



EACH/OTHER

A Community Safety Project
for Windham County
with Fiscal Sponsorship from
Interaction

LANGUAGE UPDATE

Since submitting our initial proposal, we have named our project! Community Safety Organizing Team was used as a placeholder. We are now Each/Other.

We also used the name “Solace” in our proposal to refer to the emotional support center. We are no longer using this name as we were approached by a community partner who let us know that they were soon going to announce a name change that includes this word. The community center and emotional support center do not yet have specific names.

EACH/OTHER ORGANIZERS



Em Megas-Russell, LICSW (she/they)

Em is a licensed clinical social worker & somatic trauma therapist in private practice, a clinical supervisor, a board member, and a community organizer. Learn more about Em at www.wgreatheart.com



Calvin Moen (he/him)

Calvin is a psychiatric survivor working as a training facilitator with Intentional Peer Support, Vermont's Peer Workforce Development Initiative, and the Wildflower Alliance.



Malaika Puffer (she/her)

Malaika is a psychiatric survivor, community organizer, and leader in the peer support field. She operated the Pop Up Drop In Center in Brattleboro in 2023 and co- founded The Hive Mutual Support Network in 2014.

EACH/OTHER ORGANIZERS



Emily Falta, MSW
(she/her)

Emily works as a clinician at HCRS in Brattleboro and is a community organizer. She also volunteers with Interaction's Restorative Justice Programs.



Laura Stamas, MSW
(she/they)

Laura is a social worker who works at the Community Health Center of Franklin County. They were a member of the Community Safety Review Team in 2020.

EXPERIENCE AND EXPERTISE

- The Hive Mutual Support Network: a volunteer-run project in Brattleboro that provided monthly events, community trainings, a shortcode local support line, ad hoc respite, the creation of support pods, and published a book, *Much Madness: A Survivor's Guide to Extreme States and Self-Advocacy for Young Adults* (DeWolfe & Moen, 2019)
- The Pop-Up Drop-In Center: a temporary center to support the community in the aftermath of the tragedy at Groundworks (Mays, 2023)
- The Brattleboro Community Safety Review (Witzberger & Megas-Russell, 2020)
- Management of HCRS residential programs and HCRS Peer Support Services
- Management of Wildflower Alliance's Greenfield Community Center
- Extensive experience training staff and community members in topics such as Intentional Peer Support, trauma informed care, de-escalation, harm reduction, suicidality, voice hearing, etc.
- Involvement in Interaction's Restorative Justice program

We are seeking funding for two interconnected programs with shared leadership, staffing, resources, and location in Brattleboro: a daytime Community Center and Emotional Support Center.

Together these centers comprise the project Each/Other.

*this project does NOT involve an overdose prevention center



Community Center

What Is It?

A vibrant hub for activities, mutual aid, organizing, volunteering, and socializing

How Does It Work?

Open to the whole community, walk-ins welcome

Daytime hours 5 days a week

Can be signed out by community groups for mutual support or organizing activities when closed

What Can People Access Here?

Kitchen, shower, washer/dryer

Basic needs, harm reduction & first aid supplies

A “3rd space” to be

Support navigating systems if needed

Each/Other staff, cross-trained to also support at the Emotional Support Center

Art supplies, games, zines, etc.

People (especially those with the fewest resources) are always finding ways to take care of each other with very little. A community center to support efforts like these distros would make even more possible!



What Can People Access Here?

Crisis prevention & alternative to emergency response

Skilled support and listening

Spaciousness to move through a difficult time without rush, or the option to get brief support

Sensory comforts

Accommodations for taking naps

A wide variety of resources for getting through hard times

Support navigating systems if needed

What Is It?

A low barrier, home-like space for immediate emotional & spiritual support

Emotional Support Center

How Does It Work?

Brief or durational emotional support in a home-like space

Open 24/7 if fully funded

Support for anyone in need of care and connection, including but not limited to relapse, voices/visions, mania, suicidality, and fear about the state of the world

Transportation within Windham County to/from the center (including from the Emergency Department)

WHAT MAKES THIS PROGRAM UNIQUE?

Fluidity

Movement between sites for continuity of support for people in crisis & sustainability of staffing

Inclusion

Open to all, centering those with the most need, while creating bridges across difference

Focus

Space for gathering, belonging, connection & support, building community through dignity and safety

Approach

Training in Intentional Peer Support, anti-oppressive practices, generative conflict, harm reduction

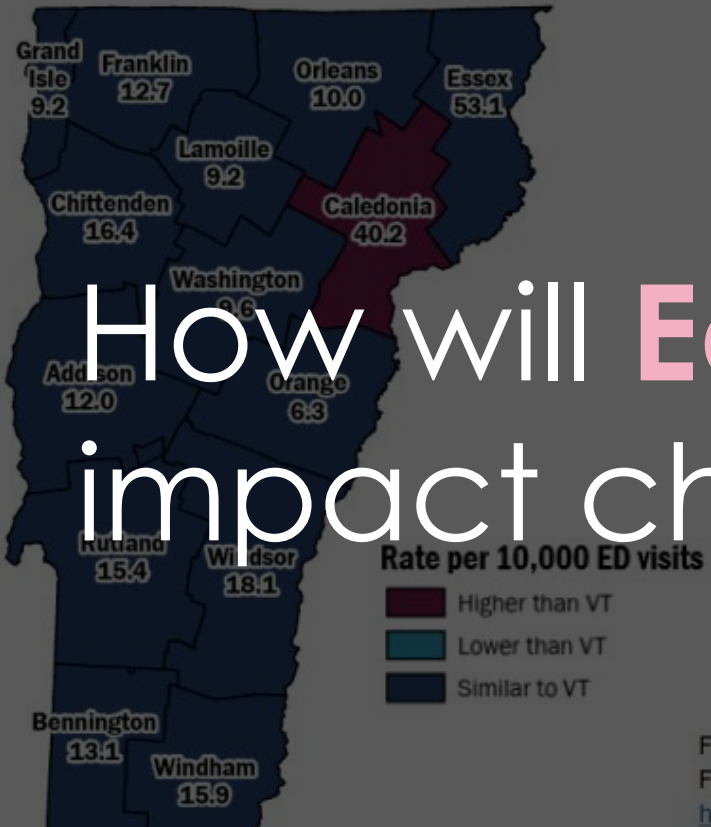
Co-Location

Two programs connected through culture, training & location to support diverse needs

Ownership

Safety is addressed through buy-in and built-in accountability through a sense of community ownership

Compared to statewide rate (15.2), through August
ED Visit Rates per 10,000 visits.



How will Each/Other
impact change?

County has the highest number of opioid-related accidental and undetermined deaths through August

Deaths by Month and County of Residence

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
	0	0	0	0	0	0	0	1			
	0	2	0	0	0	0	0	0			
	1	3	1	0	0	2	0	1			
	3	2	5	1	4	9	4	4			
	0	0	1	0	0	0	0	0			
	2	0	1	1	0	3	3	0			
	0	0	0	0	0	0	0	0			
	2	0	0	0	0	0	0	0			
	1	1	1	1	1	0	0	0			
	2	1	1	1	1	0	0	1			
	2	2	0	1	0	6	2	0			
	3	2	2	1	2	1	6	0			
	1	1	1	0	4	1	1	0			
	0	1	1	1	3	3	2	4			
Residence	0	0	0	1	0	0	0	0			
s	16	14	8	15	27	18	11				
	15	15	13	7	11	26	18	11			
dents	2	1	0	0	2	1	1	1			
tificates**	0	0	1	4	5	5	8	13			

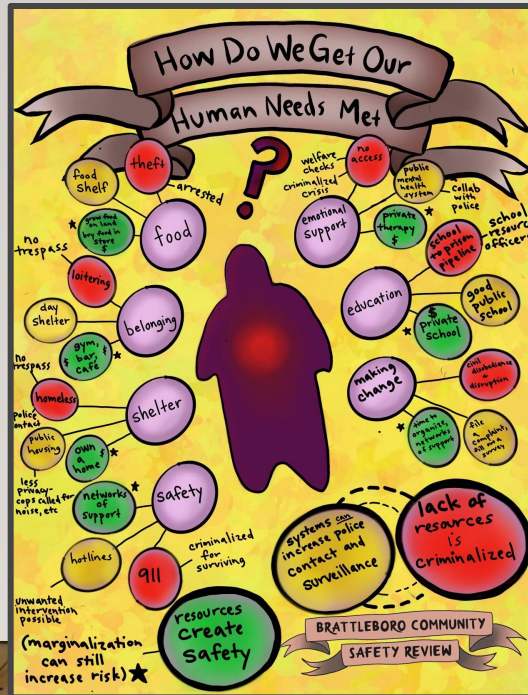
is preliminary and subject to change.
are calculated through August.
pending death certificates are deaths that have not been assigned a cause of death in Vermont Vital
s that are pending are not necessarily opioid-related deaths.
Department of Health
<https://www>

OUR INTENDED OUTCOMES

We will track quantitative and experiential data towards the following intended outcomes:

- **Presence of a life-affirming place to go** for people who may otherwise experience carceral responses to their needs & behaviors *(based on user experience)*
- **Presence of a place for community members to gather** for community organizing, mutual aid, and community care activities *(based on number of offerings and user experience)*
- **Increase in community-based workers who are trained** in de-escalation, durational support, intentional peer support *(based on number of trained staff)*
- **Increase in collaboration with community-based providers** to connect people with treatment and care *(based on user experience)*
- **Reduction in number of and frequency of ER visits** for mental health needs and altered states *(based on user experience and data collected in collaboration with Brattleboro Memorial Hospital)*
- **Reduction in number of and frequency of police contacts** with people who use drugs and people experiencing mental health struggles and altered states *(based on user experience and data collected by the Brattleboro Police Department)*

BRATTLEBORO COMMUNITY SAFETY REVIEW, 2020



- “Safety to me means that I know I have somewhere to go when I am in crisis, other than the police, or fire dept. because they are so intertwined.” – self-identified drug user (p 74)
- “Safe spaces all through downtown where you go to get support, voice your opinion, etc. run by people trained in trauma healing and resolution who can truly hold space for you and also do the leg work of your voice being heard in a real way.” – Black respondent (p 70)
- “Open offices for community-based safety/restorative justice works with walk-in hours. More public spaces to exist for free, like the library.” – LGBTQIA+ community member (p 72)

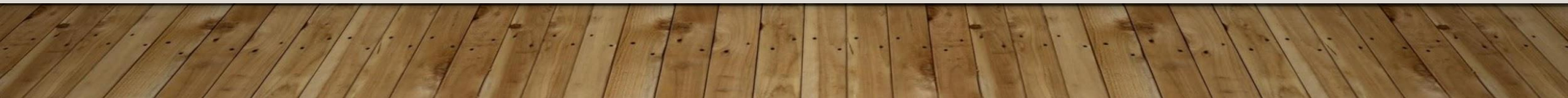
*graphic and quotes from the [Community Safety Review Report, 2020](#)

HOW DOES THIS PROJECT ADDRESS THE OPIOID EPIDEMIC?

“Themes reflected in the newest initiatives revolve around fostering engagement with and enhancing our system of treatment and intervention and **supporting health-related social needs** of those in recovery.”

~ **Opioid Settlement Funding Recommendations for Fiscal Year 2025**

“Belongingness is simply a way of saying how connected an individual feels towards others. While this may sound simple, it is a vital part of successful treatment, right up there with the value of the therapeutic working alliance, and it is a growing area of research in clinical, community, and social psychology.” ~ **The Importance of Belongingness By Nancy A. Piotrowski, PhD, MAC**



BUDGET AND REQUEST

Our total budget for Year 1 is \$1.7 million.

Depending on the amount of funding received, we can scale the project accordingly.

The detailed budget reflects prioritization of staff quality and sustainability, appropriately located and resourced facilities, and basic needs such as food, supplies, and COVID-19 mitigation.

ENDORSEMENTS



THANK
YOU



Personnel total	\$1,031,520
Fringe for all positions above 35 hours	\$361,032
Local mileage	\$2,912
Equipment	\$40,500
Supplies	\$23,933
Professional development	\$22,500
Retrofit of space	\$50,000
Other (rent, mobile phones, etc.)	\$80,078
Subtotal	\$1,612,475
Fiscal agent fee @ 10%	\$161,248
Total	\$1,773,723

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- Vermont Department of Health. (2024, November 13). Monthly opioid morbidity and mortality report, <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>
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