

# OPIOID RECOVERY REMEDIATION FUND (ORRF) FORUM

The City of Springfield's Department of Health and Human Services (SDHHS) is committed to addressing the opioid crisis with a data-driven and community-centered approach. Our mission extends beyond simply dispersing Opioid Recovery Remediation Funds. We aim to allocate resources strategically and equitably, guided by the voices and needs of our community.



THURSDAY, AUGUST 15, 2024



# MEETING OBJECTIVES & AGENDA

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## Agenda:

- Welcome
- Setting the Stage
- Environmental Scan
- Framework: Pathway to Action
- Next Steps



## Meeting Objectives:

- Shared understanding of the Opioid Remediation and Recovery (ORRF) community engagement process.
- Gather additional recommendations on how to increase the opportunity for successful recovery for people with lived or living OUD experience.
- Identify how we can use ORRF to leverage existing community resources and formal systems to provide wrap-around support to People with Lived or Living OUD Experience (PWLLE) in their recovery journey.

# ACKNOWLEDGEMENTS



We extend our sincere gratitude to everyone who contributed to this project; including planners, designers, survey respondents, key informant interviewees, and focus group participants. Your insights have been instrumental in shaping our work and will undoubtedly contribute to comprehensive outcomes. We deeply appreciate your time, effort, and collaboration.

We would also like to express our appreciation to **Mayor Domenic J. Sarno** and his administration for their ongoing support of the **Springfield Department of Health and Human Services (SDHHS)** and our collective efforts to address the opioid crisis in Springfield.

SDHHS TEAM	<b>Helen Caulton-Harris</b> <i>Commissioner of SDHHS</i>	<b>Ann Kissel</b> <i>Deputy Commissioner of SDHHS</i>	<b>Justin Chellman</b> <i>Opioid Response Program Manager</i>	<b>Dr. Frank Robinson</b> <i>SDHHS Consultant FDR and Associates</i>
GSOCC PLANNING AND DESIGN TEAM	<b>Magda Colon</b> <i>Learn to Cope</i>	<b>Nellie Maldonado</b> <i>Tapestry Health</i>	<b>Pedro Alvarez</b> <i>Tapestry Health</i>	
	<b>Ashley Bellio</b> <i>Behavioral Health Network</i>	<b>Patrick Meuse</b> <i>Mercy Medical Center</i>	<b>Richard Johnson</b> <i>New North Citizens Council</i>	



# HONORING THOSE WE HAVE LOST TO THE OPIOID CRISIS

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## Springfield Overdose Awareness Event August 30th, 2024

6:00pm-7:00pm Resource Fair located at Tapestry.  
1985 Main St., Suite G. Springfield, MA 01103

7:00pm-7:30pm Remembrance Walk--From Tapestry  
to the steps of Springfield City Hall.  
36 Court St., Springfield, MA 01103

7:30pm-8:30pm Guest Speakers and opportunity for  
individuals to share the impact overdoses have had on  
them personally and on the city of Springfield.

8:00pm-8:30pm Candlelight Vigil, Moment of Silence.



International Overdose  
Awareness Day



# OUR TIMELINE

## May 2019

The Greater Springfield Opioid Crisis Coalition (GSOCC) was formed and is led by the SDHHS in response to state data highlighting the disproportionate impact of the opioid crisis on Springfield.

## May 2022

The JSI Report reveals barriers to accessing services and experiences of racism in substance use and recovery services, impacting overall full recovery.

## November 2022

The SDHHS establishes the Opioid Response Program Manager role, and Justin Chellman is recruited to assume the position.

## April 2024

SDHHS launches ORRF project to collect community data and prioritize fund allocation based on feedback.

## June 2021

SDHHS launches JSI data collection and report initiative.

## July 2022

Massachusetts participates in national financial settlements with various companies to address damages from the opioid epidemic. 40% of the funds will go to local municipalities, and 60% to the statewide ORRF. Springfield will receive a minimum of \$7 million over 15 years, with the first payment.

## March 2024

The Springfield City Council has approved transferring funds from free cash to a special account for allocation.

## August 2024

SDHHS organizes ORRF forum to share findings with stakeholders and discuss how to use funds for further action.

# OPIOID RECOVERY REMEDIATION FUND (ORRF) FOCUS AREAS

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## Opioid Use Disorder Treatment & Recovery

This focus supports individuals struggling with substance use disorders can access and receive the help they need, in high-quality programs, no matter where they are or what their circumstances may be.

## Harm Reduction

To put it simply, harm reduction is a strategy that aims to minimize the negative consequences associated with drug use. It focuses on active outreach strategies and services for people who use drugs but are not yet in treatment.

## Prevent Misuse of Opioids and Implement Prevention Education

The aim is to make sure people don't use opioids the wrong way and teach them how to prevent it. Help to create prevention plans where different groups work together to stop drug misuse.

## Criminal-Justice-Involved Persons

Help individuals who are/were in the criminal justice system by connecting individuals to various support services while also promoting collaboration between public safety agencies and other organizations working on this issue.

## Connections to Care

Overall, this focus promotes collaboration between different entities within our communities (such as Emergency Medical Systems or Fire Departments) to ensure that those seeking help receive comprehensive support.

## Pregnant or Parenting Women and Their Families, Including Babies

Provide support to women who are pregnant or have children while also dealing with drug addiction problems. It includes providing services like childcare, home visits to offer support during recovery, and offering specialized treatment programs for pregnant women and families.

# FRAMEWORK

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## CURRENT STATE (Discovery)

- Complete community engagement and needs assessment.
- Assets
- Strengths
- Needs
- Deficits

## DESIRED RESULTS (Dream)

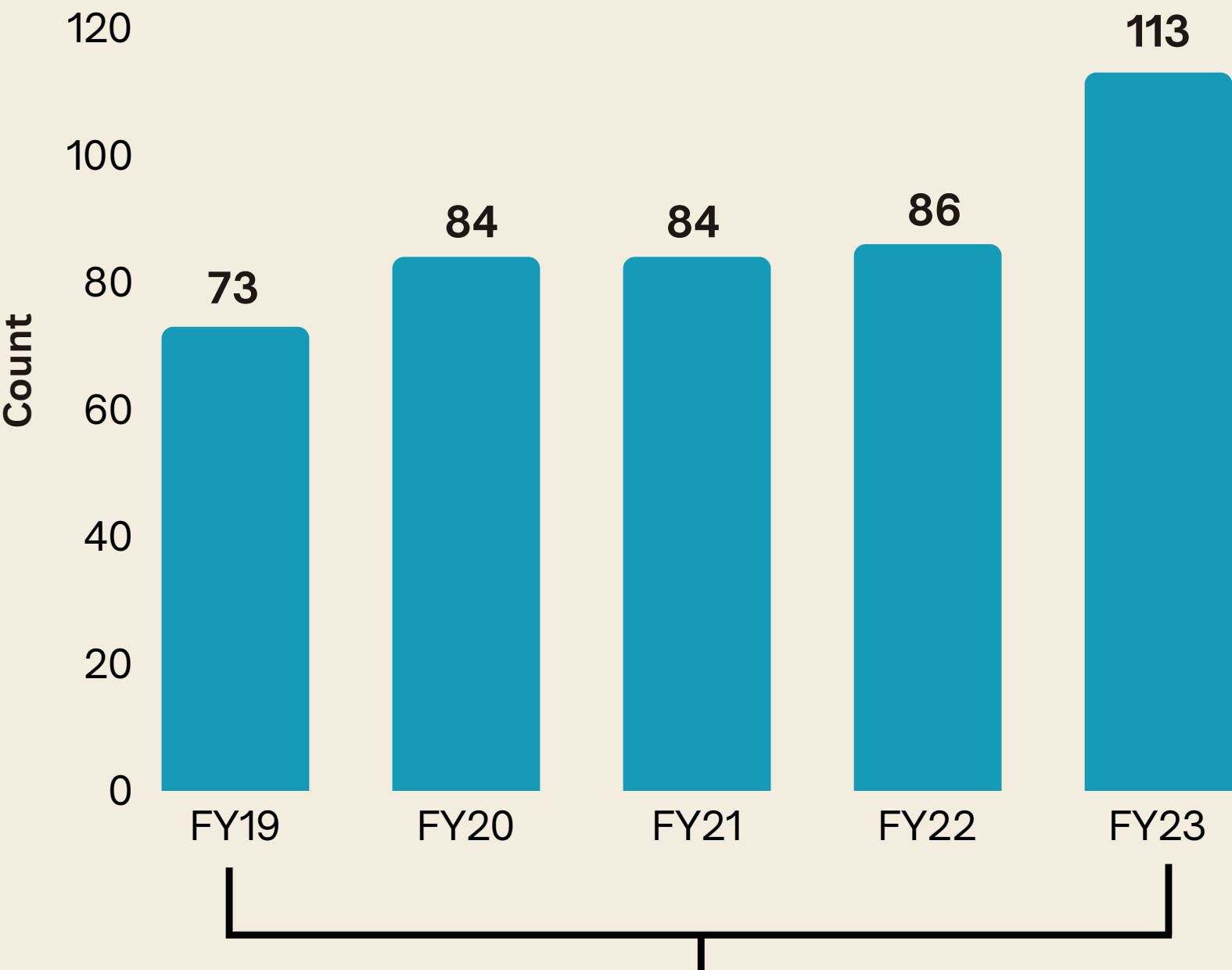
- Set priorities that lead to where we want to go
- Programs
- Process/Structure
- Relationships





# BACKGROUND DATA

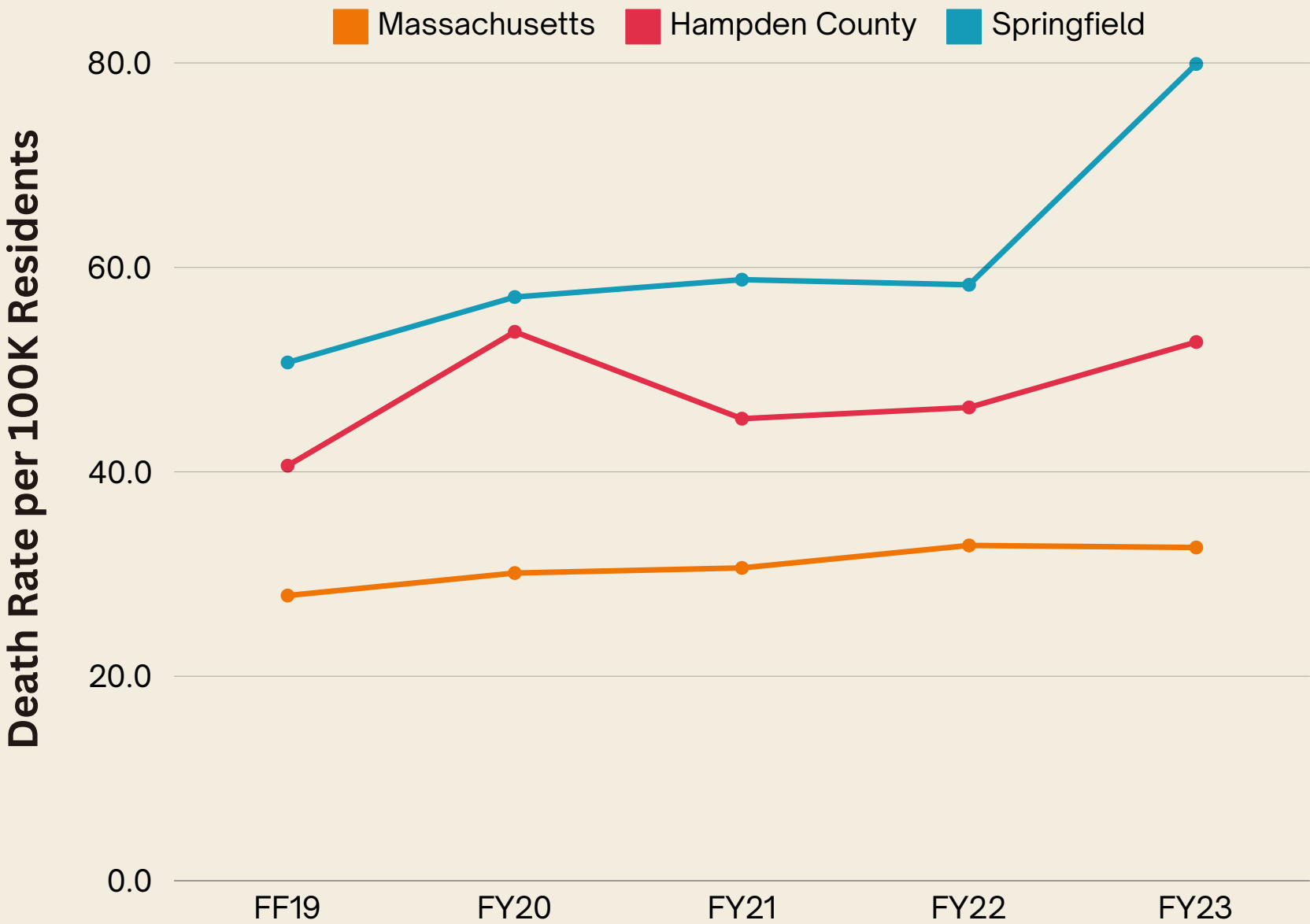
Number of Opioid-Related Overdose Deaths in Springfield



Opioid-related overdose deaths in Springfield increased by 55% from FY19 to FY23.

Between FY22 and FY23, Springfield saw a 37% rise in opioid-related overdose death rates, while Hampden County experienced a 16% increase, and there was no change in Massachusetts.

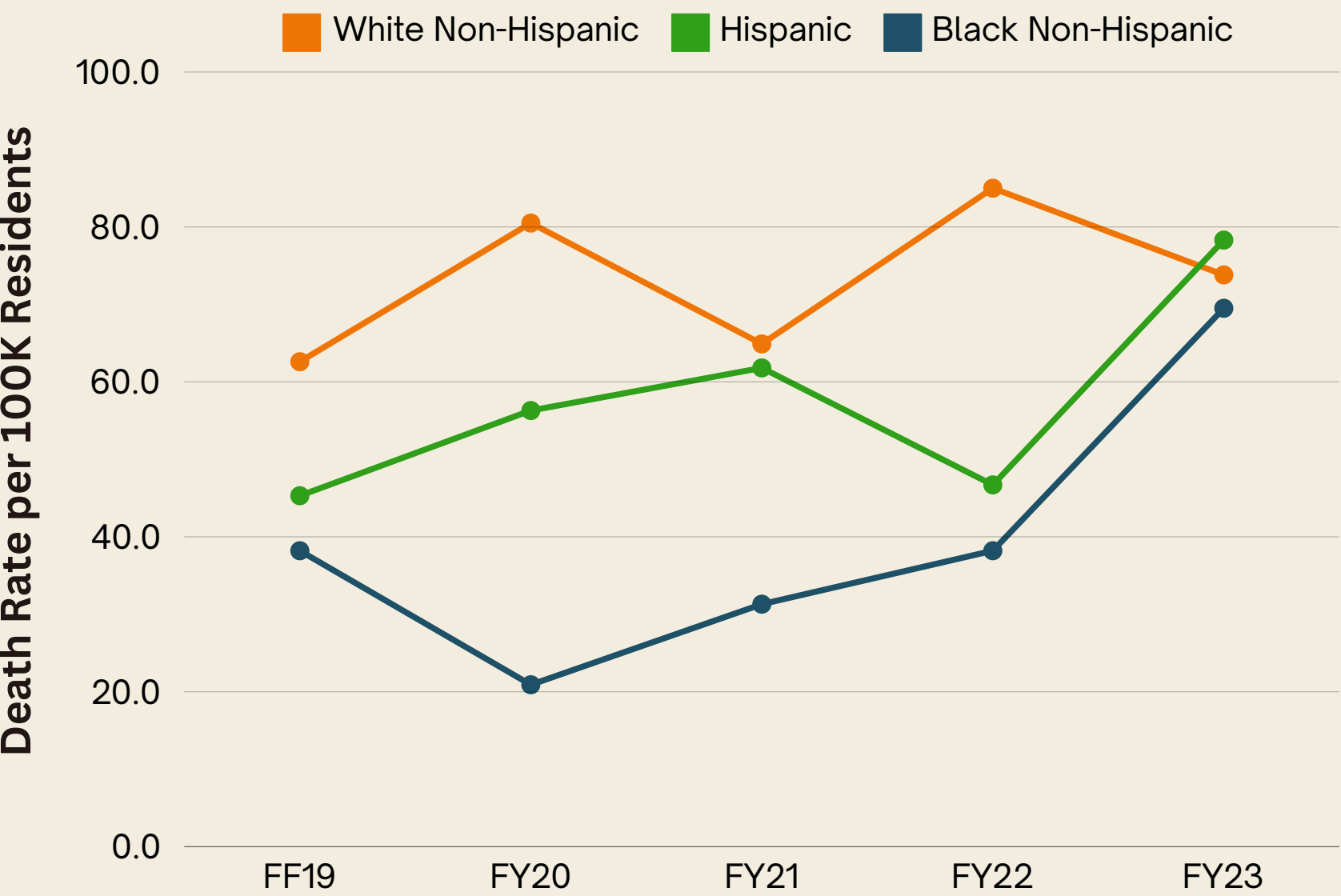
Age-adjusted Rate of Opioid-related Overdose Deaths





# BACKGROUND DATA

Rate of Opioid-Related Overdose Deaths in Springfield



Opioid-related overdose death rates rose among Hispanic individuals by 68% and Black Non-Hispanic individuals by 82% in Springfield over the past two reported years but decreased by 13% among White Non-Hispanic individuals.

MASSACHUSETTS

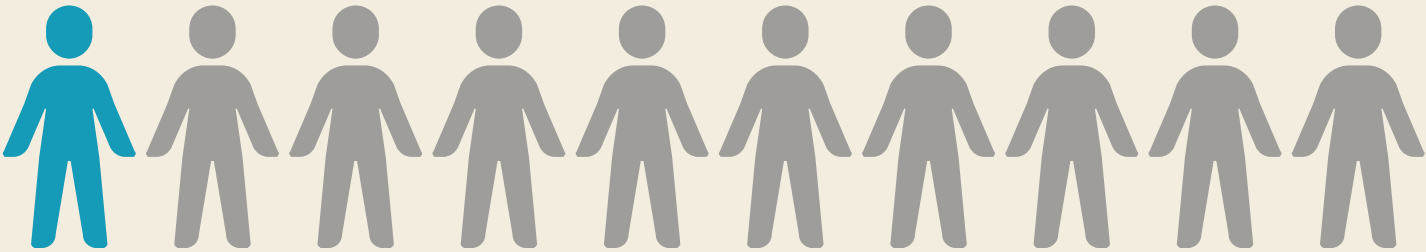
## Mass. opioid overdose deaths declined 10% in 2023, state says

The fatality rate decrease represents the "largest single year decline in opioid-related overdose deaths we've seen in 20 years," Massachusetts Public Health Commissioner Robbie Goldstein said

By Alison Kuznitz • Published June 12, 2024 • Updated on June 12, 2024 at 10:28 am

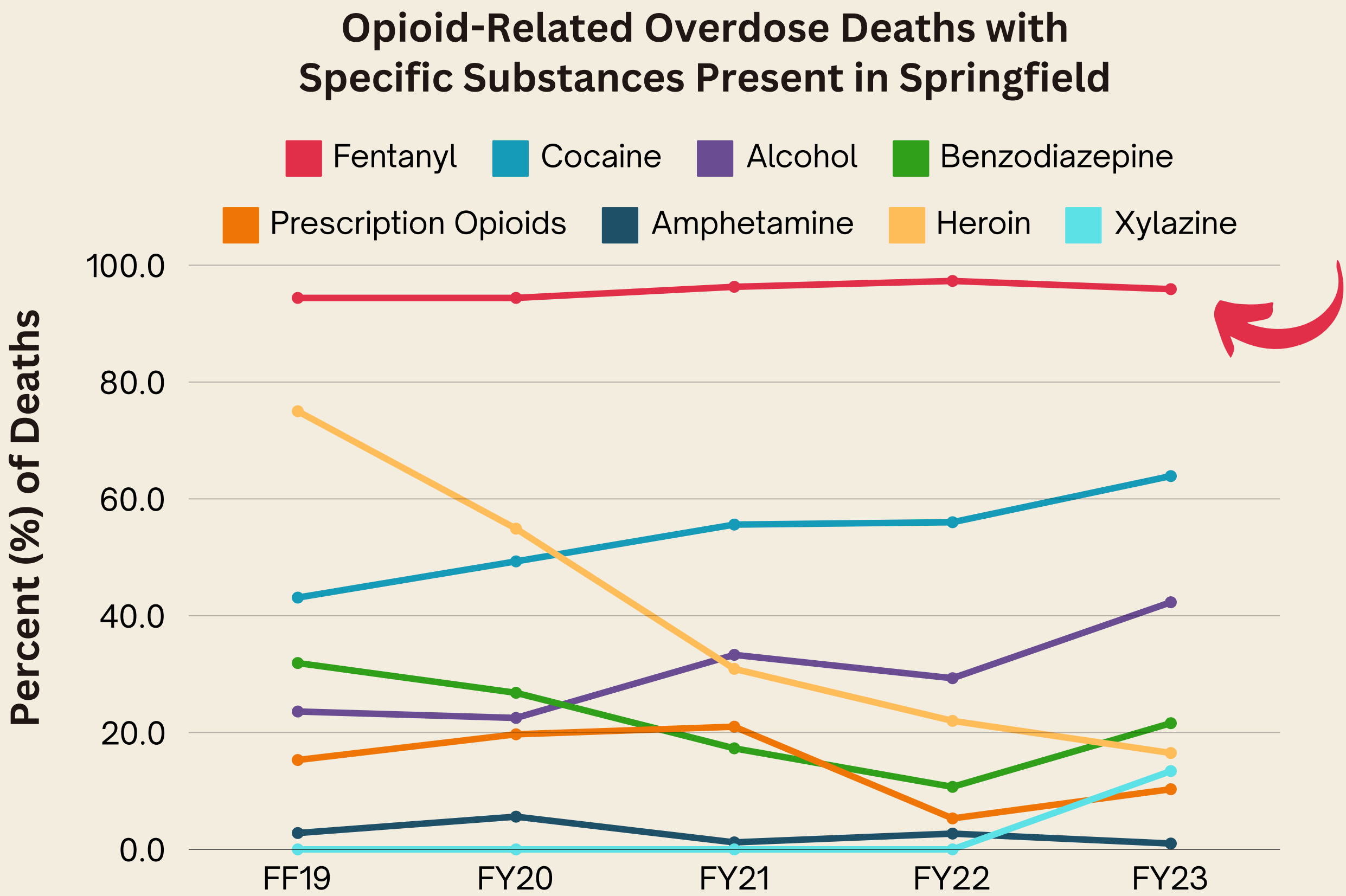


In FY23, 10.9% (87 out of 801) of any deaths among male residents of Springfield were opioid-related overdoses (women=3.9%).



\*\*Data on death rates for race/ethnicity groups with fewer than 4 instances are omitted due to the limited number of cases (not included: Asian/Pacific Islander non-Hispanic, American Indian / Alaska Native non-Hispanic, and Other Non-Hispanic).

# BACKGROUND DATA



In FY23, 85.8% of opioid-related overdose deaths in Springfield had a toxicology screen available. In FY23, fentanyl was present in 95.9% of opioid-related overdose deaths that had a toxicology screen available among residents of Springfield.

**What is fentanyl?**

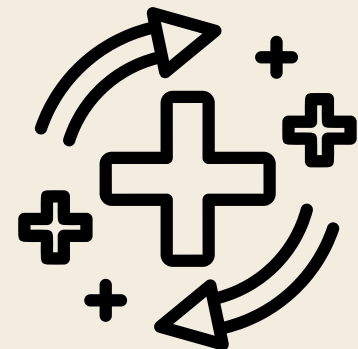
Fentanyl is a highly potent synthetic opioid, up to 50 times stronger than heroin and 100 times more potent than morphine. Most of the fentanyl involved in overdoses is illegally manufactured and distributed, often mixed with other drugs to increase potency and profitability. This dangerous practice has led to a dramatic increase in overdose deaths and addiction.

# BACKGROUND DATA

## SUPPORT AND RESOURCES



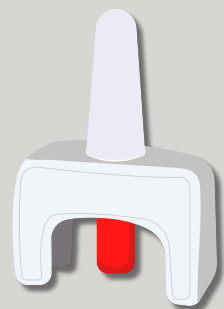
In 2023, there were 2,266 clients receiving community-based treatment services from 72 BSAS providers in Springfield.



In 2023, there were 1,016 clients receiving Community Wrap-Around Treatment Services from 32 BSAS providers in Springfield.



In 2023, there were 893 clients receiving legal-involved treatment services from 9 BSAS providers in Springfield.



### HARM REDUCTION



**In FY23, 9221 naloxone kits were received by programs and people in Springfield, surpassing the “Excellent” distribution benchmark of over 80 naloxone kits distributed per opioid-related overdose death.**

PROFOUND (Prevention and Rescue of Fentanyl and Other Opioid Overdoses Using Optimized Naloxone Distribution Strategies) is a five-year study aiming to develop a tool to optimize naloxone distribution strategies in New York City, Rhode Island, and Massachusetts.





“Our strategy includes gathering and incorporating recent and pertinent opioid-related studies, while prioritizing community feedback. This will guide the careful distribution of Opioid Recovery Remediation funds.”

- COMMISSIONER HELEN CAULTON-HARRIS

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455

Survey Respondents  
from June 7th - July 1st

28

Key Informant Interviews

4

Focus Groups

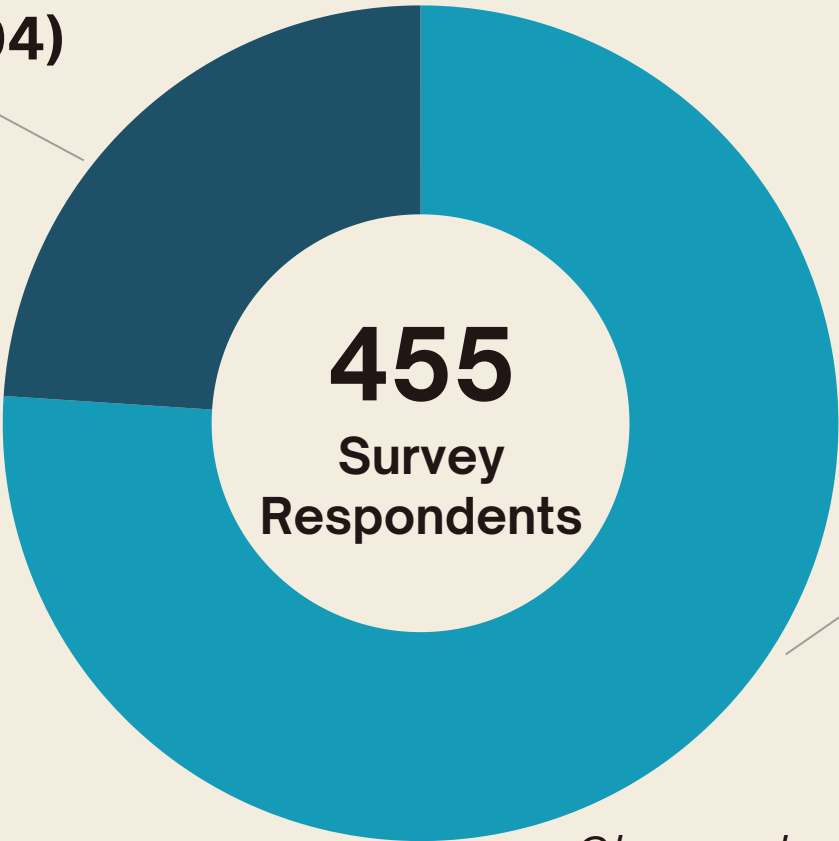
19

Participating Springfield-based  
Organizations

**DATA  
COLLECTION**

# SURVEY PARTICIPANTS

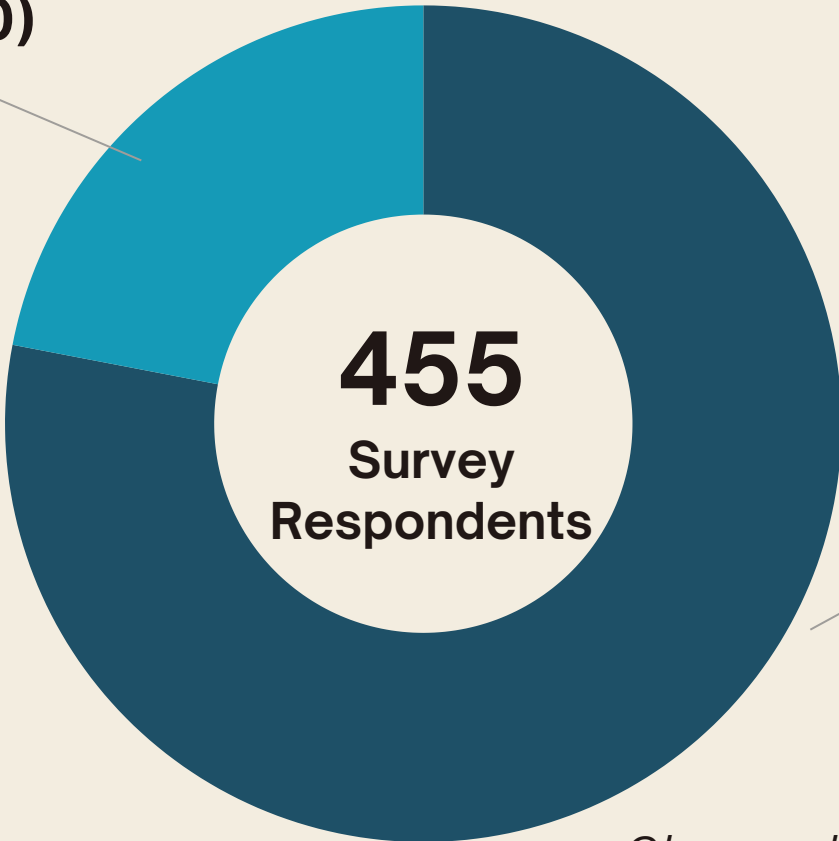
**Non-Springfield  
Resident**  
24% (104)



**Springfield  
Resident**  
76% (330)

*Observed value = 434*

**Organization**  
22% (100)



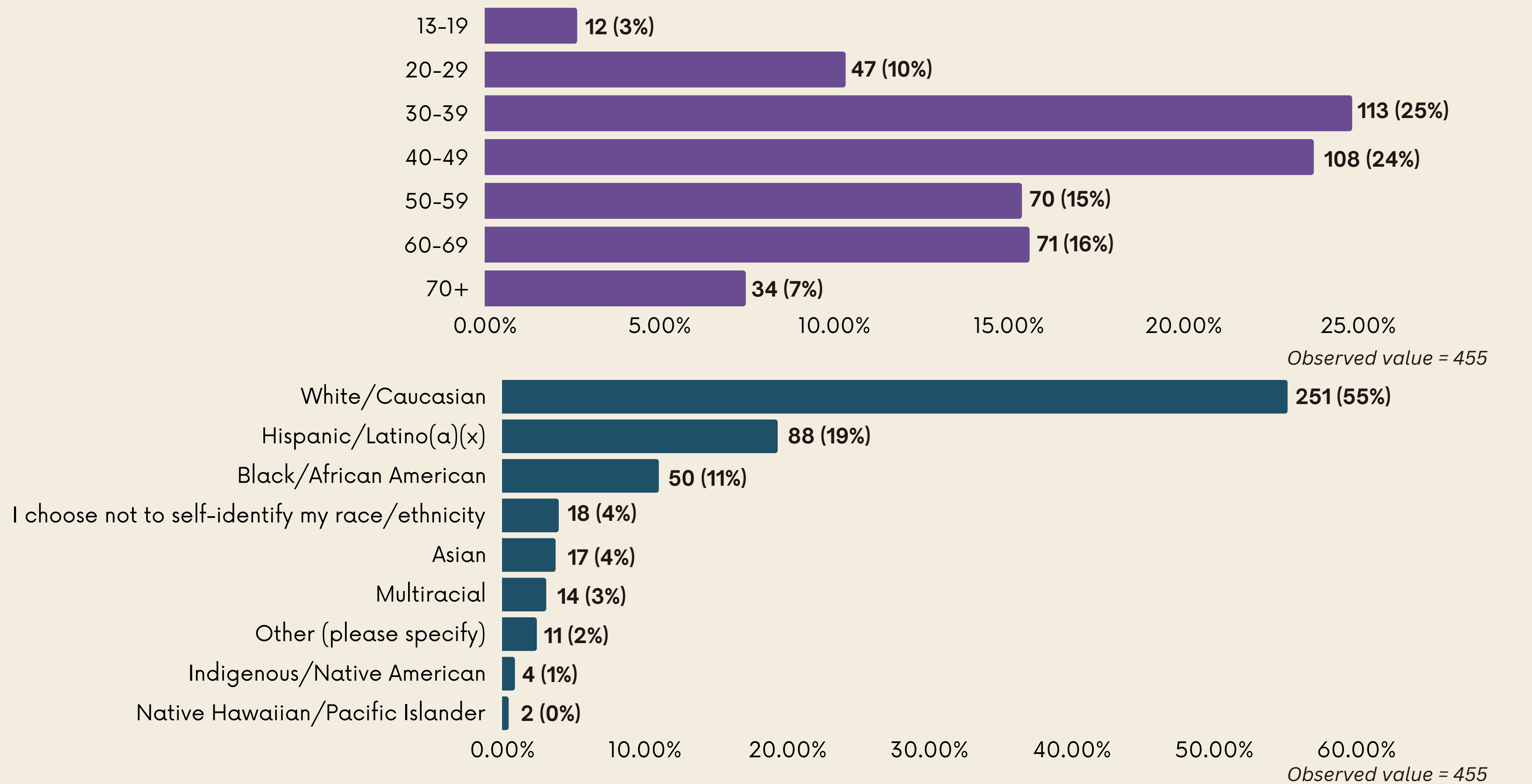
**Individual**  
76% (330)

*Observed value = 430*

## PARTICIPATING ORGANIZATIONS

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Hampden County Sheriff's Office</li><li>• Springfield City Library</li><li>• Behavioral Health Network (BHN)</li><li>• Caring Health Center</li><li>• Harm Reduction LLC</li><li>• Springfield Department of Public Works</li><li>• Brightwood health center</li><li>• Square One</li></ul> | <ul style="list-style-type: none"><li>• Michael J. Dias Foundation</li><li>• CleanSlate</li><li>• Hampden Wilbraham Partners for Youth</li><li>• New North Citizen's Council</li><li>• Tapestry Health</li><li>• Springfield Public Schools</li><li>• The Gandara Center</li><li>• Mental Health Association</li></ul> | <ul style="list-style-type: none"><li>• Mercy Medical Trinity Health of New England</li><li>• CHESS Health</li><li>• Friends of the Homeless</li><li>• Impact Center Springfield</li><li>• Black Behavioral Health Network Incorporated</li><li>• Roca Inc.</li><li>• Family Treatment Court Springfield Juvenile Court</li><li>• Baystate Health</li></ul> |
|---|--|---|

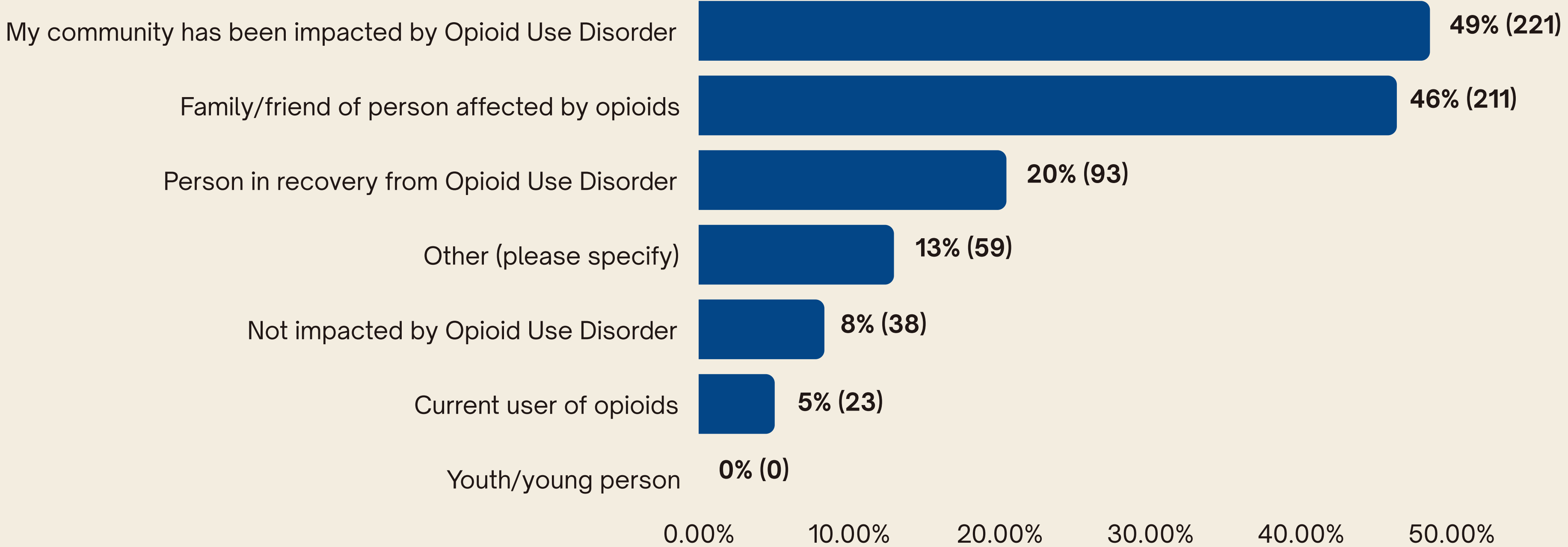
# SURVEY PARTICIPANTS





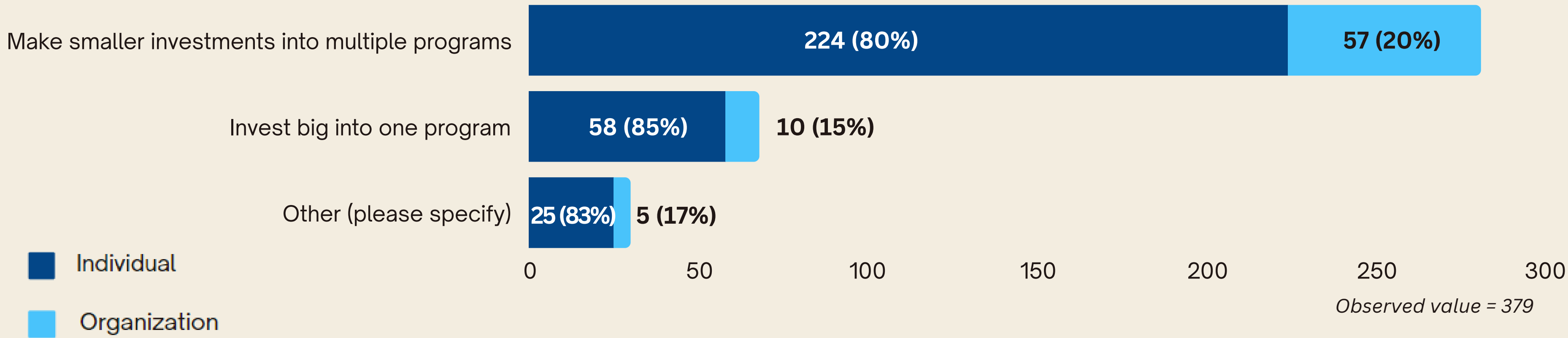
# SURVEY PARTICIPANTS

## HOW HAVE YOU BEEN IMPACTED BY THE OPIOID CRISIS?

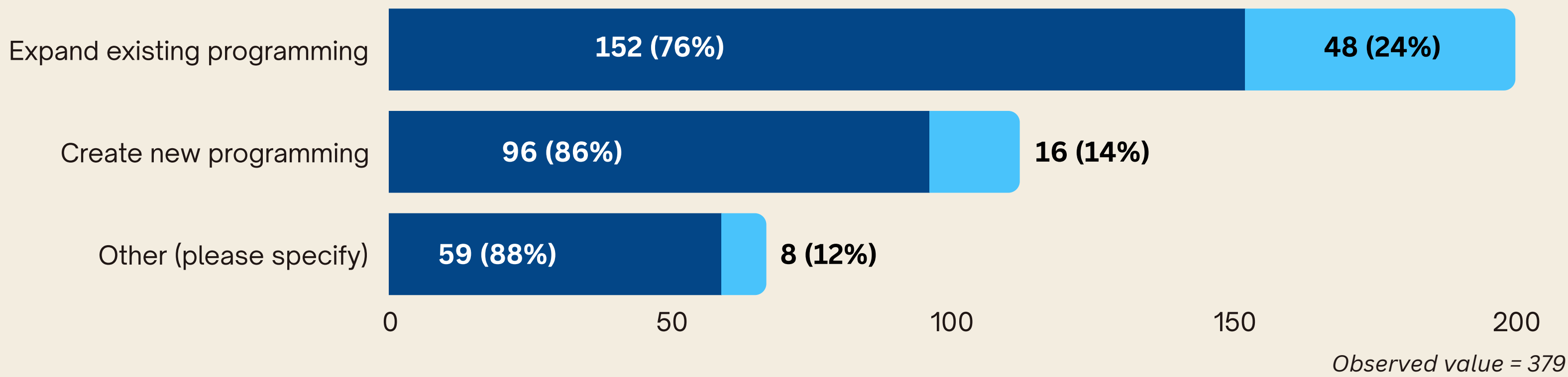


*Respondents could select more than one option*

SHOULD THE CITY MAKE A BIG INVESTMENT INTO A SINGLE PROGRAM,  
OR SMALLER INVESTMENTS INTO MULTIPLE PROGRAMS?

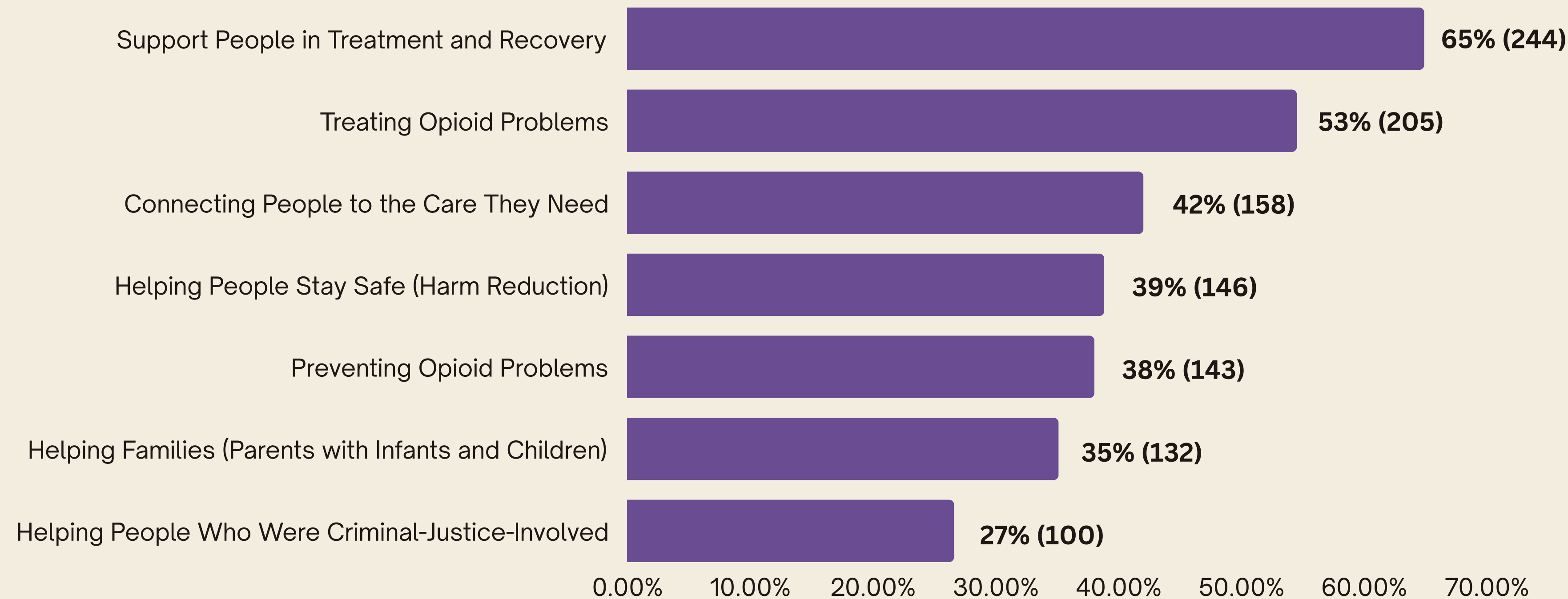


SHOULD THE CITY PRIORITIZE CREATING NEW PROGRAMMING OR  
PRIORITIZE EXPANDING EXISTING PROGRAMMING?



# WHAT STRATEGY OR PROGRAM FOCUS AREA SHOULD THE CITY PRIORITIZE?

RESPONDENTS CHOSE THEIR TOP 3 PRIORITY FOCUS AREAS

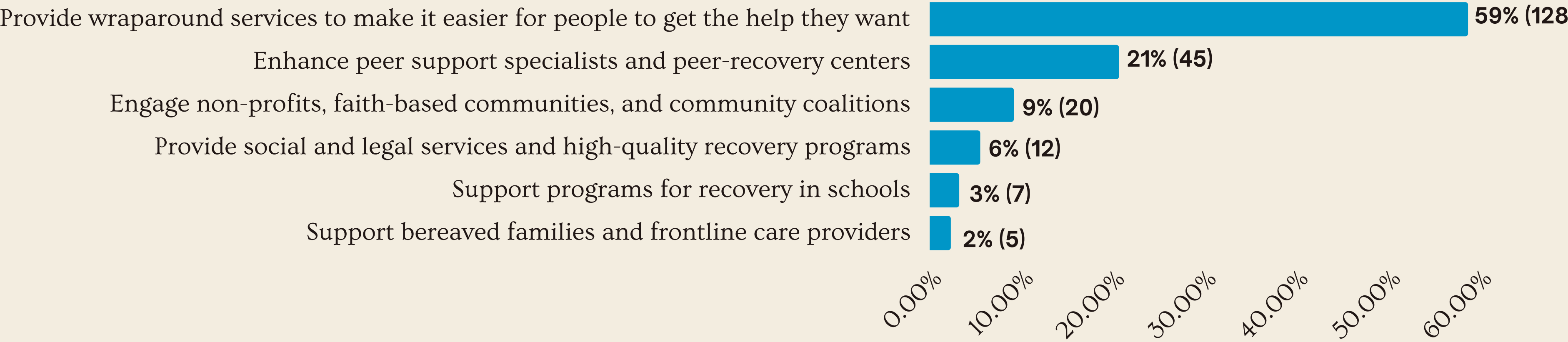


*Respondents could select more than one option*



STRADEGIES RELATED TO FOCUS AREA:

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

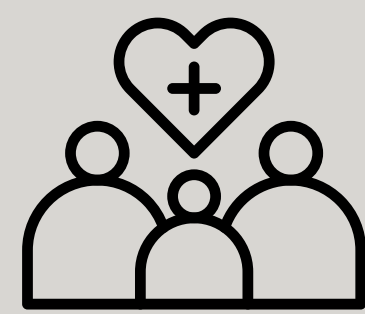


Observed value = 218

IDENTIFIED THEMES AND BARRIERS:



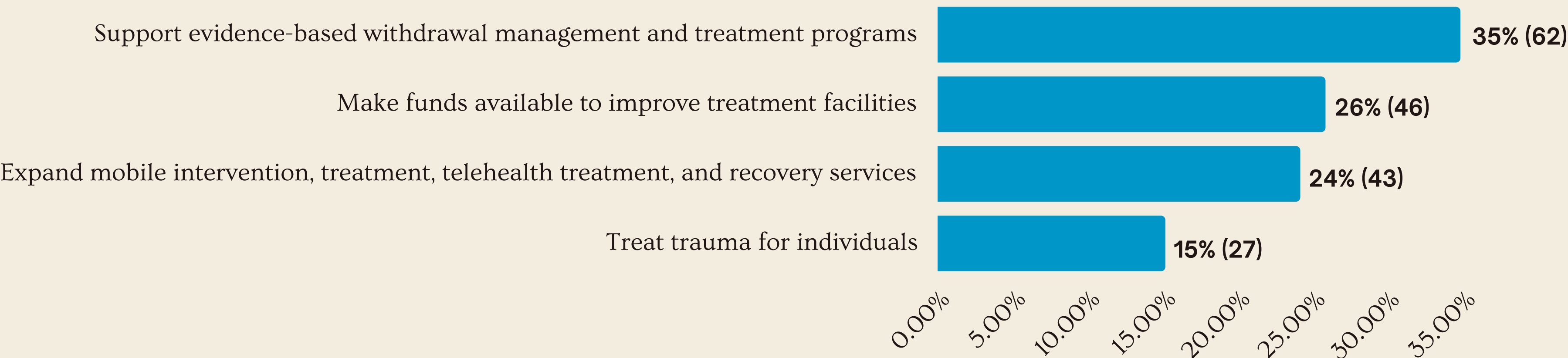
Recovery support services are crucial for improving well-being through education, employment, housing, and peer resources, aiming to improve the functioning of individuals.



Peer-supported recovery coaching programs are effective in promoting equity but lack sufficient resources.

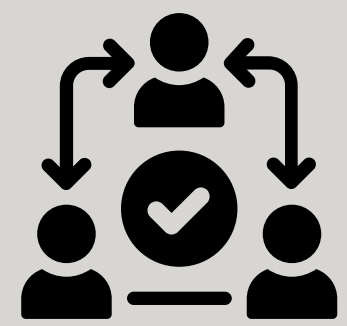
STRADEGIES RELATED TO FOCUS AREA:

OPIOID USE DISORDER TREATMENT

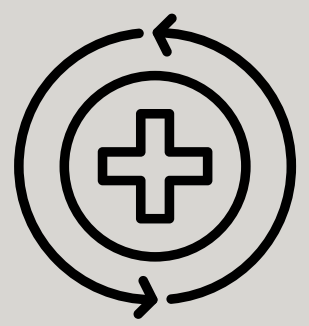


Observed value = 178

IDENTIFIED THEMES AND BARRIERS:



Lack of coordination and communication across the recovery ecosystem.



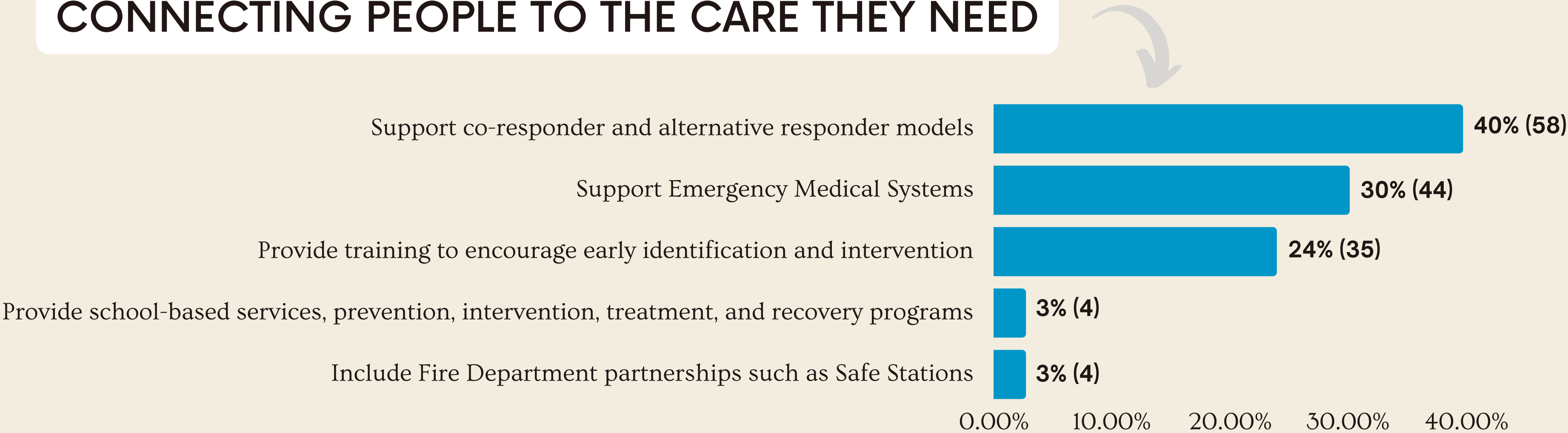
A comprehensive continuum of care model is necessary to utilize community resources and formal OUD provider systems for wrap-around support.



Decisions made within one aspect can have a ripple effect throughout the recovery ecosystem, leading to either harmful or unexpected consequences.

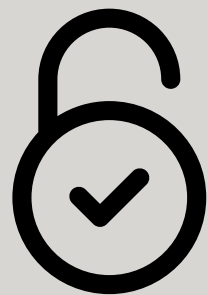
STRADEGIES RELATED TO FOCUS AREA:

CONNECTING PEOPLE TO THE CARE THEY NEED

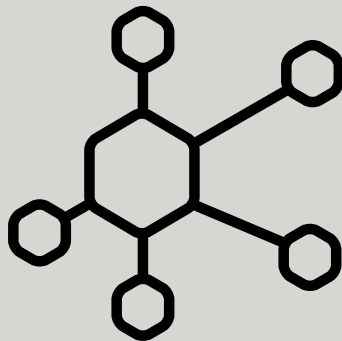


IDENTIFIED THEMES AND BARRIERS:

Observed value = 146



Both residents and providers face a lack of essential information regarding the accessibility of community resources, formal OUD provider-based programs, and the process to utilize these resources.

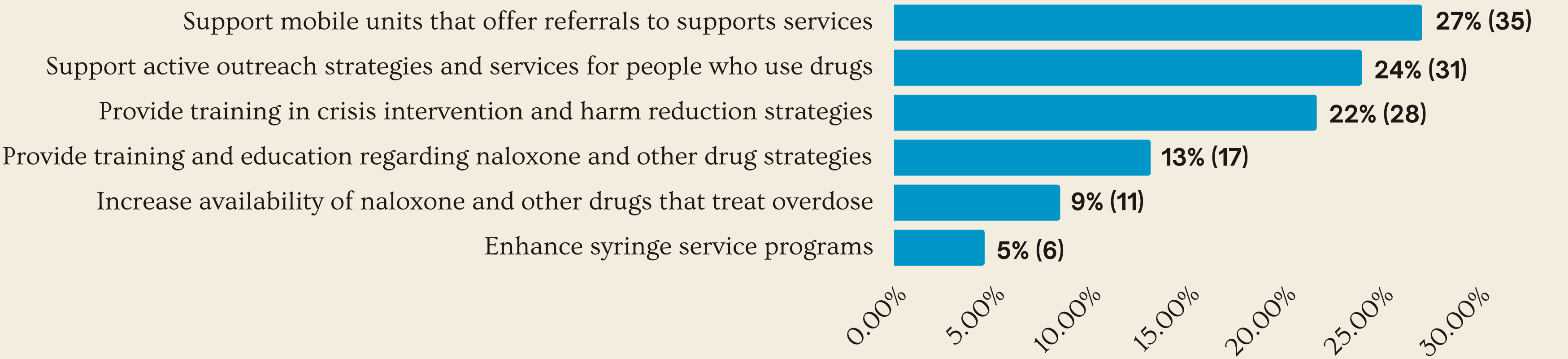


There is no structured approach to locating assistance and linking individuals to OUD services.



STRADEGIES RELATED TO FOCUS AREA:

HELPING PEOPLE STAY SAFE (HARM REDUCTION)

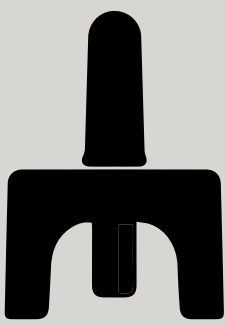


IDENTIFIED THEMES AND BARRIERS:

Observed value = 129



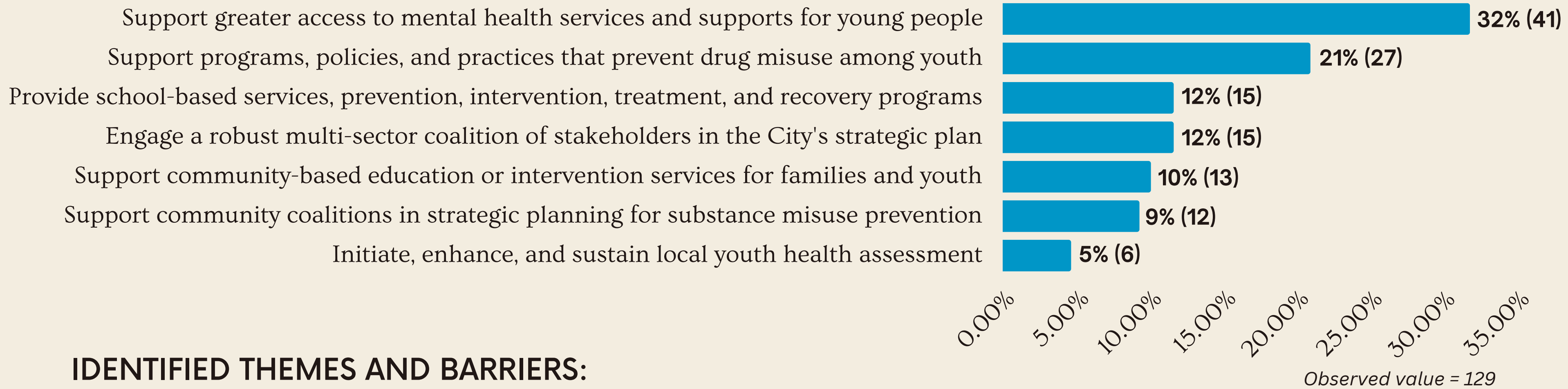
"NIMBYism," which stands for "Not in My Backyard" attitudes, presents a challenge to the implementation of harm reduction programs.



Expanding harm reduction strategies, such as Narcan training and distribution, is essential to mitigate the risks associated with opioid use beyond traditional law enforcement approaches.

STRADEGIES RELATED TO FOCUS AREA:

PREVENTING OPIOID PROBLEMS



IDENTIFIED THEMES AND BARRIERS:



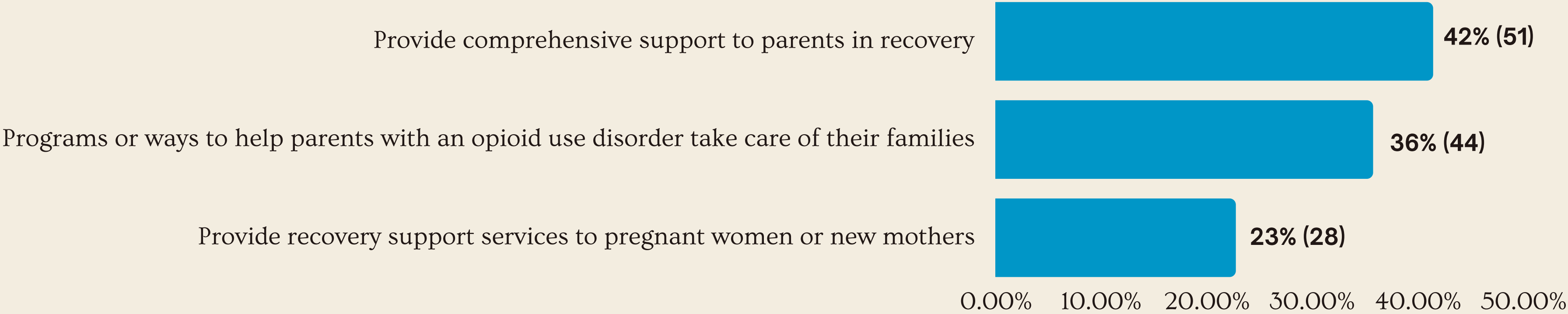
No plan or strategy exists within the community for preventing and educating about SUD/OD.



Insufficient SUD prevention, education, and training services are available to children, youth, and families.

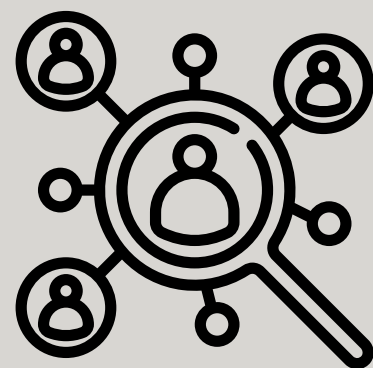
STRADEGIES RELATED TO FOCUS AREA:

HELPING FAMILIES (PARENTS WITH INFANTS AND CHILDREN)



IDENTIFIED THEMES AND BARRIERS:

Observed value = 123



Current programs fail to engage women, and the reasons remain unclear.

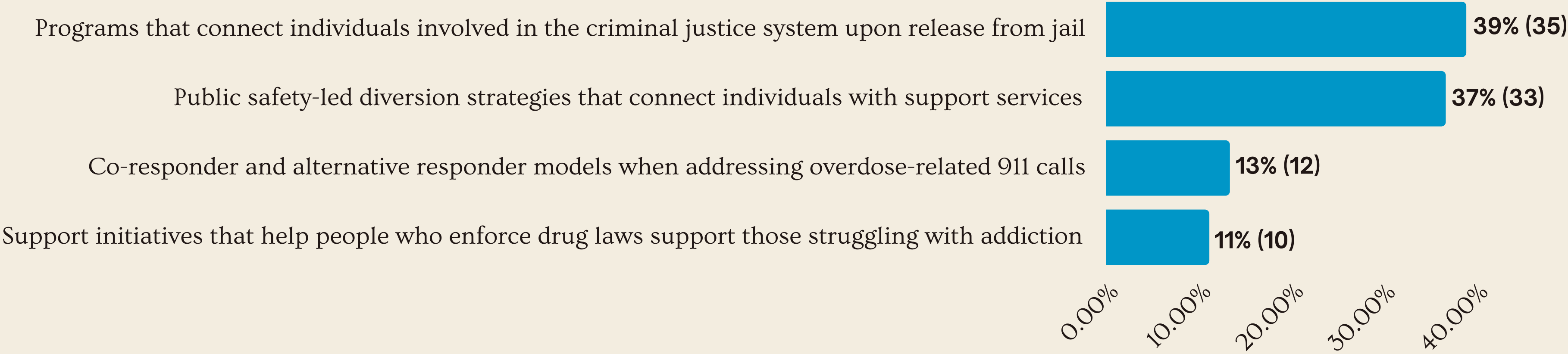


DCF involvement and court processes often foster distrust and fear of child removal, hindering individuals' willingness and ability to engage in treatment.



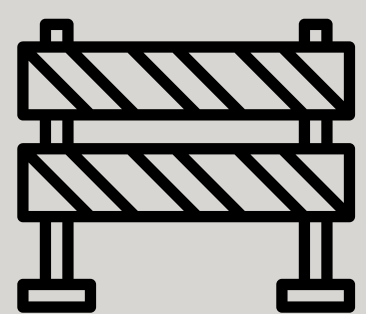
STRADEGIES RELATED TO FOCUS AREA:

HELPING PEOPLE WHO WERE CRIMINAL-JUSTICE-INVOLVED

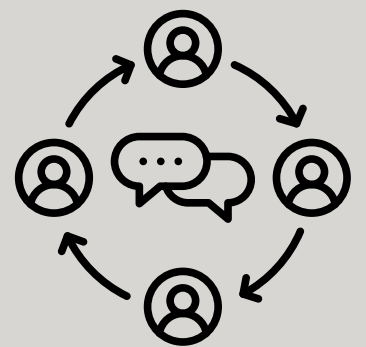


IDENTIFIED THEMES AND BARRIERS:

Observed value = 90



Criminalizing drug possession and use creates barriers within the recovery ecosystem.



Enhancing collaboration and communication among law enforcement, healthcare, child welfare, social services, treatment providers, and community resources is crucial.

# OPIOID RECOVERY REMEDIATION FUND (ORRF) FOCUS AREAS

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## Opioid Use Disorder Treatment & Recovery

This focus supports individuals struggling with substance use disorders can access and receive the help they need, in high-quality programs, no matter where they are or what their circumstances may be.

## Harm Reduction

To put it simply, harm reduction is a strategy that aims to minimize the negative consequences associated with drug use. It focuses on active outreach strategies and services for people who use drugs but are not yet in treatment.

## Prevent Misuse of Opioids and Implement Prevention Education

The aim is to make sure people don't use opioids the wrong way and teach them how to prevent it. Help to create prevention plans where different groups work together to stop drug misuse.

## Criminal-Justice-Involved Persons

Help individuals who are/were in the criminal justice system by connecting individuals to various support services while also promoting collaboration between public safety agencies and other organizations working on this issue.

## Connections to Care

Overall, this focus promotes collaboration between different entities within our communities (such as Emergency Medical Systems or Fire Departments) to ensure that those seeking help receive comprehensive support.

## Pregnant or Parenting Women and Their Families, Including Babies

Provide support to women who are pregnant or have children while also dealing with drug addiction problems. It includes providing services like childcare, home visits to offer support during recovery, and offering specialized treatment programs for pregnant women and families.

# WHERE ARE WE (CURRENT STATE)

## Barriers, Challenges, and Opportunities

### CRIMINAL LEGAL INVOLVEMENT

- Criminalization of drug possession and or use creates barriers in many components of the ecosystem.
- Need to improve collaboration and communication between law enforcement and other sectors (healthcare, child welfare, and social services, treatment providers, and community resources such as housing).
- Reentry support services that focus on navigating treatment education employment and housing needs can play an important role in improving the successful recovery of individuals.
- People's distrust of the system is a barrier to seeking help; they fear law enforcement and loss of privacy.
- Individuals with OUD in reentry programs have had negative experiences with healthcare providers.
- The juvenile justice system is outdated and inadequate for addressing addiction and preventing recidivism in youth.

### OUR TREATMENT AND RECOVERY

- Lack of continuity of care.
- Bottlenecks in moving to a higher level of care.
- No fixed responsibility for continuity of care.
- Lack of coordination and communication across the ecosystem.
- Poor interagency collaboration and care integration.
- Decisions made in one component (or not) ripple through the ecosystem (effects can be helpful harmful or unanticipated).
- People with Lived or Living OUD Experience (PWLLE) touch multiple ecosystem components, but it is not always clear who is responsible for coordinating or transitioning from one component to another.
- Lack of effective leadership and fixed responsibility for administering systems/programs.
- Difficulties accessing services due to long waitlists, limited availability, and limited program capacity.



# WHERE ARE WE (CURRENT STATE)

## Barriers, Challenges, and Opportunities

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### HARM REDUCTION

- Need for alternative approaches beyond traditional law enforcement methods to reduce the risks associated with opioid use, such as Narcan training and distribution.
- Need strategies to reduce risks associated with drug use during pregnancy.
- Need for wider availability of naloxone to prevent overdoses.
- Concerns about outside forces trying to disrupt harm reduction efforts.
- NIMBYism ("Not in My Backyard" attitudes are a barrier to implementing harm reduction programs.
- Stigma due to criminal legal involvement is unchecked.
- Providers, law enforcement, and community stakeholders need consultation, education, and training in harm reduction and cultural humility.

### CONNECTIONS TO CARE

- Residents and providers lack basic information.
- No systematic way of finding help and connecting people to OUD services.
- Lack of formal communications and agreements for sharing information and tracking individuals' journeys through the system.
- Lack of individual-level data across multiple systems to track results.

# WHERE ARE WE (CURRENT STATE)

## Barriers, Challenges, and Opportunities

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### PREVENTION & EDUCATION

- There is no community plan or strategy for SUD/ODU prevention and education.
- Limited Workshops and Training about OUD, its effects, and how it impacts individuals and families.
- There is a perception that prevention and education as less important than treatment programs.
- Media portrayals that glamorize drug use.
- Negative public perceptions about harm reduction, are a major barrier to implementing these evidence-based solutions.

### PREGNANT/PARENTING WOMEN AND FAMILIES

- Lack of culturally and linguistically accessible resource materials (pamphlets, booklets, and online resources) that explain OUD, treatment options, and coping strategies.
- Need for additional peer support and support group meetings for families to share experiences, provide mutual support, and break the stigma associated with OUD.
- Families need help with referrals to, or simply finding, local treatment programs for their loved ones dealing with OUD.
- Families need support to cope with stress, anxiety, and disappointment related to their loved one's addiction.
- DCF practices and the court system create distrust and concerns (fear of losing children to child protective services) and interfere with readiness and willingness to enter treatment.
- Existing programs do not reach women, and we do not know why.

# DESIGN CRITERIA

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## **CENTERING PEOPLE WITH LIVED OR LIVING EXPERIENCE WITH OUDS**

Centering people with lived or living experiences (PWLLE) with OUDs means placing the perspectives, experiences, and needs of individuals who have struggled with opioid use disorder (OUD) at the core of decision-making.

## **ANTI-RACISM AND CULTURAL HUMILITY**

Anti-racism and cultural humility are complementary approaches that reinforce each other. Anti-racism addresses the underlying systemic issues contributing to disparities, while cultural humility focuses on building relationships and providing culturally appropriate care.

## **DATA-DRIVEN, EVIDENCE-BASED TREATMENT AND RECOVERY**

Data-driven, evidence-based treatment and recovery refers to a comprehensive approach that utilizes rigorous scientific research and real-world data to inform the development, implementation, and evaluation of treatment and recovery programs for opioid use disorder (OUD).

## **EQUITY**

"Baking in" equity means integrating it into the foundational structure and processes of OUD treatment and recovery services means we can create a more just and inclusive OUD programs system that prioritizes the needs of all People with Lived or Living OUD Experience (PWLLE).

## **COMPREHENSIVE OUD ECOSYSTEM**

A comprehensive OUD care and treatment system fosters collaboration, improves outcomes, and is essential for the long-term sustainability of all services involved.

## **OUTCOMES AND COMMUNITY IMPACT**

Improving the lives of people with lived and living OUD experience and producing positive outcomes for the broader community is the product of enhanced community accountability in the ecosystem



# CRITERIA EXERCISE

*“You get what you design for.”*

Anti-Racism	Center People with lived/living experience	Data & Evidence-based Programs	Equity	Community & Human Impact	Comprehensive & sustainable approaches
Equity Investments/Strategies/ Funding Priorities					
Wraparound Services	Outreach to People w/lived & living experience	Social and Legal Services	Program Linkages & Connections	Consultation, Education & Training In Harm Reduction	Pregnant & Post-partum Services
Telehealth	Specialized Care (Trauma Focus)	Coalitions (Collective Action)	Early Identification and Intervention for Families	Co-responder or Alternative Responder Models	Family Residential Treatment
Withdrawal Management	Peer Support Specialists	Educational Programs in Schools	Naloxone Availability & Syringe Service Programs	Criminal Justice Diversion Strategies	Prevention for Families, & Teenagers re: SUDs and MH
Rehabilitate & Expand Facilities	Peer-recovery Centers	Educational Programs in Community Ctrs	MOBILE UNITS access regardless of location	Parent And Family Support Or (e.g, Childcare)	System Infrastructure (Process, Structure, & Relationships)

# DESIGN CRITERIA

## CRITERIA FOR DECISION-MAKING

INSTRUCTIONS: PLEASE RANK EACH OF THE FOLLOWING CRITERIA BASED ON ITS NEED FOR IMPROVEMENT WHEN ADDRESSING THE OPIOID CRISIS IN SPRINGFIELD. THIS WILL GUIDE OUR GROUP'S PRIORITIZATION EFFORTS AS WE DEVELOP A "PATHWAY TO ACTION".

CRITERIA

NEED FOR IMPROVEMENT  
(1=LOW, 5=HIGH)

Centering People With  
Lived or Living OUD  
Experience



Anti-Racism and  
Cultural Humility



Data-driven, Evidence-  
based Treatment and  
Recovery



Comprehensive  
OUD Ecosystem



Outcomes and  
Community Impact



Equity



# PATHWAY TO ACTION

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**Current State**

**Desired Results**



# FRAMEWORK: PATHWAY TO ACTION

ORRF FOCUS AREA	WHERE ARE WE? (CURRENT STATE)	HOW DO WE GET THERE? (PATHWAY TO ACTION)	WHERE DO WE WANT TO GO? (DESIRED RESULTS)
<b>OUD TREATMENT AND RECOVERY</b>	<ul style="list-style-type: none"> <li>Decisions made in one component ripple through the ecosystem (effects can be harmful or unanticipated)</li> </ul>	<ul style="list-style-type: none"> <li>Streamline access by reducing complexity in navigating the service system and accessing treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Create a comprehensive case management system with 'case managers' as the fixed point of responsibility</li> </ul>
<b>HARM REDUCTION</b>	<ul style="list-style-type: none"> <li>NIMBYism ("Not in My Backyard" attitudes are a barrier to implementing harm reduction programs.</li> </ul>	<ul style="list-style-type: none"> <li>Grow highly effective peer-supported recovery coaching programs.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the probability that an overdose is fatal.</li> <li>Enhance peer support and recovery services,</li> </ul>
<b>CONNECTIONS TO CARE</b>	<ul style="list-style-type: none"> <li>No systematic way of finding help and connecting people to OUD services.</li> </ul>	<ul style="list-style-type: none"> <li>Organize local networks of service providers to identify PWLLE who could benefit from a No Wrong Door Policy</li> </ul>	<ul style="list-style-type: none"> <li>Implement an information and referral system as part of the 413Cares platform with assertive linkage (proactive and intentional connections</li> </ul>
<b>CRIMINAL LEGAL INVOLVEMENT</b>	<ul style="list-style-type: none"> <li>Criminalization of drug possession/use creates stigma and barriers in many components of the ecosystem.</li> </ul>	<ul style="list-style-type: none"> <li>Provide training for and support the resiliency of first responders.</li> <li>Consider alternatives ranging from changing enforcement practices to changing laws (Safe Injection Centers).</li> </ul>	<ul style="list-style-type: none"> <li>Integrate the criminal legal system with the OUD treatment system to better connect to community-based OUD treatment.</li> </ul>
<b>PREVENTION &amp; EDUCATION</b>	<ul style="list-style-type: none"> <li>There is no community plan or strategy for SUD/OUD prevention and education.</li> </ul>	<ul style="list-style-type: none"> <li>Involve the community in developing and implementing prevention strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Develop community- and school-based SUD prevention and implement trauma-informed approaches.</li> </ul>
<b>PREGNANT/ PARENTING WOMEN AND FAMILIES</b>	<ul style="list-style-type: none"> <li>DCF practices and the court system create distrust and interfere with readiness and willingness to enter treatment.</li> <li>Existing programs do not reach women. We do not know why.</li> </ul>	<ul style="list-style-type: none"> <li>Reform/revise DCF screening of parents and children, such as, "Good Samaritan" policies that rationalize DCF involvement to support women seeking treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Design and implement family-centered program models that support the whole family unit (2-Gen models)</li> </ul>



## Current State

## Desired Results



<u>Opioid Recovery Remediation Fund Focus Areas</u>	Where are we?	How do we get there?	Where do we want to go?
<p> <b>           OUD Treatment and Recovery         </b> </p>			
<p> <b>           Harm Reduction         </b> </p>			
<p> <b>           Connection to Care         </b> </p>			
<p> <b>           Criminal Legal Involvement         </b> </p>			
<p> <b>           Prevention and Education         </b> </p>			
<p> <b>           Pregnant and/or Parenting Women and Families         </b> </p>			