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Proem

What happens to the children orphaned by COVID19 or overdose once the immediate crisis passes? How can communities respond to prevent or lessen the crises? What tools can families and helping people access? No one in my varied career had a more comprehensive, sensible approach to crisis management than Sarah Cloud. Sarah is a force of nature.

Introducing Sarah Cloud 01:31

Sarah Cloud received a Master of Social Work from Boston College in 1996 and a Master of Business Administration in 2018. During her career, Sarah has been recognized for her leadership through awards for improving access to treatment for Latino & Brazilian communities, suicide prevention for elders, the opioid epidemic, and jail diversion. She has specialized in developing innovative programs, healthcare integration, and interagency partnerships and has lectured on those topics at national conferences. Sarah serves as a Board Member for the [Boston Bulldog Running Club](#), a wellness community for people in recovery, affected by addiction and treatment providers; [PCO Hope](#), drop-in centers providing a safe gateway to substance use information, resources, support, and hope for individuals and their loved ones; and [To the Moon and Back](#), a nonprofit dedicated to providing advocacy, education, and support to caregivers of children born substance exposed. Sarah has been the Director of Social Work at Beth Israel Lahey Health-Plymouth since 2015 and published author of children's books on grief and loss related to the opioid epidemic.

Sarah and I worked together at [Advocates, Inc.](#) Her husband, Mike Schmit, is my hearing aid specialist. Recently, Mike told me that Sarah wrote a series of books for children surviving losing a parent to a drug



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overdose. I jumped at the chance to reconnect with Sarah and hear her story since we stopped working together.

Thanks to Joey van Leeuwen who creates the amazing music for my podcast, and Kayla Nelson, who serves as my web/social media coach and produces the video trailers for my podcast. You transform my podcast from good to great. Let's listen to my conversation with Sarah Cloud.

### Realizing health is fragile 04:02

**Health Hats:** Sarah Cloud, thank you so much for joining us. I'm delighted to be talking to you entirely selfishly because I haven't seen you in so long. One of my top three pleasures of working at Advocates Inc. was working with you. I felt like you were brilliant. You were courageous in your work trying to deliver for the people we served, and you put yourself out there, and you were brave.

**Sarah Cloud:** I have to say that's probably one of the greatest compliments I've ever received. And it especially means a lot to me coming from you, Danny. Oh, thank you. Nice to reconnect. Yes. Good, good.

**Health Hats:** When was the first time you realized that health was fragile?

**Sarah Cloud:** That's a great question. Early on and certainly in my career, I realized that health was very fragile. It hit home at 38, being diagnosed with breast cancer entirely out of the blue. It was unexpected. I was healthy, felt great—a significant shock. I paused quite a bit, both in terms of my health and lifestyle and thinking about my family and my young daughters and relationships. I reassessed in a painful and challenging way what my life was about and where I was heading. Is it the right direction? It was a very difficult time, but very very grateful. Yeah. Where that diagnosis is for that kind of second chance at re-evaluating my life. I made some significant changes as a result.

### Person-first: Expert in our lives, even in a crisis 06:10

**Health Hats:** Thank you. When we worked together, I remember most of the crisis management work you did—recognizing that people had crises wherever they were living, that it did not happen conveniently by any means. So often, the entry into receiving professional help was so critical and so often dysfunctional, like the police who had no training. The work you did inspired me. Can you so tell us a little bit about that? What lessons can other people learn from that experience? You did not birth that program whole. You had an idea, and it was iterative. You built based on need. Can you tell us a little bit about that?

**Sarah Cloud:** I'd love to talk about that and think about that a little bit. I come from the premise that crisis is opportunity. It is a very painful time in people's lives, confusing, and difficult to know where to turn, whether it's the individual's experience in the crisis themselves or family members and loved ones. It's essential to loop them in and be part of the solution, the process, the journey, and crisis intervention and healing. I think everybody ultimately has the skills, resources, and idea of what they want from their



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own lives, instead of a professional with all my years of schooling and my degrees and my licenses. I'm not the expert on their life. They are the expert of their life. Approach it from where they're at at the moment, both physically and emotionally. Ideally, it'd be great to provide as much of the crisis intervention in the community and the natural settings outside of the artificial environment of the emergency room. But there are times when the emergency room is needed for medical care, medical intervention, and assessment. It's also required for safety and containment and to hit pause a little bit. You'll be able to reassess and figure out what's the best and the safest plan. So, I think coming from their perspective that the individual and the family knows what's needed and what's best. It is better to listen to them and figure that out, as opposed to me as a professional imposing my goals or thoughts about what their life should look like or what the next steps would be - working collaboratively with the individual.

### Building a crisis management program at Advocates 09:16

**Health Hats:** So how did it start? You started with person-first as a foundation. By the time I met you and started working with you, the crisis management program at Advocates, Inc. was pretty mature. It evolved and got more mature over the years. But it was full-blown. You had built relationships with the community. You had figured out how to pay for it, some of it anyway, so it was a viable business. Can you tell us a bit about that journey?

**Sarah Cloud:** I think that's a great question. It happened organically and slowly over time, as you mentioned when we started working together, where it had progressed. But I think it was all about relationships - joining with the individual in crisis and their family members. But I also think there are formal and informal support resources around them. Schools very much played a significant part in their role in the lives of the young, young children and adolescents and the family unit itself. But there are so many different entry points and collaborations that were possible. We just started making all of those connections. I think it is about connecting the dots. And the more we can link them together, work together to help navigate the system. We know there is a system for all its strengths and weaknesses, and how can we best work together within that system? Individuals in crisis and their family members navigate what's available to them is really what I view as our role as professionals.

### Recognizing success 11:05

**Health Hats:** When I entered the picture, maybe our first conversations about it, and you can correct me. I'm not known for the quality of my memories. But I think that some of the first conversations were how you recognized success in the programs and how to measure that so that the measurement didn't break the bank. So, you know that the measurement was possible and informative to you. And I recall we had to learn. We tried, there was some stuff that, I can't remember precisely, was prescribed because of funding that didn't necessarily inform us that much. It was like trying to do what was required to keep the funding going, but then also figure out a dashboard that you could use to help you decide what to do next and where to put your resources in which relationships. Do you remember more about that than I do?



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**Sarah Cloud:** I'm impressed that you remembered that much. I'm wracking my storage right now. But yes, I remember all those quality measures were necessary. But you're right. They didn't do a whole lot to inform program decisions in terms of development. Ultimately, we always went back to who's on the front lines, out in the community, whether that'd be the schools or police responding to protective services through the elder organization. All these partners, collaborators that we have on the frontline that see crises as they're beginning to occur to work together to intervene early in the cycle before it becomes full-blown or has some outcomes that aren't what we had wanted.

**Health Hats:** In a way, the crisis management business is about getting ahead of the crisis so that what might seem like a crisis to an individual doesn't become a crisis for the community. The reason we reconnected here was the work that you're doing with children who are in the throes of trying to manage grief and crises in their lives around the opioid epidemic. Can you tell us a bit of how that became a focus for you?

### Fatalities drop 26% 13:55

**Sarah Cloud:** Certainly. When I was leaving Advocates to come work here in the Plymouth County area six years ago, one of my colleagues said they have a significant opioid use disorder crisis down on the South Shore, in the Plymouth area right now. What are your thoughts? What do you know, how are you going to handle that? What's your plan? And the answer was, I'm not entirely certain. I'm aware that it's an issue. I looked forward to getting involved in the community, rolling up my sleeves, hearing their perception of the problem, and their perception of what's missing? What can we do to help fill some of those gaps? I immediately became immersed in the substance use field and recovery community down here on the South Shore. Again, connecting all of those dots and began to grow and plant seeds in different pockets, they have come together and are all connected at this point. So, we pretty quickly got called to Chief Michael Botieri of Plymouth. In 2015, he acknowledged the problem and how many lives are being lost in the opioid epidemic, young lives usually. And he wanted to replicate something that was happening down on the Cape with Gosnold and Falmouth Police Departments in particular, in which recovery navigators were pulling out the next day after a nonfatal overdose and engaging both the individual, who's in active use and struggling, but also their family members. We quickly started doing that with tremendous success in collaboration on December 1st, 2015, in Plymouth. When we started doing that in our first year, 80% of the folks we visited, following an overdose, were connected to treatment from their home, from their natural setting. When somebody has an overdose, and they receive Narcan, usually in the community, the transport to the closest emergency room, we have staff, navigators and recovery coaches, and social workers that work hard to engage the person right then and there, during the medical treatment process and link them to treatment. But a lot of people didn't come in looking for treatment. They didn't go in there voluntarily. They had a medical emergency and woke up here in our emergency room. I think that's scary. I think it's embarrassing. It's probably frightening. There's a whole host of feelings that go along with it. And once they get back out into the community, I think they get a little bit of chance to breathe, to think they don't feel as trapped any longer. So, let's offer again. That'd be our second offer of treatment and connections and support and there in the comfort of their home. It was well-received, particularly the work with the families because we usually don't have access to the emergency room. They're essential. They're all going through; they're all living



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with the disease and the person. And the model was so successful that we expanded it. And we brought to the entire county all 27 police departments and 28 if we can include Bridgewater State University, which we do and are all doing the same model. Follow up. And I think ultimately, our goal was to save lives and do so through partnerships both with the individuals in active use, the recovery community, their family, and responders, which are police. And at one point, Plymouth County dropped by 26% per DPH numbers in our fatal overdoses, where the rest of the date Commonwealth, Massachusetts either remained steady or increased by 4%.

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#### Children managing their crises -Mama and Papa Paca 18:26

**Health Hats:** So then how did you how did the focus on the kids come up?

**Sarah Cloud:** We began work that grew into collaborations with the district attorney's office in Plymouth County. They do a lot of work with ACEs, adverse childhood events. They do a lot of work with [Handle with Care Plymouth County](#). Working with the school system to say, if little Johnny is in today, there may have been something difficult that went down at his house last night. Give them some extra resources. Don't necessarily get into detail about what's going on. They just had a more challenging time than expected. And then, they also launched this [Drug Endangered Children Initiative in Plymouth County](#). So, all of these things coming together became obvious in the work that I was doing with all of these different groups and all these different partners was that there are no books for elementary school or latency age children existed. And I remember the final moment because I've been looking for a couple of years at that point. And my final option was I was sitting at the Sheriff's department waiting for our task force meeting and sitting there with Joanne Peterson. She is the founder of [Learn to Cope](#) and an amazing woman. And I asked her if she was aware of any books for children who have lost a parent to the epidemic. And she said no, I've known Joanne Peterson doesn't know it existed, it doesn't exist. That's where I saw that I was.

**Health Hats:** So, you gravitated to the vacuum.

**Sarah Cloud:** As I usually do, and there was a need, and whether it wanted to be filled or not, I would do my best at doing it. And from there, I started the Mama Paca children's book series. The book is based on the main character of an alpaca. Alpaca is a memory animal. So, it's made of the clothing of the deceased parent. So, it brings some comforting familiarity that symbolizes having the parent close to



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you. And this alpaca, this memory animal, is the main character in the series. And so, the first one is called *Mama PACA, My Heart Won't Let You Go*. And it's about a little girl who tells her story about what it was like to see her mom get sick, all the things that she did to get better. And ultimately, she fought hard and courageously but lost her battle to the disease of addiction. And she goes to live with her grandparents, which I think is so common. And her grandparents tell her lots of stories about her mom, why she was named. They talk about the day she was born, how she was dressed coming home from the hospital. It was important for her mom when she was home from treatment, or she was absolutely the happiest when she could be with her daughter. It talks a lot about how it wasn't her fault, the little girl's fault. Because I think that's a common theme as the child feels like they could have done something differently or somehow have some responsibility for this. It's just a celebration of her mom that both as a parent and as a person. And ultimately, at times, the grandparents get sad too, which we think is healthy. We encourage adults to express emotion. Not to try to hide it, but I think it's important to express emotion and sadness, grieve, and have children to see that the grandma is sad. She shares the Mama PACA, the alpaca memory animal, with them as well to comfort them.

#### Honoring Sean Staunton 22:24

**Health Hats:** It's a series, and you did send me a link that I'll put on the show notes for people to find and purchase those books. The second one I have here is *Papa Paca Kindhearted Warrior*. Anyway, so what haven't we talked about that we should?

**Sarah Cloud:** That's a great question. I just to tell you a bit about *Papa Paca Kindhearted Warrior*. So, I wrote that a little differently than the first one. The second one is in honor and memory of a friend of mine. His name is Sean Staunton. He was a [Boston Bulldog Running Club](#) member. He struggled quite a bit with his recovery and sobriety until he met coach Mike Ferullo of the Boston Bulldogs. Mike, as in long-term recovery, running and wellness, saved his life. And so, he gives back. He goes around to sober houses, other programs, and things like that. He recruits folks to engage them to start in wellness practices, and that could be walking. It could be running, but you matched, so Sean met coach as he went out to all the sober programs, and it clicked. John's a really big guy. And he started running. Ultimately, he ran marathons, and he was three, four years in recovery, solid recovery. He was a huge leader in the Boston Bulldog Running Club. Very respected, still very respected. And he had a recurrence last June, and he died of an opiate overdose. And I think it was such a tremendous shock and loss for the Boston Bulldogs. I was about to embark on writing my second book, a little boy and his dad. And so, I reached out to his parents and his brother and collaborated with them to say, let's tell Sean's story through *Papa PACA, Kindhearted Warrior*. Important concepts in the Boston Bull Dog Running Club. And it's on their shirts. You'll see, I've included a photo of Sean and coat, and you'll see that break.

**Health Hats:** Is there anything you'd like to know from me?

#### Why do this podcast episode? 24:37

**Sarah Cloud:** That's a good question. What interested you in doing a podcast on this topic?



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**Health Hats:** I guess it was the combination of things. I've been thinking a lot about COVID and how people are responding to COVID. I'm also a vacuum filler; I gravitate where the energy isn't. To me, so much of the COVID energy is on the emergent treatment of COVID: the ICU, the emergency department when it's just so obvious that most of the activity is at home and people are dealing with it at home. And I also realize that there's so much that is just still happening, that life has gone on. And so frankly, I'm sitting there with Mike, my hearing aid guy. He told me that you had written this book. I thought that the challenges with addiction had not gone away, if not even more acute, because people are not connecting, and loneliness and disconnection seem lethal too. Addiction is the antithesis, and it's all it made me think. Okay. So, then it all just I was, I wanted to read your book. I, I missed you and wanted to talk to you. The topic seemed righteous. Yeah, whatever, it's a great thing about this medium is that and that I'm health hats. And what I say about it is that I know a bit of a lot of healthcare and not a lot about that much. And so, I can go anywhere I want, and so whatever interests me there I go.

**Sarah Cloud:** One of the things I love about you.

**Health Hats:** Good. Thank you. All right, thank you very much. This is wonderful. I look forward to seeing you and thank you so much for taking the time.

**Sarah Cloud:** Oh, thank you so much for reaching out.

### Reflection 27:13

Some people pull hand-over-hand for strands of hope and opportunity in the quicksand of tragedy. The entire family strains to recover from the grief of addiction. I appreciate Sarah Cloud's person-first approach. People are expert in their own lives. Expert means they know much. Experts still need help connecting dots, creating and executing plans, facing pain, and loving self. Check out Sarah's series about Mama and Papa Paca. Links in the show notes. Onward!



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