

Barnstable Opioid Settlement Funds Workshop Output: January 30, 2024

ROUND 1: How have you been impacted by the opioid epidemic and/or how have you seen our community be impacted?	ROUND 2: In terms of how we respond to the opioid epidemic here in Barnstable: What's working well now? What has worked well in the past?	ROUND 3: Based on our conversations so far this evening, what's missing? Where are the gaps? What hasn't been said? What needs to be named now?
Personally affected by opioids	Talking about OUD more	Education and reducing stigma
Death: the ripple effect on families who have lost loved ones	Community coming together to destigmatize	Them vs Us
Lost family, friends and others to opiates	No judgement	Decrease stigma
Lost parent to accidental overdose	Increased awareness	Still so much stigma around addiction and MAT
Impacted by death: David Wood, Hyannis resident		Fear of stigma causes people to refrain from disclosing their disorder
Family and community loss/deaths	Law enforcement destigmatization and sensitivity training (working now Barnstable PD)	
Death of loved ones changes entire family	Barnstable Police Department Community Outreach works. Amazing!	Where are the mental health facilities on Cape Cod?
Sister passed, Brother has been to hundreds of rehabs and is still a homeless addict	Clinician on staff with Hyannis Police Officers	Lack of support: mental health
Loss	Education by police in schools. Awareness is important.	Lack of mental health access (insurance/doctor)
	School resource officers	Mental health resources
Support for families dealing with drug/opioid addiction	School resource officers	More mental health providers to treat dual diagnosis
Family support, setting boundaries (family disease)	Drug task force	
Family		Education in schools
Family members with OUD	Barnstable Police administer Narcan	Educating parents about addiction as a disease. Their kids are not bad people. Communication skills for parents.
Extended family/friends (children)	Narcan and 1st responders	Social media education
Grandparents raising grandchildren	Narcan availability for home and 1st responders	More education, groups, programs at the schools
I've been impacted emotionally and financially as a parent/grandparent. Community has been impacted by culture of drinking/drugs	Narcan availability and training	Grandparent education and funding
Ripples of impact: Individual --> Family --> Community	Access to Narcan	Awareness
		Public awareness
Rise in mental health and substance use	Harm reduction	Need reality check for students
Break family "stigma" on mental health	Harm reduction	Pharmacological effects on brain need to be communicated from parents
Mental health services overwhelmed	Harm reduction	
Mental health	Harm reduction models	Lack of follow-up/re-entry plan after incarceration or detox. Lack of incentives to stay sober.
Impact of untreated mental health disorders		Aftercare once they come out of rehab. They end of going back to the community that made them sick.
	Peer support	Follow-up care after in-patient/rehab/MAT/incarceration
Lack of support and knowledge for parents	Many pathways to recovery	Support systems after treatment
Education of impact of drugs on individuals and families	Options beyond abstinence, 12-steps, Peer Recovery	Long term after care
Better education for doctors, police, EMT about SUD	Recovery community	Structured activities to promote new healthy habits (post-treatment)
All around education		Coordinated follow-up
Educating parents	Recovery housing	
Early intervention	Sober living residences are helping people stay sober	Family recovery resources
	Sober living	Grief support for bereaved children/youth (1 in 9, by age 18)
More involvement	We have some sober living. Need more.	Get family info/resources earlier in the addiction process
Rise of more organizations	Sober living	Get resources into the community (helpful resources) to patient in addiction

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Community connections Community	Past: Emerson House	Sober houses aren't always run well. Not always sober.
Too many people living on the streets	Relationship between fire/police and school. Great collaboration Collaboration between community partners	Housing first model of housing Lack of housing especially after discharge
Increase in homelessness	Relationships with partner organizations in community	Not enough recovery housing
Housing first	Connection with families at Central Registration Barnstable Schools	Low Threshold Housing
More resources	Medication Assisted Treatment	Resource navigators
Lack of resources	Suboxone access for 10+ years	Resource navigator
Impact of lack of resources: Medical professionals, Therapists, Educators, DCF, ENS Personnel	MAT- Medical Assisted Training new and needs to maintain funding. It's successful. Same day access of MAT/OBAT	Resources available Resource Center missing in area
Long-term treatment		
More facilities	Family support Groups to support parents	Transportation: patient can't access treatment due to transportation needs Transportation
No transition after acute detox (warm hand-offs) Support systems and long term supports in place upon leaving treatment	Community support Lower threshold supports	Enough beds to fill the need
Lack of wrap-around services	Finding the right mental health fit	Not enough facilities
Young people are suffering	Mental health treatment	Youth/young adult safe gathering space after age 18 years
Large number of bereaved children (due to OUD)	Afterschool programming like Boys and Girls Club	Positive socialization for teens and young adults year round
Red tape reduction - too beaucroatic	Teachers paying better attention for clues of at home issues	Programs for marginalized communities (communities of color, non-English speaking)
Dysfunction		Supporting special needs
Cycle!	APG and other teen recovery programs Teen programs	Funding for family members/kids Financial support for those still struggling
Hard to ask for help due to stigma, embarrassment	Barnstable County RASAC	
Trauma	Barnstable County Outreach	Safe consumption sites
Betrayal		Safe use sites
Lack of compassion	General education and awareness recognizing it's an addiction affecting all (??)	Insurance company funding: -individual treatment -programs (reimbursement)
Violent impact on/toward professionals questioning about use	More insight and education in schools	Lack of insurance, limited detox beds, lack of infrastructure for EMS, therapists, DCF
Impact of belligerent response by those we try to help	Follow-up plans needed	Professional help: More LADAC, other professionals leaving the field than entering
Impact of purchasing substances online	Overdose follow-up	Lack of medical treatment psychiatric providers
Students with social networks to get drugs	A place to go every day 90 meetings in 90 days	Not enough peers in clinical services in other support roles
Clients/participants		Why doesn't human life matter?
Population we serve every day	Sober high schools off Cape Recovery High School	How will information on settlement fund disbursement be shared with residents?
Person in recovery		Support for people between 25-64: recovery and sustaining it, treatment
Help with basic needs: housing, food, ID's etc	Long term plans	No long term treatment
Hard to get a job with a record	Longer coverage for inpatient treatment	Help for grandparents
Shift in response: from militant to understanding by professionals in positions to help	Prescribers more educated	Healthy options due to seasonal downslide (post summer economy activities)
Open to communications and conversations	Resources	We need a 24 hour crisis beyond ER (ED?)
	RFP: Addiction Consult team in ER (Hope to start, wishlist)	More accessibility on Lower Cape for detox/sober living
Increase in OD incidences		Accountability from court and social service providers

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Marijuana acceptance as medical misleads addicts to self-prescribe		Clear road map to continued success: health care, mental health, financial resources
Better and more recovery programs relevant to that age group	We have Dry Shelters	An apology from pharmaceuticals and doctors about what they did
Born 70's-90's, Now early 30's to early 50's. Addicts Age Range. Interesting?	Need for wet shelters (wish list)	Human engagement opportunities to share your story
Impact of Section 35 on patient and family		Improper use of benzos and stimulants in people with addiction histories - overprescribing and lack of vigilance by health care providers
Decreased awareness of the need to hold people criminally accountable	"Not much is working well" Gap in getting services for 12-18 year old age range	Lack of accessibility to child's treatment plan by parents- "If my child might die, I need to know the extent of the problem"
	Stop Fentanyl	Legal "safe" cannabis to be sold in Barnstable to keep people away from street drugs
	Mandatory probation with screening for substances work for juveniles	Misleading info on safety of marijuana in US youth
	In past push for Bully education and MADD made impact	Project North in Court Doctor's Office Schools
	Seeing older siblings die/losing loved ones - opioid addiction	Better first responder access to resources
	Trial by failure	
	"HUB" Model EMS, Hospitals, Police working with high risk groups. Effective in more remote places like Martha's Vineyard	
	Incentives such as job training, placements and support for staying sober - need more!	
	Grass roots efforts to help	

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Round 4: Three Key Takeaways	Round 4: Priorities	Round 4: Anything to add?
Healthy, life skill options need to be available all year long	Structured supportive housing (life skills)	
Outreach is needed to encourage active addicts to resources	Family Recovery Resource Center/Program	
Useful resources- universal and available to all (one site)	Education on substance and effects on brain function early (3rd grade)	
Post support and services when d/c from tx. Downtime management for vulnerable patients who are deemed highly likely for relapse.	Follow up with families bereaved by OUD	
Upstream prevention activities for all ages (sports/recreation/music to gather/make friends). Upstream prevention for bereaved children/youth (peer grief groups).	Community Center in each village (Basketball courts, etc)	
Programs for work force readiness (so, post incarceration or treatment) to aid people in recovery getting jobs.	Free Narcan and Fentanyl strips next to every establishment's cash register	
Direct funding to people in ALL stages of use for supportive programming services.	Supportive post-treatment care	Early education regarding substances (especially OD/contaminated drug supply)
Lack of access to mental health services	Large community stakeholders (CC Healthcare) providing referrals to (??) services	Access to treatment for under 18
HOUSING (unstably housed, homeless, lack of housing/affordable housing)	Stigma/affirming care	
Coordination Cape-wide of ALL services to tackle this issue	An overall program that addresses aftercare- structured and continued for access for maintenance of support	Database of services- overall and program to coordinate and facilitate overall program for support
Prevention to be included: education from elementary through high school and beyond including people in recovery, families of those impacted		
Aftercare - save lives - out of Rehab and Detox - transitional services		
Narcan Saves Lives: make easily available	Housing (Sober Living)	Need to treatment (Emergency Room) to treatment centers need to be quicker. Sometimes people are waiting 8+ hours to be seen or sometimes days (waiting in the ER) before receiving help to treatment centers.
Sober Living Housing	Therapy for family/children	
Transportation is needed	Education and prevention	
Location: more detox beds and treatment need to be immediately available. More financial support for safe, structured sober living	Finding the best use of this money	Remove the stigma through education
Human level engagement, more community engagement by impacted families to adult groups and young people.	Helping individuals find and live in recovery (safely)	Help is available to families but we need the word to get out to them
More financial resources for those impacted to help them get clothes, their liscence, legal fees, jobs, transportation	Detox and treatment beds	A list of businesses that will hire those in recovery.
High level of burnout (and too few) providers (mental health, recovery coaches etc)	Incentives for employers to hire people in recovery	This was so very valuable. Great cross-section of population.
Continuum of support beyond sober living	Education to decrease stigma and diffuse them vs us mentality	
Roadmap for healthy living with adequate support (transitional life skills)	Support for children who have lost parents/caregivers to death due to drugs	
Resources: -Know where to go, what is available -For grandparents raising grandchildren -Those after rehab or incarceration etc	Education for all ages, yound to grandparents (Community Realization/Awareness)	Sensitivity training within school
Access to care: -Primary care -Psych care -Counselors schools -Transportation	Harm Reduction - Narcan knowledge/access	Grandparents raising grandchildren: more support/help

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Harm reduction: -Safe place to go, non-judgemental -Destigmatize, Talk about it	Aftercare opportunities, strategied after rehab or	Transition resources
Mental health access. Not enough providers and services.	Housing	There is enough harm reduction (methadone/narcan)
Need more aftercare options (housing) and help finding the resources	Life Coaches	Social medial/digital addiction making brains at risk
Trauma, unhappiness, saddness (dysregulation) leads to addiction risk	Mental health access	
	Education	
More funding for treatment	Focus on helping the individual	Should be the first of many community meetings
Aftercare and support	Education	End stigma
Lived experience/peer support is important for services and in recovery		
Many providers are doing work but system is fragmented	Low threshold/Housing First model	
There needs to be increased support for communities of color, non-English speaking	Transportation overhaul	
Support for loved ones who have been affected by SUD	Education/ Prevention/ Treatment in schools	
Education/Early Prevention across the board	Coordination of resources ie HUB meetings	There are good people in the world
Diversion vs punishment	Broader access to treatment and resources like methadone access	Continued forums like this
Better county level resource pooling	24 hr crisis for SUB besides ER	
Less talking more action	Detox facility/Mental health and Recovery Center at CCH	Tougher crimes for dealers Close the border
Frustration, stigma, pain, sadness	Transitional program/job skills/life skills/re-entry programs	Enforce and hold a section 12 or 35
We all agree we need more treatment, education, resources in midcape area	More education on the disease of addiction and we all suffer	Accountability
When can we get this going?		Nothing changes if nothing changes
Need for aftercare housing	Sober housing - with supportive services	Talk with people who have been through programs and getting clean to see their ideas of where money would help
Starting conversation earlier in schools	More school resource officers	
Organizations working together	Transportation options	
People from diverse backgrounds agree on path forward	low threshold housing	stigma must be addressed
Education needed- schools, seniors, health care professionals, to reduce stigma	transportation	harm reduction tools
Housing and transportation are biggest needs on Cape	peer support: e.g. recovery coaches	youth services

CHECK OUT: One word to summarize this experience

hopeful	collaboration	opportunity	accountability
hopeful	collaboration	possibility	education
hope!	collaboration	impactful	challenge
hope	collaboration	progress	healthy
hope	collaboration		realization
hope	collaboration	beautiful	long-term
hopeful		moving	youthful perspective
hope	support	broken hearted	sober housing
encouraging	supportive		reparations grant fund for families similar to what Boston is proposing
	compassion	engaging	
community building		motivating	
community	connected		
community	connection	sharing	
community engagement	connection	important conversation	
community	connections		
community			