

Identifying Policy and Systems Change for Community Resilience

A Report of the Intercept Zero Project:
Honoring the Voices of the Community



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Small group work to identify barriers, gaps and resources; Intercept Zero Mapping event, held on May 5, 2017 at Greenfield Community College (Photo Debra McLaughlin)

Foreword

“I was on the street at 10 years old. Then my grandfather died when I was in middle school, and all hell broke loose. I needed guidance, someone showing me right from wrong, and what was safe. I needed someone to trust me.”

- L., age 34.

Members of our rural region may find themselves quickly spiraling downward when something unexpected happens, such as a job loss, an illness, or a mental health challenge. Some may find their lives stalled because they never had access to the building blocks for lifelong success, like a stable family environment, access to a quality education, or meaningful work at a livable wage.

We see how individuals’ crises reverberate through their families, their neighborhoods, their schools, and their workplaces. As community leaders we are committed to building the institutions and initiatives that support the well-being of individuals and families, and we see how that support enriches the community as a whole. We therefore sought to identify “Intercept Zero” points in people’s lives – those times and places when support can help people steer their lives away from crisis and toward well-being.

Our team of community partners talked to nearly 230 people, including both providers and recipients of services. The stories of hardship and resilience they shared offer a glimpse into the struggles of many of our Franklin County neighbors, and insight into lived experience with the health, human services, and criminal justice systems. The aim of this report is to relate what we learned and recommend steps our legislative delegation, community leaders, policymakers, and local organizations might take to better connect people to services and resources before they are in crisis.

We hope this document honors the voices of those who shared their stories, and charts a path for needed action.

Sincerely,

Christopher J. Donelan
Franklin County Sheriff & Co-Chair, Opioid Task Force of Franklin County and the North Quabbin Region

John F. Merrigan
Register of Franklin County Probate & Co-Chair, Opioid Task Force of Franklin County and the North Quabbin Region

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Clare Higgins, Executive Director
Community Action of the Franklin, Hampshire, and North Quabbin Regions

Acknowledgements

The Franklin County and North Quabbin region is often recognized for its innovative and collaborative solutions to its most pressing social problems. For those of us involved in realizing the vision of the Intercept Zero Project, we drew upon this deep reservoir of experience and good will to successfully implement this initiative. There are many to thank.

First, this effort would have been impossible without the willingness of hundreds of Franklin County and the North Quabbin individuals to tell their stories. We are grateful for their honesty, humor, and tears as they shared key and defining moments from their lives. We thank you.

We are fortunate to have visionary legislative champions who supported this concept from the start and provided state funds for the project. With deep appreciation to Representative **Paul Mark**, and his former aide and past co-chair of the Public Policy Task Force, **Jessie Cooley**, for their passionate commitment to this endeavor. With gratitude to Senator **Stanley Rosenberg**, Senator **Adam Hinds**, Senator **Anne Gobi**, Representative **Stephen Kulik**, and Representative **Susannah Whipps** and their aides for their enduring support of this effort. We have a legislative delegation that many envy.

Peggy Vezina, the coordinator for the Intercept Zero Project, did a yeoman’s job shepherding this process since it began in October 2016. Her broad and empathic understanding of the issues and her sensitivity to all the moving parts allowed us to capture key findings that will inform our collective policy work going forward. We also appreciate the contributions of **Marisa Hebble**, the Coordinator of the Massachusetts Justice Project, for offering her expertise about Sequential Intercept Mapping (SIM), which was important to this process; and **Tess Jurgensen** of the Opioid Task Force for her administrative support, especially during the Intercept Zero mapping event.

We laud the dedicated efforts of our partner agencies, who helped us organize focus groups and interviews as well as provide logistical support. Thank you to members of **Baystate Franklin Medical Center’s CHART Program**, **Chicopee Women’s Correctional Facility**, **Community Action’s Family Center**, **Community Action’s Greenfield and Turners Falls Youth Groups**, **the Franklin County Sheriff’s Office**, **Greenfield Community College**, **Greenfield Housing Authority**, **Learn to Cope**, **Montague Catholic Social Ministries Nurturing Fathers Program**, **North Quabbin’s PATCH Program**, **North Quabbin Grandparent’s Group**, **The RECOVER Project**, **the Salasin Center**, **Valuing Our Children**, and **Vet-to-Vet**.

Melanie Wilson, Research Director for Youth Catalytics dove in to help us analyze data generated from all the interviews, focus groups, and the mapping day held at Greenfield Community College on May 5, 2017. **Phoebe Walker**, Director of Community Services; **Kat Allen**, Coordinator for the Communities That Care Coalition; and **Jeanette Voas**, Evaluation Coordinator, all from Franklin Regional Council of Governments (FRCOG), participated in the review of the report and development of recommendations. **Mary McClintock**, Community Collaboration Coordinator with Community Action, and **Jeanette Voas**, Evaluation Coordinator for the Partnership for Youth at FRCOG, provided much valued copyediting of the report. With good humor and precision, they all helped us shape the findings and recommendations to broadly share with you.

Finally, we learned that we are bound together in a singular purpose to help others at a time that makes the most difference in their lives. In doing so, we helped each other better understand the world we live in and how important it is to create a resilient community that helps people weather adversity and offer a stronghold that people can call home.

In gratitude for what we learned by working together,

MEMBERS OF THE INTERCEPT ZERO PROJECT ADVISORY COUNCIL

Keleigh Pereira, Co-Chair of the Franklin County Resource Network’s Public Policy Task Force and Family Self-Sufficiency Director, Greenfield Housing Authority

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Rep. Paul Mark (D-2nd Berkshire District) with Keleigh Pereira, Co-Chair of the Franklin County Resource Network’s Public Policy Task Force, Intercept Zero Mapping event, Greenfield Community College, May 5, 2017. (Photo: Debra McLaughlin)

Executive Summary

“Identifying Policy and Systems Change for Community Resilience - A Report of the Intercept Zero Project: Honoring the Voices of the Community” offers insight into the lives of nearly 230 individuals in our rural area who found themselves impacted by a crisis such as a medical, substance use, and/or mental health challenge. The crises that study participants described did not come out of the blue; the road to crisis had been laid through earlier unmet needs. It was not surprising to hear many of the individuals interviewed describe a childhood trauma that followed them throughout their lives. These local research findings mirror learnings from the pioneering Adverse Childhood Experiences (ACE) study, which identified long-lasting physical, emotional, and mental impacts of trauma, when left untreated.

Members of the Public Policy Task Force of Community Action’s Franklin County Resource Network and the Opioid Task Force of Franklin County and the North Quabbin Region joined forces to examine “Intercept Zero,” or early points where interventions can make the most difference in people’s lives. In other words, this report suggests how the community can be prepared to intervene early to prevent and address crises such as medical, mental health, and/or substance use disorder crises – crises that, if left untended, may develop into acute mental health emergencies, homelessness, and/or incarceration.

Through interviews, focus groups, and a mapping event, the Intercept Zero Project was able to identify strategies based upon what individuals said would have helped them earlier in their lives. These strategies fell into three categories: 1) Individuals and Families; 2) Community, Schools, and Social Services; and 3) Health, Behavioral Health, and Treatment Services.

This report focuses on 12 priority recommendations that we believe can improve the quality of life for our friends and neighbors, and build community well-being. They are:

Strengthening Individual and Family Systems

- A. Fund the expansion of evidence-based parenting support programs.
- B. Support and expand existing mentoring programs to meet the needs of youth in high-risk situations.
- C. Support and expand long-term ‘navigators’ or community resource specialists for more accessible and coordinated services.

Strengthening Community, School, and Social Service Systems

- D. Streamline ways for people in crisis to find and access help.
- E. Train people who work with the public to recognize signs of mental health and substance use disorders.
- F. Build the capacity of law enforcement to help people in need by mandating trauma-informed crisis, mental health, and de-escalation training.
- G. Build student social-emotional health in all schools, including preschools, and mandate and fund evidence-based substance use and violence prevention education in elementary, middle, and high schools.
- H. Build capacity to prevent substance use by addressing local risk and protective factors through evidence-based strategies.
- I. Increase crisis services for children and youth.
- J. Increase access to out-of-school time opportunities for children and youth.

Strengthening Health, Behavioral Health, and Treatment Service Systems

- K. Increase the capacity of the substance use disorder treatment continuum.
- L. Increase access to primary care and behavioral health providers for MassHealth patients.

We look forward to working in partnership with others to help people when they need it the most.

What is Intercept Zero? Why It Matters

Introduction and Background

“At age 18, I lost my father. He was in a veteran’s home. I was always trying to get them to do better for him, but where he was living, they didn’t communicate well with me. When I was 18, he died of heart failure. He was my best friend. My mom wasn’t really in the picture. I let everything go ... my job, car, apartment; I dragged the people around me down. I needed support and guidance – a professional counselor or therapist. I needed friends and family to support me and relate and understand what I was going through.”
- R., age 27

THE ORIGINS OF THE CONCEPT “INTERCEPT ZERO”

Many people who come into contact with the criminal justice system have a mental health and/or substance use disorder. According to a Bureau of Justice Statistics report, in 2005, 68% of inmates in the nation’s local jails suffered from the effects of substance misuse, and, of those, 72% had a co-occurring mental health disorder. [1] This was before the recent opioid crisis increased the prevalence of opioid use disorder in the nation’s jails. Local data shows that in 2014, 85% of 178 individuals incarcerated in the Franklin County House of Correction struggled with mental health and/or substance misuse issues. [2]

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has advocated for the use of the “Sequential Intercept Model,” which initially identified five intercepts, or points of contact, at which the community can intervene to minimize the involvement of people with mental illness in the criminal justice system: (1) law enforcement; (2) initial detention and court hearings; (3) jails and the courts; (4) reentry; and (5) community corrections. [3]

In 2014, the Opioid Task Force of Franklin County and the North Quabbin Region (Opioid Task Force) made use of this model for a community mapping event that considered how Franklin County and North Quabbin entities could intervene at each point to link people to appropriate treatment and prevent or reduce their involvement with the criminal justice system.

While this mapping event was successful in identifying strategies and inspiring changes locally, its usefulness was in considering how to intervene after people are already in crisis. *What if the community could intervene earlier and prevent people from arriving at that crisis point?* For example, the Bureau of Justice Statistics found that of inmates in local jails with a mental health disorder, 24% had been physically and/or sexually abused, 15% had been in foster care, 52% had a family member who had been incarcerated, and 37% had a parent with a substance use disorder. [4] Clearly, they had accumulated risk factors well before they arrived in jail. Were there times and places in their lives when services and supports could have made a difference to stabilize them and prevent them from falling into crisis?

These times and places make up “Intercept Zero.” Examples of people and places offering opportunities for early intervention include mental health treatment providers, homeless shelters, healthcare providers, state and local human service agencies, Franklin Family Drug Court, faith-based organizations, food pantries and community meal programs, active drug user programs and people with lived experience with substance use disorders, the recovery community, crisis services, convenience stores, laundromats, entry-level employers and manufacturing, downtown business owners, chambers of commerce, temporary workforce placement, first responders, public transportation providers, schools, and landlord associations.

THE INTERCEPT ZERO PROJECT: LOCAL AGENCIES COLLABORATE TO LAUNCH THE STUDY

Franklin County has a tradition of collaboration and teamwork within the social service sector, with one key forum being the Franklin County Resource Network (FCRN), which brings together more than 60 agencies in monthly meetings. The mission of FCRN's Public Policy Task Force (PPTF) is to develop and advocate for legislative priorities to improve the quality of life for Franklin County and North Quabbin residents. In 2016, the Task Force surveyed FCRN members to determine their top priorities. Two issues that rose to the top of the priority list were undiagnosed, untreated mental health needs and a lack of coordinated services.

The Public Policy Task Force sought to understand where barriers to access and gaps in services might exist, and take steps to bridge those gaps through public policy. These goals were aligned with the goals of the Opioid Task Force of Franklin County and the North Quabbin Region (Opioid Task Force), which has a successful history of galvanizing local action to implement opioid prevention, intervention, treatment, and recovery strategies.

The Public Policy Task Force and the Opioid Task Force harnessed their collective resources and successfully advocated for state funding for this Intercept Zero Project to study possible interventions to support those at risk of entering the mental health and/or the criminal justice systems.

WHY IS THE INTERCEPT ZERO STUDY NEEDED HERE? A SNAPSHOT OF THE FRANKLIN COUNTY AND NORTH QUABBIN REGION

The Franklin County/North Quabbin region of Massachusetts is located in the rural northwestern region of the state contiguous to Vermont and New Hampshire to the north. This area is comprised of the 26 towns of Franklin County and four Worcester County towns (Athol, Phillipston, Royalston, and Petersham) and has a population of 87,130. [5] Franklin County is the most rural of the state's counties, with a population density of 102 people per square mile, compared to 839 for Massachusetts as a whole. [6] Overall population has changed little in recent decades, growing only 1.8% from 1990-2010, as compared to 8.8% statewide. [7] The relatively small and scattered population increases the challenge of providing access to support services such as substance use treatment, emergency services, public transportation, education and job training, child care, and health and mental health care.

The population of Franklin County and the North Quabbin is predominately white. In 2010, 92% of Franklin County residents identified as non-Hispanic white, with a slightly more diverse population under age 18 (86% non-Hispanic white). [8] The region's Latino residents make up the fastest growing minority population, with a 58% increase in Franklin County between 2000 and 2010. [9] The increase was even larger in the North Quabbin, and 2011-2015 estimates indicate that Latinos make up 6.6% of Athol's population. [10] A substantial Moldovan community has also formed in the area, and immigrants from many countries are increasing the need for services in languages other than English.

Rural poverty is a prominent feature of life in Franklin County and the North Quabbin region, and latest estimates (2011-2015) put the poverty rate at 12.2%, just above that for the state as a whole (11.8%). [11] Poverty among children under 18 is higher – 16.6% in Franklin County and the North Quabbin, and 15.2% statewide. [12] Per capita income in Franklin County is substantially lower than that for the state, at \$30,584 compared to \$36,895. [13]

THE GOAL OF INTERCEPT ZERO PROJECT

The goal of the Intercept Zero Project was to identify specific and distinct crisis points for prevention or early interception for community members at high-risk of entering crisis services and/or the criminal justice system.

The Project aimed to categorize those points of potential interception and advocate for programs, services, and local and state policy changes to reduce substance use disorders, mental health needs, and entry into the criminal justice system.

Franklin County is home to many organizations that address a broad range of human needs to support residents in myriad ways. Yet, residents' needs strain the capacity of local organizations, and needs go unmet. For example, on paper, the area is rich in mental health providers: Franklin County has 150 residents for each mental health provider, as compared to a ratio of 200:1 statewide. [14] Despite the favorable numbers, a 2016 Baystate Franklin Community Health Needs Assessment found that focus group participants and key informant interviewees "overwhelmingly reported a need for increased access for both mental health and addiction services for acute, maintenance, and long-term care." [15]

WHY IS THE STUDY NEEDED NOW? SUBSTANCE USE AND MENTAL HEALTH IN MASSACHUSETTS AND IN THE FRANKLIN COUNTY AND NORTH QUABBIN REGION

Statewide data in Massachusetts shows that in 2015 approximately 10%, or 674,500 Massachusetts residents suffered from a substance use disorder. [16] From 2000-2016, fatal opioid overdoses increased more than 450%, with the sharpest spike occurring in the past three years. [17] In 2016 more than 2,000 overdose deaths in Massachusetts were attributed to opioids, with 75% of toxicology screens indicating the presence of fentanyl, up from 30% in 2014. [18] In 2015, Massachusetts had the 7th highest opioid overdose death rate among the states [19], and was the second hardest hit by fentanyl. [20] Across Massachusetts, the number of babies born with exposure to opioids and other substances, or Neonatal Abstinence Syndrome (NAS), rose 500% from 2.6 per 1000 hospital births in 2004 to 14.7 in 2013. [21] The crisis has spotlighted barriers to access for services throughout the state, including service capacity and design, benefit coverage, and inadequate information about the substance use disorder care continuum.

In 2013, community leaders learned that Franklin County and the North Quabbin region was quickly becoming one of the epicenters of substance misuse in the Commonwealth. Fatal opioid overdoses nearly doubled from 2012 to 2016 [22], and opioids were increasingly listed as the primary drug for which residents sought treatment in state-licensed substance use programs.[23] Administration of Narcan by EMTs increased 300% between 2011 and 2014. [24] As of November 9, 2015, 46% of inmates at the Franklin County Jail were opiate or heroin-involved. [25] Of the 241 babies born at Baystate Franklin Medical Center in the last half of 2015, 7.5% were exposed to opioids. [26] The charts on page 10 provide another glimpse into the breadth and depth of this problem in our rural region.



Jerry Lund, Greenfield Police Department Deputy Chief Mark Williams, and Keleigh Pereira participating in the small group work at the Intercept Zero Mapping event, May 5, 2017 at Greenfield Community College. (Photo: Debra McLaughlin)

The region is also heavily impacted by alcohol misuse; 18% of adults in Franklin County report heavy or binge drinking, and 20% of motor crash vehicle deaths 2008-2015 involved alcohol. [29]

In Franklin County and the North Quabbin the need for substance use disorder treatment far exceeds the capacity of available services. A recent study provided by Athol-Heywood Hospital found that primary care providers, Emergency Department personnel, and clinicians overseeing inpatient services all agreed that substance use disorder is widespread among the patients they see, that there is not enough treatment available, that options for care are limited, and that the system of care is deeply fragmented. [30]

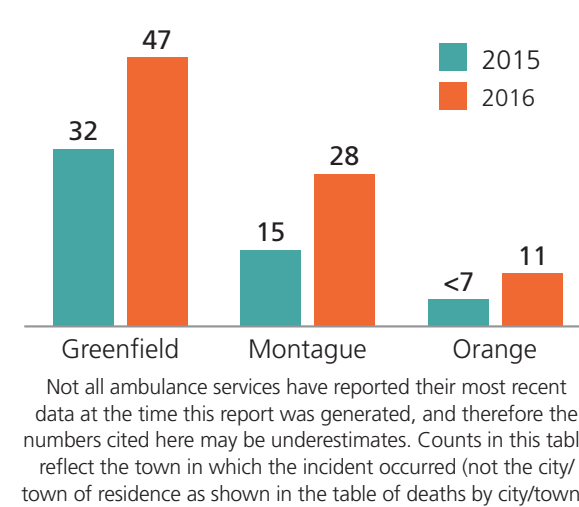
The system is further stretched by the needs of patients with co-occurring disorders. An estimated 12% of Franklin County residents have poor mental health on 15 or more days in a month (11% statewide). [31] In 2012, the ER visit rate for mental disorders in Franklin County was slightly higher than that of the state, and the inpatient hospitalization rate for mental disorders (including substance use) was nearly 50% higher. [32] In many cases, people with co-occurring disorders receive treatment for one disorder while the other disorder remains untreated, and undertreated disorders can lead to a higher likelihood of homelessness, incarceration, and other crises. [33]



Number of Fatal Opioid-Related Overdoses in Franklin County [27]



Number of Non-Fatal Opioid-Related Overdoses in Large Franklin County Towns [28]



Methodology

Between October 2016 and March 2017, the Intercept Zero Mapping Project conducted focus groups with residents of Franklin County and the North Quabbin and interviews with representatives of community organizations such as mental health and social services agencies, schools, advocates, law enforcement, municipalities, and businesses. Study participants were asked about supports that, if provided early enough, could keep people from spiraling into crisis and then potentially into criminal justice and mental health systems. On May 5, 2017, the Project convened an all-day community forum to identify gaps in services, barriers to access, as well as resources and community strengths.

The three primary avenues of investigation were:

- One-on-one *key informant interviews* with 82 social service, mental health, and substance use disorder treatment providers and advocates. Almost all of the interviews were conducted by the Intercept Zero Project Coordinator. Key informants were asked about gaps in services, barriers to accessing services, reasons community members in crisis may not seek out services, and potential strategies to address gaps and barriers.
- Fifteen *focus groups* with 87 individuals who experienced a crisis, including a mental health or substance use crisis for themselves or for family members, or who were involved with the criminal justice system because of a crisis. Groups ranged in size from two to thirteen participants and were led by the Intercept Zero Project Coordinator. The Coordinator recorded notes on an easel pad that was visible to participants, with additional data captured by one or two note takers. Participation in the groups was voluntary, with incentives provided for attendees of some groups. Participants were asked to identify services available in the community, crisis points they or someone they knew had experienced, steps they took to address needs, and barriers to seeking help.
- An all-day *Intercept Zero Mapping Event* with about 60 participants representing a broad cross-section of service providers, state and local government staff, court personnel, faith-based organizations, and community members. At this event, group activities were designed to identify gaps, barriers, and existing intercept points at the individual, provider, systems, and policy levels.

To support this learning and provide additional context, the Intercept Zero Project Coordinator also:

- Participated in 42 meetings in the Franklin County and the North Quabbin region to better understand how the health and human services systems operate to support individuals and families dealing with substance use disorder and mental health disorders; and
- Surveyed the Mass Grad Coalition and the Franklin County Regional School Health Task Force (capturing seven of the region's eight large public middle and high schools) to learn about school policies and services available to address youth mental health and substance use.

Findings from each of the three primary processes were recorded, collected into a Google Drive folder, and made available to a team of researchers. The data were coded to identify resources and community strengths, gaps in services, barriers, solutions, and in the case of focus group participants, the specific type of crisis each had faced. From these lists, data were further culled and categorized with a focus on the central research question: *How can the community be prepared to intervene earlier to prevent mental health and substance use disorder crises – crises that, if left untended, may develop into acute mental health emergencies, homelessness, and/or incarceration.* In addition to extracting themes from the data, the research team selected stories to illustrate key points, as one sees throughout the report.

By the time R. was 21, she had an eating disorder, a chronic physical illness, and a substance use disorder. She had a fight with her family about her drug problem and moved out. For three years, she couch-surfed and lived in her car. Without a main address, she had a hard time finding a job. She talked to halfway houses that could treat her for addiction and give her a stable place to live but she said that none would accept her because of her mental health problems. She's 32 now.

Findings

If A. could change one thing about his childhood, it would be that his mother had not shot herself. Even though she survived, his life changed forever. He quit high school in 9th grade and got a job so his parents could keep their home. He was hurt on the job and was prescribed pain medication. He became addicted, but did not want to ask for help for fear the doctor would stop writing the prescriptions. Eventually he started taking heroin, and has been in and out of jail for the last few years. The good thing about jail is it offers all the treatment services he needs and he has been clean for a while. He wants to get into a sober residential program when he leaves, but he does not know if he will find one. He's 41 now.

Decades of research show how strikingly traumatic experiences in childhood shape an individual's life course. The Adverse Childhood Experiences (ACE) Study [34] has demonstrated that ACEs, including abuse, neglect, or household disruption, can cumulate to undermine physical and mental health into adulthood. In addition, ACEs increase an individual's risk of engaging in behaviors that are punishable by law, and the more ACEs an individual has experienced, the more likely he or she is to be involved with the criminal justice system. For instance, a National Institute of Justice study showed that abuse or neglect in childhood raised the chances of juvenile arrest by 59%. [35] Another study found that four times as many incarcerated men had four or more ACEs than men in the general population. [36] Adverse childhood experiences, then, are not only a problem for an individual's health and well-being; they carry a high social cost.

The stories focus group participants told about their own lives echoed the findings of the ACE Study. Most focus group participants, in reflecting on childhood, reported:

- Addiction or mental health disorder in a parent or other relative
- Traumatic losses, such as the early death of a parent, the death of friends, or placement into foster care
- Lack of school connectedness
- Being abused by parents or stepparents as teens
- Being kicked out of the house as teens
- Lack of guidance or mentorship

Many opportunities may exist for interventions later in an individual's trajectory into a crisis – for instance, upon being released from prison, or after a period of homelessness. Exploring all possible intervention points is important and necessary, particularly since these 'downstream' junctures tend to be easier to identify. Homeless and reentry services from jail to community, for instance, have protocols and systems for transitioning individuals with histories of substance use disorder into the community. They may be under-resourced, but at least they exist in some form and can therefore be enhanced.

However, this report is not about improving services for individuals already years into life-altering substance use and/or mental health disorders. It is about preventing such catastrophic fallout from occurring in the first place. This means identifying young people who are most at risk of developing substance use disorder/mental health problems, and stepping in early with targeted evidence-based prevention and intervention efforts. Because helping parents is one way of helping children, some of the barriers, remedies, and recommendations below relate to parents.

Example of a path people may find themselves on, leading to a point of crisis



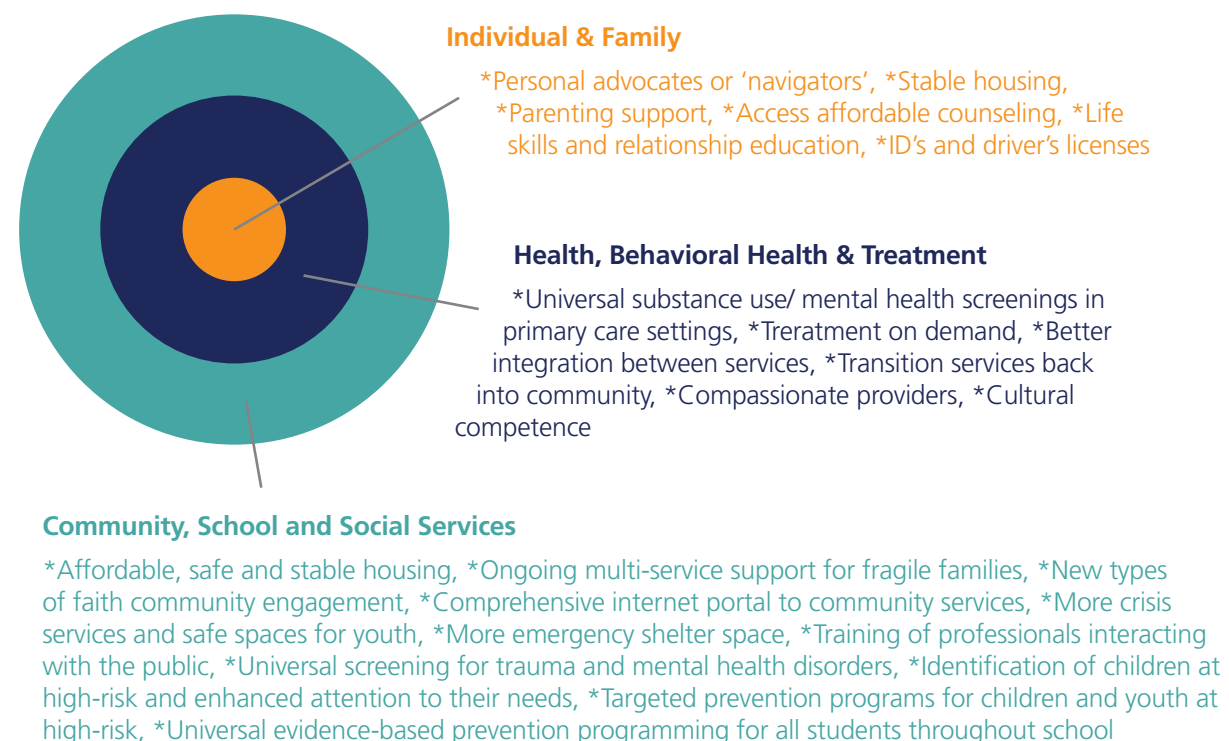
WHY DIDN'T PEOPLE GET THE HELP THEY NEEDED?

The Intercept Zero study sought to clarify why people didn't access the care they needed – or sometimes didn't even seek it out. Among the barriers voiced in focus groups and interviews were:

- Lack of compassion and empathy from treatment providers
- Shame and trauma
- Lack of knowledge about what services exist
- Lack of ability to navigate services and systems
- Inability to find specific kinds of support, such as grief counseling
- Lack of emotional support from family and community
- Fear of involvement with the state Department of Children & Families
- For children and teens, lack of guidance from a caring adult
- Financial problems
- Lack of education and training
- Lack of employment
- Homelessness or unstable housing
- Long waitlists for services
- Fragmented health, treatment, social service, and correctional systems
- Lack of transportation

WHAT COULD HAVE HELPED PEOPLE SEEK AND ACCESS THE HELP THEY NEEDED?

Figure 2 below lists remedies suggested by study participants, organized into three sectors: 1) Individual and Family; 2) Social Services, Schools, and Community; and 3) Health, Behavioral Health, and Treatment Providers. Some reflect the early origins of problems, while others targeted barriers to treatment, or gaps in treatment, that allowed their problems to get worse.



Priority Recommendations

S. almost did not finish high school because of her anxiety. Her substance use was making matters worse. After she attempted suicide at school, she was hospitalized. She then went to a Vermont treatment center, where she spent just two days because her insurance would not cover more than that. She found out about an alternative high school with smaller classes and support groups. She "pushed" to get in. There were lots of adults there who students felt comfortable talking to, and she says school staff paid attention to what was going on with students. Now, as a student in community college, she has learned about mindfulness, and she has a better understanding of where her pain is coming from. She is 26 now.

The findings, themes, and subsequent recommendations which have emerged from this project, confirm the importance of strengthening and linking multiple systems so that individuals can get the help they need before they spiral into a crisis.

Of the 20 recommendations initially identified, 12 priority recommendations were selected because they were informed by interviews with individuals and focus group participants; built on existing work; and offered the chance to leverage existing capacity to improve multiple helping systems in the foreseeable future.

The priority recommendations have been organized to strengthen systems in the three areas listed below with a description of the need, informed by the report's findings; a series of proposed local actions; and state policy proposals.

- 1) Families and Individuals
- 2) Community, Schools, and Social Services
- 3) Health, Behavioral Health, and Treatment Services

The remaining recommendations can be found in the Appendix A on page 32.

RECOMMENDATIONS TO STRENGTHEN INDIVIDUAL AND FAMILY SYSTEMS

What is Needed

Increase trauma-informed services to reinforce the stability of the family.

Why It Is Important

Research shows that the presence of caring adults during childhood and adolescence, combined with a caring community that offers adequate resources to meet basic human needs, such as stable housing and employment at a livable wage, increases protective factors and provides the foundation for lifelong success.

Priority Recommendations

- A. Fund the expansion of evidence-based parenting support programs.
- B. Support and expand existing mentoring programs to meet the needs of youth in high-risk situations.
- C. Support and expand long-term 'navigators' or community resource specialists for more accessible and coordinated services.

Recommendation A: Fund the expansion of evidence-based parenting support programs.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>All parents, especially those in crisis, need support to help them in their critical role to raise healthy and well-rounded children.</p> <p>Participants interviewed reported that parenting is complicated, but parents struggling with addiction or mental health disorders had a harder time than most providing the stability that children need. Programs that teach parents how to understand and nurture their children, even under the most difficult circumstances, were lacking and should be expanded.</p>	<p>Support and expand the ongoing implementation of Nurturing Families programs to additional communities and languages.</p> <p>Engage with community partners to build a sustainable pool of trained facilitators to expand Nurturing Families to the wider community.</p> <p>Fund evidence-based programs, such as Guiding Good Choices, that teach parents of preteens and younger adolescents the skills they need to improve family communication/bonding.</p>	<p>Fund the expansion of evidence-based parenting support programs.</p>
<p>Potential Partners: Community Action’s Family Center, Communities That Care Coalition’s Parent Education Workgroup, Frontline to Fatherhood, Gill/Montague School Community Partnership, Montague Catholic Social Ministries, North Quabbin Community Coalition, Partnership for Youth, Salasin Center, Valuing Our Children.</p>		

Recommendation B: Support and expand existing mentoring programs to meet the needs of youth in high-risk situations.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Youth lack the necessary connections with caring adults to help meet their needs, especially in high-risk situations.</p> <p>Over and over, focus group participants spoke about the importance of having a single caring adult - a father, mother, grandfather, grandmother, or a sports coach - who really cared about them. When these adults disappeared from the children’s lives due to early death, incarceration, or the children’s removal to foster care, their worlds fell apart.</p>	<p>Expand existing mentoring programs and pilot innovative mentoring models, especially multi-year models for older youth.</p>	<p>Fund initiatives identified by partners that support long-term mentoring for youth.</p>
<p>Potential Partners: Big Brothers/Big Sisters, Clinical & Support Options, Community Action’s Youth Programs, Communities That Care Coalition/Partnership for Youth, DIAL/SELF, Friends of Children, Gill-Montague School Community Partnership, Greenfield Garden’s Youth Leadership Team, North Quabbin Community Coalition, Valuing Our Children.</p>		

Recommendation C: Support and expand long-term ‘navigators’ or community resource specialists for more accessible and coordinated services.

Need/Finding	Proposed Local Action	State Policy Proposal
<p>Accessing health, mental health and/or social services, especially when one is in a crisis, can be time consuming, stressful, and burdensome.</p> <p>Time and again, individuals interviewed said when they were in trouble; they simply did not know how to get help, what services existed, or what they might be eligible for. They were also unable to find someone to help them identify and/or access the help they needed.</p>	<p>Provide trained community resource specialists, also known as system navigators, and have them housed in widely used public settings.</p>	<p>Support Medicaid/ MassHealth funding for peer recovery coaches and community health resource specialists, also known as system navigators.</p> <p>Advocate for state policy and/or legislation to increase the capacity of social service agencies to deploy community resource specialists and peer support into community settings.</p>

Potential Partners: Baystate Franklin Medical Center, Behavioral Health Network, Center for Community Resilience after Trauma, Center for Human Development, Clinical & Support Options, Community Action’s Building Bridges for Coordinated Care Initiative, Community Action’s Community Resource & Advocacy Program, Community Health Center of Franklin County, Community Health Improvement Project, Franklin County Resource Network (FCRN), Franklin Family Drug Court, Franklin Regional Council of Governments, Heywood Hospital, LifePath, North Quabbin Community Coalition, North Quabbin Recovery Center, Opioid Task Force, public libraries, Recovery Coach Academy, RECOVER Project, ServiceNet, Tapestry Health.

RECOMMENDATIONS TO STRENGTHEN COMMUNITY, SCHOOL, AND SOCIAL SERVICES SYSTEMS

What is Needed
Enhance the ability of social service, school, and community entities to harness their resources to act as protective factors in building and maintaining resilient individuals, families, schools, and neighborhoods.

Why It Is Important
A strong and accessible network of social service, school, and community resources is essential to supporting individuals or families in crisis to prevent them from spiraling further into crisis and/or into the criminal justice system.

- Priority Recommendations**
- D. Streamline ways for people in crisis to find and access help.
 - E. Train people who work with the public to recognize signs of mental health and substance use disorders.
 - F. Build the capacity of law enforcement to help people in need by mandating trauma-informed, crisis, mental health, and de-escalation training.
 - G. Build student social-emotional skills in all schools, including preschools, and mandate and fund evidence-based substance use and violence prevention education in elementary, middle, and high schools.
 - H. Build capacity to prevent substance use by addressing local risk and protective factors through evidence-based strategies.
 - I. Increase crisis services for children and youth.
 - J. Increase access to out-of-school time opportunities for children and youth.

Recommendation D: Streamline ways for people in crisis to find and access help.

Need/Finding	Proposed Local Action	State Policy Proposal
<p>Individuals and families in crisis, and the providers helping them, need to find help quickly and easily.</p> <p>Individuals, family members and social service providers interviewed repeatedly cited their inability to find help quickly and easily during a crisis. For example, people said they could not find what is available and the process of getting help is cumbersome and confusing (e.g. too many forms to fill out and too much time between intake and receiving help). By the time they get the help they needed, they have already spiraled into a crisis.</p>	<p>Fund and support the launch of online and other systems that makes it easier for providers and individuals to find and access services to help them.</p>	<p>Fund online information and referral systems.</p>

Potential Partners: Capacitytype, Community Action’s Building Bridges Initiative and iCarol Resource & Referral web-based system, Franklin County Resource Network (FCRN), LifePath’s Silverline, Mass 2-1-1, and Massachusetts Substance Use Helpline.

Recommendation E: Train people who work with the public to recognize signs of mental health and substance use disorders.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>People who work with the public do not how to respond effectively when they encounter someone impacted by mental health and/or substance use disorders.</p> <p>Public institutions, such as libraries and businesses, often have patrons who exhibit signs of substance use and/or mental health disorders. They often are not equipped to respond in a trauma-informed manner that would allow an individual to get timely assistance.</p>	<p>Provide trauma-informed training about mental health and substance use disorders impacting youth and adults to entities that work with the public, such as libraries, transportation authorities, houses of worship, and businesses, among others.</p> <p>Lobby local commissioners of housing authorities, Boards of Health, and other entities to implement the trainings.</p>	<p>Lobby Department of Public Health, Department of Housing and Community Development, and Department of Mental Health contracting offices to explore requiring trauma-informed training about mental health and substance use disorders in all state contracts.</p> <p>Research options to add these trainings for professionals licensed by the Massachusetts Division of Public Licensure.</p>
<p>Potential Partners: Brick House, Center for Community Response to Trauma, chambers of commerce, Community Action, Center for Human Development, Community Action's Youth Programs, Clinical & Support Options, DIAL/SELF, Franklin County Sheriff's Department, Franklin Regional Transit Authority, Interfaith Council of Franklin County, housing authorities, local businesses and restaurants, municipalities, North Quabbin Community Coalition, North Quabbin Recovery Center, Opioid Task Force, Partnership for Youth, Recovery Learning Community, Salasin Center, The RECOVER Project.</p>		

Recommendation F: Build the capacity of law enforcement to help people in need by mandating trauma-informed crisis, mental health, and de-escalation training.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Law enforcement often lacks the capacity and training to respond to people in need.</p> <p>Police interviewed as part of the Intercept Zero Project report the highest-risk populations they see have co-occurring mental health and substance use disorders, which makes it challenging for them to respond to their needs.</p> <p>Law enforcement is also frequently called to do welfare checks, and routinely see families looking for help with heroin addiction. They do not always know where to refer individuals who need help when not in a crisis.</p>	<p>Support existing work of partners to identify needed resources, including funding sources, for first responders.</p> <p>Incentivize towns to apply for existing Crisis Intervention Team funding.</p>	<p>Continue funding to support Crisis Intervention Team training of additional police officers so that all shifts have a Crisis Intervention Team trained officer on duty.</p> <p>Explore legislative and regulatory options to incentivize local towns to apply for Crisis Intervention Team funding.</p>
<p>Potential Partners: Franklin County Police, Fire, and EMT Chiefs Association, Franklin Regional Council of Governments, Greenfield Community College's EMS Program, Franklin County Mental Health and Law Enforcement Committee, Franklin County Police and Fire Departments, North Quabbin Community Coalition, Opioid Task Force, Quabbin Mediation.</p>		

Recommendation G: Build student social-emotional skills in all schools, including preschools, and mandate and fund evidence-based substance use and violence prevention education in elementary, middle, and high schools.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Prevention programming, while promoting students' social/emotional health, is needed from preschool through all 12 grades to increase protective factors and to delay first use of alcohol, opioids, and other drugs.</p> <p>Lack of consistently implemented substance use prevention curriculum impacts how children and youth engage in risky behaviors, which affects their physical and social well-being.</p> <p>Trauma in childhood also interrupts a child's ability to learn vital social/emotional skills such as distress tolerance and emotion regulation, which can lead to decreased attention and disruptive behavior.</p>	<p>Continue implementing the LifeSkills Curriculum in all middle schools, with support from the Communities That Care Coalition, which provides training, technical assistance and evaluation to assist schools in implementing this program with high fidelity.</p> <p>Identify potential evidence-based and promising models as well as best practices for implementing prevention programming in elementary and high schools.</p> <p>Explore expansion of the LifeSkills Curriculum into elementary and high schools.</p> <p>Work on a coordinated effort to build on and expand social and emotional health education to all grades throughout Franklin County/North Quabbin and in concert with the Massachusetts Department of Elementary and Secondary Education's Strategic Plan.</p>	<p>Require and fund evidence-based substance use prevention curricula statewide for elementary and middle schools.</p> <p>Require and fund evidence-based violence prevention curricula statewide for elementary schools.</p> <p>Advocate for funding to the Massachusetts Department of Elementary and Secondary Education for their core strategy to support the social, emotional, and health needs of students and families.</p>
<p>Potential Partners: Community Action Parent Child Development Center, Franklin County Early Childhood Mental Health Roundtable, Franklin County Perinatal Coalition, Gill/Montague School Community Partnership, North Quabbin Community Coalition, Partnership for Youth/Communities That Care Coalition, public school districts, preschools, charter and private schools, Valuing Our Children.</p>		

Recommendation H: Build community capacity to prevent substance use by addressing local risk and protective factors through evidence-based strategies.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Without community involvement, youth are more likely to engage in risky behaviors that could impact them negatively for the rest of their lives.</p> <p>Participants interviewed often lamented the lack of connection to their family, community, and/or school, which contributed to their social isolation and created an environment hospitable to misusing alcohol and/or other substances such as opioids, marijuana, and other drugs.</p>	<p>Increase the capacity of the Communities That Care Coalition to identify school risk and protective factors and to support schools appropriately through training and data analysis.</p> <p>Continue to support the comprehensive implementation of LifeSkills in local schools.</p>	<p>Secure additional support to maintain the backbone infrastructure of the Franklin County/North Quabbin Communities That Care Coalition.</p>
<p>Potential Partners: Baystate Franklin Medical Center, Community Action's Youth Programs, Communities That Care Coalition/ Partnership for Youth, Franklin County Resource Network (FCRN), Heywood Hospital and Tele-Health Programs, North Quabbin Community Coalition, public school districts, charter schools and private schools.</p>		

Recommendation I: Increase crisis services for children and youth.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Children and youth often have inadequate access to crisis services in the region.</p> <p>Focus group participants repeatedly underscored the lack of crisis services for children and youth in the Franklin County and North Quabbin region. Long waiting lists exist and there are not enough child and adolescent psychologists and psychiatrists available to meet local demand.</p>	<p>Increase crisis and respite beds for youth.</p>	<p>Advocate for increased funding to serve children and youth with substance use and mental health needs.</p>
<p>Potential Partners: Baystate Franklin Medical Center, Behavioral Health Network, Center for Community Response After Trauma, Center for Human Development, Clinical & Support Options, DIAL/SELF, Early Childhood Mental Health Roundtable, Franklin County Resource Network (FCRN), Heywood Hospital, Montague Catholic Social Ministries, North Quabbin Community Coalition, Quabbin Retreat, ServiceNet, Valuing Our Children.</p>		

Recommendation J: Increase access to out-of-school time opportunities for children and youth.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Children and youth need access to quality and safe out-of-school time opportunities to enhance their educational, social, physical, and emotional well-being.</p> <p>Focus group participants repeatedly underscored the lack of places for youth to hang out, make friends, and connect with caring adults. Parts of the county are particularly isolated, and are especially in need of such resources for young people.</p>	<p>Expand the number of supervised recreational places for young people in the Franklin County and North Quabbin region.</p> <p>Develop transportation options that would allow young people to access out-of-school time and extracurricular activities.</p>	<p>Advocate for increased funding and flexibility of local municipalities and other entities to repurpose and rehab existing spaces.</p> <p>Increase funding to state-supported transportation entities to provide evening and weekend transportation services.</p> <p>Provide state funding to municipal recreational commissions to expand quality out-of-school time opportunities.</p>
<p>Potential Partners: arts organizations, Athol YMCA, businesses, churches, civic clubs and organizations, Community Action's Youth Programs, community-based organizations, DIAL/SELF, Greenfield Gardens, Greenfield YMCA, Leyden Woods, municipal recreational commissions and recreational departments, Oak Courts, public libraries, schools.</p>		

STRENGTHENING HEALTH, BEHAVIORAL HEALTH, AND TREATMENT SERVICE SYSTEMS

What is Needed
Health, behavioral health, and treatment providers need support in their role as a gateway to the delivery of services for individuals or families in crisis.

Why It Is Important
Health, behavioral health, and treatment providers have a crucial role to play to ensure individuals and families in crisis and suffering from a substance use and/or mental health disorder receive the right intervention at the right time.

- Priority Recommendations**
- K. Increase the capacity of the substance use disorder treatment continuum.
 - L. Increase access to primary care and behavioral health providers for MassHealth patients.

Recommendation K: Increase the capacity of the substance use disorder treatment continuum.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>Individuals who need treatment on demand for a substance use disorder are often unable to access it in a timely way, which jeopardizes their ability to enter into treatment and recovery.</p> <p>Individuals interviewed repeatedly cited their inability to get treatment when they needed it. One focus group participant talked about trying to get into treatment, only to be told that the wait list was 125 people long. Many others said they had to wait weeks or even months for a space in a program. One treatment provider said parents often try for months to get their children into treatment, “when the window is open.”</p>	<p>Reduce silos that exist between medical, behavioral health, mental health, and substance use disorder treatment providers to increase warm hand-offs between organizations and providers along the continuum and prevent interruptions in treatment when transitioning from one setting to the next.</p> <p>Advocate for increased in-patient treatment providers, both mental health and substance use treatment beds, including Section 35.</p> <p>Encourage all primary care practices to offer Medication Assisted Treatment to their patients.</p>	<p>Advocate for funding to maintain an in and out patient substance use disorder treatment services.</p> <p>Identify and remove barriers to insurance, which prevents access to substance use disorder treatment.</p>
<p>Potential Partners: Baystate Franklin Medical Center, Behavioral Health Network, Center for Human Development, CleanSlate, Clinical & Support Options, Community Action’s Building Bridges to Coordinated Care Initiative, Franklin County Resource Network (FCRN), Franklin County Family Drug Court, Healthcare Resource Centers, Heywood Hospital, North Quabbin Community Coalition, Opioid Task Force, Quabbin Retreat, ServiceNet, Tapestry.</p>		

Recommendation L: Increase access to primary care and behavioral health providers for MassHealth patients.		
Need/Finding	Proposed Local Action	State Policy Proposal
<p>People whose lives have been impacted by poverty, mental health, and/or substance use disorders have often dropped out of the treatment continuum.</p> <p>Individuals interviewed said they lacked access to a Primary Care Physician (PCP). In this rural area, many PCP’s are at capacity, others have long wait lists. Insurance rules limit certain specialists from billing for certain services, which also presents a barrier to care.</p> <p>Some individuals need treatment which requires a referral from a PCP. The wait list for psychiatrists can be long. Getting in to see a psychiatrist is only the first step. Often they start patients on a medication that isn’t right, and then the patient has to wait up to two weeks to get back in to see the psychiatrist to change the medication.</p>	<p>Convene behavioral health providers in the region to explore strategies to recruit and retain workers, offer shared professional development, and other efforts to achieve economies of scale.</p> <p>Create incentives for Primary Care Physicians to move to the area and open a practice.</p> <p>Create incentives for psychiatrists, and especially clinicians who work with children, to move to the area and open a practice.</p>	<p>Advocate for reimbursed services for tele-mental health and health services.</p> <p>Fund telemedicine services for rural residents.</p> <p>Explore gaps in MassHealth reimbursement approvals for different kinds of providers.</p> <p>Incentivize providers to accept MassHealth patients.</p>
<p>Potential Partners: Baystate Franklin Medical Center, Behavioral Health Network, Center for Human Development, CleanSlate, Clinical & Support Options, Community Action’s Building Bridges to Coordinated Care Initiative, Community Health Center of Franklin County, Franklin County Resource Network (FCRN), Franklin County Family Drug Court, Healthcare Resource Centers, Heywood Hospital, North Quabbin Community Coalition, Opioid Task Force, Quabbin Retreat, ServiceNet, Tapestry.</p>		

Research Limitations

This study was based on focus groups, personal interviews, and a large group mapping exercise attended primarily by professionals and advocates in the greater Greenfield area, where health services are clustered. A limited number of interviews and only one focus group were conducted in the North Quabbin area.

The information gathered reflects experiences and opinions, all of which are obviously subjective. While individual experiences will, of course, vary, taken together, these stories provide an accurate picture of the help available to people at risk for involvement in the state's justice or crisis mental health system due to their substance use and/or mental health disorder.

Potential limitations must be noted. Individuals who shared their personal stories of substance use and mental health crises are not necessarily representative of all people in the region with similar experiences. Reflecting on first crisis points, many participants described local resources and services as they existed many years ago, not as they may exist now.

These issues are often unavoidable in this type of research. We have countered them by gathering information from an unusually large number of focus groups organized in different settings and attended by individuals at different points in their recovery, or crisis that impacted their lives.

Another limitation concerns young people. While youth are mentioned by health providers, advocates, and focus group participants, young people themselves have a limited voice in this study. Yet if we are to identify people at high-risk for a substance use and/or mental health disorder and prevent initial crises, youth are an important population upon which to focus. For this reason, an analysis of existing data, gaps and barriers is currently underway to better understand the needs of pregnant women, young children ages 0-6 and older children ages 6-12 that will be shared in the late spring of 2018. This information, combined with the current findings about adolescents in this report, will help local leaders and policymakers respond more comprehensively to the developmental needs of children and youth to prevent and intervene when substance use or mental health challenges are present and to offer appropriate treatment and recovery services, when needed.

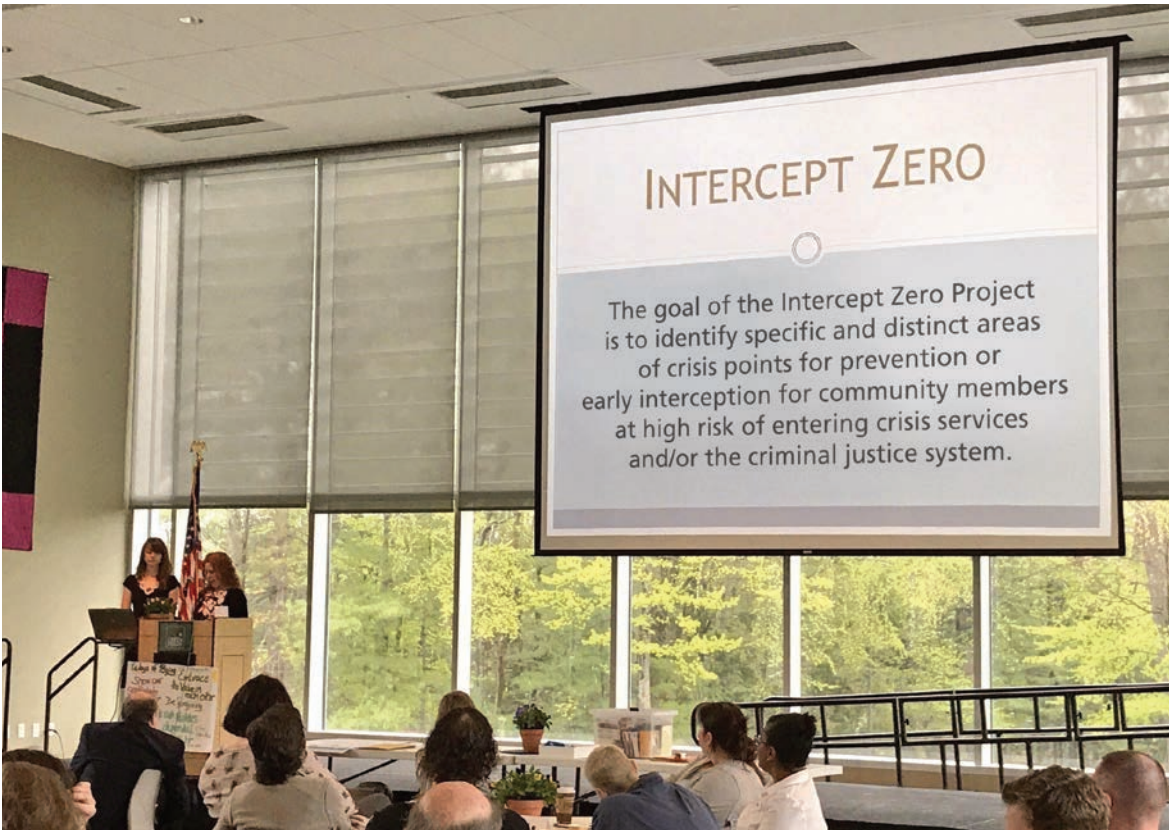
D's mother was an alcoholic; he relied on his grandmother for stability and love. When she died, he was devastated. When he was 10, his mother went to another state for substance use treatment. He went into foster care with a friend's family. When his mom came back two years later, DCF gave him the choice to live with her. He wanted life to get back to normal, so he went. But his mother did not set any rules, not even a curfew, and things went downhill fast. When he was 14, his mother started drinking again, and he started drinking, too. He skipped 98 days of school that year. At age 16, he went to a local youth agency and got counseling. Eventually he ended up in jail. He's 26 now.

The Intercept Zero Advisory Council

The Intercept Zero Project was a joint collaboration between members of the Franklin County Resource Network's Public Policy Task Force (sponsored by Community Action of the Franklin, Hampshire, and North Quabbin Regions) and the Opioid Task Force of Franklin County and the North Quabbin Region. An Intercept Zero Advisory Council was formed, which provided guidance and oversight of this crucial endeavor.

Over the lifespan of the project, members of the Intercept Zero Advisory Council have included:

- **Emily Ballard**, former Community Engagement & Advocacy Coordinator, The RECOVER Project
- **Sara Cummings**, Director of Community Services and Asset Development, Community Action
- **Marisa Hebble**, Coordinator, Massachusetts Community Justice Project
- **Matthew Leger-Small**, former Community Collaborations & Asset Development Coordinator, Community Action
- **Michael Lewis**, former Program Director, The RECOVER Project and current Director of Housing, Providence Ministries
- **Mary McClintock**, Community Collaboration Coordinator, Community Action
- **Debra McLaughlin**, Coordinator of the Opioid Task Force of Franklin County and the North Quabbin Region
- **Deborah Neubauer**, Program Associate, Treatment & Recovery, Opioid Task Force
- **Keleigh Pereira**, Co-Chair of the Franklin County Resource Network's Public Policy Task Force and Self Sufficiency Director of the Greenfield Housing Authority and the Franklin County Housing and Redevelopment Authority
- **Alyssa Valbona**, Co-Chair of the Franklin County Resource Network's Public Policy Task Force, former Franklin County Health Services Manager, Tapestry and current Executive Assistant, the United Way of Franklin County



Alyssa Valbona and Keleigh Pereira, Co-Chairs of the Franklin County Resource Network's Public Policy Task Force, presenting about the Intercept Zero Project, Intercept Zero Mapping event, May 5, 2017, Greenfield Community College (Photo: Debra McLaughlin)

Endnotes

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Appendices

A. SECONDARY RECOMMENDATIONS

Multiple interventions were identified throughout the course of the Intercept Zero Project. While this report prioritized only 12 of them, all are considered important. The remaining recommendations are included here in hopes that they can be addressed in the future at the local and state level.

- Institute a range of poverty-reduction measures to help stabilize families.
- Provide young people with education on healthy relationships and sexuality.
- Shift our way of thinking about prevention and treatment from fragmented time-limited services to holistic wraparound support.
- Explore ways to build a whole-community response to supporting healthy families.
- Strengthen the Department of Children & Family Services' ability to work well in the community.
- Make more affordable housing available to individuals both with and without children.
- Increase sober housing and short-term emergency and transitional housing options.
- Decrease stigmatizing language and behavior and increase language competence for social service and healthcare providers.
- Explore opportunities to provide universal trauma screening for all children.

B. INTERVIEW DATA

This section contains all the interview data gathered by one-on-one *key informant interviews* with 82 social service, mental health, and substance use disorder treatment providers, state agencies, educators, community members, law enforcement, court services, corrections, public entities and advocates. Key informants were asked about gaps in services, barriers to accessing services, reasons community members in crisis may not seek out services, and potential solutions to address gaps and barriers.

Identified Gaps Identified by Level

Individual Level:

- Lack of basic needs.
- Lack of childcare.
- A (teen) parent living at home does not qualify for Department of Transitional Assistance benefits. One needs Department of Transitional Assistance benefits to qualify for a childcare voucher.
- A (teen) parent in foster care receives a foster care subsidy, which makes them ineligible for

Department of Transitional Assistance benefits and childcare.

- Two-year wait list for childcare vouchers.
- No teen childcare slots.
- Inconsistencies with wait for vouchers; depends on who Department of Children and Families worker is.
- Grandparents have a difficult time getting childcare/a childcare voucher. Grandparents often have to leave jobs due to lack of childcare, using savings/retirement savings. They can also lose their retirement.
- Lack of resources.
- Drop in services is a big gap for homeless, substance use disorder, and mental health disorder communities.
- Lack of respite services for grandparents raising grandchildren.
- No advocates for grandparents, no guidelines.
- Lack of mentors for parents.
- Lack of crisis resources for youth due to substance use disorder.
- Lack of navigators/recovery coaches at all points of entry.
- Grandparents cannot get into elderly housing if they have an older grandchild living with them (need 2 bedrooms).
- Lack of housing ("cannot get housing because they do not have their kids, cannot get kids because they do not have housing").
 - Lack of affordable housing in good neighborhoods (without a lot of alcohol/drug use and/or domestic violence).
- Lack of housing and employment opportunities are big gaps for youth under 18 without parental consent.
- A lack of any positive things to do or places to hang out for youth in the community.
- More detail about services provided (for example, services only for pregnant women); need a clear cut path to services.
- Lack of employment and job training opportunities.
- Inadequate education and job training for pregnant and parenting teens.
- Court involvement and hours of operation for the courts - for grandparents working with the court system, it's difficult because they need to get kids to school and/or work themselves.
- Lack of pro-social, sober environments and recreation.
- Legal issues.
- Family Court needs a caregiver track for grandparents.
- Lack of legal representation for grandparents.
- Grandparents cannot take children for medical care because they do not have legal custody.

- No mediation for grandparents (especially around visitations).
- Lack of information on potential addiction issues for youth.
- People lack official identification for services.
- Youth lose their community when they are removed from their home by Department of Children and Families.
- Department of Children and Families does not have enough placement homes.
- Lack of family/parent education around signs of risk (of children developing substance use disorder).
- Lack of employment clothing.
- Lack of assistance to families to prepare for Section 35 (need to go in with all the facts).

Provider Level:

- Some (state) agencies work too much in silos and do not reach out to others or do not know what exists.
- Lack of coordination of care.
- Lack of integration between services for substance use disorder, mental health disorder, domestic violence, and trauma.
- Need more coordination of care/services.
- Silos exist between mental health and substance use disorder treatment services.
- Need comprehensive assessment of physical, mental health, and substance use disorder at entry points.
- Inadequate services/programs for adolescents with substance use disorder and/or mental health disorder.
- Many children are in grandparent's care because of parental substance use disorder and/or mental health disorder and children have challenges as a result.
- Need a recovery pod in the Emergency Rooms, which provides a safe place for people/families to be and/or get help with calls and connect with peers. Treatment options should be available.
- Inability to hire and retain qualified staff.
- Need increased collaboration between prevention coalitions.
- Need peer supports (like Recovery Learning Center) in housing offices.
- Need treatment beds for pregnant women and women with children.
- Need people working in probation with background in mental health issues.
- Lack of family/parent education for signs of risk (of children developing substance use disorder).
- Lack of information on potential addiction issues for youth.

- For grandparents working with the court system, can be difficult because they need to get kids to school and/or work themselves.
- Need social services availability in libraries and other community settings.
- Lack of training for Emergency Medical Services; trauma, crisis intervention/de-escalation.
- Need a mobile crisis unit.
- Need training for library staff on trauma sensitivity, mental health disorder, and substance use disorder.
- Need step down services for youth.
- Hospitals and police outside Greenfield do not always call New England Learning Center for Women in Transition (NELCWIT) on-call staff to respond to domestic violence victims outside office hours.
- Need more detail about services provided (for example, services only for pregnant women). Need a clear cut path to services.
- Need more navigation for men and women coming out of incarceration back to Franklin County and the North Quabbin area.
- Case management lacking when Suboxone is prescribed by doctors in a medical setting.
- Police training in Crisis Intervention Training (CIT) lacks uniformity in ability to get officers trained, resulting in shifts without trained officers.
- Police Departments lack a connection with on-call peer coaches.
- Police Departments lack a connection with faith-based group that they can call on.
- Police need more information about who they can steer people to who are not in an immediate crisis.
- Police need referrals/resources for families who are asking for help with heroin addiction in their families.
- Police Academy does a four hour block of training on mental health. Emergency Medical Technicians have a less intensive mental health disorder training.
- Re-entry team needs a hand off to recovery coaches after being connected to services/resources.
- Youth lose their community when they are removed from home by Department of Children and Families.

Systems Level:

- Lack of housing.
- Lack of housing for people who have experienced trauma or have mental health disorder histories.
- Need Housing First program.

- Lack of housing for victims of domestic violence.
- Lack of walk in homeless shelters.
- Not enough shelters for people leaving domestic violence.
- Need emergency shelters for people leaving domestic violence with children/custody of children.
- Need a homeless community services center.
- Lack of affordable housing in good neighborhoods (without a lot of alcohol/drug use and domestic violence).
- Need peer supports (like Recovery Learning Center) in housing offices.
- Need better access to resources.
- Insufficient access points for people needing services.
- Lack of shared knowledge of supports/ resources among providers.
- Need information available in languages other than English (Spanish, Russian, Moldovan).
- Need to provide up to date resources/ information on substances to health teachers in schools.
- Need resource information sheets at libraries.
- Resource Directories should be available in libraries and other community settings.
- Need resources to help parents after losing a child to drug overdose.
- Lack of integration between services for substance use disorder, mental health disorder, domestic violence and trauma.
- Need more coordination of care/services.
- Silos exist between mental health and substance use disorder treatment services.
- Need comprehensive assessment of physical, mental health and substance use disorder at entry points.
- Health insurance needs to increase coverage limits for stays in clinical respite.
- Lack of employment and job training opportunities:
 - Inadequate education and job training for pregnant and parenting teens.
 - Housing and employment are big gaps for youth under 18 without parental consent.
- Housing authorities do not have programs that actually support people in getting things for their place (brooms, trash cans, etc.).
- Lack of basic needs.
- Inadequate services/programs for adolescents with substance use disorder and/or mental health disorder.
- Many children are in grandparent's care because of parental substance use disorder

- and/or mental health disorder and children have challenges as a result.
- Police training in Crisis Intervention Training (CIT) lacks uniformity in ability to get officers trained, resulting in shifts without trained officers.
- Police Departments lack a connection with on-call peer coaches.
- Police Departments lack a connection with faith-based group that they can call on.
- Police need more information about who they can steer people to who are not in an immediate crisis.
- Police need referrals/resources for families who are asking for help with heroin addiction in their families.
- Police Academy does a four hour block of training on mental health. Emergency Medical Technicians have a less intensive mental health disorder training.
- Need step down services for youth.
- Lack of knowledge among local government agencies (around substance use disorder and housing).
- Lack of legal assistance for grandparents caring for grandchildren.
- Hospitals and police outside Greenfield do not always call New England Learning Center for Women in Transition (NELCWIT) on-call staff to respond to domestic violence victims outside office hours.
- Lack of assistance to families to prepare for Section 35 (need to go in with all the facts).
- Lack of transportation.
- Need a mobile crisis unit.
- Need more navigation for men and women coming out of incarceration back to Franklin County and the North Quabbin Region.
- Lack of community wellness checks.
- Drug court needs more resources to refer people to.
- Need a pro-social, clean environment and recreation.
- Not enough money for fee-for-service in the schools.
- Need a recovery high school.

Policy Level:

- Lack of housing.
- Grandparents cannot get into elderly housing if they have an older grandchild living with them (need 2 bedrooms).
- Lack of long term, affordable sober housing.
- Lack of housing for people who have experienced trauma and/or have mental health histories.

- Housing ("cannot get housing because they do not have their kids, cannot get kids because they do not have housing").
- Housing and employment are big gaps for youth under 18 without parental consent.
- Health insurance needs to increase coverage limits for stays in clinical respite.
- Lack of education, job training, childcare prior to employment, and employment clothing.
- Lack of basic needs.
- Housing authorities don't have programs that actually support people in getting things for their place (brooms, trash cans, etc.).
- Lack of childcare vouchers for grandparents caring for grandchildren.
- Department of Children and Families does not have enough placement homes.
- Lack of coordination of care.
- Lack of integration between services for substance use disorder, mental health disorder, domestic violence, and trauma.
- Need more coordination of care/services.
- Silos exist between mental health and substance use disorder treatment services.
- Need comprehensive assessment of physical, mental health disorder, and substance use disorder at entry points.
- Need people working in probation with background in mental health issues.
- Inability to hire and retain qualified staff.
- Need treatment beds for pregnant women and women with children.
- Section 12 or Section 35 are not available 24/7, and only available in court.
- Grandparents cannot take grandchildren for medical care if they do not have legal custody.
- Need step down services for youth.
- Lack of training for Emergency Medical Services; trauma, crisis intervention/de-escalation.
- Lack of transportation.
- Lack of legal assistance for grandparents caring for grandchildren.
- People lack IDs for services.
- Not enough money for fee for service in the schools.
- Need a Recovery High School.

Interview Data Identified Barriers Identified by Level

Individual Level:

- Shame and stigma.
- Agencies often tend to be impersonal and people feel judged ("people know right away whether the person engaging with them is compassionate or not").

- Parents afraid to advocate/reach out because of stigma around substance use disorder and mental health issues.
- Lack of childcare.
- No teen childcare slots.
- A (teen) parent living at home does not qualify for Department of Transitional Assistance. One needs Department of Transitional Assistance to qualify for a childcare voucher.
- A (teen) parent in foster care receives a foster care subsidy which makes them ineligible for Department of Transitional Assistance/ childcare.
- Two-year wait list for childcare vouchers.
- A barrier to returning to school after I had my child was the lack of childcare.
- Childcare once the teen's baby is born.
- Inconsistencies with wait for vouchers; depends on who Department of Children and Families worker is.
- Grandparents have a difficult time getting childcare/a childcare voucher. Grandparents often have to leave jobs because of lack of childcare, using savings/retirement savings. They can also lose their retirement.
- No day care in schools (including colleges).
- Many students are living in homes with family members with substance use disorder, mental health disorder, incarceration, or some family member selling drugs.
- Substance use disorder and/or mental health disorder.
- Insurance barriers.
- Fear of losing parental rights.
- If you talk about use, you bring in Department of Children and Families.
- Homelessness.
- Housing is a huge issue for people who come to Court Services.
- Many Greenfield Community College students have no place to sleep at night.
- Lack of transportation.
- Lack of transportation from one provider (emergency department) to another provider (substance use disorder or mental health disorder treatment).
- Social Security office is in Holyoke.
- Dead ends when looking for care.
- Long wait times for treatment.
- Lack of access to information and referral.
- Lack of adequate guidance and follow up (from medical providers).
- No support/help with how to get a job for youth.
- Lack of treatment beds for moms with infants.

- Frequent parental attitude is once you are 17 or 18 years old, you are out (expected to live on their own).
- Inter-generational violence.
- Not being connected at school.
- Truancy data that shows 40 day absences in kindergarten.
- People leaving the jail often do not have a support network.
- Lacking a driver's license is barrier to employment.
- Paperwork, applications, and requirements are time consuming and difficult.
- People lack identification for services.
- Not enough service providers in Turners Falls.
- There is no priority for people coming from local area for substance use disorder treatment.
- Data collection (required by provider) is a barrier for some.
- Poverty.
- Language (non-English speaking).
- No Internet access/computer.
- Pets and partners are roadblocks for some people in terms of finding housing (emergency or permanent).
- Sometimes it's hard to get where you need to go because Alcoholics Anonymous talks about consequences and responsibility.

Provider Level:

- Agencies often tend to be impersonal and people feel judged ("people know right away whether the person engaging with them is compassionate or not").
- Silos exist between mental health disorder and substance use disorder treatment services.
- Mental Health agencies do not take all insurances.
- Lack of treatment beds for moms with infants.
- Inadequate mental health training across medical disciplines.
- Limited access to mental health resources and referral sources.
- Providers without appropriate training.
- Service providers have a difficult time keeping up with/known what other services are available.
- Lack of referral system.
- Inability of providers to meet with people in community settings.
- Lack of trauma informed services in clinical settings.
- Court hours (need to get kids to school, need to work).
- Lack of adequate guidance and follow up.

- Staff turnover in human services agencies.
- Low wages in human services.
- No infrastructure support, guidance, or expectations.
- Not being connected at school.
- Long wait times for treatment.
- There is a long wait on Department of Transitional Assistance toll-free line for people who cannot get to office (transportation or working).
- Providers do not know how many childcare slots Department of Children and Families might have (Department of Children and Families workers are sometimes able to get slots from Boston) or what the criteria is for these slots.
- People do not like to ask for help, so often wait until they are in crisis to seek help.
- Confidentiality issues between law enforcement and providers.
- People leaving (jail) before a program (educational or treatment program) has been completed.
- Lack of a relationship with the RECOVER Project.
- People leaving the jail often do not have a support network.
- Not enough service providers in Turners Falls.
- Lack of Spanish speaking therapy available.
- Lack of services in other languages (Spanish, Russian, Moldovan).
- Programs relying on staff working outside their paid hours and job descriptions to be successful.
- Language (non-English speaking).

Systems Level:

- Silos exist between mental health and substance use disorder treatment services.
- Lack of integration between systems of care.
- No continuum of care.
- Housing: need for a centralized system for referrals and a "road map."
- Many Greenfield Community College students have no place to sleep at night.
- Health insurance needs to increase coverage limits for clinical respite.
- Insurance issues (matching people's insurance with providers who accept that insurance).
- Lack of transportation.
- Lack of transportation from one provider (emergency department) to another provider (substance use disorder or mental health treatment).
- If you talk about use, you bring in Department of Children and Families.

- Staff turnover in human services, substance use disorder treatment facilities, and mental health agencies.
- Low wages in human services.
- People lack identification for services.
- Confidentiality issues between law enforcement and providers.
- Poverty.
- Inter-generational violence.
- Providers do not know how many childcare slots Department of Children and Families might have (Department of Children and Families workers are sometimes able to get slots from Boston) or what the criteria is for these slots.
- Court hours (need to get kids to school, need to work).
- No Internet access/computer.
- Pets and partners are roadblocks for some people in terms of finding housing (emergency or permanent).
- People leaving the jail often do not have a support network.
- Not enough service providers in Turners Falls.
- Data collection (required by provider) is a barrier for some.
- Social Security office is in Holyoke.
- People don't like to ask for help, so often wait until they are in crisis to seek help.
- Housing sector lacks access to peer specialists and clinical help (should Department of Children and Families be bringing this?).
- Systemic and interpersonal racism.

Policy Level:

- Lack of childcare.
- No teen childcare slots.
- A (teen) parent living at home doesn't qualify for Department of Transitional Assistance. You need Department of Transitional Assistance to qualify for a childcare voucher.
- A (teen) parent in foster care receive a foster care subsidy which makes them ineligible for Department of Transitional Assistance/childcare.
- Two- year wait list for child care vouchers.
- A barrier to returning to school after I had my child was the lack of childcare.
- Childcare once the teen's baby is born.
- Inconsistencies with wait for vouchers; depends on who Department of Children and Families worker is.
- Grandparents have a difficult time getting childcare/a childcare voucher. Grandparents often have to leave jobs because of lack of child care, using savings/retirement savings. They can also lose their retirement.

- No day care in schools (including colleges).
- Stigma/fear.
- Lots of stigma around mental health disorder issues.
- Huge stigma and fear about navigating systems.
- Youth do not trust the systems.
- Often parents have had problems in school and now they have problems engaging with schools on behalf of their children.
- Social media increasing anxiety among young people.
- Sending resource letters to parents can anger them because they do not like the fact that the school thinks they need "help."
- Youth may not want to get families or themselves in trouble.
- If you talk about use, you bring in Department of Children and Families.
- Parents afraid to advocate/reach out because of stigma around substance use disorder and/or mental health issues.
- Teen parents rely on bus transportation, which means more travel time, resulting in more childcare needed while they are traveling to schools.
- Transportation for families (especially immigrant).
- Lack of transportation (for youth and young adults).
- No bus service to school because they live too close (in Turners Falls), but parents don't want youth walking so they are forced to drive (puts them at risk as immigrants).
- No support (transportation, help with how to get a job, etc.) for youth to get jobs.
- Insurances are huge barrier to treatment. This should be a qualifier on resource guides (should indicate whether prior authorization or referral is needed). Right now, you need a primary care physician referral from MassHealth for Suboxone ("we need to remove that barrier and advocate for that").
- Lack of therapists who accept MassHealth.
- MassHealth difficult to access/navigate.
- Lack of parity because of coverage (MassHealth vs. private insurance).
- New insurance tier systems only cover certain medications.
- Lack of Medicaid funding for peer recovery coaches for substance use disorder.
- Private insurance hangs everything up.
- Health insurance needs to increase coverage limits for clinical respite.
- Matching people's insurance with providers who accept that insurance.

- Lack of Health Insurance policies on reimbursement.
- Insurance will only pay for lengthier stays in inpatient hospital unit if they can show increased risk of self-harm or harm to others if released and that there is an available bed open somewhere.
- Mental health agencies do not take all insurances.
- Homelessness.
- Need Housing First.
- Lack of universal protocols, policy and recommendations.
- Lack of cross-system coordination (early intervention, public health, and mental health).
- Contradiction in policy across medical associations.
- People need and lack identification for services.
- Hard to locate/open treatment and needle exchange, people don't want that in their backyard.
- Lack of treatment beds for moms with infants.
- Lacking a driver's license is barrier to employment.
- Poverty.

Interview Data Identified Supports Identified by Level

Individual Level:

- An online program for divorced parents to avoid conflict.
- Have paid safe mentors for youth.
- Compassionately engage young people.
- Furniture bank.
- Educate and support mothers.

Provider Level:

- Department of Children and Families prioritizes ways for youth to still be part of community when they are removed from parents.
- Compassionately engage young people.
- Recovery Learning Community peer support in Baystate Franklin Medical Center Emergency Department.
- Mobile crisis unit.
- Recovery pod in emergency rooms (Northampton has one). Provides a safe place for people to use, families to be and/or get help with calls, and connect with peers. Treatment options should be available.
- Drug Court to refer women to the "Voices From Inside" writing group.
- An online program for divorced parents to avoid conflict.
- "Get a Library Card-Get Connected" program.

- Memorandum of Understanding with the library network regarding job seeker services and a directory of "offender friendly employers."
- Downtown options for youth 8-11 years old in Turners Falls.
- Men's Resource Center work with male youth.
- More dual enrollment opportunities for "high-risk" youth.
- Create smooth transitions when youth are changing schools.
- Pursue opioid prevention dollars to work with middle school and expand to elementary school.
- Reduce staff turnover by supporting clinicians and increasing wages.
- Medical sector providing "transition or homeless slots."
- Support for agency staff.
- Create a fast track from Baystate Franklin Medical Center Emergency Department and inpatient unit to Northern Hope.
- More services provided in community settings.
- More services available in late afternoons and evenings (particularly for children/youth).
- RECOVER Project to do peer groups at Baystate Franklin Medical Center's inpatient unit.
- Provide a staffed place (like The Living Room in Springfield) where people in crisis can go to avoid going to the emergency department.
- Furniture bank.
- Access to peer coaches at state agencies.
- More access to clinical support at state agencies.
- Train providers (screenings, protocols, referrals, "what to say").
- All medical practices prescribing Suboxone should know methadone is an option and have a resource referral list.
- Provide navigators/recovery coaches at all points of entry to treatment.

Systems Level:

- Train (Motivational Interviewing, trauma informed, addiction/mental health disorder 101) and connect faith based groups to support people and families before they are in crisis.
- Plain clothed officer paired with Clinical & Support Options Crisis and Respite responding to mental health disorder/substance use disorder calls.
- More mental health and substance use disorder training for first responders.
- Need a place where homeless people can go, which helps foster trust among unsheltered

homeless people, opening the door for more in-depth services that lead to being housed and getting treatment for health, mental health, and substance use issues; a homeless community services center.

- Mobile crisis unit.
- Recovery pod in Emergency Departments provide a safe place for people to use a phone to access treatment options and/or get help with making calls.
- Walk in homeless shelters.
- A "case manager" or "resource advocate" person from service agencies (rotating basis), who would be available as a resource at the Court Service Center (one day a month during certain hours) to help people navigate the social service system/community.
- YMCA willing to host a Strengthening Families Program. Need to find funding for extra child care staff if necessary and community collaborators.
- "Get a Library Card-Get Connected" program.
- Memorandum of Understanding with the library network regarding job seeker services and a directory of "offender friendly employers."
- Compassionately engage young people.
- Department of Children and Families prioritizes ways for youth to still be part of community when they are removed from parents.
- Tutoring for students who cannot be in school.
- More dual enrollment opportunities for "high-risk" youth.
- Create smooth transitions when youth are changing schools.
- More services provided in community settings.
- Local place to procure state identifications/
- Furniture bank.
- Transportation services.
- Medical sector providing "transition or homeless slots."
- Access to peer coaches at state agencies.
- More access to clinical support at state agencies.
- Train providers (screenings, protocols, referrals, "what to say").
- All medical practices prescribing Suboxone should know methadone is an option and have a resource referral list.
- Increase active cooperation between treatment providers and the Sheriff's Department. Set up transfer protocols for people coming out of jail.
- Implement effective protocols.
- Integrate systems of care.

Policy Level:

- Support opioid prevention funds to work with middle school and elementary schools.
- Reduce staff turnover by supporting clinicians and increasing wages.
- More services provided in community settings.
- One of the stated goals for the new library building is to have social service outreach; people come in and meet with patrons on a regularly scheduled basis. Need a social worker on staff (or on "loan") at the library.
- Create safe places for youth to talk (without fear) about issues with fathers/parents.
- Downtown options for youth 8-11 years old in Turners Falls.
- Tutoring for students who cannot be in school.
- Walk in homeless shelters.
- Provide a staffed place where people in crisis can go to avoid going to emergency room (like The Living Room in Springfield).
- Medicaid funding for peer recovery coaches for substance use disorder.
- Local place to procure state identification cards.
- Medical sector providing "transition or homeless slots."
- Access to peer coaches at state agencies.
- More access to clinical support at state agencies.
- Trauma training for first responders (Emergency Medical Services).
- Train providers (screenings, protocols, referrals, "what to say").
- Provide navigators/recovery coaches at all points of entry to treatment.
- Develop policy to support interventions.

C. FOCUS GROUP DATA

This section contains data from the fifteen focus groups with 87 individuals who experienced a crisis, including a mental health or substance use crisis for themselves or for family members, or who were involved with the criminal justice system because of a crisis. Participants were asked to identify crisis points they or someone they knew had experienced, gaps in services, barriers to accessing services, and supports that would have been helpful during their crisis.

Identified Gaps

Individual level:

- Lacking relationships.
- Lacking a positive support system in life.
- No connection at school at all (no one noticing something wrong).
- Youth encouraged by schools to drop out.
- Lack of safe places for social engagement.
- No mentorship.
- No phone/internet access.
- Free things for youth to do.
- No place/opportunities to learn life skills.
- Lack of case management.
- Women in abusive relationships isolated.
- No health advocate.
- Lack of transportation.
- No knowledge of trauma resources for children.
- No knowledge of grief resources.
- No knowledge of family programs that include fathers.
- Unable to work because untreated mental health disorder/substance use disorder.
- Lack of education around disease model in treatment.

Provider level:

- Confusing/complicated service delivery system.
- Takes too long for substance use disorder provider(s) to call back, miss window of change.
- No provider time to deal with complex issues.
- Providers lack time/freedom to coordinate care when and where people need it.
- Lack of trauma informed sexual abuse counseling.
- Substance use disorder providers not able to handle mental health disorder issues.
- No grief group for young adults who have lost someone through drugs/alcohol.
- Primary Care Providers are behind on Medically Assisted Treatment issue; long wait times for medically assisted treatment.
- No screening at pediatricians.
- Police intervene in domestic violence situations, not good at moving to mental health disorder system/only move to court.
- Lack of evening hours for therapy.
- Vet crisis line can only call 911.
- Not enough staffing at Veteran's Administration (takes too long for services).
- "Pushed out" of emergency room even with insurance and no available beds.
- Primary care physicians are not prepared to handle the issues.

- Inadequate care in residential treatment (self or loved one).
- No legal advocates in court for fathers.
- Was not able to take any of the suggested medications because she was breastfeeding; not given alternative treatment ideas for mental health crisis.
- Mental health disorder patients cannot go to Brattleboro Retreat any more.
- Halfway homes for treatment of substance use disorder do not accept people with dual diagnosis.
- Lack of education around disease model in treatment.
- Lack of coordination between providers.
- People with mental health disorder or substance use disorder falling between cracks in transitions from one treatment to another.
- Lack of intensive coordination in emergency room.
- No communication between mental health and medical health world.
- Lack of coordination between services in Massachusetts and Vermont (people who live near border).
- Discharged from treatment on Vivitrol and over a month's wait to get into Clean Slate.
- Transitions are not flexible enough (family had a plan with mental health disorder facility that involved him spending some transition time with family before moving to halfway house. This was not allowed by halfway house, so went right from mental health disorder facility to halfway house and left alone. He was found four days later in ICU).
- Lack of follow-up from support services.
- Medication management.
- Inadequate medication management while in mental health disorder treatment.
- Doctor prescribing Suboxone does not provide enough medication management.
- Department of Children and Families.
- Inconsistency with Department of Children and Families parent/child visits.
- Department of Children and Families fails to arrange therapy for removed children around domestic violence trauma.
- Knowledge about available resources.
- No knowledge of grief resources.
- No knowledge of trauma resources for children.
- No knowledge of family programs that include fathers.

Systems level:

- Substance use disorder/mental health disorder treatment delivery.

- Lack of skilled providers (mental health disorder/substance use disorder).
- People with mental health disorder or substance use disorder falling between cracks in transitions from one treatment to another.
- Lack of follow-up from support services.
- Provider doesn't have time to deal with any complexity/multiple issues.
- Providers lack time/freedom to coordinate care when and where people need it.
- Lack of trauma informed sexual abuse counseling.
- Not enough step down beds (no place to go coming out of hospital/treatment).
- Providers/community supports miss window of change opportunities.
- Lack of coordination between services in Massachusetts and Vermont (people who live near border).
- Substance use disorder providers not able to handle mental health disorder issues.
- Not enough evening therapy slots.
- Halfway homes for treatment of substance use disorder do not accept people with dual diagnosis.
- Not enough staffing at VA (takes too long for services).
- No screening at pediatricians.
- Primary care providers are behind on medically assisted treatment issue/long wait times for medically assisted treatment.
- Mental health disorder patients cannot go to Brattleboro retreat any more.
- Veteran's crisis line can only call 911.
- Lack of education around disease model in treatment.
- Resources.
- Lack of affordable housing.
- Lack of supports for grandparents raising grandchildren.
- Lack of safe places for social engagement.
- No financial help for day care for grandparents/caregivers.
- Free things for youth to do.
- Lack of supports for the blind.
- No health advocates.
- No financial assistance to deal with car and fees (living in car).
- Lack of affordable child care.
- No legal advocates in court for fathers.
- Emergency room.
- Lack of intensive coordination at emergency room.
- "Pushed out" of emergency room even with insurance and no available treatment beds.

Policy level:

- Substance use disorder/mental health disorder treatment delivery.
- Lack of skilled providers (mental health disorder/substance use disorder).
- People with mental health disorder or substance use disorder falling between cracks in transitions from one treatment to another.
- Lack of follow-up from support services.
- Provider doesn't have time to deal with any complexity/multiple issues.
- Providers lack time/freedom to coordinate care when and where people need it.
- Lack of trauma informed sexual abuse counseling.
- Not enough step down beds (no place to go coming out of hospital/treatment).
- Providers/community supports miss window of change opportunities.
- Lack of coordination between services in Massachusetts and Vermont (people who live near border).
- Substance use disorder providers not able to handle mental health disorder issues.
- Not enough evening therapy slots.
- Halfway homes for treatment of substance use disorder do not accept people with dual diagnosis.
- Not enough staffing at VA (takes too long for services).
- No screening at pediatricians.
- Primary care providers are behind on Medically Assisted Treatment; long wait times for Medically Assisted Treatment.
- Mental health disorder patients can't go to Brattleboro retreat any more.
- Veterans Crisis Line can only call 911.
- Lack of education around disease model in treatment.
- Resources.
- Lack of affordable housing.
- Lack of supports for grandparents raising grandchildren.
- No financial help for day care for grandparents/caregivers.
- Lack of supports for the blind.
- No health advocates.
- No financial assistance to deal with car and fees (living in car).
- Lack of affordable child care.
- No legal advocates in court for fathers.
- Emergency room.
- Lack of intensive coordination at emergency room.
- "Pushed out" of emergency room even with insurance and no available treatment beds.
- Lack of safe places for social engagement.

- No place to learn life skills.
- Lack of free, safe things for youth to do.

FOCUS GROUP DATA

Identified Barriers Identified by Level

Individual level:

- Social disconnection/isolation.
- Isolation.
- No support at home.
- Lacking a positive support system in life.
- Ashamed.
- Trauma.
- Fear.
- Inability to connect with people.
- Not allowing people in to help.
- Not trust anyone.
- Not trust Department of Children and Families.
- Not trust police.
- Not trust authority.
- Bridge burners, agitated, filthy, they do not present well.
- Negative interactions.
- People discriminate/judge/stigmatize/marginalize around medically assisted treatment.
- Parents/caregivers barred from substance use disorder/mental health disorder treatment.
- Attorneys more concerned with getting clients off than helping them with mental health disorder/substance use disorder problems.
- No understanding/not being taken seriously.
- Notion that families are the “other” (“I do not have time to talk to families”).
- Service provider had own agenda.
- Did not feel believed by provider.
- Bias against fathers in court.
- Family shut out by providers even when they are legal guardian.
- Not feeling treated as a person by provider (in the emergency room).
- Doctor was rude/dismissive.
- The medical world doesn’t respect sobriety.
- Mental health disorder.
- Childhood trauma.
- Mental health disorder.
- Generations of domestic violence and substance use disorder.
- Substance use disorder and mental health disorder.
- Co-existing complex medical and mental health disorder issues.
- Less than honorable discharge because of mental health disorder/substance use disorder.
- Substance use disorder.

- School related.
- No connection at school at all (no one noticing something wrong).
- Not in school.
- No access to counseling because not in school and not in home.
- No adjustment counselors in school.
- Department of Children and Families involvement.
- Not wanting to be in Department of Children and Families.
- Need housing to get kids back from Department of Children and Families (after domestic violence).
- Employment discrimination because Department of Children and Families involvement.
- Housing discrimination because Department of Children and Families involvement.
- Department of Children and Families making judgments about mom’s stability because crying/upset.
- Department of Children and Families intimidating.
- Could not afford legal counsel.
- Homeless.
- Insurance related.
- High cost of quality health insurance.
- Constant fight with insurance to get basic needs covered for family member.
- Lack of insurance.
- Resources.
- With state services, there are too many different numbers for issues/services.
- Could not find a resource to learn rights.
- No safe housing for mom and children when leaving abuser.
- Family loyalty.
- Unable to advocate for self/children because of injuries/hospitalization.
- No food to take medications for diabetes.
- Could not be on methadone while on probation.
- Age.

Provider level:

- No connection at school at all (no one noticing something wrong).
- No understanding/not being taken seriously.
- Service provider has own agenda.
- Notion that families are the “other” (“I do not have time to talk to families”).
- Did not feel believed by provider.
- No relationship with primary care provider.
- Family shut out by providers even when they are legal guardian.

- Not feeling treated as a person by provider (emergency room).
- Doctor was rude/dismissive.
- Department of Children and Families making judgments about mom’s stability because mom crying/upset.
- Department of Children and Families intimidating.
- The medical world doesn’t respect sobriety.
- Lengthy delays for mental health disorder/substance use disorder treatment/medically assisted treatment/detox, etc.
- Service provider burdens (time).
- Unable to get primary care provider.
- Primary care providers are not prepared to handle the issues.
- Inability of emergency room to understand and address co-existing complex medical and mental health disorder/substance use disorder issues.
- Need housing to get kids back (after domestic violence).
- Intensive outpatient program and counseling “did not take.”
- Halfway homes for treatment of substance use disorder not accept because of dual diagnosis.
- No adjustment counselors in school.

Systems Level:

- Resources.
- Could not find a resource to learn rights.
- Could not afford legal counsel.
- Could not find resources.
- With state services, there are too many different numbers for issues/services.
- Lack of resources for parents of adult children needing mental health disorder/substance use disorder treatment.
- Could not find grief counseling for child.
- Lack of coordination between systems of care (medical/mental health disorder/substance use disorder).
- Trauma.
- Childhood trauma.
- Trauma.
- Lacking a positive support system in life.
- Economy/lack of jobs.
- No connection at school at all (no one noticing something wrong).
- Insurance.
- Constant fight with insurance to get basic needs covered for family member.
- High cost of quality health insurance.
- Lack of insurance.
- Parents/caregivers barred from substance use disorder/mental health disorder treatment.

- Homeless.
- Lengthy delays for mental health disorder/substance use disorder treatment/medically assisted treatment /detox, etc.
- “Adversarial” legal system has attorneys get clients off rather than helping them with mental health disorder/substance use disorder problems.
- Lack of transportation.
- Military.
- Dishonorable discharge.
- Less than honorable discharge because of mental health disorder/substance use disorder.
- School.
- No access to counseling because not in school and not in home.
- Not in school.
- Bias against fathers in court.
- Not being able to secure a primary care physician.
- Lack of awareness/knowledge about childhood trauma.
- No safe housing for mom and children when leaving abuser.
- Could not be on methadone while on probation.
- Need housing to get kids back (after domestic violence); need custody of kids to get housing.
- Family shut out by providers even when they are legal guardian.
- No adjustment counselors in school.

Policy level:

- Social disconnection/isolation.
- Isolation.
- No support at home.
- Lacking a positive support system in life.
- Ashamed.
- Trauma.
- Fear.
- Inability to connect with people.
- Not allowing people in to help.
- Not trust anyone.
- Not trust Department of Children and Families.
- Lack of self-worth.
- Not trust police.
- Not trust authority.
- Bridge burners, agitated, filthy, they do not present well.
- Negative interactions.
- People discriminate/judge/stigmatize/marginalize around medically assisted treatment.
- Parents/caregivers barred from substance use disorder/mental health disorder treatment.

- Attorneys more concerned with getting clients off than helping them with mental health disorder/substance use disorder problems.
- No understanding/not being taken seriously.
- Notion that families are the “other” (“I do not have time to talk to families”).
- Service provider had own agenda.
- Didn’t feel believed by provider.
- Bias against fathers in court.
- Family shut out by providers even when they are legal guardian.
- Not feeling treated as a person by provider (emergency room).
- Doctor was rude/dismissive.
- The medical world does not respect sobriety.
- Mental/emotional health issues.
- Family member’s substance use disorder/mental health disorder.
- Childhood trauma.
- Mental health issues.
- Generations of domestic violence and substance use disorder.
- Substance use disorder and mental health issues.
- Co-existing complex medical and mental health disorder issues.
- Less than honorable discharge because of mental health disorder/substance use disorder.
- School related.
- No connection at school at all (no one noticing something wrong).
- Not in school.
- No access to counseling because not in school and not in home.
- No adjustment counselors in school.
- Department of Children and Families involvement.
- Not wanting to be in Department of Children and Families (as children).
- Need housing to get kids back from Department of Children and Families (after domestic violence).
- Employment discrimination because Department of Children and Families involvement.
- Housing discrimination because Department of Children and Families involvement.
- Department of Children and Families making judgments about mom’s stability because crying/upset.
- Department of Children and Families intimidating.
- Could not afford legal counsel.
- Economy/lack of jobs.
- Insurance related.
- High cost of quality health insurance.

- Constant fight with insurance to get basic needs covered for family member.
- Lack of insurance.
- Lack of education.
- Lack of resources for parents of adult children needing mental health disorder/substance use disorder treatment.
- With state services, there are too many different numbers for issues/services.
- Could not find a resource to learn rights.
- Could not be on methadone while on probation (this has changed at Franklin County House of Corrections).
- Judicial system requires attorneys to “win” cases (adversarial model) vs. best interest of clients with substance use disorder.

Focus Group Data - Identified Solutions

- Navigation.
- Case management (with home visits).
- Navigators/advocates/mentors.
- Paid care coordinators to bridge silos.
- Coordination of care.
- Help finding resources/central hub with trained people.
- Involve entire family in treatment.
- Timely entry to appropriate treatment (mental health disorder/substance use disorder) when window is open.
- Coordination of care between providers (substance use disorder/mental health disorder/medical).

D. MAPPING WORKSHOP DATA

This section contains data generated at an all-day Intercept Zero Mapping Event, held at Greenfield Community College on May 5, 2017, with about 60 participants representing a broad cross-section of service providers, state and local government staff, court personnel, faith-based organizations, and community members. At this event, group activities were designed to identify gaps and barriers, potential intercept points, strengths, and priority goals at the individual, provider, systems, and policy levels.

Identified Gaps and Barriers by Level

Individual Level:

- Stigma/shame; feeling judged, marginalized, not understood, dismissed, lack of trust, fear, etc.
- Trauma histories.
- Depression.
- Lack of living wage jobs.
- Lack of job skills.
- Fear of costs.

- Lack of access to information and referral.
- Fear of losing children.
- Mandated reporting.
- Lack of education/information about opioids, addiction, and recovery process.
- Lack of access to higher education.
- Lack of mentors with knowledge/experience.
- Lack of support at home.
- Family members with addiction (especially parents).
- No connection at school.
- Isolation.
- Lack of substance use disorder, mental health disorder, grief resources for youth/children.
- Homelessness.
- Lack of social supports.
- Lack of external coordinators/lack of ability to navigate services.
- Overwhelming needs.
- Lack of financial security and self-sufficiency.
- Lack of mobility and transportation.
- Experiencing emotional or physical abuse.
- Confusion over provider language.
- Lack of foster care for pets.

Provider Level:

- Not involving families in treatment or care (not enough time or seeing families as part of problem and not as part of solution).
- Legal system; job is to win case, can be at odds with what is best for person.
- Failure to connect with patients/clients because of stigma.
- Cold, stigmatizing referrals.
- Provider not accessible (lack of transportation).
- Lack of capacity to provide services.
- Lengthy delays for treatment, most often resulting in missing window of change.
- Not enough time to do thorough assessments.
- Hospitals lack support counseling.
- Providers need systems navigators to support connections.
- Lack of empathy.
- Providers who cannot meet need fail to help plan and identify alternative supports.
- Lack of knowledge about trauma.
- Lack of trauma informed care.
- Lack of services for incarcerated women.
- Primary care provider/pediatricians lacking knowledge around substance use disorder/mental health disorder issues.
- Lack of pediatric screening for mental health disorder/substance use disorder.
- Beliefs about social norms, “domestic violence is normal.”
- Lack of adequate medication management (or none at all) while in substance use disorder or mental health disorder facility.

- Lack of available appointment times (medical, mental health disorder) outside of typical working hours.
- Lack of home visiting doctors.
- Lack of flexibility around hours; child friendliness.
- Require social security number.
- Short term grant cycles.
- Not enough time spent on services, too much on eligibility and restrictions.
- Medical providers need more knowledge around medications and medication alternatives.
- Lack of direct referrals to therapist.
- Health insurance restrictions.
- Mandatory reporting.
- Confidentiality (sometimes not enough, sometimes too constraining).
- Lack of long term, trusting relationships with providers.
- Lack of referrals to non-medication support options.
- Lack of assessment of family needs/supports.
- Lack of assistance from provider (therapist) to find appropriate (better fit) provider.
- Police lack social worker co-responders.
- Primary care providers/pediatricians lacking resource information.
- Lack of community awareness of services.
- High staff turnover due to low wages and burnout.

Systems Level:

- Silos exist between mental health disorder/substance use disorder/medical providers; lack of coordinated care.
- People with substance use disorder, mental health disorder, complex/serious medical issues have a difficult time finding appropriate services, advocating for themselves, and navigating systems.
- Lack of a “central hub” for information and resources.
- Process to access services is overwhelming for those who need it.
- Lack of assistance (case management) with navigating multiple systems.
- Lack of wet shelters.
- Lack of access to medications; medication management/follow through when moving from one provider to another.
- Lack of equitable resources for youth/children.
- Youth/children lacking life skills education (healthy relationships, stress management, self-regulation, etc.).
- Lack of social supports.
- Lack of services for incarcerated women.

- Lack of “step down” beds when coming out of treatment (substance use disorder/mental health disorder).
- Treatment and detox too short term.
- Lack of available treatment beds.
- Providers are overwhelmed.
- Lack of coordination between services in Massachusetts and Vermont.
- Lack of quality sober housing.
- Lack of suitable emergency housing.
- Lack of funding for housing.
- Not enough funding for family support services.
- Services do not take whole person into account.
- Lack of services at night and on weekends.
- Not enough local homes for children placed in foster care.
- Limited time to get to clients in need.
- Limited resources to get to clients in need.
- Medical providers not having capacity to provide immediate help with basic needs.
- Transportation barriers as result of history of driving under the influence/loss of license.
- Lack of trauma informed practices in schools.
- Need trauma informed services in all agencies; include all staff training and addressing agency culture.
- Lack of education to providers and families around sexual trauma.
- Mandated reporting often causes more trauma, and impedes communication between services.
- Eligibility requirements (exacerbated by changing circumstances).
- Lack of basic needs.
- Lack of priority housing for people leaving domestic violence.
- Fear of Department of Children and Families interaction.
- Mandated reporting systems.
- Release of information.
- Social service lack follow up referral systems.
- Schools lack follow up referral systems.
- Discharges from care with no referrals in place.
- Lack of information sharing between police and Franklin County House of Corrections.
- Lack of common language.
- Lack of affordable child care slots.
- Lack of timely services.
- Health insurance not adequate to meet needs.
- Staff turnover (burnout).

Policy Level:

- Not enough time to do thorough assessments.

- Hard for people to get primary care providers (insurance, distance, practices full).
- Lack of education/information about opioids, addiction and recovery process for youth, families, and general public.
- Not enough treatment resources for youth with substance use disorder and/or mental health disorder issues in area.
- Lack of adequate transportation services (jobs, groceries, appointments, accessing resources, social, etc.).
- Lack of affordable housing; no Residential Assistance for Families in Transition (RAFT) dollars when it runs out.
- Lack of sanctuaries/safe places/shelters for people to sleep/hang out.
- Lack of sober activities/places to socialize.
- Lack of funding for emergency assistance.
- Family members of people with substance use disorder/mental health disorder issues need support and guidance.
- Family members caring for children of people with substance use disorder/mental health disorder issues need support (child care, financial, housing).
- Lack of “CHART-like” initiatives; intensive case management.
- Lack of affordable pro-social options.
- Lack of skilled providers.
- Inability to attract and keep skilled providers in rural and/or “depressed areas.”
- Inadequate/ high cost health insurance for working people; limited access to providers, limited number of visits, limited length of stay inadequate.
- Safe shelters for people (with children) leaving domestic violence.
- Lack of resources for women leaving domestic violence; child care, jobs/job training, housing, social supports.
- Lack of screening for trauma.
- Lack of systems wide trauma informed services.
- Mandated reporting.
- Confidentiality rules; not being able to share information/make connections before releases signed when family or friends trying to help.
- Housing policies dependent on child custody/child custody dependent on having housing.
- Immigration policies alienate undocumented and other immigrants.
- Lack of funding for prevention.
- Social Security number required.
- Lack of long term commitment to long term problems.
- Lack of information sharing policies between police and Franklin County House of Corrections.

- Lack of funding for youth employment and internships.
- Supplemental Nutrition Assistance Program (SNAP) gap at state level.
- Supplemental Nutrition Assistance Program (SNAP) takes parents income into account.
- Conflict of interest; Legal Aid won’t take you on if they are already involved with the family (need more lawyers and therapists).
- Need mandatory care coordination in families with multiple services in place (findings from Hardwick boy’s abuse case).
- Need full disclosure card in clear, plain language provided to each client that helps them know who you are and what you are doing with them.
- Lack of funding for de-leading schools, homes.
- Not enough community health workers (program held up in Governor’s office). Community health workers needed in primary care offices, hospitals, and agencies.
- Lack of resources; pass Fair Share Constitutional Amendment.
- Need life skills training in every school, implemented with fidelity.
- Hospital policies should require knowledge about all resources.
- Short term grant cycles.

Mapping Workshop Data - Identified Strengths

Individual Level:

- People willing to think outside the box (rule breakers).
- Resilient.
- Resourceful.
- Tenacious.
- Adaptable.
- Generous.
- Good neighbors.
- Faith.
- Willingness to give/get help.
- Networkers.
- People want to learn.
- Hope.
- Open minded.
- Connectedness.
- Love.
- Communicators.
- Motivated.
- Holistic mindset.

Provider Level:

- Warm hand off.
- Willingness to sit and find suitable level of care (this is a changing culture).

- Moving from “disease model.”
- Re-entry services and improved coordination between men’s and women’s correctional facilities.
- Openness to more flexible roles (peer support).
- Collaboration between Franklin County and North Quabbin.
- People who are doing the work (outcomes human related).
- Franklin County Resource Network (support for the supporters, information sharing, developing and maintaining relationships within the care community).
- Integrated peer support within Franklin County to some level.
- Support from organizational power structure/ leadership for peer support.
- Agencies trained in trauma informed care.
- Looking to create sustainable pathways that live on beyond individual people.

Systems Level:

- Strong social service collaboration.
- Workforce development.
- Professional development.
- Commitment to best practices.
- Strong leadership.
- Awareness of systems of oppression.
- Community outreach.
- Responsive systems.
- Flexibility.
- Tiered interventions
- Ripple effect (large systems moving small systems); technology to coordinate systems.
- Meet people where they are at with education options.
- Informal systems within formal systems.
- Becoming more trauma informed.
- Innovation.

Policy Level:

- Senate President/local legislators.
- Strong advocacy groups:
 - Safe Schools/Safe Streets, Gill-Montague Community School Partnership, Communities That Care Coalition, North Quabbin Community Coalition, Opioid Task Force.
 - Massachusetts Public Health Association, Massachusetts Medical Society.
- Access to trade associations (like Mass Association for Community Action (MASSCAP) and Mass Chapter National Association of Housing and Redevelopment Officials (MassNAHRO).
- Franklin County perinatal support organizations.

- Western Mass Public Health.
- Rural Schools Coalition.
- Rural Policy Commission.
- Hilltown Continuum of Care Coalitions.
- Western Mass Recovery Learning Community.
- Leadership alignment and good working relationships.
- Franklin County/North Quabbin Community Health Improvement Plan (CHIP).

Mapping Workshop Data - Priority Goals

Individual group:

1. One-stop triage.
2. Collective Impact; every community member takes responsibility.

Provider group:

1. Create trauma informed towns/communities.
2. Navigation; improve community navigation.

Systems group:

1. Embedding trauma informed/resilience protocols in all community settings (utilizing common language).
2. Provide more options for moving in and out of systems.

Policy group:

1. Healthcare access for all.
2. Free preschool and free college.

Mapping Workshop Data - Identified Intercepts

- CHART Services (Community Hospital Acceleration, Revitalization and Transformation):
 - Navigation.
 - Coordination.
 - Relationship.
 - Advocacy.
- Department of Children and Families child advocacy.
- Family advocates who coordinate resources and stays with family.
- Baby "well visits" when death of a parent occurs.
- Information and referral line (triage) at initial point of contact (made available to funeral homes, doctors, schools, etc.) and assigned a coach/support person. Support person is long term, builds a real relationship, help navigate all the resources (not provider specific).
- Basic needs providers make referrals for parent education (Nurturing Families, etc.) and child supports (Big Brothers/Big Sisters, Headstart, etc.).

- Supports for surviving parent when other parent dies.
- Providers are educated on signs of abuse and make appropriate referrals to New England Learning Center for Women in Transition (NELCWIT).
- Mobile support services.
- Care coordinators for victims of domestic violence.
- More Active Bystander Training (emergency medical technicians, health inspectors, town officials, etc.).
- Access/engagement with other families.
- Legal aides at Justice Center.
- CASA (Court Appointed Special Advocates for children) through Friends of Children
- Children's Advocacy Center.
- District Attorney's Diversion Program.
- Referrals to Nurturing Father's Program when fathers are in jail.
- Jail connects men to Greenfield Community College.

Identifying Policy and Systems Change for Community Resilience

A Report of the Intercept Zero Project: Honoring the Voices of the Community

This report was written by Debra McLaughlin, Melanie Wilson, and Jeanette Voas with contributions by Kat Allen, Sara Cummings, Ilana Gerjuoy, Clare Higgins, Tess Jurgensen, Michael Lewis, Mary McClintock, Deborah Neubauer, and Keleigh Pereira.

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Intercept Zero Mapping Event, May 5, 2017, Greenfield Community College (All photos by: Debra McLaughlin)

✓ Michael Lewis, Intercept Zero Advisory Council Member and Jessie Cooley, former co-chair of the Public Policy Task Force and aide to Rep. Paul Mark



△ Large group

✓ John Merrigan, Bob Pura, Rep. Paul Mark, and Sen. Stan Rosenberg



△ Matthew Leger-Small, a former Intercept Zero Advisory Council member, providing assistance to a small workgroup

✓ Ken Chartrand, Deb Neubauer, and Jerry Lund working in a small group



△ Heather Bialecki-Canning, Cheryl Dukes, Erica Masson, Phoebe Walker, and Amber Ortiz, working in a small group

Reflections, Notes, and Possible Action Steps

