

JUNE 2018

In Their Words

A Report of the Intercept Zero Project



Foreword

In January 2018, the Opioid Task Force of Franklin County and the North Quabbin Region, in concert with the Franklin County Resource Network's Public Policy Task Force (a program of Community Action Pioneer Valley), released ["Identifying Policy and Systems Change for Community Resilience," A Report of the Intercept Zero Project: Honoring the Voices of the Community](#). This two-year study, championed by Representative Paul Mark of the 2nd Berkshire District, captured the voices of 229 individuals who lived and worked in our rural region to describe what could have made a difference in their lives when they needed help the most.

During our work together, we learned that many individuals experienced significant trauma as children that continues to shape their lives as adults today. However, the scope of the earlier report did not allow a close look into the experiences of pregnant women or young children up to age 12 in Franklin County and the North Quabbin area, especially within families affected by substance misuse and mental health challenges.

To remedy this, we turned to our collaborators in the North Quabbin region – the North Quabbin Community Coalition, Fisher Hill Elementary School and Valuing Our Children, among others – to help us better understand how young families and other caregivers interact with the systems designed to help them. We also learned how they have effectively braided community resources together to respond to those experiencing a crisis and where more work needs to be done to address significant gaps.

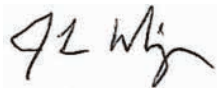
We feel privileged to present their stories today to illustrate the chronic stresses experienced every day by these families, reveal their resilience, and share lessons learned. We believe by doing so, we can offer hope and help to those impacted by trauma in our communities.

Sincerely,



Christopher J. Donelan

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



John F. Merrigan

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



David E. Sullivan

Northwestern District Attorney & Co-Chair, Opioid Task Force of Franklin County and the North Quabbin Region

Introduction

Between October 2016 and March 2017, nearly 230 people in Franklin County and the North Quabbin Region were interviewed by the Intercept Zero Project. Much was learned about the toll mental illness and substance use takes on families, and especially on youth, that contributed to their involvement in either the criminal justice and/or mental health systems. Yet, we wanted to learn more about how substance misuse and mental health challenges impact pregnant women and young children through age 12. Our community has reason to be concerned about this most vulnerable group.

For example, in the last year, elementary school staff in the North Quabbin region have noted an increasing number of students exhibiting troubling behaviors – aggressive actions and attitudes that suggest there may be serious problems at home. If families need additional support, the time to intervene is now, before problems snowball and begin impacting children's futures.

In an effort to look at the issues facing pregnant women and young children, we decided to speak to parents and caregivers directly about their own experiences. We wanted to hear their stories first-hand, explore how and why their families got into trouble, and understand which resources in the community helped them become stable and healthy. Just as important, we wanted to know which resources still do not exist for struggling families. With one exception, the six caregivers whose stories are featured in this report live in the North Quabbin region, a part of the county that is particularly impacted by poverty in our rural area.

It is easy to get lost in statistics about the opioid epidemic and its fallout. Human lives are behind these numbers, and each has its own complicated story. Some of those stories appear in this report. In presenting them, we hope to underscore how support from the community can change the lives of parents, caregivers and children. As a matter of urgent public health, we also want to highlight immediate needs that are still unmet, which continue to confound struggling families.



Sandi, 29 years and Colton, 1 year, Greenfield, Massachusetts

The story is told in the first person by Sandi, who was introduced to us by the nurse manager at Baystate Franklin Medical Center's Birthplace. Sandi and her son, Colton, live in Greenfield, Massachusetts. Sandi benefitted from the Empower Program at the Birthplace and she was interviewed at length. When we requested more details, she offered to put her story in writing. It appears below, slightly edited.

Sandi's story exemplifies universal themes, such as where substance misuse "comes from," the devastating impact it can have, and how that gets magnified when mental illness is also a factor. We have highlighted these important themes and turning points in Sandi's story, which are mirrored in later stories and interviews. In the margins of Sandi's story, we have summarized stages of abuse and illness, beginning with her troubled childhood, which led to tremendous pain. Her journey, however, also moves through stages of recovery, and offers us insight into defining moments when outside help can be most impactful.

I always struggled with depression and anxiety. My uncle sexually abused me starting at the age of 10 until I was 13. I told a friend who told my mom, and she kicked him out and pressed charges against him. There wasn't enough evidence [against him] so he won in court. I was extremely depressed, suicidal, and had a lot of anger. I went to the psych ward multiple times as a teenager for cutting, depression, and eating disorders.

Falling in love with the "cure-all," heroin.

At 17, a friend introduced me to heroin. It was the very first drug I tried and I fell in love. I felt like it was the cure-all for my depression, anxiety, PTSD, insomnia, and everything else I was dealing with. I started to party a lot and dove into other drugs. In 2010 I turned 21, and that's when my addiction really took off. I started working

at a strip club because I thought it would be a fun way to make money, but soon I started doing it for drug money because I realized I couldn't strip without being high. A friend introduced me to needles and it was like a completely different drug. After that I got dope-sick for the first time. Then I wasn't getting the same feeling anymore, so I started speedballing with cocaine.

My life had become a complete mess. I started going in and out of detoxes and programs. I couldn't stay clean to save my life. In 2011, I got on methadone^[1] for the first time and was also put on probation because I still couldn't stay clean. I ended up going to jail for the first time and kicking 165 mg of methadone cold turkey. It was torture. I only did seven days in jail, so when I got out I instantly started using again. A month later I went back to jail for a few months, went to a program, relapsed, and was doing bad again. I was still on methadone and using. I was living with a friend and ended up stealing almost \$1,000 from her. I was so ashamed of myself. Once again I was put on probation, just to end up back in jail.

Once I got out of jail, I relapsed, broke up with the love of my life – someone who I had been with for almost 10 years – and hooked up with basically a stranger. I decided I had to do something, so I called two clinics, one that used Suboxone and one that used methadone, and said 'Whatever one gets me in first, I'm going to.' CleanSlate^[2] ended up calling me back first, so I went there. After three weeks of being on Suboxone, I found out I was pregnant. I was in complete shock. The person I was going to have a baby with was someone I barely knew and he already had a daughter who was only a month old. I only ever wanted a child with the love of my life, who I had left because I was too high to care, and now I was having a baby with a stranger.

My son's father was cheating on me and treated me like I was the scum of the earth. I eventually relapsed. I was terrified of something happening to my baby. I knew I loved him more than anything else in this entire world, but could not stop using. I cried every single night holding on to one of his tiny little onesies praying he would be okay.

A new life is threatened.

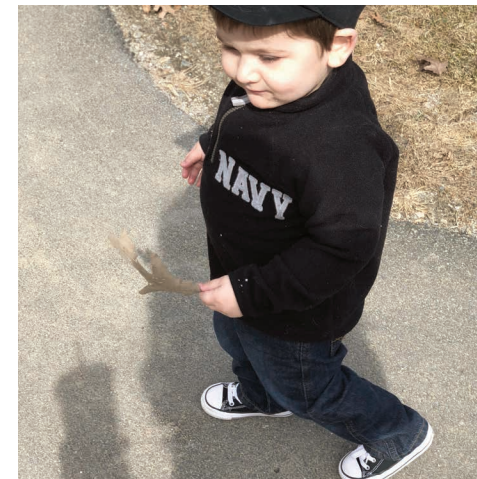
I was always honest with the midwives about using and they tried to support me the best they could. One of the biggest wake-up calls was when a midwife told me to start thinking about someone I trusted that could take my son in case DCF^[3] took custody. I was on probation trying my best to not go back to jail, and I knew I had to do something.

I didn't want to go on methadone again because I'd struggled with it before, and there's more of a stigma attached to it. Also, my son's father was really discouraging about it, which made it harder. But I finally made the switch. I was put on split doses this time. I was finally stable. I felt so much better, clear-headed. On that same day I went to The Watershed^[4]. That was the beginning of my recovery and my life.

After being there for about three weeks, I broke up with my son's father, and it was the best decision I ever made. I was introduced to the Prison Birth Project^[5] where I was given a doula^[6] who I am still close to. I gave birth January 1, 2016, at Baystate Franklin Medical Center and had an amazing team of midwives and nurses. I met Linda, a nurse manager at the Empower Project^[7], when I was only eight-weeks pregnant and the entire time she was so supportive and taught me so much. After I had my son, DCF came and Linda sat in on the visit and advocated for me. DCF never took custody of my son and decided to only open a case, which I fully expected and was okay with. I had an amazing relationship with my caseworker and never felt like they were against me, but just another person in my support network.

Some days at The Watershed were hard. My son has never been a good sleeper and mothers were expected to do all the same things the other clients were. I was so tired all the time, and the last group wasn't until 9pm. There were days I wanted to leave, but I stuck it out. In August 2016, I graduated and got my own apartment. After that I got my permit, my license, and then finally a car. This was huge for me because I had never owned a car before.

I now have over two years in recovery, and I'm back with the love of my life. I no longer have DCF in my life, and I have things I never dreamt about having before. I didn't even know what a doula was before and now that's my dream job. I became passionate about birth, breastfeeding, and helping women. I run a group on Facebook for mothers and pregnant women who are on medication-assisted treatment. I am working with Mass Rehab^[8] for school and hopefully I will be able to become a doula in a residential treatment center helping other women in recovery. The biggest thing I want others to know that are struggling is that you do not have to die an addict.



Getting sober in rehab and living a life she never thought she could have: health, a family, school, a potential new career.

^[1] Methadone, naltrexone and buprenorphine are the three drugs most commonly prescribed to treat opioid addiction. Suboxone is a combination of naltrexone and buprenorphine.

^[2] An outpatient drug treatment center.

^[3] Massachusetts Department of Children & Families, charged with protecting children and supporting families.

^[4] An in-patient addiction treatment program run by the Center for Human Development in Springfield. It is now called Two Rivers.

^[5] The Prison Birth Project provided trauma-informed doula care, childbirth classes, and peer support for incarcerated and previously incarcerated women. The program closed in 2017, but similar services are now being put in place at the Franklin County House of Corrections.

^[6] A person trained to provide advice, information, emotional support, and physical comfort to a mother before, during, and just after childbirth.

^[7] The EMPOWER Program (Engaging Mothers for Positive Outcomes with Early Referrals) is a community-based approach to improve care for women with newborns affected by perinatal substance use disorder and includes screening, referral and support for pregnant women who have active substance use at some time during their pregnancy and their infants.

^[8] The Massachusetts Rehabilitation Commission (Mass Rehab) provides vocational rehabilitation services to people with disabilities.

Grandparents Sandy, 56 years and Mike, 58 years, and Granddaughter Elsie, 4 years, Athol, Massachusetts

Mike and Sandy's granddaughter, Elsie, is 4 years old and has been living with them since she was an infant. Elsie and her parents, Tina and Ed* (Ed is Mike and Sandy's son) moved in for what was meant to be a temporary stay. The young parents were overwhelmed and cash-strapped, and Sandy and Mike wanted to give them a year of rent-free living so they could save money to move out on their own.

But Tina lost her job, began hanging out with friends and soon was using drugs. Eventually she began cheating on Ed, and, after a confrontation with him, moved out of the house. Almost four years later, Ed is still there. He works night shifts full-time, but is not involved with his daughter. Ed still does not make enough money to rent his own apartment. Even so, Mike and Sandy have set a deadline for him to move.

Meanwhile, the grandparents have legal guardianship of Elsie. Mike works 12-hour days five days a week and sometimes on Saturdays to support the family. Because he works so much, Sandy sometimes feels like a single mother. She has fibromyalgia, arthritis and other health issues, and has not been able to hold down a job for six or seven years. She recently was approved for disability payments.

Sandy's greatest need is respite care – someone to babysit Elsie once in a while and to help with household chores – but she and Mike can't afford it. Once they became Elsie's legal guardians, the Massachusetts Department of Child & Family Services (DCF) stopped paying them a monthly care stipend, and Tina, Elsie's mother says, is intermittently homeless and unable to pay child support. The irony of the situation is not lost on Sandy. "It's infuriating that grandparents, taking on grand and great-grands, saving the government money, instead of (paying for) foster homes, can't get the minimum help," she says.

Tina took Mike and Sandy to court to get once-a-week visitation with Elsie, which Sandy supervises. (Tina did not want to pay for the space and neutral supervision that NELCWIT^[1], a local social services agency, could have provided for visits.) The visits force Sandy to see Tina regularly now, and Sandy says she is not looking well. Tina has a history of mental health and substance misuse, and Sandy is worried that she is spiraling down again.

Four-year-old Elsie has several health issues herself. She is developmentally behind her peers. As a result, she gets speech and physical therapy through the local school district. She does not speak much and is sensitive to loud noises, leading her therapists to believe that she may be on the autism spectrum. Sandy wants to place her in private preschool that has smaller classes than what the public school system can offer. They cannot afford it without a voucher from the state. They have been told that funding for the vouchers is uncertain, and none are available right now.

Even though Sandy loves Elsie, the stress of caring for a child with special needs has worsened her health problems. To make things easier, she and Mike are looking to move into a ranch house, since she cannot climb stairs anymore, and renovating their current house – a "fixer upper" they bought before Elsie was born – is now beyond their means.

One useful thing has been North Quabbin Patch^[2], a program of Valuing Our Children^[3], where she is part of the Grandparents Support Group. Sandy gets assistance with benefits as well as emotional support from the staff.

*Tina, Ed and Elsie are pseudonyms.

^[1]The New England Learning Center for Women in Transition (NELCWIT) is a rape crisis and domestic violence center serving Franklin County and the North Quabbin. It provides a variety of services to parents and children, including supervision for court-ordered custody visits.

^[2]North Quabbin Patch is a program of Valuing Our Children (VOC). Patch is the result of a collaboration between Valuing Our Children, the North Quabbin Community Coalition, the Massachusetts Department of Children & Families, the Massachusetts Department of Youth Services, other area service providers. Among other things, it helps families access hard-to-find services and resources.

^[3] Valuing Our Children (VOC), a program of the North Quabbin Community Coalition, addresses the needs of children in the area by providing primary prevention of child abuse through family support, parenting education, and community development.

Mike, 43 years and Daughter Hailey, 4 years, Orange, Massachusetts

When Mike was 3 years old, his father left the family. He took Mike bowling one day, dropped him off at home, and drove away and that was it. Mike never saw him again. A couple of years later, his mother remarried. Her father lived with the family too, and sometimes Mike would be awakened in the middle of the night by his grandfather's punches. Maybe his grandfather had dementia; Mike was never told, but the strange beatings continued for a long time. Around the same time, a neighbor began abusing Mike.

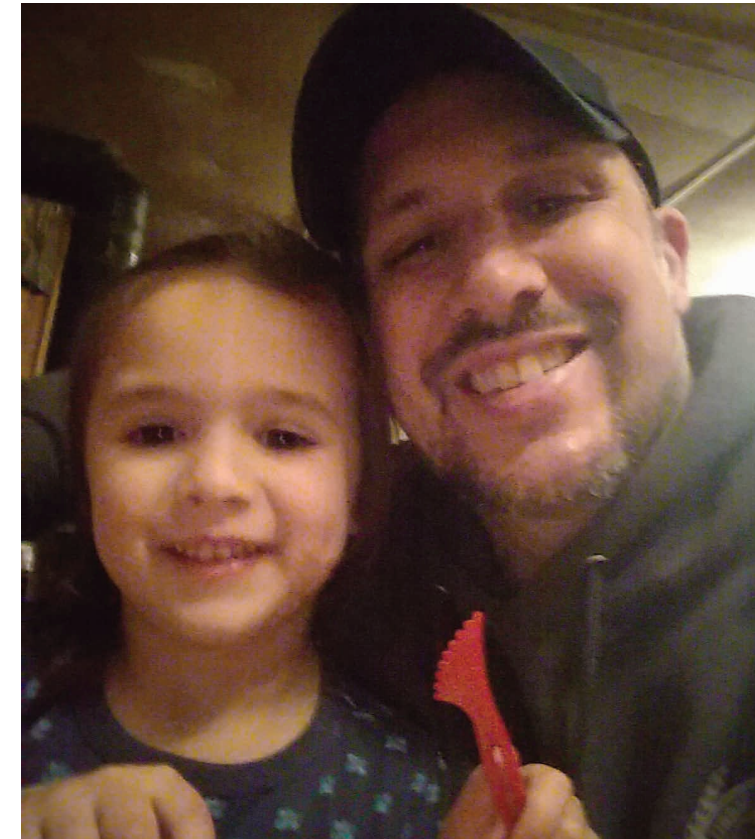
Mike was a quiet child. When he started school, he didn't fit in with the other kids. At age 14, he began acting out in anger. He wanted to feel in control, so he started working out to build up his muscles. He hated being touched and often got into fistfights with other boys. When he was 16 years old, a school guidance counselor referred him to a therapist. He ended up in a psychiatric facility, where he was diagnosed with a "chemical imbalance" and manic depression. He was there for three months while the staff adjusted his medications, trying to find the right mix. Mike longed to get out and be an ordinary teenager, but once he was released he wouldn't stay on his meds. He didn't think they helped, and anyway, he liked thinking of himself as tough, not needing anything. Over the next few years, he was hospitalized several more times.

Still struggling with his mental health, Mike married in his early 20s, but after seven or eight years, his wife, who had repeatedly urged him to get help for his problems, gave up on him and left. He was devastated. Over a six-month period, he attempted suicide several times and cycled in and out of the hospital. "During this time, I had no value of my life whatsoever," he recalls.

In 2010, he suffered a bad injury at work and saw a new doctor who put him on different meds and referred him to a new therapist. It was a turning point. Finally, Mike's feelings of shame about his childhood abuse and mental illness began to melt away. At the same time his treatment changed, he started rescuing and training dogs – a rewarding job that also, coincidentally, put him in contact with people who saw him as a positive male role model and wanted to confide in him about their personal problems. He began to feel he had something valuable to offer people – not by hiding his history with mental illness, but by sharing it. People could not believe a big, tough guy like him had had these problems and managed to overcome them, and they respected him for it.

Mike got married again, this time to a woman who had three children and wanted another one. Though the relationship was rocky, he wanted a baby, too, so he stuck it out. When his daughter was born he felt overpowering love for her, which was an emotion he hadn't felt before. But when she was still a toddler, his wife ended the marriage. In despair over the thought of losing access to his daughter, Mike took a massive overdose of pills in an attempt to kill himself. He was airlifted to UMASS Medical Center in Worcester in a coma. Doctors told his family he would not pull through. In the end, Mike surprised everyone and made a full recovery.

His journey back to health began with his daughter. His former wife remarried and left for New Hampshire, leaving his daughter with him for seven months. When his ex-wife decided she wanted joint custody, he took her to court. He felt he had proven he could be a good parent. He said the first judge was biased against him because of his history of mental illness; his lawyer filed a motion and got her to recuse herself. With a new judge, he feels more hopeful about his chances of getting full custody.



Meanwhile, Mike has taken advantage of local opportunities for young families. He has participated in parenting classes at Valuing Our Children^[1], where he is on the Parents Committee and completed the Nurturing Fathers Program^[2]. He works at home so he can spend a lot of time with his daughter, and they like to attend activities such as “Interactive Stories” and “Rise and Romp” at the Orange and Athol Public Libraries. He says he wants to learn more about child and adolescent development as she gets older, so he can steer her away from drugs and towards a healthy adulthood.

^[1] Valuing Our Children (VOC), a program of the North Quabbin Community Coalition, addresses the needs of children in the area by providing primary prevention of child abuse through family support, parenting education, and community development.

^[2] The Nurturing Fathers Program is an evidence-based, 13-week training course designed to teach parenting and nurturing skills to men.



Danielle, 43 and Wayne, 44 and their Daughters, ages 7 and 5, Athol, Massachusetts

Danielle and Wayne live in Athol with their two young daughters. The younger was born with congenital heart disease and has multiple health issues. She was in critical condition at 10 days old and had two open heart surgeries by the time she was 18 months old. Danielle works as a school bus driver, which allows her the flexibility she needs to tend to her daughter’s health appointments. Her younger daughter has at least six appointments every month, two in Boston and four in Worcester.

In 2016, Wayne had been working 12-hour shifts at night so he could care for the kids during the day. Then his company went bankrupt, he got laid off, and he couldn’t collect unemployment for months. He decided to go back to school, but by this time his family was close to losing everything. He started drinking heavily, in an effort, his wife says, to kill himself.

Danielle was laid off every summer when school was out of session, and they were living on her unemployment payments. In late 2017, to quell his anxiety and depression, Wayne got a prescription for medical marijuana. The effect was “life-saving,” Danielle said. Wayne lost 120 pounds and has not touched alcohol in a year. Shortly afterward, he found a job making good money and got a \$5 raise in his first year.

Still, there is never enough money. Both parents have children from prior marriages, and Wayne still pays child support. They each need a car to get to work, and their loan payments are \$800 a month. Before-school childcare, necessary because Danielle has to leave so early in the morning for her bus route, costs \$100 a week.

The family has extensive, ongoing medical expenses, which are not completely paid for by Wayne’s health insurance policy. The family started a GoFundMe page to help pay for two of their daughter’s surgeries. Someone in the community noticed the page and began raising money locally. The family was surprised and grateful. “This is why this town is so great,” Danielle said. “The community just picked that up and did a benefit that raised more money than the GoFundMe. That gave us some income when I had to be out of work for seven weeks when my daughter had surgery and had complications.”

Support programs have also helped. Every three weeks they go to the Orange Food Bank. The Salvation Army helps with their daycare costs and water bill. The family uses the Patch Program^[1], Food Stamps (SNAP), and WIC^[2] as well. Every year they hold off on making essential purchases until they get their tax return. In the meantime, to pinch pennies, Danielle grows a garden every summer, sowing it with seeds she stored from the year before.

Their older daughter has a school therapist for anxiety, arranged by the CHART^[3] Coordinator on staff of the North Quabbin Community Coalition, with funding from Heywood Hospital. The daughter with heart disease needs therapy as well, but due to school policy, cannot see the same counselor her sister does. Danielle called 12 therapists to try to find one, and only three called back. Part of the problem is that there are not enough therapists in the North Quabbin area. Another problem is that Danielle works too late to get her daughter to therapy by 5 PM, and most therapists don’t have evening or weekend hours.

Wayne has degenerative bone disease, which Danielle thinks is due to malnutrition in childhood. His mother worked three jobs to support him, and he ended up virtually raising himself. Although he is just in his 40s, he needs to have all his teeth pulled for medical reasons before he can get a needed hip replacement. The hip surgery will keep him out of work for six weeks, with no paycheck and no disability payments. He and Danielle are trying to raise money to prepare. It is a financial high-wire act that they are used to. “You just figure it out,” she says.

^[1]North Quabbin Patch is a program of Valuing Our Children (VOC). Patch is the result of a collaboration between Valuing Our Children, the North Quabbin Community Coalition, the Massachusetts Department of Children & Families, the Massachusetts Department of Youth Services, other area service providers. Among other things, it helps families’ access hard-to-find services and resources.

^[2]The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides healthy foods, nutritional education, breastfeeding support and referrals to healthcare and other services to Massachusetts families who qualify.

^[3]The Chart Program was funded by the Health Policy Commission (HPC) in Massachusetts. The grants’ goals were to maximize appropriate hospital use, enhance behavioral health care and improve processes to reduce waste and improve quality and safety. Two cycles of funding through Athol and Heywood Hospitals allowed for hospital teams that included community health workers and school based care coordinators. The current funding comes through one time grants from Heywood Hospital’s Charitable Foundation and the Athol School District under the umbrella of the North Quabbin Community Coalition. The Coalition is exploring ways to keep the school based coordinator in place when this funding ends in September 2018.

Pete, 36 years and Son, Ian, 6 years, North Quabbin Region, Massachusetts

Pete’s father died when he was 13. His grandmother was an alcoholic, and during his childhood both his younger brother and parents used drugs. Pete didn’t know he had a sister until he was a teenager; she lives in Connecticut and is the most emotionally stable member of the family. As a kid, Pete had anger problems and got into a lot of fights. He was lucky, though, and struck up a friendship with an older boy in high school who mentored him. They talked and kept in touch over the years, even after the older boy graduated.

Pete started his adult working life as a bartender. His shifts were long and stressful. In off hours, he drank heavily, “self-medicating” to deal with the stress of work. When his son was born, he threw out all his liquor and drinks only occasionally now. His girlfriend had been in and out of drug treatment and rehab from the time he met her. Their son Ian had Suboxone^[1] in his system when he was born, and had to spend two weeks in the hospital to get weaned off the drug. Pete was always worried about her relapsing, so he kept his son at his house as much as possible.

When Ian was 2 years old Pete found out that the Massachusetts Department of Children & Families (DCF) was threatening to take his ex-girlfriend’s other child, from another father, away because of drug use. He got a temporary injunction for custody and the same day was escorted by police to his ex-girlfriend’s home to take custody of Ian. After six months he was granted permanent custody. He was not awarded child support, and the mother retains some parental rights – a deal Pete did not question at the time because he felt lucky just to have won custody.

Currently, he rents a room for himself and Ian in his mother’s house in eastern Franklin County. He works a maintenance job full-time on the overnight shift. The arrangement isn’t easy, but at least he can be home in the day with his son. He feels his real family support is in Connecticut with his sister and her family. If Pete’s car is working, he and his son go down to visit about once a month. If he could, he would move down there permanently but his custody arrangement with the boy’s mother makes an out-of-state move impossible.

After Ian came to live with him full-time, Pete attended community college and took an AmeriCorps job through DIAL/SELF^[2] where he helped run the Young Entrepreneurs Society (YES), a group that taught job

readiness and financial literacy skills to disadvantaged young people. Digging into the resources available in the community, he has taken parenting courses at Valuing Our Children^[3], and attends the Dad's Group and Parent's Group the organization offers. He is also involved in the Lions Club and the North Quabbin Community Coalition, where he finds people he respects and can talk to when he needs support.

Looking back, he can say that the informal mentorship he got as a teen was invaluable to him. In his view, mentors should be available to all young people, especially those who have the kind of problems at home that he had growing up. Looking forward, he is devoted to his son and wants to improve even seemingly small things such as local playgrounds, (some of which he thinks are dirty and lack the equipment appropriate for small children.) If the community organizes some park clean-ups, he "will be in", he says.

*Pete and Ian are pseudonyms.

^[1]Used to treat opioid addiction.

^[2]DIAL/SELF is a youth services agency in Greenfield that operates an AmeriCorps program. AmeriCorps is a national program that provides stipends for individuals who volunteer in jobs that serve the community. The YES group no longer exists.

^[3]Valuing Our Children (VOC), a program of the North Quabbin Community Coalition, addresses the needs of children in the area by providing primary prevention of child abuse through family support, parenting education, and community development.

Richess, Grandmother, 55 years, caring for Granddaughter, 3 years, Grandson, 7 years, and Granddaughter, 12 years, Athol, Massachusetts

Richess is caring for three grandchildren, the youngest two she took when their parents – Richess' son and his partner – began misusing substances. (The oldest grandchild is from another of Richess' adult children.)

Taking the children into kinship care was important to Richess, but it was also costly in many ways. Her husband, the children's grandfather, couldn't tolerate the new arrangement and moved out. At this point, she doesn't know where he is. To satisfy the Massachusetts Department of Children & Families' (DCF) requirements for foster care providers, she had to get rid of her beloved German Shepherds, her pool, and a trampoline she had in her backyard. Losing the dogs, who were almost like children to her, was particularly painful.

Richess gets \$388 a month from the Commonwealth to help cover the children's expenses, but given that her husband is gone and she can only work a few hours a week, she says the money doesn't go nearly far enough. She needs respite care for the children so she can hold down a regular job, and also needs help with basic expenses. Bureaucracy seems to be conspiring against her, though. For instance, she was counting on getting heating assistance last winter, but without her husband's current address the paperwork could not be processed.

In the meantime, as the children's guardian, she is responsible for working with child welfare systems in two different states. She and the children live in Massachusetts, but the maternal grandmother of two of the children lives in Vermont. To comply with state caseworkers' wishes, she drives the children to Vermont four times a week to visit their grandmother there. As the designated supervisor of those visits, Richess is not able to use the time to visit her own family in Vermont, which feels like just one more hardship to her.

Working with two state child welfare systems has led to delays and communication breakdowns. Sometimes mistakes get made. For instance, the youngest granddaughter's mom told a state caseworker that she had a biological brother. At the insistence of the state, Richess organized visits between her granddaughter and the boy for two and a half years. Eventually, though, Richess learned that the boy was not related to her granddaughter after all, and the visits stopped. Now the granddaughter feels like she has lost a sibling. "It feels like it's you against the world," Richess says.

Richess has found at least some support locally. For instance, she participated in "Raising a Thinking Child" classes at Valuing Our Children in Athol. She has also used the North Quabbin Patch^[1], a program

of Valuing Our Children, to help find a counselor for her grandson, who she says has mental health problems. Still, life raising three grandchildren by herself – a sad consequence of the parents' substance misuse – has been tough. Richess says she doesn't even "see adults anymore." It's her grandchildren who need all of her attention right now.

^[1]North Quabbin Patch is a program of Valuing Our Children (VOC). Patch is the result of a collaboration between Valuing Our Children, the North Quabbin Community Coalition, the Department of Children and Families, the Department of Youth Services, other area service providers. Among other things, it helps families access hard-to-find services and resources.

When Families' Needs are Basic

Amanda Mankowsky, School-Based Coordinator, Athol School District

When children and their families in Athol need help – almost any kind of help at all, for any reason – one of the people they turn to is Amanda Mankowsky.

Ms. Mankowsky is the school-based coordinator for the Athol School District. The position was created by the CHART Program, a state-funded initiative intended, in part, to launch a set of initiatives designed to expand behavioral health navigation services in North Central Massachusetts and reduce emergency room visits by connecting people with community resources that can help them stay healthy. The school-based coordinators funded by the program, of which there are two in North Quabbin schools, focus on addressing students' behavioral health needs. The underlying assumption is that helping children and families get what they need will result in better school attendance, behavior and grades.

Ms. Mankowsky's role has given her a birds-eye view of the problems that North Quabbin families face when also confronted with substance misuse and mental illness. While those needs can be complicated and lack easy solutions, what are perhaps most surprising and distressing is how basic many of these needs are. Indeed, the biggest issues affecting the families Ms. Mankowsky sees are food insecurity and transportation.

Food insecurity tends to be an issue for working families. For instance, many working families do not qualify for SNAP (otherwise known as Food Stamps) because their earnings are a little too high, while many older caregivers, such as grandparents who receive Social Security are also disqualified because those benefits count as earned income.

Heywood Healthcare and the Athol Rotary Club have tried to address food insecurity and hunger with a weekend backpack program. This effort sends students home every Friday with a backpack full of food meant to last through the weekend. A sign-up form goes home in students' bags at the beginning of year, and any family that wants to be part of the program just fills it out and sends it back. There are no special income eligibility requirements. Still, Ms. Mankowsky said that many families are too ashamed to ask for help. "Parents are just too embarrassed to say they don't have enough food for their families."

Transportation is another common problem for rural families, and over the years it has only gotten more difficult. One reason is geographical. The North Quabbin region is sandwiched between Franklin County and Worcester County, and therefore served by two different transit systems, neither of which can easily coordinate with the other due to a variety of constraints. Individuals trying to move around the region often need to use both bus systems, an inconvenient fact that can stretch even short trips into an hours-long journey involving several different buses.

Because of a school merger, elementary school families whose children once walked to school now must take the bus. If the family has no car, missing the bus means missing school altogether. Without personal transportation, families are also unable to participate in school events and meetings with teachers, all of which impacts their ability to participate in their child's education.



Thirteen of the 57 families (22%) of Ms. Mankowsky's current caseload are in this situation, making the problem a significant one.

Even when poor parents do have their own vehicles, the cost of buying, insuring and maintaining them is often overwhelming, draining cash out of the family's overall budget and making it that much harder to meet other basic needs.

The stories of families in this report underscore the complexity of their lives that is a hallmark of many who live in the Franklin County and North Quabbin area. Often multiple issues need to be addressed simultaneously, which takes time and the involvement of family and community members. Amanda Mankowsky is one example of a "system navigator", a term used to define someone who can help individuals understand the structures designed to help them. These individuals work hard to help build relationships and community connections that allow families to get the help they need. Helping organizations, like the North Quabbin Community Coalition, are working systemically with community-based groups like Patch and its Grandparents Group, Valuing Our Children, the Athol YMCA, among many others, to build community. The relationships they develop allow individuals to feel comfortable enough to drop in and talk about how they are doing and what they need – such as food, fuel, or a loaner car – to help them meet the needs of their families.

What We Learned by Listening to People's Stories

Each family profiled in this report has been affected by mental illness or substance misuse in one way or another. Several families have struggled with both, a common reality because these problems often lead to and intensify one another. As complicated, and at times devastating, as their problems have been, each family is working hard to become stable and financially self-sufficient. Even more important, each is committed to raising children who have everything they need to become successful adults.

We chose to profile these families not because their stories are uncommon, but because they are, in fact, more common than many of us realize. In Franklin County and the North Quabbin Region, hundreds of parents have struggled with substance misuse or mental health challenges, and those problems make raising healthy children difficult. When children don't grow up in stable environments, they begin their adult life with disadvantages that put them behind their peers and make it more likely they will have children who also start out behind. That is why it's in everybody's best interest – families', our community's, and society at large – to look through these families' eyes at the different resources and services that helped them get back on their feet while also paying attention to what things are still missing.

As previously noted, the families in this report and throughout Franklin County and the North Quabbin region who are affected by substance misuse and/or mental health challenges tend to have much in common. Often, young parents had absent, neglectful or abusive parents of their own. Substance misuse or mental health challenges ran in the family. Poverty in childhood became poverty in adulthood, with parents relying on low-wage jobs to support their children. Homelessness, stints in jail and rotations in and out of detox, rehab programs and psychiatric hospitals are frequent. State child welfare workers often become involved, at least temporarily, and young children end up being placed with the relative who can best provide a safe place for them.

Yet there is hope. These stories prove that families can turn things around, and show how they are doing it. However, one thing is clear; all of them have needed help to learn how to have more healthy, stable, and successful lives.

What Has Helped

We learned through these stories that a connection to a resource hub providing emotional support and access to practical help is a game changer. Such hubs that proved to be helpful to parents and caregivers in these stories were the North Quabbin Community Coalition; Valuing Our Children and its program,

North Quabbin Patch; and the school-based care coordinators funded by Heywood Hospital's CHART Program. Many of the services, resources, education, and connections provided to families through these hubs were free and easy to access, suggested by staff that the families came to see as trusted allies.

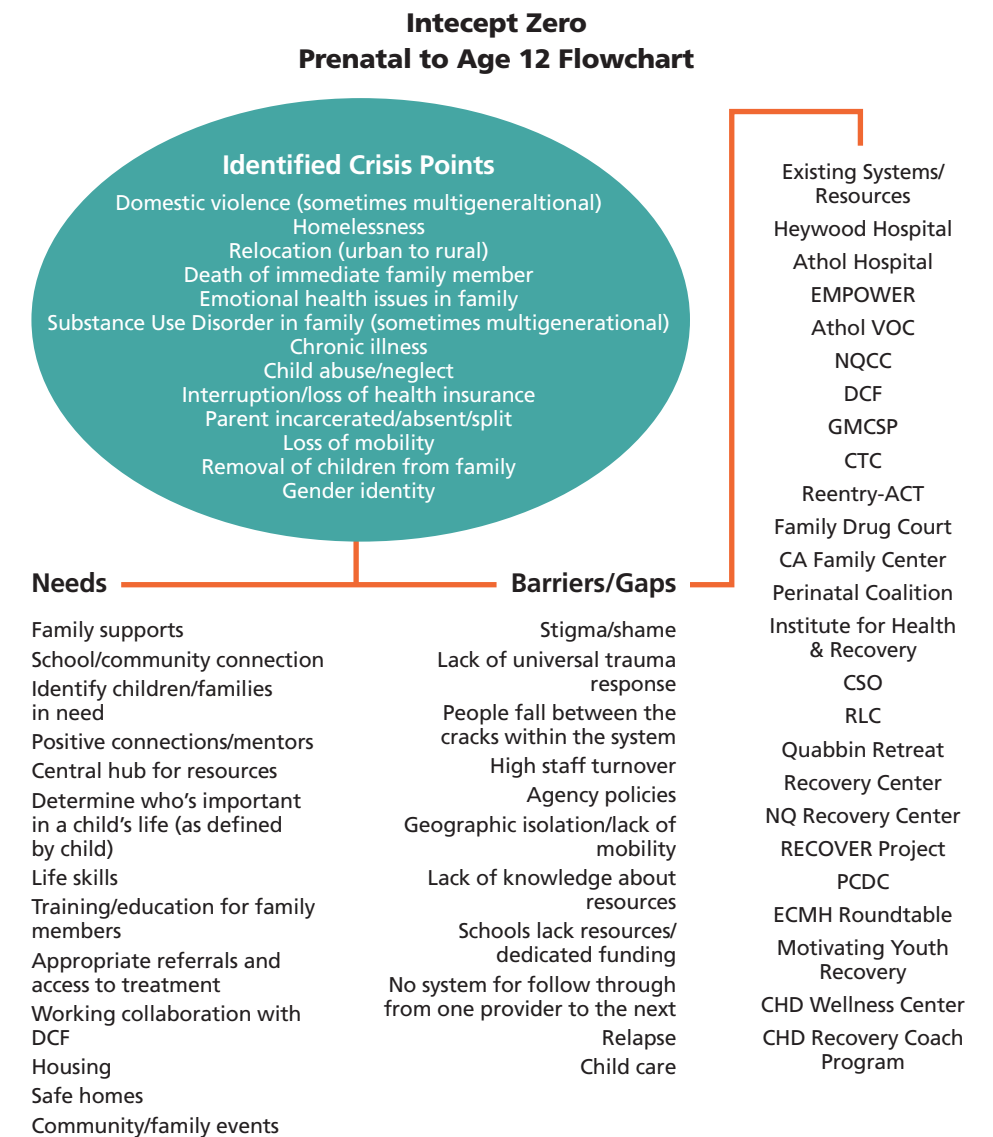
If any single thing could be considered most helpful to families, it is that they were able to locate helpers who assisted them without judgment, Helpers who sympathized, knew they were trying their best under very difficult circumstances, and knew how to access whatever the family needed to the extent it was available.

Resource hubs and other help identified that families found useful were:

- Parenting education programs and support groups, such as those organized by North Quabbin Patch in Athol.
- Mentors, even informal ones found in civic groups such as the Lions Club.
- Public resources, such as parks and libraries. Libraries offer many resources, including computer groups, story sessions and "Rise and Romp" for young children.
- Basic food assistance such as SNAP (Food Stamps); Women, Infants and Children Supplemental Nutrition Program (WIC); and the weekend backpack program in Athol schools. The local food pantry in the North Quabbin is open just one day a month, making these benefits critical for poor families. Community suppers, which could provide both a free healthy meal and a chance to socialize with neighbors, are well-attended, but only organized once every several months.
- Drug rehab programs located in the Greenfield and North Quabbin region.

- Educational programs and classes. Substance misuse and mental illness tends to pull people off track, consuming their time, energy and resources while education dreams and career opportunities are put on hold. As they get healthier, people turn to community colleges, AmeriCorps, or education programs available through Mass Rehab to gain needed skills and credentials.

While each family profiled above has received at least some help from the community or state, significant types of supports are still missing – support that would make it possible for families like these to achieve greater self-sufficiency, overcome adversity, and provide more opportunities for their children.



Common Needs Still Unmet

“Tragically, this crisis impacts not just the individual with addictions but their loved ones, in particular children. The Department of Children & Families continues to institute systematic reforms addressing numerous factors, including substance use disorders and family instability that cause an increase in the need for foster care. We remain vigilant in our efforts to do what is best for children and urge public support in increasing our supply of caring foster homes.” - **Pascaly Balzora-Rivert, Greenfield Area Director, Massachusetts Department of Children & Families**

An array of common themes were identified by listening to the stories of families. They are:

- Accessible mental health services for children
- Respite child care
- Affordable quality childcare
- Help with heating and home repairs
- Public transportation (including on-demand, door-to-door transportation)
- Easy, non-stigmatizing access to free/affordable healthy food
- Affordable housing
- Foster care

To view other additional needs that were identified by area residents, please see “Identifying Policy and Systems Change for Community Resilience” A Report of the Intercept Zero Project: Honoring the Voices of the Community.”

Methodology

The idea for creating this short publication came from research that was done for [“Identifying Policy and Systems Change for Community Resilience” A Report of the Intercept Zero Project: Honoring the Voices of the Community”](#), which was released in January 2018.

In that project, 15 focus groups and 82 interviews were conducted and a community mapping event was held where 299 individuals participated to identify the earliest possible “interception points” for individuals who developed mental illness or substance use disorders as adults.

In the second phase of work, we focused narrowly on the experiences and needs of pregnant women, infants, and children up to age 12 whose lives had been affected by these issues.

To gather more information about this particularly vulnerable group, we convened a working group of social service providers from the North Quabbin region and Franklin County to discuss issues relevant to families with young children. We then asked participants in a parents support group at North Quabbin Patch in Athol for additional insights and suggestions. Based on recommendations from both sources, we approached caregivers – in this case all were parents or grandparents – whose stories the groups considered typical enough to generally represent young families in the area affected by substance misuse or mental health challenges.

The stories in this report are based on extensive interviews with the heads of six families. During personal meetings, sometime over several sittings, which in each case totaled from two to four hours, the Intercept Zero Project Coordinator interviewed parents or grandparents, taking notes and later transcribing them for review by interviewees and project staff. All interviewees were given the opportunity to check their summarized stories for accuracy, and add relevant information or remove information they decided they did not want made public. Each interviewee also chose whether their actual names (and the names of their children) would be used, or whether they preferred to be assigned pseudonyms. Participants gave informed, written consent for us to share their stories.

These stories are meant to stand alone as personal testaments to the toll that substance misuse and mental health challenges can take on families, and families’ innate capacity to stabilize and even flourish despite their problems. We have, however, provided a brief analysis section that summarizes the lessons we might learn from these families as we work to create a stronger, more resilient community where all children can thrive.

Acknowledgments

This report is a testament to the resourcefulness and resilience of the people and organizations of the North Quabbin region and their dedication to, and caring for, the children who depend on them for their health and wellbeing. We extend our profound gratitude to the parents and caregivers who so willingly shared their struggles and triumphs in the hope that their stories will provide inspiration and guidance to other families working to ensure happy, healthy lives for their children. This report would not exist without them. We also want to thank the Parents Group at the Athol Patch office who agreed to be interviewed and helped us identify additional gaps and resources.

We appreciate the generosity of our work group, comprised of individuals from multiple organizations and settings who met over the course of a month to lend their expertise to the planning of this deeper look at pregnant women and young children in the North Quabbin Region. This work group reviewed data culled from [“Identifying Policy and Systems Change for Community Resilience” A Report of the Intercept Zero Project: Honoring the Voices of the Community”](#) and helped us identify further barriers and resources particular to pregnant moms and young children.

Many thanks to **Jen Audley**, Project Manager of the Gill-Montague Community School Partnership (GM CSP); **Pascaly Balzora-Rivert**, Greenfield Area Director, Massachusetts Department of Children & Families (DCF); **Lucinda Brown**, District Court Community Justice Coordinator; **Maureen Donelan**, Principal at Fisher Hill Elementary School in Orange; **Maureen Donovan**, TeleHealth Project Manager, Heywood Hospital; **Linda Jablonski**, Chair of the Perinatal Coalition and Nurse Manager at the Empower Program of Baystate Franklin Medical Center; **Amanda Mankowsky**, Chart School-Based Care Coordinator, Heywood Hospital; **Stefanie Shippee**, Department of Children and Families (DCF) Supervisor; and **Kena Vescovi**, Valuing Our Children (VOC) Executive Director.

A special thanks to **Kena Vescovi** at VOC, **Bette Jenks** at the North Quabbin Patch, and **Linda Jablonski** at the Empower Program who helped connect us to caregivers of young children and offered their space and assistance during the course of the project. We would also like to thank **Rebecca Bialecki**, Vice President, Community Health and Chief Change Agent, Heywood Hospital; **Heather Bialecki-Canning**, Executive Director, North Quabbin Community Coalition; and **Amanda Mankowsky**, School-Based Care Coordinator, Athol School District; for taking the time to help us understand how resources and systems of care are woven together in the North Quabbin Region, providing multiple points of entry for the community.

Finally, without the ongoing and enduring support of Rep. **Paul Mark**, who championed the Intercept Zero Project, this report would not have been possible.

In Their Words: A Report of the Intercept Zero Project

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