

OPIOID SETTLEMENT ADVISORY COMMITTEE

Recommendation Plan



Report by:
Lissa Franklin
Executive Director
Delray Beach Drug Task Force

Approved by:
Executive Board
Delray Beach Drug Task Force

BRIEF HISTORY OF

Opioid Litigation and Use of Funds

A. Background

1. Origin: Litigation over the Opioid Epidemic

- a. Beginning in the 2000s and intensifying in the 2010s, U.S. states, local governments, and tribes sued pharmaceutical manufacturers, distributors, pharmacies and other entities for their role in creating and fueling the Opioid Epidemic (through over-marketing, oversupply, failing to monitor suspicious orders, etc.).
- b. These lawsuits argued that the defendants had contributed to massive public health costs, addiction, overdose deaths, and burdens on local governments (such as law enforcement, health care, and social services).
- c. To avoid protracted litigation (and large verdicts) many defendants negotiated settlements with states/local governments.

2. Creation and scale of settlement funds

- a. These settlements often include large monetary payments plus sometimes non-monetary commitments (e.g., drug donation, monitoring systems). For example: the so-called "national opioid settlement" includes major payments by companies such as Teva Pharmaceuticals Industries Ltd., Allergan PLC, Walgreens Boots Alliance, Walmart Inc.
- b. Many of the settlement frameworks specify that the funds must be used for abatement, that is, to mitigate or remediate the harm caused by the Opioid Epidemic (treatment, prevention, harm-reduction, etc.), not simply to fill general budget holes.
- c. At the state level an "accountability tracker" exists showing which states have announced awards from settlement funding, published priorities for spending, how much each local jurisdiction is receiving, and what the money is being spent on, etc.
- d. The scale is large: estimates suggest tens of billions of dollars in settlement money flowing to states/local governments.

3. The "Abatement" piece/What the dollars are for:

- a. The term abatement dollars basically means that the settlement funds are earmarked for activities that address the harms caused by the Opioid Epidemic — e.g., prevention programs, treatment services, harm-reduction (like naloxone), community responses, monitoring and data systems, and other public health interventions.
- b. Many states/local governments have set up abatement funds or accounts (sometimes called "opioid abatement accounts" or "opioid settlement funds") that are dedicated to this purpose. For example, in California there is an "Abatement Accounts Fund" set up to distribute funds to cities/counties for abatement activities.
- c. Use of these funds can be complex and controversial (e.g., determination of which programs qualify, transparency of the decision making process, balancing short-term versus long-term spending). Advocates stress that the money should go directly to mitigation of the opioid harms, not be diverted to unrelated budget items.

4. Timeline / Milestones

- a. 2019: Early major litigation successes. For example, Purdue Pharma L.P. (maker of OxyContin) filed for bankruptcy in September 2019 under pressure of large lawsuits.
- b. 2020-2022: Major national settlement frameworks take shape. Manufacturers/distributors agree to pay out large sums over many years.
- c. 2022-2025: States and local governments begin receiving settlement payments and establishing the structure to award/spend those funds. Many are publishing "how we will spend" guidelines.
- d. Ongoing: Monitoring and reporting issues; debate over how best to use the funds; ensuring the money isn't simply supplanting existing budgets, but adding to abatement efforts.

5. Challenges & key issues

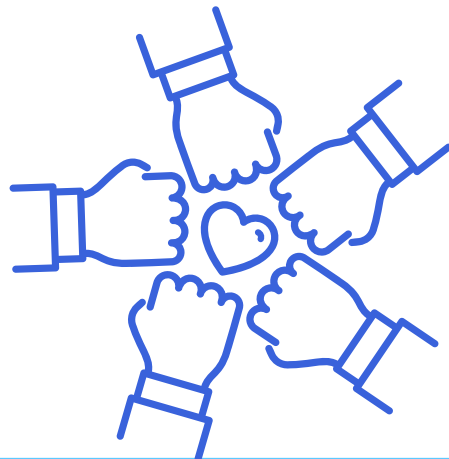
- a. Transparency: Some local governments lack clear public reporting guidelines regarding where settlement funds are going, how decisions are made, and how outcomes will be measured.
- b. Allocation between levels: States, counties, cities and tribes all have claims on monies; sometimes the money is split, sometimes local governments must apply or opt-in. This can create additional complexity.
- c. Restricted uses / flexibility: While many funds are earmarked for abatement, some local governments face pressure to use the funds for new, but still-connected uses (for example, law enforcement initiatives) which raises debate about "what counts" as abatement.
- d. Timing: Many settlements extend over many years, meaning the full amount of funds arrive gradually and long-term planning is needed. Also, some monies must be used for future remediation (not just past harm).
- e. Ensuring evidence-based use: Given the urgency and the size of the funds, there's risk that programs may be funded that are not necessarily high-impact or what the community needs most. It is challenging to determine how best to invest for prevention/treatment, sustained impact, and evaluation of results.
- f. Avoiding substitution: One worry is that local governments may use settlement monies to replace (rather than supplement) existing funding for abatement or public health efforts, meaning that the actual incremental impact may be less than hoped.
- g. Looking ahead, key questions include: how are outcomes measured? Are the funds achieving reductions in overdose deaths/harm? Are marginalized communities being served? Are the funds being invested for the long-term structural change (rather than short-term fixes)?

HISTORICAL CONTEXT

Revelance of the DBDTF and the City of Delray Beach

The City of Delray Beach has been deeply affected by the Opioid Epidemic and addiction crisis, yet it has also emerged as a beacon of recovery-oriented solutions. When crisis struck, the City responded with compassion, coordination, and care. The Delray Beach Drug Task Force launched the Delray C.A.R.E.S. initiative, resulting in the City hiring a Service Population Advocate, Ariana Ciano. Within Ariana's first year, overdose rates in the City dropped by an incredible 72%. Under her leadership, the program has continued to grow into the strong, community-based model it is today. Delray Beach also led the way with the first municipal ordinance for Recovery Residences-protecting tenants, holding brokers accountable, and ensuring compliance with the Fair Housing Act. The City remains home to a robust network of treatment centers and recovery residences, supported by safe community spaces like the Crossroads Clubhouse, where countless individuals find connection and hope. All in all, the Delray Beach Drug Task Force is profoundly grateful for the dedicated people and organizations that make these achievements possible- all of whom we are fortunate to call members of our organization. Together, they embody the spirit of recovery and resilience that defines Delray Beach.

Thus, the City has a particular stake in how these settlement funds are used -not only for preventing opioid-related harms, but in managing the infrastructure of addiction treatment, recovery housing, etc. Having a clear policy, oversight, and strategic use of the funds is especially important for Delray Beach because of its the legacy. Further, misuse, or lack of coordination of the funds, could undermine outcomes and squander away a precious resource that is much needed in the community.



Settlement Fund Thinktank Recommendations

BRIEF HISTORY OF Delray Beach Drug Task Force

The Delray Beach Drug Task Force (DBDTF) Mission is to provide Community Leadership and Education on issues related to and resulting from substance use disorder. We do so by maintaining a network and forum to discuss, advocate, and influence issues with regard to Public Safety, Prevention, Rehabilitation, and Recovery. What began as a law enforcement group in the 90's, has transformed into a community-driven and action-oriented non-profit organization to better serve the City of Delray Beach on issues relating to substance use disorder and recovery. Over the years, the DBDTF has seen success with its various programs and initiatives, having the highest impact value with its seed programs. The group is exceptional at conducting needs assessments through community input, taking that information gathered, collaborating to formalize an initiative action plan, and successfully implementing the initiative action plan by gifting the initiative to a larger organization that is better suited for the initiative's sustainability and continued positive community impact.



Recognizing the unique impact of the Opioid Epidemic on the City of Delray Beach, the Delray Beach Drug Task Force convened a Multidisciplinary Working Group of members to develop a strategic framework for the effective and impactful use of Opioid Settlement abatement funds. This Working Group brought together representatives from public safety, law, healthcare, behavioral health, recovery housing, education, social services, and local government, alongside individuals with lived experience. The group's charge was clear: to ensure that every dollar spent meaningfully advances the City's ongoing efforts to reduce substance use-related harms, strengthen prevention, and support sustainable resiliency within the community.

After careful analysis of community needs, existing service gaps, and evidence-based practices, four priority investment areas were identified. They were identified as:

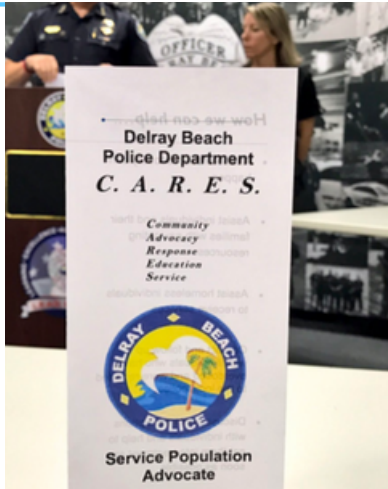
- **1. Paramedicine:** Development and expansion of the Delray Beach Fire Rescue Paramedicine Program, which integrates First Responders and Behavioral Health professionals as care coordinators to proactively engage individuals at risk of overdosing. These programs bridge emergency response with ongoing treatment and recovery supports and have been statistically shown to help reduce overdoses, emergency department visits, and high-cost system utilization. Investments into these programs have also shown a savings of hundreds of thousands of dollars, while also saving lives.
- **2. Employment and Related Concerns:** Workforce development and recovery-friendly employment initiatives that promote economic stability for individuals in or seeking recovery. Additionally, wraparound supports such as transportation, childcare, and legal assistance, were also reported to be of high importance.
- **3. Housing Affordability and Stability:** Expansion of affordable, recovery-supportive housing to ensure individuals have safe, stable environments conducive to long-term recovery. This includes partnerships with housing providers, incentives for sober-living compliance, and supportive housing models that integrate case management and peer support.
- **4. Prevention:** Development and enhancement of prevention and early intervention efforts across schools, workplaces, and community organizations through educational programming designed to reduce stigma and risk factors before substance misuse begins.

Together, these focus areas represent a comprehensive, coordinated approach-addressing not only the immediate consequences of the Opioid Epidemic, but also its root causes and social determinants. The Delray Beach Drug Task Force will continue to coordinate with City leadership to avoid duplication of efforts and ensure alignment with the broader goal of a healthier, more resilient Delray Beach.

The group also identified key strategies for success with initiatives that the Settlement Committee chooses to implement. Recipients should:

- 1. Define objectives and performance metrics aligned with the City's opioid abatement categories and how they cohesively align with the Healthier Delray Beach plan.
- 2. Provide quarterly progress reports to allow the City to assess implementation outcomes and spending efficiency at integral steps along the way.
- 3. Provide detailed bi-annual reporting to the City Commission and the Florida Department of Children and Families, detailing expenditures, program outcomes, and community impact; and
- 4. Provide for auditing to ensure enhanced public transparency. Publication of reports will also be in accordance with Florida's Public Records Laws.

We believe this governance model ensures that settlement funds are used responsibly and strategically- to produce sustainable, measurable reductions in opioid-related harms and to strengthen Delray Beach's role as a model for recovery-oriented community response.



STATISTICAL HIGHLIGHTS

Within first year of implementation, the City of Delray Beach saw a reduction in overdoses by

79%

People outreached who wanted the help being offered

99%

People outreached who required and were successfully placed in treatment

86%

People outreached who only required and were placed in safe and supportive housing

9%

People outreached who were just grateful for the support and did not require further assistance

4%

People outreached who refused assistance

1%

PREVIOUS SEED INITIATIVE

Service Population Advocate

Undoubtedly, the DBDTF seed initiative that continues to have the most impact within the community, is the Delray Beach Police Department's Service Population Advocate, more commonly known as the "C.A.R.E.S. Program". This program was originally started to address the growing concern of drug-related overdoses in the area and lack of resources available to those who experienced the overdose. Within one year of implementation, drug overdoses dropped 79% within the City of Delray Beach. Today, the Service Population Advocate has grown the program to the point of needing two additional resource officers and interns and has developed a comprehensive program component that provides outreach to people experiencing homelessness. The success of this program has gained local, state, and national attention for replication.

Through the development, growth, and expansion of the services offered within the C.A.R.E.S. Program, it has become evident the DBDTF can best serve the community through implementation of an additional seed program to fill identified gaps in resources

PARAMEDICINE

As the City of Delray Beach continues to lead with recovery-oriented solutions, the implementation of a Community Paramedicine Program through Delray Beach Fire Rescue (DBFR) represents one of the most promising, evidence-based strategies for reducing overdoses, promoting recovery, and achieving long-term cost savings across Emergency and City systems. Paramedicine leverages the unique position of Fire-Rescue personnel (trusted, mobile, and community-embedded) to deliver proactive care to individuals at high risk of opioid overdose or relapse. By connecting emergency response with sustained recovery support, the program transforms the City's public safety system into a frontline partner in public health.

Reducing Overdose Death

Fire-Rescue professionals are often the first, and sometimes the only, point of contact for individuals experiencing an overdose. Frequently, we hear "but the Police department has one", but most times Fire-Rescue and Police do not go on the same calls. **A paramedicine program would enable Fire Rescue to go beyond emergency stabilization by:**

1. Providing follow-up outreach after an overdose incident to check on patients, offer resources, and connect them with treatment providers or peer recovery specialists.
2. Administering harm-reduction interventions, such as naloxone distribution, overdose education, and safety planning for individuals and families.
3. Coordinating care with behavioral health providers, hospitals, and recovery organizations to ensure that every individual touched by the emergency system has a clear path to treatment and support.
4. Promoting recovery through connection and continuity: Paramedicine is not just a response model, it's a bridge to recovery. By engaging individuals at critical moments, often within 24–72 hours post-overdose, paramedics can build trust and facilitate warm handoffs to case management, treatment, or peer support.

Fiscal Efficiency and Systemwide Savings

Paramedicine programs have been repeatedly shown to save significant taxpayer dollars by reducing the most expensive and inefficient uses of emergency and healthcare resources. In particular, they help to:

- a. Reduce 911 call volume and repeat emergency responses for non-fatal overdoses and chronic conditions.
- b. Decrease emergency department visits and hospital readmissions, freeing capacity and lowering uncompensated care costs.
- c. Improve coordination of care, reducing duplication of services and enabling smarter use of community resources.
- d. Lower incarceration and law-enforcement burdens by diverting individuals to treatment rather than criminal justice involvement.
- e. Studies from similar Florida programs have documented return-on-investment ratios exceeding 4:1 with every dollar spent on paramedicine programs.

By embedding paramedicine within Delray Beach Fire Rescue, the City can establish a model of integrated response that balances compassion with efficiency. The initiative positions DBFR as not only a lifesaving agency, but also a life-sustaining partner by proactively reducing harm, guiding individuals toward recovery, and strengthening the overall safety net.

In doing so, Delray Beach will reaffirm its leadership in forward-thinking, recovery-oriented public policy-demonstrating that a City's fire rescue department can be both the first to respond and the first to rebuild hope.

PROJECT TRAILBLAZER

"Project Trailblazer" is a product of the Delray Beach Drug Task Force and is a workforce development and recovery-support initiative designed to bridge the gap between treatment, employment, and long-term stability for individuals in early recovery. The program was developed under the Delray Beach Drug Task Force's vision of integrating recovery-oriented care into every facet of community life-including the workplace. At its core, Project Trailblazer partners with major employers such as Publix, Home Depot, and other community-minded businesses to build recovery-supportive workplaces that both understand and empower individuals rebuilding their lives after addiction.

Program Overview

Project Trailblazer operates through a dual-support model I) educating and equipping employers while II) simultaneously supporting individuals in early recovery to achieve sustainable, meaningful employment. The program encompasses four interrelated components:

1. Employer Education and Engagement

a. Project Trailblazer provides customized training and technical assistance to participating employers on topics such as addiction science, stigma reduction, recovery-friendly workplace practices, and legal considerations (including ADA and Fair Chance Hiring). Employers receive ongoing consultation to develop internal policies that promote understanding, retention, and workplace inclusion for employees in recovery.

2. Recovery-Supportive Job Placement

a. Working closely with local treatment providers, vocational programs, and peer recovery specialists, Project Trailblazer matches qualified participants with employment opportunities that align with their skills, recovery goals, and level of readiness. Employers are vetted and trained to ensure they provide supportive environments where recovery and accountability can coexist with professional growth.

3. Employment Retention and Peer Support

a. Once placed, participants receive individualized support. Support includes: job coaching, relapse prevention strategies, and workplace mediation as needed- all with a goal to help them maintain stability and confidence in their new roles. Former participants of the program, or specialists in recovery in a similar role, serve as employment mentors, providing consistent guidance and accountability during the critical first 6-12 months of employment.

4. Mentorship and Leadership Development

a. Beyond job placement, Project Trailblazer cultivates a mentorship pipeline that pairs participants with business leaders, alumni in recovery, and workforce development professionals. These mentorship relationships promote personal growth, professional development, and community reintegration; helping participants transition from job seekers to role models for others in recovery.

Program Goals and Impact

Project Trailblazer is designed to produce measurable outcomes in both individual and community domains:

- 1. Increase employment and job retention rates among individuals in early recovery.
- 2. Reduce relapse risk and recidivism through stability and community connection.
- 3. Strengthen employer confidence and participation in fair-chance and recovery-friendly hiring.
- 4. Build long-term partnerships between the recovery community and the private sector.
- 5. Promote public understanding that recovery is not just possible- it is employable, valuable, and transformative.

Through collaboration, education, and compassionate accountability, Project Trailblazer redefines what it means to work, lead, and thrive in recovery. By aligning workforce development with recovery support, Project Trailblazer advances the City of Delray Beach's broader goals for employment equity, community wellness, and economic resilience. It transforms workplaces into agents of recovery, helping employers see that investing in people in recovery is not an act of charity-it's an investment in human capital.

REMOVING EMPLOYMENT BARRIERS

Sustained employment is one of the strongest predictors of long-term recovery success. Yet, for many individuals in early recovery, logistical and structural barriers exist. Lack of reliable transportation, limited access to affordable childcare, and inconsistent work schedules, can make it nearly impossible to maintain stable employment. Removing such obstacles reduces relapse risk, promotes self-sufficiency, and strengthens the broader community workforce.

Transportation Barriers

Many individuals entering or re-entering the workforce after treatment lack access to a vehicle, valid driver's license, or reliable public transportation.

Proposed Solutions:

Community Bicycle Access Program: Establish a "Ride to Recovery" initiative that provides refurbished bicycles, helmets, and locks to individuals in recovery who need transportation to work, treatment, or community appointments. Partner with local bike shops, law enforcement, and nonprofit organizations for donations and repairs.

Transit Pass Assistance: Provide subsidized or fully covered public transportation passes for the first 90–180 days of employment, ensuring stability while individuals rebuild financial capacity.

Employer Transportation Partnerships: Encourage local employers (such as Publix, Home Depot, Downtown business members) to collaborate on ride-share or shuttle solutions for employees participating in Project Trailblazer and other recovery-supportive programs.

Childcare Barriers

For parents in early recovery, the lack of affordable, reliable childcare is one of the most significant barriers to maintaining employment. Without dependable care, many are forced to choose between earning income and meeting family responsibilities.

Proposed Solutions:

Childcare Voucher Program: Develop a "Care for Recovery" fund that provides temporary childcare stipends for working parents enrolled in treatment, transitional programs, or early employment initiatives.

Partnership with Licensed Providers: Collaborate with local childcare centers and family resource agencies to reserve discounted childcare slots specifically for parents in recovery programs.

Flexible Work Arrangements: Work with participating employers to pilot flexible scheduling or on-site childcare partnerships, reducing absenteeism and turnover while promoting family stability.

Removing employment barriers is not a matter of convenience, it is a matter of equity and sustainability. These supports not only stabilize the individual, but also create ripple effects across public health, safety, and economic vitality.

AFFORDABLE AND SUPPORTIVE HOUSING

Stable housing is one of the most critical, and often most overlooked, determinants of long-term recovery. Without a safe, affordable, recovery-supportive place to live, individuals leaving treatment face a significantly higher risk of relapse, overdose, and re-entry into crisis care systems. For many in early recovery, the lack of housing stability undermines employment, disrupts family reunification, and erodes progress made in treatment. The City of Delray Beach, through its long-standing role as a hub for treatment and recovery services, recognizes that access to affordable and recovery-oriented housing is not merely a social need but it is a public health imperative.

Rising housing costs, coupled with limited availability of certified recovery residences, have created a critical shortage of safe and supportive options for individuals transitioning out of treatment or re-entry programs. Many residents in early recovery face financial insecurity, poor credit, and stigma from landlords, all of which severely limit their housing options. To address these challenges, members suggested strengthening partnerships with the Florida Association of Recovery Residences (FARR), the South County Recovery Residence Association (SCRRA), and their member residences. These organizations play a vital role in maintaining standards, accountability, and resident safety across the recovery housing network.

Our Suggestion:

1. Create a recovery-ready housing network that combines affordability, accountability, and support.

- **Expand Access:** Increase availability of certified, recovery-oriented housing options in Delray Beach.
- **Build Partnerships:** Work with trusted organizations to ensure quality, compliance, and safety.
- **Empower Residents:** Use a voucher-based funding system to promote choice and independence.
- **Integrate Supports:** Connect housing residents with job placement, transportation, volunteerism, and health

2. Partners:

- **Florida Association of Recovery Residences (FARR):** Sets statewide certification and ethical standards; provides compliance oversight and operator training.
- **South County Recovery Residence Association (SCRRA):** Local leadership ensuring accountability and advocacy; supports safe, affordable recovery housing for South Palm Beach County residents.
- Through collaboration with FARR and SCRRA, the City can:
 - Ensure that all participating residences meet nationally recognized quality and ethical standards.
 - Provide training and technical assistance to operators on compliance, fair housing, and best practices in supportive housing management.
 - Expand the network of certified housing options within City limits.
 - Create stronger referral pathways between treatment providers, paramedicine teams, and recovery residences.
 - Monitor outcomes through a coordinated data-sharing and accountability framework.

• Proposal: Housing Voucher System

- a funding mechanism that helps individuals in early recovery secure safe, certified housing while maintaining autonomy and choice.
 - **Key features of the voucher system include:**
 - Short-term rental assistance for eligible individuals as they transition from treatment to independent living. Re-evaluated every 2 weeks for necessity and compliance.
 - Direct payments to certified recovery residences that comply with FARR and SCRRA standards.
 - Metrics tracking, requiring housing providers to report on resident outcomes such as retention, relapse rates, and successful transition to permanent housing.
 - Volunteerism requirement: within the City limits benefiting the community as a whole

By prioritizing affordable and supportive housing, and partnering with FARR, SCRRA, and other community stakeholders, Delray Beach can model a sustainable housing continuum that treats stability as the cornerstone of recovery.

Additionally, investment in affordable and supportive housing benefits not only those in recovery but the entire community- It will reduce homelessness and public safety strain, improve workforce stability and family reunification, and strengthen neighborhood safety and cohesion. A voucher-based system, integrated with certified housing networks and City oversight, ensures accountability, choice, and measurable outcomes.

PREVENTION

Members identified Prevention as a top funding priority, emphasizing two key areas where proactive action can yield long-term impact: school-based prevention and prevention within the medical and pharmacy community.

Prevention in the Schools

Prevention in Schools: Schools represent one of the most powerful environments for shaping lifelong health behaviors. By reaching students early and consistently, prevention programming can foster resilience, emotional regulation, and informed decision-making before risk behaviors begin.

Member recommendations include:

- Implementing evidence-based prevention curricula across elementary, middle, and high schools, focusing on coping skills, peer influence, and the risks of prescription misuse.
- Integrating mental health education and social-emotional learning to address root causes of substance use, such as trauma, stress, and isolation.
- Living Skills in the Schools is an existing Delray Beach-based Prevention program that is currently serving a majority of the schools in Palm Beach County and has made a substantially positive impact in the community.

Prevention in the Medical Community

The medical and pharmacy sectors are at the frontline of the Opioid Epidemic. Prevention within these settings focuses on reducing inappropriate prescribing, increasing patient education, and promoting safe medication practices.

Member recommendations include:

- Funding the "Traphouse Pharmacist": Dr Ridley plays a vital role in advancing equitable health access and opioid prevention within Delray Beach's most underserved and marginalized neighborhoods. She bridges the gap between pharmacy care and community well-being by bringing medication education, harm reduction, and trust directly to residents who have historically faced barriers to healthcare access. Her on-the-ground engagement provides compassion, expertise, and prevention, and ensures that anyone, regardless of income, background, or circumstance has access to knowledge, safety, and hope.
- Offering continuing education and awareness opportunities for physicians, dentists, and pharmacists on responsible opioid prescribing, screening for addiction risk, and non-opioid pain management alternatives.
- Supporting pharmacy-based outreach initiatives, such as medication take-back programs, overdose prevention education, "educating the educator" by providing the pharmacists the materials necessary to provide their customers about medication interactions, and the dissemination of naloxone.

These efforts position the medical community not only as a point of care but as a proactive partner in reducing future addiction risk through knowledge, accountability, and compassionate practice.

Prevention provides that settlement funds are not only responding to today's crisis, but building the foundation for a healthier, safer Delray Beach of tomorrow. Prevention reduces the demand for treatment, saves lives, and strengthens the public trust in community systems.

CONCLUSION



The concepts and recommendations outlined in this document represent suggestions only. The Delray Beach Drug Task Force (DBDTF), its directors and members are not affiliated with or authorized to make funding decisions on behalf of the City of Delray Beach, its officials, staff or committees. Nor is the DBDTF liable for any such decisions made by the City of Delray Beach, its officials, staff, or committees. The role of the DBDTF is purely voluntary, providing community-based input, reflecting perspectives from those with “boots on the ground” experience who remain committed to helping maximize the life-saving impact of these resources on the community at large.

All final decisions regarding the monies allocation, management, and implementation of Opioid Litigation Settlement Funds will be made solely by the City of Delray Beach, its officials, and/or designees in accordance with its standard municipal policies, procedures, and oversight protocols.



THANK YOU



The Delray Beach Drug Task Force extends heartfelt gratitude to all members, partners, and community stakeholders who contributed their time, insight, and lived experience to the development of this plan. Your collaboration, compassion, and commitment were instrumental in shaping a roadmap that truly reflects the needs and strengths of our community. Together, we are advancing meaningful, sustainable solutions that support recovery, resilience, and hope for individuals and families for the City of Delray Beach.

Steve English, The Crossroads Club
Doreen Clancy, Wayside House
Judy Fenney, Interfaith Committee
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Dr. Ashley Ridley, Drug Abuse Foundation
Terrill Pyburn, Esq, Delray Beach Drug Task Force
Fran Marcone, Delray Beach Drug Task Force
Lissa Franklin, Delray Beach Drug Task Force