National Substance Use Disorder Summit: 
Innovating Partnerships with Families in Recovery

Wednesday, January 26, 2022
WELCOME

Thank you for joining Brazelton Touchpoints Center’s (BTC) first National Substance Use Disorder (SUD) Summit: Innovating Partnerships with Families in Recovery. The Summit includes three nationwide conversations on:

- the power of peer to peer supports in ensuring equitable and inclusive recovery interventions that center family voice and power, facilitated by recovery coaches with lived experience of SUD and their parent and professional partners;
- strengthening comprehensive systems approaches by assembling, connecting, and coordinating the broad array of sustainable supports, services, and resources for parents in recovery;
- transdisciplinary collaboration, distilling the key ingredients of effective approaches for building therapeutic relationships based on safety, trust, and hope, that promote parents’ motivation for recovery, and resilient responses to the relapses and recurrences that characterize this chronic disease’s course.

Research has shown that the quality of the caregiving relationship is the single most important factor in a baby’s recovery from substance exposure and mitigation of potential long-term deleterious effects on development. Yet from the beginning of this epidemic, policy, funding, and healthcare attention have been focused primarily on individuals, with emphasis on critically important medication-assisted treatment (MAT). Individuals in parenting roles, in the contexts of their families and communities, have received far less attention and support, even though the opioid epidemic now also contributes to racial disparities in maternal and neonatal morbidity and mortality. To the extent that the intergenerational effects of opioid use on fetuses and babies are addressed, resources largely target the much-needed medical treatment of hospitalized newborns with neonatal opioid withdrawal syndrome (NOWS).

BTC’s critical role in mitigating the intergenerational effects of the opioid epidemic to promote infant and parent recovery and health development add five additional strategies to MAT for adults, and pharmacologic and nonpharmacologic treatment for newborns with abstinence or withdrawal syndromes:

- Surface stigma, subtle or overt, wherever it resides, and substitute safe, respectful, trust-building, strengths-based parent-professional interactions.
- Build parent skills for understanding newborn behaviors as communications, for responding to challenging substance exposure-related newborn behaviors, and promote parental confidence and sense of competence, and parent-infant attachment.
- Leverage the vulnerabilities and opportunities of new parenthood to mobilize parents who often do not feel they deserve help but know their babies do - to accept and stay with treatment.
- Provide anticipatory guidance and additional supports for families as the predictable Touchpoints of development approach, challenging times for all families, but all the more so for infants and young children with self-regulation difficulties related to in utero substance exposure, and for parents with self-regulation difficulties related to the recovery process and to the traumatic pasts of the majority of mothers with SUD. Although a new baby can help parents discover new depths of motivation for their recovery, the first days and years of a child’s life predictably add more stress to those that precede and accompany SUD.
- Catalyze a shared vision and common, strengths-based language across sectors within communities. SUD is most often a chronic, recurrent disease that disrupts many aspects of a family’s functioning and resources – not just health and mental health, but also housing, employment, legal status, and more. Families with new babies living with SUD need treatment beyond MAT and for NOWS, longer-term treatment, and comprehensive supports.
BTC’s involvement in the impact of substance use on infants and families dates back to the 1970s and the advent of Brazelton’s Neonatal Behavioral Assessment Scale, used in nearly 1,000 research studies to date, including many assessing the effects of environmental toxins, anesthesia during labor; and medications, alcohol, tobacco, and illicit substances during pregnancy on newborn behavior. BTC’s work in this area has included a partnership with First 5 Santa Clara County, beginning in 2007, on a comprehensive, cross-sector county-wide, U.S. Health Resources and Services Administration (HRSA) funded initiative bringing together 28 agencies, all involved with families with infants born after in utero methamphetamine exposure. As a result of Touchpoints training, Judge Katherine Lucero changed the name of her Santa Clara court from Drug Court to Family Wellness Court. She participated with BTC leadership in an educational congressional briefing on this approach entitled, Babies, Parents and the Opioid Epidemic: We Know What to Do, in the House of Representatives -sponsored by Representatives DeLauro (D-CT) and Hunter (R-CA) in 2016.

BTC has adapted both the Touchpoints Approach and the Newborn Behavior Observation System (the NBO, a shorter, simpler, clinical version of the research-focused Neonatal Behavioral Assessment Scale) for families in recovery and has been building capacity for their implementation through partnerships with clinics, hospitals, home visiting and other programs serving families in recovery in California, Louisiana, Maine, Massachusetts, New Jersey, Ohio, Washington, and West Virginia.

This SUD Summit will not be just another conference. Instead, it is part of a strategic set of activities to spread and scale infant/parent development expertise to every community in the U.S. affected by the opioid epidemic. In addition to parents, providers, and program leaders who have partnered with BTC on this work, the Summit features state and federal policymakers and philanthropists as speakers and panelists, including representatives from HRSA, the Community Health Acceleration Partnership (a New Jersey Funder), and the Perigee Foundation of Washington State.

The Summit is designed to further spread this work to other agencies in each of these states, to other communities and states, and to create a national, cross-sector network and learning community that can, together, transform mindsets and systems of care for families in recovery.

Joshua Sparrow, MD
Executive Director, Brazelton Touchpoints Center
AGENDA

**Introduction and Welcome**
11:00 - 11:15 AM ET / 8:00 - 8:15 AM PT

*Joshua Sparrow, MD, Executive Director, Brazelton Touchpoints Center*

*Congresswoman Katherine Clark, D-MA, United States House of Representatives*

**Documentary Short: Voices of Mothers Living with Substance Use Disorder**
11:15 - 11:30 AM ET / 8:15 - 8:30 AM PT

*Dara Fruchter, MA, Project Manager, Infant, and Maternal Substance Use Prevention Coordination, Maine Center for Disease Control and Prevention, Maine Department of Health and Human Services*

**Panel: Peer-to-Peer Lived Experiences**
11:30 - 1:00 PM ET / 8:30 - 10:00 AM PT

**Moderator:**
*Eurnestine Brown, Ph.D., Director of Relational Equity, Inclusion and Belonging, Brazelton Touchpoints Center*

**Panelists:**
*David Shuster, Mentor Parent Program Manager, Dependency Advocacy Center, San Jose, California*

*Melissa Elias, Mentor Parent, Dependency Advocacy Center, San Jose, California*

*Vincente Sanabria, Therapeutic and Recovery Coach, Fathers Uplift, Boston, Massachusetts*

*Phaedra Moore, Project RESPECT Peer Recovery Specialist, Boston Medical Center*

*Debra Bercuvitz, MDPH, First Steps Together, Massachusetts Department of Public Health*

*Raquel Mazon Jeffers, Senior Director, U.S. Initiatives, Community Health Acceleration Partnership (CHAP), New Jersey*
National Substance Use Disorder Summit

Break
1:00 - 1:30 PM ET / 10:00 - 10:30 AM PT

Panel: Comprehensive Systems Approaches
1:30 - 3:00 PM ET / 10:30 - 12:00 PM PT

Moderator:
Joshua Sparrow, MD, Executive Director, Brazelton Touchpoints Center

Panelists:
Katherine Lucero, Esq., Presiding Judge, Juvenile Court Division for Santa Clara County, California

Shermoin Clardy, Director of Residential and Family Recovery, Evergreen Recovery Centers, Seattle, Washington

Jennifer Wootsick, Lead Infant Mental Health Specialist, Evergreen Recovery Centers, Seattle, Washington

Dara Fruchter, MA, Project Manager, Infant, and Maternal Substance Use Prevention Coordination, Maine Center for Disease Control and Prevention

Jamie Michaud, Part C State Coordinator, Child Development Services, Maine Department of Education

Mariel Mendez, MPH, Associate Program Officer, Perigee Fund, Seattle, Washington

Ekaterina Zoubak, MA, Social Science Analyst, Health Resources and Services Administration, U.S. Department of Health and Human Services

Break
3:00 - 3:30 PM / 12:00 - 12:30 PM PT
Panel: Transdisciplinary Collaboration (Shared Vision, Shared Language)
3:30 - 5:00 PM ET / 12:30 - 2:00 PM PT

Moderator:
Jayne Singer, Ph.D., IECMH-E®, Director of Developmental and Relational Health, Brazelton Touchpoints Center

Panelists:
Joy D. Osofsky, Ph.D., Clinical and Developmental Psychologist, Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare, Louisiana State University Health Sciences Center, New Orleans, Louisiana

Marian (“Mel”) Selby, MSW, LCSW-BACS, Assistant Professor of Clinical Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana

Melissa Sherman MD, FASAM, Medical Director, Lahey Beverly Hospital’s Compass Moms Do Care program, Beverly, Massachusetts

Ariel Wallen, LICSW, Team Lead, Lahey Beverly Hospital’s Compass Moms Do Care program, Beverly, Massachusetts

Carolyn Flynn, MA, LAC, CD, Director of START, The Center for Great Expectations, Somerset, New Jersey

Erica Pulliam, Site Manager START, The Center for Great Expectations, Somerset, New Jersey

Amanda Newhouse, LICSW, PCIT L-I Trainer, IMH-E®, Project IMPACT, Assistant Professor, Department of Behavioral Medicine and Psychiatry, West Virginia University and Rockefeller Neuroscience Institute

Closing Remarks
5:00 - 5:30 PM ET / 2:00 - 2:30 PM PT

Jayne Singer, Ph.D., IECMH-E®, Director of Developmental and Relational Health, Brazelton Touchpoints Center

Joshua Sparrow, MD, Executive Director, Brazelton Touchpoints Center

Eurnestine Brown, PhD, Director of Relational Equity, Inclusion and Belonging

Phaedra Moore, Project Respect Peer Recovery Specialist
Panelists

Debra Bercuvitz, MDPH
First Steps Together, Department of Public Health Commonwealth of Massachusetts

Debra Bercuvitz is the Perinatal Substance Use Coordinator for the Massachusetts Dept. of Public Health. She directs a home visiting peer recovery and parenting support program for substance-affected families. She has been instrumental in the development of the perinatal peer recovery coach workforce, perinatal substance use community collaboratives, DEA part C services for substance-exposed newborns, and the implementation of Plans of Safe Care in MA. She has conducted trainings nationally on family recovery, collaborative practice, and perinatal peer staff. She has worked in the field of substance use prevention, treatment, and recovery for more than 30 years, and is a passionate believer from both personal and professional experience in the power of recovery to transform lives and families.

Eurnestine Brown, PhD
Director of Relational Equity, Inclusion, and Belonging, Brazelton Touchpoints Center, Boston, Massachusetts

Eurnestine Brown brings a wealth of experience to her leadership role at the Brazelton Touchpoints Center (BTC) and the Division of Developmental Medicine (DDM) at Boston Children’s Hospital. She embraces relational equity, inclusion, and belonging, which begins with reflection, expanded awareness, and a commitment to action for change.

In her role as Program Director, Dr. Brown seeks to provide authentic pathways for all voices to be acknowledged, heard, and appreciated. As the Director of Relational Equity, Inclusion, and Belonging at BTC, she leads our efforts to become an anti-racist and inclusive Center. She also serves as the Division of Developmental Medicine Equity, Diversity and Inclusion Liaison to the Office of Health Equity and Inclusion (OHEI), which promotes sustainable excellence by creating an organizational culture committed to equity, inclusion, and belonging.

She is a former Senior Training and Technical Assistance Specialist and Resource Development Project Manager at the National Center on Parent, Family, and Community Engagement funded by the Office of Head Start and Office of Child Care. Dr. Brown has served as a Child Development Program Director in Early Head Start (EHS) and Head Start (HS): home-based, center-based, family care, and local program options. As a Consultant and EHS Start-Up Planner, she provided grant, research, and overall program support and guidance to local and national EHS programs.
Shermoin Clardy
Director of Residential and Family Recovery, Evergreen Recovery Centers, Seattle, Washington

Shermoin Clardy is a clinical social worker with over 25-years in Behavioral Health, Public Administration, and Substance Use Disorder. Shermoin’s interest in Human Services began at a young age and she went on to work in a wide variety of positions. Shermoin’s experience includes public housing, youth services, clinical research, family services, long-term residential services, and substance use disorder. As a key member of the University of Washington’s nationally renowned research-based Parent-Child Assistance Program (PCAP), Shermoin worked one-on-one with mothers impacted by poverty and substance use. Currently, she is the Director of Residential and Family Recovery for Evergreen Recovery Centers, Western Washington’s largest recovery and treatment agency. Shermoin oversees both embedded PCAP programs (covering King and Pierce counties) as well as the Pregnant and Parenting Women’s long-term residential treatment program and Evergreen’s men-only co-occurring program. Shermoin’s clinical perspective is evidence-based, trauma-informed care that is strengths-based and solution-oriented with a focus on BIPOC communities. Shermoin holds an MSW, LSWAIC, and MHP, is an adjunct professor of the University of Washington School of Social Work, and a certified Diversity, Equity, Inclusion consultant.

Congresswoman Katherine Clark, D-MA
US House of Representatives

Congresswoman Katherine Clark proudly serves the Fifth District of Massachusetts. She was first elected in a special election in December of 2013.

Katherine’s career in public service is driven by her commitment to helping children and families succeed. She is a vocal advocate for ending wage discrimination, protecting women’s health care, access to affordable, high-quality child care, paid family leave, safer schools, and other reforms to address the challenges women and families face. She believes that Congress must work to end the glaring disconnect between the needs of families at home and priorities in Washington.

In Congress, she brings her experience as a state senator, state representative, general counsel for the Massachusetts Office of Child Care Services, and policy chief for the state attorney general. Katherine represents a diverse district comprised of 24 cities and towns that stretch from the coastal communities of Revere and Winthrop through the economic engine of MetroWest.

In fall 2020, she was elected by her colleagues to serve as Assistant Speaker of the 117th Congress after serving as the Vice Chair of the House Democratic Caucus during the previous session. Additionally, she serves as a member of the Steering and Policy Committee within the Caucus.

Katherine is a member of the U.S. House Committee on Appropriations and three subcommittees within Appropriations: Labor, Health and Human Services, Education, and Related Agencies; Legislative Branch; and Transportation, and Housing and Urban Development, and Related Agencies.
Katherine is a proud member of several caucuses in Congress, including the Congressional Progressive Caucus and the Women’s Caucus.

Katherine, her husband Rodney, and their three children Addison, Riley, and Nathaniel live in Melrose.
Melissa Elias  
*Mentor Parent, Dependency Advocacy Center, San Jose, California*  

I am a proud graduate of Santa Clara County’s Dependency Wellness Court. This is how I learned how to live my life without the use of mind-altering substances. After almost 2 years working a program of recovery, I realized that I have so much to offer other mothers who are struggling with the same demons. In 2019 I started working at the Dependency Advocacy Centers Mentor Parent Program. This is the best job I’ve ever had; I get to share my hard-earned knowledge with other mothers and watch them turn their lives around, this truly is my calling. I’m fortunate enough to have a second chance to raise my six children and enjoy my life with my husband. I currently have an incredible 3 years and 10 months of living clean and sober.

Carolyn Flynn, MA, LAC, CD  
*Director of START, The Center for Great Expectations, Somerset, New Jersey*

Carolyn Flynn, MA, LAC, CD, is the Director of START, The Center for Great Expectations’ community-based home visitation program, and an Early Relational Health Clinician at the Center for Great Expectations. Carolyn earned her Master’s in Counseling from Kean University and is a licensed associate counselor in New Jersey. Her passion has been working with pregnant persons began as a certified doula, providing education and support during pregnancy and childbirth since 2006. As a senior trainer at The Institute of the Center for Great Expectations, she has presented both locally and internationally on topics including early relational health, trauma-responsive childbirth, and prevention of intergenerational trauma.

Dara Fruchter, MA  
*Project Manager, Infant, and Maternal Substance Use Prevention Coordination, Maine Center for Disease Control and Prevention*

Dara Fruchter is Maine’s project manager for infant and maternal substance use prevention coordination at the Maine Center for Disease Control and Prevention, substance use prevention coordination at the Maine Center for Disease Control and on both the maternal and child health prevention teams. In collaboration with colleagues within Maine’s Department of Health and Human Services and others statewide, her focus is developing, coordinating, assessing, and promoting initiatives that support the best possible outcomes for substance-exposed infants and the parenting individuals and families surrounding them who live with substance use disorder. For over a decade in Massachusetts prior to her current position, she advocated for the importance of newborn developmental care and early healthy brain development specifically for substance-exposed infants. Her collaboration with doctors at Boston
Children’s Hospital and the Brazelton Institute along with vast community outreach contributed to new programming throughout MA with a focus on developmental care for substance-exposed infants supported by peer recovery coaching for new mothers living with substance use disorder. Dara found her way into working with substance-exposed infants through volunteering as a cuddler in Salem Hospital’s Special Care Nursery, North Shore Medical Center, Salem, MA.

Dara was an undergraduate at the University of Vermont and completed her graduate degree at Boston University. She is also a graduate of the Salt Institute for Documentary Studies at Maine College of Art, Short Documentary Film and Photography.

Katherine Lucero, Esq.
Presiding Judge of the Juvenile, Court Division for Santa Clara County, Director of the Office of Youth and Community Restoration, California

Katherine Lucero has very recently been named Director of the Office of Youth and Community Restoration at the California Health and Human Services Agency. She has been a Judge of the Santa Clara County Superior Court since 2016 and the Presiding Judge of the Juvenile Court Division since 2019. She has provided leadership in developing innovative programs such as the Family Treatment Court, Young Women and Girls’ Initiatives, the Juvenile Dual Diagnosis Treatment Court, the Dependency Family Wellness Court as well as Domestic Violence & Child Maltreatment Initiatives. She is a previous board member of the National Council of Juvenile and Family Court Judges; a former Commissioner of the Santa Clara County Domestic Violence Council; and the Santa Clara County Child Abuse Council. She currently sits on the Santa Clara County Human Trafficking Commission, and a variety of other committees dedicated to serving children and youth in government systems. She has trained other judges both locally and nationally on such issues as Domestic Violence, The Impact of Violence on Children, Race and the Child Welfare System, Trauma-Informed Court Settings, and Family Drug Courts. She published the book entitled Family Drug Courts: An Innovation in Transformation in 2012. And in 2020 she published Daily Affirmations for Children: The Unlimited Power of Creation. She has raised two daughters and has been married for 29 years.

Raquel Mazon Jeffers
Senior Director, U.S. Initiatives, Community Health Acceleration Partnership (CHAP), New Jersey

Raquel Mazon Jeffers is a senior director for U.S. Initiatives at The Community Health Acceleration Partnership (CHAP), where she provides strategic guidance to the principal investors on modernizing the public health system. Ms. Mazon Jeffers brings many years of experience leading transformative public health initiatives. She’s impacted healthcare and behavioral health systems on behalf of Government agencies, foundations, and non-profits. Much of her work has focused on delivery system reform for vulnerable populations with a particular focus on pregnant individuals, substance misuse, and early childhood trauma.
Before joining CHAP, Ms. Mazon Jeffers was a Senior Program Officer at The Nicholson Foundation, where she led $9 million in grantmaking on population health, telehealth, and maternal and child health. The initiatives she launched included the Colette LaMothe-Galette Community Health Worker Institute, the Doula Learning Collaborative, and a New Jersey adaptation of the Yale Child Study Center Family-Based Recovery dyadic in-home treatment model.

Prior to Nicholson, Ms. Mazon Jeffers served as Deputy Director of the Division of Mental Health and Addiction Services for the New Jersey Department of Human Services. In this role, she revamped New Jersey’s addiction system of care involving 300 agencies, increasing access and integrating behavioral health and primary care services. She also spearheaded the development of a continuum of treatment services designed to serve parents with substance use disorders.

**Mariel Mendez, MPH**  
*Associate Program Officer, Perigee Fund, Seattle, Washington*

Mariel is a core member of the Program Team at Perigee Fund. She works across portfolios and initiatives with an emphasis on building and investing in culturally sensitive approaches and community-driven change. She co-leads Perigee’s child welfare prevention initiative, paid family medical leave outreach, and maternal mental health and co-facilitates Perigee’s internal equity work. Her background in immigration justice and community-based public health help inform and shape Perigee’s investments. She also has two small daughters and is passionate about sharing her family and cultural traditions with her girls.

**Jamie Michaud, M.Ed**  
*Part C Coordinator, Child Development Services Maine Department of Education*

Jamie has been the Part C Coordinator for the state of Maine since October of 2020. Prior to this position, Jamie worked at Maine’s lead agency, Child Development Services, for 10 years as a Service Coordinator and, subsequently, the Early Intervention Program Manager. She completed her undergraduate work in Early Childhood Special Education at the University of Maine at Farmington and went on to earn a master’s degree in Special Education with a concentration in Early Intervention from the University of Maine. Additionally, she holds certification through the state of Maine as a Teacher of Students with Disabilities (birth to age 5). Jamie is highly invested in ensuring that Maine’s infants/toddlers and their families receive compassionate and helpful support and, if eligible, high-quality, evidence-based early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA).
Phaedra Moore
Peer Recovery Specialist, Boston Medical Center's Project RESPECT program, Boston, Massachusetts

Phaedra Moore is a Peer Recovery Specialist at Boston Medical Center’s Project RESPECT program. Phaedra has worked closely with pregnant and postpartum women with SUD in both residential treatment settings and through one-on-one peer coaching. Phaedra has worked in the recovery field for three years and uses her lived experience to reach across boundaries to find places of identification and understanding that inform each outreach.

Amanda Newhouse, PCIT Level- I Trainer, IMH-E®
Assistant Professor at WVU Medicine, Department of Behavioral Medicine and Psychiatry, Rockefeller Neuroscience Institute and West Virginia University

Amanda Newhouse received her undergraduate degree in Human Development and Family Studies and her master's degree in Social Work. She has been working with children and families as a licensed clinical social worker in a variety of settings for over 20 years. She is endorsed in WV as an Infant Mental Health Specialist, is certified in Infant Mental Health, and is a Level I Trainer for Parent-Child Interaction Therapy. Amanda currently works as Clinical Social Work Faculty in the Department of Behavioral Medicine at WVU Medicine. There she does research, teaching, and clinical work. She continues her clinical work with infants and families in the Infant and Early Childhood Clinic. She also specializes in working with moms who have a history of substance use disorders.

Joy D. Osofsky, Ph.D.
Clinical and Developmental Psychologist, Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare, Louisiana State University Health Sciences Center, New Orleans, Louisiana

Joy D. Osofsky, Ph.D. is a clinical and developmental psychologist, Paul J. Ramsay Chair of Psychiatry and Barbara Lemann Professor of Child Welfare at Louisiana State University Health Sciences Center in New Orleans. She has been published widely and authored or edited seven books on trauma in the lives of children. The latest volume published in 2018 with Betsy McAllister Groves is: Violence and Trauma in the Lives of Children: Vol I: Understanding the Impact, Vol II: Prevention and Intervention. Dr. Osofsky is past president of ZERO to THREE and of...
published widely and authored or edited seven books on trauma in the lives of children. The latest volume published in 2018 with Betsy McAllister Groves is: Violence and Trauma in the Lives of Children: Vol I: Understanding the Impact Vol II: Prevention and Intervention. Dr. Osofsky is past president of ZERO to THREE and of the World Association for Infant Mental Health. Currently, she is on the Board of Zero to Three and serves as Clinical Consultant on the Leadership Team for the Infant-Toddler Court Program/Safe Babies Court Team. She has had much experience with responding to disasters playing a leadership role in the Gulf region following Hurricane Katrina and the Deepwater Horizon Oil Spill. She served as Clinical Director for Child and Adolescent Initiatives for Louisiana Spirit following Hurricane Katrina and Co-Principal Investigator for the Mental and Behavioral Capacity Project following the Gulf Oil Spill.

She currently serves as Co-Principal Investigator for the National Child Traumatic Stress Network Center, Terrorism and Disaster Coalition for Child and Family Resilience. In 2007, Dr. Osofsky received the Sarah Haley Award for Clinical Excellence in trauma work from the International Society for Traumatic Stress Studies and in 2010 was recognized with the Reginald Lourie Award for leadership and outstanding contributions to the health and welfare of children and families.

**Erica Pulliam**

*Site Manager START, The Center for Great Expectations, Somerset, New Jersey*

Erica Pulliam is the Site Manager for START, The Center for Great Expectations’ community-based home visitation program. Erica is a graduate of Pillar College with an Associate in Arts degree in Biblical Studies and a Bachelor of Arts in Counseling and Psychology with a marriage and family concentration. Erica is a certified Domestic Violence Response Team member and a trained perinatal doula. Erica has worked at The Center since 2012, with advancing experience in our Adolescent Residential program and as a Case Manager. Erica is a demonstrated change agent for populations, who are marginalized, rejected, mistreated, and subjected to silence. Erica values her self-care and prioritizes spending time with her husband and two children.

**Vicente Sanabria**

*Therapeutic and Recovery Coach, Father’s Uplift, Dorchester, MA*

I grew up in the northern part of Puerto Rico called Brooklyn, New York, Bedford-Stuyvesant to be exact. I dropped out of high school and volunteered to join the United States Army, where I received my GED. I studied for the ministry at Faith School of Theology for a couple of years, received my Bachelor of Science in Human Services from New Hampshire College in 1987, and a Master of Science in Community Economic Development from Southern New Hampshire College, 2005.

One of my professional role models is the Zen Master and peace activist Thich Nhat Hanh. His meditation approach on bringing loving, kindness, compassion, joy, and equanimity to my work is refreshing and impactful as well as on a personal level. Professionally I’m very proud of myself, being a Therapeutic and Recovery Coach ain’t
too shabby. I am keeping a current streak of being above ground alive with much
gratitude. I have put in the effort of attaining long-term recovery daily, first from
heroin (clean since 7/1/1988) and alcohol (sober since 3-10-2001) through the 12
Steps of Recovery; gracias, Bill and Dr. Bob.

If I could invite anyone to dinner with my family, it would be author David Richo,
whose books have helped me become a better man. When I am not at Fathers’
UpLift, I’m hanging out with my daughter for a workout and practicing my self-care
plan multiple times a day.

Marian "Mel" Selby, LCSW-BACS
Assistant Professor of Clinical Psychiatry, Louisiana State University Health Sciences Center, New Orleans, Louisiana

Mel Selby, LCSW-BACS, received her MSW from Tulane University in 2002. She is currently an assistant professor of clinical psychiatry at LSUHSC in New Orleans. She has practiced clinical social work in numerous schools in New Orleans as well as the surrounding parishes. Ms. Selby has worked with both juvenile and adult Drug Courts. She has extensive experience working with trauma and underserved populations. She has presented on trauma and de-escalation techniques in several school districts and at the NASW-LA Annual Conference. Most recently, she has been part of the MIST team, providing supportive services to high-risk OB patients in a medical clinic. Her training includes the Harris Infant Mental Health program, Touchpoints Individual Level training as well as the Newborn Behavioral Observation training.

Melissa Sherman, MD, FASAM
Medical Director, Lahey Beverly Hospital's Compass Moms Do Care program, Beverly, Massachusetts

Melissa Sherman, MD, FASAM, is the Medical Director of the Lahey Beverly Hospital Compass Moms Do Care program. She is a graduate of Swarthmore College the University of Pittsburgh School of Medicine and she completed her residency at Women and Infants' Hospital in Providence, RI. She has practiced Obstetrics and Gynecology at Beverly Hospital since 2008 and started the Compass Program in 2017 to serve pregnant and parenting women with a history of substance use.
interdisciplinary team of attorneys, social workers, and mentor parents to effectively support and advocate for clients.

The role of the Mentor Parent is to provide support, guidance, and motivation to those substance-dependent parents whose children have been or are currently at risk of being removed from their care. Because of their former involvement with the dependency court, Mentor Parents can provide a candid and realistic approach to parents who are entering the system. Dave had his own child removed from his care primarily due to substance use disorder in 2009. He and his wife successfully reunified with their daughter and their dependency case closed in 2010.

As the Mentor Parent Program Manager, Dave supervises six Mentor Parents who focus on serving child welfare involved parents with substance use disorder. Dave oversees their case assignments, monitors data collection, ensures staff professional development, manages human resources matters, facilitates training opportunities, and oversees contract management issues. He also develops trainings and provides individual support to Mentor Parents, while working collaboratively with external partners including justice partners and the court.

Dave is the proud father of 4 children and 2 grandchildren. He has been clean and sober for 12 years.

Jayne Singer, PhD, IECMH-E®
Director of Developmental and Relational Health Outreach and Programming, Brazelton Touchpoints Center, Boston, Massachusetts

Dr. Jayne Singer is a Clinical Psychologist with over 40 years of experience in hospital, school, and community-based settings. At Boston Children’s Hospital (BCH), she provides evaluation and treatment for families and children aged birth throughout childhood with medical, developmental, emotional, behavioral, and familial challenges including trauma. She is President of the Massachusetts Association for Infant Mental Health. At BCH, she co-launched an early detection of autism program and the Cardiac Neurodevelopmental Program. She is an Assistant Professor of Pediatrics and Psychiatry at Harvard Medical School and an International Facilitator of the Brazelton Touchpoints Approach and the Newborn Behavioral Observations system. At the Brazelton Touchpoints Center, she spearheaded the Early Care and Education Initiative as an adaptation of the Touchpoints Approach to infuse preventive social-emotional health into early education. This developed into the Tribal Touchpoints Initiative as well as the Office of Head Start National Center on Parent, Family, and Community Engagement. She also created adaptations of the Touchpoints Approach for families living with children with developmental challenges and for families in the context of substance use disorder recovery, as well as for mental health practitioners. She is the primary author of the Touchpoints in Early Care and Education Reference Guide and the Touchpoints in Reflective Practice guides for practitioners and mentors.
Joshua Sparrow, MD, DFAACAP
Executive Director, Brazelton Touchpoints Center, Associate Professor of Psychiatry, Harvard Medical School, part-time

Joshua Sparrow is executive director of the Brazelton Touchpoints Center (BTC) in the Division of Development of Medicine at Boston Children’s Hospital, where he also holds an appointment in the Department of Psychiatry. Dr. Sparrow’s care in the 1990s for children hospitalized for severe psychiatric disturbances, often associated with physical and sexual abuse, and for developmental delays aggravated by social and economic deprivation and systemic racism, prompted his interest in the social determinants of health, and community-based prevention and health promotion. He is principal investigator on numerous grant projects and has lectured nationally and internationally, written numerous scholarly papers, as well as books and articles for the general public. He has advised government agencies, nonprofits, and philanthropies, and serves on numerous advisory boards, including the Association for State and Tribal Home Visiting Initiative and the Office of Head Start American Indian/Alaskan Native Collaborative.

Ariel Wallen, LICSW
Team Lead, Lahey Beverly Hospital’s Compass Moms Do Care program, Beverly, Massachusetts

Ariel Wallen, LICSW, is the Team Lead of Beverly Hospital’s Compass Moms Do Care program. She graduated from Brandeis University and Boston University School of Social Work. She has been practicing in a variety of hospitals, schools, and home-based programs since 1994. Her focus has on women, children, and healthy relationship building. She began to concentrate on maternal mental health and Substance Use Disorder in 2018, joining the team at Beverly Hospital June of 2020.

Jennifer Wootsick
Lead Infant Mental Health Specialist, Evergreen Recovery Centers, Seattle, Washington

Jennifer Wootsick holds a Master’s degree in Social Work from the University of Washington with completed post-graduate work in Infant Mental Health. Jennifer’s passion for working with underserved completed post-graduate work in Infant Mental Health. Jennifer’s passion for working with underserved communities and social justice introduced her to the field of Social Services. Jennifer’s professional experience includes case management for youth and young adults facing homelessness and as an Infant Mental Health Therapist and home visitor in programs of Early Intervention, Parents as Teachers, and WiSe. Currently, Jennifer is the lead Infant Mental Health Specialist for Evergreen Recovery Centers - Washington’s premier Pregnant and
Parenting Women’s residential treatment program - consulting with all on-site clinical, childcare, and residential specialists as well as integrated state agencies and providing direct IMH services to clients. Jennifer has also completed Harvard Medical School’s esteemed Brazelton Touchpoint Training focusing on BIPOC communities and strength-based parenting. Jennifer is a certified Circle of Security Parenting (COSP) Facilitator and Promoting First Relationships (PFR) Provider and a student of the Advanced Clinical Training Program at UW’s Barnard Center for Infant and Early Childhood Mental Health.

Ekaterina Zoubak, MA
Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau (MCHB) Health Resources and Services Administration (HRSA) The United States Department of Health and Human Services

Ekaterina Zoubak manages federal investments that support early childhood systems innovation and transformation and serves as a Social Science Analyst and project officer across several programs within HRSA’s Division of Home Visiting and Early Childhood Systems. Ms. Zoubak has actively advanced the implementation of federal early childhood systems building and mental health-focused efforts for over 10 years. Her approach towards this work is defined by a dedication to promotion and prevention, equity, and ensuring that all young children and families have the opportunity to thrive and succeed.

Previously, Ms. Zoubak led projects that supported American Indian and Alaska Native communities within the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Project LAUNCH program and was the coordinator for Indigenous Project LAUNCH. She worked with state and local entities, tribal nations and organizations, and a variety of partners to advance infant and early childhood mental health and maternal mental health efforts. Ms. Zoubak’s professional interests include infant and early childhood mental health, equity in early childhood systems, development of culturally responsive systems of care, and advancing federal programs that support underserved populations.

Prior to joining the federal government, Ms. Zoubak provided mental health services to children and adolescents within schools and psychiatric settings, and holds an M.A. in Clinical Psychology. She is a past Fellow with the ZERO TO THREE Fellowship Class of 2018-2020.
Partner Organizations

The Center for Great Expectations

Grounded in a spirituality that treasures the dignity of all, The Center for Great Expectations seeks to form a partnership with homeless pregnant and/or parenting women & adolescents, men, and their children in creating a safe place, safe presence, and safe path, which enables them to experience, choose and maintain physical, psychological, social and spiritual health for themselves, their children and families.

To be a national leader in providing transformational (behavioral health) substance use and mental health treatment to women, children, men and families impacted by trauma, abuse and neglect.

Community Health Acceleration Project

MISSION

Creating stronger community health systems through strategic collaboration and catalytic investments.

VISION

A compassionate ecosystem of care that is equitable, financially sustained, and powered by the lived experiences of a community-based workforce.

GUIDING STARS

We navigate priorities and resource allocation by setting course on our desired outcomes. If we are successful, these guiding stars will lead to:

- The public health workforce and capacity are actively engaged in all caregiving settings including state and local governments, community-based organizations, and they work in concert with private sector partners when appropriate
- Maternal and community health policies and financing support equity
- Models of integrated clinical and community care are well underway
- Private philanthropic partnerships are aligned with government efforts
- Partnerships with the private sector support community and public health systems.

Dependency Advocacy Center (DAC)

Dependency Advocacy Center (DAC) is a nonprofit 501(c)3 organization providing interdisciplinary family defense legal services to indigent parents and children involved in Santa Clara County's child welfare system. Our adult clients face the removal of their children due to concerns of abuse and neglect with a myriad of issues presented, including poverty, trauma, substance abuse, domestic violence, and mental health. DAC's goal is to promote timely reunification and preservation of these families in a safe, healthy environment.

The four founders established DAC in June 2008 out of a passion for helping this underserved population as well as a strong belief that due process is of paramount importance in these highly sensitive cases. Along with asserting
Dependency Wellness Court

Dependency Wellness Court is a therapeutic Court model in Santa Clara County that addresses the needs of the whole family and the whole person: parent and child through a loving and life-affirming lens. The parent(s) has come to the attention of the Child Welfare Court System due to substance use disorders that may or may not include other mental health disorders. All of our family members have suffered trauma. The program includes support around housing, substance use treatment, mental health counseling, domestic violence, self-sufficiency strategies, basic needs, and general well-being. The goal of the court is to get kids home to safe, sober, and loving environments. In 2016 the court was given a grant to enhance services around individual counseling, parent partners, and FIRST 5 case management. In the 2019-2020 report associated with that grant, reunification rates across all previous fiscal years was an average of between 82% to 85%. Family Wellness Courts were launched in Santa Clara County over twenty years ago. We started out by calling it Dependency Drug Court, then Family Wellness Court, and now Dependency Wellness Court. The courts have consistently produced outcomes that include higher reunification rates than the ordinary dockets.

Evergreen

Founded in 1973, Evergreen Recovery Centers (formerly Evergreen Manor) was established to treat men and women struggling with alcohol addiction. Now, nearly 50 years later, Evergreen specializes in all forms of substance use addictions with over 200,000 unique annual visits throughout the Snohomish, Skagit, and King and Pierce counties.

ERC’s Pregnant and Parenting Women (PPW) long-term residential treatment program assists women in building healthy, self-sufficient lives and interrupting cycles of brought on by intergenerational trauma and neglect. Our holistic program offers highly individualized treatment with a strength-based parenting approach - believing and teaching that every mother is the expert for their child. ERC staff are compassionate, patient, and creative. ERC is a leader in infant mental health, trauma-informed, and evidence-based care.

In 2020, we decided to enhance our services and add an IMHS position to our PPW program. We know that a secure attachment to a primary caregiver is the biggest predictor of long-term social and emotional well-being. The Infant Mental Health Specialists at Evergreen Recovery Centers help young children (prenatal-5) and their caregivers to encourage bonding, create secure attachment relationships, and ultimately develop attachment capabilities for the child that will transfer to all relationships over the child’s lifetime. This program focuses on physical, cognitive, social, and emotional capacity building and therapeutic adult-child

DAC is funded almost entirely by a state agency, the Judicial Council of California, with some additional limited grant funding to sustain its Mentor Parent Program. Given the nature of the services DAC provides and our marginalized client population, this is truly a public interest endeavor. DAC is passionate about our mission and our commitment is reflected in the thoughtful work that we do.
Fathers’ UpLift provides mental health counseling, coaching, advocacy, and resource support to assist fathers with overcoming barriers (racism, emotional, traumatic, and addiction-based barriers) that prevent them from remaining engaged in their children’s lives.

**First Steps Together**

FIRST (Families In Recovery SupporT) Steps Together is a home visiting program that is able to provide flexible, community-based, and virtual services. We match you with a family recovery support specialist who is a person in recovery with specialized training. They will walk beside you on both your recovery and early parenting journey.

**Impact West Virginia**

The IMPACT WV project is the Appalachian Rural Health Integration Model (AHRIM) grant-funded to improve the quality of services to reduce health disparities of children impacted by substance use. IMPACT WV is working with communities to create opportunities and address the needs of children diagnosed with Neonatal Abstinence Syndrome (NAS) or exposed to substances in utero. The IMPACT Project Navigator is responsible for coordinating the care of multigenerational families impacted by substance use and NAS. Services will focus on meeting “where the client is,” by responding to current client needs. The program’s goal is to improve the health and well-being of children diagnosed with NAS, women who were, or are, using substances, and their families who receive services from home visiting programs through a two-generational approach. The project also provides training for providers and families through Communities of Practices and an online Learning Portal. Additional information about IMPACT WV can be found on the website [https://wvimpact.org/](https://wvimpact.org/).
The Mother Infant Support Team (MIST)

The Mother Infant Support Team (MIST) clinicians function as a support team integrated into the high-risk Obstetrical Clinic at University Medical Center, part of LSU Health Sciences Center in New Orleans. With SUD patients, the MIST team provides an additional layer of support for any treatment they are already receiving. The team refers to the MIST psychiatrist for MAT or other psychiatric support for their SUD and to any other indicated agencies (Domestic Violence, Housing support, Nurse-Family Partnership, Healthy Start, and other community services) based on the assessments. The MIST program is designed for a specific MIST clinician to follow the same patients at each appointment so that they are able to form a deeper relationship allowing for a level of trust and disclosure not always established with other medical personnel in the clinic.

Moms Do Care Program

The Lahey Beverly Hospital Compass Moms Do Care Program supports women with a history of substance use who are pregnant or parenting children less than three years of age. Services include trauma-informed therapeutic groups, case management, individual counseling, peer recovery support, prenatal and postnatal care, medication-assisted treatment, transportation, and support and advocacy for clients engaged with child protective services. Compass staff work closely with inpatient staff, outpatient clinics, regional family support programs, and Department of Children and Families staff to ensure that clients experience a trauma-informed approach to their care.

Perigee

Perigee Fund partners with organizations whose initiatives support the infant-caregiver relationship and increase the capacity for all families to experience healthy, joyful connections. We focus our funding and resources on two key areas – Mental Health and Family Supports for Well-Being – particularly initiatives that center communities of color.

We are driven by the fact that the most influential period of brain development is between the prenatal period until about three years of age. While early childhood health and well-being are critically linked to success later in life, this knowledge has not translated to systems-level practice; investments in this area are underfunded at all levels.

Compelled by the urgent need to deepen support in the earliest stage of life, Perigee Fund has committed significant resources over the next two decades to advance knowledge and practice, increase advocacy, build partnerships, and align systems to ensure that babies, toddlers, and their parents thrive.

Project Respect Program

Project RESPECT (Recovery, Empowerment, Social Services, Prenatal care, Education, Community, and Treatment) is a high-risk obstetrical and addiction recovery medical home at Boston Medical Center and Boston University School of Medicine. Established in 2006, the Project RESPECT clinic provides a unique service of comprehensive obstetric and substance use disorder treatment for pregnant patients and their newborns.
Project RESPECT (Recovery, Empowerment, Social Services, Prenatal care, Education, Community, and Treatment) is a high-risk obstetrical and addiction recovery medical home at Boston Medical Center and Boston University School of Medicine. Established in 2006, the Project RESPECT clinic provides a unique service of comprehensive obstetric and substance use disorder treatment for pregnant patients and their newborns.

The Project RESPECT team members include four buprenorphine-waivered obstetric providers, an addiction certified psychiatrist with experience in perinatal mood, two RN care managers, a clinical social worker specializing in gender-specific care and trauma, and a child life specialist to support attachment/attunement and bonding. The Project RESPECT team supports patients throughout their recovery journey during the entire first year postpartum.

We offer monitored, acute substance withdrawal treatment and induction of medications for opioid use disorder in pregnant patients seeking treatment. Intensive, individualized outpatient treatment plans are outlined for each patient based on the severity of their disease, their individual goals, and their recovery progress. The out-patient medical home model provides on-site, collaborative, and multidisciplinary care for pregnant and post-partum patients in recovery.

The Project RESPECT clinical team collaborates and coordinates care with the inpatient Obstetric, Pediatric, Psychiatry, Social Work, Nursing, and Lactation teams at Boston Medical Center to provide supportive and informed care. They also have developed strong partnerships with multiple community-based organizations including local methadone clinics, residential addiction treatment centers, the Department of Public Health, and the Department of Children and Families.
Thank You to Our Sponsor

PERIGEE fund