World Café
Springfield, MA
February 25, 2020

Question 1: What are some of our community's strengths? What resources already exist in our community to combat substance abuse disorder?

Group 1

Recovery coaches/peer support
People with lived experience
Diversity in helpers and professionals
Community outreach
Meeting people where they're at
Collaboration with the Police Department
AISS, supports in community
Individualized, person-centered recovery
Help people find their voice
WMSAPA
Hospitals
Many people in long term recovery - Would like to increase incorporation of lived experience - Recovery coaches in Drug Court
Recovery Coaches - Deaf recovery coaches exist → Athena Haddon pushed for this, and can help with outreach - Could use more Spanish-speaking recovery coaches → could do outreach
Good community outreach - Growing relationships between MHA and SPD; reach out to people where they are at - Growing Police Department participation in taskforce meeting - Drug Court relationship with Police Department & Sheriff's Department
Law enforcement programs → AISS, post-incarceration programming, CHESS - How do we get people in there? Lived experience is very important - Have previous participants work there - Can get help with related concerns – more holistic view of substance abuse   o So important that this is community-led
Western MA providers association (Baystate, Providence, Mercy)
Sheriff and DA taskforce

World Café
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February 25, 2020

Group 2

Several community agencies (see list)
Programming is out there
Programming:

Programming:
- AISS
- HUB/COR
- Gandara
- BHN
- Tapestry
- Hope Center
- TSS-Step Down
- Detox
- Carlson
- Mercy
- My Sister's House
- Serenity Club
- Section 35
- AdCare
- Sheriff's Department

Group 4

Substance-providers who are more aware/equipped
Drug Court → awareness of disorder
Section 35 is local
Process of de-stigmitization
Understanding of the disorder → less criminalization, more focus on recovery
Effort to figure out solutions as a community
More involvement with multiple facets of the community (ie. ADA, Probation, Recovery Coaches)
More political involvement
Baystate resources

World Café
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February 25, 2020

Question 2: What are some of the challenges to addressing substance use disorder? What are some gaps in resources or services that exist? What challenges do you find when working with individuals, families, friends, and the community impacted by substance use disorder?

Group 1

Individual organizations in the community are not connected enough, or familiar with each other's services → make more connections, get the word out
More bridge programs, or harm-reduction programs
More families access information
Not enough beds
Not having transportation
Using what we have (ie. Empty buildings)
Accessing help at any time – when you need it
Being "banned" from services due to symptoms of disease
Gaps: lots of organizations don't know about each other/fail to effectively communicate
We need more programs that follow-up post-recovery
People don't know about opportunities that exist/how they **access** information
How do family members see support?

Funding
   -    Lack of beds available (waitlist)
   -    Housing (stigma?)

Finding affordable housing
Need more assistance from the state/community
Better way to share information (gap in flow of information)
Transportation
Around-the-clock services

Group 2

Collaboration between agencies (lack of)
Follow-up
Meeting person where they are in recovery

Communication about resources
People working together on same issue rather than separate meetings
Lack of resources
Limited resources → not knowing about available resources
Retaining folks to finish our programming → getting to wellness
Not community-led enough → center more voices!

Lack of resources/connection to sustain their day-to-day lives → great programming in theory but little support to keep their wellness sustained
   - They end up going back to what they know because of lack of support/resources
   - Little stability/consistency

Programming is not "one size fits all"   - Organizations need to be more collaborative
Getting the players to the table → more collaboration
Consistency with organizations and stronger ties with community → better sharing of information
Meeting people where they are in their recovery
Trying to have more collaborative meetings and end smaller ones

Group 4

Can't force people into treatment
   - Follow-up afterwards is difficult → need a continuum of external resources
   - Transportation is difficult

Motivation
   - Many have been incarcerated for a long time
   - Many lack family/friends to support; burned bridges
   - Talked about having people with lived experience

Access to justice
   - People, places, and things
      o If you're hanging out in the same people/places/things → relapse
   - Transportation
      o AdCare in Worcester, but one of the few places that provide transport
      o We can get them there, but how do we get them back
   - Bed availability

World Café
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February 25, 2020

Continuity of care, relationship   - Not enough to just refer someone
Lack of information → not know what's going to come next

Biggest challenge is reconnecting family with the individual impacted
   - Have had issues with family enabling
   - Families don't realize they need counseling too
      o Drug Court now refers to learn to cope; but not many resources for family

Poverty
Intergenerational → not have familial support
Religion
Stigma
Community sentiment

Question 3: What are potential solutions we can implement? Where can these solutions be implemented? Who needs to be involved in creating and maintaining these solutions? How will we know these solutions are successful? What is the definition of success? How will we measure it?

Group 1

Teaching
   - Accountability
   - Education
   - Early intervention
How do we connect people to resources?

How do we enforce teaching in different environments?
Open more resource centers
More meetings and opportunities for connection between agencies
Get/keep people involved in their plans so they stay motivated
More links, cover the gaps, less hand-offs

Where?
   - Schools
   - Shelters

-     Streets
-     Community
Success?
-     Better agency communication
-     People getting more out of the system
-     Surveys
Accountability
-     if you are not 21 – no public assistance, parents have to show up
-     if there's no accountability, the cycle with substance use continues
Better education of resources and access to resources
Have resources available in common areas of citizens (ie. Barbershops, churches, schools, etc.)
Do not ostracize people with addiction
Collaboration with community providers
Need to get more information out to parents (ie. permission slips)
Clients are involved in their own treatment – more likely to success and complete treatment
How to motivate someone or further their motivation?
-     Connect links: sit down and help make the call – do not just tell someone to call the number alone
Outreach and connections are major
Resources need to be available in shelters
How to know if successful – communication between agencies
How to measure success – surveys or look to success stories

Group 2

Resource center
Advertisement of services (not court-related or incarcerated)
Break stigma
-     Police Department play basketball with community
-     Hold more community events
Definition of success
-     Recidivism
-     Lower substance abuse-related deaths
How to measure

-     Number of people in community involvement
More collaboration between agencies
Need to increase awareness in the community
-     Barber shops, hair salons
-     Media
Community engagement days → bring everyone together
-     Visitor's center
-     Red Sox did it!
-     Have a diverse group delivering the message
Need to engage people in the community
Social media/public advertising
Need to engage the younger population

Group 4

Potential solutions we can implement
-     Contact BSAS for a list of their resources
-     Have BSAS do a training on resources
-     Have a resource fair a local environment
-     Work with libraries for resource reach
Can they be implemented?
-     Work on getting information put into: libraries, Courts, peer recovery centers, hair salons, churches, etc.
-     Can we get resources put into local newspapers (ie. Boston Herald)
Who needs to be involved?
-     Western addiction treatment providers
-     Courts
-     Sheriff/DA addiction task force
Ie. Of working w/ library: in some AA groups have sponsors in the library
How to know if solutions are successful?
-     Turnout at events – solicit feedback from people/have feedback forums
How to measure?
-     If people are taking the resource materials
-     Ask people if events/information was helpful

- Not sure how to know for sure but maybe overdoses go down? Or other related diseases?

Bonus Question: Based on the conversations that you just had, what do you think should be your top 5 priorities?

Group 1

Sharing of information in the community and resources in it - Schools, churches, resource centers, barbershops
Transportation to facilities if there are resources available in another city, some with housing and practical resources
Fill in gaps – communicate with other agencies
Discharge
Better access to information and resources - Schools - Resource centers - Inter-agency communication - Connecting with people in creative ways
Transportation/housing (practical needs)
Bridging gaps (make links for consistent support) – discourage hand-offs
Value the lived experience in the workforce
Less exclusions to support

Group 2

Have community liaisons
Community resource center
Community events with resources
Communication
Collaboration
Community liaisons: brining representatives into the meetings, going into the community
Community resource center
Community engagement days → pancakes, block parties, farmers markets, kiosks

Open communication → distribution and dissemination of information (easy to access)
Collaboration

Group 4

Develop a way to effectively increase awareness of all places to get necessary resources
Additional funding for added dual-diagnosis programs
More beds for recovery, and an increase of community resources to give people going in and out
By using out-patient and peer recovery initiatives
More peer recovery centers would potentially cut down on more expensive resources

Top 5 Priorities (Group Share)

Effectively make aware and increase services
More dual diagnosis programs
More beds for recovery   -   More resources
Out-patient and peer recovery initiatives (lower cost)
Better outreach (on the ground)
Database (sharing of information)
Meeting people's needs
Reentry programs
Sharing and collaborating between different organizations
Community liaisons to share information
Community resource center
Community engagement days
Open communication
Increase collaboration
Getting information where people may not expect it
Access to practical needs
Bridging gaps and linking consistent supports
Valuing lived experience in workplace

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Remove exclusionary practices