University of Massachusetts Medical School

eScholarship@UMMS

A criminal justice-engaged research collaborative: Findings and lessons learned from Western Massachusetts

Elizabeth Evans
University of Massachusetts Amherst

Et al.

Let us know how access to this document benefits you.

Repository Citation

WEBINAR

A criminal justice-engaged research collaborative:
Findings and lessons learned from Western Massachusetts

- Everyone will be muted upon entry.

- Please use the Q&A for questions.

- Questions will be answered following the presentation.

We will be starting shortly. While waiting, please enter your name and organization into the chat box.

Welcome!

Community Engagement and Collaboration Core
UMass Center for Clinical and Translational Science

Ed Hayes, Assistant Superintendent
Franklin County Sheriff's Office

Liz Evans, PhD, MA, Associate Professor
University of Massachusetts Amherst

A criminal justice-engaged research collaborative: Findings and lessons learned from Western Massachusetts

9th Annual Community Engagement and Research Symposium
UMass Center for Clinical and Translational Science
October 14, 2020 at 1pm

Franklin County Sheriff's Office

- Ed Hayes, Assistant Superintendent
- Levin Schwartz, LICSW, Assistant Deputy Superintendent
- Nickey Guertin, LICSW, MSW
- Louis Freilicher, Community Health Worker

University of Massachusetts Amherst

- Liz Evans, PhD, MA, Associate Professor
- Calla Harrington, LCSW, MSW, MPH, Research Fellow
- Elizabeth Delorme, Research Fellow

Context

- National need to expand capacity to deliver medications to treat opioid use disorder (MOUD), especially for criminal-justice involved individuals.

- Two Houses of Corrections in Western Massachusetts (HOC, jail), mostly rural.

- In 2015, Franklin County HOC began providing buprenorphine, in addition to naltrexone.
  - Services included buprenorphine induction and continuation at jail entry.
  - Initially focused on sentenced individuals, later included pre-trial individuals.

- At the same time, Hampshire HOC was providing naltrexone, mostly at HOC exit, and no buprenorphine.

- Impetus for three projects.

(New England Public Radio, Jeff Brown/MASSLIVE 2019)
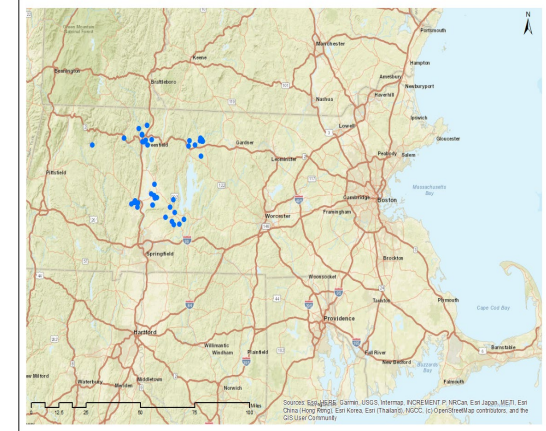
(New England Public Radio, The Republican/MASSLIVE 2018)

Project 1: Expand jail capacity for MOUD delivery and community re-entry

- The Franklin County Sheriff's Office (FCSO) was awarded a grant to implement and evaluate a program over three years (2018-2021)
  - Funded by Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), Grant No. 1H79T1081387

- Program component
  - Expand capacity to provide medications to treat opioid use disorder (MOUD) to people living in Franklin and Hampshire County jails, both during and after incarceration (n=300)
  - Implement a comprehensive community reentry program
  - Strengthen community-partnerships

- Evaluation component
  - FCSO contracted with UMass Amherst to conduct program evaluation and research
  - Assess MOUD adoption by jails
  - Assess MOUD utilization and outcomes among patients

Project 1: An example of community-based participatory research

The Medication Assisted Treatment and Re-entry Initiative
Year 1 Report

Submitted to
The Franklin County Sheriff's Office
160 Elm Street
Greenfield, MA 01301

University of Massachusetts Amherst
School of Public Health and Health Sciences
Department of Health Promotion and Policy
Elizabeth Evans, PhD, Principal Investigator
Calla Harrington, MPH, MSW
Elizabeth Delorme, BA
Karl Cyr, MA

312 Arnold House, 715 North Pleasant Street
Amherst, MA 01003
413-545-4434
https://www.umass.edu/sphhs/hpp
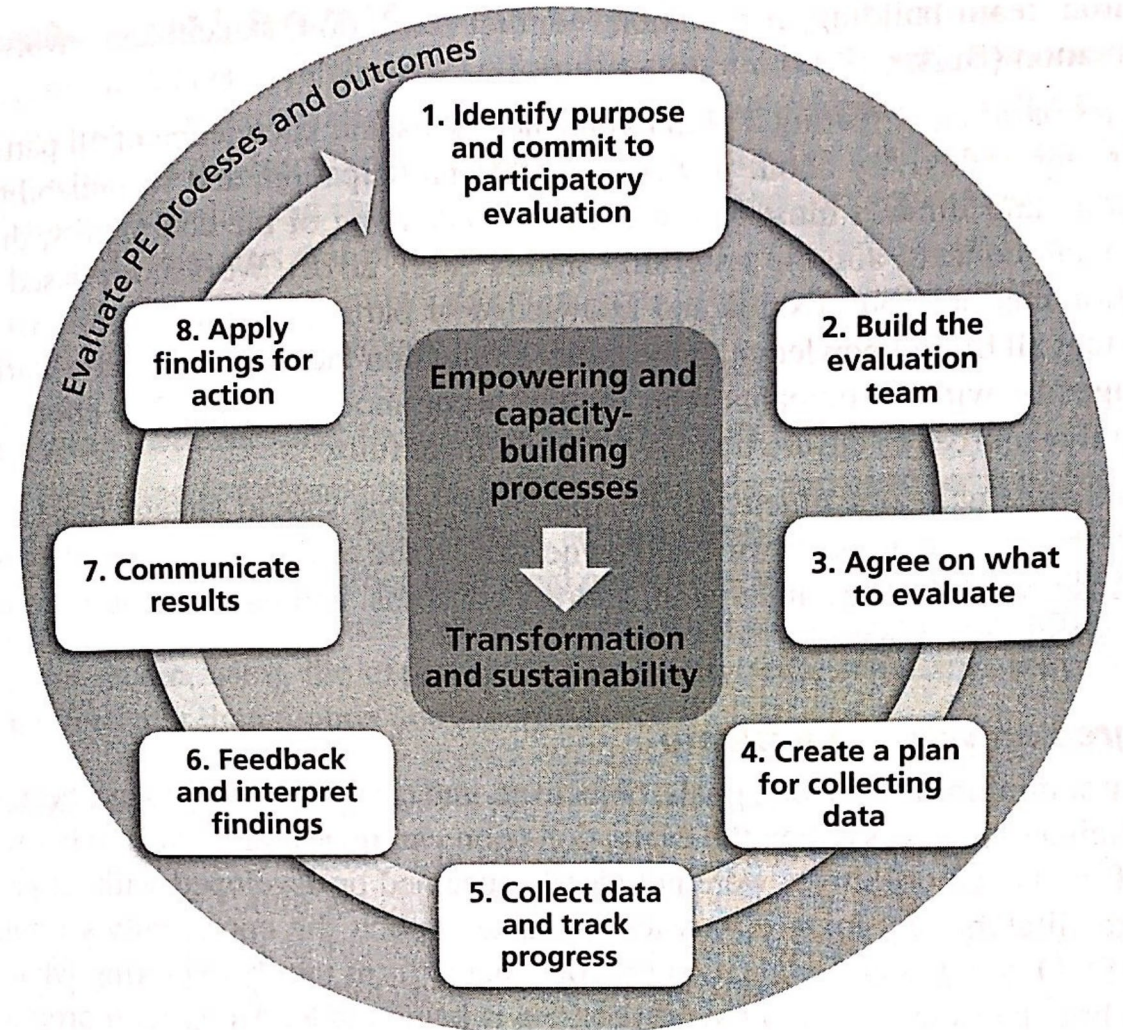
December 24, 2019

Wallerstein et al 2018 Community-Based Participatory Research for Health: Advancing Social and Health Equity 3rd edition San Francisco, CA: Wiley

Project 1: Platform for timely pivots

Commentary "COVID-19 and treating incarcerated populations for opioid use disorder"

Christopher J. Donelan, MPA[1], Ed Hayes,[1] Ruth A. Potee, MD,[1] Levin Schwartz, LICSW,[1] Elizabeth A. Evans, PhD, MA[2]

Project 2: Post-release opioid use trajectories after MOUD in jail
Funded by NIDA 3UG3DA044830-02S1, 2018-2019 (NCE 2021), PI: Peter Friedmann, MD; Co-I Liz Evans, PhD

- Natural experiment

- Research questions
  - What are the post-release outcomes of individuals who received MOUD while incarcerated (pre-release MOUD condition) versus individuals who did not receive MOUD while incarcerated (controls)?

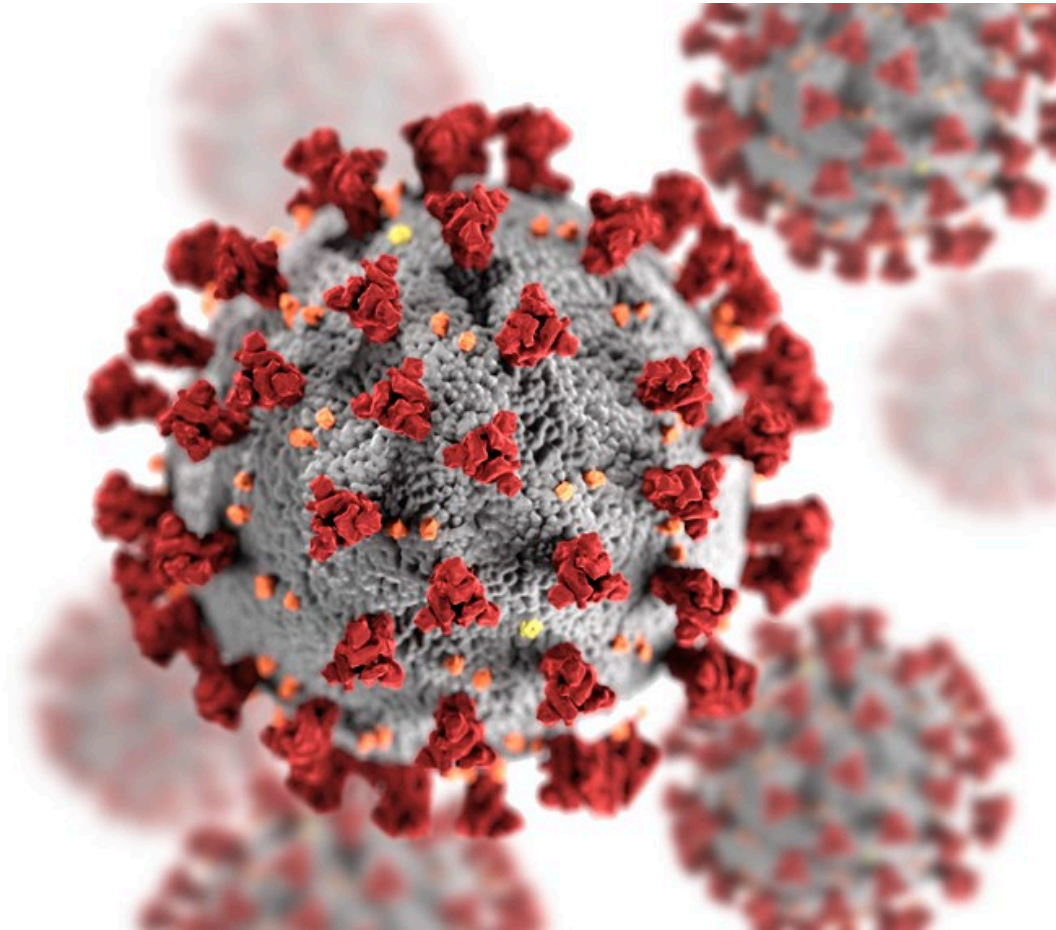 - Which individual characteristics and treatment factors are associated with post-release MOUD access, utilization, and outcomes among study participants who did and did not receive MOUD while incarcerated?

MOUD: medications for opioid use disorder

1-4 year follow-up of 500 adults with OUD, exited jail Jan 2015-Apr 2019:

n=250 received MOUD while at Franklin HOC

n=250 did not receive MOUD while at Hampshire HOC

Master list & initial contact
Contracted jail staff will identify sample, locate (deceased, incarcerated, alive), conduct initial contact

Follow-up interview
Research staff will conduct interview by telephone

Biological samples
Research staff will collect saliva/blood from sub-sample (n=50) and test for substance use and infectious disease (HIV/HCV/syphilis)

Securing administrative data
If available and accessible, obtain electronic records on all prospective participants (n=500)

- National Death Index
  - Date & cause of death (ICD-10)

- Jail records
  - MOUD and other addiction treatment
  - Criminal justice system
  - Health records

Outcomes
Primary: opioid use trajectories 1-4 years post-release from jail

Secondary: mortality, MOUD access and utilization in the community, recidivism, infectious disease

Project 2: Building research capacity
Learn about existing administrative data by mining it to define the sample

- Goal: all adults with opioid use disorder (OUD) who exited the two participating jails Jan 2015 – April 2019.

- Did record review August 2018 – Sept 2020.

- Analyzed existing administrative data to identify all adults with OUD who exited in our time frame.

- Verified information by hand, relying on electronic medical records cross-checked against other criminal justice records.
  - has OUD
  - whether received MOUD while in jail
  - date of jail exit
  - other information

- Reviewed criminal justice records by hand to extract indicators of recidivism.
  - Covers events occurring in Massachusetts.
  - Data extracted in Oct 2019. Verified in Sept 2020.

- Total n=469; n=315 (67.2% of total) has $\geq$1 year of observation after jail exit.

Project 2: Building research capacity
Conduct follow-up interviews with individuals who exited jail

Initial contact (n=469)

- 4.9%
- 4.9%
- 30.3%
- 53.5%
- 7.3%
- 0.0%

- ■ Consented
- ■ Refused
- ■ Found, not consented
- ■ Not found
- ■ Deceased
- ■ Incarcerated

Follow-up (n=145)

- 8.2%
- 2.1%
- 3.4%
- 3.4%
- 82.9%

- ■ Interviewed
- ■ Scheduled
- ■ Refused
- ■ Not found
- ■ Incarcerated

NIH
HEAL
INITIATIVE
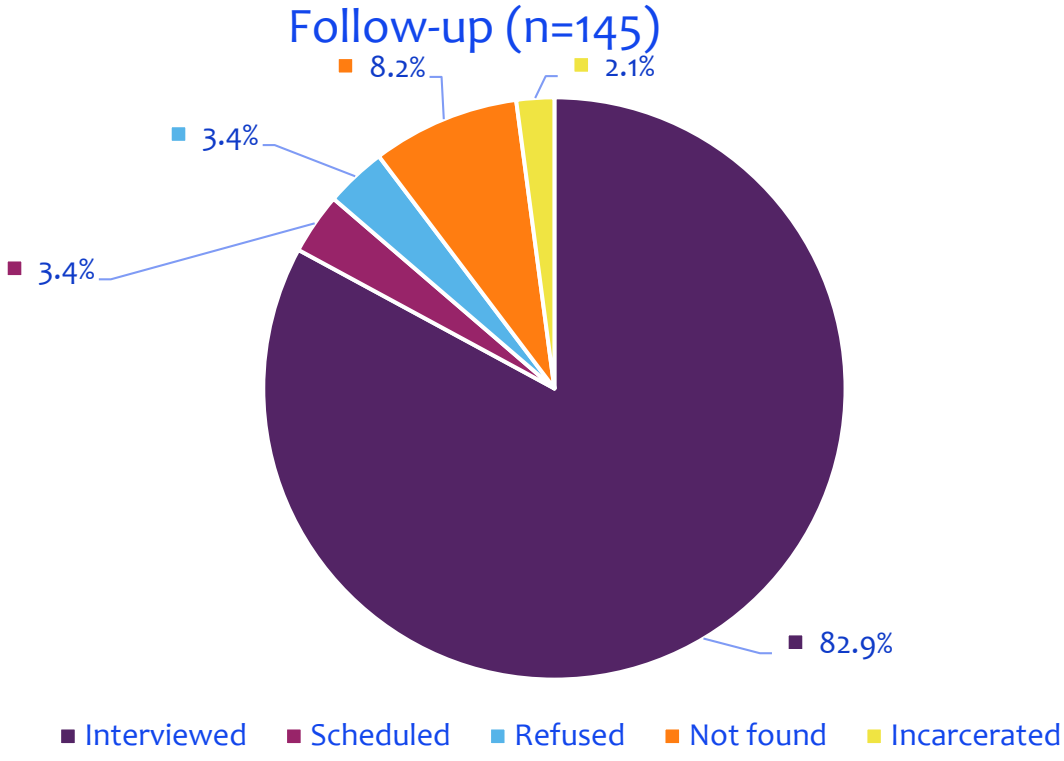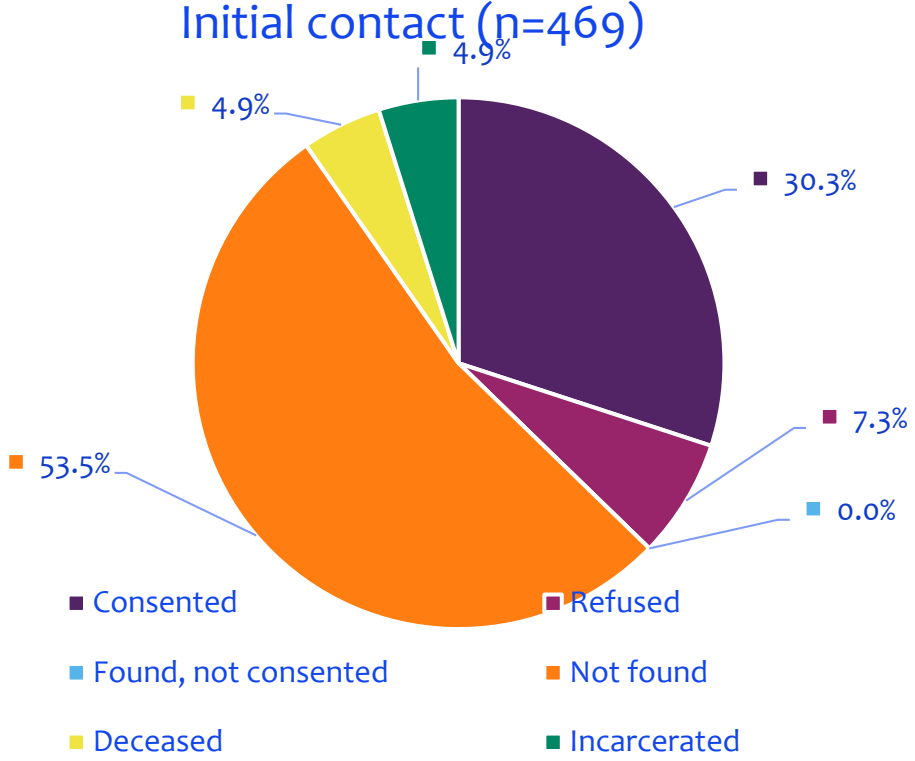
Project 2: Building research capacity
Group dynamics in action

Baystate Health & UMass Medical School

- PI: Peter Friedmann, MD, MPH, DFASAM, FACP
- Randall Hoskinson Jr., Project Manager
- Donna Wilson, MS, Biostatistician
- Kevin Warwick, MSW, Consultant
- Sam Tarplin, Clinical Research Assistant
- Madison Crawford, Clinical Research Assistant

UMass Amherst, School of Public Health & Health Sciences

- Co-I: Liz Evans, PhD, MA
- Elizabeth Delorme, Research Fellow
- Calla Harrington, LCSW, MSW, MPH, Research Fellow

Franklin County House of Corrections

- Christopher Donelan, MPA, Sheriff
- Ed Hayes, Assistant Superintendent
- Levin Schwartz, LICSW, Assistant Deputy Superintendent
- Ben Potee, Research Assistant

Hampshire County House of Corrections

- Patrick Cahillane, Sheriff
- Melinda Cady, Assistant Deputy Superintendent
- Kathryn Peverley, Clinician

Recidivism after MOUD in Jail: Preliminary results

PI: Peter Friedmann, MD, UMMS Baystate

Co-I: Elizabeth Evans, PhD, UMass Amherst

NIDA 3UG3DA044830-02S1

JCOIN Steering Cmte Meeting, 9/29/20, 1pm

Preliminary results: Time from jail exit to first recidivism event
among sample that has ≥1 years of obs after jail exit (n=315), unadjusted survival analysis with 95% Hall-Wellner bands

Product-Limit Survival Estimates
With Number of Subjects at Risk and 95% Hall-Wellner Bands

+ Censored
Logrank p=0.0025

Survival Probability

Days after index jail stay release

	0	100	200	300	400
Franklin	102	82	65	61	0
Hampshire	213	148	112	89	0

County ——— Franklin – – – Hampshire
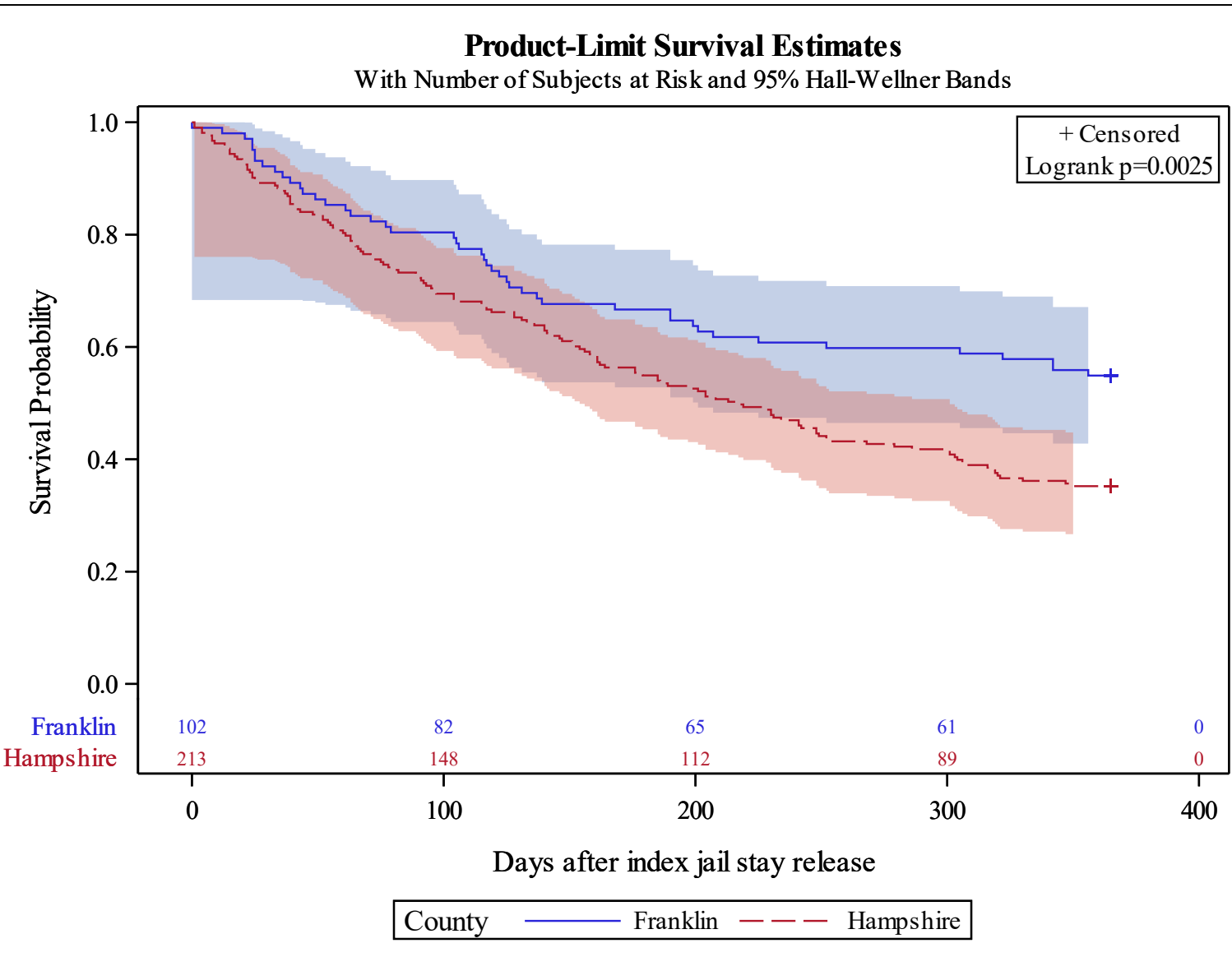
Cox proportional hazards ratio (Hampshire vs. Franklin):
1.66 (1.19, 2.32), p=0.01.

Interpretation: The expected risk of recidivism is 1.66 times higher in Hampshire than in Franklin.

Adjusted for age, jail status, prior incarcerations:
1.86 (1.27, 2.73), p = 0.01.

Restricted to white males only and controlling for age:
1.81 (1.25, 2.63), p=0.01.

Recidivism is defined as any incarceration, probation violation, or arraignment that occurred after exit from jail on index episode.

Project 3: Massachusetts Justice Community Opioid Innovation Network Research Hub (MassJCOIN)

- Massachusetts is the first state to mandate county jails to deliver all FDA-approved MOUDs.

- MassJCOIN was funded by NIDA, 2019-2024.

- mPIs: Peter Friedmann, MD and Elizabeth Evans, PhD

- Three interrelated aims
  - Longitudinal treatment outcomes
  - Implementation study
  - Economic evaluation

NIH · Helping to End Addiction Long-term

MassJCOIN Aim 1. Longitudinal treatment outcome study

N~7500 detainees with OUD will be eligible over 18 months, ~10%-20% will receive MOUD.

KEY EXPLANATORY VARIABLE

- In-jail MOUD delivery:
  - XR-NTX, BUP-NX, methadone, no MOUD

OTHER EXPLANATORY VARIABLES

- Behavioral SUD and MH treatment
- Recovery support services
- Demographic characteristics
- OUD-related consequences in year prior to detention

SITE-LEVEL, OUD CASCADE PERFORMANCE METRICS

In-jail
- OUD screen rate
- OUD screen positive rate
- MOUD assessment rate
- MOUD referral rate
- MOUD initiation rate

In-community
- OUD appointment rate
- OUD appointment show rate

Post-release
- MOUD initiation rate
- MOUD engagement rate
- MOUD retention rate

PRIMARY OUTCOMES

- MOUD initiation post-release
- MOUD engagement post-release
- MOUD retention

SECONDARY OUTCOMES

- Time-to-overdose
- Opioid overdose fatalities
- ED and hospital utilization
- All-cause mortality
- Reincarceration
- Rearrest

MassJCOIN Aim 2. Implementation study

N = key stakeholders, staff, and detainees in 7 jails; 5 Waves (Months 6, 18, 36, 48, 55).

CLIMATE

- Attitudes towards EBPs
- Organizational culture
- Support for innovations
- Perception of policy

CLIMATE

- Type of agency
- Staffing
- EPIS

TARGET MECHANISMS

- Implementation strategies
- Performance monitoring
- Interagency teams
- Common goals and mission
- System integration

IMPLEMENTATION OUTCOMES

- No. screened and assessed
- No. served by MOUD or other BH tx in county
- No. provided care coordination post-release

IMPLEMENTATION PROCESSES & CRITICAL INCIDENTS
(Triangulation, enriched description, fidelity, cost)

- Processes, critical incidents
- Fidelity to MOUD implementation strategies
- Economic study

MassJCOIN Aim 3. Economic evaluation

- Cost to the correctional system of implementing MOUD in jail

- From state-policymaker and societal perspectives, compare the value of MOUD prior to release from jail to no MOUD among matched controls

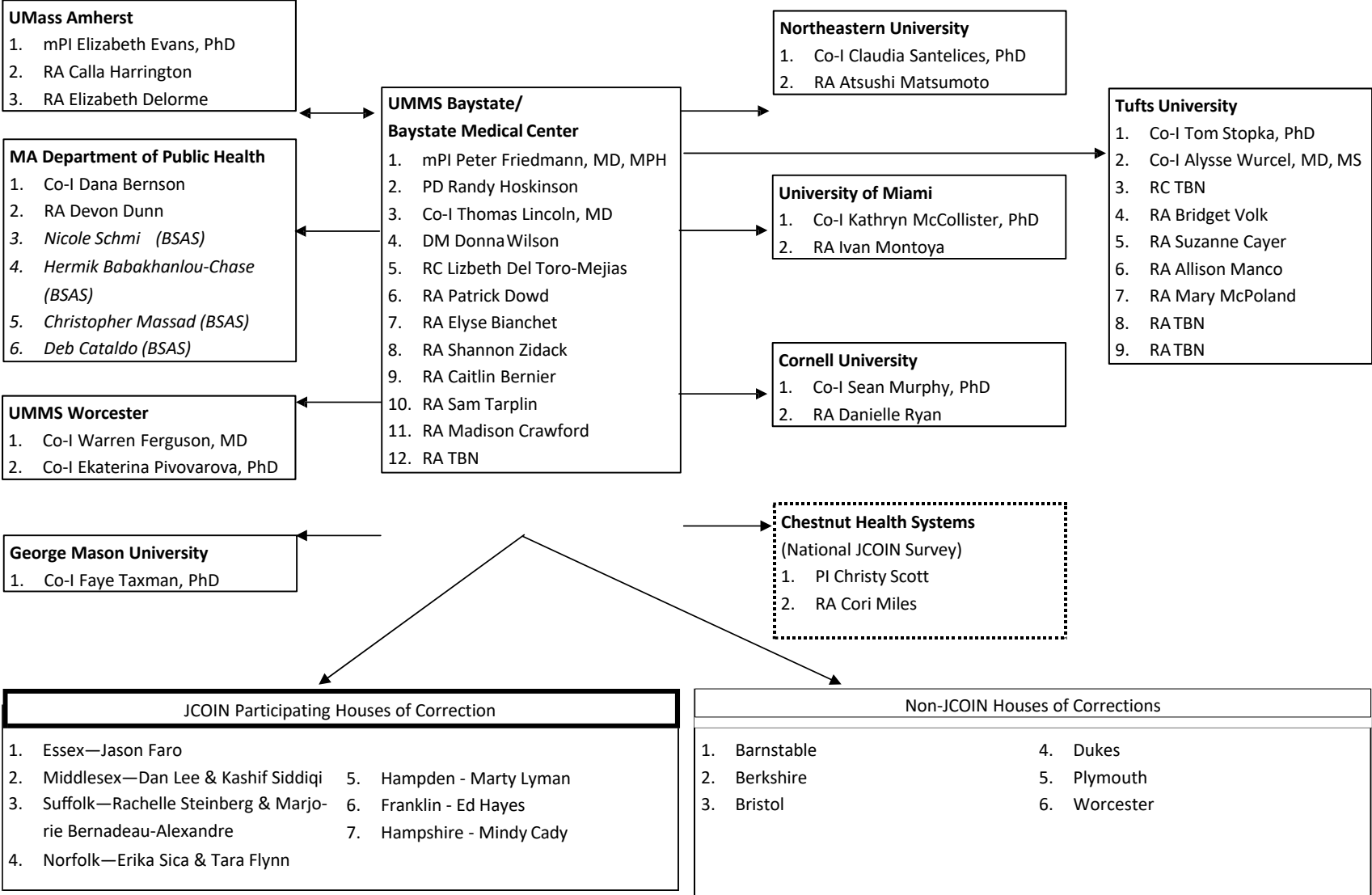| Table 3: Unit Cost Sources		Unit Cost Source by Perspective	
Measure	Utilization Data	Policymaker	Societal
Healthcare services	Source		
Hospitalization	PHD	MMS	Medicare
Outpatient visit	PHD, community partner	MMS	Medicare
ED	PHD	MMS	Medicare
Mental health	PHD, community partner	MMS	Medicare
Inpatient detox	PHD, community partner	MMS	Medicare
Residential	PHD, community partner	MMS	Medicare
Medications			
MOUD Prescriptions	PHD	MMS	FSS
Other resources			
Criminal justice activities	PHD, BLS	McCollister (2010)[131]	McCollister (2010)[131]
Social services	PHD	McCollister (2017)[132]	McCollister (2017)[132]

Notes: OUD = opioid use disorder; PHD = Public Health Data Warehouse; FFS = Fee-for-Service; BLS = Bureau of Labor Statistics; FSS = Federal Supply Schedule; MMS = Medicaid MarketScan.

Massachusetts Justice Community Opioid Innovation Network (MA-JCOIN) Clinical Research Center
Grant DA050067
Principal Investigators: Peter D. Friedmann, MD, MPH, FASAM, DFACP & Elizabeth A Evans, PhD, MA

UMass Amherst
1. mPI Elizabeth Evans, PhD
2. RA Calla Harrington
3. RA Elizabeth Delorme

MA Department of Public Health
1. Co-I Dana Bernson
2. RA Devon Dunn
3. *Nicole Schmi   (BSAS)*
4. *Hermik Babakhanlou-Chase (BSAS)*
5. *Christopher Massad (BSAS)*
6. *Deb Cataldo (BSAS)*

UMMS Worcester
1. Co-I Warren Ferguson, MD
2. Co-I Ekaterina Pivovarova, PhD

UMMS Baystate/
Baystate Medical Center
1. mPI Peter Friedmann, MD, MPH
2. PD Randy Hoskinson
3. Co-I Thomas Lincoln, MD
4. DM Donna Wilson
5. RC Lizbeth Del Toro-Mejias
6. RA Patrick Dowd
7. RA Elyse Bianchet
8. RA Shannon Zidack
9. RA Caitlin Bernier
10. RA Sam Tarplin
11. RA Madison Crawford
12. RA TBN

Northeastern University
1. Co-I Claudia Santelices, PhD
2. RA Atsushi Matsumoto

University of Miami
1. Co-I Kathryn McCollister, PhD
2. RA Ivan Montoya

Cornell University
1. Co-I Sean Murphy, PhD
2. RA Danielle Ryan

Tufts University
1. Co-I Tom Stopka, PhD
2. Co-I Alysse Wurcel, MD, MS
3. RC TBN
4. RA Bridget Volk
5. RA Suzanne Cayer
6. RA Allison Manco
7. RA Mary McPoland
8. RA TBN
9. RA TBN

Chestnut Health Systems
(National JCOIN Survey)
1. PI Christy Scott
2. RA Cori Miles

George Mason University
1. Co-I Faye Taxman, PhD

JCOIN Participating Houses of Correction
1. Essex—Jason Faro
2. Middlesex—Dan Lee & Kashif Siddiqi
3. Suffolk—Rachelle Steinberg & Marjorie Bernadeau-Alexandre
4. Norfolk—Erika Sica & Tara Flynn
5. Hampden - Marty Lyman
6. Franklin - Ed Hayes
7. Hampshire - Mindy Cady

Non-JCOIN Houses of Corrections
1. Barnstable
2. Berkshire
3. Bristol
4. Dukes
5. Plymouth
6. Worcester

JCOIN Vision & Priority Goals

Vision

Every individual involved in the justice system with a substance use disorder **should have access to effective treatment**, while detained and while in the community.

Priority Goals

- Generate **new evidence** about what works and how to effectively implement
- Become a **go-to resource** for researchers and practitioners
- Develop a **network of researchers collaborating with practitioners** across justice and community-based service settings.
- **Build capacity** to conduct and apply research in justice settings
- Speed translation of **science to solutions** and create feedback loops.

NIH
HEAL
INITIATIVE

LINKAGE FACILITATION

STATE POLICY ROLLOUTS

MASSACHUSETTS (MA)
Evaluating state pilot of MOUD in jails
JAIL (7)

NYSPI (NY)
Implementing new opioid court model
DRUG COURT (10)

U of CHICAGO (IL)
Recovery case management + harm reduction
JAIL (4) / PRISON (2)

CHESTNUT (IL)
Adaptive version of Recovery Management Checkups
JAIL (7)

U of KENTUCKY (KY)
Telehealth/ MOUD engagement for women
JAIL (9)

YALE UNIV. (CT/MN/NY/NC/PR)
CHWs + primary care for OUD
JAIL (6)

YALE-HIV (CT/TX)
Peer navigators vs mobile health units for OUD+HIV
PROBATION/PAROLE (4)

MOUD COMPARATIVE EFFECTIVENESS

NEW YORK UNIV (CT/DE/NH/NJ/OR)
XR-NTX vs Sublocade
JAIL (5)

FRIENDS RESEARCH (MD)
XR-NTX vs Brixadi
JAIL (10)

JUVENILE JUSTICE

INDIANA U (IN)
Learning health systems + opioid care cascade
JUVENILE JUSTICE (8)

TCU (IL/NM/TX)
Strategies to implement opioid tx linkage model
PROBATION/PAROLE (18)

BROWN U. (NC/PA/RI)
Organizational linkages + peer support
PROBATION/PAROLE (7)

ORGANIZATIONAL IMPLEMENTATION

U of WISCONSIN (HI/VA/WI)
NIATx vs ECHO implementation strategies
JAIL (30)

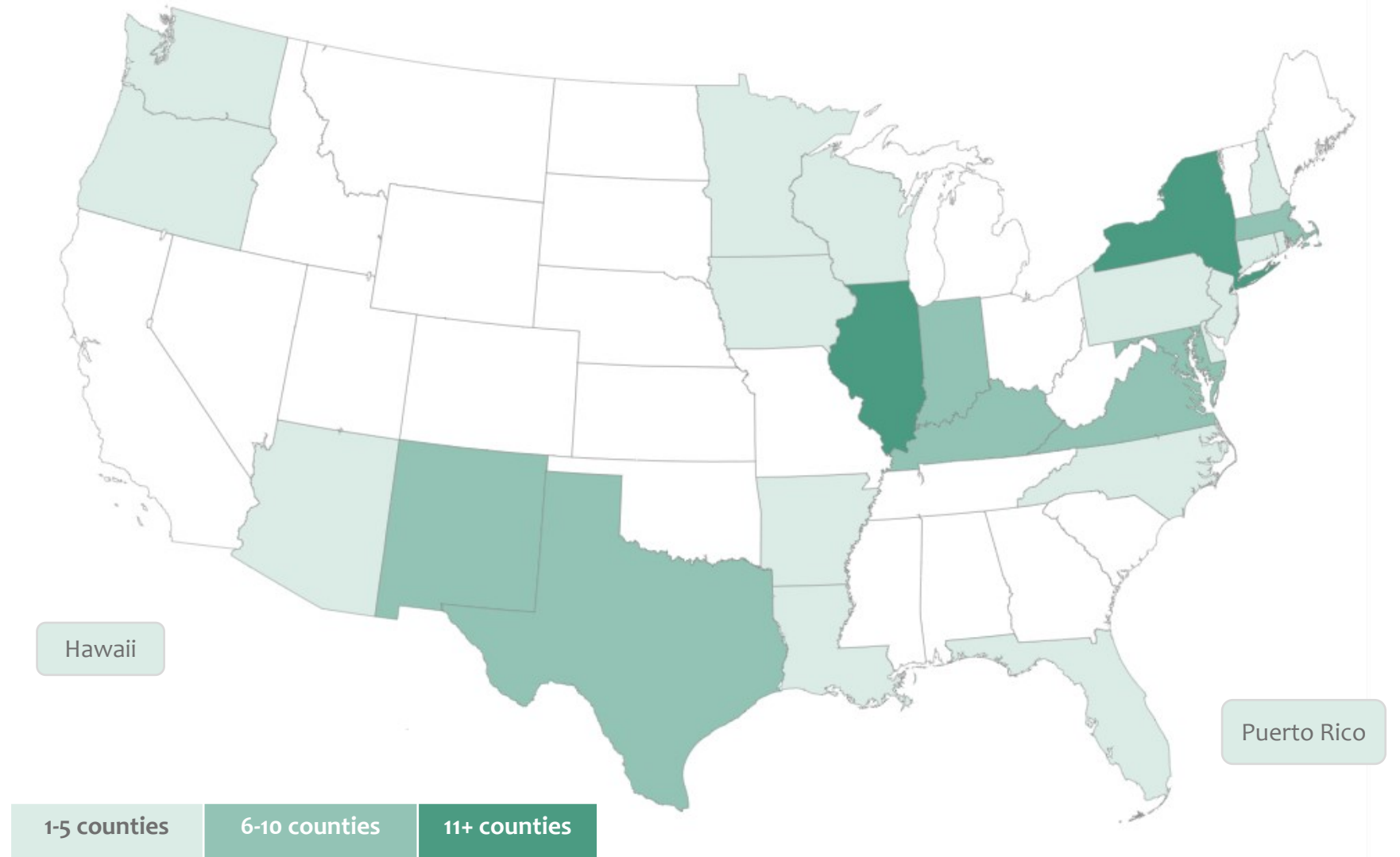# JCOIN has grown and continues to grow!

September 2019:

82 counties
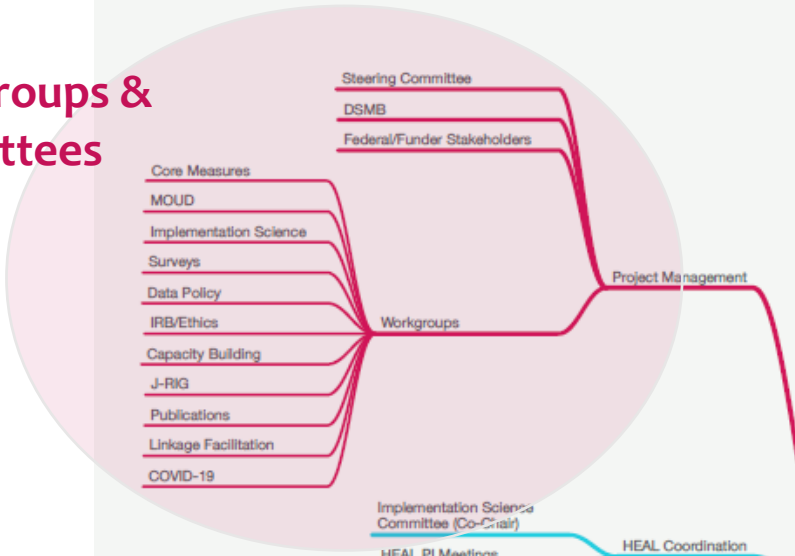16 states
10 clinical trials

September 2020:

117 counties
27 states
13 clinical trials
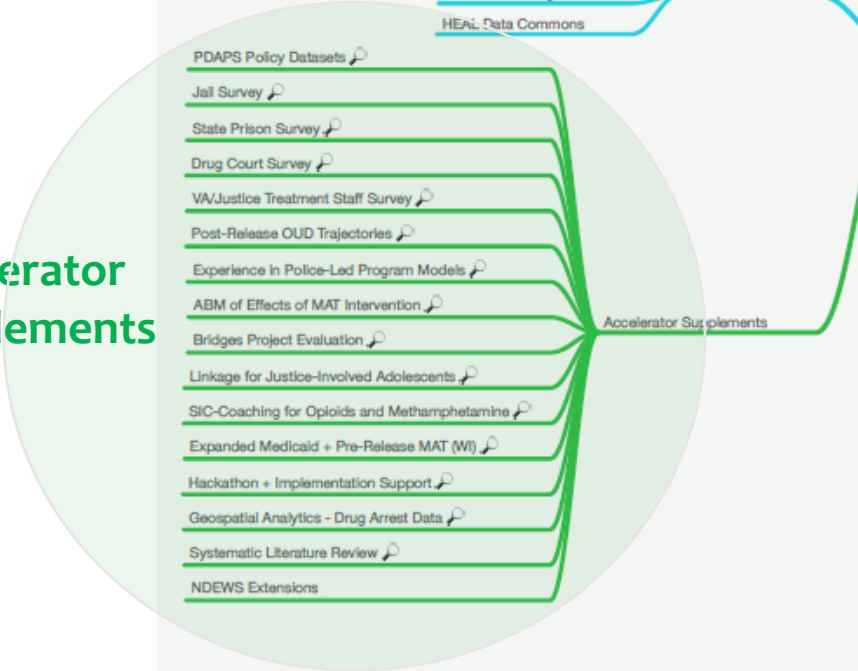
Geographic Coverage of JCOIN Trials

Hawaii

Puerto Rico
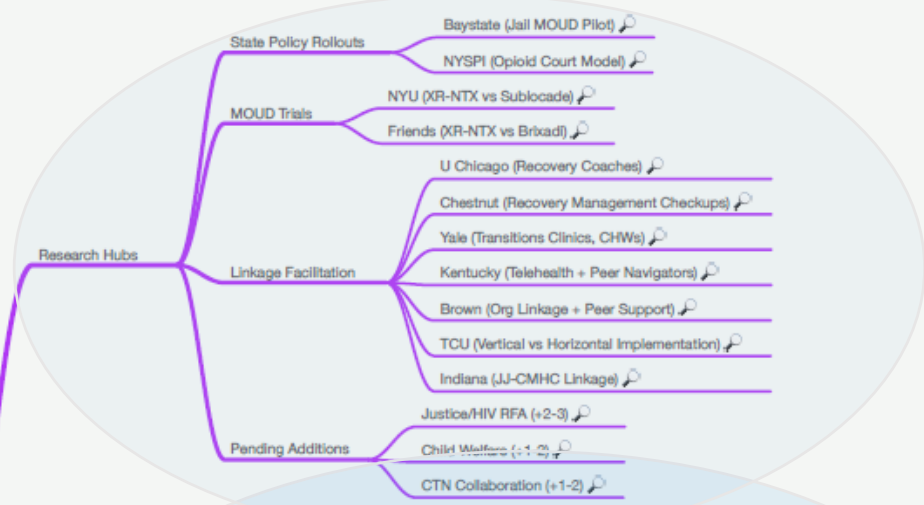
1-5 counties   6-10 counties   11+ counties

JCOIN: The 10,000 Foot View

Workgroups & Committees

- Project Management
  - Steering Committee
  - DSMB
  - Federal/Funder Stakeholders
  - Workgroups
    - Core Measures
    - MOUD
    - Implementation Science
    - Surveys
    - Data Policy
    - IRB/Ethics
    - Capacity Building
    - J-RIG
    - Publications
    - Linkage Facilitation
    - COVID-19
- HEAL Coordination
  - Implementation Science Committee (Co-Chair)
  - HEAL PI Meetings
  - HEAL Data Commons

Research Hubs

- Research Hubs
  - State Policy Rollouts
    - Baystate (Jail MOUD Pilot)
    - NYSPI (Opioid Court Model)
  - MOUD Trials
    - NYU (XR-NTX vs Sublocade)
    - Friends (XR-NTX vs Brixadi)
  - Linkage Facilitation
    - U Chicago (Recovery Coaches)
    - Chestnut (Recovery Management Checkups)
    - Yale (Transitions Clinics, CHWs)
    - Kentucky (Telehealth + Peer Navigators)
    - Brown (Org Linkage + Peer Support)
    - TCU (Vertical vs Horizontal Implementation)
    - Indiana (JJ-CMHC Linkage)
  - Pending Additions
    - Justice/HIV RFA (+2-3)
    - Child Welfare (+1-2)
    - CTN Collaboration (+1-2)

Coordinating Center

- Coordinating Center
  - Network Logistics
  - Implementation Science
    - Optimal training strategies
    - Optimal dose of technical assistance
    - Optimal communication platforms
  - Capacity Building
    - Training Resources
      - LEAP Scholars Program
      - Online Training Modules
    - Stakeholder Engagement
      - Practitioner Board
      - Stakeholder Board
      - Partner Portal
    - Technical Assistance
      - Ask-an-Expert
      - "Match.com" Platform
      - On-Demand TA
    - Small Grants Program (J-RIG)

Accelerator Supplements

- Accelerator Supplements
  - PDAPS Policy Datasets
  - Jail Survey
  - State Prison Survey
  - Drug Court Survey
  - VA/Justice Treatment Staff Survey
  - Post-Release OUD Trajectories
  - Experience in Police-Led Program Models
  - ABM of Effects of MAT intervention
  - Bridges Project Evaluation
  - Linkage for Justice-Involved Adolescents
  - SIC-Coaching for Opioids and Methamphetamine
  - Expanded Medicaid + Pre-Release MAT (WI)
  - Hackathon + Implementation Support
  - Geospatial Analytics - Drug Arrest Data
  - Systematic Literature Review
  - NDEWS Extensions

MAARC

- Analytic Center (MAARC)
  - Data Coordination
  - Modeling Studies
    - Agent-Based Models
      - Justice-Community Circulation Model
      - In Silico MOUD Trial Models
    - Predictive Modeling
      - Predicting the Next Overdose
    - Geospatial Modeling
      - Optimal Distance to Treatment
      - Social/Spatial Inequities in OUD/HCV Treatment
      - MOUD Access and Place-Based Policies
      - Mapping Federal Opioid Investments [BJA]
    - Network Modeling
      - Social Networks and OUD at Re-Entry
      - Supportive Social Networks and OUD Outcomes
      - JCOIN Dynamic Network Survey
  - Surveys
    - Public Opinion Surveys (OUD)
    - Brief Opioid Stigma Surveys
    - National Jail/Prison Survey

JCOIN

🔍 = research activity

JCOIN Priority Goals & Components

Research

Generate New Evidence

- Clinical Trials (13)
- Surveys (11)
- Implementation Studies
- Policy Research
- Modeling Studies (9)
- Rapid Innovation Grants (up to 4/year)
- Cross-cutting Protocols & Research Questions
- Common Measures

Dissemination

Become a Go to Resource

- Communication & Information Dissemination
- Outreach to Agencies and Funders
- Data commons

Training & Outreach

Build Capacity

- Researcher Training
- Practitioner Training
- Technical Assistance & Outreach to the Field
- Online Training Resources (J-TEC)

Stakeholder Engagement

Speed Science to Solutions

- Steering Committee
- Practitioner Board
- Outreach to Stakeholder Communities

Crosscutting Foundation: Collaborative Network of Researchers and Practitioners

NIH
HEAL INITIATIVE
JUSTICE COMMUNITY OPIOID
INNOVATION NETWORK (JCOIN)

Build Capacity: Engaging New Investigators

- Learn Experiences to Advance Practice (LEAP) Training Program
  - Conducted rigorous needs assessment to align program with demand
  - 9 JCOIN PI's as faculty/mentors
  - Recruited first cohort:
    - **Scholar Track (1 year):** 10 practitioner-scholars
    - **Investigator Track (2 years):** 5 researcher-investigators
    - 55 applications received
    - Participants across a diverse range of perspectives (e.g., social work, law, sociology, psychology, nurse practitioner, public health)
  - Coordination with Curt Beckwith's NIDA R25

JCOIN LEAP Participants

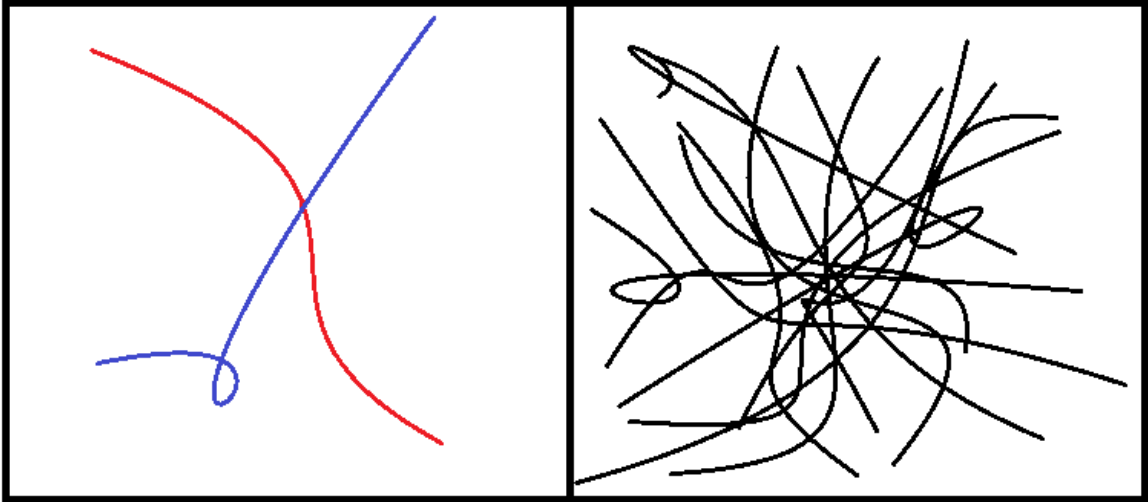We are rebuilding the plane while trying to fly it. We all have a piece.
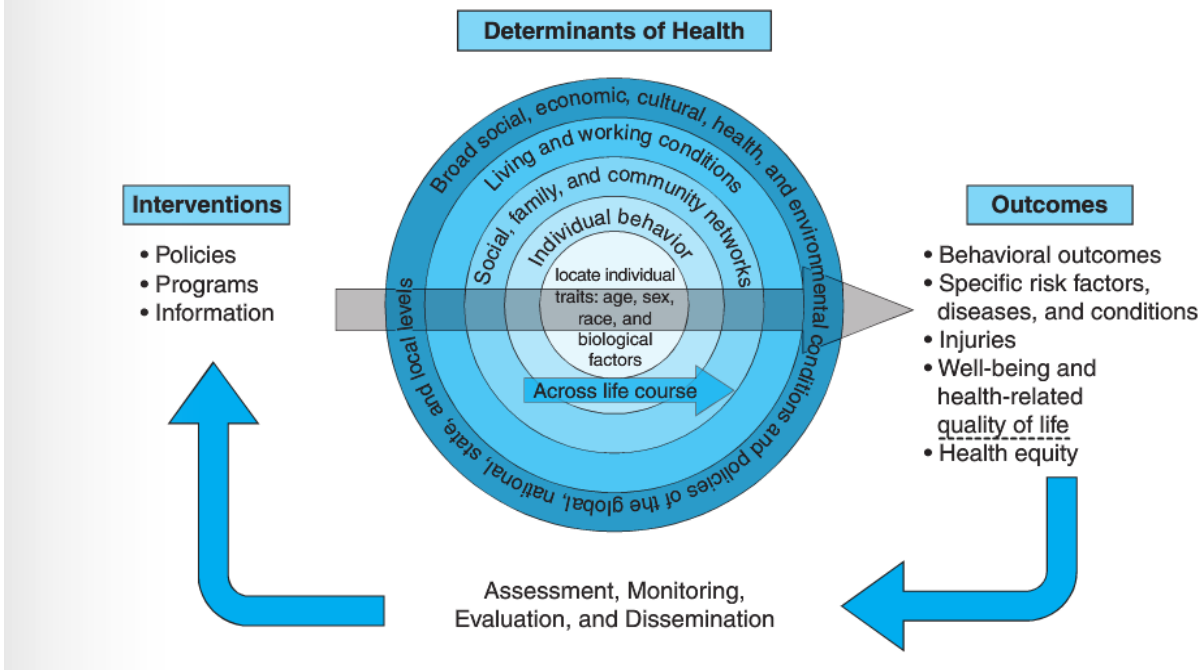
james the SCRIBE
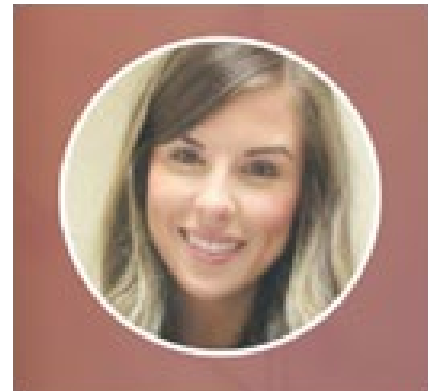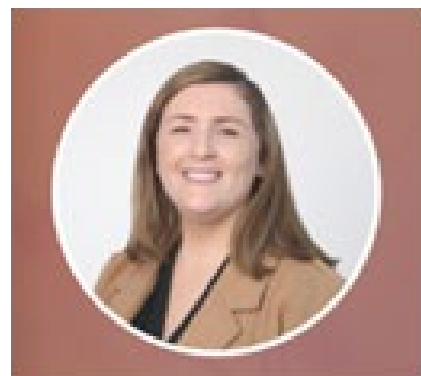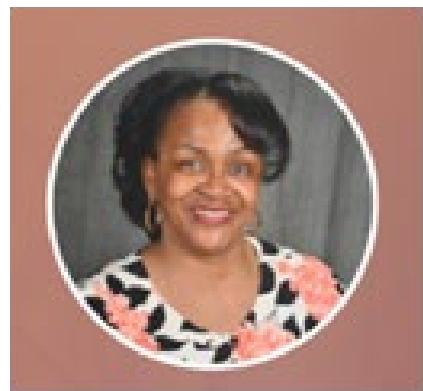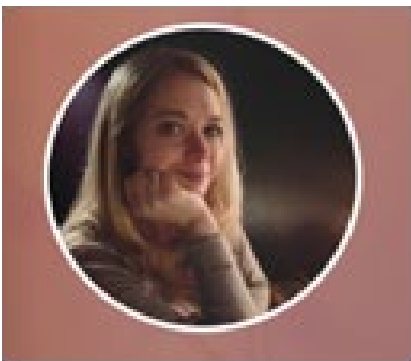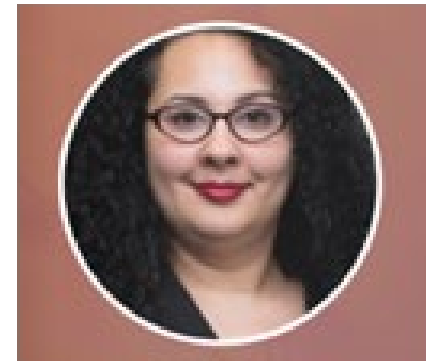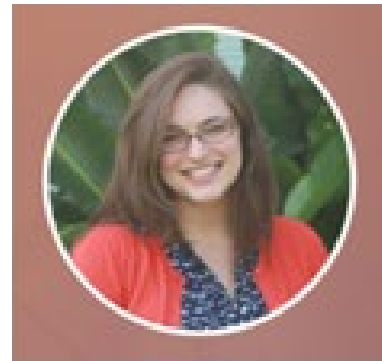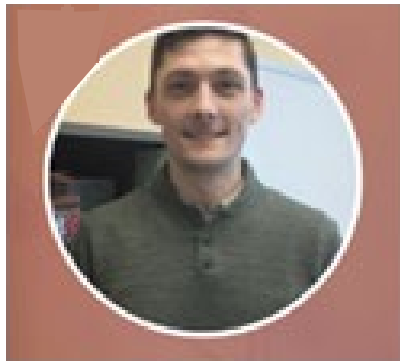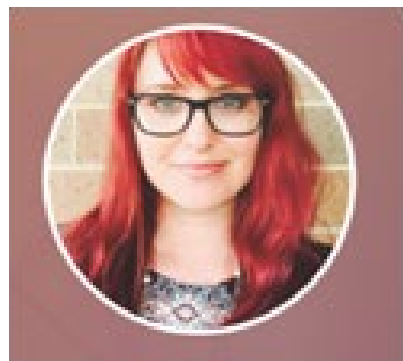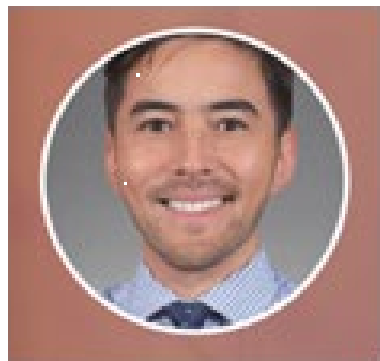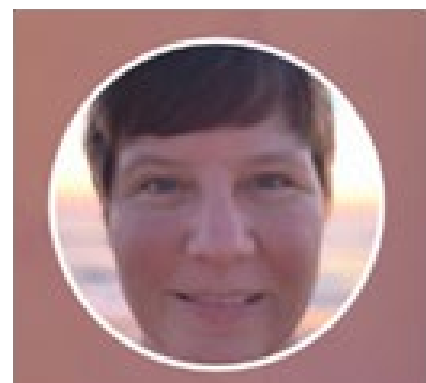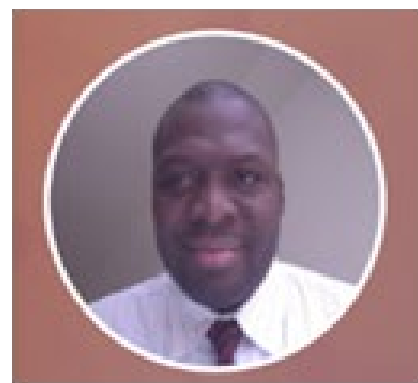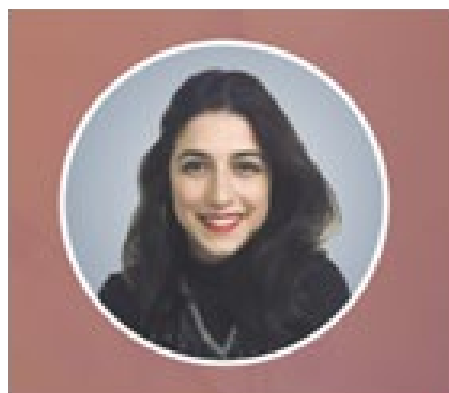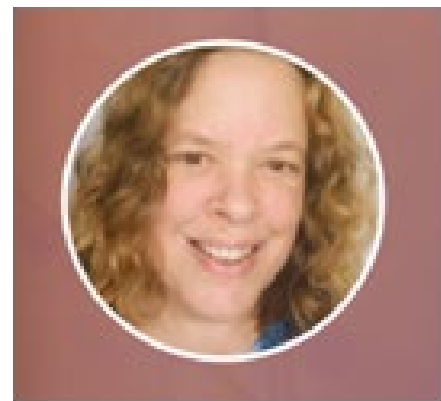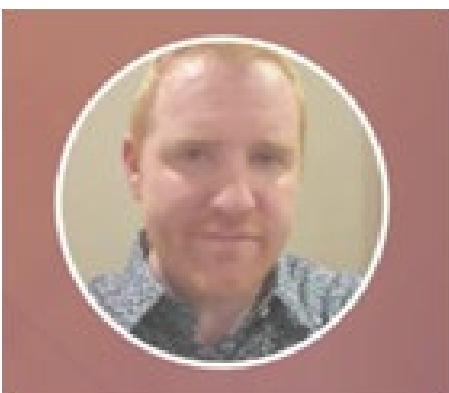
Collaboration is a chance to use your PhD for a purpose

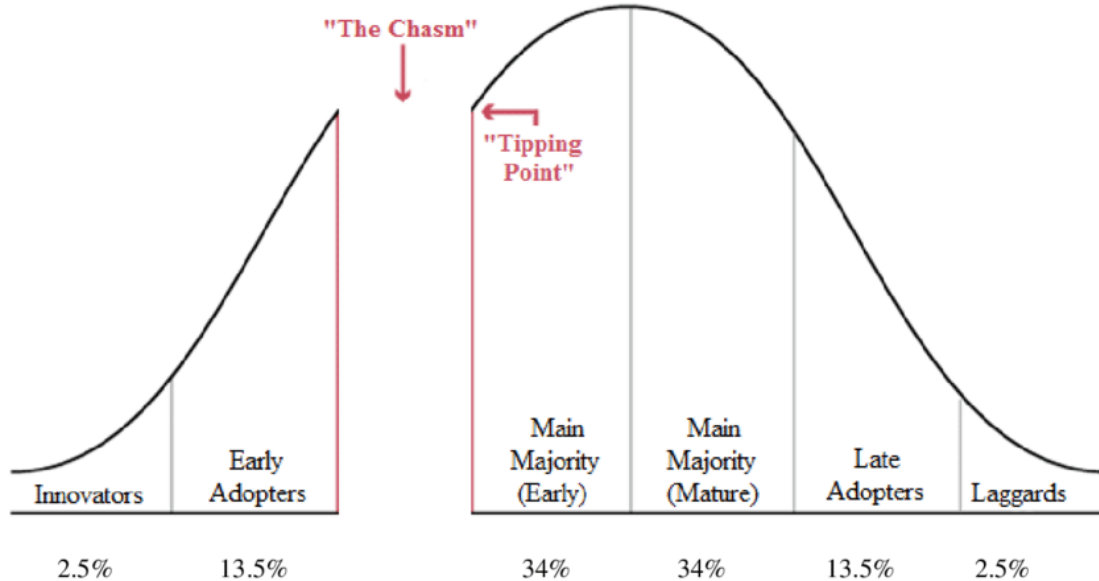**Traditional Problem**   **Wicked Problem**

A Public Health Conceptual Model

Presented in Shi & Singh, 2015; adapted from Bronfenbrenner, 1979; 1994. Adopted by Healthy People 2020 and the World Health Organization (WHO)

Collaboration is a chance to diffuse innovations and address "knowledge-do" gaps

Everett Rogers (1962), Diffusion of innovations theory.

How Policy Makers Perceive Research	How Researchers Perceive Policy	How Communities and Practitioners Perceive Policy and Research
Lack of timeliness	Decisions based on political preferences and money	Both disconnected from real lived experiences of the persons on whom they are doing research or for whom they are making policy
Politically irrelevant research	Lack of scientific evidence	
Research for the sake of research	Too much partisanship	
Too much focus on describing and managing the problem	Manipulation of data to support a political position or agenda	Lack of personal contact among researchers, policy makers, and those most affected by the problem
Lack of applicability to "real-life" solutions	Lack of political will or action	Not enough action

Stone, C. (2016) in Wallerstein et al 2018 Community-Based Participatory Research for Health: Advancing Social and Health Equity 3rd edition San Francisco, CA: Wiley

Collaboration is a chance to achieve health equity

- Everyone has a fair and just opportunity to be as healthy as possible.

- Requires removing obstacles to health
  - poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- Reduce and eliminate disparities in health and its determinants that adversely affect excluded or marginalized groups.

Equality

Equity

© 2017 Robert Wood Johnson Foundation.
May be reproduced with attribution.
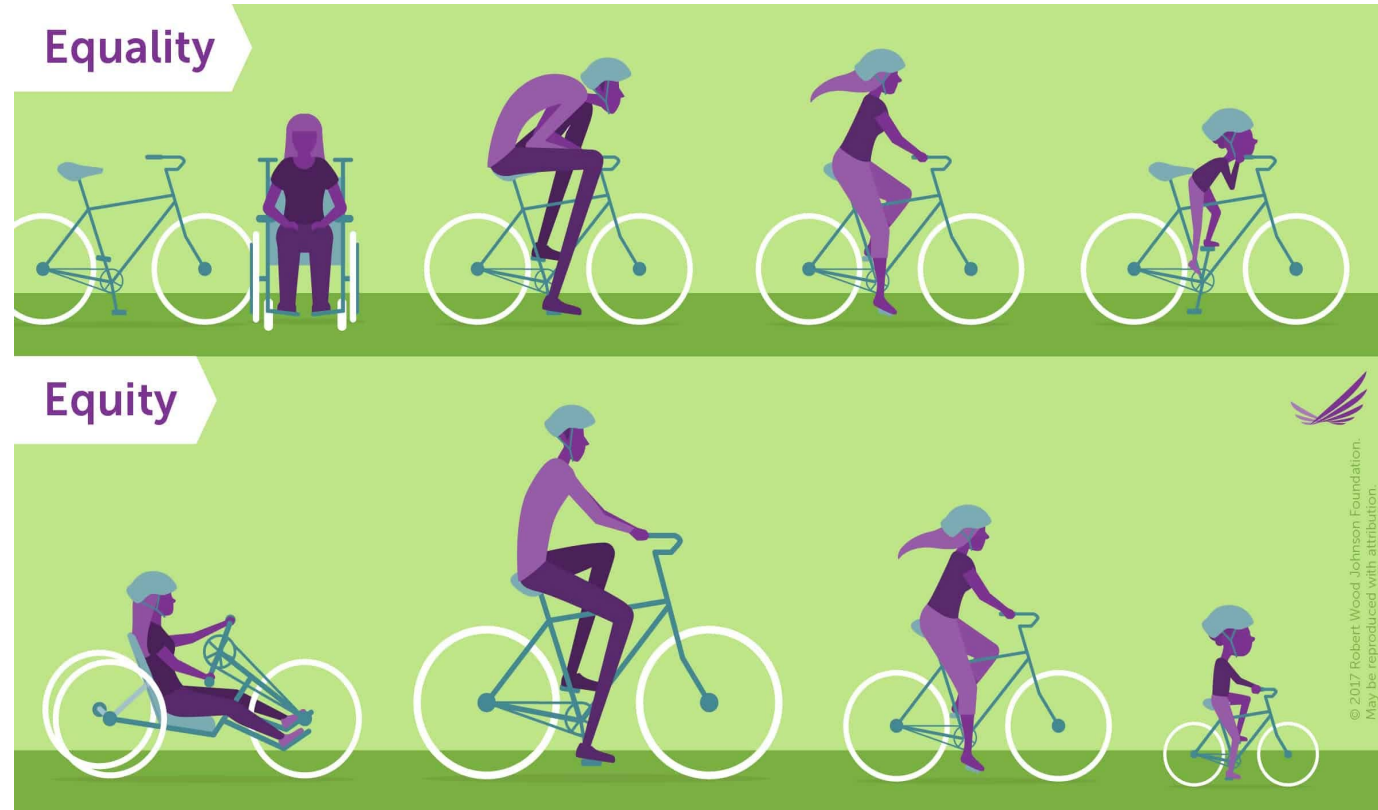
Keep Going!

Mechanisms for collaboration: A reflective and generative conversation

"Collaborations move at the speed of trust"

Senge et al (2015). The dawn of system leadership. Stanford Social Innovation Review.
https://ssir.org/articles/entry/the_dawn_of_system_leadership#

Next Webinar

Developing a Strategic Plan for Community Based Research in Springfield

Panelists will discuss leveraging existing and potential partnerships towards research that emanates from needs of the community and addresses these needs in a systematic, rigorous, and sustainable manner.

October 29, 2020, 3:00 – 4:00 PM

Panel Presenters:

Paul Pirraglia, MD, MPH, Chief of the Division of General Medicine and Community Health at Baystate Medical Center

Andrew Balder, MD, Medical Director, Baystate Mason Square Neighborhood Health Center

Cristina Huebner Torres, PhD, MA, Caring Health Center, Vice President-Research and Population Health

Peter Lindenauer, MD, Assistant Dean for Population Health at the University of Massachusetts Medical School – Baystate

Frank Robinson, PhD, Vice President, Public Health, Baystate Health

Kathleen Szegda, PhD, MPH, MS, Director of Community Research and Evaluation at the Public Health Institute of Western MA