PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

Fall River Substance Addiction Task Force

Opioid-Related Public Health Responses in Fall River, MA: Goals, Current Capacity, and Future Directions

EVALUATION REPORT

JUNE 2023

Prepared by:
Adam Gilbertson, DPhil.
Ashley Simons-Rudolph, Ph.D.
Karen Friend, Ph.D., ACSP

Pacific Institute for Research and Evaluation
Chapel Hill Center
101 Conner Drive
Suite # 200
Chapel Hill, North Carolina 27514
(919) 265-2600
www.pire.org

The authors wish to thank the interviewees for the time they so unselfishly spent helping us to understand the context of opioid prevention, intervention, and treatment in Fall River.

The Pacific Institute for Research and Evaluation (PIRE) was hired by the Fall River Department of Health and Human Services to assist the Substance Addiction Task Force in determining how best to spend Opioid Settlement Funds by gathering local information, conducting analyses, and conveying our findings via this report. ***PIRE is not responsible for distributing these funds or deciding who receives them.***

Contents

Executive Summary – Fall River, MA

The Pacific Institute for Research and Evaluation (PIRE) conducted an evaluation of current substance addiction prevention efforts in the City of Fall River made by the Substance Addiction Task Force and other local organizations, partners, agencies, and providers. The aim of this review was to assess the community's goals, current capacity and readiness, and to suggest possible ways address the opioid crisis using opioid settlement funds. To do so, we conducted in-depth interviews with various local opioid response stakeholders in the areas of prevention, harm reduction, recovery, and treatment.

Key Takeaways

- Fall River's relatively high density of substance use disorder (SUD) support services, its status as a regional 'hub' for people seeking assistance, and the overall 'positive' response Fall River has made in coping with substance use and addiction contribute to making the city 'unique' in the region.

- Interviewees cited multiple areas where they saw Fall River already succeeding in terms of opioid response public health activities. These included the range of support services available to people living with substance use disorder (SUD); outreach efforts among the unstably housed (homeless) population; the widespread local availability of naloxone; peer support efforts conducted by professionals with lived experience of addiction; and collaborative and productive efforts involving the Fall River Police Department.

- Interviewees reported wanting to see improved interagency cooperation; information sharing and data tracking; opioid response/public health leadership and community oversight; and efforts to address stigma and derogatory attitudes toward people who use substances among the local community.

- In terms of interviewees' suggestions for how best to utilize the opioid settlement funds, the top responses were increasing and improving (1) housing and shelter and (2) inpatient treatment and detoxification services (e.g., more beds). These suggested areas for funding were followed by the SATF-supported Advocacy Fund; prevention and treatment efforts among Fall River youth; increasing resources among often overlooked groups (pregnant women, mothers and small children, opioid-affected families, and grandparent caregivers); employment opportunities and workforce development; and client transportation. Less suggested options included safe injection sites and improved syringe exchange services and a "Recovery café." Recovery cafés are drug and alcohol-free spaces where people can gather to socialize and for entertainment.

- When asked to describe the most important barriers stakeholders might face while distributing settlement funds and/or implementing new efforts, participants described

community-wide stigma and "not in my backyard" (NIMBY) attitudes as well as interagency competition/rivalry.

Methods and Participants

We conducted remote (over the internet), in-depth interviews with a variety of local substance use stakeholders. To identify interviewees, we utilized a purposive sampling approach targeting the diverse sectors and stakeholders comprising the local substance use response community. This was a non-probability, "snowball" method in which current participants helped to recruit future participants. We began by reaching out to and interviewing known key stakeholders in leadership positions within Fall River, and then asked them for recommendations for who else we should interview, including those who might provide different perspectives on local efforts.

We conducted this series of in-depth interviews until reaching a "saturation" point at which new data became repetitive, making continued efforts unnecessary as they would not add value in terms of contributing new or unknown information. In total, we conducted **17 in-depth interviews with 19 stakeholders** between April and June 2023. Interviewees included two behavioral health specialists, two prevention specialists, two peer support specialists, two non-profit directors, one healthcare professional, one public health specialist, one addiction medicine provider, one emergency medical representative, one social worker, one community member, one community outreach specialist, one education professional, one religious leader, one program manager, and one law enforcement representative.

Each interview lasted approximately 45 minutes to one hour. Interviews were conducted by Drs. Gilbertson and Simons-Rudolph using an in-depth interview guide created by our team and approved by PIRE's institutional review board. Interview guide topics included interviewee background and professional roles and experiences; thoughts on the local community and ongoing public health efforts (what is working well; what could be improved); the community's greatest needs and ideas for the use of opioid settlement funds; the viability and functionality of the Fall River Substance Addiction Task Force (SATF); and available data sources and other potential indicators of interest that could be used to assess the impact of future implementation. We have included our interview guide as **Appendix A**. PIRE also conducted a review of available data (based in part on these interviews) which is included in a separate report and **Appendix B**.

All interviews were recorded and transcribed. The transcripts produced through this process were then grouped together and analyzed to identify key themes and insights specific to Fall River. The findings from this analysis are presented below. The data utilized to produce these findings originates from stakeholders' thoughts, opinions, perceptions, and experiences as described to us during the interviews. The names of all interviewees are withheld. We use letters (e.g., Interviewee A) to identify individuals throughout the assessment.

Assessment Findings

What Makes Fall River Unique?

While most interviewees noted that substance use in Fall River is like other local communities, five interviewees suggested reasons Fall River stood out as unique in the region. These reasons included Fall River's relatively high density of available resources, its status as a regional 'hub' for people seeking assistance, and the overall "positive" response Fall River has made to coping with substance use addiction.

Regarding Fall River's wealth of substance use resources, its status as a hub, as well as the challenges to which this contributes, including homelessness, one interviewee [N] explained: "…people show up in Fall River when you have got good resources. [For example] they may come from Pittsfield to Fall River. They're not returning to Pittsfield. They're ending up in our homeless shelters, our encampments, our mental health services. And a lot of times we become overwhelmed by the numbers." Similarly, Interviewee Q said, "…it's just more work because somebody's got to take care of them, and if they're in a tent in Fall River or sleeping on someone's couch in Fall River, then that's going to be Fall River's problem. As well, interviewee G offered, "It's great that we have [these resources] because we need them. But then, when we're bringing in more [people], [these resources are] not enough. So, it's almost like a Catch-22, and I think that is unique to this area because it is a very small city." Another stakeholder, Interviewee M, also noted a desire for other surrounding communities to "step up and take some more responsibility."

Concerning the relatively more constructive and patient-centered nature of Fall River's response to the opioid epidemic, Interviewee A told us, "I feel like Massachusetts has responded in a more positive fashion. …there's a lot more services that are available for somebody [here]. In Rhode Island, there's like no treatment. If there is, it's very short term. And I don't necessarily see a rapid response. …the opioid epidemic isn't anything new, and I think the city has just built more of a solid foundation to be able to help serve these individuals." Interviewee M also cited specifics as evidence for Fall River's willingness to innovate in response to substance use: "I would say Fall River does a good job at trying new things. Like, we've had post-overdose programs since 2016. And that's when we had the most deaths… and immediately we created that program."

What is Currently Working Well in Fall River?

In general, interviewees expressed a positive outlook concerning current opioid response efforts in Fall River, including what they perceived as already impactful. As interviewee G put it, "I think everybody is doing like the best that they can." Below, each of these noted successes is listed and briefly described.

A Range of Support Services

Two interviewees cited currently available support services as an area where Fall River is already succeeding. As Interviewee B explained:

> I have been very encouraged by what I've seen. We have a couple of grassroots organizations that have done a great job of engaging and supporting [people with substance use disorders]. … organizations that are supporting them and encouraging them to get into recovery and supporting them through their recovery. Both have open, street-front offices that host regular meetings for various support groups, AA, NA. And a place for those groups to gather and share fellowship. And I think that's been great. I've also been very admiring of work that a few members of our Task Force have done, of going out and engaging the community where they live, which is often out in the street, and pulling them in and encouraging them to get into recovery. That's worked well. We do have a robust treatment services network in the city and from what I can tell, they offer quality services.

Offering praise, as well as constructive criticism, Interviewee A told us how outpatient care in Fall River, "…gives people options. And then we can all share in helping someone get well. So, I think [with] outpatient services, the city does a great job at that. MAT services, a great job at that. But, when it comes more to those intense levels of care, I think that's where we're missing the mark."

Outreach to People Currently Unstably Housed

As Interviewee B's statement (above) suggests, outreach efforts to the unstably housed stands out as a success that was widely recognized among other interviewees as well. For instance, Interviewee J told us, "They're actually going to where the people are to try to find them. And, you know, I think they're a big part of the city and what they're doing" while Interviewee P mentioned extensive efforts to provide for daily needs among the homeless, including shelter, clothing, hygiene, etc. As Interviewee L explained, "I think the street outreach piece, and those players, are extremely important because we're bringing services to people. We build these relationships with people over time, and when they're ready, they'll tell us they want some treatment. So, I think that is the biggest piece that's, right now, really helpful and working in Fall River."

Naloxone Availability

The majority opinion among interviewees was that overall, Fall River is currently doing an excellent job distributing naloxone and making sure it is available to those seeking it. As Interviewee F put it, "There are some places where they have it in bulk and they can just give it out. We don't have it, but I think there's just so much emphasis on Narcan that I think it's readily available." Referencing what she perceived as Fall River's currently adequate distribution of free naloxone, Interviewee D told us, "So, I think that's impactful. I can tell you: I think Narcan saves lives. I've seen it first-hand."

Peer Support

The subject of peer support, including recovery coaching, "recovery clubs", and peer mentoring and outreach, was widely cited as efforts of which Fall River could be proud. These sentiments are best summarized by Interviewee A:

> …what we've done here in the city with adding peer services has definitely been helpful. Having someone who has been through the process, who really, truly understands. Myself, not having [an] addiction, I can say, 'Yeah, I get it'. But I really don't know what it's like to be in withdrawal. I really don't know what it's like to need to get that next fix, or all the things I'll put at risk to do that. I can be compassionate, but I don't really know. So, having a peer who's been through that process, who understands what it's like to be at the bottom, is a great advantage for somebody who is struggling. And having that connection of that person that you can call at two o'clock in the morning is a benefit. [….] There are several organizations that also use the peer model with recovery coaching or having a paraprofessional or a peer mentor. I think the more we can do in that realm, the better. [….] I feel like the city is pretty good when it comes to peers and having that peer connection. I know there are also some recovery coaches that are in the local hospitals as well as in the Emergency Department, especially when you have somebody come in who had an overdose, they're making those connections immediately. And the hope is that the person will stay connected when they leave. Even during treatment, we are getting people connected with recovery coaches so that they have that solid foundation when they transition [to] on their own.

Collaborative Efforts Involving the Fall River Police Department

The Fall River Addiction Support and Treatment (FAST) Response Team, a collaborative effort with the Fall River Police Department (FRPD), was another noted success. Some of the positive impacts of the team related to reducing stigma among officers, as well as demonstrating that not all police officers are 'out to get' people who use substances. Offering another example of a collaborative effort as well, Interviewee L told us:

> I really love the collaboration with our Police Department, and I know that's something that's continuing to be improved with education. I think that's huge. [….] [For instance] …on Tuesday nights, [we] do a post-overdose follow up program. And the officer is there for our safety, but also to try to break that stigma around mental health and substance abuse. So, there's usually a team of three that does that. And that's been a successful program. [….] And then the City also has the FAST team, and they are the ones that are helping people go to detox and appointments. [….] So, I think from my own experience, the police officers that I'm working with, our patients and clients are getting more familiar with them as they're at our events, and it's really trying to break that stigma. And I think a lot of our patients are not as scared to be around certain [police officers] just because, as we know, a lot of the people that we work with have backgrounds or warrants. And we've actually had police officers work with people, give them advice, you know, if it's not a major warrant or anything. It's really been a positive relationship building process.

Interviewee S agreed concerning the FAST team, noting how he wished it to grow in size and coverage, and "have its own unit". He also pointed out efforts to ensure that every uniformed officer in Fall River knows what to do and whom to contact to provide support to an individual they encounter in need of assistance, including shelter, and/or seeking treatment for SUD: "…everything 's computerized and we have all sorts of information in our databases that officers

can pull up in their cruisers". He added, "…in a pinch we can always call that FAST officer; he has all that information and has face-to-face contact with a lot of these people, and [so can] get those people help when they need it."

What Would You Like to See Improved?

When asked about what they would like to see improved in Fall River, or what, in their opinion, is not working as well as it should or could, interviewee responses suggested three major, inter-related areas for improvement: interagency cooperation, information sharing and data tracking, leadership and oversight, and efforts to address stigma and "Not in my backyard" (NIMBY) attitudes within the community.

Interagency Cooperation

The need for improved interagency cooperation was by far the most discussed item interviewees wanted to see improved. For instance, Interviewee D told us: "…there's room for better communication and working together. [….] And to try to be more cohesive; it would serve every agency well. [….] There's always different kinds of hurdles to get over in terms of working collectively." In the same vein, Interview H offered: "We could do better at bringing people, all people together. When I say all: law enforcement, government officials, those in prevention, those working in the treatment realm, recovery support…. And when it comes to substance use disorder, we're a little bit in our own silos." Similarly, Interviewee L stated: "I feel like there's more things that we could do to collaborate. … and not just, 'I'm doing this' and 'you're doing that'; and a lot of us just step on each other's toes sometimes because we all seem to be doing the same thing without each other knowing." Interestingly, multiple interviewees linked the lack of cooperation to organizational leadership, and not to the frontline implementers who tend to have more positive working relationships: "The people on the ground level, they have relationships with me and my team, and they we work well together. But the bigger piece is up here [leadership], don't connect" [Interviewee K].

> I think there needs to be… as always, we wish [there could be] more collaboration amongst different service providers, not just the substance abuse treatment providers, but all providers including housing and mental health. [L]

> I find that in terms of resources, if somebody shows up at [Org. A], then [A] is going to offer them what [A] can offer. If they show up at [Org. B], then [B] is going to offer what [B] has in their toolbelt. There's not a lot of crossover [referrals to other orgs], unfortunately. Because that's how you really address the problem from all angles. But it's just not there. [Q]

Information Sharing and Data Tracking

Interviewees recognized a need to improve the way substance use data is collected, reported, tracked, and shared.[1] Most programs funded through grants made by the State, SAMHSA, etc. require data collection and reporting. As a result, most of Fall River's organizations collect monthly data (e.g., number of clients served). While these data therefore exist, they are not always available to others. According to Interviewee H, what is needed is a "connected system" and a specified data person, "…someone who not only knows how to collect good data from multiple sources and different types of data but puts it together and then can present it in a way that makes sense to whoever the audience is."

Interviewees E and F agreed that it would be very useful to have a central database everyone could access to find out overdose rates, fatalities, ER visits, Narcan distribution, etc. Additionally, Interviewee F suggested that such a system could also be used for patient tracking: "…if there was something specific for anything that happened on any given day substance related. You know, like we found out one of our elderly patients was picked up by the police and brought to the hospital. And we found that out through hospital discharge records. But maybe some kind of database that's specific for substance use that everybody has access to."

Patient Tracking

Other interviewees also raised the need to improve patient tracking, and what benefits this would bring to the care community, including reducing duplication of effort and costs. For instance, Interviewee K expressed a desire for a patient tracking system "…where everything that everybody who works with one particular client will be [able to put information] into [the] system so that you have access to see, [patient X] did this on this day with this person. [Patient Y] did this. 'Oh, they went into the hospital. They connected with this.' You know what I mean? So that the people in our community that are the sickest, we can manage more effectively." In agreement, Interview L told us that such a system would reduce duplication of efforts in patient care: "…having some form of central database for us to access, like again, I understand HIPAA and everything like that. But to know, 'hey, so and so was spoken to, we're working on this with him or her this week.' Like some form of database that like, you know, how I said people step on each other's toes and we're constantly doing the same things."

Though most interviewees seemed unaware of its existence (or at least did not mention it), a system that could accomplish many of these tasks was recently launched on 19 June 2023. The system is called Julota and is designed to "transform the disconnected patchwork of local service providers into a well-coordinated network that can proactively manage and support individuals…" (https://www.julota.com/). According to the one interviewee with knowledge of Julota, at first, it will be utilized by Fall River's FAST team, police, and EMS. Later, the plan will be to include other organizations and providers throughout Fall River. Describing the advantages offered by Julota, this interviewee said:

> The good thing is we just bought a database called Julota that is going to be a hub and connect other organizations into this database so that when a client is working with us, and we get him

[1] PIRE conducted a review of available data that is included in the Appendix.

> into [a treatment provider], and then from there they end up signing up for clinician with [another provider organization], we'll all know that as long as they sign the release and we put them in the database. You'll get an alert that this client is here [working with the new provider]. And we can start to work together even more. And the [patient] doesn't have to explain their story and what they're going through 100 times [i.e., each time they see a new provider]. So, that's very exciting that the management is willing to take the leap of faith with that and try to break new ground and do something different.

Describing the advantages of using this new system versus relying on the State's data system, SIMS, the interviewee told us:

> …the problem is that we have had is that we don't have a good system to get deeper into like, 'oh this age range is overdosing'. And now, we're finally going to have that [via Julota]… and it will be simple. Like, if we want to pull a report right now. We have to send an e-mail to SIMS, which is the statewide database…. And it's like pulling teeth to get stuff from them. So, we're super excited that we'll be able to just draw any kind of data down that we want. [….] And even for our grant, they weren't giving [data] to us. So, that's really what pushed us to get this new database so that other people can have access to the clients that need help, but also have a really good handle on the number of overdoses and substance use. And what age is doing it; is it male, female, Hispanic? Are they bisexual? Like, we've really broken it down so that we can take a look at where [our efforts] need to be focused.

Leadership and Oversight

Six interviewees suggested a need for a new dedicated leadership and supervisory role, a "Coordinator" in Fall River to make efforts "more efficient and effective". As Interviewee H told us:

> I think if there's one thing that stands out for me, what we could do better in Fall River: we need a designated person who's sort of the gatekeeper of all things, prevention, treatment, and recovery. It's not to say that that person has to cover all those areas, but someone needs to lead, then designate others to do that work, but knows when to bring all of those modalities together. So, there isn't that one person within the city government or wherever… I'm saying city government because there are other municipalities who have someone who's kind of leading all these different initiatives and managing these various grants and coalitions, or at least has a handle on all of them.

As Interviewee K points out, what is needed is someone "who gets the bigger picture of it all" and can "get everyone to work together":

> We need a concerted, collaborative, streamlined, effort" [….] We can't help substance use in this community if we don't deal with homelessness, we can't deal with homelessness if we don't deal with mental health. We can't deal with mental health if we don't deal with, you know, lack of prescribers or whatever it is. So, looking at the whole piece and then really stepping back and saying, 'OK, what do we have that works? What don't we have? And what do we need to make those two pieces connect?' We need a connector, right? We need a connector, whatever that is.

In agreement, Interviewee P told us:

> …someone to sit down and just kind of get everyone together and chart it out. You know, have communication. You don't want two people doing the same thing, the right hand not knowing what the left hand is doing and stuff like…if you can bring the folks together and work together on a more coordinated effort and different areas, I think that can be good: more efficient, more helpful."

For interviewee Q, another advantage of a coordinator position would be to have someone who can provide improved oversight for substance use-related "contract monitoring". Referencing their perception of "self-dealing" among some organizations, Interviewee Q stated:

> I really hate to say opioid settlement funds should be spent on admin, but somebody needs to monitor these contracts. Because this opioid epidemic [settlement] has a lot of money attached to it. And it's critically important that that money gets to where it's needed, and not to, you know, other kinds of self-interest of these agencies. [….] …there should be some accountability and people should really be looking out for conflicts of interest.

Efforts to Address Stigma and NIMBY

Community "not in my backyard" or NIMBY attitudes toward substance use treatment and other services are driven mostly by stigma against people who use substances. NIMBY is an issue in Fall River that continues to hinder work to support people living with addiction. Multiple interviewees suggested a strong need for more efforts to address NIMBY and stigma. For instance, Interviewee J described an experience during a time when a local organization was attempting to gain approval for a new in-patient treatment center: "[The provider organization] was trying to open, they had a building and [planned to] use it for [a new treatment center]. And a lot of the community people around me were complaining that they did not want that near them, so there's still that stigma."

To counter these attitudes and opposition to treatment centers, Interviewee L suggested:

> …we need to do a general campaign around stigma. Stigma around the disease is a big issue and we need anti-stigma funding. We need to provide family members support beyond what we have at [an organization] and that can be in the form of a very public anti-stigma campaign so that they don't feel so bad asking for help."

Beyond a need to address stigma among the public, Interviewee L also noted a desire to address stigma among some first responders as well: "I really hope we'll see, well, the stigma with maybe our police officers and fire fighters go away, we need to provide them with the best education, equipment, knowledge that they need to do their job and support our population."

> So, looking at the whole piece and then really stepping back and saying, 'OK, what do we have that works? What don't we have? And what do we need to make those two pieces connect?' We need a connector, right? [Interviewee K]

> ...we need to do a general campaign around stigma. Stigma around the disease is a big issue and we need anti-stigma funding. We need to provide family members support beyond what we have at [an organization] and that can be in the form of a very public anti-stigma campaign so that they don't feel so bad asking for help." [Interviewee L]

How Fall River Could Utilize the Opioid Settlement Funding?

According to interviewees, there are multiple areas that constitute "the greatest needs" in Fall River, and that should be addressed through use of the new opioid settlement money. At the top of this list are the need for both expanded housing and shelter options and in-patient treatment and detox services. They are listed here in the order of prevalence.

Housing and Shelter

One of the most common issues discussed by interviewees was housing. Namely, there is too little available housing and shelter in Fall River, and what is available is too expensive, especially for people living on fixed incomes such as the elderly. Within the housing topic, interviewees identified important high-priority sub-categories: transitional housing, sober living facilities, homeless shelters and other options, and housing for mothers, families, and elders.

Transitional Housing

Interviewees made clear the need for more and improved transitional housing options in Fall River for those individuals who have entered in-patient care, shown progress in recovery, and yet would benefit from continued in-house support while transitioning back into the community. As Interviewee A told us:

> I think when you get to the end of someone's treatment, where are they going to go? You know, housing is very difficult right now. There's a lack of [housing], and the housing that is available, what it costs to rent, or lease, has tripled. So, even an apartment that maybe would have cost $700 is now like $2100 for someone. We used to have in the city, like, transitional living, which we don't have that anymore. However, [there are] graduate programs, where it's like 10 beds for a person who's ready to leave treatment, [but] not so confident about being on their own in apartment by themselves. But they can only stay there for a year. And then what? Of course, we try to provide them with wrap-around services, get them connected with housing when they're in treatment, but it would really be nice if we had more of that transitional support with some case management services.

For Interviewee M, providing more transitional housing in Fall River was their "top priority" because the individuals who need it are extremely vulnerable (the likelihood of relapse is high):

> I would probably say that there needs to be that transitional program that people like, even when we get people into detox. I see this all the time. And it's heartbreaking. Insurance will only cover for like a week or two and they want to go to further treatment. They want to go to a step down or transitional support services, but there's no beds for like a month. And they come back out, and they immediately relapse, and they do the same thing. So, I would definitely say the transitional type of housing [is needed] where you're going to get support services one side, where people are still active in trying to get their life together, and one side where they have already entered recovery and they're just, it's like a waiting period to get into the next place.

Making a similar case for the need for more transitional housing in Fall River, Interviewee G offered:

> So, people go to residential, and they're there, and then it takes a while to kind of rebuild when you're starting from nothing again. And sometimes the time spent in a residential program isn't enough. And then, a year goes by fast, and there's really not many healthy options for the next step for them. So, I do think some sort of transitional housing, that [has] more oversight than a sober house would [have], or something like that, that has staff, that has case management, that has all those other resources. I don't think there's enough of that in the city.

Some interviewees also noted the importance of providing safe, affordable transitional housing options for mothers and families. Interviewee A told us, "Even for moms with babies, or moms with children, there isn't that level of transition for them either. And sometimes they're forced to go into a family shelter in order to get housing. And a lot of times they see that as a step backwards. So, I know that those areas are lacking."

Sober Living Facilities

Interviewees also highlighted the need for more and improved sober living options in Fall River, especially state certified sober living homes. According to interviewees, many of the sober living facilities currently in Fall River are 'sober living' in name only and run by unscrupulous landlords who take advantage of people in recovery: "We call [them] like, slumlords. So, you know, [they're] getting people, 'Yeah, it's a sober house.'" These facilities tend to offer little or no oversight or services. They also require very little to be created: "…anybody who decides they want to purchase an apartment and call it a 'sober home'. And that's it. That's all you really need to do." Emphasizing this need in Fall River, Interviewee L told us:

> I think we really need more certified sober living homes. We have several that are not certified through the state, which kind of have just become I don't even know, if we have people using and overdosing in them. So, I think we need more structured, sober living. Affordable [too] because a lot of our people, obviously, housing is a huge issue now. But some form of more affordable sober living would be wonderful. I know we totally need that."

Similarly, Interviewee A said:

> The ones that we have around here suck. There's only I think two that are certified. There [isn't] anyone who is really monitoring the sober homes that are not certified. And sometimes that's just a setup for failure. People don't really want to go there. They still want to have that 24-hour ability

> to have somebody they can talk to. If they get up at 2:00 o'clock in the morning, they can come right in the next door and, you know, talk to somebody about the things that they're struggling with. And they still have a level of accountability, which I think they appreciate. So, you know, you're trying to get somebody to work on their recovery, balance life in general, getting back to work or going back to school. And it's hard to do that if you're by yourself in an apartment, in the city, and you don't have all of those supports.

According to Interviewee M, the city currently lacks the resources to provide quality sober living:

> But it comes down to funding. So, we have no funding. Other areas have funding for sober houses; we have zero. To kind of help them just get that first month or two months, if they are doing good. But there's nothing where, if someone's an addict and they're struggling, there's not a place because the shelters are always full. You never really get anyone in, and they're not offered the help they should be that specialized for addiction. They are given no help. So, they're just given a shelter bed. If they're lucky enough, and then they just continue to use.

Interviewee Q framed the issue and the affordability factor this way:

> …post-detox, I think that there needs to be an ability for people to get into like a longer-term situation because I've found that addiction is not just a physical issue. Addiction is very much a psychological issue. And people really benefit, including my [family member] from not just five days in detox or 10 days in detox and step down, but I mean like sober living. And when you look at sober living, there's a lot of people who cannot afford sober living. I spent my [family member's] college savings paying for sober living and things like that. Not everybody has college savings. In fact, most people who have been in a cycle of addiction for a long time have nothing, you know, and including many people who don't have the support of family because that bridge might have been burnt. So, I don't know if there's some type of way to provide, like a stipend for sober living, like certified sober living homes, or what. But it's just, it's really not affordable.

Overall, participants reported a lack of decent sober living options in Fall River. However, interviewees also importantly pointed out an a model for how these services should be provided. Three interviewees all agreed that an example of an especially effective sober living facility in Fall River is the Jordan Mathew House (Resilient Homes https://www.resilienthomesfr.org/). Interviewees explained that the founder and director of the program is herself in long-term recovery and lost her brother to an opioid overdose. Interview K called it "…by far the best sober house in our area" while Interviewee M offered, "Definitely the best house. A few others are good too, but hers is top." In briefly explaining why it is the best, Interviewee Q told us that it is a "…sober living facility that is run like a program, …she has services in there, [and an] instructor in there. It's a phenomenal, phenomenal program."

Homeless Shelters and Other Options

In Fall River, homelessness and a lack of adequate shelter is a significant problem: "Our shelter system is broken. That's a huge barrier in this city." Interviewees argued that other options are needed, and in larger numbers. One alternative they would like to see grow is single room occupancies (SROs). Referring to the need for more SROs, one interviewee pointed out:

> …no one's going to get sober standing on the street. I didn't get clean until… and I was homeless like I said, for the last nine months of my addiction that I was active. I had to use to survive the street. And it's like a Catch-22 because if you get clean on the street, then you're trapped and

> scared and nervous, and you don't know what's going to happen. So, you use, just used to keep getting through it.

Interviewee N made a case for more "low threshold housing" in which tenants are not required to agree to services at move-in, though they are available, thereby removing one barrier to entry while providing "a safe place" where "they can begin to work in their other areas in their life." Citing an alternative system from another city, Interviewee K told us:

> …we have such a huge homeless population that is affected by substance use, right, and mental health, [and] we have no place to put them. I can get them into treatment. I can get them into a halfway house potentially. But what happens to those that just are trying so hard but have nowhere to go? We only have so many permanent supportive housing [units]. [….] At the end of the day, we don't have enough; and I know that comes down to: we don't have affordable housing anywhere. But if we had money to support something that could give single room occupancy or places to [be] 'the next step,' [that] would be amazing. We've got a lot of sober houses, right, but we don't have enough. Because we don't have people who can access them. I don't know if you've heard about Attleboro; or Cranston, [they] just put out a plan too. So, they're creating this building where they're going to have a smaller number of detox beds, they're going to have single room occupancies, and they're going to have a shelter, all in one building. So essentially, you could move all the way up the continuum structure with safe guidance and being connected at the time of need with stability. That's huge.

Inpatient Treatment and Detox

Interviewees made a clear and convincing case for the need for more inpatient treatment and detox services in Fall River. They told us that often, it is very difficult to find an available bed for a person seeing treatment, leading to extreme frustration for both patients and providers.

Interviewee A described the issue this way:

> I think where it gets kind of difficult is we don't have a lot of inpatient treatment options, such as residential programs here in the city. [….] So, when you have peers show up who are not doing well, and they're going to the peer center, and they need that next step, and maybe they are wanting to get into treatment, a barrier is we don't have enough availability for treatment. And so now what does the person do?" [….] You know, when you have a person who is like, 'Today I'm ready. Yes, I want to go to treatment,' and then they call, and they're [told], 'I'm sorry, we have a wait list. You need to do a screening and intake. And it's going to be about four to six weeks. Check in every couple of days with us,' that person is not going stay sober. Or, it's going to be really difficult for them to stay sober at that point.

In agreeing with the critical need for more beds, one interviewee described an organization to assist with the issue after experiencing the difficulty of getting her own family member into in-patient care in Fall River. This Interviewee also described the importance of timing, and the ability to provide a bed to someone in need as soon as they ask for it:

> It's like there's a window of time when people might be at a place in their lives when they're ready to get help and take the first steps that they need to take. But that window doesn't usually stay open very long, so it was almost like the stars had to align. The stars and planets had to align with

> my [family member's] willingness and the availability of resources to help him. [….] People need to be able to get in when they want to get in. It shouldn't be open from nine to five. Emergency rooms really shouldn't be kicking people out who are there, addicted, saying that they're looking for help, they want help, they want treatment. I just think these funds should be used to help the people that have been harmed in one way or another, and to get them treatment when they want treatment. I say that would be number one on my list.

Importantly, some interviewees also expressed a need in Fall River for more intensive outpatient care as well, especially for people needing a "higher level of care".

Advocacy Fund

The Advocacy Fund was founded and run in Fall River by members of the SATF. The Fund was noted by many interviewees as a worthy and impactful cause that should receive funding from the opioid settlement. Providing funding through the opioid settlement could not only increase the availability of these funds but could also provide consistency that case managers could rely upon for their clients. The Advocacy Fund provides money to individuals in recovery for items that are not usually covered by other sources:

> [it's] all about providing for short term, basic needs to keep people in recovery, whether it's a deposit on housing so that they have a place to stay in early recovery, or new socks, clothes, help for their families. [….] …also just having kits for basic needs. There are so many people who are doing the boots on-the-ground work, having some type of basic needs kit where it's just all in one, band-aids, deodorant, toothbrush, socks. Just those things somebody would need on a daily basis, that we take for granted." [Interviewee I]

While SATF members have raised some money for this fund through fundraisers and other efforts, many interviewees would like to see this fund have more money to increase its impact on the lives of individuals in need. Interviewee K explained the need and value of the Advocacy Fund this way:

> So, when I'm dealing with people who are going into treatment, they have nobody. They have no family. They burned all their bridges. They have no money. The difference between them going back on the street, to the chaos that they came from, or going to the next level, is the difference of that Advocacy Fund. And we don't have enough money to pay for a full month's rent. But just by paying for half a month or enough to get them in until their Supplemental Security Income comes, or until they can get a job, has made all the difference in the world.

Interviewee Q added that these funds could also be used to support families who have lost a loved one: "I feel like when families unexpectedly lose a loved one to an overdose, I think that there should be a pool of funds that they can draw on to assist with paying for a funeral or a cremation or an obituary, even."

Youth Prevention and Treatment

Interviewees reported wanting to see more funding go toward youth-specific efforts in Fall River. For example, Interviewee R sought to highlight the need for improving treatment and care for young people, since most facilities are set up to work with adults: "…it seems like youth have

to be at the detox level to get treatment rather than that initial intervention and treatment. So, that's a gap that I'm noticing… I'm struggling to make referrals for youth. You know, the families want them to be receiving specific treatment and there's a lack of that." Interviewees also noted the importance of building and supporting substance abuse efforts, especially prevention, within the school system. As Interviewee H told us:

> …I'm thinking really big picture because I know this is a lot of money, and it's coming over many, many years. So, obviously this couldn't all be implemented at once. But we definitely need more support within the schools. Or a way to more easily get a child who needs some additional counseling. First, we need to have more counselors available. And have it so that [they're] more accessible. And work on that stigma piece so that a child isn't segregated or pulled out of class. But you know, there's a therapist or a counselor or an educator that's going into classrooms and talking to all the students about behavioral health, mental health, suicide prevention, substance use disorder, coping skills. And more peer leadership and peer support within the schools.

Similarly, Interviewee Q stated: "I think we need to be more aggressive in prevention services and education. I think it should be a standard part of the [K-12] curriculum. And again, that's something that I've heard and been in conversations about it since 2017. And I think that, you know, maybe that for a couple of classes they might discuss it, but it probably needs more than that." According to Interviewee O, these efforts should include expanding access across all grades to health education in schools that covers substance use awareness taught by dedicated, certified health teachers (not P.E. teachers).

Resources for Often Overlooked Groups

Interviewees cited multiple usually 'overlooked' groups that they thought could benefit greatly from support made by the opioid settlement funds. These special groups included pregnant women, mothers and little children, the families of people who use opioids, and grandparent caregivers.

Pregnant Women and Mothers with Small Children

Highlighting the need for more attention for pregnant women and mothers with small children, Interviewee H told us:

> Starting with the little-littles, we need to do better with supporting pregnant moms that have substance use disorder, opioid use disorder, and those babies that are sometimes born addicted. So, within that we need more training for hospital staff, emergency room staff, early childhood center staff, and just parents and community in general about best practices for moms with opioid use disorder. And then better care when those babies enter their childcare setting. So, better training for childcare staff around what to expect and how to better support these moms, these babies, these grandparents, kinship families. And then kind of thinking about children, as they get a little bit older, better and more supported.

Families of People Who Use Opioids

Multiple interviewees suggested improving the care provided to the families and loved ones of people who use opioids. Such resources might include providing support meetings and/or grief support. Interviewee J advocated for the reintroduction to Fall River of the "Learn to Cope"

group. As described on their website, Learn to Cope is "…a peer-led support network that offers education, resources, and hope for family members and friends who have loved ones affected by substance use disorder" (https://learn2cope.org/). To explain the need for special grief groups, Interviewee L offered:

> Yeah, definitely some family involvement, whether that's an organization or, however we set this up, we need grief groups. So, we need more family groups in this area. I think there's a huge lack of that. I think we have general grief groups, but we need ones for, like substance abuse, overdoses and things like that. I think maybe some of our people, their families, they don't fit into just a normal grief group. I think they need their own subset [because of the stigma]. And I think that we lack that in the area.

Expressing some particularly strong sentiments in reference to the opioid settlement funding, Interviewee M told us:

> This isn't just like a grant. It's basically blood money from people that have actually suffered and died from addiction. So, I hope that in some way, the families that lost their loved ones, you know, like no one ever talks about the expenses of having to bury someone that was their child [who died] of an overdose. Or providing that family some counseling, grief support to get through it. So, I'm hoping that some of the money will at least be considered what it was intended for.

Grandparent Caregivers

Grandparents taking care of their grandchildren due to substance use related death, incarceration, or treatment among their adult children, were another group that was stressed as often being overlooked for substance use resources. Grandparents, especially those on fixed incomes, can find caring for children to be especially burdensome physically, emotionally, and financially (including in terms of food security). It can also be harder for grandparents to navigate the governmental and/or non-profit systems to gain access to those supports that may be available without targeted training. As Interviewee R comprehensively described:

> So, definitely the financial burden…. We have many grandparents where it's now they have to address the housing situation, bedrooms, you know, all of that, food, medical care. So, many of them had planned on retiring. Now, they have to work. [And they] might have grandchildren who are younger, who aren't school age, so they don't typically get access to a childcare voucher that a typical parent or guardian would get. For many of the kids, it's also about mental health stuff. So, support for even the grandparent learning. We try to bring in a lot of different providers to host trainings. Many of them are learning about special education services for the first time. So, trying to give them support around what a special education plan looks like at a school. What are the rights of your grandchild? So, really empowering them with a lot of knowledge and learning about that. [Also] legal assistance, they often might have to try to get access to attorneys. Those aren't always free, especially if there is a custodial situation going on.

Employment Opportunities and Workforce Development

Some interviewees really liked the idea of using opioid settlement funds to support workforce development in Fall River for people in recovery, especially to broaden what is available to them career-wise. Interviewee G stated:

> I think there needs to be more help with workforce development. I've seen workforce development grants, and it seems to always be like, 'Oh, let's push people into recovery coaching.' And that's not for everyone; just because someone struggles with substance use doesn't mean that's the right path for them. But more of workforce development.

As Interviewee G continued to point out, in support of the need for more transitional housing as well as improved workforce development: "We have all these supports and resources when people are initially going into treatment. And then, at some point, it just becomes less and less resources and supports. And then, what ends up happening, is they come back." Additionally, and speaking of workforce development more broadly, and to assist Fall River's organizations that are experiencing hiring problems, Interviewee A offered this advice for how to spend these funds:

> I think having some money for some workforce, definitely everyone is feeling the hit. I know we are, and many of the other agencies that I work with on a weekly basis are also feeling the hit of not having people want to work or come to work or even apply. So, I think having some money to spend there, maybe trying to find some ways to be creative with that would be beneficial.

Transportation

While the issue of transportation did not feature in most interviews, it did receive significant attention from a few stakeholders as an especially worthy cause for funding, particularly among those with experience working on the streets with homeless outreach. As one interviewee told us:

> I think transportation is a big piece. So, a lot of us use our own personal cars. If we're transporting people to appointments, or we're going to bring them to the shelter when they're ready, or detox. I think some form of vehicle would be a really good investment. [….] "… of course, you have to have some dedicated people [willing] to put people [they] don't know [in their car]. Of course, it could be unsafe and such. But you know, I just don't know a ton of people who would want to put someone that they don't know in their personal vehicle, and all their belongings, and all of that and everything. But we're constantly doing that. People have like five bags or dirty clothes or, you know, they might not be the cleanest.

Other ideas

Various interviewees identified other ways the opioid settlement funds might be utilized by Fall River. These ideas included safe injection sites and improved syringe exchange and a "recovery café".

Safe Injection Sites and Syringe Exchange

In reference to the idea of establishing Fall River's first safe injection site, Interviewee L told us:

> I really like the harm reduction piece, and I'm not opposed to safe injection sites like some people, [there is] a huge stigma around it. I think that could be a piece to explore with some of that funding. And how we can support people in that. I think we're losing too many people lately that you know, we need to try to break some of those barriers down. And I feel like everyone's like, 'Well, not in my backyard'. But we're the perfect community to try something like that out in.

Interviewee L added that they would like to see efforts made to increase access to existing syringe exchange services in Fall River, potentially via distributed drop boxes: "I don't know if there should be drop off locations or almost like a little mailbox on the side of the road where you could toss [they syringe] in. And I'm just saying… I know that that might not be the safest, but I think there needs to be more options for that as well."

Recovery Café

Interviewee M would like to see a "Recovery Café" established in Fall River like those that operate in Boston and cities across the US (https://recoverycafenetwork.org/). These cafés offer drug and alcohol-free environments for people in recovery to gather and socialize. Interviewee M argued for the need for a café this way:

> …because there's nothing for people in recovery to do here that's fun and supportive and like a place that they can go and hang out and feel safe and actually start to have conversations and, you know, positive things in their life. The one in Boston is like a big hit. So, it's basically like a coffee shop or juice shop where people that are in recovery can go hang out, get coffee or drinks. And they do poetry readings. And they'll have live music on days. It's like always something different or yoga, but it's specifically for people to have a positive, fun experience in recovery.

> This isn't just like a grant. It's basically blood money from people that have actually suffered and died from addiction.

> …we need to do more and better around the stigma surrounding substance use disorder and behavioral health issues. And we need to do a much better job of lifting voices of not only those with lived experience, but youth in general, particularly adolescents.

> I just hope that [this funding] doesn't go to the typical organizations that do the same thing and already have millions. I think it should give other people an opportunity to be helped helpful and help outside their typical scope. You know, something new. We've had these organizations forever, so they know the game, they get their money, they do what they do. But people are dying for something different.

Important Challenges or Barriers Fall River Might Encounter

When asked to consider what barriers or challenges Fall River might encounter in allocating the opioid settlement funds and/or implementing newly funded efforts, interviewees named four primary issues. The two most important barriers and challenges interviewees discussed were stigma and NIMBY attitudes and interagency competition for funding resources.

Stigma and NIMBY Attitudes

Multiple interviewees raised the issue of stigma and NIMBY as those that have already produced setbacks in the city in terms of receiving approvals for planned treatment centers. As Interviewee M stated, "So, one barrier is always the neighborhood associations. No one ever wants something new in their neighborhood. So, that would be one barrier finding the right location if you do something new." Offering a similar statement, while pointing out the importance of community buy-in for any new SUD project, Interviewee A offered: "…so it's also that piece because, 'We don't want the addicts here', you know, and 'look how bad it looks', and 'Fall River is already a hot mess, so we're going to have more people come here for treatment?' I mean, that's what you hear. That's what we've been faced with. We need to get the community to buy in. We need to show them how this is going to be a benefit [to the community]."

Interagency Competition and Rivalry

The interviewees who proposed interagency competition and rivalry as key barriers to opioid settlement fund allocation efforts fell loosely into two categories: the 'optimists' and the 'pessimists.' According to the optimists, interagency competition is a concern and will likely be encountered, but the issue will also likely be tempered by the collective recognition that all parties have the same goal to improve lives in Fall River. For instance, Interviewee B agreed that competition is "… a potential barrier. My hope is there'll be enough money to spread around so that everybody gets a piece of the action. Likewise, according to Interviewee A:

> …there definitely is a level of competitiveness. Because some of us do some of the same things. So of course, who doesn't want to be the first one at the table? Because we all think we do it better than everybody else. But I think once you kind of like strip that layer off, and you're able to see that we are really all here doing this work for the greater good, because I don't think anybody is in this field to make money, because that doesn't happen. So, there has to be some other reason. So, I really do believe it's because we have this need to want to help people get back on their feet and help them get well and stay in recovery, work their program, stay stable mentally.

Others, however, looked at it differently. As Interviewee L stated, "I think the competition gets in the way of literally… we're playing with people's lives here. This isn't, you know, 'hey, I want the referral.' This is someone's life. And I think that once we can somehow, if ever, come to better ground on that, we're only going to improve the great work that we're doing." Describing past experiences initially trying to establish a new organization, Interviewee Q told us, "I felt like a minnow in a shark tank, because these agencies were so threatened by someone trying to get a piece of their money. It was like a hostile environment for quite a while there." Interviewee Q also stated: "This competitiveness for the money. Because I could care less who gets what money, but if it's at the expense of client services, then that's problematic. This is a critical illness in my eyes, so I don't see that we would do this with any other illness, where we would kind of overlook what's best for the patient in [favor] of our own interests."

Staffing and Political Issues

The two other barriers interviewees seemed to perceive as probably less problematic, but still worth anticipating, were staffing and political considerations. Concerning staffing, some interviewees wanted to highlight the current employment conditions in which many organizations are struggling to find and keep employees: "Yeah, I think one of [the potential barriers] would be workforce, you know, getting individuals to be able to be employed, getting them to want to be employed, and actually come to work and be involved in something. So, I think staffing could be a potential issue with development of new programs." As far as the political issues the SATF should anticipate potentially encountering, Interviewee C suggested ensuring that "the local politicians are onboard, while Interviewee Q raised the issue of possible changes to the city administration following an election as another potential setback to consider.

> My biggest concern on that is the stigma that's attached to addiction. And there'll be some pushback from the community at large at least for some of the things that we're talking about this morning. We've seen some of that NIMBY attitude in various ways over these 30 years that I've been working on this issue. [Interviewee B]

> I think in a lot of areas there is competition. And I think when you find those good outreach workers where it's like, 'Hey, I'm not about the big buck and let's just, you know, go out there and try to make it happen for everyone.' I think that's great. But at a higher level, it is competitive. [Interviewee L]

The Fall River Substance Addiction Task Force

Interviewees recognized various strengths and weaknesses associated with the Fall River Substance Addition Task Force (SATF), including specific suggestions for how the SATF might be improved in the short and long term.

Strengths

The specific strengths interviewees associated with the SATF focused primarily on leadership and the quality, dedication, expertise, and passion of the individuals who comprise the Task Force. As Interviewee A described:

> I think the task force does some great work. I mean they have to kind of lead; they have to drive the bus for us. And in general, I've been pleased with how they have worked to fill the gaps, take initiative, look at where the city falls short, and where we can make some improvements. I really don't have any qualms about it. [....] I see a lot of commitment, especially with the providers [and]

> local agencies who are really in the front and in the trenches. [….] So, I appreciate that we can all come together for a common goal to make things better.

Similarly, Interviewee C offered:

> I think the Task Force is great. The person who runs the Task Force has a lot of knowledge. I don't attend as many meetings as I would like to. But every idea that comes up is a new idea, or an idea that can be reworked. And it's a matter of communication. The Task Force is brilliant. And reworking the same situations to try to help a particular person. [….] The Task Force is very good at doing that type of stuff. They're very good at keeping up with the latest trends and the latest stuff coming from SAMHSA. So, I'm a very strong advocate [and] proponent of the Task Force.

Interviewee B noted how well the SATF works together toward the shared goal of saving and improving the lives of individuals and families in Fall River who have been impacted by opioid use: "…a strength is that it is very representative of the provider community, and it always has been. It's been the group for the service providers to gather together. And while there is always the potential for those turf issues that we were talking about a few minutes ago, I have not seen that as a barrier to this group functioning and working effectively."

Finally, according to multiple interviewees, a key strength of the SATF is its efforts to promote awareness and distribute information resources within the community: "…you find out about the different events that are upcoming or what's being done by their organizations." As interviewee F put it, "[The SATF] organizes a lot of substance addiction community awareness things. You know, anything that's going on that relates to addiction, they fund that and then everybody kind of gets together. They have resource tables there. So, they're really good at stuff like that."

Weaknesses

Interviewees suggested two primary weaknesses associated with the SATF. These were a perceived lack of community representation and too little orientation toward "action" and accomplishing clear and achievable goals.

Desire for Community Representation

While most interviewees agreed that the SATF is adequately representative of provider stakeholders from within the community, they identified others who, for whatever reason, were not currently active on the SATF. First on this list were community members who have lived experiences of opioid use and addiction. According to Interviewee B:

> We have not had success ever having regular participation from those with lived experience, except some of the staff that represent those support agencies that I mentioned. Those individuals usually are themselves in recovery. And so, they provide some of that perspective. But we've never been able to bring in a person, you know, just an average resident who's dealing with this from a personal perspective, and I would like to be able to do that in the future.

According to Interviewee G, having these voices heard on the task force is essential to knowing what is needed and how it should be provided: "… what I think is best for people, what I think the community needs, isn't always what they say. I'm not always right. And what I think is best

for people isn't always the case. [….] So, having some sort of voice from those individuals would be important."

Interestingly, when asked, as a person with lived experience, what others without lived experience might 'not get' about what it is like to live with addiction, an interviewee said:

> For most individuals, to see some success or good outcomes, there's a lot of things that need to be treated at the same time. It's not like one thing, then another thing…. Usually, there's a lot of parts of a person that need to be treated or impacted. So, sometimes it's not like, 'Hey, let's deal with housing first and then let's deal with mental health, and let's deal with substance use. Then let's deal with whatever it might be.' …it's more like, sometimes all those things need to be wrapped around somebody at the same time. And I think that sometimes, that's not how people are treated, and that's not how it's addressed. It's usually this, then that, then that. And sometimes we lose people in the middle of those transitions.

According to Interviewee A, improving representation on the SATF may also have the added benefit of aiding and encouraging community buy-in for services, such as new in-patient treatment centers, that so often receive pushback:

> I think it's more provider heavy. I think that there are definitely some church leaders that could participate. Or even looking at Neighborhood Watch committees, that's big around here. Anybody from the Rotary Club? How about somebody from the American Portuguese League? I mean, normal community people…. But I think individuals who want you to stop these problems, but 'don't do it in my backyard' type thing. I think being able to establish those connections and let them know what we're trying to do and how we're trying to help people. I would tend to think that almost everybody knows someone who's been affected by substance use and mental health. And if we speak to that, then maybe we could get some commitment or some buy-in, or build, consensus that this is a good idea.

Interviewees also linked a lack of representation, especially from local hospitals' leadership, to challenges in holding them accountable for care provided. As described by Interviewee K:

> …we're doing a lot of work out here, and then they're going inside [the healthcare system] and they're still coming back out with all these needs, or they're getting treated so poorly internally that they don't want to stay. So, they're coming back out here [on the street], or they're inside the hospital and they're not getting the MAT treatment they need so they could complete treatment. So, they're leaving because they're sick."

Finally, Interviewee K advocated for the inclusion of members from the community generally, but especially regarding decision-making concerning the opioid settlement funds:

> …this is a community that has lost and continues to lose [people to SUD]. So, if we don't somehow also incorporate the community and what they feel and let them have a voice, anything we do is going to be viewed as coming from someplace that's not genuinely the voice of all the people." [….] …whether we pick stakeholders within the Community, whether we identify champions in each Neighborhood Association, we need to have the voice of those neighborhoods that are struggling in ways we don't even begin to understand. [….] Like, we are going sit here and say how we should spend money that came off the backs of the children who lost their lives and the parents who lost their children or the people who lost their spouses?

A Less Than Ideal Focus on Action and Accomplishment

The other weakness most often discussed by interviewees involved their perception that the Task Force focuses more on updates from member organizations and the sharing of other information between members, and with the greater community, than it does on setting out to achieve important goals. As Interviewee J said, "To be honest, I don't think it is accomplishing much. [….] I just don't feel that it's very productive. Likewise, Interviewee G explained:

> It's called a 'task force', but it ends up turning into like a giant check-in or whatever. And so, to see something being more task-oriented, and see outcomes come out of task forces more regularly would be nice. And that would be the only thing that I would have to say. And it's not just specific to [the SATF]. I see it in a lot of different types of meetings that I'm in. It's just, you get going, and then you can just spend forever on one topic because there's so many people or whatever, and you get away from the true mission of why you guys are gathering.

However, interviewees also empathized with the leaders of the SATF who are already very busy in other positions, and have the added difficult task of encouraging meaningful, collective efforts among a task force comprised entirely of volunteers. As interviewee I put it, "Our Co-chairs do an amazing, amazing job. But they're all wearing other hats and they're super busy and doing other things."

Importantly, interviewees also offered statements suggesting their belief in the potential of the SATF, as well as their optimism for where it is headed over the next few years:

> I actually think that we've been just sort of treading water for the last year or two. We knew this was coming, these funds. [….] My assumption is that when these funds were available, this group would take off and start to have a real impact. And what I wanted to do, working behind the scenes, is to just keep it going until that point. And now I'm very excited about what we'll be able to do in this this coming period. [Interviewee B]

Suggestions for Short/Long-Term Growth and Improvement

Interviewees offered many ideas for how the SATF might be changed and improved over the next three to five years. Unsurprisingly, the two top suggestions were to increase inclusiveness and make the task force more action oriented.

Increase Diversity of SATF Membership

Interviewees expressed a clear need and desire for greater inclusiveness and diversity among the SATF active membership. In addition to calls for more members with (especially more recent) lived experiences of SUD, other new member suggestions included encouraging faith leaders, members of the local Portuguese, Spanish-speaking, Korean, and Cambodian communities, state-level political representatives, and members of the Fall River Police Department, Fire Department, and emergency medical services, as well as young people. In addition, some interviewees recognized a need to increase the number of, or attention to, "boots-on-the-ground" members who spend time out in the community, on the streets, interacting with the very people the Task Force aims to help. As Interviewee L put it, "I really think there's some people on the forefront of this that are just really pretty humble and kind of just take a backseat role. And these other people are getting credit for the work that they're doing."

To encourage new members from among underrepresented communities (especially young people), one interview recommended providing them with training and compensation for their time and contributions. Another issue of note was a perceived lack of awareness among these underrepresented communities that the SATF exists, is active, and would appreciate their input. Additionally, Interviewee I pointed out that, "Oftentimes, [SATF meetings are] held at a time [when] students are coming home from school, still in school, after school programs. And I don't even know if students would really have awareness of it, to be honest with you." Noting the importance of bringing in new viewpoints, Interviewee A told us:

> I think it's always great to have new members, to have somebody with a fresh set of eyes. I think that's really helpful for us who have been doing this all the time. [….] It's nice to have someone from the outside come in and say, 'Well, what about this or how about that?' So, I think getting new members onboard is something that should definitely continue to happen.

Call for Action

Interviewees overwhelmingly suggested that the SATF should make greater efforts to become more focused on making impacts for the better in the community. As Interviewee L stated so convincingly:

> I just really wish there was more 'Let's get something done' and not just provide updates [each] month. I feel like we're constantly providing overdose status updates that are like three months old. And it's just so behind on some things. And I just feel like we're not proactive and we could really collaborate a lot better. There's some really good people [on the SATF] and key players.

To accomplish a reorientation toward action, interviewees suggested a possible reorganization of the SATF via subdivision into smaller working groups or subcommittees. Each of these smaller units could be charged with specific tasks and mandates to achieve and would be held accountable for doing so. Multiple interviewees also expressed the value and need for a full-time "Task Force Coordinator" to oversee these efforts. Describing this need, Interviewee I told us:

> I've seen New Bedford's equivalent of our SATF. And they have different subcommittees [for] prevention, treatment, recovery. And I would love [it] if the SATF could do that. And if different funds could go to different projects related to that. [With] somebody to head those specific subcommittees: having a designated coalition coordinator who represents prevention, represents treatment, represents recovery, and can come and have those conversations cohesively together.

Return to In-Person Meetings

A final commonly discussed suggestion for improvement was for the SATF to return to in-person meetings. During the COVID pandemic, the SATF like almost all other organizations, pivoted to conducting meetings remotely to protect the health of members and the community. While interviewees understood the necessity of this plan at the time, some wonder why in-person meetings have not resumed. These interviewees said they prefer to meet in-person, and argue that meeting together, face-to-face, fosters collaboration and makes the group more effective. Emphasizing these points, Interviewee J told us, "We've been on Zoom meetings for a long time. And to be honest, after a while, I [began to] question [that] because we're supposed to be having personal meetings. And I feel that's more effective in a way. I mean, we've had enough Zoom meetings. But I'm not feeling that it's very productive." Additionally, when we

asked Interviewee L how the SATF might be improved moving forward, they told us: "Well, one, I would love to go back in-person. I find that some of us just turn our mics off and cameras off and kind of just let it be another meeting."

Conclusions and Next Steps

The interviews we conducted with Fall River opioid public health response stakeholders revealed multiple areas and efforts that are already effective and successful, several areas that could be improved, and the goals the community hopes to achieve in coming years. Interviewees highlighted Fall River's current strengths as the breadth of support services and resources available to people living with addiction; established programs providing outreach to Fall River's unstably housed residents; wide distribution and ready availability of naloxone; various peer-centric support efforts; and collaborative efforts incorporating law enforcement and other public service agencies. Concerning the areas for potential improvement, interviewees highlighted interorganizational cooperation and collaboration; substance use and response data collection and sharing, public health leadership and oversight for opioid response activities; and efforts to address stigma and the "NIMBY" attitudes that have hindered the integration of new services within parts of the community.

Importantly, interviewees made multiple insightful suggestions for how Fall River might best make use of the opioid settlement funds, based on their extensive personal and professional experiences living and working within Fall River. First on this collective 'list' was improving and expanding Fall River's housing/shelter options and inpatient treatment and detoxification services. Next, was providing more funding to the SATF Advocacy Fund to ensure money is available to assist patients and families in times of need. This was followed by increasing youth-specific prevention and treatment efforts, especially within schools, as well as both awareness for the needs of, and resources tailored to, those more often overlooked groups for substance addiction resources. These groups were identified as pregnant women, mothers and small children, opioid-affected families, and grandparent caregivers. Finally, interviewees brought up the need for employment opportunities and workforce development, client transportation, safe injection sites and improved syringe exchange services, and a Recovery Café.

Suggested next steps included widespread adoption of a system to support citizens with ongoing and recurring problematic substance use more efficiently and effectively, and the development of infrastructure to fairly distribute, monitor, and assess the impacts of efforts funded by the opioid settlement. One interviewee discussed Julota, a system that could connect sometimes competing local services and create a network of transparency and clarity around the care of people who use drugs and seek services in Fall River. This interviewee mentioned that 911 and mental health calls are already being linked to the service, and that there is capacity to assign recovery coaches and chart needed services and progress in HIPAA-compliant ways that maintain patient privacy. Yet, the service is not well known and is particularly concentrated among first responders. Next steps might include assessing Julota's scalability and promoting

use of the system within the organizational needs of key stakeholders throughout the community.

Interviewees nearly unanimously noted the lack of centralized coordination of City opioid prevention and treatment efforts. They suggest wide support for a centralized administrator, akin to the federal government's "drug czar" Rahul Gupta. This person could strategically connect local providers, increase transparency, implement a city-wide patient-serving system like Julota, execute grants from the opioid settlement and monitor impact, and oversee a centralized data repository from which local organizations could draw. This gatekeeper (or gatekeepers) could also link the City's non-profit efforts with those of the local hospitals as well as other nearby communities.

Interviewees want to build up the SATF and suggested that more direct-action projects might foster new energy and attract more active members. In PIRE's experience, supporting, monitoring, and sharing inclusive and active projects is a worthwhile time investment, but one which will require additional person-power beyond what could be reasonably expected of the Director of Health and Human Services. Professionalizing the important role of leading the Task Force and including this effort within the purview of a new centralized administrator could further connect prevention, treatment, and recovery efforts in the community, and build on existing collegial relationships city-wide.

PIRE is under contract to provide more detailed short and long-term recommendations along with an analysis of strengths, weakness, opportunities, and threats (SWOT) and budgetary implications by October 15, 2023. Doing so will require an in-depth look at the terms and conditions of the opioid settlement funds and matching this with the ideas and goals provided during these key stakeholder interviews. We look forward to circling back with the Director of Health and Human Services, as well as the SATF, to discuss our findings thus far and receive additional input on next steps.

Appendix A: Fall River Interview Guide

Participants: Members (active and inactive) and would-be members of the Fall River Substance Addiction Task Force (SATF)

Example lenses through which folks will be approaching the interview: prevention, harm reduction, treatment, recovery, and adjacent services

---

Instructions (to be read aloud). Thank you for your time today and willingness to take part in this interview. As you may know, I work for the Pacific Institute for Research and Evaluation or PIRE. We have been hired by Fall River to help determine how best to spend Opioid Settlement Funds by gathering local information, conducting analyses, and reporting our findings. PIRE will not be distributing these funds or deciding who receives them. As a part of this process, we will review current substance use efforts by the Substance Addiction Task Force (SATF), and other local stakeholders to inform the development of a draft Strategic Plan. This interview is part of this effort and should take between 45 minutes and 1 hour.

We are interested in your thoughts, opinions, and feedback. There are no "right" or "wrong" answers to these questions.

The interview guide used today has been approved by PIRE's Institutional Review Board. No written consent form is needed. All participation is voluntary, and you are not required to answer any question that you do not wish to answer. You can also decide to stop the interview at any time for any reason. If you decline participation, it will have no bearing on your employment, participation in the Substance Addiction Task Force, or eligibility to apply for Opioid Settlement Funds.

We will record today's session, but your responses will remain confidential. Only project-affiliated PIRE staff like me will have access to this data. We may use your exact words and quotes in, for example, our reports, but we will not attach your name or other identifying information to what you've said. And if you would prefer that we not do this, we will not. Please avoid using your name, clients' or colleagues' names, or other identifying information in your responses. If you include any identifying information, we will remove it from the transcript we will produce from the recording.

The transcript will be grouped with others and analyzed. These findings will be included in aggregated reports that will be shared with the Task Force and the Fall River Dept of Health, and may be included in a manuscript for publication.

Any questions or concerns about this study can be emailed to PIRE Researchers: Ashley Simons-Rudolph at asimons-rudolph@pire.org or Karen Friend at kfriend@pire.org

Do you have any questions before we begin? Do you agree to participate in this interview today?

*[If **no**, thank them for their time, ask if they can suggest anyone else who might be useful to interview, and end the call. If **yes**, proceed with the interview after confirming that they are in a quiet, private location where they are comfortable participating].*

Interview

Objective 1: Background and Professional/Community Role (8 minutes)

1. As we begin, I'd like to hear more about your professional background and what brings you to this work.
2. Okay, so in terms of opioid treatment, prevention, harm reduction, etc. – really the whole spectrum of public health responses to the opioid epidemic – what have you seen work well in Fall River? What would you like to see improved? In an ideal world, what does the future of opioid response look like to you in Fall River?
3. What makes the city of Fall River unique in the region concerning a) the opioid epidemic, b) opioid response efforts? *Probes: prevention, treatment, harm reduction efforts.*

Objective 2: What do they know about and what ideas do they have about the Opioid Settlement money (10 minutes)

4. As you are aware, Fall River has been awarded Opioid Settlement money for use in opioid-related response efforts over the next two decades. What have you heard about the ways Fall River might use this money? What are your thoughts about these ideas? *Probe: What do you like and what do you dislike about what you've heard?* Do you have any ideas of your own that you think might be more effective? Please tell me about them.
5. What do you think is the greatest need in Fall River when it comes to opioid response efforts?
6. What barriers do you think Fall River might face in planning to spend settlement money, or in implementing any new programs funded by the settlement? *Probes: A lack of local cooperation, a sense of competitiveness with other substance addiction efforts, a lack of vision, a lack of infrastructure?*

Objective 3: Data (7 minutes)

Recall the data that we have in hand.

7. We plan to conduct a brief review of available resources to produce a list of potential indicators, public datasets, etc. to give us a better understanding of Fall River's substance addiction and prevention strategies. What available indicators, public datasets, etc. would you recommend for us, including any of your organization? *Probes: For instance, data from MA DPH, community organizations, hospitals (e.g., emergency room visits,*

overdose rates, Narcan distribution, law enforcement agencies, first responder agencies, and other relevant organizations). What about any sources that may not be currently available to the public but might be made available to us for these efforts? How might we access these data?

Objective 4: What do they think about the functionality of the current Fall River SATF? (10 minutes)

8. If you were speaking privately to a trusted colleague, how would you describe the work of the SATF in a few sentences?
9. What are the current strengths and weaknesses of the SATF? *Probes: What is an example of a time the SATF assisted you, promoted or improved your efforts, or something the SATF has helped you accomplish? Tell me about a time when the SATF, in your opinion, "missed a chance" or otherwise failed to make a positive impact when it should have.*
10. How would you like to see the SATF grow and change and improve in the next 3-5 years?

Objective 5: Closing/Who Else? (10 minutes)

11. Who else from the Task Force should we talk to?
12. We would like to hear from folks who don't usually participate or engage actively with the SATF for whatever reason. *Probes: Maybe they disagree with the SATF, have had conflict with members, feel excluded, or feel that it is not worth the effort.* Can you think of anyone like that who might be willing to talk to us? Would you be willing to provide an introduction?
13. What questions haven't I asked you today that I should have? Is there anything else that we should know about the opioid/opioid response-related context of Fall River as we begin to build a Strategic Plan for the use of Settlement Funds?
14. In the future, how would you like to be involved in efforts to create/review this Strategic Plan?

Okay, that was the last of our questions for today. [After turning off the recording, consider asking if there is anything they would like us to know that they did not want recorded.] Please know that we appreciate your time and honesty; what you've told us today will assist us as we work to help Fall River build an effective Strategic Plan. Next, we'll begin to analyze interview data and will provide regular updates to the Task Force. In the meantime, if you think of anything else we should know or have additional information or questions, please feel free to reach out by email. If I have any follow-up questions or points to clarify in the future, would it be alright if I reached out to you by phone or email? Again, thank you for your time and we wish you all the best.

Appendix B: Review of Fall River Local Datasets and Indicators for Public Health Responses to Opioid Use

EVALUATION BRIEF

Review of Fall River Local Datasets and Indicators for Public Health Responses to Opioid Use

Introduction

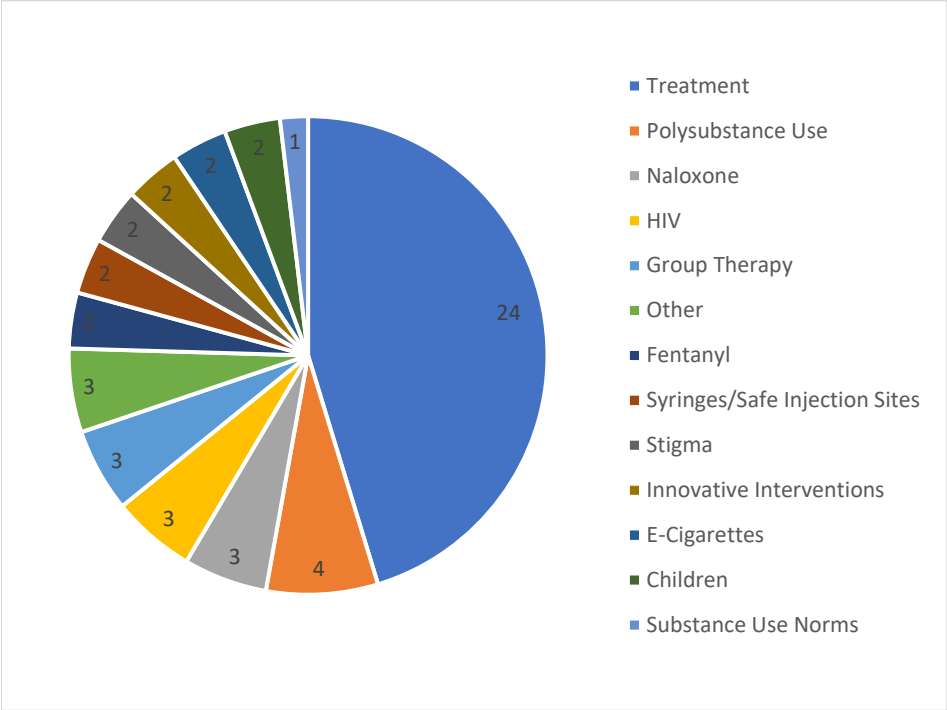
In April and May 2023, the Pacific Institute for Research and Evaluaiton (PIRE) undertook a review of local data sources and other indicators that can provide the SATF with insight into 1) the current status of the opioid epidemic; and 2) a list of potential indicators that might be included in understanding the town's substance addiction and prevention strategies. This review involved a two-step process described below. The first consisted of an extensive literature search. The second involved asking interviewees for their advice and/or recommendations concerning local datasets and how to access them.

Literature Search

PIRE conducted an online review of current literature available related to opioid use, prevention, treatment, recovery, and harm reduction in Fall River between March 28-31, 2023. To be as comprehensive as possible, the search terms we used were "drug use" and "Fall River" and "Fall River" and "opioid". We then excluded those articles that did not concern opioid use, prevention, treatment, recovery, or harm reduction activities. Additionally, we reviewed a list of published articles from activities at SSTAR for those that met our criteria. SSTAR keeps a running list of publications that have come from research conducted through their facility in Fall River. This list can be found here: https://www.sstar.org/wp-content/uploads/Publications-resulting-from-research-at-SSTAR.pdf The **53** articles that met these criteria are presented below, by category, in **Figure 1** and **Appendix A.** . Articles fell into 13 categories. The most common was *treatment* with 24 articles, including seven that are buprenorphine specific. This is followed by *polysubstance use* (four articles), *naloxone* (three articles), *HIV* (three articles), *group therapy* (three articles), *"other"* (three articles), *fentanyl* (two articles), *syringes/safe injection sites* (two articles), *stigma* (two articles), *innovative interventions* (two articles), *e-cigarettes* (two articles),

children (two articles), and *substance use norms* (one article). All these articles will be made available to the SATF upon request.

Figure 1. Literature Review: Number of articles found per category.



Data Sources Provided via Interviews and Online Searches

We conducted remote (online), in-depth interviews with a variety of Fall River's local substance use stakeholders. In total, we conducted **17 in-depth interviews with 19 stakeholders** between April and June 2023. Interviewees included two behavioral health specialists, two prevention specialists, two peer support specialists, two non-profit directors, one healthcare professional, one public health specialist, one addiction medicine provider, one emergency medical representative, one social worker, one community member, one community outreach specialist, one education professional, one religious leader, one program manager, and one law enforcement representative.

As a part of these interviews, we asked stakeholders to tell us about any datasets or indicators with which they are familiar, are specific to the City of Fall River, and would be useful to inform current and future public health responses to substance use locally. For example, we asked them what data they use or keep as a part of their work, what might be available publicly in Fall River or by request, or what else they might recommend in terms of data. From these interviews we

learned that most programs funded through grants made by the State, SAMHSA, etc. require data collection and reporting, and therefore all of Fall River's organizations funded by these mechanisms collect monthly data (e.g., number of clients served, fentanyl test strips distributed, etc.). However, interviewees also pointed out that these data are not often shared among organizations. Interviewees also recognized a need to improve the way substance use data is collected, reported, tracked, and shared. Currently, the only way to access these data would be to make individual requests to each organization within Fall River.

However, on 19 June 2023, the Fall River Fast Team (and partners) launched a new data collection and sharing network called Julota, that provides a cloud-based data collection and sharing services to "transform the disconnected patchwork of local service providers into a well-coordinated network that can proactively manage and support individuals…"(https://www.julota.com/). According to the one interviewee with knowledge of Julota, at first, it will be utilized by Fall River's FAST team, police, and EMS. Later, the plan will be to include other organizations and providers in Fall River.

The use of Julota in Fall River suggests exciting new possibilities in terms of data sharing, reducing the duplication of effort among Fall River's public health organizations, and informing future public health responses using these data. However, its use has only just begun and its potential impacts have yet to be established. Will this system be effective? What organizations will agree to submit data to this system? Who will have access to the data and how will access be granted? The Fall River SATF should continue to ask these questions over the coming year, and PIRE could assist in facilitating these conversations and guiding the initial steps of implementation.

In addition to these interviews, we conducted an internet search to locate any additional datasets or indicators that may not have been mentioned in interviews. This search also included guidelines and other materials related to how opioid settlement funding may be utilized by municipalities like Fall River (these guidelines are also available upon request). The data suggestions from interviews and the internet searches are provided below in **Appendix B.**

Appendix A. Results from the Literature Review

Categories	Authors and titles
Treatment	**Bailey et al. 2013**. Perceived Relapse Risk and Desire for Medication Assisted Treatment among Persons Seeking Inpatient Opiate Detoxification **Christopher et al. 2018**. Civil Commitment Experiences among Opioid Users **Frost et al. 2019**. Long-term Safety of a Weekly and Monthly Subcutaneous Buprenorphine Depot (CAM2038) in the Treatment of Adult Out-patients with Opioid Use Disorder **Hayaki et al. 2021**. Negative Affect-associated Drug Refusal Self-efficacy, Illicit Opioid Use, and Medication Use following Short-term Inpatient Opioid Withdrawal Management **Kaplowitz et al. 2022**. Treatment Preference for Opioid Use Disorder among People Who are Incarcerated **Kenney et al. 2017**. Heroin Refusal Self-efficacy and Preference for Medication-assisted Treatment after Inpatient Detoxification **Kenney et al. 2017**. The Relationship between Diversion-related Attitudes and Sharing and Selling Buprenorphine

	Kenney et al. 2018. Buprenorphine Treatment Formulations: Preferences among Persons in Opioid Withdrawal Management **Lee et al. 2018**. Comparative Effectiveness of Extended-release Naltrexone versus Buprenorphine-Naloxone for Opioid Relapse Prevention (X:BOT): a Multicentre, Open-label, Randomised Controlled Trial **McLaughlin et al. 2021**. Opioid Use Disorder Treatment for People Experiencing Homelessness: A Scoping Review **Murphy et al. 2016**. Cost-Effectiveness of an Internet-Delivered Treatment for Substance Abuse: Data from a Multisite Randomized Controlled Trial **Risi** (Poster). Starting Injectable Naltrexone During Opioid Detoxification: Linkage to Primary Care **Stein et al. 2014**. Looking for the Uninsured in Massachusetts? Check Opioid Dependent Persons Seeking Detoxification **Stein et al. 2015**. Chronic Pain and Depression among Primary Care Patients Treated with Buprenorphine **Stein et al. 2015**. Comparing the Life Concerns of Prescription Opioid and Heroin Users **Stein et al. 2015**. Preferences for Aftercare among Persons Seeking Short-Term Opioid Detoxification **Stein et al. 2016**. Linkage to Primary Care for Persons First Receiving Injectable Naltrexone During Inpatient Opioid Detoxification **Stein et al. 2017**. Brief Report: Knowledge, Past Use, and Willingness to Start Medication-Assisted Treatment among Persons Undergoing Alcohol Detoxification **Stein et al. 2017**. Overdose History Is Associated with Post-Detoxification Treatment Preference for Persons with Opioid Use Disorder **Stein et al. 2017**. Perceived Need for Depression Treatment among Persons Entering Inpatient Opioid Detoxification **Stein et al. 2019**. Initiating Buprenorphine Treatment for Opioid Use Disorder during Short-term In-patient 'Detoxification': a Randomized Clinical Trial **Stein et al. 2019**. Worries about Discontinuing Buprenorphine Treatment: Scale Development and Clinical Correlates **Stein et al. 2022**. Retention in Care for Persons with Opioid Use Disorder Transitioning from Sublingual to Injectable Buprenorphine **Uebelacker et al. 2016**. Patients' Beliefs about Medications are Associated with Stated Preference for Methadone, Buprenorphine, Naltrexone, or no Medication-Assisted Therapy Following Inpatient Opioid Detoxification
Polysubstance Use	**Kenney et al. 2018**. Expectations About Alcohol, Cocaine, and Benzodiazepine Abstinence Following Inpatient Heroin Withdrawal Management **Stein et al. 2016**. Reasons for Benzodiazepine Use Among Persons Seeking Opioid Detoxification **Stein et al. 2017**. Beliefs about the Consequences of Using Benzodiazepines among Persons with Opioid Use Disorder **Stein et al. 2020**. Prescribed and Non-prescribed Gabapentin Use among Persons Seeking Inpatient Opioid Detoxification
Naloxone	**Crist 2022**. (PhD Dissertation). Finding the Meaning of Naloxone: Perceptions of the Administration of an Opioid Antagonist Drug among Police Officers. **Kenney et al. 2018**. Factors associated with Naloxone Administration in an Opioid Dependent Sample **Stopka et al. 2017**. Nonprescription Naloxone and Syringe Sales in the midst of Opioid Overdose and Hepatitis C Virus Epidemics: Massachusetts, 2015
HIV	**Stein et al. 2014**. Willingness to use HIV pre-exposure prophylaxis among opiate users **Stover et al. 2017**. Services and Resources for People Living with HIV/AIDS in the Southcoast of Massachusetts: "Can't Get There from Here!" **Uebelacker et al. 2015**. Chronic Pain in HIV-Infected Patients: Relationship to Depression, Substance Use, and Mental Health and Pain Treatment
Group Therapy	**Greenfield et al. 2014**. Group therapy for women with substance use disorders: Results from the Women's Recovery Group Study **Greenfield et al. 2014**. Implementing Substance Abuse Group Therapy Clinical Trials in Real-World Settings: Challenges and Strategies for Participant Recruitment and Therapist Training in the Women's Recovery Group Study

	Sugarman et al. 2015. (Abstract) Ancillary Treatment Use in the Stage II Community-based Women's Recovery Group Therapy Trial
"Other"	**Najavits et al. 2014**. A Study of Multiple Behavioral Addictions in a Substance Abuse Sample **Stein et al. 2017**. Broken lives: Fights, Fractures, and Motor Vehicle Accidents among Heroin Users Entering Detoxification **Stopka et al. 2019**. Opioid Overdose Deaths and Potentially Inappropriate Opioid Prescribing Practices (PIP): A Spatial Epidemiological Study
Fentanyl	**Kenney et al. 2018**. Expected and Actual Fentanyl Exposure among Persons Seeking Opioid Withdrawal Management **Stein et al. 2019**. Perceptions about Fentanyl-adulterated Heroin and Overdose Risk Reduction Behaviors among Persons Seeking Treatment for Heroin Use
Syringes/Safe Injection Sites	**Kenney et al. 2021**. Examining Overdose and Homelessness as Predictors of Willingness to Use Supervised Injection Facilities by Services Provided Among Persons Who Inject Drugs **Rich et al. 2007**. Lower Syringe Sharing and Re-use after Syringe Legalization in Rhode Island
Stigma	**Bozinoff et al. 2018**. Correlates of Stigma Severity among Persons Seeking Opioid Detoxification **Yang et al. 2019**. A New Brief Opioid Stigma Scale to Assess Perceived Public Attitudes and Internalized Stigma: Evidence for Construct Validity
"Innovative" Interventions	**Campbell et al**. **2015**. Gender-based Outcomes and Acceptability of a Computer-assisted Psychosocial Intervention for Substance Use Disorders **Uebelacker et al**. **2019**. A Pilot Study Assessing Acceptability and Feasibility of Hatha Yoga for Chronic Pain in People Receiving Opioid Agonist Therapy for Opioid Use Disorder
E-Cigarettes	**Stein et al. 2015**. E-cigarette Knowledge, Attitudes, and Use in Opioid Dependent Smokers **Stein et al. 2016**. An Open Trial of Electronic Cigarettes for Smoking Cessation Among Methadone-Maintained Smokers
Children	**Conti et al.** (Poster). Adverse Childhood Experiences in an Opioid Dependent Population **Stein et al.** 2017. Adverse Childhood Experience Effects on Opioid Use Initiation, Injection Drug Use, and Overdose among Persons with Opioid Use Disorder
Substance Use Norms	**Kenney et al. 2018**. Drug Use-Related Normative Misperceptions and Behaviors Among Persons Seeking Heroin Withdrawal Management

Appendix B. Other Local Databases and Indicators

Title	Notes
Data suggested by interviewees	
Youth Risk and Behavior Survey (YRBS)	In Fall River, Michelle Sharpe is the person who facilitates the collection of YRBS data. The MA Dept. of Education website provides statewide YRBS data. The last time Fall River collected YRBS data was right before COVID. They have not collected the data since. She plans to collect it at least at the high school this year (2023). YRBS data from 2021 are available upon request by signing and submitting a data use agreement form: https://www.doe.mass.edu/sfs/yrbs/
Julota data	The Fall River FAST Team is using a new centralized data management system called Julota (https://www.julota.com/). The SATF should enquire about accessing this data.
Neighborhood Association Reports	These reports are prepared and distributed to individual Neighborhood Associations by the FRPD.
Bureau of Substance and Addiction Services	https://www.mass.gov/info-details/data-on-enrollments-in-substance-addiction-services

(BSAS) Data on Enrollments in Substance Addiction Services	
Data found through online searches	
Saint Anne's Hospital Community Health Needs Assessment 2021	https://content.steward.org/sites/default/files/inline-files/2021%20Saint%20Annes%20CHNA%20Final%201.25.2022.pdf
Southcoast Health Community Needs Assessment 2022	https://www.southcoastbehavioral.com/wp-content/uploads/sites/139/2022/11/2022-Community-Health-Needs-Assessment.pdf
State and County Overdose Tracker	https://nemsis.org/opioid-overdose-tracker/
Massachusetts Guidance for Municipalities Utilizing Opioid Settlement Abatement Payments	https://www.mass.gov/info-details/guidance-for-municipalities-utilizing-opioid-settlement-abatement-payments
Johns Hopkins Principles for the Use of Funds from the Opioid Litigation	https://opioidprinciples.jhsph.edu/
FAQs about the national opioid settlement	https://nationalopioidsettlement.com/faq-explanatory-charts/faq/