Opioid Settlement
Listening Session Findings

March 2025

INTRODUCTION

Allegheny County is committed to addressing adverse effects resulting from substance use in the region, including overdoses, physical and mental health costs, unemployment and economic hardship, and involvement with the criminal legal or other punitive systems. Public funds, including funding through the Behavioral HealthChoices Program (e.g., Medicaid managed care) and the Pennsylvania Department of Drug and Alcohol Programs (DDAP), sustain the majority of the treatment, intervention and prevention services offered in Allegheny County. Opioid Settlement funds represent a small but flexible portion of the total funding dedicated to reducing the harms of substance use and will continue to provide an annual opportunity to incubate new and expand existing services that are difficult to fund through other sources and to test potentially high-impact solutions to address the opioid crisis in our region.[1]

Allegheny County, like other parts of Pennsylvania and the United States, faces ongoing challenges with substance use. The impact of the opioid crisis is felt by residents through the loss of family members, reduced economic security and destabilized supports such as housing, employment, health care and education. Black residents are disproportionately affected by the opioid crisis, being overrepresented in both fatal and non-fatal overdose incidents. Allegheny County is committed to addressing these impacts and racial disparities and sees an opportunity to use Opioid Settlement funding to ensure that treatment, intervention and prevention services are accessible to those most affected by the crisis.

In December 2024, Allegheny County received $26.4M from Opioid Settlements — a payment that is substantially larger than payments received in 2022 and 2023 and those expected in future years.[2] In anticipation of this increase in funding, Allegheny County hosted a series of community listening sessions to raise awareness about Opioid Settlements, more deeply understand how the opioid crisis has impacted residents and communities and collectively brainstorm high-impact solutions. This report summarizes the methods and findings from this process.

METHODOLOGY

Allegheny County solicited feedback from community members, providers and other stakeholders through several mechanisms designed to gather broad input from those most impacted by the opioid crisis in the region. These sessions gave Allegheny County leadership a spectrum of viewpoints and ideas that will help to direct where and how the funds are spent. Allegheny County will aim to replicate and improve upon these engagement mechanisms, expanding reach and participation, in preparation for future payments from Opioid Settlements.

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[1] Opioid Settlement funds must be spent for authorized uses in the settlement agreements and in accordance with Exhibit E of the National Opioid Settlement to support "opioid remediation," which is defined as: "Care, treatment, and other programs and expenditures designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic."

[2] Allegheny County published a report detailing how the first two opioid settlement payments were used and maintains a dashboard with real-time updates on how funds are committed and spent. These resources are accessible on Allegheny Analytics.

Each engagement mechanism sought to answer the following questions:

1. In your community, what are the most significant barriers to ending the opioid epidemic?
    (Referred to hereinafter as "Assessing the Problem")

2. How should Allegheny County prioritize our investments to end the opioid epidemic?
    (Referred to hereinafter as "Spending Priorities")

Allegheny County aimed to reach the communities and neighborhoods most impacted by the opioid crisis and identified community-based partners to support planning and hosting the events and distributing flyers to community members and local organizations in an effort to solicit attendees. In-person listening sessions were hosted in the Mon Valley (Braddock) in partnership with Greater Valley Community Services; at the University of Pittsburgh Community Engagement Center in the Hill District in partnership with Central Outreach Resource and Referral Center; and at Trinity Lutheran Church in the Northside in partnership with Allegheny Health Network Center for Inclusion Health. The locations were selected based on accessibility and familiarity among community members, with a goal of fostering a safe, comfortable environment for people of all backgrounds to share their experiences with the opioid crisis, their understanding of the problem, and their recommendations for investments. Each of the community partners involved demonstrated a connection to the community or neighborhood as a provider of treatment or supportive services and had experience combatting the harms of opioid use.

Each of the public, in-person listening sessions utilized self-paced activities and invited participants to prioritize 1) what they felt were the biggest problems associated with opioids and 2) how the settlement funds could have the greatest impact. The first station included a 4-minute video that provided more information about the Opioid Settlements, local data and investments already made.[3] Next, participants used stickers to vote on two different activity boards, shown in **Figure 1** below, responding directly to the research questions. Participants used stickers to vote up to five times for any of the ideas presented by DHS or for new ideas they added to the board. They could also use one of their five stickers to vote for ideas added by other participants, signaling agreement with the suggestion. In the last station, small group discussions were held with DHS Director Erin Dalton and Opioid Settlement Manager Stuart Fisk, during which participants could share stories, ask questions or elaborate on ideas from the activity boards. A notetaker from DHS joined each small group discussion to record key themes and suggestions.

In an effort to gain input from people directly impacted by opioid use disorder, Allegheny County held two closed-group, in-person sessions with members of the Southwest PA Drug User Health Community Advisory Board and with men and women incarcerated at the Allegheny County Jail (ACJ). Both of these sessions provided valuable insights into the needs of people with current or recent active use of opioids and other substances and ways in which funds could help reduce harms to those using drugs and support low-barrier access to effective treatment for their substance use and related health and social needs. These sessions were
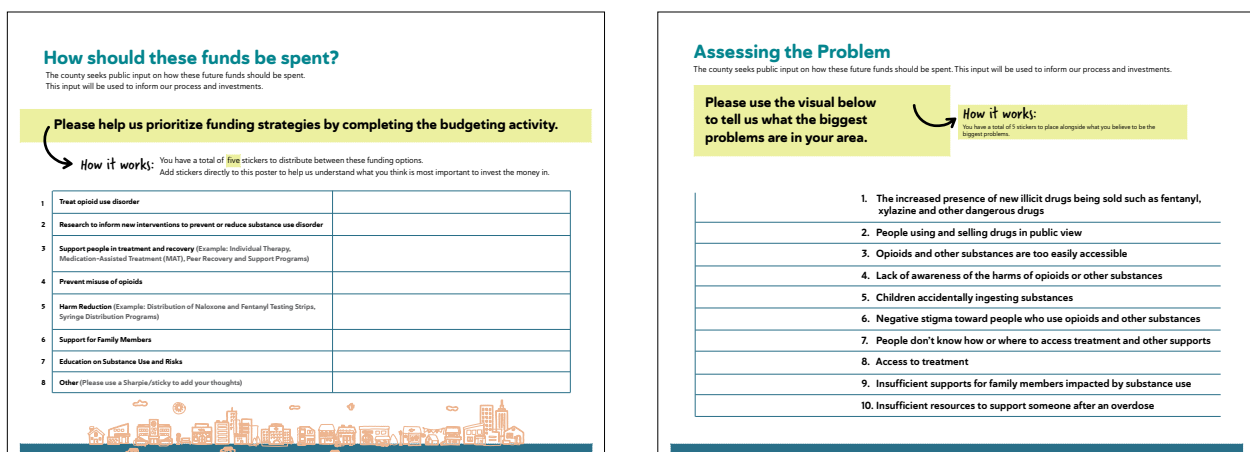
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[3]   The Opioid Settlement Explainer video can be viewed online at https://vimeo.com/1014488810?share=copy.

largely discussion-based, similar to the small group discussions at public sessions, but were guided by the activity boards with participants invited to comment directly on the ideas presented by DHS, elaborate on challenges they've faced with opioids in the region, and suggest solutions that would be most supportive to their recovery.

The Allegheny County Executive also hosted a public, virtual listening session on Zoom in an effort to reach a larger group of residents who may not have felt comfortable or had the opportunity to attend in-person events. The event included interactive polling and a panel discussion with Allegheny County Executive Sara Innamorato, Director Erin Dalton of DHS and ACHD Director Dr. Iulia Vann; the discussion was moderated by Ivan Juzang of MEE Productions. The event opened with a welcome from County Executive Innamorato, followed by a viewing of the Opioid Settlement Explainer video and discussion of allowable uses of Opioid Settlement funds and previous investments with associated polls. The panel discussion closed the event. Participants were invited to submit questions or suggestions with their registration to be discussed with the panel.

There has also been ongoing online engagement via the Allegheny Engage website at https://engage. alleghenycounty.us/en/folders/opioid-settlement, where County residents can anonymously leave ideas and comments about best uses of the Opioid Settlement funds anytime. Having this simultaneous opportunity to collect feedback allows Allegheny County to continuously receive ideas and suggestions from people from all neighborhoods, backgrounds and experiences. The online platform has multiple modules resembling the structure and activities of live listening sessions, including access to the Explainer video and an open-ended response option for participants to share their stories or experience with the opioid crisis. Instead of voting for their top choices, however, participants were invited to rank a list of responses to each research question on a scale from 1–5 with 1 representing the lowest priority or least concern and 5 representing the highest priority or greatest concern.

FIGURE 1: Activity Boards

DATA ANALYSIS

Votes cast on activity boards and in polls during the virtual session were compiled and counted to summarize the greatest barriers to overcoming the opioid epidemic and the highest priority investments. Suggestions that were written in by community members were counted and considered separately from those presented by DHS. Because feedback was solicited from Allegheny Engage by a ranked scale rather than voting, averages and distributions were calculated to identify the greatest barriers and highest priorities.

Notes from in-person small group discussions (including with individuals incarcerated in the ACJ and Southwest PA Drug User Health Advisory board), open-ended responses submitted on Allegheny Engage, and suggestions raised during the virtual session were all compiled and grouped into common themes and sub-themes. The following section details the results of each engagement mechanism.

RESULTS

Across all engagement mechanisms, 183 people participated in listening sessions with 38% indicating they were associated with a treatment or supportive service provider organization or local government agency. Although attendance was not taken, facilitators estimated that approximately 100 people participated in the ACJ listening sessions, from all housing units selected. Ten members of the Southwest PA Drug User Health Advisory board participated in that closed-group discussion. Table 1 displays the number of attendees at each event, including those who used Allegheny Engage.

TABLE 1: **Number of attendees per engagement mechanism**

ENGAGEMENT MECHANISM	COMMUNITY ATTENDEES	PROVIDER ATTENDEES	TOTAL
Braddock, in-person	8	6	**14**
Hill District, in-person	9	4	**13**
Northside, in-person	14	8	**22**
Southwest PA Drug User CAB, in-person	8	2	**10**
Zoom, virtual	8	36	**44**
Allegheny Engage, online*	16	13	**80**
Total	**63**	**69**	**183**

*Responses on Allegheny Engage can be anonymous; attendance count may include duplicates. Some respondents chose to self-disclose if they were affiliated with a service provider or residing in a specific community
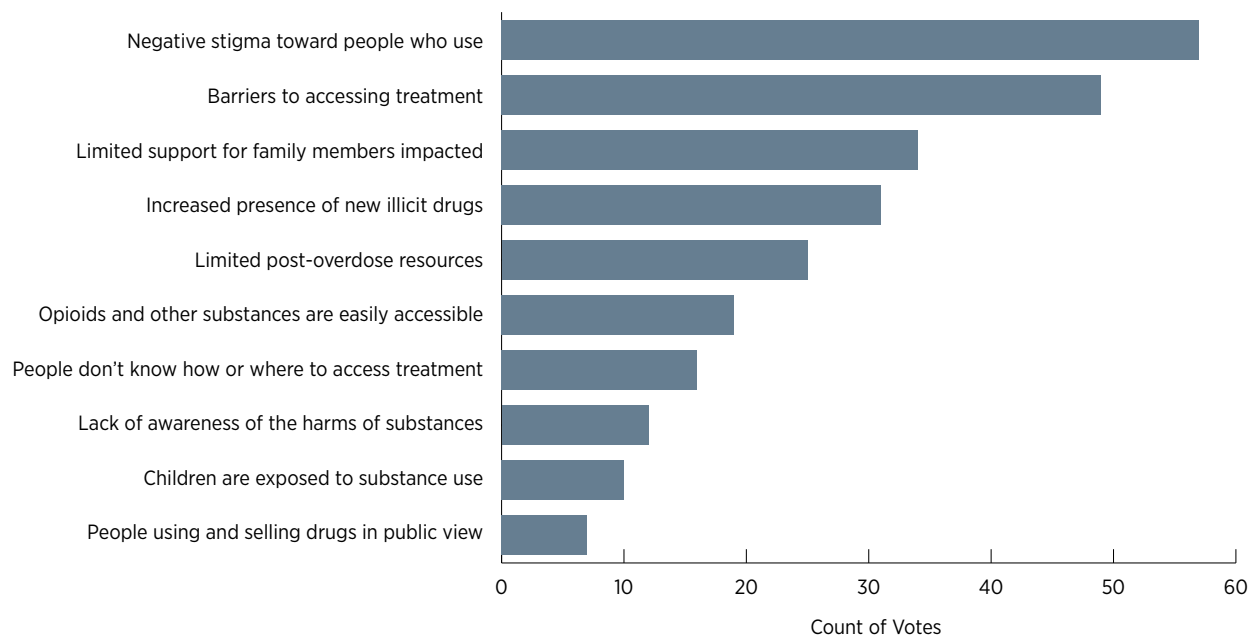
Assessing the Problem

At in-person listening sessions, including the closed session with the Southwest PA Drug User Health advisory board, participants were given up to five stickers to identify the statements they believed were most significantly contributing to the opioid epidemic. During the virtual listening session, participants were able to identify one top priority. **Figure 2** summarizes the responses of 93 participants. Because participants at in-person sessions could vote up to five times, a total of 260 votes were cast.

The statements most frequently identified by in-person listening session participants were "Negative stigma toward people who use drugs" (57 votes), "Barriers to accessing treatment" (49 votes), "Limited support for family members impacted by substance use" (34 votes) and "Increased presence of new illicit drugs" (31 votes). These statements were also ranked in the top five among those who engaged online.

In alignment with this community feedback, Allegheny County has invested Opioid Settlement funds in strategies to increase access to treatment and recovery supports and will continue to do so with payment #4. Medications for opioid use disorder (MOUD) alone or in combination with other evidence-based treatments, known as medication-assisted treatment (MAT), is considered the most effective treatment option for people seeking recovery from their opioid use disorder (OUD). In an effort to make this treatment more accessible, Allegheny County has invested in low barrier MOUD options—including telehealth options—that meet the needs of residents who struggle to find in-person care, and mobile vans that bring services to communities in need rather than expecting residents to seek out care in other parts of the County. Soon, the County will additionally launch a web-based, mobile application to connect patients from emergency departments with a community-based treatment appointment before being discharged.

FIGURE 2: **Votes on Statements Related to Assessing the Problem, N=93 Participants**

On the Allegheny Engage website, participants were asked to indicate what they believed were the most significant barriers to ending the opioid epidemic by ranking statements on a scale from 1-5, with 1 being "not significant at all" and 5 being "extremely significant." **Table 2** summarizes the responses of 29 participants. A majority of participants indicated that most of the statements were either an "extremely significant" concern (ranked 5) or a "very significant" concern (ranked 4); "Negative stigma toward people who use drugs" had the highest average ranking and was most frequently ranked as a 4 or 5. "Increased presence of new illicit drugs,"

the response ranked second highest, was equally as often ranked 4 or 5. This refers to the more potent and cheaper synthetic or laboratory-made opioids (e.g., fentanyl) and xylazine, a sedative approved only for veterinary use that is increasingly dominating the illicit drug supply.

TABLE 2: **Statements ranked highest, Allegheny Engage, N=29 respondents**

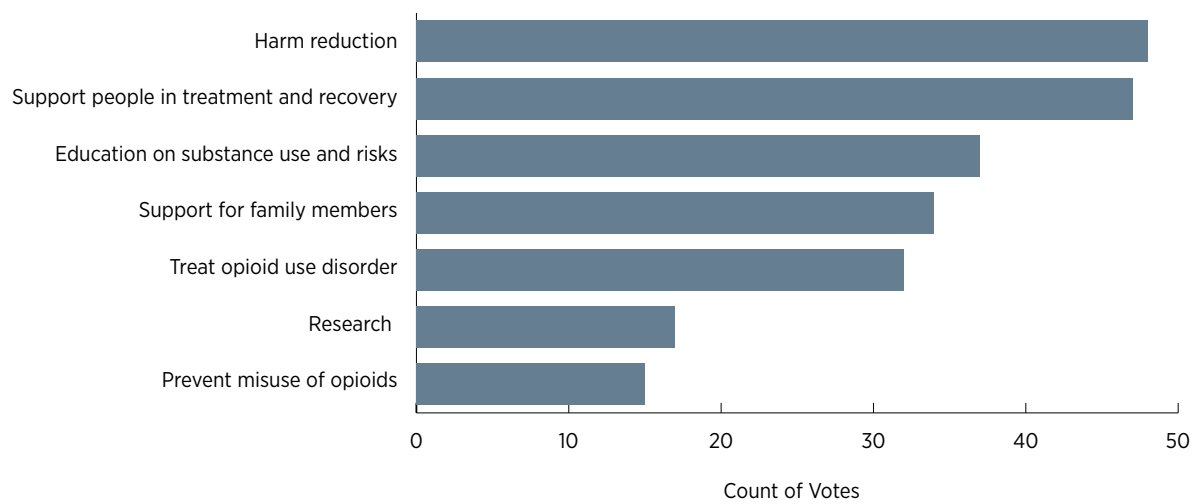| STATEMENT	% OF RESPONSES RANKED 4 OR 5	AVERAGE RANKING
Negative stigma toward people who use drugs	86%	4.4
Increased presence of new illicit drugs	86%	4.2
Not enough support for family members impacted by substance use	72%	4.1
Not enough resources to support someone after an overdose	72%	4.0
People don't know how or where to access treatment	66%	4.0
Opioids and other substances are easily accessible	66%	3.8
There are not enough treatment providers	62%	3.7
Lack of awareness of the harms of substances	62%	3.7
Children are exposed to substance use	55%	3.4
People using and selling drugs in public view	38%	3.1

RESULTS — SPENDING PRIORITIES

At in-person listening sessions, including the closed session with Prevention Point Pittsburgh,[4] participants were given up to five stickers to identify the investments they believed should be highest priorities. During the virtual listening session, participants were able to identify their highest priority. **Figure 3** summarizes the responses of 93 participants. Because participants at in-person sessions could vote up to five times, a total of 230 votes were cast. Of the options presented in these engagement mechanisms, "Harm Reduction" and "Support people in treatment and recovery" were identified as the highest priorities, receiving 48 and 47 votes respectively.

In alignment with this feedback, Allegheny County has invested Opioid Settlement funds from the first three payments in each strategy identified as highest priority, and plans to continue to do so into the future. Notably, Allegheny County uses Opioid Settlement funds to support the syringe service program (SSP) operated by Prevention Point Pittsburgh. Harm reduction interventions, including SSPs, can save lives by preventing fatal overdose and the spread of communicable diseases, and are an effective way of helping people enter treatment.

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[4] Prevention Point Pittssburgh is a community-based harm reduction program that provides people with the means to reduce the risks of drug use and improve their health, such as safer drug use supplies, naloxone and lock boxes to keep MOUD and other substances out of the hands of children and others.

FIGURE 3: **Votes on Investments Related to Spending Priorities, N=93 Respondents**

On Allegheny Engage, participants were asked to rank statements on a scale from 1-5 with 1 being "not a priority at all" and 5 being "top priority." **Table 3** summarizes the responses of 51 participants. Three statements were ranked above 4 ("high priority") on average: "Support people in treatment and recovery," which could include investments that optimize social determinants of health, the nonmedical factors that affect a person's health and well-being such as housing and employment; "Treat opioid use disorder" primarily through MOUD; and "Address the needs of criminal-justice involved persons" by making treatment and supportive services available in the ACJ and while residents are transitioning from incarceration back into the community.

TABLE 3: **Statements ranked highest, Allegheny Engage, N=51 respondents**

STATEMENT	% OF RESPONSES RANKED 4 OR 5	AVERAGE RANKING
Support people in treatment and recovery	88%	4.5
Treat opioid use disorder	80%	4.2
Address the needs of criminal-justice involved persons	75%	4.1
Harm reduction	71%	3.9
Prevent misuse of opioids	45%	3.5
Research	43%	3.3

COMMUNITY SUGGESTIONS

At in-person listening sessions, participants were invited to add ideas to the activity boards or vote on the ideas that other participants suggested. Similarly, on Allegheny Engage, respondents could write in suggestions beyond the options presented. **Table 4** summarizes the top 10 ideas offered across engagement mechanisms. Many participants expanded on these ideas in small group conversations or through open-ended responses on Allegheny Engage. A more thorough analysis of these discussion-based data can be found on the following pages. Considering only ideas added to activity boards and written in on Allegheny Engage, "Housing & Homeless Supports" was the highest priority, receiving 23 votes. While there wasn't a voting mechanism at listening sessions with people incarcerated in the ACJ, housing-related supports were also identified as a high priority.

Allegheny County has used Opioid Settlement funds to expand low-barrier and recovery-oriented housing options that act as a support for people in treatment and recovery. For many people, housing stability and substance use intersect—substance use may prevent an individual from maintaining a safe place to stay and/or an individual's lack of housing may influence their substance use. Too often, people with substance use disorders exit inpatient SUD treatment or leave the ACJ, having received treatment services while incarcerated, to living environments that jeopardize their recovery or to a state of homelessness. To whatever extent possible, Allegheny County aims to fund low-barrier housing options that offer case management or other supportive services onsite so that residents can move toward stabilization regardless of their situation when they first present in need of housing.

The second highest priority among community suggestions was related to "Safe Consumption Sites," which are safe, clean spaces where people can bring their own drugs to use in the presence of trained staff, with a goal of preventing accidental overdoses and reducing the spread of infectious diseases. Currently, Pennsylvania has legislation banning safe consumption sites—which means that Allegheny County cannot invest Opioid Settlement funds in this type of service.

TABLE 4: **Count of votes on community-suggested priorities**

COMMUNITY SUGGESTION	COUNT OF VOTES
Housing & Homeless Supports	23
Safe Consumption Site	11
Safe Drug Supply & Drug Checking	9
Childcare	7
Education/Prevention in Schools and for Youth	7
Bereavement and Family Support	6
Low Barrier MOUD	4
Ongoing Post-Treatment Support	4
Transportation	4
Pain Management	4

Community participants had the opportunity for their stories and ideas to be heard at all engagement events. At in-person events, participants were invited to add ideas to the activity boards and/or participate in small-group conversations. At the virtual listening sessions, participants could submit ideas and questions online ahead of the event. Across all mechanisms, 293 ideas were solicited, with many people sharing similar or complementary ideas. A summary of the ideas and suggestions received in the most common sub-themes are summarized in Table 5 (notes taken from discussion-based engagement—both in-person and virtual—were grouped into themes and sub-themes as outlined in **Table 7**). Similar to the ideas solicited on activity boards and on Allegheny Engage, "Housing and homeless resources" was the most discussed topic as part of the broader theme addressing "Social determinants of health." Two sub-themes that were commonly discussed but not seen as frequently in other engagement mechanisms were "Parenting and Family Strengthening" and "Workforce Development and Economic Opportunity."

Allegheny County, through its Department of Children Initiatives (DCI), invested Opioid Settlement funds to support young children impacted by OUD by subsidizing high-quality, evidence-based childcare programming to ensure appropriate developmental screenings, early intervention (when appropriate) and educational programming by trauma-informed professionals. This childcare offers an opportunity to address the variety of negative outcomes children may face following exposure to substance use, including lower academic achievement, emotional distress and using substances themselves, and aims to reduce referrals to child welfare due to parental substance use. Comprehensive childcare also enables parents to continue treatment and maintain employment.

TABLE 5: **Summary of community suggestions in top sub-themes**

SUB-THEME (COUNT OF COMMENTS)	SUMMARY OF RELATED COMMENTS
Homeless & Housing Resources (27)	Participants discussed the correlation between homelessness and substance use and ways to support people experiencing housing insecurity or chronic homelessness, including: • Street outreach and street medicine programs • Alternatives to encampments • Supportive housing, including recovery housing, with integrated supports (e.g., legal, mental health) • Remodeling abandoned homes • Housing first and affordable housing programs • Supporting mission-aligned non-profits
Treatment (19)	Participants identified the need for highly accessible treatment services including: • Drop-in Centers and places people can go while waiting to get treatment • Mobile services, especially outside of the city, and other low barrier MOUD/MAT programs • Treatment in communities of color and across all neighborhoods • Better supports in emergency departments • Mindfulness-based addiction recovery programs • Residential treatment and rehabilitation • SUD Case Management • Direct care for people with dual diagnoses

SUB-THEME (COUNT OF COMMENTS)	SUMMARY OF RELATED COMMENTS
Safe Consumption (15)	Participants identified a need for policies and services that allow people to use substances safely, including: • Safe consumption/injection sites • Lock box programs • Legal, regulated drug supply • Drug checking and test strips
Parenting & Family Strengthening (15)	Participants discussed the impact the opioid crisis has on children and suggested investments that aim to support families impacted by opioid use including: • Resources (e.g., financial, legal, mental health, support groups) for kinship caregivers and children • Childcare • Supports for single moms • Addressing mental health concerns associated with broken family systems that can lead to substance use, especially in CYF-involved families • Work with schools and child-serving organizations to identify problems related to substance use
Workforce Development and Economic Opportunity (14)	Participants discussed the intersection between substance use and poverty and suggested strategies that will help people who use substances or are in recovery to overcome economic hardship, contribute to their community and achieve long-term stability, including: • Workforce development and training opportunities, primarily for certification as Certified Recovery Specialists (CRS) • Identifying employers that don't test for substances or deny employment for a history of SUD • Incentivizing employers to hire people in recovery Additional suggestions related to workforce development for incarcerated individuals can be found in **Table 6**.

Listening sessions were held with both men and women incarcerated in the ACJ. These sessions were held on two different female housing units and on a male unit that houses two groups of men with substance use disorders and related charges. Participants were given background on the Opioid Settlements and how funds are already being used in the ACJ; they were then invited to share their thoughts on each of the two engagement questions. Across all sessions, 69 ideas were solicited. **Table 6** summarizes the comments within seven themes. These ideas were also considered when compiling **Tables 5 and 7**. As noted, "Homeless and Housing Resources" was the most discussed topic among individuals incarcerated in the ACJ. Participants also discussed the current programming available to incarcerated individuals with substance use disorders and ways to improve and expand this programming to reach more people and support a more holistic recovery process.

Allegheny County has leveraged Opioid Settlement funds to expand access to MOUD in the ACJ by 1) making more types of MOUD available so incarcerated individuals with an active prescription can continue treatment with their medication of choice and 2) improving efforts to identify those with opioid use disorders and inducting them into treatment. MOUD continuation and initiation services in the ACJ increase the likelihood that incarcerated individuals will engage in treatment upon release and lowers the likelihood of relapse, problem opioid use and risky opioid use once in the community. In conjunction with its work to expand the availability

and accessibility of MOUD in the ACJ, Allegheny County connects individuals with peer support navigators to create connections to community-based treatment and recovery supports. Beyond MOUD, Allegheny County aims to provide an array of services for individuals while they are incarcerated, including GED and adult basic education classes, employment and training programs, and parenting classes that can contribute to positive individual health and wellbeing outcomes while reducing recidivism rates and increasing public safety.

TABLE 6: **Summary of suggestions received from men and women incarcerated in the ACJ**

THEME (COUNT OF COMMENTS)	SUMMARY OF COMMENTS
Homeless & Housing Resources (14)	Housing-related resources are insufficient, especially for people who use drugs or are in recovery; investments should be made in street outreach, increasing the availability of recovery-oriented and low barrier housing for people leaving jail (to avoid long waiting lists), and housing coordination during reentry.
ACJ SUD Programs (14)	SUD programming in the ACJ can be improved through the following strategies: • Reduce barriers to MOUD inductions • Increase awareness of existing programs/services • Increase access to MH & SUD counseling • Increase access to peers through reentry • Create connections to community-based services before release • Improve hours/schedule for passing medications at ACJ • Engage family members in recovery programs
Job Training and Workforce Development (12)	Employment opportunities for people who have been previously incarcerated or who use drugs are insufficient. Investments should be made in workforce development programs such as CRS training, education resources and scholarships, and incentives for employers to hire people in recovery.
Stigma & Legal Advocacy (10)	Additional education and training is needed to reduce the negative stigma held by judges and law enforcement toward people with SUD; this includes increasing opportunities to divert from incarceration to treatment, harm reduction awareness and legislation that reduces criminal punishment for substance use or possession.
Prevention (6)	Prevention efforts should be tailored to specific populations (e.g., older adults, school-age youth) and utilize the lessons learned from people with lived experience.
ACJ Non-SUD Programs (6)	In addition to expanding and enhancing SUD programs for people who are incarcerated, there is also need for complementary programs/services such as: • Supports for children impacted by parental OUD and incarceration • Family reintegration supports during reentry • Alternative activities in the ACJ (e.g., books, exercise, sports) • Healthy food options • Grief counseling and trauma-informed programming
Community-Based Resources (6)	There is a need to improve community access to naloxone and harm reduction materials (e.g., lock boxes) by considering additional distribution sites and methods (vending machines, emergency departments, grocery stores, outside ACJ). In addition, transportation resources are needed to further improve access to treatment and supportive services.

A count of all barriers, priorities and suggestions received during discussion and small group components across all engagement mechanisms were grouped into themes and sub-themes as outlined in **Table 7**. Beyond the top five sub-themes summarized in **Table 5**, participants discussed a variety of topics that are in line with Allegheny County's Opioid Settlement investments and some that may inform future investments. For example, participants raised the importance of prevention strategies, especially those targeted at school-age youth. Participants discussed, specifically, how effective prevention strategies rely on age-appropriate messaging delivered by trusted community organizations and individuals.

Allegheny County acknowledges the importance of utilizing credible messengers when trying to prevent first use of drugs, reduce the harms of drug use and increase uptake to treatment and has invested Opioid Settlement funds in these strategies at seven different community-based organizations based on a Request for Proposals (RFP) issued in 2023. DHS prioritized funding for proposals that demonstrated 1) populations most affected by the epidemic are represented among key leadership and 2) community representation is a key element of organizational planning and decision making. DHS also utilizes other funding sources to sustain school-based prevention programming and student assistance programs that place liaisons at schools of all levels to help school personnel support students so that they overcome mental health or substance use-related barriers, remain in school and advance alongside their peers.

In addition, participants provided feedback on ways in which Allegheny County can continue to engage the community on barriers to addressing the opioid epidemic and priorities for investing Opioid Settlement funds. Participants suggested conducting listening sessions at existing community meetings and in spaces where people impacted by opioid use regularly meet, similar to the listening session held with the Southwest PA Drug User Health Community Advisory Board.

Lastly, two participants suggested utilizing Opioid Settlement funds for law enforcement or other efforts which, in Allegheny County's understanding, are not allowable per Exhibit E.

TABLE 7: Count of comments by theme and sub-theme across all engagement mechanisms

THEME	SUB-THEME	COUNT OF COMMENTS*
Access to Treatment and Supportive Services	Peer Support & Community-based Services	4
	Post-Treatment Supports	5
	Barriers to Accessing Treatment	6
	Mental Health and Trauma/Grief Response	7
	Pain Management and Prescriptions	7
	Treatment	**19**
Stigma & Advocacy	Policy Issues	5
	Stigma in Healthcare	9
	Stigma in the Justice System	13
Prevention & Education	Ineffective Prevention Strategies	2
	Awareness & Media Campaigns	5
	School-based and Youth-centered Programming	10
	Effective Prevention Strategies	10
Harm Reduction	Naloxone Training and Education	4
	Naloxone Accessibility and Distribution	7
	Safe Consumption	**15**
Health-Related Social Needs / Social Determinants of Health	Other Non-Clinical Supports	7
	Workforce Development and Economic Opportunity	**14**
	Homeless and Housing Resources	**27**
Data Collection, Research and Reporting	Use of Funding	2
	Evaluation	3
	Transparency and Communication	5
	Community Outreach & Engagement	13
Family Strengthening and Supports	Bereavement	10
	Parenting & Family Strengthening	**15**
Problem Complexity	Understanding the Issue	7
	Drug Supply	9
Addressing Needs of Criminal Justice-Involved Populations	Other Programs/Services in ACJ	6
	SUD Programs/Services in ACJ	11
Population-Specific Supports	Veterans	1
	Race- and ethnicity-based	2
	Victims of Domestic Violence	2
	Youth & Young People	3
	Seniors	6
Workforce Development and Training	Criminal Justice System	2
	Community-based Supports	4
	Healthcare and SUD System	6
Non-compliant	Law Enforcement	2
	Not Recommended	2

Bolded rows indicate the five sub themes with the most comments

SUMMARY

Across all engagement methods, the following key themes and ideas were identified as top priority for participants:

1. Negative stigma is still a major barrier to receiving equitable care and services. This was identified primarily in healthcare and justice systems settings and has a negative impact on treatment outcomes and willingness to engage in treatment and justice-related services. Stigma was defined as poor treatment from healthcare providers, denial of standard-of-care treatments while people are still using substances, and dismissal from treatment programs after relapse or ongoing use. All of these things are likely to lead to poor health outcomes and increased mortality. In the justice system, it was raised that having an SUD could lead to higher penalties, increased incarceration time and higher rates of re-incarceration. It was also noted that people with a history of substance use face discrimination in housing and the workplace, making it difficult to achieve the financial and physical stability needed for recovery to occur.

2. Harm reduction policies and programs that allow people to use substances more safely and increase their access to the services they need, such as physical and behavioral health services, should be central.

3. Allegheny County should prioritize health-related social needs and social determinants of health to ensure that people are supported through treatment and recovery, particularly ensuring that people who use substances have access to safe, affordable housing and economic opportunity.

4. There are limited resources (e.g., financial, family strengthening and mental health supports) available for children and family members impacted by substance use, especially children and caregivers who have lost a family member to overdose and incurred costs for bereavement and ongoing childcare/caregiving.

Allegheny County's current approach to utilizing Opioid Settlement funds is generally in line with the feedback received from community members, as demonstrated by its efforts to increase access to treatment and other supportive services, including those with a harm reduction focus. To better align with community feedback, Allegheny County will explore how Exhibit E permits Opioid Settlement funds to be invested in strategies that align with community feedback, further reducing negative stigma toward people who use opioids, supporting family members impacted by opioid use, and expanding investments in initiatives (e.g., housing and employment) that optimize social determinants of health.