



# Prevention Collaboration in Action

Grantee  
Success Stories

## Building Community Voices into Programming

Like many communities across Massachusetts, towns in Franklin County and the North Quabbin region have been struggling with a decade-long opioid crisis. Between 2012 and 2022, 198 people in Franklin County died of opioid-related overdoses.<sup>1</sup> Data from one local hospital suggests that between 2015 and 2018, “about one in five (19%) area residents admitted to the hospital...had a substance use disorder diagnosis.”<sup>2</sup>

In 2019, prevention providers with the Franklin County and the North Quabbin Region Communities That Care (CTC) Coalition became concerned about the epidemic’s impact on young children who lived in families affected by substance use disorder (SUD). They applied for—and received—a SAMHSA-funded State Opioid Response-Prevention in Early Childhood (SOR-PEC) grant to support early intervention.

Four years on, the SOR-PEC grant has helped the Coalition achieve some important goals. One has been the selection and implementation of Brazelton Touchpoints, a program that trains early childhood providers to destigmatize their services when working with families affected by SUD and trauma. Far from being a top-down decision, the selection of Touchpoints was the result of a deliberate and thoughtful collaborative process that centered the perspectives of people with lived experience in the community.



Leigh-Ellen Figueroa speaking at the Communities That Care full coalition meeting in the fall of 2022.

***Leigh-Ellen Figueroa, the SOR-PEC grant coordinator, puts it simply: “Collaboration is a hallmark of everything we do.”***

## TIPS FOR SUCCESS

### Build on Existing Partnerships

Confronting an issue as complicated as substance misuse takes sustained efforts over time. One of the factors working in Franklin County's favor, says Figueroa, was a long history of collaboration among educators, first responders, and other community members on prevention activities, sparked by the needs of youth in the late 1990s.

"Early on, the prevention community formed these core collaborative partnerships with the sheriff's office, the school districts, the early childhood care providers," she says. The CTC Coalition was one; another was the Early Childhood Mental Health Roundtable (ECMHR), which brings together a wide range of health and education providers to advocate for evidence-based, culturally competent services that support families.

These partnerships have become critical, trusted players in the region's efforts to promote health and wellness. The ECMHR has representatives from early intervention services, Head Start programs, community health centers, and substance misuse task forces. Meanwhile, the CTC Coalition has established a number of workgroups that reach deep into the community, including a Parent and Family Engagement Workgroup, a Racial Justice Workgroup, and a Regional School Health Task Force. Because of these outreach and inclusion efforts, both partnerships have become trusted messengers in the community.

So, when it came time to create a Core Planning Team (CPT) to administer the SOR-PEC grant, it was natural to appoint members from these two experienced, well-connected groups.

***"Each group had a slightly different focus, but our goals were the same—to improve youth health and wellness and to address health equity in Franklin County and in the North Quabbin," says Figueroa.***

### Acknowledge Critical Gaps

Figueroa was part of the original four-person CPT that was tasked with identifying potential prevention programs. They began the process by conducting focus groups, interviewing stakeholders, and examining regional health data to better understand the need.

It was during this process that Figueroa and other members of the team realized that an important voice was missing from the CPT: people with lived experience. Through their interviews and other data collection efforts, the CPT learned about the many interrelated challenges that families affected by SUD had to confront, including housing insecurity, poverty, and unstable childcare arrangements. Yet none of those first-hand experiences were present on the CPT.

“All of us on the core planning team were in similar life positions,” says Figueroa.

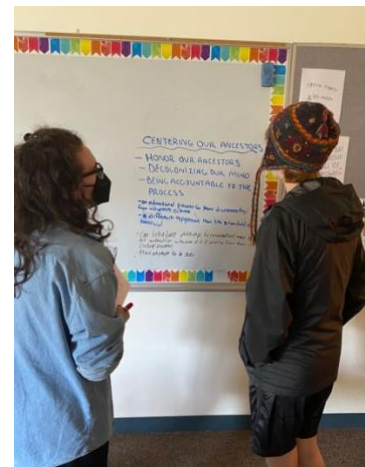
***“We were looking at the issue through a myopic lens. We needed to have more voices of folks who were actually living these struggles right now, in this moment, helping guide our work. We needed more parents on this team—more people who were utilizing these services to weigh in on what we were doing with these funds.”***

To identify these people with lived experience, the CPT reached out to CTC’s PEER Ambassador Program, which trains parents and caregivers with diverse life experiences to be community resources and outreach leaders. She explained that the CPT was trying to better understand and address the impact of SUD, and that they wanted to expand the team to be more inclusive.

Three new people, including two PEER Ambassadors, volunteered to join the team. The expanded CPT now featured a much broader set of social identities among participants, including people in recovery, parents who had experienced poverty, parents of children with a disability, grandparents serving as primary caregivers, and people who had experienced housing instability. Together, this diversity of lived experiences provided the team with a broader set of perspectives as they assessed community needs, resources, and assets.

### **Make Meetings Inclusive**

Being inclusive means welcoming all people and their experiences. Figueroa recognizes that people without an advanced degree in



*Students and teachers discussing global connectedness and cultural connections in a Restorative Practices training at Pioneer Valley Regional High School.*

public health make valuable contributions to the conversation—and she wants them present and vocal in the meetings where community health issues are being discussed.

Inclusive meetings require that everyone acknowledges that there are different sources of knowledge in the room. So Figueroa bristles when she is in a meeting where any public health expert corrects the vocabulary of any community member. She believes that action can cause shame; it is also a subtle indication that someone does not belong in the conversation.

Figueroa feels strongly about this because she remembers how difficult it can be to enter spaces that are not designed with you in mind.

“I was a mom who was on WIC and food stamps and fuel assistance. I didn't have an education. I went to community college when I was a single parent and had to pull myself up out of that with very little help,” she says. “Fifteen years ago, I was that person that we're sitting in meetings talking about now.”

One of the ways to be more inclusive is to re-think how meetings are structured.

“What we—people in the position of power and in the position of agency—tend to value is agendas and data and outcomes and charts,” says Figueroa. “But you have to make space for people to share their experiences in genuine ways that don't always fit with the agenda. Because if you keep pushing *your* agenda, no one's going to show up. Why would anyone tell you their truth?”

### **Commit to Shared Decision-Making**

Centering the voices of people with lived experience requires listening and learning over time. It also means creating the space for participants to have a voice in decision-making. It's not enough to convene a focus group and then make programmatic decisions behind closed doors, an approach Figueroa describes as “extractive.”

“We talk a lot about not being a grasstops organization but being a grassroots organization,” says Figueroa. “So, whenever it feels like there's a lot of people who are just decision-makers, and not enough people who are from the communities that we're working with, then we really try to make a change.”

To avoid taking an “extractive” approach, CPT members engaged in ongoing conversations about the needs of caregivers with the PEER Ambassadors Program and the CTC's Racial Justice

Workgroup. These conversations revealed the acute need for a training program for early childhood providers that centered on stigma-free and anti-racist approaches.

### **Don't Expect Partners to Always Come to You**

Despite their commitment to creative, inclusive spaces, Figueroa and her colleagues continued to hear that participation in CTC Coalition meetings could feel intimidating, as many community members lacked a background in public health and were unfamiliar with the formal language that prevention specialists used to discuss substance misuse.

To address this challenge, members of the CPT looked to join existing conversations in the community rather than inviting people to come to them.

***Entering into new spaces to learn, rather than asking community members to come to their meetings, helped build trust and understanding. It also helped broker an honest collaboration among all groups where everyone, regardless of their formal education, felt that they could contribute.***



*Leigh-Ellen Figueroa and Keyedrya Jacobs from CTC, gather with other participants for a roundtable discussion at the June OD2A conference in Atlanta, GA.*

## **REFERENCES**

- 1 Massachusetts Department of Public Health. (June 2023). *Number of Opioid-Related Overdose Deaths, All Intents by County, MA Residents: 2012-2022*. <https://www.mass.gov/doc/opioid-related-overdose-deaths-by-county-june-2023/download>
- 2 Baystate Health Board of Trustees. (2019). *2019 Community Health Needs Assessment*. <https://www.baystatehealth.org/-/media/files/about-us/community-programs/community-benefits/2019-community-health-needs-assessments/baystate-franklin-2019-chna-report-final-web.pdf>