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JCOIN Dissemination and Stakeholder Engagement Core: Advancing the Translation and Use of Evidence in Criminal Justice and Health Settings

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ABSTRACT

Background: Despite decades of research identifying effective approaches to prevent, identify, and treat substance use disorders (SUD), gaps persist between scientific discovery and utilization in routine practice, particularly within criminal legal systems (CLS). Contributing factors include: limited access to research findings, which are often published in technical and inaccessible formats; insufficient collaboration and trust between researchers and practitioners; research that is not relevant to real-world practice, where controlled studies don't reflect the real-world context that practitioners face; and dissemination approaches to practitioners that are not tailored for the culture and climate of the organization or don't match the skills of the staff. Practitioners and policymakers therefore need practical and tailored information that enables them to implement innovations while preserving the elements essential to their effectiveness.

Methods: The Justice Community Opioid Innovation Network's (JCOIN) Coordination and Translation Center (CTC) was established to address these barriers and accelerate the translation of research into policy and practice. During JCOIN 1.0, the CTC's Dissemination and Stakeholder Engagement Core (DSEC) developed the stakeholder-engagement and dissemination infrastructure that supports this work. The Core cultivated networks of champions and trusted messengers through national practitioner and stakeholder advisory boards and maintained bidirectional communication channels connecting researchers and JCOIN leadership with practitioners, policymakers, community organizations, and people with lived experience. The DSEC identified field priorities, summarized research findings into digestible formats, co-developed educational products with community partners, and disseminated such products through various channels and networks. This article describes the DSEC's stakeholder engagement, knowledge translation, and dissemination framework.

Conclusion: By embedding stakeholder engagement, knowledge translation, implementation support, and dissemination within JCOIN, the DSEC strengthens the relevance, reach, and practical application of new research and evidence-based practices. This infrastructure advances JCOIN 2.0's scientific and translational goals by sustaining feedback loops between research and practice, extending participation beyond the funded network, and supporting the adoption, implementation, and sustainment of evidence-informed policies, programs, practices, and treatments for people affected by SUD, overdose risk, and CLS involvement.

BACKGROUND

Despite decades of research identifying effective approaches to screening, assessment, treatment, overdose prevention, and continuity of care for substance use disorders (SUD), substantial gaps persist between scientific discovery and implementation in routine practice, particularly within criminal legal systems (CLS; Tai et al., 2010; Taxman et al., 2007; Taxman, 2024; Taxman et al., 2025). More than half of individuals in U.S. prisons and jails meet the criteria for SUD (Bronson et al., 2017), yet few receive evidence-based treatment during incarceration, reentry, and/or community supervision, including medications for opioid use disorder (MOUD), which have been shown to reduce overdose deaths (Degenhardt et al., 2014), recidivism (Evans et al., 2022), and adverse health outcomes (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019). Systems commonly cite limited resources, regulatory barriers, and misconceptions about MOUD as major barriers to implementation (Scott et al., 2022). Even when evidence-informed interventions are adopted, inadequate guidance regarding their core components and implementation requirements can contribute to low fidelity and diminished outcomes (Taxman & Belenko, 2025; Taxman, 2025).

Key factors that contribute to this research-to-practice gap include: 1) limited access to research findings, which are often published in technical and inaccessible formats (Hutchins, 2020); 2) insufficient collaboration and trust between researchers and practitioners (Sawyer-Morris et al., 2025; Rycroft-Malone et al., 2015); 3) research that is not relevant to real-world practice, where controlled studies don't reflect the real-world context that practitioners face (DeAngelis, 2010); and 4) dissemination approaches to practitioners that are not tailored for the culture and climate of the organization or don't match the skills of the staff (Brownson et al., 2018). Practitioners and policymakers therefore need practical and tailored information that

enables them to implement innovations while preserving the elements essential to their effectiveness.

To address these barriers, the Justice Community Opioid Innovation Network (JCOIN) established the Dissemination and Stakeholder Engagement Core (DSEC), housed within the JCOIN Coordination and Translation Center (CTC), early in the process of the initiative to enhance the engagement of key practitioner and stakeholder audiences and the accessibility and utilization of new knowledge, with the ultimate goal of increasing the implementation of SUD research findings and innovations across the CLS fields. Led by the [ORGANIZATION REMOVED FOR PEER REVIEW], the DSEC serves as JCOIN's bridge to practitioners, policymakers, professional associations, community organizations, and people with lived experience (PWLE). The DSEC advances the uptake of JCOIN research by building and coordinating a national network of champions; sustaining meaningful, bidirectional engagement among stakeholders, JCOIN investigators, NIDA, and leaders in the CLS and SUD fields; and facilitating collaboration among grantees, practitioners, and community partners. The Core also provides audience-tailored outreach, education, and training; rapidly translates JCOIN and other relevant research into accessible, actionable products (e.g., research summaries, issue briefs, fact sheets, webinars, online courses, and video explainers) and co-develops resources with professional associations and community partners. In addition, the DSEC identifies and engages new partners and potential sites for future network activities, while supporting the broader CTC by promoting research, training, and technical-assistance opportunities and integrating stakeholder perspectives throughout research translation and implementation.

These activities are guided by a community engagement framework that emphasizes trust, inclusivity, bidirectional exchange, co-equal partnerships, co-creation and co-production,

culturally responsive design, equitable participation, and participant safety. The DSEC's dissemination strategies also incorporate established principles of quality communication such as audience segmentation, message framing, trusted messengers, channel selection, and adaptation to organizational context. During JCOIN 1.0 (2019-2024), the DSEC engaged over 14,100 stakeholders across the 26 identified stakeholder lanes; developed 20 online courses in partnership with 10 stakeholder associations, with more than 5,600 course enrollments; hosted 32 webinars; disseminated monthly newsletters; and translated over 30 studies into various educational formats.

The DSEC will expand this infrastructure through JCOIN 2.0 by continuing to grow the national network, identifying new champions who represent the needs of their constituencies, serve as trusted messengers, amplify research findings and engagement opportunities, and strengthen communication between JCOIN and the field. Together, these functions established the foundation for expanded engagement, rapid translation, implementation support, and evaluation in JCOIN 2.0.

This article describes the JCOIN DSEC's stakeholder engagement, knowledge translation, and dissemination framework, which is designed to ensure research reaches and is utilized by priority adopters. It also includes information from interviews with priority adopters on learning styles, communication needs, and preferences for receiving research information. JCOIN's DSEC framework demonstrates how ongoing stakeholder input can guide the development and dissemination of more relevant, accessible, and tailored research products.

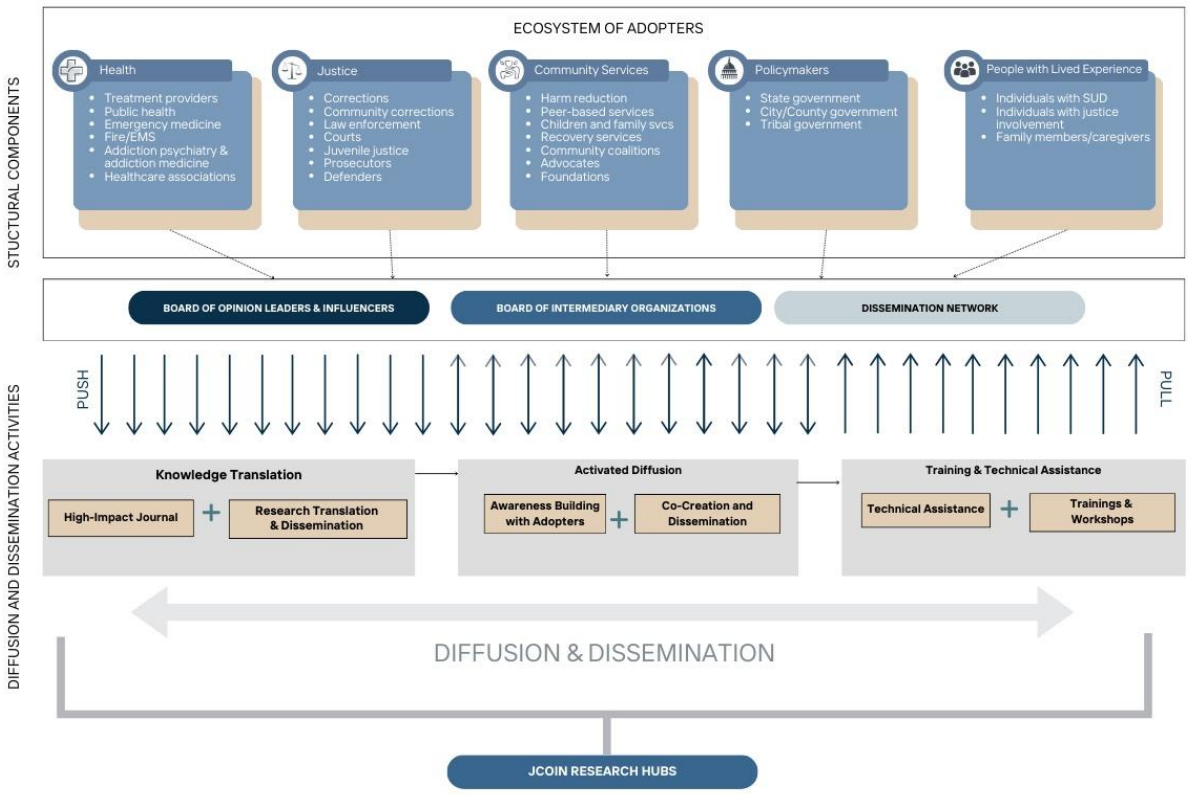
METHODS/DESIGN

Diffusion and Dissemination Framework

The DSEC established a framework to advance the translation of research findings into practice, utilizing both dissemination mechanisms for the direct distribution of information or innovations to potential adopters to maximize awareness, understanding, and ultimately adoption ("push" mechanisms); and diffusion strategies for the natural spread of ideas and practices through social networks and peer interaction ("pull" strategies) to test applications and understand preferred communication strategies among potential adopters. Diffusion is needed to advance the uptake of JCOIN innovations, which can also provide lessons learned for the field at large.

The six components of the framework include (Figure 1): 1) identification of priority adopters of JCOIN research; 2) optimize social systems of priority adopters for science uptake through opinion leader and intermediary organizations engagement; 3) map adopter needs, challenges and content preferences; 4) knowledge translation that includes end-user involvement in the product development process; 5) dissemination strategies with the preference of product type, channel, and language identified by priority adopters; and 6) specialized diffusion efforts the DSEC designed and referred to as "activated diffusion," where DSEC engaged intermediary organizations and opinion leaders from priority adopter fields to 'activate' as partners in translating and disseminating research findings.

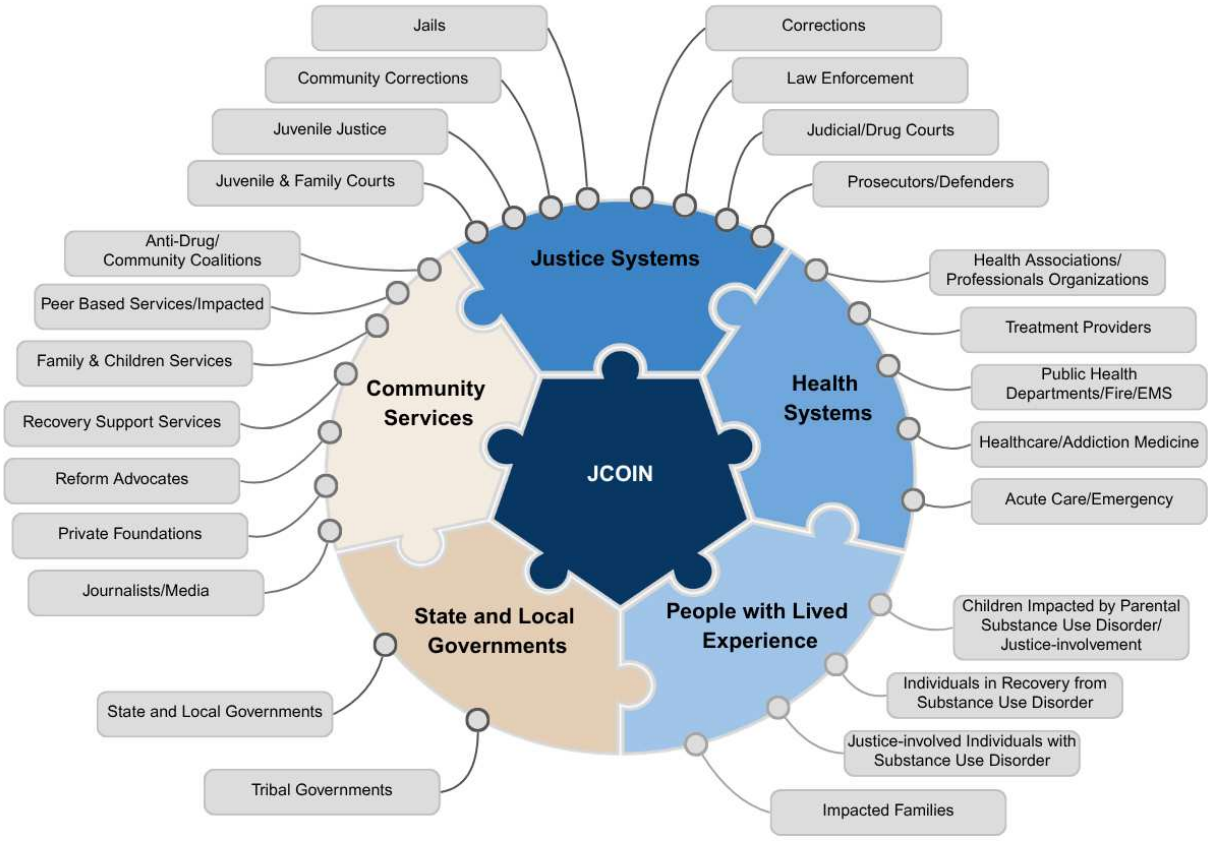
Figure 1. JCOIN Diffusion and Dissemination Framework Components



1) Identification of Priority Adopters. Initial activities centered around the identification of the ecosystem of potential adopters for the JCOIN research, the audience, along with their needs and communication preferences. This critical first step enabled the DSEC team to identify "who exactly you want your research results to reach, for which purposes, and what their general characteristics might be (e.g., policymakers, patient groups, non-governmental organizations)" (Ross-Hellauer et al., 2020). The DSEC team identified 26 priority audiences across five key sectors at the forefront of the addiction crisis (Figure 2): a) justice systems (e.g., jails, prisons, community corrections, law enforcement, courts, juvenile justice, prosecutors, and public defenders); b) health systems (e.g., treatment providers, public health, fire/EMS, addiction medicine and specialty treatment, emergency medicine, and professional healthcare provider associations); c) community services (e.g., community coalitions, peer-based services, family

and children's services, recovery support services, reform advocates, foundations, and the media); d) state, local, and tribal governments; and e) PWLE (e.g., individuals in recovery from SUD and with justice involvement, impacted family members, and individuals impacted by parental SUD and justice involvement).

Figure 2. JCOIN Identified 26 Priority Adopter Categories



The inclusion of PWLE with a history of justice system involvement and/or SUD provides a bottom-up approach to consumer education, contributing to diffusion strategies or the "pull" for innovation, as they are better equipped in their outreach efforts to advocate for evidence-based therapies and innovations. While the language in dissemination and implementation research is adopted for audiences prioritized for adoption of innovations, the terms "stakeholder," "practitioner," and "individual with lived experience" were self-identified

by JCOIN opinion leaders, influencers, and intermediary organization leadership as the preferred terms to describe participants.

2) Social System Optimization. The DSEC created boards of opinion leaders and intermediary organizations representing priority adopter lanes, as well as a more extensive dissemination network, which helped to build and strengthen the social systems and peer influences of priority adopters. These components recognize the importance of social systems in the dissemination ("push") and diffusion ("pull") process. Opinion leaders and change agents are important vehicles to increase social pressure to adopt and implement the new science. Peer influence can affect the adoption of an innovation (Taxman, 2025; Coleman et al., 1966; Dahl et al., 2014). As noted by Dearing & Cox (2018), "In the case of voluntary adoption decisions, acceleration in the rate of diffusion is usually the result of influential members of the social system making the decision to adopt and their decision being communicated to others, who then follow their lead." The influence extends through social interactions and peers, 'peer effects' (Xiong et al., 2016), 'peer influence' (Duncan et al., 1968), 'imitation' (Conlisk, 1980), 'opinion leadership' (Dearing, 2009) and 'social learning' (Bandura & McClelland, 1977), recognizing that an adopter's behavior can be influenced by their peers and peer networks.

Engaging both opinion leaders and intermediary organizations in JCOIN aimed to increase discussion and social acceptance of addressing SUDs among justice populations, recognition and understanding of the problem, and increase the "pull" of information from the 26 adopter fields for innovations and new practices. To support these efforts, the DSEC created two External Advisory Boards (the JCOIN Practitioner Board and the JCOIN Stakeholder Board) to inform policy and practice priorities and research-to-practice gaps. Improving intention to engage in the issue as an area of concern and priority was a pivotal factor in working with

opinion leaders and intermediaries. The DSEC identified the willingness to invest time, resources, and energy in evidence-based practices (EBPs) related to SUD in justice settings as essential for their long-term adoption and success across adopter fields.

The JCOIN Practitioner Board included leading practitioners, opinion leaders, and influencers in priority adopter categories, representing priority adopter lanes. Individuals identified for the boards largely fell into the innovator and early adopter categories of adopting EBPs relevant to JCOIN-related topics. Sixteen opinion leaders and influencers served on the Board, and they were largely innovators, early adopters, and early majority adopters of innovations in the SUD and justice space in their respective systems of health, justice, community, and government. They could speak directly to the experience of translating research to practice while also contributing valued input on future research strategies and priorities.

The JCOIN Stakeholder Board included 75 Directors and CEOs from leading intermediary organizations and national associations representing justice and health systems, community services, PWLE, and state and local governments, which helped expand the "pull" for innovations and awareness of the need to address SUD in CLS as a priority. Intermediary actors, such as professional associations, can play a positive role in supporting the diffusion and dissemination of research (Douglas et al., 2015). The Stakeholder Board provided a broader understanding of national interests and insights into resource development methods and information dissemination across the 26 lanes of adopters. Intermediary organizations can influence both individual and organizational capacity for adopting EBP through a blend of resources, networks, and support systems that can empower members to bridge research and practice more effectively, which helped in expanding the "pull" for innovations and awareness of the need to address SUD in justice settings as a priority.

These Advisory Boards served as vital conduits for bidirectional communication between NIDA and JCOIN leadership and the criminal justice and health fields at large, as well as serving to improve trust and collaboration between researchers and practitioner communities, provide critical feedback loops, and offer insight into the needs and challenges of the field directly to leaders in the scientific community. Specific activities for boards include participation in biannual JCOIN meetings; providing feedback on research topics, products, and training curricula; providing input on communication methods, learning formats, frequency, and language preferences tailored to their network; testing products to ensure that materials are translated adequately to the audience's knowledge, attitudes, and current practice; disseminating research findings to their networks; and providing updates and information to the research community on emerging trends, top needs, barriers, and challenges among patients, families, communities, and justice/health agencies.

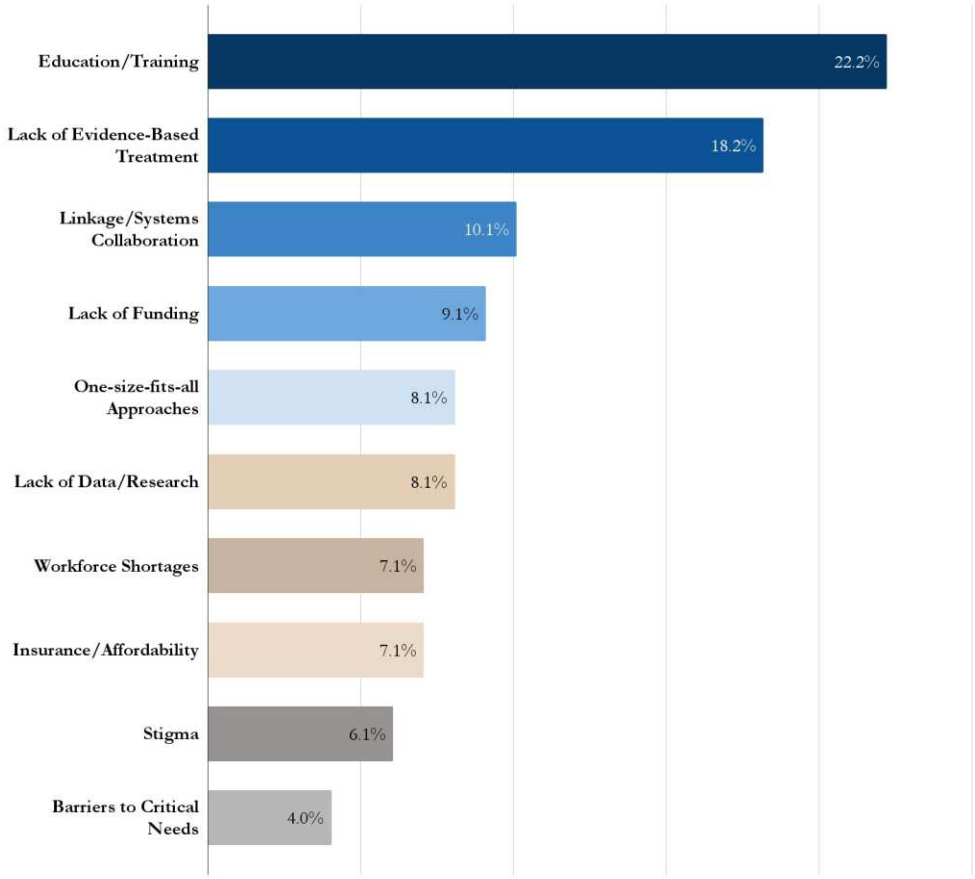
The DSEC incorporated PWLE on advisory boards, which enabled JCOIN to educate PWLE about the EBPs available and emerging innovations, a direct-to-consumer engagement strategy. As more PWLEs become aware of best practices, it can increase their demand for and political pressure to provide evidence-based treatments (Becker, 2015). PWLE in the JCOIN network serve as influencers in their community, educating others about the evidence-based/best practices in treating SUDs and advocating for policies that support increased treatment access.

These components focused on optimizing the social systems of adopters for goal alignment, improving intention and motivation to engage in the issue, improving trust between adopters and the scientific community, and raising awareness of innovations to ultimately facilitate the implementation of EBPs to care for individuals with SUD in the justice system.

3) Map Priority Adopter Needs, Challenges and Content Preferences. The DSEC team conducted interviews with JCOIN Practitioner and Stakeholder Board members between August 2021 and July 2024 to identify specific needs, challenges, and barriers of priority adopters, learning styles, and communications preferences unique to different adopter lanes. Discussion guides included open-ended questions reflecting adopters' and consumers' perceptions and perspectives regarding SUD treatment, service barriers and facilitators for justice-involved populations, and a range of product formats to discern knowledge translation preferences.

Understand Needs and Challenges. Questions on common challenges, top barriers, gaps in practice, and priorities were included in the interviews with practitioners. Needs and barriers included a lack of education and training about SUDs, evidence-based treatment, and response strategies; difficulties coordinating care between justice and health systems; limited resources and funding to support programs and services; workforce shortages; barriers to critical needs, such as housing and transportation; and stigma related to SUD and MOUD (Figure 3). The identification of these shared priorities and needs helped the DSEC prioritize content and products to develop through JCOIN for the field.

Figure 3. Needs and Priorities Identified by Priority Adopters



Regarding the need for expanded education and training, a corrections official explained that a top priority for their system was: "Changing staff behaviors around medication-assisted treatment (MAT) and SUD treatment." A state government official shared that linkage to evidence-based service providers for diversion or at reentry is a top priority for state policymakers: "Making the connections with high-quality treatment and recovery support services is a big challenge for justice professionals as well as knowing what good treatment looks like." An individual with lived experience shared: "Encounters with providers without the knowledge to assist in the chronic disease management plan are difficult." While a community service provider explained: "More training on multi-modal, multidisciplinary care for SUD

treatment to help practitioners understand the layered interventions needed for improved treatment and recovery outcomes. Not a single intervention or one-size-fits-all approach."

Access to quality SUD treatment was also a priority concern. "While about half the states have jail standards and oversight, half do not. And the half that exists are largely weak or do not address SUD treatment directly. National standards accompanied by enforceable oversight would help assure more appropriate addiction treatment. Prison Rape Elimination Act is a model of how such an approach is possible and effective," shared a justice practitioner. An individual with lived experience in describing the challenges of finding quality care shared: "The complexity of the system hampers treatment access. SUD patients often feel overwhelmed and confused about how to access treatment, repeated attempts to find treatment with no success, and frustration and pain points are the common themes in trying to access care". A community service provider added: "Lack of support for syringe service programs and harm reduction programs as an essential engagement point for recovery and treatment."

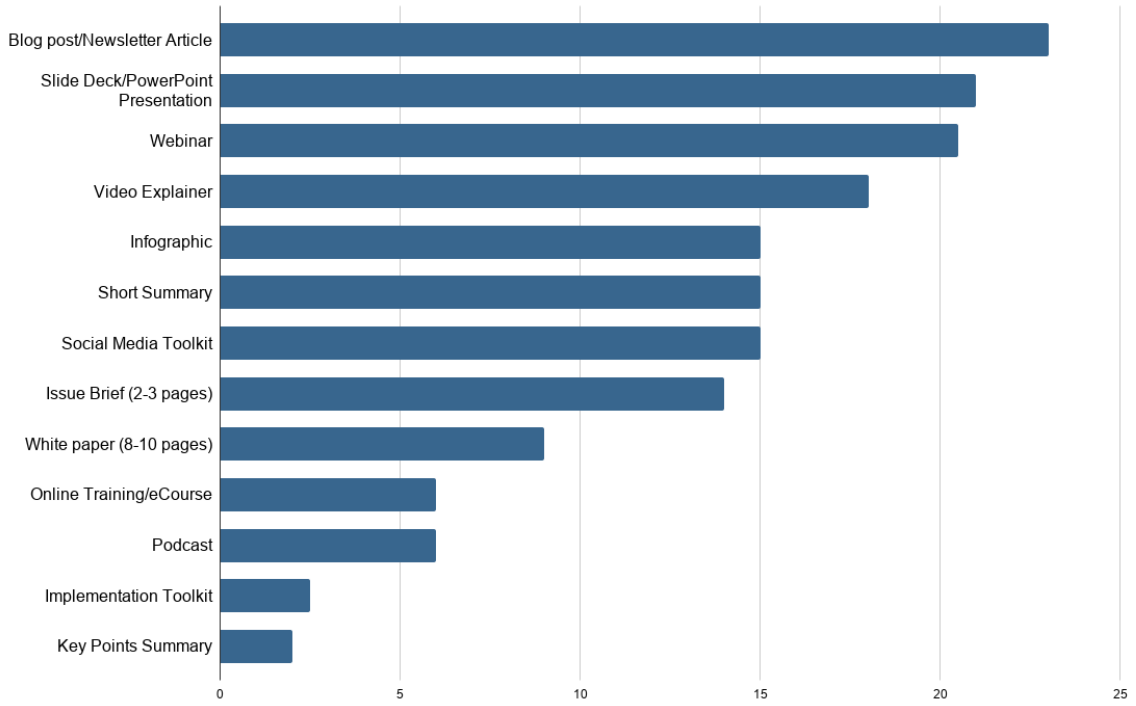
Other needs included linkage opportunities for individuals who need SUD services. A healthcare provider described the challenge given a "lack of community partners for post-release SUD Care." A community services adopter shared: "Patients experience significant barriers or zero linkage to quality care during high-risk patient transitions, whether emergency rooms post nonfatal overdose, release from prison or jail, or connections to services from community-based settings like syringe service programs."

Stigma emerged as another area of concern for adopters. "The stigma associated with substance use has posed a massive impediment in terms of access to care for individuals with a SUD as well as the provision of EBPs in just about all service settings," shared a health systems interviewee.

Adopters shared the challenges created by workforce shortages. “From a workforce development perspective, some of the greatest barriers and challenges include staff turnover, which makes it incredibly difficult to implement and sustain new innovations,” explained an SUD treatment provider. “Complex treatment systems that burden staff with matters of compliance at the expense of evidence-based care. Lack of effective leadership that establishes clear programmatic expectations for service delivery. Lack of effective clinical supervision that helps to ensure routine implementation of EBPs and ongoing staff development.”

Learning Styles and Communication Preferences of Adopters. Feedback gathered during interviews and focus groups helped the DSEC understand priority adopters’ preferences for research translation products and communication channels for receiving information. Across all audiences, the most frequently preferred formats were blog posts and newsletter articles, slide decks, webinars, and video explainers, followed by infographics, short summaries, social media toolkits, issue briefs, white papers, online courses and trainings, podcasts, implementation toolkits, and key-point summaries (Figure 4).

Figure 4. Aggregate Knowledge Transfer Format Preferences Study Participants



Preferences varied across adopter audiences: criminal justice professionals prioritized white papers, issue briefs, and video explainers; health systems prioritized one-page summaries, infographics, and video explainers; community services prioritized webinars, infographics, and one-page summaries; state and local government prioritized one-page summaries, issue briefs, and webinars; and people with lived experience prioritized video explainers, one-page summaries, and infographics (Table 1).

Table 1. Research Translation Preferred Formats by Adopters

Audience	Ranking of Research Translation Format
Criminal Justice	White Paper Issue Brief Video Explainer
Health Systems	Blog Posts/Research Summary Infographic Video Explainer
Community Services	Webinar Infographic Blog Posts/Research Summary
State and Local Government	Blog Posts/Research Summary Issue Brief Webinar
People with Lived Experience	Video Explainer Blog Posts/Research Summary Infographic

Within the criminal justice category of adopters, there was significant variation in preferred formats. For example, judges, prosecutors, and defence attorneys reported preferences for longer and detailed formats such as white papers and issue briefs, whereas law enforcement and corrections expressed preferences for video explainers and blog post summaries, followed by issue briefs. Physicians were the only category of interviewees who endorsed scientific journal articles as a preferred product format.

4) Knowledge Translation. Knowledge translation aims to assist in the adoption of research-informed practices and the choices of potential adopters. Knowledge translation is "the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health (World Health Organization, 2021)." In JCOIN, dissemination activities (push) include actively planning and distributing research-based knowledge directly to a wide range of potential

adopters. End-user involvement in knowledge translation and product development is a key component of effective dissemination and implementation (Innvaer et al., 2002; Oliver et al., 2014). Involving community members and organizational representatives can help create a sense of "ownership" of issues and spur action (Israel et al., 1998).

The DSEC knowledge translation process focused on converting JCOIN studies and other related scientific information into consumable, accessible, and actionable products tailored to various adopters. Key elements of the process include determining the appropriate adopter audience(s) for the science translation, ensuring translation products are relevant to the identified priority adopters via practical materials (layperson summaries, webinars, explainer videos, infographics, asynchronous courses, training, technical assistance), and engaging in two-way communication between researchers and adopters (knowledge users) to ensure that the information is relevant and usable.

5) Dissemination. Dissemination includes the direct distribution of information about science findings and/or innovations to potential adopters to maximize awareness, understanding, and, ultimately, adoption. Dissemination operates through "push" mechanisms to drive change (Dearing & Cox, 2018). Examples include scientific journal articles, awareness campaigns, social media content, online courses, video explainers, and layperson summaries of innovations. Dissemination is described as "simply about getting the findings of your research to the people who can make use of them to maximize the benefit of the research without delay (National Institute for Health Research, n.d.).

The DSEC dissemination framework emphasized using credible communication sources and messengers, using selective communication channels (intermediary organizations, social media, conference presentations) to maximize reach, and employing multimedia approaches that

extend beyond the journal article and include infographics, layperson one-page summaries, and video explainers, and was guided by the preferences communicated by priority adopters and their intermediary organizations. Schwabish (2020) notes that to increase utilization, more emphasis needs to be placed on tailoring the material to the audience by simplifying the content and sharing information in more accessible formats. Accessible formats include social media and non-technical publications; both are readily available to the public without going through a paywall (like peer-reviewed journals). Dedicated channels were developed by the DSEC, including a website (www.jcoinctc.org), social media channels (Twitter/X, LinkedIn, Facebook), and YouTube. In addition, content was disseminated through the [ORGANIZATION REMOVED FOR PEER REVIEW] channels (website, social media, YouTube).

6) Activated Diffusion. After the knowledge translation and direct dissemination process, the DSEC coordinated with priority adopters on specific EBPs and new scientific knowledge to actively engage their systems to increase awareness and uptake. DSEC engaged intermediaries, influencers, change agents, and individual systems during this process. This "activated diffusion," a concept coined by APF and the DSEC team, engaged intermediary organizations, key leaders, and opinion leaders to initiate purposeful strategies to disseminate and implement JCOIN research findings rather than relying on passive methods. Influencers and key membership organizations were 'activated' as partners and leads in the dissemination of research findings. The two main components of this activated diffusion phase included: 1) co-production of knowledge translation content with intermediary organizations and 2) creation of trusted messenger strategies that featured opinion leaders and influencers from the adopter field (e.g., criminal justice, health systems, policymakers).

The co-produced science translations of JCOIN high-priority research were created in partnership with adopter associations (intermediaries) and were tailored to the specific audience. This included customizing content with their preferred formats, terminology, and context in mind, and featuring a trusted messenger or leader from that specific field/adopter lane. Building trusted partnerships with respected champions in the field and leading membership organizations reinforced messages about new science from leaders who could speak to the needs of their community. For example, a co-created course between JCOIN and the National Center for State Courts (NCSC), the MAT Course for Judicial Leaders: Understanding Overdose Risk and Medication Efficacy, included segments from JCOIN principal investigators (PIs) as well as a segment from a prominent Chief Justice and members of leadership within NCSC. This trusted messenger strategy was employed to increase trust in the content and signal support for medications for addiction treatment (MAT) among leading judicial leadership. MAT is used here to refer to medications that include both those for opioid use disorder (MOUD) and those for alcohol use disorder. Similar courses were deployed with associations to include content inclusion of adopter leadership for corrections, county government, state government, and prosecutor associations. This strategy of utilizing a trusted messenger approach increased engagement with JCOIN educational materials. Of the courses for adopters created by JCOIN, nine of the ten popular courses were co-produced in partnership with an intermediary organization.

The DSEC infused co-production and trusted messenger strategies into other JCOIN products, including trainings, online courses, webinars, toolkits, and presentations at national association conferences to accelerate knowledge transfer and sharing of JCOIN research. Diffusion strategies are designed to affect practices, develop champions for science and research,

and transform attitudes and opinions. The methods embrace peer-to-peer influence and social change.

CONCLUSION

DSEC serves as a central resource for JCOIN's growing national network of champions by engaging stakeholders across the 26 priority lanes to ensure that community needs, values, and concerns inform the research process and actively participate in the dissemination of findings to target audiences. Bi-directional communication between the adopters and researchers ensures that stakeholders and PWLE are heard, understood, and respected. This engagement also enables investigators to be responsive to field-informed emergent policy/practice priorities and practice-to-research ideas; identify practice-to-research topics that could enrich JCOIN activities; and assist in connecting communities not formally involved in JCOIN research activities by identifying strategies to assist those communities in applying insights from JCOIN-supported research and facilitating connections with JCOIN-related researchers.

The DSEC framework demonstrates that translating research into practice requires more than publishing in scholarly journals or presenting at academic conferences. It combines proactive "push" strategies, such as producing and distributing accessible, audience-tailored resources, with "pull" strategies that engage priority adopters, opinion leaders, influencers, and intermediary membership organizations. By building trusted relationships, co-producing materials with end users, and using feedback to shape products and outreach, this framework increases the likelihood that research will reach practitioners and be understood, adopted, and applied in real-world settings.

By embedding stakeholder engagement, science translation, implementation support, and dissemination within a scientific enterprise such as JCOIN, the DSEC strengthens the relevance,

reach, and practical application of JCOIN research. This infrastructure supports JCOIN 2.0's scientific and translational goals by sustaining feedback loops between research and practice, extending participation beyond the funded network, and advancing the adoption and sustainment of evidence-informed policies, programs, practices, and treatments for people affected by SUD, overdose risk, and criminal legal system involvement. It underscores the need to implement translation, dissemination, and diffusion activities that make research findings more accessible, relevant, and actionable.

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