



New England (HHS Region 1)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# New England Mental Health Technology Transfer Center (New England MHTTC)

SAMHSA #1H79SM081775-01

Yale Program for Recovery and Community Health  
in partnership with  
C4 Innovations, Harvard University Department of  
Psychiatry, and the Center for Educational  
Improvement



**2022 INNOVATIONS  
CONFERENCE: HONORING  
WHOLE-PERSON CARE &  
RECOVERY IN COMMUNITIES  
OF COLOR**

*Welcome!*



New England (HHS Region 1)

**MHTTC**

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Funded by Substance Abuse and Mental Health Services Administration

**Day Four: Pathways of Recovery**  
*Innovations in Supporting Recovery,  
Resilience, Purpose, and Opportunities*

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS



## 2022 Innovations Conference Day Four

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Thursday, February 17, 2022  
11:00 a.m. - 1:00 p.m. EST

- 11:00 a.m.**      **Welcome and Foundations of Recovery**  
Larry Davidson, PhD
- 11:05 a.m.**      **Innovations Spotlight: The IMANI Breakthrough Project**  
*A cultural and faith-based recovery initiative for Black and Latinx communities in response to our current opioid crisis*  
Chyrell Bellamy, PhD; Graziela Reis, MPH; Sylvia Cooper, Pastor Jose Rodriguez, and Reverend Robyn Anderson
- 11:50 a.m.**      **Mindfulness Moment**
- 11:55 p.m.**      **Collaborations Between Schools and Healthcare Centers/CBOs to Support Youth Mental Health**  
Taylor Bryan Turner and Andria Amador
- 12:15 p.m.**      **Understanding the Expertise of Lived Experience**  
Maria E. Restrepo-Toro, BNS, MS; Dan Johnston; Moon Machar; Kristine Irizarry; Annette Diaz
- 12:50 p.m.**      **Wrap-up and Questions**  
Maria E. Restrepo-Toro, BNS, MS



**Welcome:**

# **Foundations of Recovery**

---

Larry Davidson, PhD  
Director  
New England MHTTC



# What we know about recovery:

- Recovery is not only possible, but it happens more often than not (around 75% of persons with either substance use or mental health disorders will recover over time)
- Having a sense of belonging provides a foundation **for** recovery; it should not be made contingent **on** recovery
- Similarly, people recover through the development and exercise of valued social roles (e.g., student, family member, worker, congregant)
- Recovery happens in pursuit of a meaningful life in the community of one's choice (IMANI Breakthrough as an example)



# IMANI Breakthrough Recovery Program Model:

We use a combination of these two approaches

## Citizenship: The 5Rs

- **Citizenship:** A way of thinking about “a life in the community.”
- **The 5Rs:** To embrace being a citizen, people need a strong connection to the **rights, responsibilities, roles**, and **resources** that society makes available to its members and to **relationships** involving close ties, and supportive social networks in one’s community (Rowe et al).

People also need a sense of belonging that is validated by others’ recognition & acknowledgment that they belong, are valued, and are needed (Rowe, et al).

## 8 Dimensions of Wellness



# ***The IMANI Breakthrough Project:***

A cultural and faith-based recovery initiative for Black and Latinx communities in response to our current opioid crisis



## **Presenters**

Chyrell D. Bellamy, Principal Investigator

Reverend Robyn Anderson, Church Liaison

Sylvia Cooper, Facilitator New Haven

Pastor Jose L. Rodriguez, Facilitator, New Britain

Graziela Reis, MPH, Site Coordinator, Yale PRCH

Mark Costa, MD, MPH, Site Coordinator, Yale



# IMANI Breakthrough Organizing Team

- Dr. Ayana Jordan
- Dr. Chyrell D. Bellamy
- Dr. Mark Costa
- Rev. Robyn Anderson
- Graziela Reis
- Charla Nich
- Ellen Boynton
- Kimberly Guy, EBE, CRSS
- Yolanda Herring
- Richard Youins
- Dr. Ariel Sloan
- Dr. Miraj Desai
- Theresa Babuscio
- Dr. Larry Davidson
- Luz Ocasio
- Kimberly Blackman
- Annette Diaz
- Nydia Rios-Benitez
- Marcia DuFore
- Michelle Stewart-Copes

## **Special Acknowledgement to the:**

Churches, Pastors, Facilitators, People with lived experience attending IMANI in memory of the many that we have lost to the opioid epidemic

# Starting with the Why?

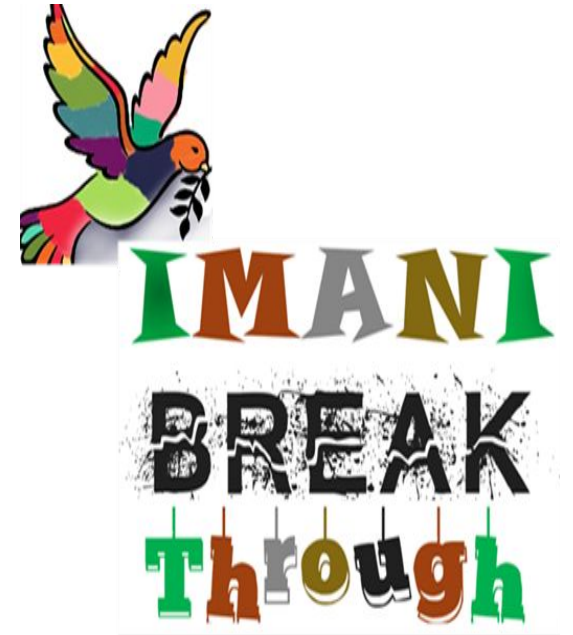
We need you our brothers, our sisters, our people;

Help us reaffirm ourselves in loving ourselves;

Hold us when we can't stand 'cause soles of shoes  
have traveled on our backs for so long;

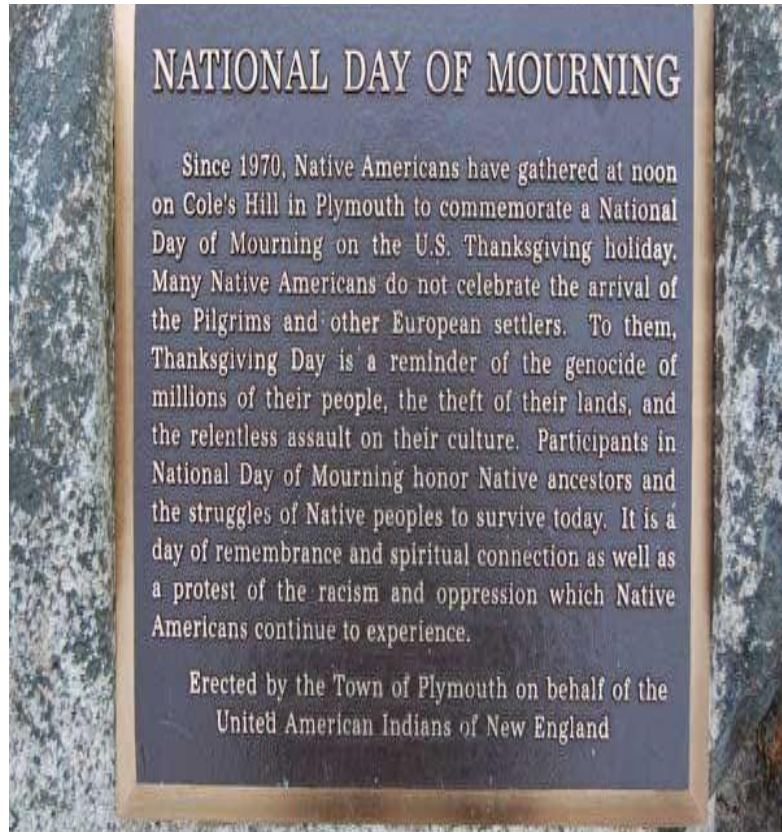
We need you our brothers, our sisters, our people!

(adapted "I need you" by Imani Harrington)



@chy\_bellamy

@DrAyanaJordan



- **All land in CT was once Native territory □ it is our duty to acknowledge that many of the institutions where we work or conduct research are indeed on Native land (GIVE THANKS)**
- **Land acknowledgments do not exist in the past tense or historical context: Colonialism is a current ongoing process; we need to be mindful of our present participation**

# Land Acknowledgement

*Introducing...*



**WE aim to Promote Health and Healing for Ourselves and Our Communities!**

How do we do this? By...  
Creating a sense of unity – WE are in this together!  
Creating a sense of collective responsibility  
Through a Participatory process



# What is the meaning of IMANI?

**IMANI means “faith” in Swahili.**

The IMANI Breakthrough is an intervention developed to target people addicted to and actively using heroin and/or other opiates and other drugs. This is a state of CT’s Department of Mental Health and Addiction Services initiative funded by SAMHSA and is part of the Connecticut State Targeted Response (CT STR) to the Opioid Crisis and the State Opioid Response (SOR) funding.



# Disparities in OUD

## Outcomes Social Determinants of Health:

**Racism**

Legal Involvement

Acute/Chronic Stress

Limited Access to Care

Absence

Housing

Poverty

“Othering”

Redlining

Vicarious Trauma

Unemployment

No Insurance

Substance Use

Poor Working Conditions

Food Insecurity



Black and Latinx Person w/ OUD

Hopelessness

“Medical baggage”

Under-Education

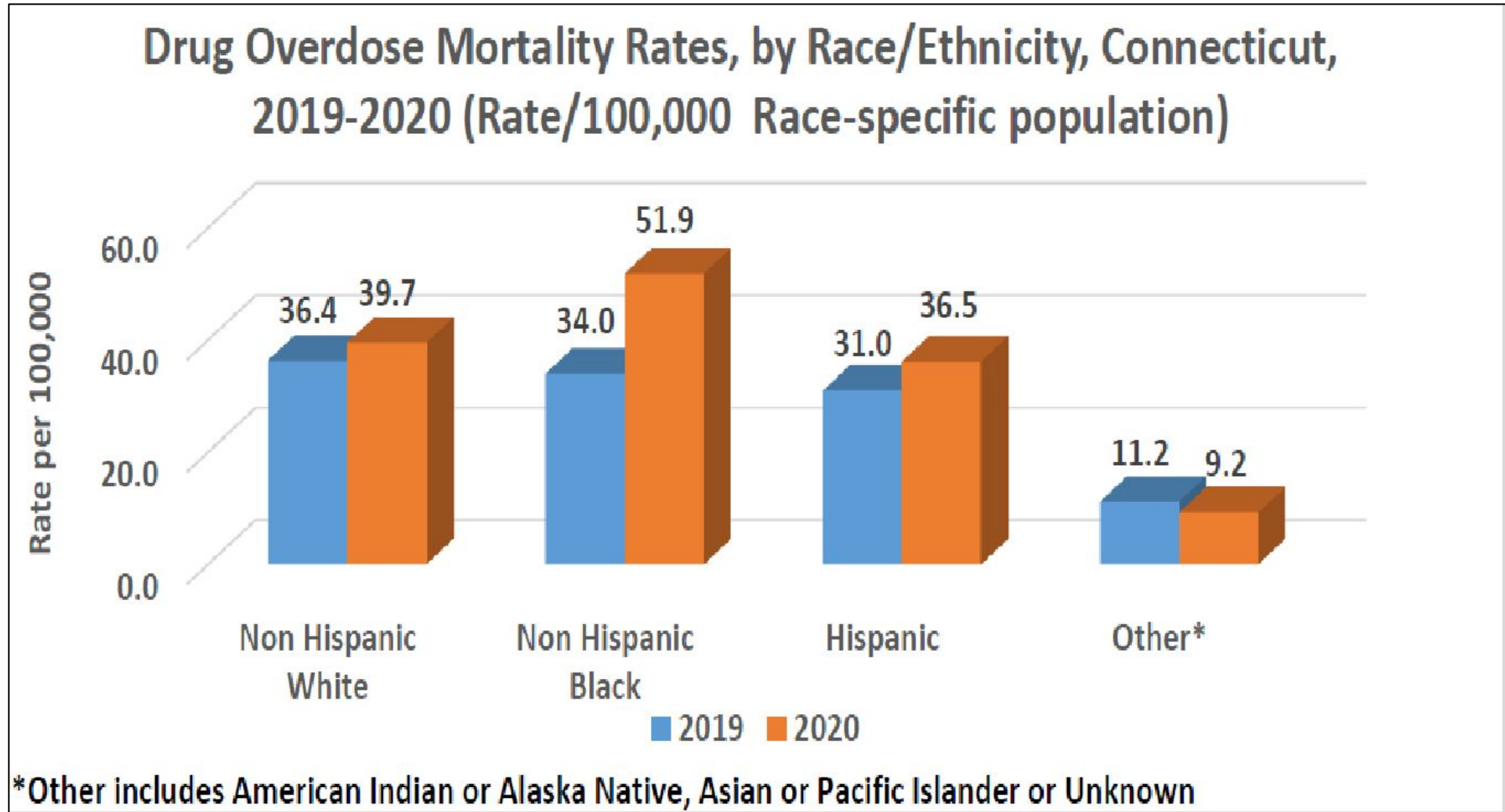
Lack of Family Support

Policies





# Problem: Black/Latinx with SUDs Dying at Disproportionate Rates





# Problem: Black/Latinx with SUDs Dying at Disproportionate Rates

- **Racial\Ethnic minorities in US are less likely than Whites to seek mental health treatment (including for drug and alcohol)**
- Latinos and Black people compared with racial groups are less likely to start drug and alcohol treatment
- If they do start, they don't really like the care they receive...Lower Treatment engagement
- This is where the **Latinx and Black CHURCH** can be helpful
- Religion and spirituality enable Latinos and Black people to cope with psychological distress (mind stress)
- In urban Black communities (cities) 65-80% of adults attend church regularly **and in the Latino community 70% of the population attends church**
- Many studies highlight the importance of church in addressing drug and alcohol use, where members seek help from clergy (pastors, deacons, deaconess)
- **In addition, Latinos and Black People are often do not get help at traditional (regular) clinics**



## Church Liaison: Rev. Robyn Anderson, MA, LPC

### Our process: Learning...

- Through conversations with communities and faith-based leaders and members.
- Through conversations with organizing team, using suggestions from communities, to modify and develop the faith-based recovery program.

### Our Approach

- Selected a model to combine the 5 Rs (Rowe, et al) and 8 Dimensions of Wellness (Swarbrick), with wrap-around coaches.
- Decided to add a component focused on Education sessions for churches and communities

***Collaborating with Churches and Selection of Facilitators***



## Unique from other recovery programming, IMANI deliberately has a strong focus on:

- Culturally-informed opioid education and naloxone distribution (OEND)
- Addresses social determinants of health
- Focus on Harm Reduction
- Emphasizes Mutual support
- Intensive wraparound support
- Coaching in a safe and familiar environment
- Training and Curriculum based on IMANI philosophies
- Facilitators are people from the community/churches and those with lived experience of substance use
- IMANI directly addresses the barriers that impede access to the most effective pharmacological and behavioral therapies available

**The importance of spirituality is known to have high cultural significance among Black and Latinx communities through intervention groups based in churches.**

# Collaborating with Connecticut Churches and Selection of Facilitators



Varick Memorial AME Zion, New Haven

Blackwell Memorial AME Zion Church, Hartford

Mount Aery Baptist, Bridgeport

Burning Bush Family Life Center, Waterbury

Oasis of Blessings Christian Center, New Britain

Prince of Peace Church, Bridgeport

Casa de Oracion y Adoracion, New Haven

IAR Nuevo Comienzo (New Beginnings) Church, Hartford

The IMANI Breakthrough intervention involves two components and takes place over 6 months:

**Part 1: A group education component:**

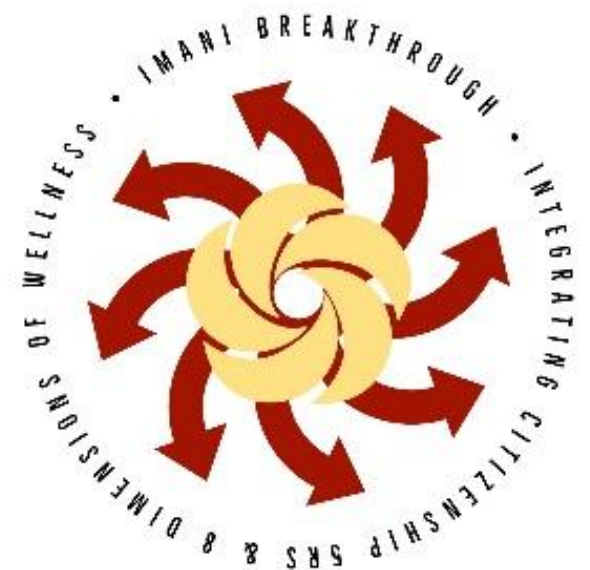
**12 weeks** of classes and activities focused on wellness enhancement:

- **8 Dimensions of Wellness**  
Spiritual, Emotional, Physical, Financial, Environmental, Social, Intellectual, Occupational
- **5Rs of Citizenship enhancement**  
Roles, Responsibilities, Relationships, Resources, Rights
- **Wrap around Support and Coaching:** Provided during the 12 weeks. Coaches provide weekly check-ins and are there to assist participants towards obtaining their recovery, hopes and dreams within the scope of the 8 Dimensions of Wellness and the 5Rs

**Part 2: Next Step Group component**

10 weeks mutual support (post 12 weeks group)

# Overview



## IMANI Breakthrough Intervention

# IMANI Breakthrough in Action: How does it work?

**Sylvia Cooper**

Facilitator: New Haven,  
CT



**Pastor Jose Rodriguez,**  
Facilitator: New Britain,  
CT

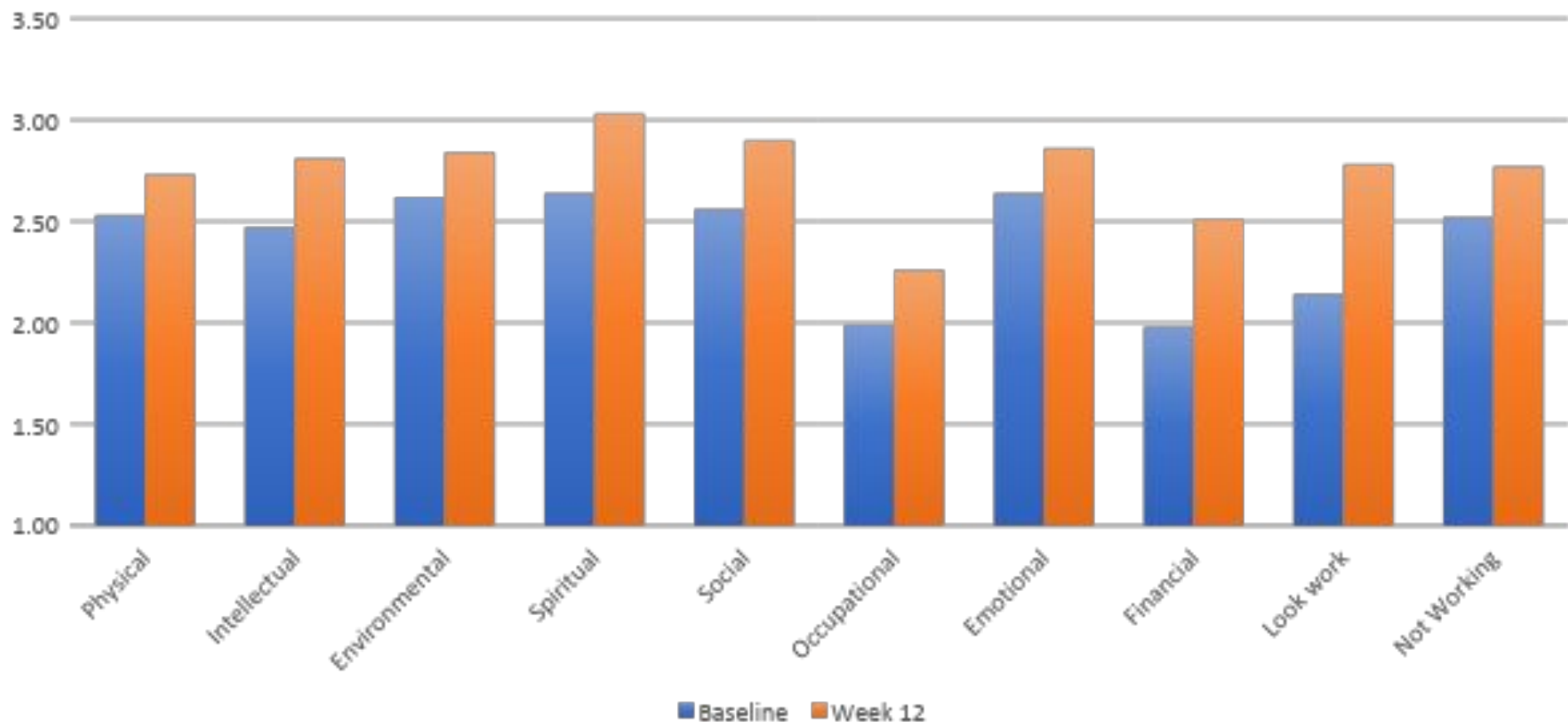


# Overview of IMANI Breakthrough Preliminary Data



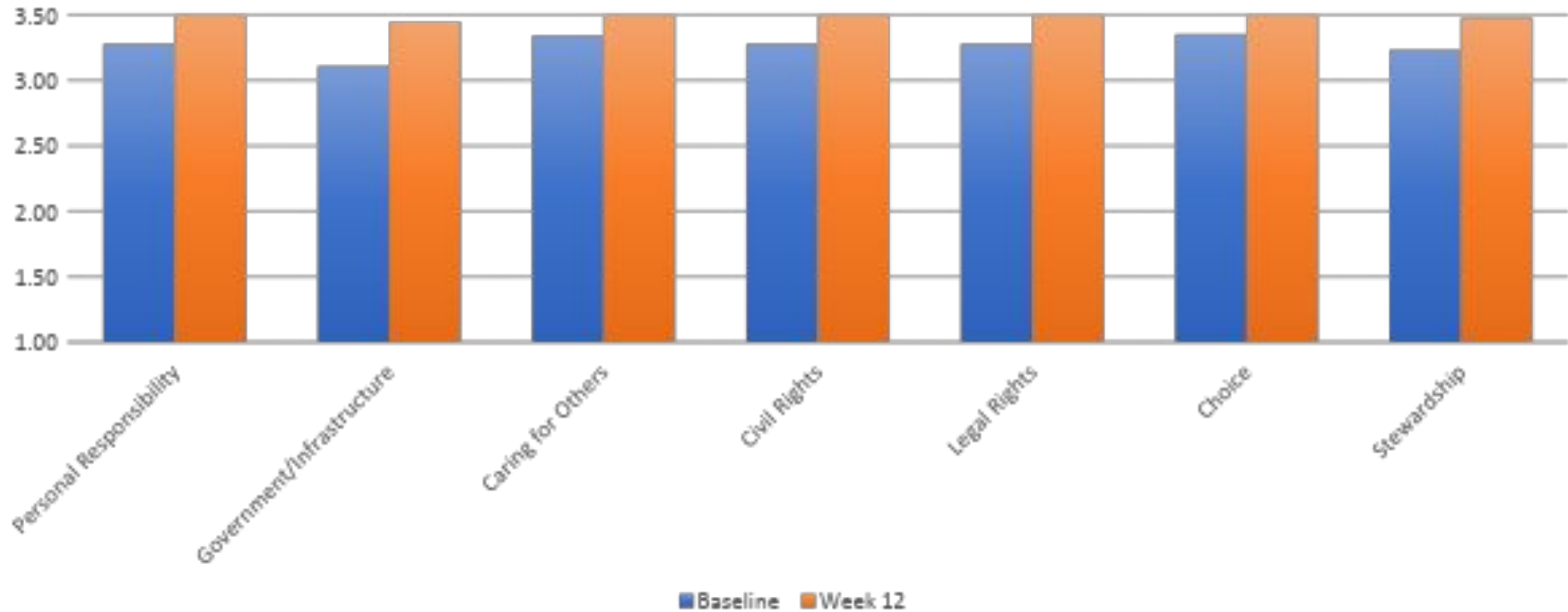
# Results – 8 Dimensions of Wellness Demographic Information

Dimensions of Wellness Change in Score from Baseline to Week 12



# Results – Citizenship subscales Demographic Information

Citizenship Score Change from Baseline to Week 12



## Quotes from IMANI Community Conversations with Participants

**Self-Actualization:** *“In the beginning, I was not able to recognize that things could get better. I learned from everyone here that I could be better every single day.”*



**Self-Actualization:** *“I improved myself. I’m better for myself. I came to believe that I don’t need it [drugs]. I really like to talk. I like the feeling. I’m not afraid to talk no more.”*



**Culture and Faith:** *“Spiritually is a motivation. Sometimes it is the only thing that you have”*



**Autonomy:** *“I got to take back my control. I’m the one that makes my reality...”*

# Lessons Learned, Changes Made, More to



**GOOD NEWS!**  
*A funding update*



Importance of a Church Liaison

Importance of culturally specific advertising

Ongoing Training and Supports for Facilitators

Collaboration among co-facilitators

Develop capacity for churches to enhance or develop recovery ministries

Need to develop more collaborative relationships and partnership with MAT and other addiction initiatives

Need to more effectively study harm reduction and choice!

Need to develop supports for family members!



*Mindfulness Moment*  
with Martha Staeheli, PhD  
Director, School Mental Health Initiative  
New England MHTTC

# Collaborations Between Schools and Healthcare Centers/CBOs to Support Youth Mental Health

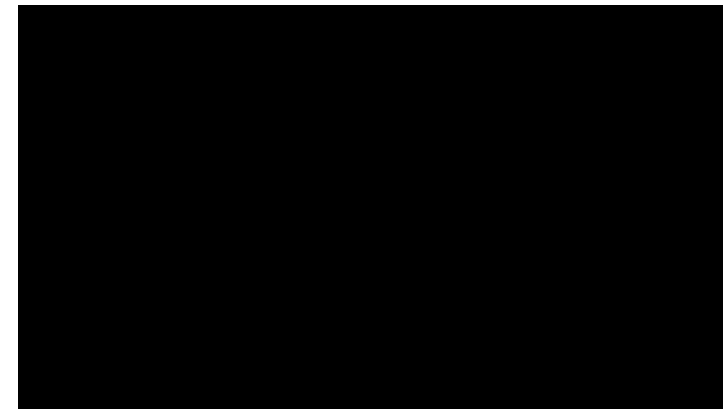


Andria Amador  
Assistant Director  
Boston Public Schools  
Behavioral Health Services



Healthcare workers and  
Educators Addressing  
and Reducing Trauma

**HEART**  
COLLECTIVE

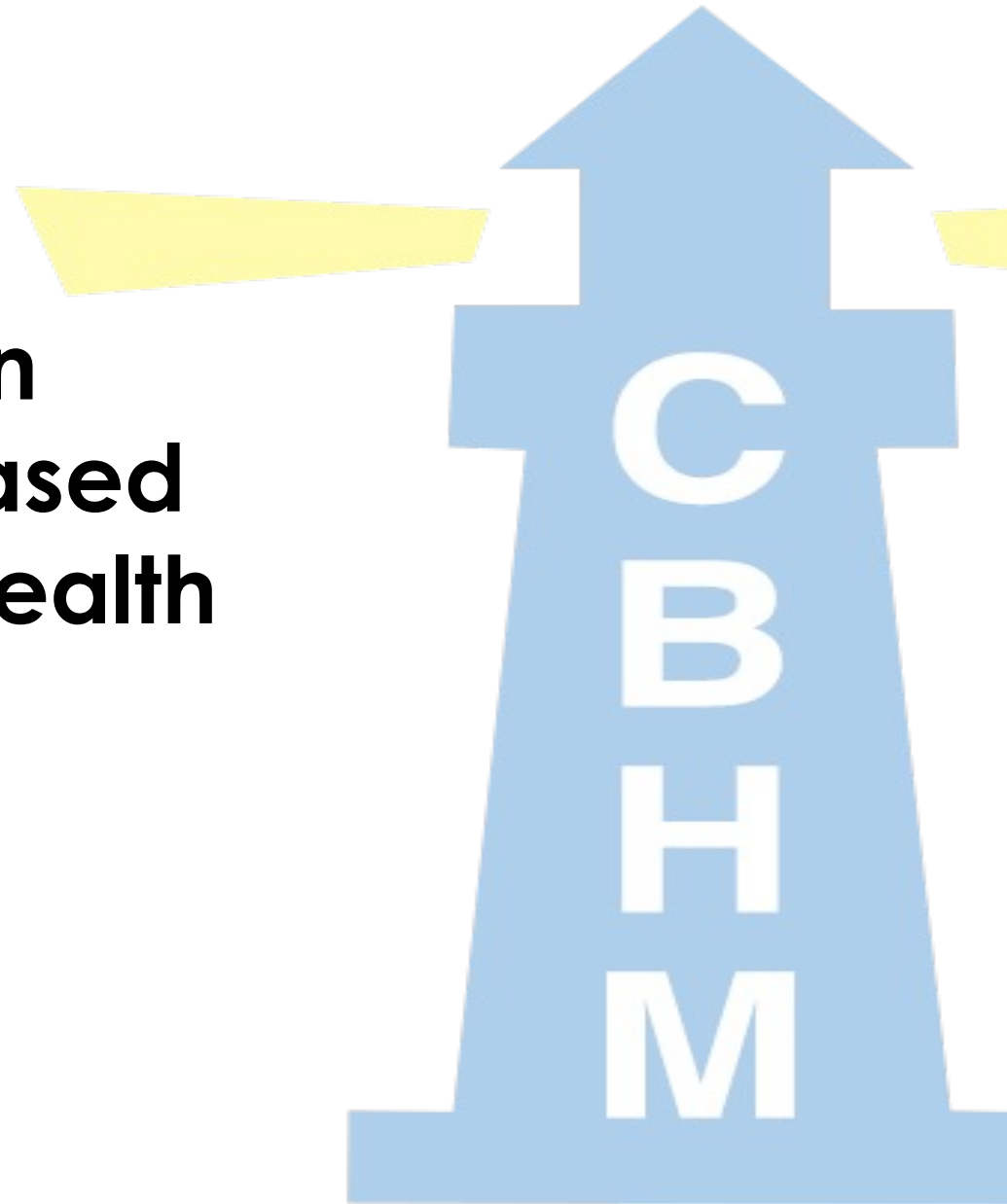


A Word from Taylor Bryan Turner  
Assistant Regional Administrator  
SAMHSA, Region One



# Effective Collaboration for School-Based Behavioral Health Services

January 6, 2022



# Presenters

**Andria Amador, CAGS, NCSP, EdD**

Senior Director of Behavioral Health  
Boston Public Schools

[aamador@bostonpublicschools.org](mailto:aamador@bostonpublicschools.org)

[www.cbhmboston.com](http://www.cbhmboston.com)

**Sheila Dennery, PhD, LICSW**

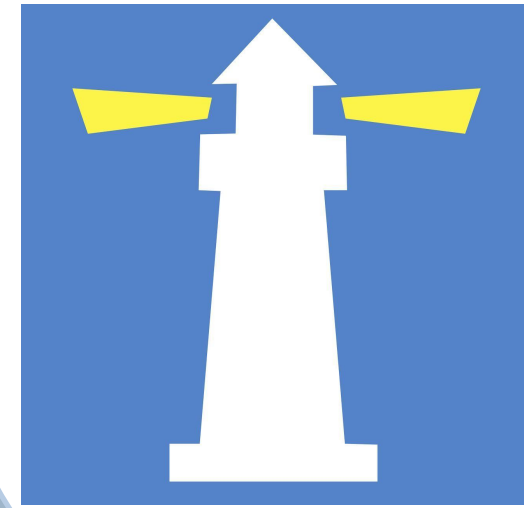
Director of the Boston Children's  
Hospital Neighborhood Partnerships  
Program

Boston Children's Hospital, Department  
of Psychiatry & Behavioral Sciences

[sheila.dennery@childrens.harvard.edu](mailto:sheila.dennery@childrens.harvard.edu)

<https://www.childrenshospital.org/bchn>

[p](#)



**Boston  
Children's  
Hospital**

Until every child is well™



# Agenda

- Introductions & Brief Program Overviews
  - Behavioral Health Department at Boston Public Schools
  - Boston Children's Hospital Neighborhood Partnerships
- Effective Collaborations for School-Based Behavioral Health
- Collaboration Examples:
  - Boston Area School Based Behavioral Health Collaborative (meetings, conference, MOU agreements, standards of practice)
  - Comprehensive Behavioral Health Model
  - Training and Consultation Models (TAP)
- Successes & Lessons Learned



124  
Schools

53,000  
Students

## Student Enrollment

42% Hispanic

30% African American

15% White

9% Asian

4% Other

21% SPED

49% EL



The role of Behavioral Health Services is to meet the behavioral health needs of **ALL** BPS students by providing direct services and supports to students and staff across a continuum of **prevention, early interventions** and **intensive services**. Additionally, the creation and facilitation of community mental health **partnerships** are a key aspect of our work.

The **comprehensive role** of BHS staff within schools is intentionally supported to ensure access to high-quality, equitable behavioral health services for all BPS students, including:

Tier 1  
**UNIVERSAL**  
All Students

Tier 2  
**TARGETED**  
Some Students

Tier 3  
**INTENSIVE**  
Few Students

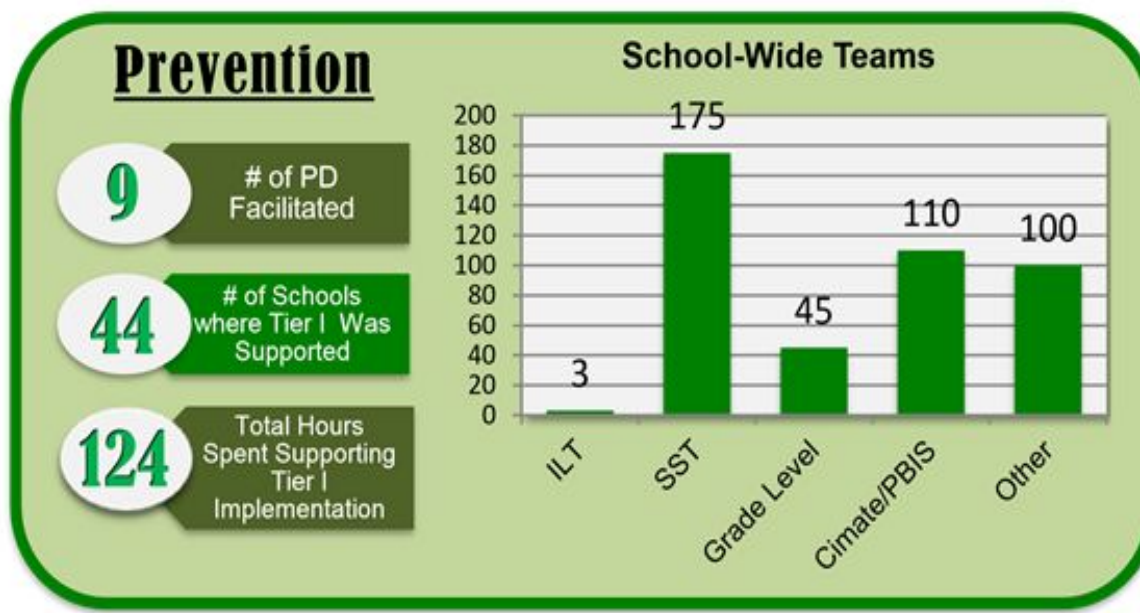
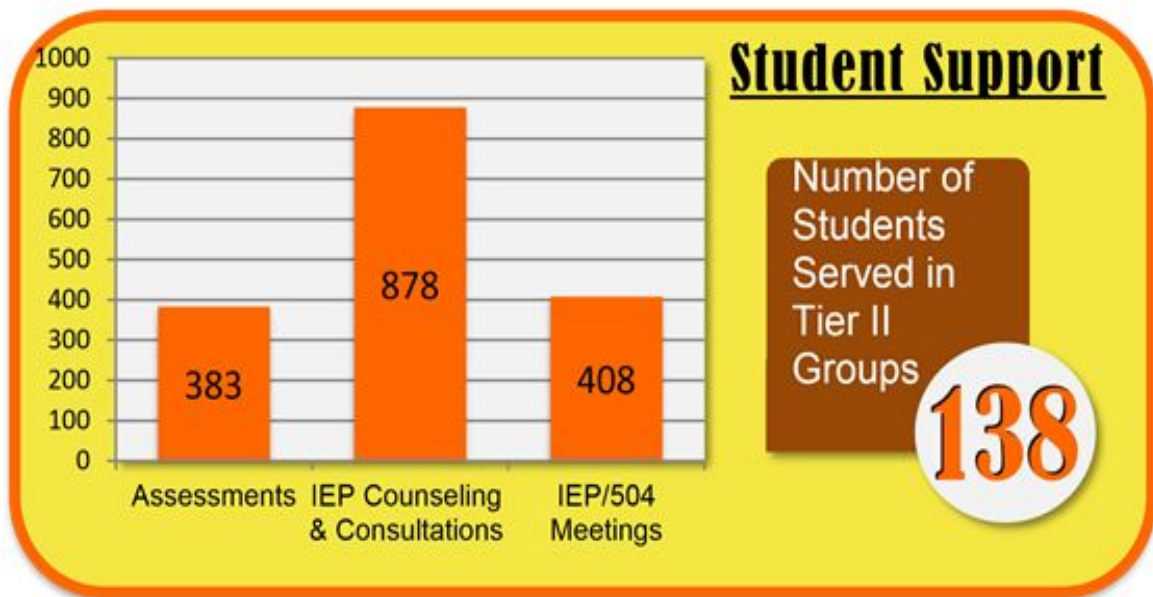
**STAFFING**

- 2 BASAS Administrators
- 2 Guild Staff
- 83 School Psychologists



# Behavioral Health Services Monthly Report: October 2017

Boston Public Schools



# Boston Children's Hospital Mission



Provide the highest quality of **health-care**

Be the leading source of **research** and discovery

**Educate** the next generation of leaders in child health

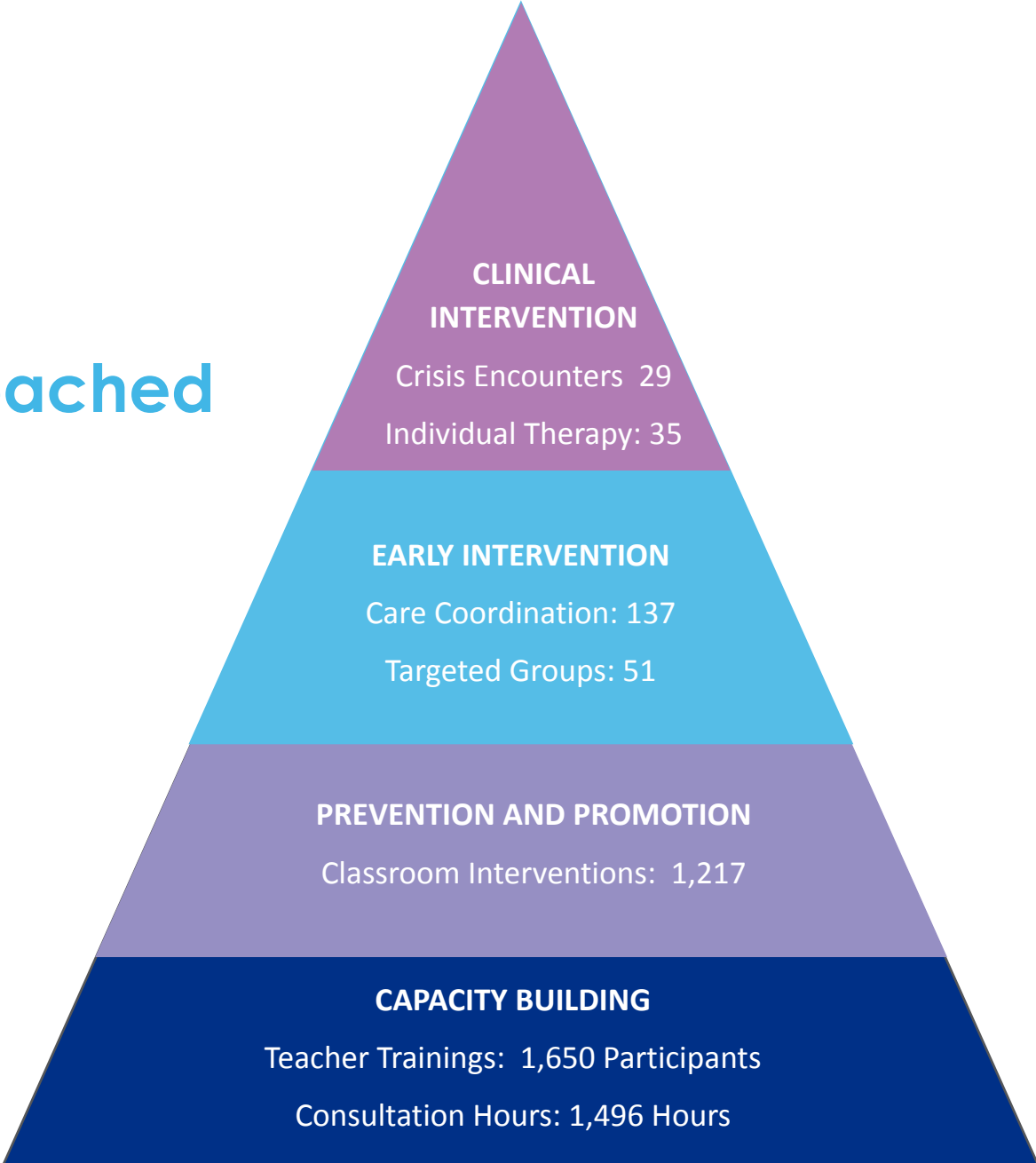
Enhance the health and well-being of the children and families in our local **community**

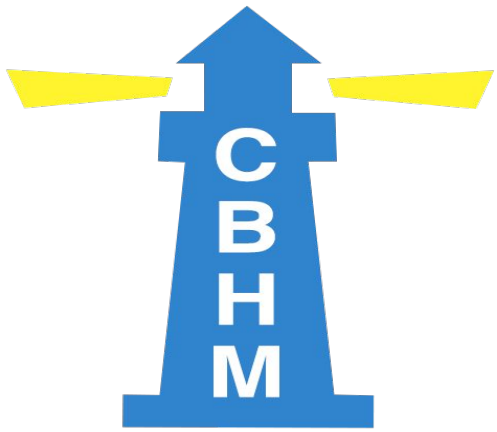
# Boston Children's Hospital Neighborhood Partnerships: Overview

- BCHNP is a school-based behavioral health program in the Department of Psychiatry & Behavioral Sciences at Boston Children's Hospital
- 19th year of partnership with Boston Public Schools (BPS)
- Team of 16 staff members (primarily social workers & psychologists)
- Partners with BPS to provide a range of clinical supports and capacity building services
- Collaborates with BPS to provide training and consultation to social workers, educators, school staff, and school communities
- Disseminates a free, online training series on social, emotional and behavioral health nationwide
- Engages in research and advocacy to support the field of school behavioral health

# BCHNP Service Delivery Model 2020-2021

**1,469 Students Reached**





# Collaboration





# Why BCH-BPS Collaboration?

- Shared community - BPS and BCH work and collaborate with the same students and families in the city of Boston
- Collective vision and mission to optimize whole-child approaches to health care and education
- **Families** in urban communities have historically faced significant **barriers** to accessing behavioral health services. Focus on equity and addressing disparities for Boston youth and families to increase access to high quality mental health care and educational opportunities
- CBHM seeks to **bridge** behavioral systems with school mental health



# Schools in Urban Communities

- Inequities in urban schools deny children an equal chance for social mobility.
  - 20% more likely to experience adverse childhood experiences (ACEs)
  - Present with more frequent and severe behavioral health issues
  - There is an increased need for behavioral health interventions

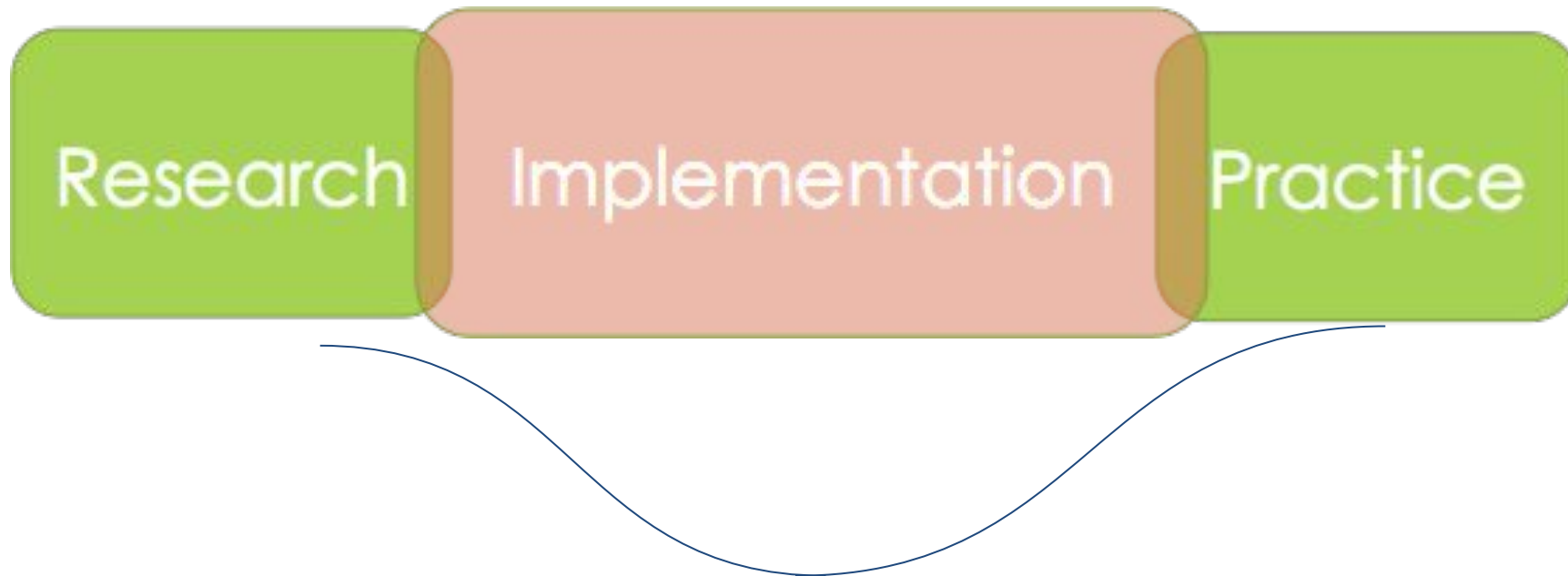
(Hunt, Slack, & Berger, 2017; Mersky, Topitzes, & Reynolds, 2013)



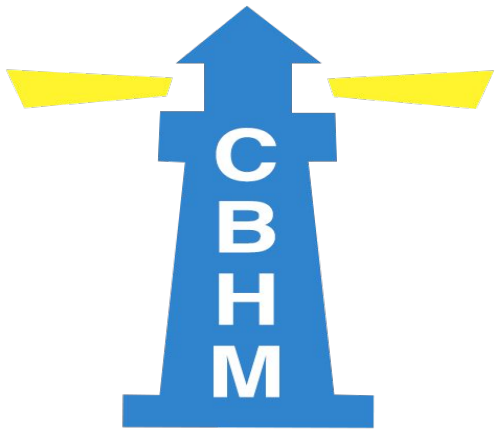
# How to Collaborate ?



# Bridging the Research to Practice Gap



(Fixsen, Blasé, Duda, Naoom, & Van Dyke, 2010)



Collaboration  
Example:  
CBHM

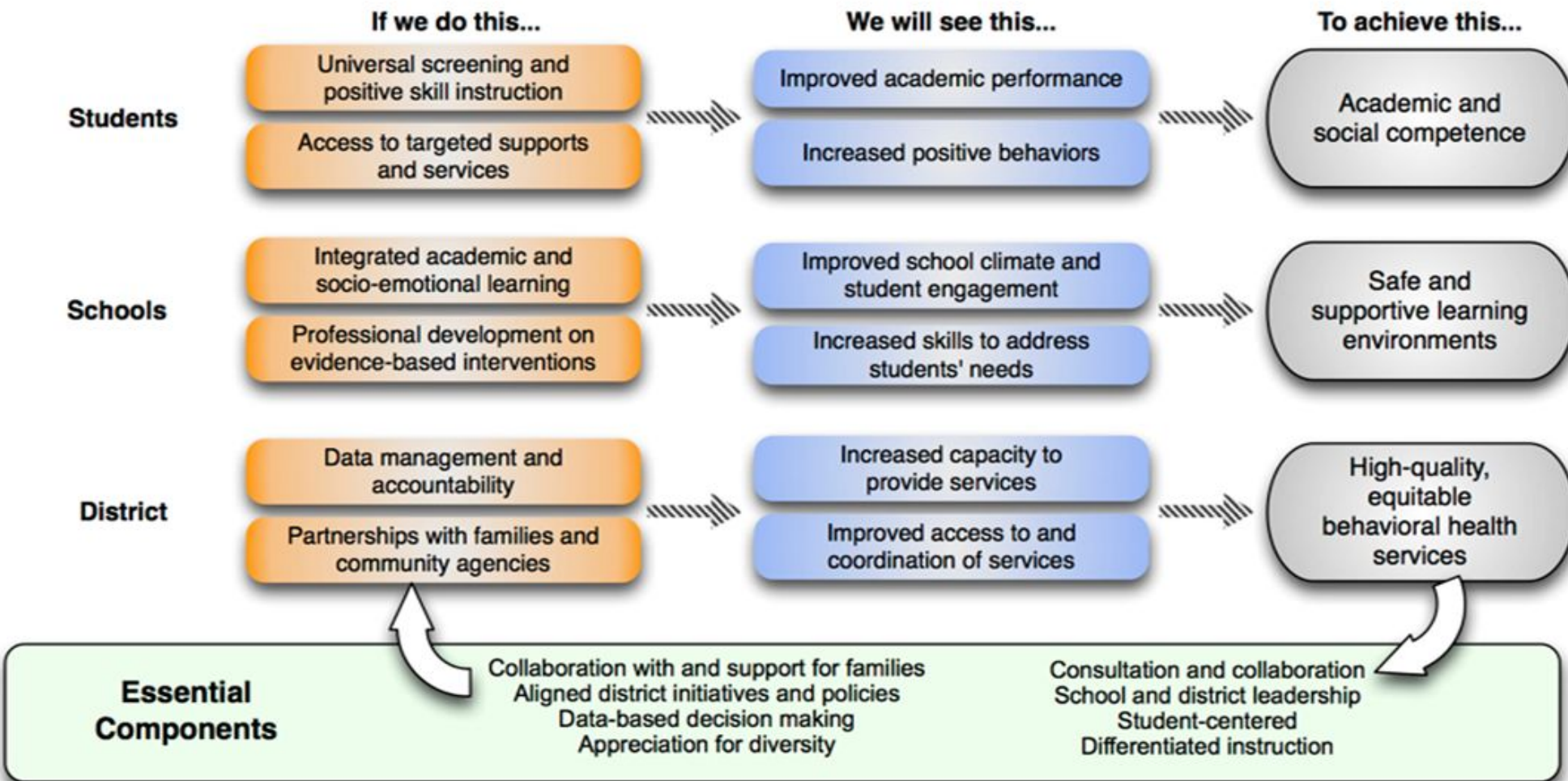


# Every Child Deserves a Safe and Supportive School

- Preventative model to build capacity within BPS to meet the **behavioral health and social emotional** needs of all students.
- Builds capacity within BPS schools to **provide instruction and intervention supports** along a continuum of student need (e.g. universal, targeted, intensive).
- Incorporates use of a **universal screener** to identify students at risk for social, emotional and/or behavioral health concerns early, and monitor student progress throughout intervention services.
- Implementation began in 10 schools during the 2012-13 School Year.
- Currently being implemented in **78 BPS schools**, serving **over 33,000** students.

# BPS Comprehensive Behavioral Health Model

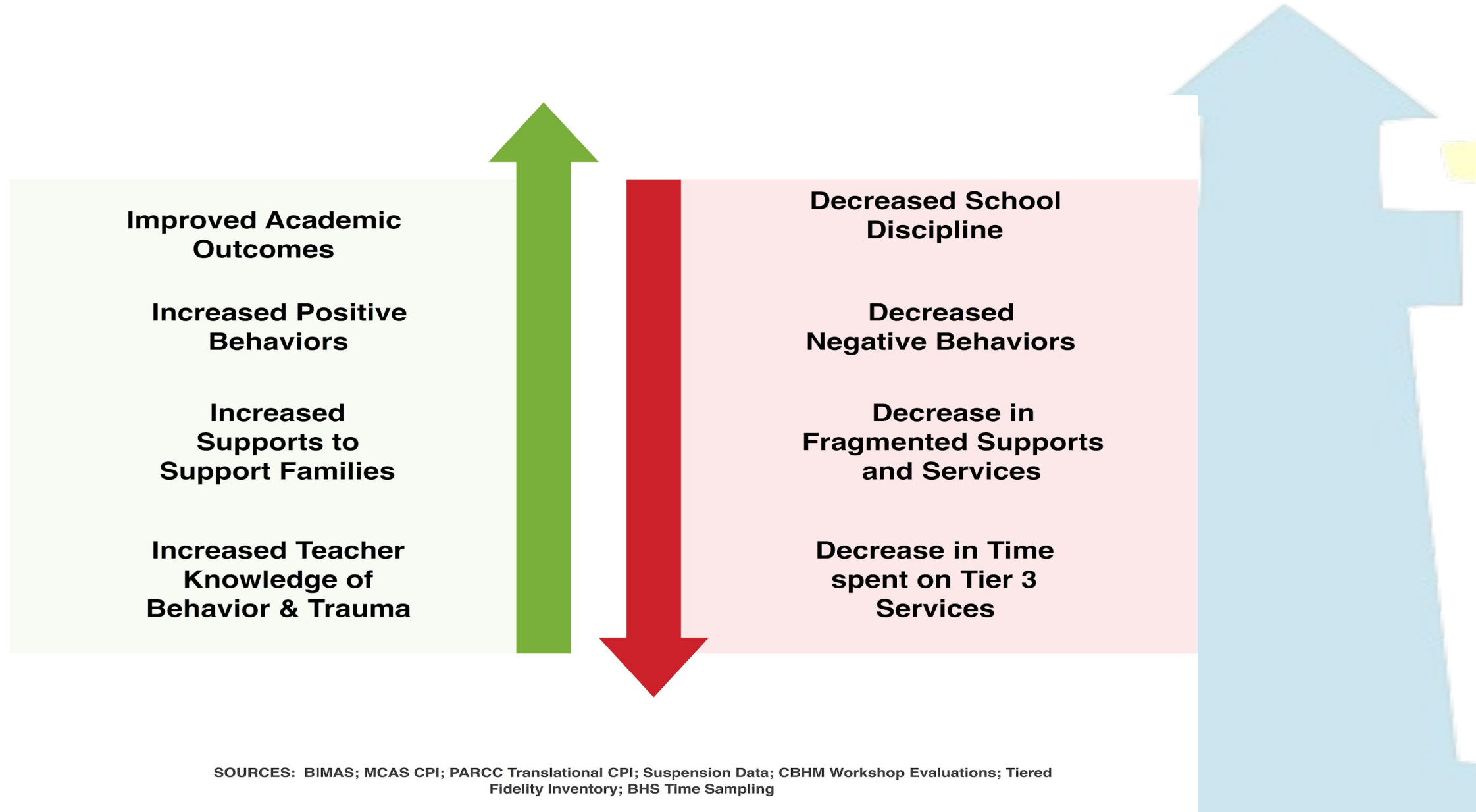
**Mission:** Ensuring that all students have a safe and supportive school where they can be successful



*Guided by Massachusetts Department of Elementary and Secondary Education's Behavioral Health Framework*

**Theory of Change:** Integrating behavioral health services into schools will create safe and supportive learning environments that optimize academic outcomes for all students.

# CBHM Outcomes







# **Understanding the Expertise of Lived Experience**

Maria E. Restrepo-Toro, BNS, MS  
Dan Johnston  
Moon Machar  
Kristine Irizarry  
Annette Diaz

# New England's Lived Experience Transformational Leaders

Chyrell D. Bellamy, Dana Asby, Heather MacDonald & Maria E. Restrepo-Toro





## LET(s)Lead Transformational Leadership Academy Beginnings

This work began about 5 years ago, with a meeting of people with lived experiences at Yale-PRCH from around the globe brought together by IIMHL. We met to discuss the need for developing people with lived experiences as leaders.

*Many spoke of the lack of opportunities available for people with lived experiences to take on leadership roles, to acquire leadership experience, or to receive mentorship and guidance in these areas.*

*International survey conducted on leadership and whether people wanted a curriculum and what that might look like. Also conducted qualitative interviews.*

*Overwhelming  
YES!!!*

Initial funding from SAMHSA to pilot a curriculum which was expanded to what we have today... LET(s)Lead

*Initial folks involved... Chyrell Bellamy (USA), Wilma Boevink (Netherlands), Larry Davidson (USA), Susan L. Hardie (Canada), Gordon Johnson (Scotland), Chacku Mathai (USA), Paddy McGowan (Ireland), Mary O'Hagan (New Zealand), Julie Repper (England), Anthony Stratford (Australia), Eduardo Vega (USA), Emma Watson (England).*

# Why Lived Experience Leadership?



## Why Now?

- YES to Leadership!
- YES to NOW!
- YES WE ARE NEEDED!



# Yale's LET(s)Lead Transformational Leadership Academy

- Understand intersectionality of critical and emerging issues in behavioral health and other systems of care.
- Learn and practice key elements of appreciate inquiry and transformational leadership.
- Develop a project that combines new knowledge and skills (e.g., a project focused on systems or social change, a change initiative specific to your personal vision or co-produced with your organization).

# Committed to Applying a Diversity, Equity, and Inclusion Lens to Leadership

---

- Acknowledge where they are on their equity journey.
- Embrace participatory leadership.
- Develop an understanding for how to lead and sustained change.
- Encourage the heart – recognizing others' strengths.
- Lead Courageous Conversations in their communities.



yale  
program  
for  
recovery  
and  
community  
health

**More Info**



## OUR TEAM

Chyrell Bellamy: [Chyrell.Bellamy@yale.edu](mailto:Chyrell.Bellamy@yale.edu)

Maria E. Restrepo-Toro: [maria.restrepo-toro@yale.edu](mailto:maria.restrepo-toro@yale.edu)

Dana Asby: [dana.asby@yale.edu](mailto:dana.asby@yale.edu)

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Lived Experience Transformational Leadership Academy (LET(s)LEAD) < Yale Program for Recovery and Community Health

Empowering Emerging Leaders Throughout New England: Lived Experience Transformational Leadership Academy (LET(s)Lead) | Mental Health Technology Transfer Center (MHTTC) Network ([mhttcnetwork.org](http://mhttcnetwork.org))

# Early Intervention: Opportunity & Access

Dan Johnston, BA, CPS

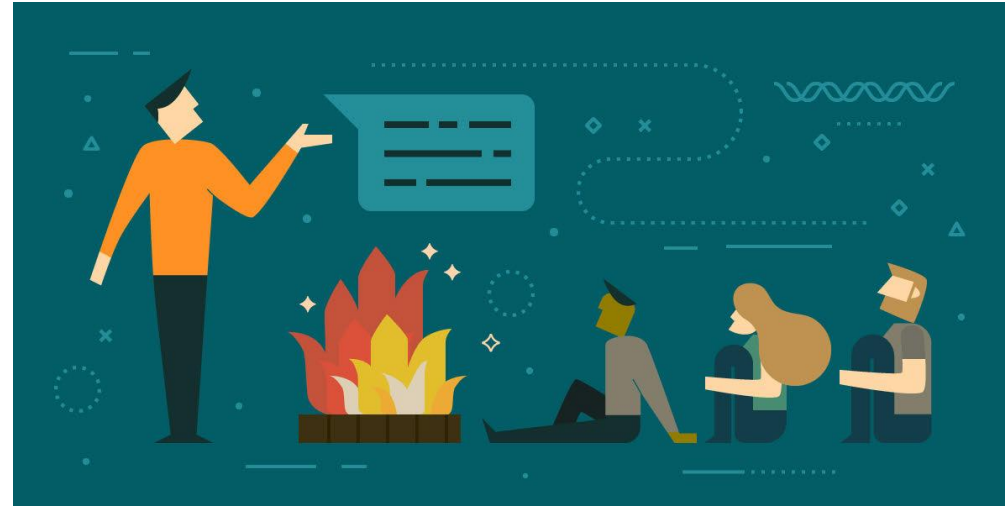
Certified Peer Specialist  
LET(s)Lead New England



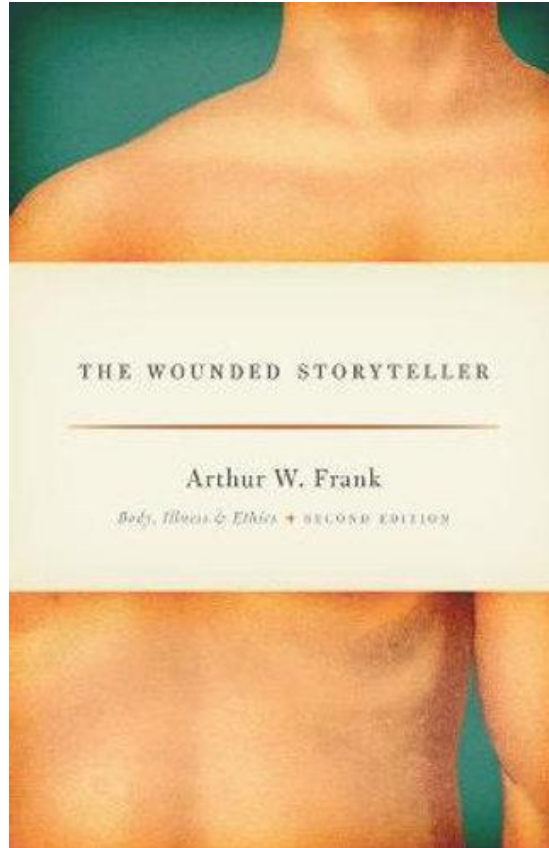
# LET(s) Lead: Through Storytelling

By Dan Johnston

To embolden,  
to learn, and  
to grow:



1. Taught “Writing True Stories about Mental Health” workshop
2. Worked with mentor, author Kathy Friedman, on writing
3. Began the “Continyouum Project,” a series of qualitative interviews exploring the evolution of narrative sense of self



“The wounded storyteller,  
ending silences, speaking  
truths, creating  
communities, becomes the  
wounded healer.”

~ Arthur W. Frank

# Improving Access to Early Intervention in BIPOC Communities:

- Partnerships with community health centers
- Education & Outreach (schools, churches, etc.)
- Grass roots efforts reducing discrimination and misconceptions around diagnoses of psychosis



# Recovery, Resilience, Purpose and Opportunities

By: Kristine Irizarry



# WHO AM I?

**Kristine Irizarry**

- **Program Director, Gandara Center (Springfield, MA)**
- **LET(s)Lead New England Fellow**
- **Worked with youth and young adults over 12 years**

# Recovery

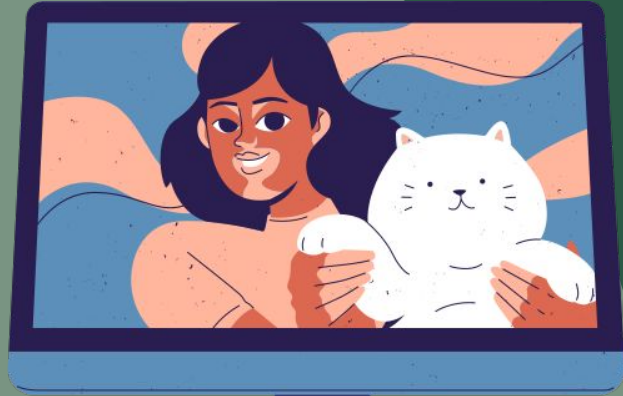
What does Mental Health Recovery mean to you?





# Resilience

**Positivity is the  
best  
encouragement.**



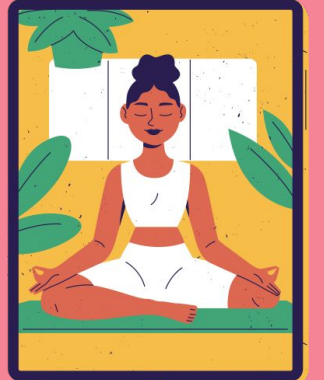
# Purpose

**Suspend your own  
judgment, ideas,  
and beliefs.**



# Opportunity

- **To promote growth**
  - Equal ground
  - Engagement
  - Build Trust
  - Vulnerability





**Thank You!**

**Kristine Irizarry (she, her, hers)**

**Program Director - Impact Center**

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Annette Diaz  
Peer Coordinator  
Community Health  
Resources

“When recovery is understood and embraced, people have a chance to transform their lives.”

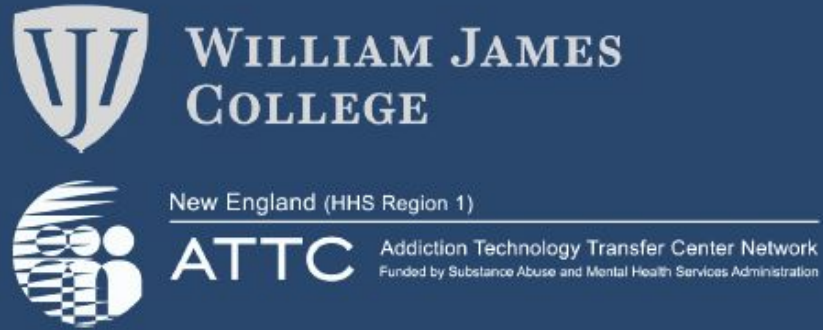


# Q&A Session

*When speaking, please  
remember to use  
strengths-based language  
and to eliminate  
background noise.*



The 2022 Innovations Conference is brought to you by Williams James College in collaboration with partners from the New England region's Technology Transfer Center (TTC) Network, including the New England Addiction TTC, the New England Prevention TTC, and the New England Mental Health TTC.



For more resources, visit our [Virtual Exhibit Hall.](#)

And continue to visit this resource!  
Our Virtual Exhibit Hall will become a permanent fixture available at the New England MHTTC's website.  
[Stay posted for updates.](#)



# Contact Us

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*Thank  
you*

