

# Greater Middletown Opioids Task Force

Middletown Opioids Settlement  
Needs Survey

Presentation for GMOTF Task  
Force Meeting January 21, 2025



# Middletown Opioids Settlement Funds Ad Hoc Committee

- Survey intention: to ensure community voice / those with lived experience are included in guiding the allocation of local opioids settlement funds by providing personal input.
- Ad Hoc Committee members developed, distributed and analyzed the survey.

## Ad Hoc Committee Members:

- Rev. Robyn Anderson, MDiv., LMFT, LPC, LADC, Executive Director, Ministerial Health Fellowship
- Carolyn Camire Ruutel, LCSW, Clinical Program Manager, Middletown Adult Outpatient, Rushford / Hartford Healthcare
- Joanne Comstock, Psy.D., AADC, Supervising Psychologist, Admissions, Hospital Liaison, Housing Services, River Valley Services, DMHAS
- Livia Cox, Director, Middletown Harm Reduction Initiative (MHRI)
- Kevin Elak, MPH, REHS, CP-FS, Director of Health, City of Middletown Department of Health
- Daniela Giordano, LMSW, Regional Network Manager, Eastern CT, Carelon Behavioral Health
- Kathryn Glendon, MPH, CHES, CPS, CPC, Rushford Prevention Manager, Rushford / Hartford Healthcare
- Sarah Messier-Smith, LCSW, LADC, Opioid Settlement Fund Administrator, DMHAS-OOC
- Catherine Rees, MPH, Director, Community Health Improvement, Middlesex Health
- Weldon Russell, Program Coordinator, Recovery Employment Program & Coordinator of the Middlesex County Substance Abuse Action Council (MCSAAC), Middlesex County Chamber of Commerce

# Implementation

- Survey Window: 10.15.24 - 11.14.24.
- Shared with the Greater Middletown Opioids Task Force distribution list.
- Flier in English & Spanish.
- Anonymous surveys provided in English & Spanish (12 questions)
- Link / QR code to online survey; paper surveys.
- Assistance from Recovery Coaches (31 collected by Ministerial Health Fellowship How Can We Help? Recovery Coaches!).
- 39 responses.



## Survey Introduction

*Middletown has received settlement funds to address the opioids epidemic locally. We would like to have a better understanding about the Middletown community's needs and barriers to accessing supportive services.*

*We are reaching out to individuals who have experience with opioids - either those who use or have used opioids or know someone who uses opioids - to ask for your thoughts and opinions. Your voice matters!*

*Your participation in this survey is completely voluntary. The Greater Middletown Opioids Task Force would like to hear your opinions about topics related to opioids use. Your responses will be anonymous and only reported as a whole.*

*There are no right or wrong answers to any of these questions. If you don't want to respond to a question, you don't have to, you may skip that question.*

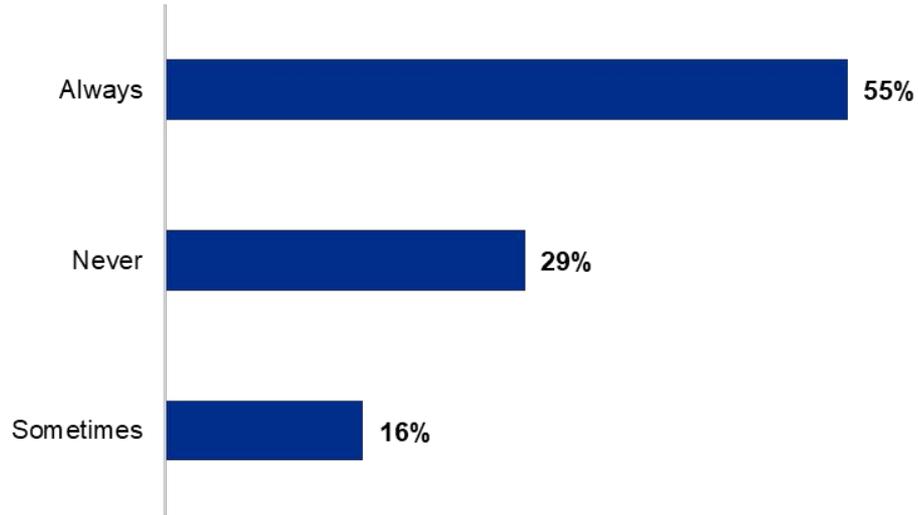
*Thank you for taking the time to complete this survey!*



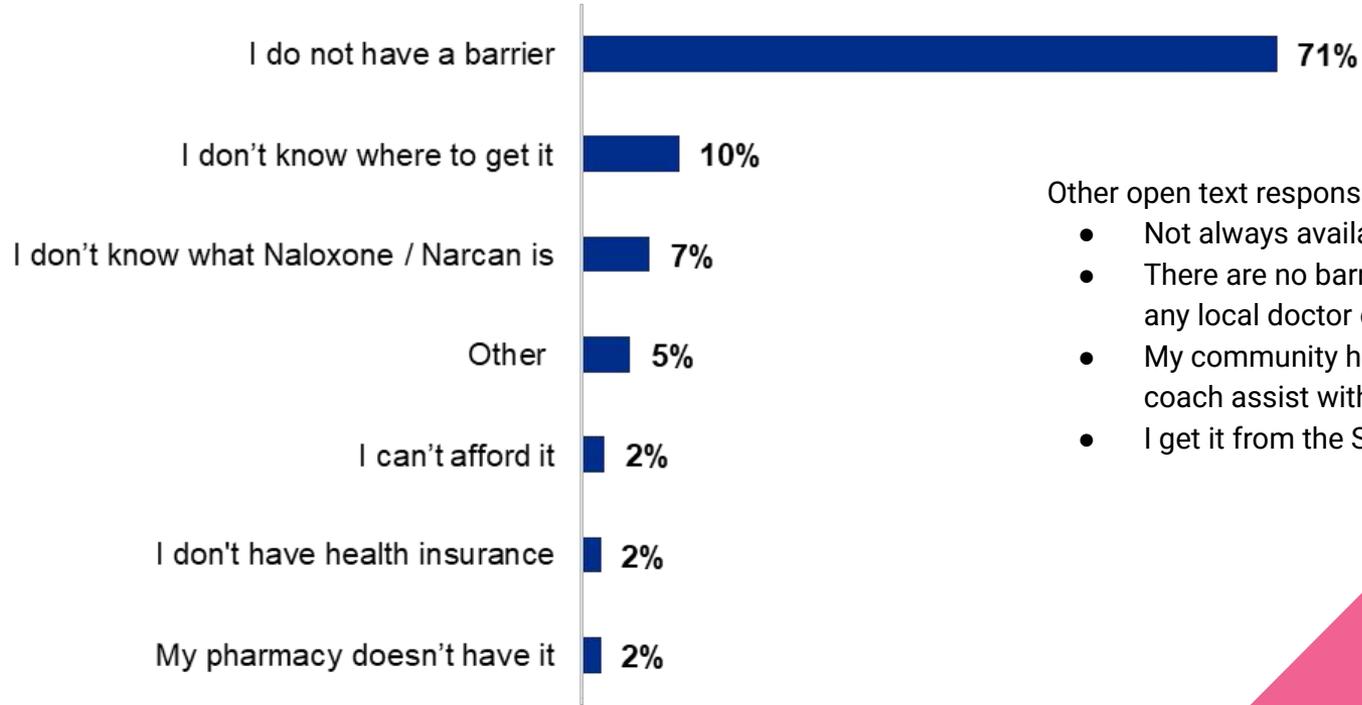
## Q1: Do you live, work, attend school or receive services in Middletown?



## Q2: Are you able to get a Naloxone / Narcan kit when you want it?



### Q3: What are the barriers for getting Naloxone / Narcan? (check all that apply)

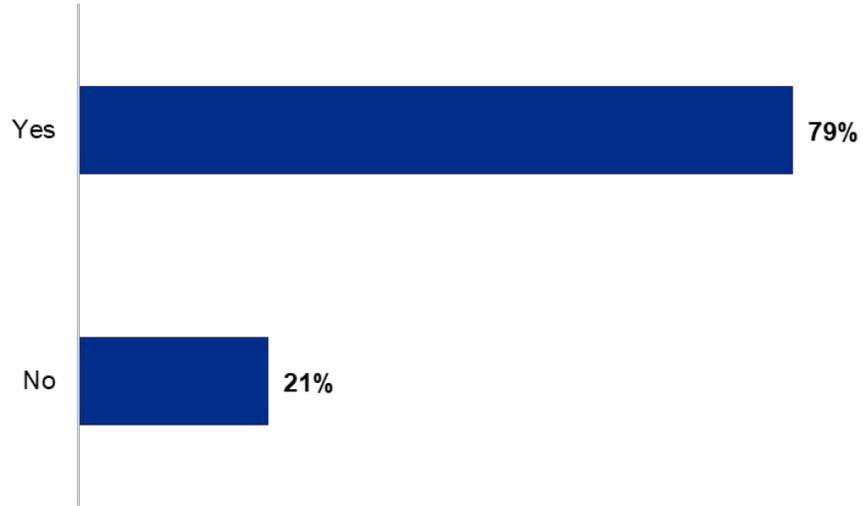


Other open text responses:

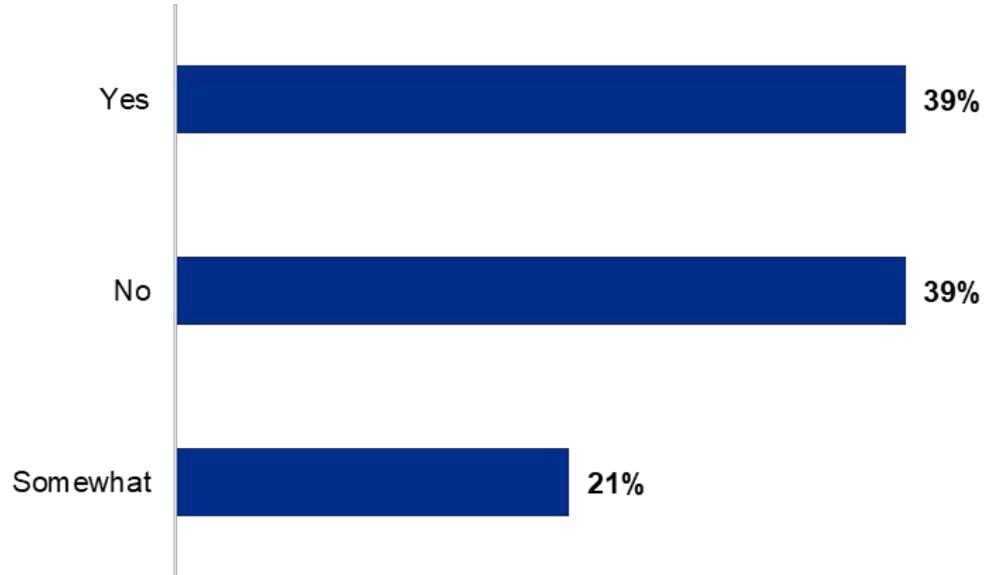
- Not always available.
- There are no barriers, it can be acquired at any local doctor office.
- My community health worker and recovery coach assist with them.
- I get it from the Soup Kitchen.



## Q4: Do you know how to use Naloxone / Narcan?



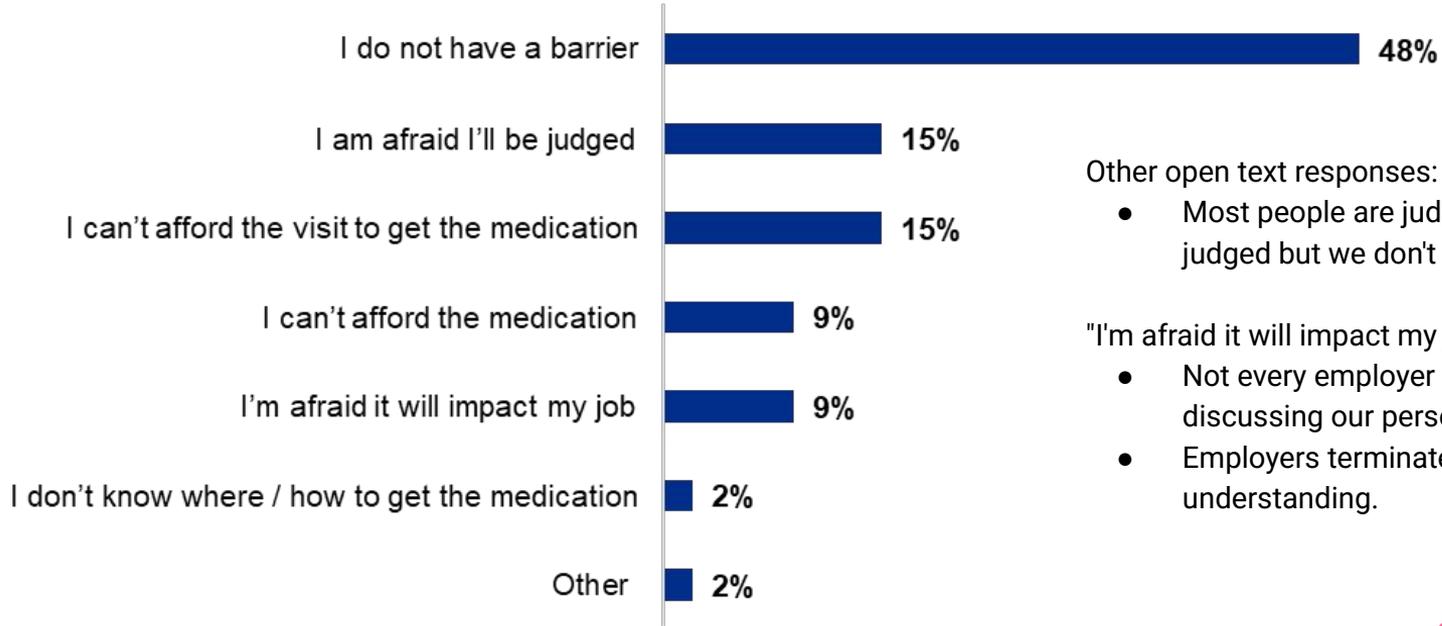
**Q5: Do you feel there is a lack of connection to care, services, or treatment for opioid use in Middletown (for example, intensive outpatient services, therapy, residential services, etc.)**



## Q6: What prevents individuals using opioids from getting care, services, or treatment?

Most Common Themes (in rank order of % of total responses)	Other Ideas
<ul style="list-style-type: none"><li>● Internal motivation - 20%</li><li>● Access to care (including not enough beds; long wait times) - 13%</li><li>● Stigma - 13%</li><li>● Uninsured / Cost - 11%</li><li>● Homelessness - 7%</li><li>● Unmet basic needs (including income; transportation) - 7%</li><li>● Lack of empathy / Not taken seriously that we need help - 7%</li></ul>	<ul style="list-style-type: none"><li>● Shame / Guilt</li><li>● Afraid of being reported</li><li>● Loneliness / Lack of healthy socialization</li></ul>

## Q7: Have you experienced barriers for accessing medications for opioid use (for example, methadone, Suboxone, buprenorphine)? If so, what are they? (check all that apply)



Other open text responses:

- Most people are judged and they shouldn't be judged but we don't live in a just world at all.

"I'm afraid it will impact my job" open text responses:

- Not every employer is comfortable with discussing our personal issues.
- Employers terminate people due to lack of understanding.

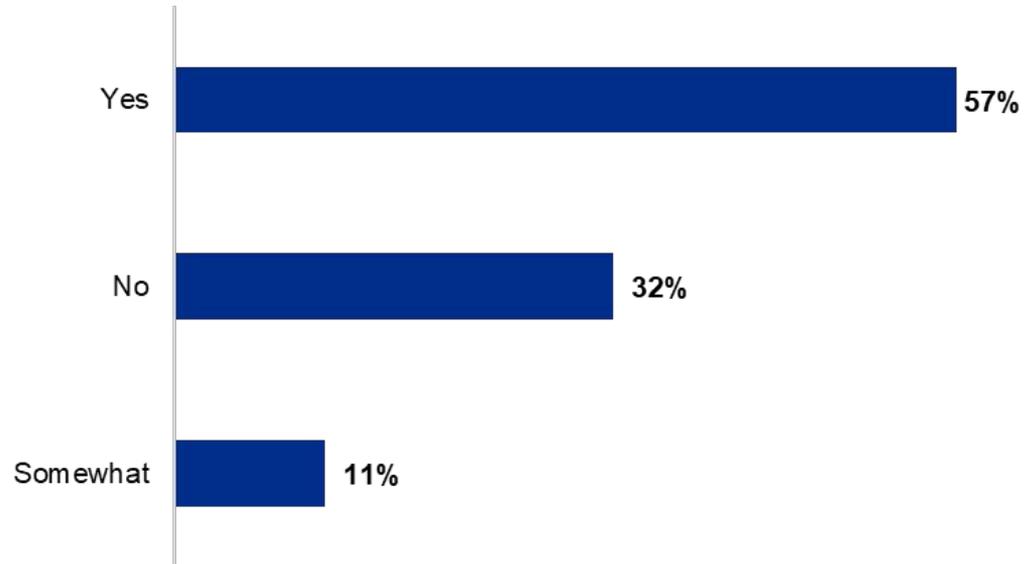


## Q8: If you have experienced barriers for accessing medications for opioid use, what would make things easier?

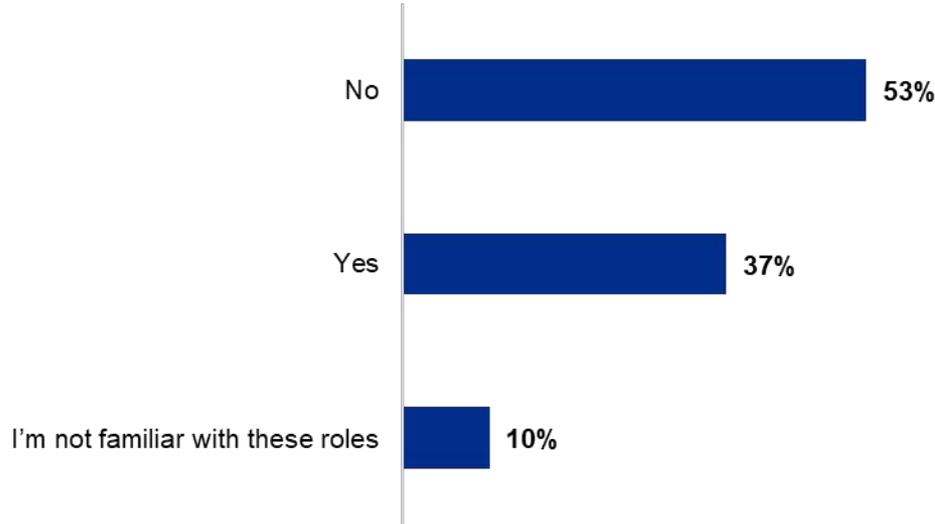
<b>Access / Resource Availability and Awareness</b>	<ul style="list-style-type: none"><li>● Free harm reduction.</li><li>● Getting it for free.</li><li>● Availability of medications, including pain medication.</li><li>● Access to appointments.</li></ul>
<b>Training</b>	<ul style="list-style-type: none"><li>● Have people care.</li><li>● Confidentiality / Privacy.</li><li>● Getting to know the individuals using drugs and the issues leading to drug use.</li></ul>
<b>Collaboration</b>	<ul style="list-style-type: none"><li>● Communication.</li></ul>



**Q9: Are there enough opportunities to get harm reduction supplies in Middletown (for example, Naloxone / Narcan, sterile needles, Fentanyl test strips, safer use kits, wound care products, etc.)**



## Q10: Are there enough trained community-based Navigators, Peer Recovery Specialists, Community Health Workers who can help connect individuals using opioids to resources in Middletown?



If you checked "No" to the above question, please explain:

### Access / Resource Availability and Awareness:

- Van hours are limited and Reach Navigators cut down on length of service.
- There are NO resources.
- Limited free resources.
- Unaware of a peer recovery program, if there is one it isn't well advertised but I believe it would be very beneficial.
- More community navigators are needed.

### Training:

- Many service providers are not trained properly or don't know of the exact needs of clients.
- They don't take the time to understand what people are going through and why it has happened to them.

### Collaboration:

- They need more staff and a more cohesive work with the methadone and suboxone providers versus siloed services.

## Q11: What resources are missing or lacking for individuals who use opioids in Middletown?

<b>Access / Resource Availability and Awareness</b>	<ul style="list-style-type: none"><li>● "Good" treatment.</li><li>● Testing for accountability and a gauge on treatment levels.</li><li>● Everything a person dealing with substance misuse needs.</li><li>● Awareness of the community of where free products are available.</li><li>● Affordable housing, free transportation for non-medical needs (to access other services, parks, social activities, shopping), peer support program, free safe recreation center for day and evening hours.</li><li>● Visible care and support; where are the lawn signs or storefront flyers in support of harm reduction around here?</li><li>● Places to hold support meetings.</li></ul>
<b>Training</b>	<ul style="list-style-type: none"><li>● Trainings!!!!</li><li>● Training for how to use Narcan.</li><li>● Caring &amp; understanding of the what, where and why's of their mental and physical issues.</li></ul>



## Q12: Do you have any additional suggestions on how the Middletown opioid settlement funds could be used to make a difference?

<b>Access / Resource Availability and Awareness</b>	<ul style="list-style-type: none"><li>• More recovery coaches.</li><li>• Outreach and support to individuals hanging out on Main Street.</li><li>• Create person centered holistic programs.</li><li>• Funding towards case management and social work and housing navigators.</li><li>• Advertising existing resources.</li><li>• Provide bus passes to social service agencies to distribute in support of wellness needs not covered by NEMT.</li><li>• Educational programs/distribution of information to inform care providers of resources for access to harm reduction products at no cost or covered by insurance with no copay for those insured.</li><li>• Help individuals who used opiates and are out of work pay bills.</li><li>• Funding to methadone clinics and suboxone for more frequent testing to determine effectiveness of treatment vs. harm reduction model.</li></ul>
<b>Training</b>	<ul style="list-style-type: none"><li>• More trainings for providers on how to work collaboratively with all providers to fully serve the client.</li><li>• More public awareness trainings.</li><li>• Learn individuality. Each patient is different, one program doesn't fit all.</li><li>• Pay people to do the training.</li><li>• More education &amp; classes for all doctors &amp; patients for mental and physical issues.</li></ul>

## Other Considerations

- Using the results of the Middletown Opioids Settlement Needs Survey to guide the GMOTF areas of focus / goals.
- Sharing the Middletown Opioids Settlement Needs Survey and results with other task forces / collaborations for use in their local areas.



# Questions? Contact Information For Task Force Co-Chairs

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