and need for more sober housing.

On the needs assessment survey, the majority of respondents indicated that current opioid efforts, with the exception of prevention efforts, were adequate as shown in Figure 2. This indicates that, despite several prevention-focused efforts currently underway (examples of which include regular meetings of the GNBOTF prevention sub-committee and increased mindfulness-based education practices in the schools), there are opportunities to enhance and expand prevention initiatives within the area. As Figure 3 shows, the majority of respondents also indicated that they were somewhat or very satisfied with the coordination of prevention, harm reduction, treatment, and recovery services.

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<sup>1</sup> The recovery sub-group did not provide any information about programs that are working well.



In addition, several respondents corroborated these comments by both, highlighting the current efforts and initiatives that they believe are moving in the right direction, as well as what services are needed to be improved. Examples of efforts that are working well included: “continue the multidiscipline outreach efforts and education,” “I think recent efforts to formalize that activities and mission of the Greater New Bedford Task Force is definitely a move in the right direction and should be continued,” and “continue working together to reduce stigma...” When asked what efforts need to be improved in the community related to addressing the opioid crisis, the top

five responses were: improve access to treatment, increase prevention work with children and youth, support people in recovery including through job training, better coordination of services between agencies, and increase in funding. Finally, when respondents were asked which sub-groups in the community face the greatest barriers to access opioid-related services the most common response were immigrant populations/linguistic minorities, followed by homeless and low-income individuals. Other groups mentioned included fishermen, young adults, elderly people, laborers, and people on parole.

The overall satisfaction with most services and the positive comments made at the summit, make it very clear that one key role of the task force in the coming year is to harness the success of current efforts and build on them. Furthermore, both sets of data also provide important insights regarding what services people in the community feel need to be expanded and better coordinated, as well as which populations need greater access to these services. Based on this information, it is clear that the direction of the task force is to build on the strengths of current efforts, improve coordination of efforts, improve services in areas that are missing, and improve access to services for populations that face the most barriers. These areas for improvement are elaborated in section VI. Recommendations.

## V. GNBOTF functioning

An important contribution to the strategic planning process are the insights gathered about the functioning of the Greater New Bedford Task Force. While we did not carry a formal assessment of the task force's functioning, the data gathered was considered in comparison to the large research base that exists around the organizational development and effective functioning of community-based coalitions. Overall, several broad characteristics of strong and effective coalitions were identified from the literature<sup>2</sup>:

- **Member characteristics and perceptions:** In effective coalitions, members clearly see the benefit of participation, have a sense of co-ownership of the direction of the coalition, understand the role they play, and represent various community stakeholders.
- **Organizational or group process:** Effective coalitions have clear vision and mission, have a clear action plan for how they will achieve their mission, have clear and participatory decision-making processes, and are able to resolve conflict when it arises.
- **Organizational or group characteristics and climate:** Effective coalitions are strongly connected to their community through their representation and external communication, effectively raise awareness about the importance of their mission, and are able to mobilize the community when necessary.
- **Resources:** A strong coalition is able to bring together necessary resources (human, financial, in-kind support etc.)
- **Leadership:** Strong coalition have effective leadership that is able to bring people together towards the common goal, motivate members to work together, is aware of the needs and interests of the various participating organizations, and builds on this understanding to mobilize towards a united front.
- **Impact/Outcome:** A strong coalition measures its activities' outcomes and is able to document and demonstrate the impact it is making.

In addition to these characteristics of a strong coalitions, according to the *Stages of Development Team Theory*, coalitions undergo a growth process starting with forming, followed by storming, norming, and performing<sup>3</sup>.

The GNBOTF was formed approximately two years ago to address the opioid crisis in the Greater New Bedford area. The task force has representation from various local and regional governmental and non-governmental agencies/organizations. Sectors represented on the task force include law enforcement, public school districts, healthcare agencies (e.g., hospitals and community health centers), public health, treatment, education, faith-based organizations, among other entities, and is chaired by the current Chief of Police of New Bedford, Chief Joseph C. Cordeiro, and New Bedford Health Department Director Damon O. Chaplin. The police and

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<sup>2</sup> Granner, M. L., & Sharpe, P. A. (2004). Evaluating community coalition characteristics and functioning: a summary of measurement tools. *Health education research*, 19(5), 514-532; Marek, L. I., Brock, D. J. P., & Savla, J. (2015). Evaluating collaboration for effectiveness: Conceptualization and measurement. *American Journal of Evaluation*, 36(1), 67-85; Raynor, J. (2011). *What Makes an Effective Coalition? Evidence-Based Indicators of Success*. Los Angeles, CA: The California Endowment.

<sup>3</sup> Stein, J. Using the Stages of Team Development. Retrived from: <https://hr.mit.edu/learning-topics/teams/articles/stages-development>. For more information see [Managing Coalition Dynamics](#).

health departments jointly serve as the task force's backbone organizations. GNBOTF also has a Steering Committee charged with providing leadership to the task force's efforts. The task force currently has 126 members, based on its current email list and meets on a monthly basis.

In its relatively short existence, the task force has managed to adopt various aspects of an effective coalition, though continues to have room for growth. Feedback from task force members themselves provide a good picture at both the strengths and areas of growth of the task force. Strengths of the task force include:

- Members see value in their participation in the task force: all but one of the 34 respondents said that their participation in the taskforce is helpful to the work that they do at their organization/agency.
- Over 80% indicated that they somewhat or strongly agree that the task force has a clear vision and mission.
- Over 90% indicated that they somewhat or strongly agree that the task force's goals align with their organization's goals.
- Over 90% indicated that they somewhat or strongly agree that task force meetings help further the task force's goals, and over 85% indicated that they somewhat or strongly agree that the meetings further their organization's goals.
- Over 90% indicated that the task force represents the various organizations, agencies, and constituencies affected by the opioid crisis in the Greater New Bedford area.
- Over 80% indicated that they are somewhat or very satisfied with how the task force communicate its vision and mission to its members, as well as somewhat or very satisfied about communication between task force members.
- Over 80% indicated that they are somewhat or very satisfied with the extent to which task force members are listened to and heard.

Respondents also provided important insights into what they perceive to be weaknesses of the task force and areas in which the task force can improve its functioning. In particular, many respondents indicated their dissatisfaction with how the task force communicates. Specifically:

- Less than 60% indicated that they are somewhat or very satisfied with the task force's communication with the broader community;
- Less than 50% indicated that they are somewhat or very satisfied with the communication between the task force members;
- Less than 50% indicated that they are somewhat or very satisfied with the communications between the task force and different cultural/linguistic populations.

Respondents also provided specific recommendations for improving both internal and external communication. Suggestions for improving internal communication included: clearer and more interactive meeting agendas, changing the location of the meeting to make it more accessible, and more communication between meetings via email and other forums. Suggestions for improving external communication included: developing a dedicated website, more public forums, community newsletters, greater use of social media, a community-wide public campaign, and better outreach to minority populations—particularly linguistic minorities.

When asked what should be the focus of the task force, an approximately equal number of respondents indicated that the focus should be to implement new efforts, promote collaboration

among current efforts, and to provide resources and trainings to its members. Other ideas for what the task force could do included data surveillance and program monitoring and evaluation. In an open-ended question asking for recommendation for what topics the task force should focus on, the most common responses were: increase educational programs in schools and other settings to prevent substance misuse, increase access to treatment/address barriers to access, and additional support for individuals in recovery and their families. Other recommendations included increasing collaboration and coordination among agencies, increasing funding, more public awareness of existing services, more training for staff involved in opioid-related efforts, more harm reduction efforts, better cultural competence/engagement of cultural minority populations, and more data-driven/evidence-based strategies.

There were additional attributes of effective coalitions that our data did not provide any information on, including the perceived quality of the leadership, the extent to which the task force is able to use resources effectively, and the extent to which members feel that they have a clear role in the task force. These attributes should be considered in future analyses.

In summary, task force members who participated in the survey clearly agree with the overall vision and mission of the task force, and are satisfied with the direction the task force is taking. At the same time, there are clear areas for improvement including increasing coordination/collaboration among members, improving both internal and external communication, actively engaging additional members representing sub-groups in the community not currently represented, and increasing the quantity and quality of opioid-related services.

## VI. Recommendations

Based on all the data collected through the strategic planning process and the literature on effective coalitions, the PS@EDC team has developed a series of recommendations for action steps to improve efforts to address the opioid crisis in the Greater New Bedford area. The recommendations are organized using SAMHSA's Strategic Prevention Framework—a plan for states and communities to effectively plan, implement, and monitor efforts to address substance misuse challenges consisting of five steps and two overarching themes.

*Figure 4: SAMHSA's Strategic Prevention Framework*



### *Step I: Assessment*

To ensure the success of future efforts of the GNBOTF, it is important efforts be well informed by data. This step specifically includes collecting, analyzing, and applying data to inform prevention, harm reduction, treatment, and recovery efforts. There are currently some systems in place at the GNBOTF to successfully complete this step, including the collection of student health data through the Youth Health Survey, and New Bedford Death Record Surveillance data. In addition, there are two promising steps that will further enhance data collection, sharing, and application:

- **Proposed Data Use Agreement between NBHD, the New Bedford Police Department (NBPD), and New Bedford Emergency Medical Services (NBEMS):** This agreement will enable for critical data to be shared among the parties, and help coordinate efforts in a data-driven manner.

Once both data systems are put in place, the GNBOTF will have access to very rich data to inform substance use-related risk factors (e.g., Youth Health Survey), consumption patterns (e.g., Biobot data), and consequences (e.g., fatal and non-fatal overdoses). These data systems will also allow to identify specific populations at risk (e.g., by ethnicity, location), gaps in services, and emerging substance use trends. This will allow the task force to make data-driven decisions about what types of services are needed, where, for whom, and for what purpose. The challenge

will be ensuring that data is coordinated and analyzed in a way that provides actionable information.

**Recommendation 1:** Establish a data surveillance sub-committee. This sub-committee, ideally with representatives from various agencies, can provide oversight to the task force’s monitoring and evaluation efforts, ensure that data is properly shared according to data sharing agreements (as appropriate), and utilized to inform the efforts of all four of the task force’s pillars: prevention, harm reduction, treatment, and recovery.

## ***Step II: Capacity***

The second step of the SPF focuses on building a community’s capacity to carry out necessary efforts to address the substance misuse challenges identified in the previous step. In the case of the GBOTF, this step involves examining the current capacity of the task force—both in terms of what all members bring to the table, and even more importantly in the ability of the task force to coordinate, promote collaboration, and mobilize the different member agencies toward achieving common goals.

The data collected through the strategic planning process points to the current task force as being a strong, effective entity that has already made a significant impact on the community’s efforts to address the opioid crisis. However, the data also points to specific improvements that the task force can make to improve its functioning and thus increase its capacity.

**Organizational role:** There is an opportunity to better articulate the task force’s role and purpose within the broader, community-based efforts to prevent opioid overdose. As one survey respondent said, “I think recent efforts to formalize that activities and mission of the Greater New Bedford Task force is definitely a move in the right direction and should be continued.” Another survey respondent suggested that GNBOTF, “[focus] on the facilitation of a well thought out community-wide plan.” The plan should include specific goals (e.g., decrease the annual number of opioid overdose deaths in New Bedford by 15%, as suggested in ) and objectives as well as strategies to achieve them. A review of opioid task forces across the state revealed many functions as conveners of other community organizations that facilitate networking and information-sharing among members, while others focus on educating key stakeholders and decision-makers within their communities on the opioid epidemic through providing trainings and professional development opportunities on opioid-related topics. Others determine programmatic gaps within their communities and implement specific strategies to fill them, often in collaboration with community partners. The GNBOTF will be well-positioned to articulate the task force’s strategic directions using the findings from this strategic planning process and the recently-completed community health improvement plan for the city of New Bedford.

**Recommendation 2:** Apply vision and mission statements, as well as feedback from survey respondents to clearly articulate the specific functions of the task force. This can include coordinating efforts between member agencies, raising awareness to the greater community about the opioid issue including services and supports for those who need them, increase members’ training, and raise and distribute funds, among other functions.

**Membership:** It is necessary to further define what “membership’ in the task force means.” What are the benefits of membership? What are the expectations and responsibilities of members? Can members play specific roles within the task force (e.g. chair, vice chair, secretary, treasurer, sub-committee leads, etc.). GNBOTF leadership should consider the type of membership structure the task force should develop, articulate its key elements and create a signed Memoranda of Understanding reflecting those elements with individual and/or organizational members that are reviewed and reaffirmed annually.

The GNBOTF currently engages stakeholders from across several key community sectors: state and municipal government, economic development agencies, early intervention providers, treatment providers, recovery services, emergency services, faith-based organizations, public health, mental health promotion, health care providers, law enforcement (police, drug courts), family services organizations (DCF, elder services), immigrant assistance, education, human services, non-profits, higher education, organizations with substance abuse prevention expertise. There might be a need to identify ways to meaningfully engage youth, parents and family members in the task force’s work and to better collaborate with members of the media and business communities, as well as the harm reduction community, including people who currently use and/or inject drugs (in particular, those that have experienced non-fatal overdose). Non-traditional partners to engage include public library staff, dentists, oral surgeons and veterinarians that are increasingly on the front lines of preventing overdose.

**Recommendation 3:** Clearly define criteria and benefits of membership in task force.

**Recommendation 4:** Identify specific sub-groups that are not currently involved in the task force and conduct targeted outreach efforts to engage them in the task force by clearly demonstrating to them the benefits of membership.

**Sub-Committee Participation:** There is also an opportunity to increase participation in GNBOTF’s sub-committees: 62% of respondents to the online survey were not currently involved in one of the task force’s sub-committees and, of that group, 62% indicated they would be interested in joining one of the sub-groups. This represents an opportunity to recruit additional members that can contribute to the task force’s efforts.

**Recommendation 5:** Sub-committees should launch their activities and engage task force members.

**Task Force Meetings:** There are opportunities to more efficiently use the monthly meetings to move the task force’s work forward.

- Incorporate multi-modal facilitation methods during meetings (e.g., presentation of relevant data/information, information sharing across communities and organizations, report outs on recent events/initiatives, small group work [both ad-hoc groups formed during task force meetings for specific purposes and to support members in creating connections as well as opportunities for sub-committees to work on on-going projects], large group discussions and brainstorming activities, etc.) to improve engagement and enhance group rapport and interactivity.

- Whenever possible, designate some of the meeting agenda as a “working meeting” to meaningfully engage members in accomplishing task force related tasks and projects. One survey respondent stated that, “this group just convenes to give each other updates, not necessarily to truly collaborate and plan strategies together cohesively.”
  - Extend monthly meeting time from one hour to one-and-a-half or two hours to allow for incorporation of additional group work.
- Use task force meeting time to allow sub-committees to meet and engage in planning activities. Currently, the prevention sub-committee is far more active than the others but allowing time during every task force meeting (or every other, or on a quarterly basis) for sub-committees to meet will facilitate continued dialogue, reduce the need for sub-committee members to coordinate additional meetings and improve accountability for completing tasks.
- One survey respondent indicated that the location of the meetings made participation “nearly impossible.” It could prove useful to discuss with the broader task force membership whether this is a more widespread issue and, if so, to identify additional meeting spaces. Some communities alternate meeting locations (and/or meeting times, meeting early morning one month and in the evening the next month, and so on) on a monthly basis to accommodate as many members as possible when no central location can be agreed upon.
- Very few respondents to the GNBOTF survey thought that the function and purpose of the task force should remain what it has been. The majority (>90%) thought that the task force should serve as a venue to troubleshoot problems, while others suggested the task force should provide resources and training (41%), collaborate on existing efforts (38%) or focus on implementing new initiatives (38%).

**Recommendation 6:** Conduct more interactive and engaging monthly meetings, and ensure they occur in location(s) that are accessible to all.

**Internal and External Communication:** GNBOTF members also noted that the task force’s communication efforts, both in terms of keeping members informed and sharing information with the broader community, and in particular with certain cultural/linguistic groups (e.g. Hispanic population, non-English/Spanish-speaking individuals) could be improved.

- Consider developing a communication plan to describe how information will be shared both internally and externally including the following components:
  - Approaches for ensuring regular (e.g., monthly, bimonthly) communication with the GNBOTF mailing list via emails, social media groups, or newsletters, weekly updates on social media sites,
  - Mechanisms to enhance communication channels between GNBOTF sub-committees. Regular updates (e.g. monthly) from sub-committee leads could be compiled and shared with the task force’s entire membership.
  - Multiple avenues for community-level information dissemination (e.g., frequent community presentations at partner organization meetings [city council meetings,

school committee meetings, etc.], annual community-wide water bill mailings, participation in local cable access programs, development of a frequently updated task force website, distribution of flyers and other hard-copy promotional materials, translation of relevant information to reach the non-English speaking community, inclusion of relevant data points on website and/or in email signatures, 1:1 community meetings with key stakeholders and prospective partners to discuss results of the New Bedford CHIP process and this strategic planning process, etc.).

- GNBOTF survey respondents indicated that increased efforts should be made to reach and engage champions from specific cultural/linguistic groups to determine the best communication channels for reaching members of those groups. Identify free, in-kind or low-cost translation services to ensure resources are available in languages other than English.

**Recommendation 7:** Develop an internal communication plan that enables all task force members to share information with each other as a way to increase collaboration.

**Recommendation 8:** Develop an external communication plan that enables the task force to raise awareness about the various services and supports provided by the task force’s members.

**Professional/Workforce Development Efforts:** Participants at the Opioid Summit in April 2019 noted that there is a need for capacity building and workforce development within the task force in a variety of areas:

- These include engaging parents in prevention efforts, advancing health equity, addressing stigma (specifically among health care providers), principles of recovery and conducting evaluation activities.
- GNBOTF could engage an outside organization or consultant with substance misuse prevention expertise to design and deliver trainings on these topics, if the requisite resources exist. Alternatively, the task force could tap members with experience/expertise in these areas to train the rest of the task force, either at standing meetings or at additional capacity building sessions. Participants at the GNB Opioid Summit in April 2019 saw a role for themselves in the following areas: Building collaboration and safe spaces, educating nurses, facilitating dialogue about stigma, and data and evaluation.
- It would be worthwhile to conduct a skills survey among the broader task force membership to determine areas of existing skill (e.g., fundraising, marketing, social media, facilitation, data analysis, grant-writing, etc.), gaps that need to be filled and who among the membership would be willing to donate their time and expertise.

**Recommendation 9:** Conduct capacity building activities for task force members and their organizations, such as trainings and workshops.

### **Integrate the Other Communities**

One opioid summit participant noted that “diversity is key” to improving overdose prevention efforts in New Bedford. Taking steps to ensure active participation from individuals and organizations in the GNBOTF’s other partner communities is essential. 62% of respondents to the GNBOTF survey indicated that they were not currently members of any of the task force’s

subcommittees, and so outreach to key stakeholders in these communities could center around inviting them to participate in one of the sub-committees (and particularly in the harm reduction, treatment or recovery subcommittees that have fewer members).

**Recommendation 10:** Conduct a stakeholder analysis to determine the task force’s current composition and the skills and characteristics that are currently represented on the task force and those that need to be developed. From there, the task force can identify key contacts to engage and conduct outreach to these individuals.

### ***Step III: Planning***

**Approach:** To support GNBOTF’s current and future planning, it is necessary to conduct a full inventory of all strategies and interventions that fall within the task force’s purview, including any activities actually implemented and/or overseen by the task force itself and those implemented by task force member organizations to determine the full reach of GNBOTF’s efforts. Much of that information has been already compiled as a result of this strategic planning process.

**Recommendation 11:** Organize this information under each of the four pillars (prevention, harm reduction, treatment and recovery). This will allow for a comprehensive review of the strategies and programs currently being implemented and further shed light on existing gaps. Under each pillar, describe the full constellation of services being provided including:

- The population served (e.g. age, sex, cultural identity, level of risk for developing an opioid use-related problem)
  - For example, under the Prevention pillar, which level of risk does each intervention target – universal, selective or indicated populations?
- The strategy type (e.g. focused on individual level behavior change or on population-level/environmental change).
- The socio-ecological level of focus (e.g. individual, family, peer group, school, community or society).

**Recommendation 12:** Consider creating a ‘nested’ logic model that articulates the specific problems, risk factors, intermediate and long-term outcomes that the task force aims to address and achieve. Link local organizational-level efforts, including information on the local conditions agencies aim to address, the interventions implemented and short-term outcomes attained, to this logic model to fully articulate the theory of change. For example, if the task force aims to reduce opioid overdose deaths by increasing overdose education and naloxone distribution in “hotspot” areas of the city and surrounding towns, then the work of partner agencies to conduct educational activities and distribute naloxone kits advance those goals. A nested model allows for the task force to set the strategic direction and priorities of its work and to capture information about individual organizations’ efforts to advance those priorities without being responsible for the implementation of specific initiatives.

### **Gaps in Services**

According to the online survey, respondents indicated that general gaps in available services exist with regard to preventing substance misuse among people who are not currently using, as

well as with helping people with an OUD find and receive quality treatment and recovery support services. Respondents also noted that it was difficult to access these services even when they were available within the community, which may represent a role the GNBOTF could play in facilitating connections to treatment and recovery services and promoting and publicizing the availability of prevention services through appropriate channels.

Summit participants noted areas for improvement with regard to several treatment-related issues, including the need for transition services after overdose treatment (e.g., emergency room care), resolving specific barriers to care (e.g., availability of beds for all spectrums of care, facilitating communication between support services and hospitals, addressing stigma/shame that prevents individuals from accessing services, HIPPA and related policies that inhibit information sharing among providers, and a lack of familiarity with counseling needs among prescribers.

**Improving Service Delivery:** Respondents noted a number of ways to improve delivery of prevention, harm reduction, treatment and recovery services in the community, including:

- Enhance coordination of efforts
  - Develop community-wide S.M.A.R.T. (specific, measurable, attainable, realistic and time-limited) goals that all GNBOTF members can work toward, including specific goals for sub-committees
  - Improve systems for information-sharing (See *Internal and External Communication* above)
  - Support partnerships between existing member organizations
- Offer culturally sensitive services
  - One survey respondent suggested that the GNBOTF, “Connect with agencies who work exclusively with at-risk populations, also utilize community supports (churches, community centers, even restaurants that are support networks for at-risk populations)”
  - Provide outreach, education and translation services, as appropriate, to non-English speakers (in particular parents), including members of the Spanish, Portuguese, Cape Verdean and immigrant communities.
  - Recognize and work to mitigate specific barriers faced by certain industries, such as fishing, construction in terms of accessing health care and treatment.
  - Include youth in decisions relating to youth programs
    - Out-of-School Youth (HS drop-outs, low income, CDF/DYS involved, homeless) and recently released incarcerated youth were noted as key sub-populations
  - Target additional culturally-informed outreach efforts to members of the homeless, immigrant, Hispanic/Latinx, veteran, disability, undocumented, older adult, and low-income communities
- Support partners to strengthen organizational functioning
  - Work proactively with member organizations to reduce staff turnover. Engage partner agency staff and supervisors to identify low-cost staff retention strategies.
  - Enhance staff training and professional development opportunities
  - Develop more and better marketing materials to promote organizational efforts

- Identify funding opportunities, specifically grant funding to facilitate expansion of current services and consider engaging private sector partners to help with funding.
- Monitor and evaluate current programs to facilitate program improvement
- Enhance collaboration
  - Prioritize shared implementation of evidence-based programs across organizations
  - Facilitate opportunities for collaboration between providers, consumers, caregivers and the public
  - Provide opportunities to develop deeper, professional connections within the task force and to share current resources with one another

***Recommendation 13:*** Address gaps in services and support in each of the four pillars:

- *Prevention:* Much was said in terms of the ideology that should be brought to prevention services in GNB. These should take a “life course” approach, providing services across the lifespan while also focusing on sensitive and critical developmental periods. Prevention providers should also prioritize societal level prevention, advocate for upstream supports and “meet people where they are” while emphasizing asset building among their populations of focus. Specific recommendations include:
  - Reach youth at an early age
    - Offer prevention education and programming at youth organizations or schools
  - Conduct more aggressive community outreach on preventing first use and understanding the origins and factors of substance use disorder.
  - Integrate parent education where parents already go
  - Educate grandparents and other caregivers in addition to parents
  - More staff training for working with at-risk youth
- *Harm Reduction:* More harm reduction services are needed, particularly for those not ready to engage in treatment. One summit participant stated there is also a need to “tell our story to the rest of the community.”
- *Treatment:* More quality long-term treatment options are needed and specifically,
  - Support during off-hours (evening/early morning) when individuals may be considering going into treatment, but support services are unavailable.
  - Institute follow-up visits with all overdose patients transported by local EMS, including from surrounding towns
  - Increase supportive home-based services for families with substance use disorder
  - More detox facilities, rehabilitation, step down options, and mental health and medically-assisted treatment services in jails.
  - Psychiatric care as well as mental health providers qualified to treat children
- *Recovery:* Create a community culture that supports recovering individuals and their families.

- Promote use of recovery coaches in the area and alternative recovery options like spiritual recovery, yoga, SMART, etc. Transportation to treatment and better assistance from local hospital.
- More employment and training programs that address educational gap and lead to jobs
- Increase long term (1 year +) housing/sober housing options
- Engage the recovery community in task force activities to a greater extent

#### ***Step IV: Implementation***

**Implementation Coordination:** The implementation step focuses on ensuring that programs are implemented as planned to ensure their effectiveness. As noted before, among task force members there are multiple programs, across all four pillars, being implemented. While the responsibility for implementation of programs falls with individual members, task force members can support each other's implementation by coordinating activities. This will ensure that members are working together to meet common goals rather than competing with each other. For example, having a calendar of events where members can indicate their major events will help ensure that organizations are not competing for the public's attention.

**Recommendation 14:** Use sub-committees to coordinate implementation of supports and services. The four sub-groups by pillar are a great mechanism in which members can coordinate the implementation of their programs and services. Each sub-committee can map out all of the activities being implemented by members. Furthermore, a standing agenda item can be the review of activities implementation.

#### ***Step V: Evaluation***

**Program Evaluation:** The process of evaluating four programs implemented by task force members began a few months ago with a workshop offered by the National League of Cities. The training focused on building the evaluation capacity of program staff, starting with the development of logic models. As a result of the training, each program developed a logic model that identified the program's short, intermediate, and long-term outcomes. The next step is for programs to identify tools to measure outcomes, and begin data collection. Moving forward, the task force should continue to support program staff with their evaluation activities by providing additional training and technical assistance opportunities focused on evaluation. In addition, a common barrier to evaluation is that program staff feel that it is them who are being evaluated, rather than see the evaluation as a benefit to them by ensuring that their programs work, as well as to inform program improvement. Therefore, the task force should focus on promoting the benefits of program evaluation to all its members in order to promote a culture that is supportive of evaluation.

**Recommendation 15:** Provide ongoing training and technical assistance focused on building members' evaluation capacity. Such support will help program staff evaluate their own programs in a way that will enable them make the case for their programs and/or to make program improvements.

**Recommendation 16:** Promote the benefits of program evaluation among task force members. Ensuring that all members see the value of evaluation will increase the degree to which programs are evaluated.

**Task Force Evaluation:** In addition to continue to support individual programs' evaluation, the task force should also engage in the evaluation of its activities as a collective. This includes developing a broad logic model that clearly articulates the task force's theory of change, including connecting goals to specific task force activities and identifying the task force's outcomes. Examples of task force short-term outcomes include increase community's awareness of task force activities, improved internal communication, increased funding, and increase in member participation. Examples of long-term outcomes are decrease in fatal and non-fatal overdoses community-wide.

**Recommendation 17:** Develop a task force logic model that will identify specific short- and long-term outcomes that the task force can track over time. An evaluation plan, including all the services and supports offered by members, should be evaluated based on these short and long-term outcomes.

### ***Cultural competence***

One of the clearest needs identified through both the opioid summit and the needs assessment survey is the need to reach out to linguistically minority populations in the Greater New Bedford area. Respondents identified these populations as having the least access to opioid-related services and not being involved in the task force. Therefore, it is important that the task force engage champions from these groups to identify what are the barriers for their participation in the task force, and then identify specific steps to address these barriers. While having materials available in a different language is an important step in this process, there are other barriers that may exist under the surface such as lack of trust in those in city government, discomfort with attending meetings, feeling that task force activities do not address their population's unique needs, and lack of awareness of the benefits of participating in the task force??

**Recommendation 18:** Conduct focus groups and key informant interviews with members from different linguistic minority groups to identify their opioid-related needs, as well as barriers for participating in the task force.

**Recommendation 19:** Develop specific outreach efforts to better reach linguistic minority populations, including addressing barriers for participation in task force.

### ***Sustainability***

**Sustainability Plan:** It is never too early in an organization's development to begin thinking about sustainability. The GNBOTF staff members should consider accessing professional development opportunities geared toward sustainability planning so that, once the task force has defined its role and purpose more specifically, it can commence with identifying which of its processes and interventions are worth sustaining and take steps toward ensuring their long-term viability.

***Recommendation 20:*** Create a sustainability plan.

***Funding:*** There is widespread interest in developing additional sources of prevention funding and related resources in order to increase availability of access to and provision of needed services. The task force could meet this need by researching and disseminating information about funding opportunities. The resources below can support the coalition in these efforts.

- The Foundation Center  
The Foundation Center is dedicated to strengthening the social sector by advancing knowledge about philanthropy in the U.S. and around the world. This website offers extensive resources to help visitors understand different types of funders, find appropriate funding opportunities, and build fundraising skills.
- The Fundraising Authority  
The Fundraising Authority offers fundraising services and resources for nonprofits, including a guide for beginners (click on “Basics”); articles on such topics as donor cultivation, case statement development, and fundraising; and podcasts on such topics as the power of storytelling, crowdfunding, and building donor relationships online.
- GrantSpace  
GrantSpace, a service of the Foundation Center, provides access to in-person and online trainings, practical tools and sample documents (e.g., successful letters of intent and grant proposals), and additional resources on such topics as developing budgets, finding grants, writing fundraising and marketing materials, and organizational sustainability.
- Grants.gov  
This website, managed by the U.S. Department of Health and Human Services, helps grant seekers find and apply for federal grants. Special features include an extensive “Grant Learning Center,” “Forecast” (search for grants that are coming before they are officially posted), and “Workspace” (collaborate with colleagues on grant applications).
- The Grantsmanship Center  
The Grantsmanship Center helps nonprofits earn income to support their programs by offering in-person trainings and online resources on such topics as fundraising readiness, how to find the right funder, getting the grant 101, and how to apply for federal grants. Visitors can also access state-by-state funding information.
- Raise-Funds  
Raise-Funds.com offers extensive resources, including informative articles and practical tools, to help nonprofits secure support for their work. Topics include fundraising readiness, policies, practices, and sources, as well as developing a communications strategy and designing a communications plan to support fundraising efforts.
- Step By Step Fundraising  
Step By Step Fundraising offers practical resources to help nonprofit groups and organizations, both large and small, raise funds to support their causes. The fundraising ideas and strategies presented on this website come from actual fundraisers and offer real-world insights about what does—and does not—work.

***Recommendation 21:*** Dedicate staff time to searching and developing action steps specific to identifying funding sources that can support both individual programs, as well as the activities of the task force as a whole.



## VI. Next Steps: Action Planning

Through the strategic planning process the following steps were accomplished:

- The task force's vision, mission, and overarching goal were articulated
- The nature of the opioid crisis in the Greater New Bedford area was documented
- Current efforts to address the opioid crisis were identified
- Reflections from task force members and other members of the community about what is working, what is not working, and what gaps exist were captured
- As a result of this process 21 recommendations for strengthening the task force's efforts to achieve its vision were articulated

The next step is to develop an action plan. Doing so entails three steps: prioritizing recommendations; operationalizing recommendations into specific action steps; and defining how action steps will be carried out.

***Prioritization:*** Addressing all 21 recommendations made in this report at once is likely to feel overwhelming and paralyzing. Instead, the first next step is to carefully review the recommendations and select which ones feel most urgent. Specifically, the task force should categorize all recommendations into three lists: top priority, mid priority, and low priority. Low priority recommendations are not those that will be ignored, but rather those that will be set aside at first and addressed down the line.

***Operationalize Recommendations:*** While we made the effort to make recommendations as concrete as possible, it is important for the task force to operationalize them, especially those seen as top priority, into concrete action plans. For example, recommendation 8 is to develop an external communication plan. This recommendation entails identifying specific audiences, communication channels, and messages as part of a communication plan. For each recommendation, specific action steps will need to be identified.

***Defining Action Steps:*** Once action steps are identified, the task force needs to define how each action step will be carried out. At a high level, this entails defining the who, when, and how for each action step. There are various templates for developing action plans, one such template is included in appendix A.

Through this process the task force will clearly chart its path moving forward toward achieving its vision of working together to ensure a healthy community.

**Appendix A: Action Plan Template**

<b>Action Steps</b>	<b>Task Owner(s)</b>	<b>Due Date</b>	<b>Status</b>	<b>Benchmarks</b>
<i>What will we do to meet our objective?</i>	<i>Who will do it?</i>	<i>When will we complete it?</i>	<i>Where are we and what is the next step?</i>	<i>How will we know when this step is complete?</i>
<b>Assessment</b>				
<b>Capacity</b>				
<b>Planning</b>				
<b>Implementation</b>				
<b>Evaluation</b>				
<b>Cultural Competence</b>				
<b>Sustainability</b>				

Appendix B. Sample Nested Logic Model<sup>4</sup>

Model Nested Logic Model						
Priority (GNBOTF Sets the Frame):						
Logic Model Components				Outcomes		
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
<b>Problem Statement</b> What specifically is the identified problem/ consumption pattern that the state is looking to address?	<b>Root Causes</b> What are the major Intervening variables/root cases?	<b>Local Conditions</b> What are the local conditions/ contributing factors to the problem?	<b>Interventions</b> What activities will we implement to address these factors?	<b>Short Term Outcomes</b> How will we know if local conditions/ contributing factors changed?	<b>Intermediate Outcomes</b> How will we know if the major intervening variables/root causes changed?	<b>Long Term Outcomes</b> How will we know if the identified problem/ consumption pattern has changed in the right direction?
			How will we document implementation of these activities?:	Intended Outcome: Measure:		
			How will we document implementation of these activities?:	Intended Outcome: Measure:	Intended Outcome: Measure:	Intended Outcome: Measure:

<sup>4</sup> GNBOTF would determine what goes in the green columns and leave it up to its members to fill in the blue columns based on their own specific initiatives.

			How will we document implementation of these activities?:	Intended Outcome: Measure:	Intended Outcome: Measure:	
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**Appendix C: Needs Assessment Survey Results**