CITY OF WORCESTER, MASSACHUSETTS

Department of Health & Human Services
Division of Public Health

Public Health
Prevent. Promote. Protect.

Matilde Castiel, MD
Health & Human Services
Commissioner

Karyn E. Clark
Public Health
Director

DATE: December 14, 2021
TO: Board of Health
FROM: Karyn E. Clark, Director of Public Health
RE: Board of Health Meeting/ WebEx Meeting Minuets December 6, 2021

Welcome & Introductions
Meeting was called to order at 6:35 PM
Members present: Jerry Gurwitz, MD, Vice Chairman, Frances Anthes, Chareese Allen, David Fort, and Van Tran, MD
Staff: Karyn Clark, Director of Public Health, Matilde "Mattie" Castiel, MD, Commissioner of Health & Human Services, Michael Hirsh, MD, Medical Director, Natalie O'Brien, Administrative Assistant

Dr. Gurwitz announces a change in the order of the agenda for the meeting. The meeting will begin with a discussion of overdose and deaths, followed by a discussion of homelessness led by Dr. Castile, a discussion of the Civilian Review Board issues led by David Fort, followed by a COVID-19 update with Dr. Hirsh, a review and update of transitions, and will end with topics for the next meeting.

Approval of minuets from November 8, 2021
Frances Anthes moves to approve the minuets of the last meeting.
Motion seconded by Dr. Tran. Dr. Gurwtiz approves as well. Motion approved.

Opioid Overdose Update

Dr. Castiel presented a PowerPoint presentation (attached) on Opioid Data.

- The United States mortality rate is 4 times greater than Norway, Sweden, and Ireland; 12 times greater than Germany; 21 times greater than Spain, Italy, and France.
- 28% increase in opioid mortality rate in the United States as of April 2021.
- Drug overdose deaths rose in all communities across the board in 2020.
- Massachusetts is 9th in the United States for having the highest overdose rate as of 2019.
- Fentanyl is the main driver of opioid overdose mortality in Massachusetts.
- Nationally there was 75% increase in overdose mortality in Black men, a 5% increase in Latinx men, and a 45% decrease in White males. In women, there

was a 32% increase in mortality for Black women, 68% increase for Latinx women, and an 8% increase for White women.

- There's a 27% increase in Worcester resident deaths outside of Worcester, but an 8% decrease of deaths in Worcester from 2019-2020. There has been both a decrease of fatal and non-fatal overdoses in Worcester comparing January-September 2020 to January-September 2021.

Discussion:

Dr. Tran asks where geographically in Worcester the overdoses were taking place.
Dr. Castile states that there are areas in Worcester where there are higher numbers of overdoses. Those numbers are in the Police reports.
Frances Anthes asks if there's a sense of why there is a decrease from 2020-2021.
Dr. Castile would like to say that it is due to placing a large emphasis on opioids in Worcester, but she is not convinced. There has been a lot of work done and there has been a lot of communication.
Dr. Gurwitz would like to understand if the same trend is happening in Boston, Springfield, or Providence. Possibly these trends are happening in other places, but we need to focus on Worcester.
Dr. Castile knows that we are not out of the woods yet. We have to remember that a lot of people go out of the Worcester area to receive services and may overdose outside of Worcester.
Dr. Tran asked if there has been a change in the supply of fentanyl in Worcester.
Dr. Castile does not think so. It has been found in other drugs that are sold illegally. A stronger version has been found that we may have to worry about coming to Worcester.
Chareese Allen asks if this trend is sustainable. Are they getting drugs in Worcester and taking them outside of Worcester?
Dr. Castile thinks that Worcester residents may be going outside of Worcester for treatment and may overdose after leaving treatment. It could have to do with supply but we don't know for sure.
Fran Anthes asks if the Board of Health has any role in quality control over marijuana that is being sold legally in cannabis facilities.
Dr. Castile believes there is quality control for legally sold marijuana. The marijuana that was found to have fentanyl in it was sold outside of these facilities.

Homelessness

Dr. Castiel updates the Board of Health on the unsheltered population in Worcester.

- Last year shelters were opened due to COVID to allow for more distancing. Many closed in May of last year.
- More shelters have opened: Harbor, SMOC Divided, and Net of Compassion.
- There are many reasons why the unsheltered numbers are so high, such as not wanting to follow shelter rules.
- Health and Human Services has outreach workers, recovery coaches, and a Homeless Strategist working with other groups to try and get people into treatment and shelters.
- Worcester Housing Authority is working on the Lewis Street project making a 25 unit modular singular room occupancy (SRO) unit. SMOC is working on an 18 unit SRO project, and East Side Community Development and Civico are working on a 21 unit tiny home village.

Discussion
Fran Anthes asks Dr. Castile what she believes is the number of unsheltered people we have at this point.
Dr. Castiel does not have those numbers available, however they have increased from last year.
Dr. Tran asks if the housing projects will be available for the unsheltered this winter.
Dr. Castile informs the Board of Health that these projects are currently in process.
Chareese Allen asks how the open beds are allocated in the shelters.
Dr. Castile states that outreach workers go out into the community along with the quality of life team and try to work with people in the community to engage with individuals to get them services and to go into the shelters.
Dr. Gurwitz asks if the individuals that are seen panhandling are the homeless population.
Dr. Castile states that the outreach workers in the community know who the homeless population are and that a majority of those seen panhandling are housed. Those in encampments need help to get treatment and housing.

COVID-19 Update

Dr. Hirsh provides an update on the current state of COVID-19 issues and the Omicron variant.

- Most experts are saying we need 2-3 more weeks to know the extent of this variant. We also have a significant Delta surge in the community. Last week we averaged 111 new cases daily.
- About 1/3 of cases are breakthrough cases. 80% of patients getting admitted to the hospital are unvaccinated. Those that have been vaccinated are having mild symptoms.
- Hospitals and ICU's are stressed for beds due to COVID and individuals that have delayed care due to fear of getting COVID.
- We are now fearing that if Omicron hits, it is twice as transmissible as the Delta variant. However, cases seem to be less severe. It is too early to say if this is a temporary situation, but it seems that the cases in the UK seem milder and it is very easy to catch. The vaccine seems to be holding some effectiveness against Omicron.
- The City Manager has laid out a plan to try to enforce a vaccine mandate for city workers as well as the mask mandate. Observers have gone out into the city to see if people are wearing masks. Retailers say they do not want to start scenes during the Christmas shopping season by telling others to wear masks.
- Dr. Hanage from Harvard recommended a two week shut down, however that can be difficult to do during this season. He believes that we should be weary of who we are gathering with out in public and at home and had recommended at home tests to be done 24 hours before family gatherings to be sure you are not a silent spreader.
- We can expect to see a bigger surge after the Christmas/New Year's break. If it is bad enough, the school systems may look at virtual models. Colleges may also delay their return if there is a surge.

Discussion:
David Fort agrees with the sentiment of not lingering when out in public to avoid the spread of COVID. He appreciates the focus on masking as a tool against this pandemic.

Chareese Allen asks if we can expect this variant to be as severe as the first wave of COVID we had.
Dr. Hirsh does not believe we know enough yet to say that is won't be as severe as before. It is clear that we are in a better situation with the amount of PPE and other tools we have at this time. Home testing should be more available and affordable. We will not see an eradication of COVID, and having a readily available at-home test would be an important mitigation. It won't be as bad this time, but we are behind on some things we should be doing. Now is the time to start helping the nations that are under vaccinated that are brewing these variants.
Chareese Allen asks how accurate the at home tests are.
Dr. Hirsh states that for Delta they have been 80-85% accurate. It is unknown if the Omicron variant will cause them to be less accurate.
Dr. Tran asks if there are any plans for the bed crunch that can be expected to happen at UMass Memorial.
Dr. Hirsh states that we have the ability to convert the DCU Center back into a field hospital if needed. There are going to be closed units converted for COVID convalescence to help with the bed crunch. The City manager goes with the science and if we find there is a bed crunch in both hospitals, we can expect to see more sites for convalescing patients.
Frances Anthes is concerned about the pediatric vaccines and the possibility of the holiday schedule impacting them getting their second dose, and also asks if there pooled testing being done for children in schools.
Dr. Hirsh states that the first round of vaccinations have gone through the 35 elementary schools. There has been 30-35% of compliance. The second dose clinics are starting this week. There have been staffing issues for some of these clinics in terms of finding physicians or licensed nursing leaders. The interest in the 5-11 year old vaccination has not been as robust as we would like, but we finally hit about the 50% mark for the 12-15 year olds. Transmission in school aged children will probably happen when children are exposed to someone who is unvaccinated at home and bring it into school and infect others. It's not a matter of the masking but more of the lack of distancing that we are doing now. Test and Stay has allowed students who either have been exposed to COVID or have symptoms to stay in school. If positive but not symptomatic, they can still stay in school.
Frances Athnes asks if everyone in the school system is being routinely tested.
Dr. Hirsh states that they are not. Kids that have had an exposure are tested every Monday.
Fran Athnes does not feel like Board of Health can do much in this situation. They can recommend testing, but there aren't enough tests. Is there anything the Board of Health can do to assist to get more testing?
Dr. Hirsh differs to Karyn Clark.
Karyn Clark informs the Board of Health that the public schools are following DESI guidelines. The Test and Stay program is allowing kids to stay in school as numbers are going up. There needs to be more discussion with the superintendent before making any kind of mandate about testing. There needs to be a discussion about what the needs are and what the cost is to allow for more testing in schools.
Dr. Hirsh shares that in New York City there is a vaccine passport provision where you must show proof of vaccination before entering different establishments. They have extended it to include that someone is not fully vaccinated until they have their booster when appropriate. Should we be doing more in the way of proof of vaccination or PCR/rapid test results to go into an indoor setting?
Dr. Gurwitz brings up concerns about the difficulty of scheduling a COVID vaccine in a pharmacy. Vaccination rates for those 12-15 year olds are barely moving up.

Karyn Clark shares that individuals using the Vax Finder website may go online to find that many appointments have already been spoken for. We are still vaccinating people in the community at senior centers and at the Worcester Public Library. There are clinics 7 days a week, many targeted toward communities of color. We are struggling to get volunteers due to burnout. We are also looking for volunteers to do contact tracing. The vaccines are there, but it is a lot of coordination and work for a small group of people to do this 7 days a week, not just for Worcester but in other communities as well.
Dr. Gurwitz offers any support to Public Health if there is anything the Board of Health can do to help in their efforts.

Civilian Review Board

David Fort presented a PowerPoint (attached) on Creating a Successful Civilian Review Board.

- Many Public Health initiatives were being stymied by politicians. There was an outcry to get politics out of Public Health initiatives causing the health boards to move from an advisory role to a regulatory role. This allowed for the Board of Health to get meal exchange programs and deal with flavored tobacco issues after this change in 2014.
- The Civilian Review Board consists of citizens outside of the Police Department. Only 5 cities/towns have Civilian Review Boards. For many communities, there are a number of issues, especially in the Black and Brown communities, surrounding civil rights, voter suppression, economic equity, police brutality and their relationship with police.
- We need a CRB due to repeated incidents of police misconduct that have not been addressed. Police should not staff a CRB as it won't give a chance for members of the community to be part of the board.
- The majority of city residents (73%) have heard the Board of Health's push for a CRB. 60% of those polled supported the creation of a CRB.
- CRB's need to have investigative and subpoena powers. Without these powers a CRB can be obstructed and denied access to critical documents. CRB's can mitigate public health issues, but also it can help the city financially. CRB's must also share information about the police with the public.
- The goal is not to mitigate or eliminate crime all together, but to use the CRB as a toolbox to try to mitigate the amount of violence, racism, and bias across several different communities.

Discussion:
David Fort expresses his pleasure being able to work with the other members as part of the Board of Health over the years. He appreciated the opportunity to do whatever he could for the city as part of the board.
Dr. Gurwitz asks if anyone on the board has and questions or comments.
Frances Anthes expresses her thanks to David Fort for having have learned so much from him over the years as well as for presenting such important information about what needs to be done next.
Chereese Allen believes that the CRB is critical to the Board of Health's success. It is the Board's responsibility to see the initiative through and to protect and serve every citizen in the City of Worcester.
Dr. Tran is inspired by the cause and cares for the citizens of the City of Worcester, especially the underheard populations.

Dr. Gurwitz echo's everyone's sentiments about working with the other members of the board. He has tried to give everyone a voice. He thanks David Fort for his commitment to the board and the city.
David Fort expresses his pleasure and says it has been a privilege to work with the other members.
Karyn Clark thanks David Fort for his work and wishes him luck.
Dr. Hirsh thanks David Fort for being an advocate for Public Health.

Next Meeting/Topics
Follow up to Civilian Review Board Presentation
Next meeting will be Monday, January 10, 2021 at 6:30 PM via WebEx.

Adjourn 8:32 PM

The City of Worcester
Department of Health and Human Services
Commissioner Dr. Matilde Castiel
Domenica Perrone, Project Manager

BOARD OF HEALTH OPIOIDS DATA UPDATED 12/2021

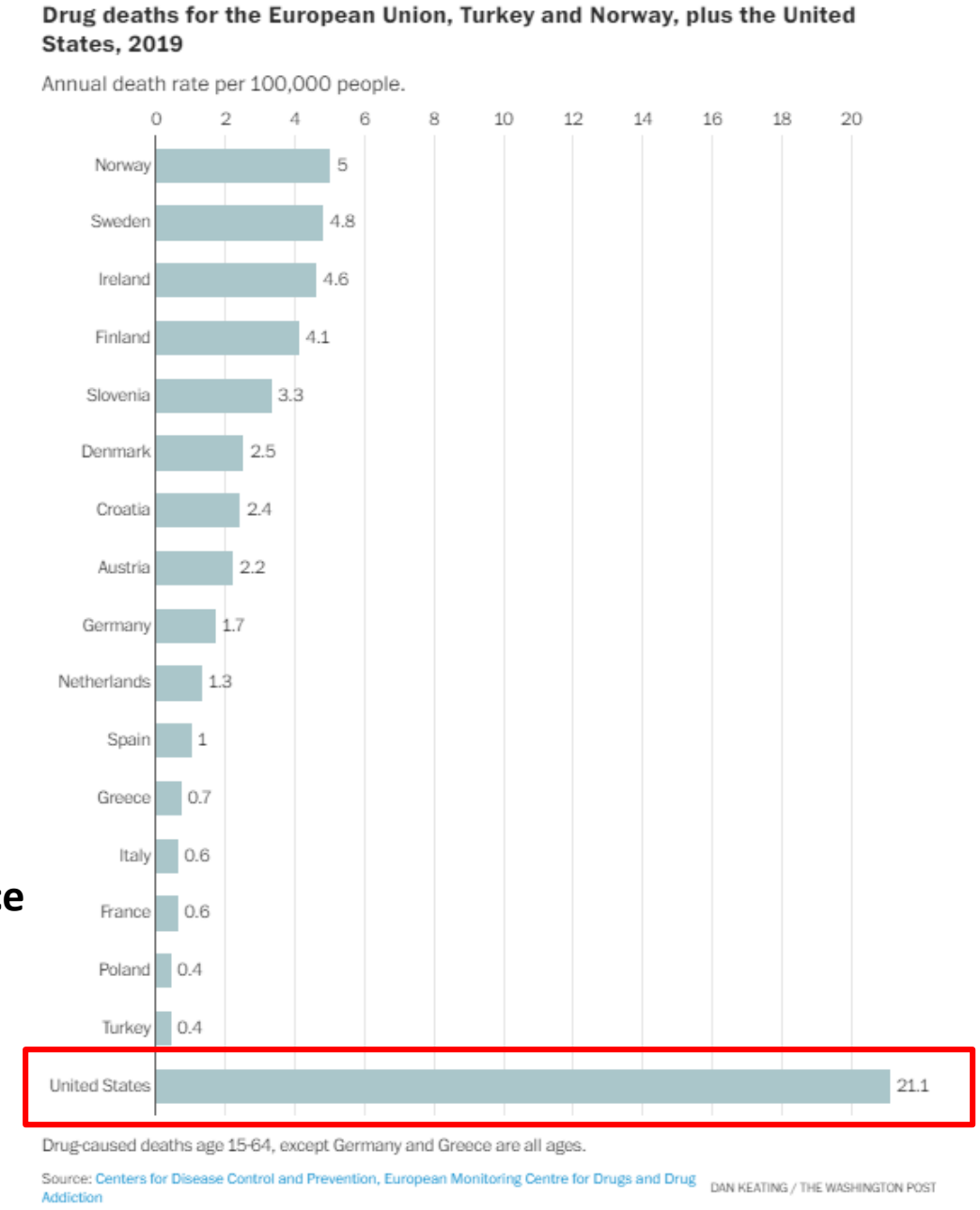
The City of WORCESTER

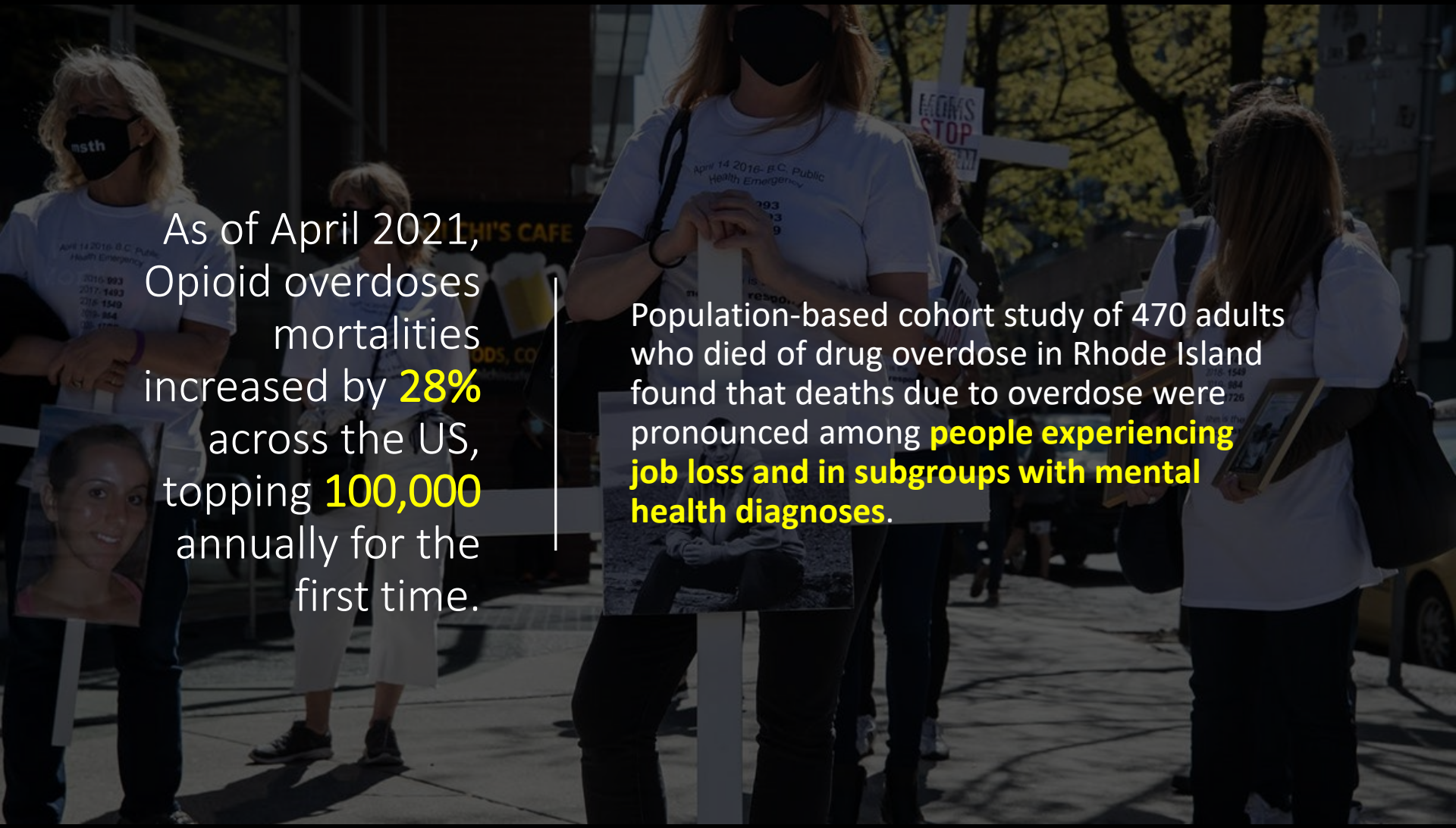
December 6, 2021

The U.S. stands out from other wealthy countries

US has drug mortality rate:

- **4X greater than Norway, Sweden and Ireland**
- **12X greater than Germany**
- **21X greater than Spain, Italy and France**





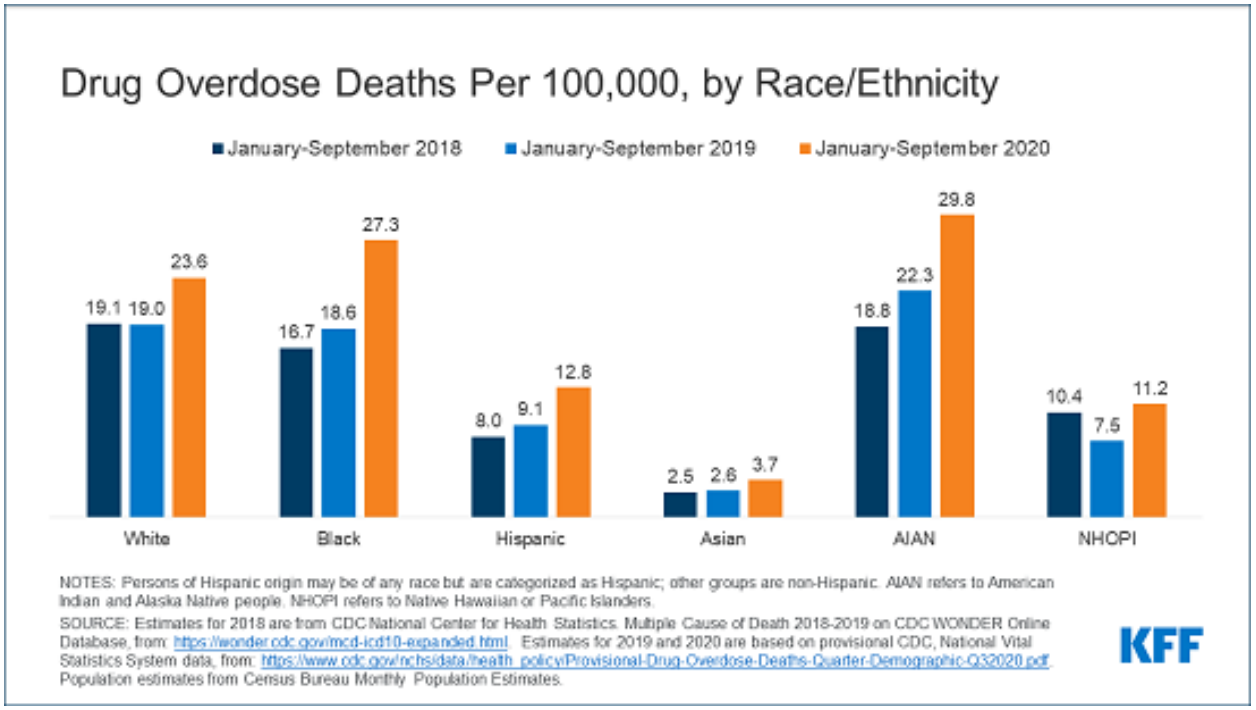
As of April 2021, Opioid overdoses mortalities increased by **28%** across the US, topping **100,000** annually for the first time.

Population-based cohort study of 470 adults who died of drug overdose in Rhode Island found that deaths due to overdose were pronounced among **people experiencing job loss and in subgroups with mental health diagnoses**.

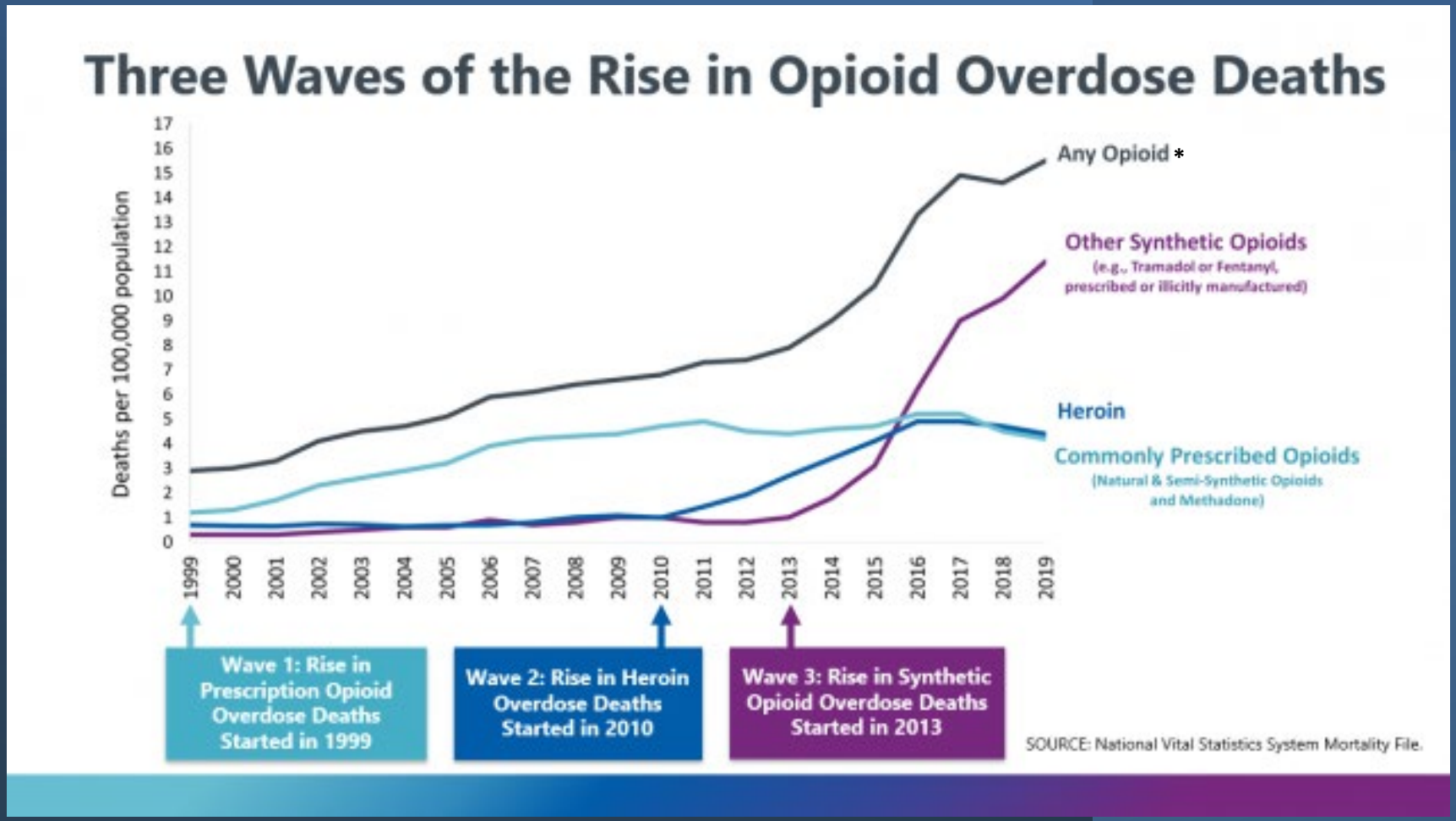
Source: National Center for Health Statistics. 2021. Drug Overdose Deaths in the U.S. Top 100,000 Annually. Centers for Disease Control and Prevention.
Macmadu A, Batthala S, Correia Gabel AM, et al. Comparison of Characteristics of Deaths From Drug Overdose Before vs During the COVID-19 Pandemic in Rhode Island. *JAMA Netw Open.* 2021;4(9):e2125538. doi:10.1001/jamanetworkopen.2021.25538

Significant Increases for all groups during COVID-19

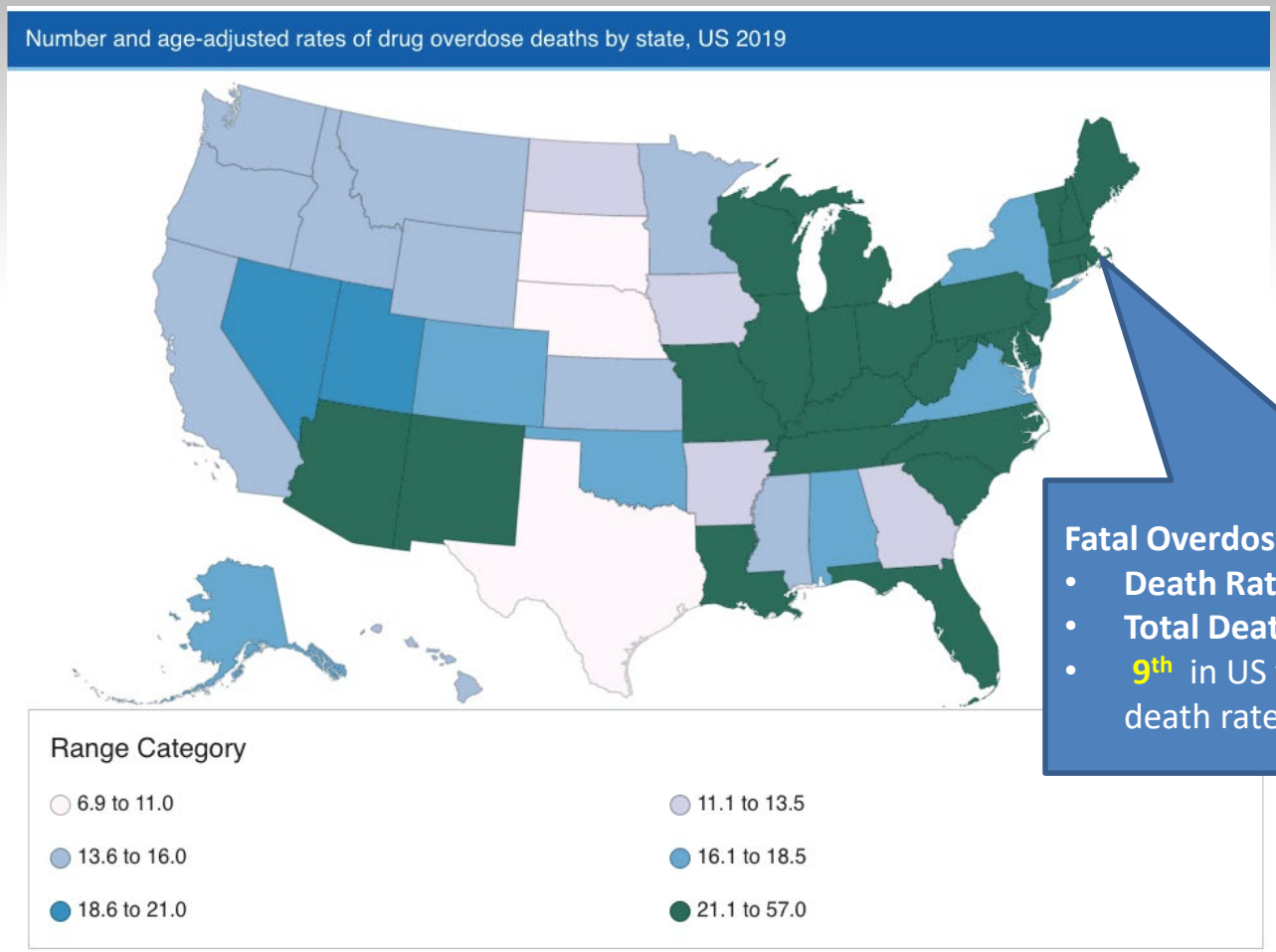
Disparities in Overdose Mortalities Persist Nationally



*Any Opioid Includes other synthetic opioids, heroin and prescribed opioids



Where does Massachusetts fall?



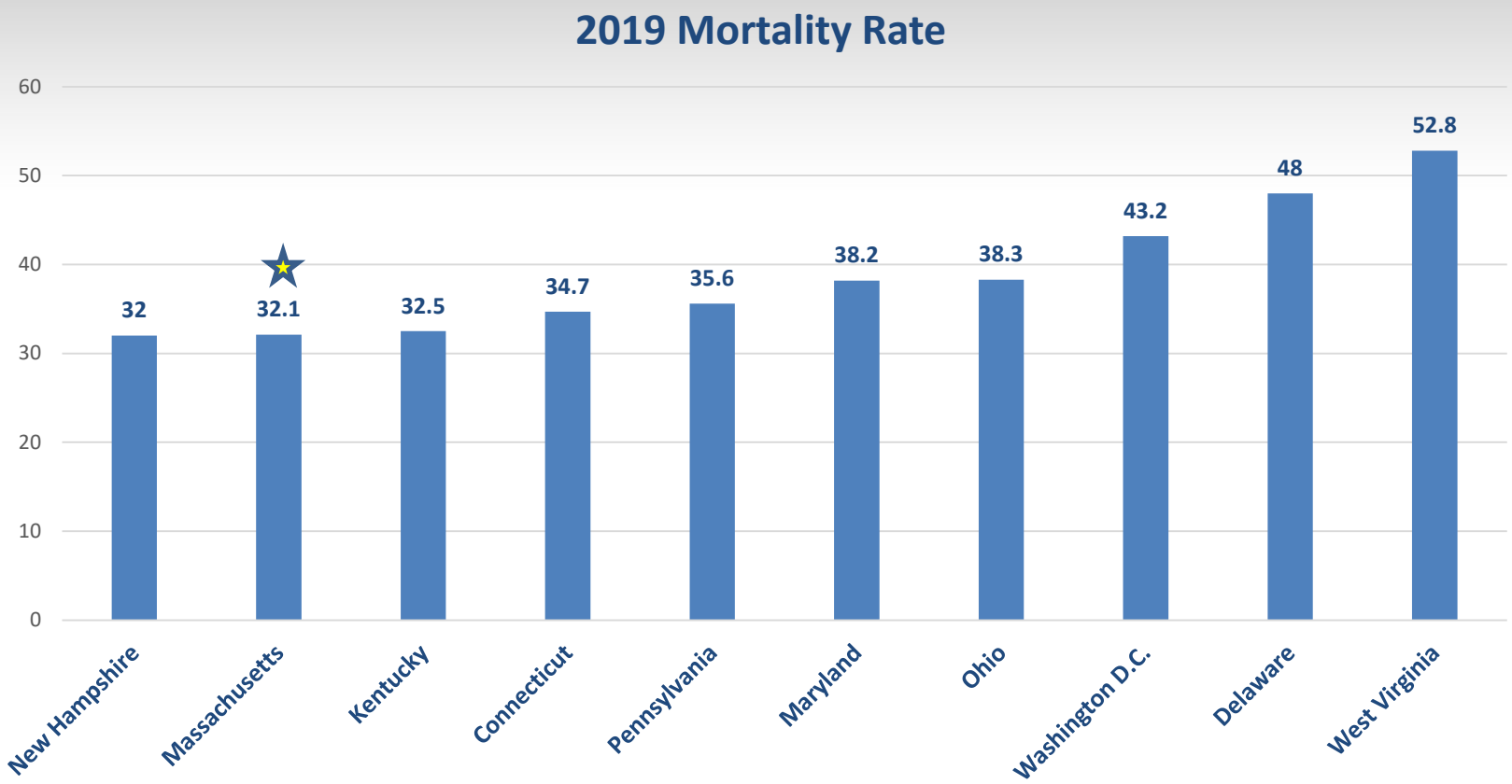
Fatal Overdoses in Massachusetts in 2019:

- **Death Rate:** 32.1 per 100,000
- **Total Deaths:** 2,210 (31 death decrease)
- 9th in US for having highest overdose death rate.

The City of WORCESTER

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2021. *2019 Drug Overdose Death Rates.* U.S. Department of Health and Human Services.

Top 10 States with the highest fatal overdose rates



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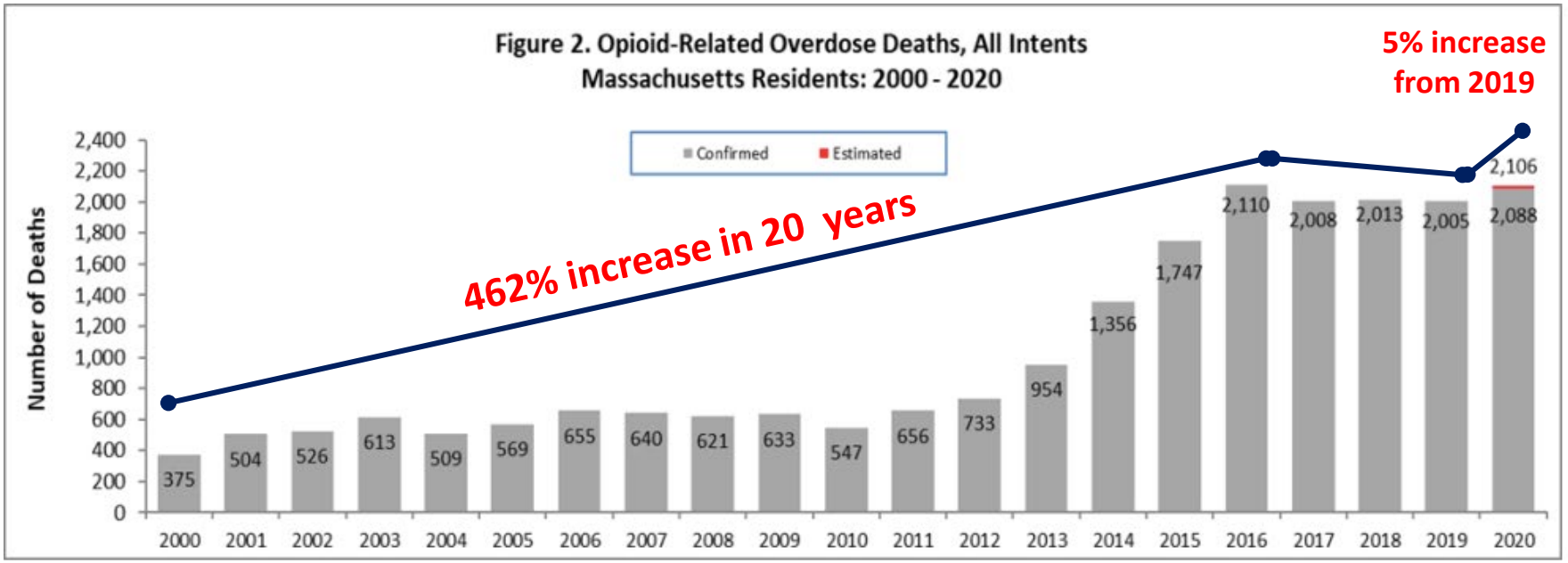
Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. 2020. *2018 Drug Overdose Death Rates.* U.S. Department of Health and Human Services.

The Opioid Epidemic in Massachusetts:
462% Increase in OD Deaths from 2000-2020
5% Increase in OD Deaths from 2019-2020



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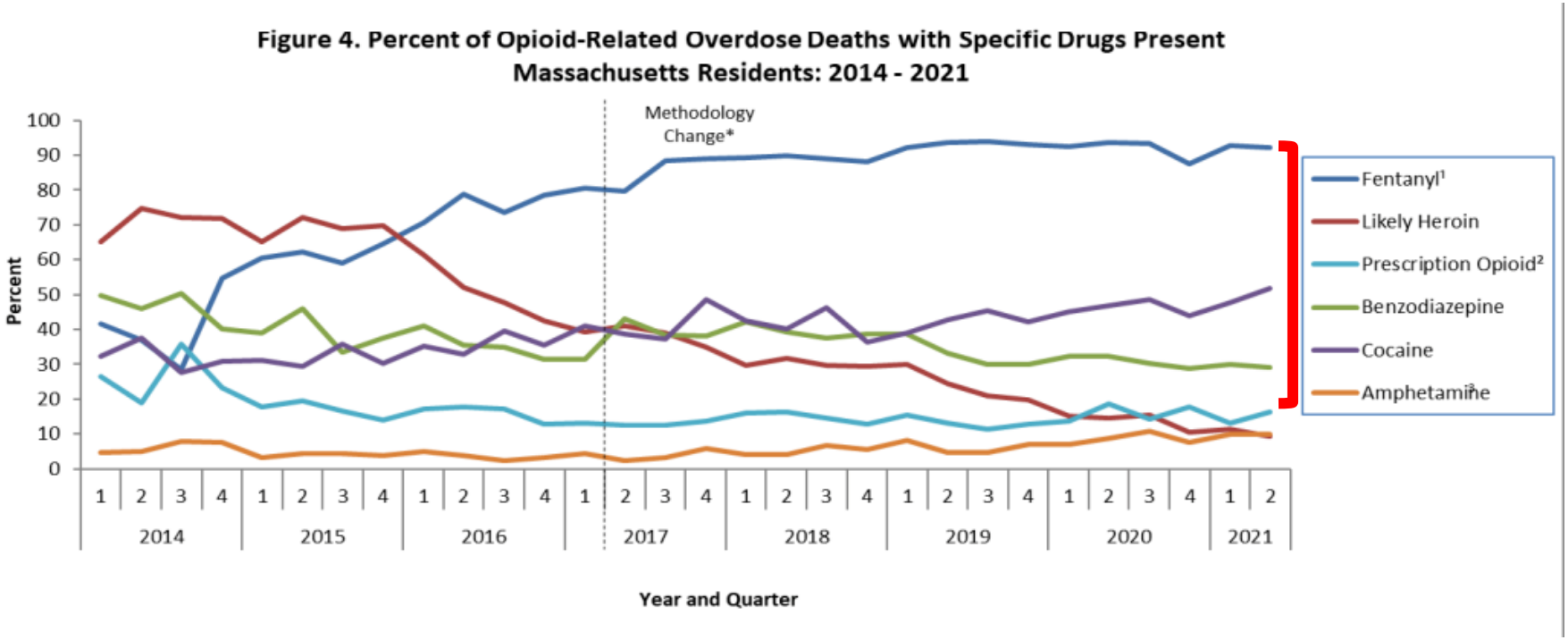
Massachusetts Department of Public Health. "Data brief: opioid-related overdose deaths among Massachusetts residents." Massachusetts: Department of Public Health; 2021.

The Opioid Epidemic in Massachusetts:
Fentanyl is Most Commonly Present in OD Deaths



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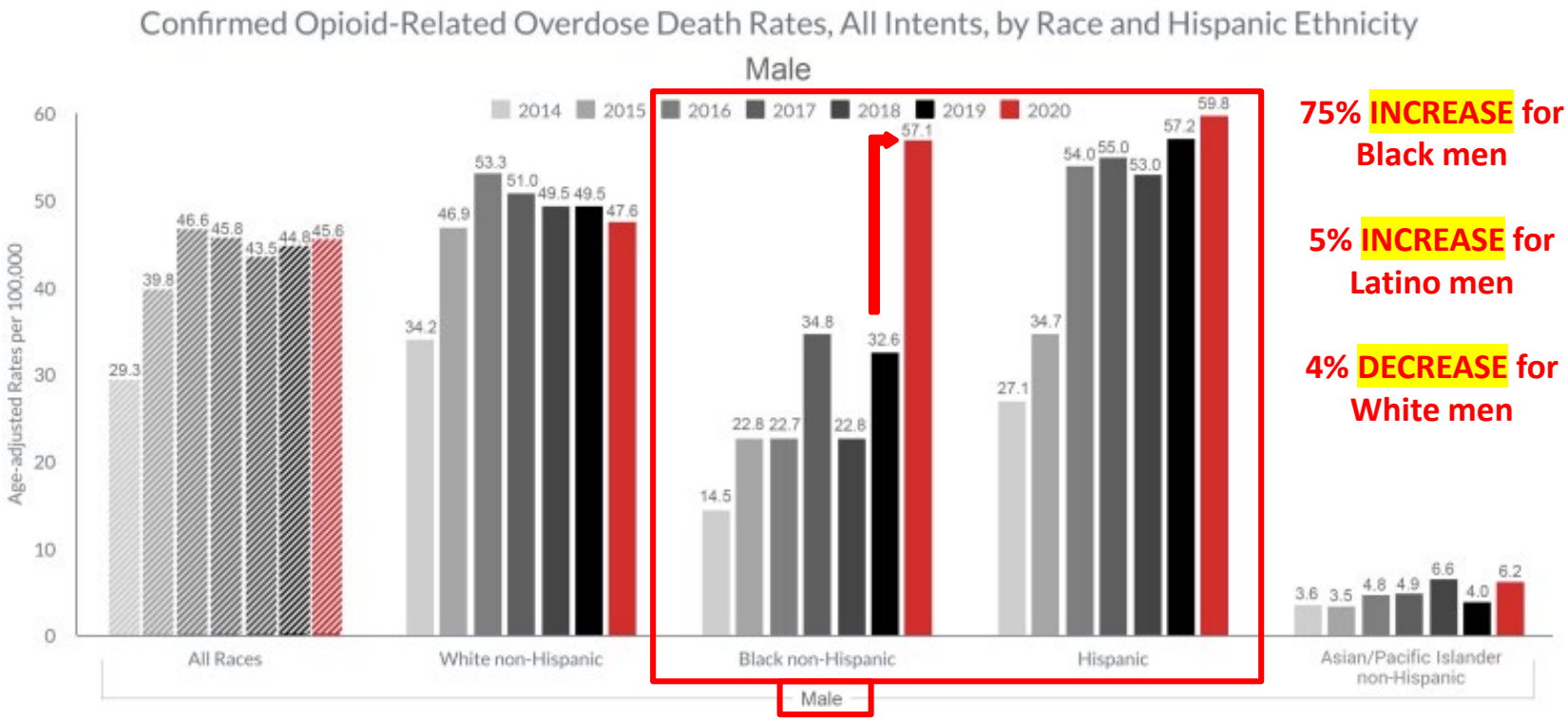
Massachusetts Department of Public Health. "Data brief: opioid-related overdose deaths among Massachusetts residents. Massachusetts: Department of Public Health; 2021.

Racial/ethnic inequities persist for Black and Latino Males

MDPH, rate per 100,000



75% INCREASE for Black men

5% INCREASE for Latino men

4% DECREASE for White men

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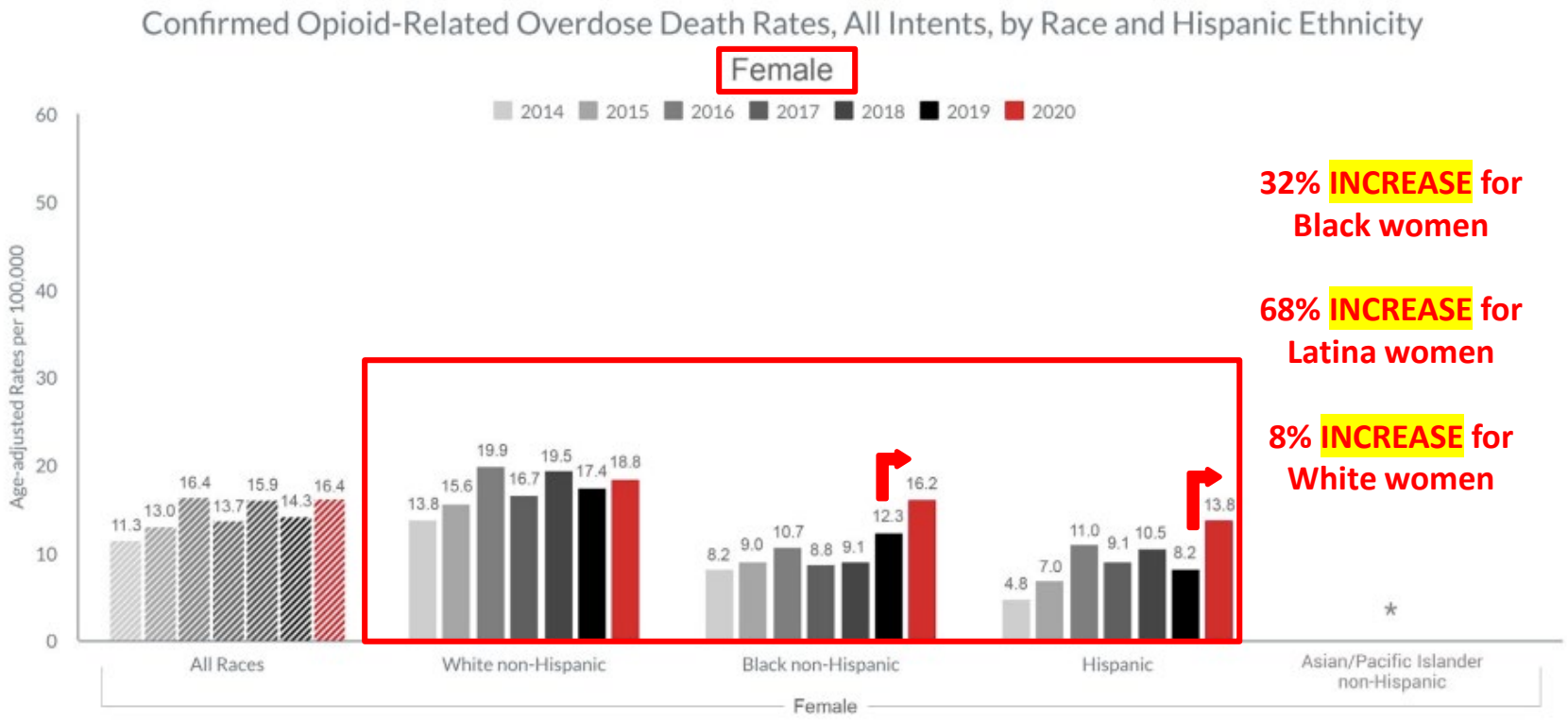
Massachusetts Department of Public Health. "Opioid-Related Overdose Deaths, All Intents, MA Residents – Demographic Data Highlights. Massachusetts: Department of Public Health; 2021.

Increase in overdose mortality for all women, with significant increases to Black and Latina women

MDPH, rate per 100,000



32% INCREASE for Black women

68% INCREASE for Latina women

8% INCREASE for White women

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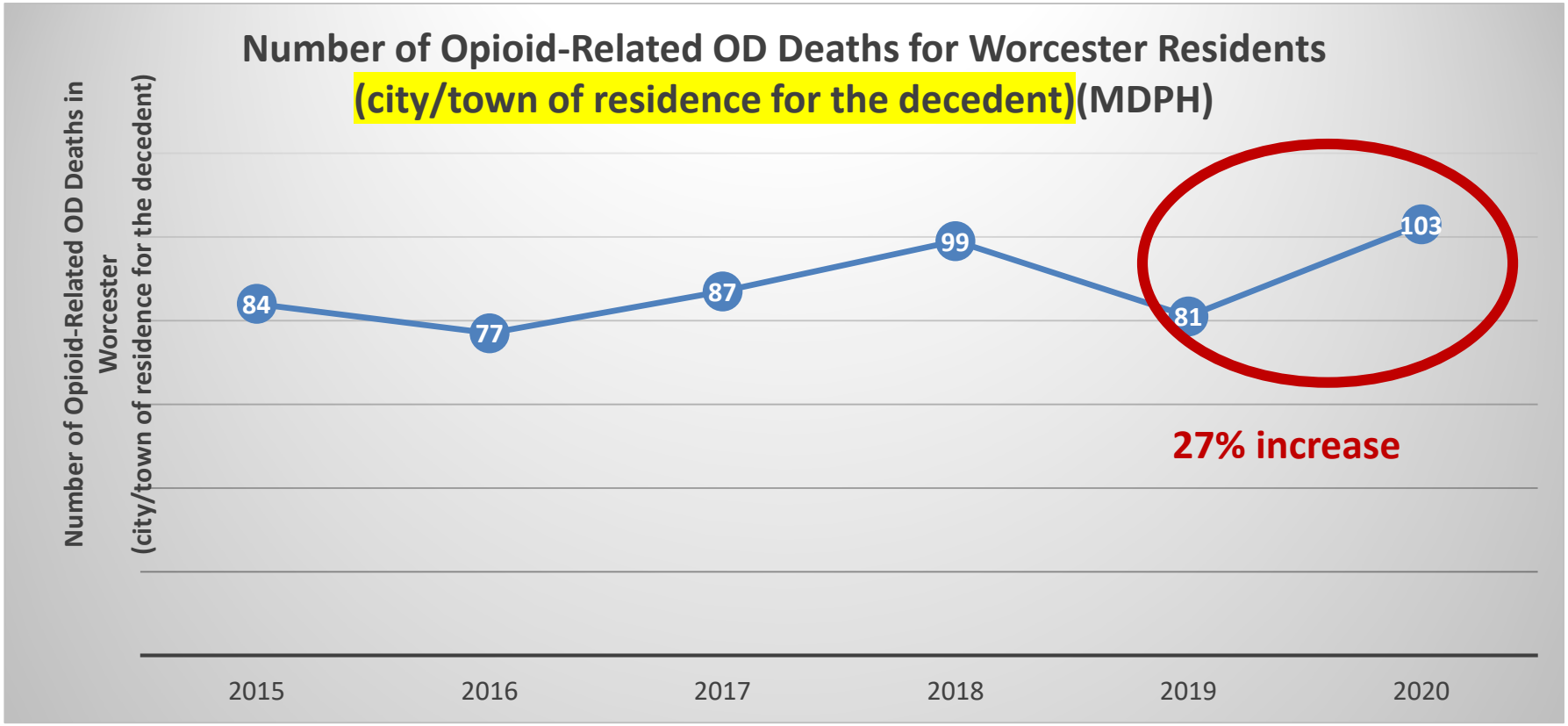
Massachusetts Department of Public Health. "Opioid-Related Overdose Deaths, All Intents, MA Residents – Demographic Data Highlights. Massachusetts: Department of Public Health; 2021.

Increase in opioid-related overdose deaths by city/town of residence for the decedent

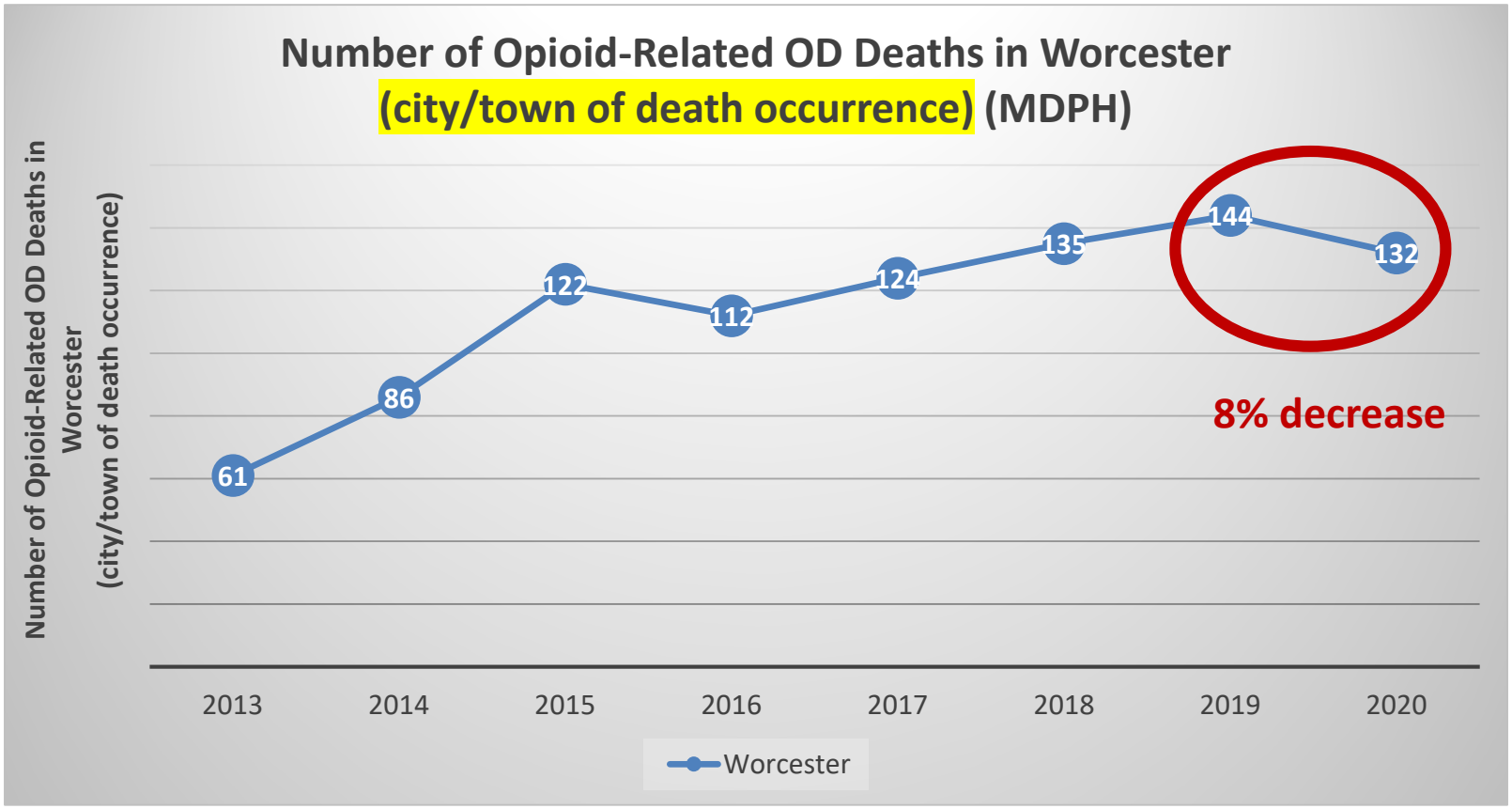
Worcester residents have seen an 27% increase in opioid-related overdose deaths



Massachusetts Department of Public Health. "Data brief: opioid-related overdose deaths among Massachusetts residents. Massachusetts: Department of Public Health; November 2021.

The Opioid Epidemic in Worcester:

8% DECREASE in the Number of Opioid-Related OD Deaths from 2019-2020



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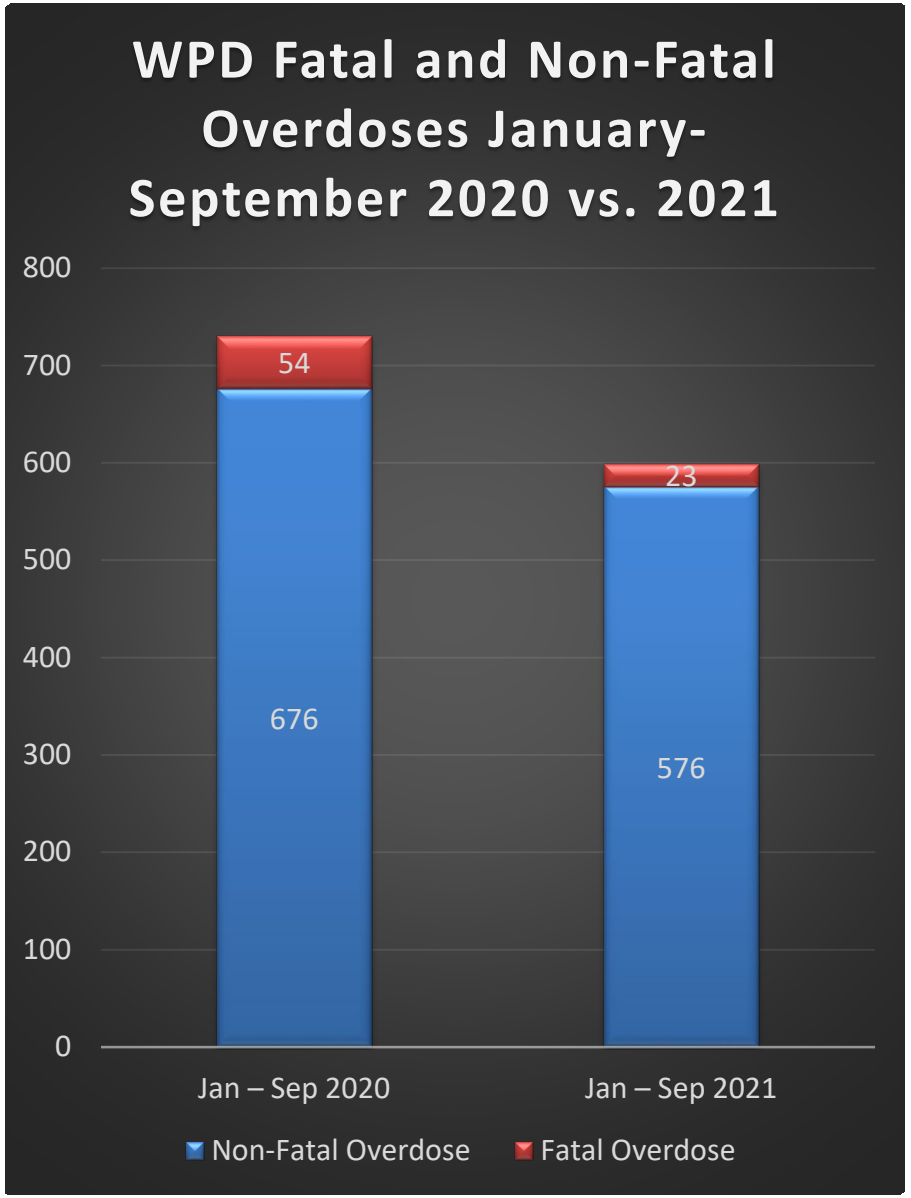
Massachusetts Department of Public Health. "Data brief: opioid-related overdose deaths among Massachusetts residents. Massachusetts: Department of Public Health; November 2021.

Worcester Police Data demonstrates downward trends consistent with MDPH data

Jan – September overdose trends in Worcester show decreases in fatal and non-fatal overdoses

77% decrease in fatal overdoses 2020-2021 ytd

15% decrease in non-fatal overdoses 2020-2021 ytd



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Creating A Successful Civilian Review Board

Jenna Hoagland, MPH(c)

UMass Amherst

What the Board of Health is/are not

- Our Original Charge by Governor Deval Patrick/Worcester City Manager
  - Eliminate and/or mitigate public health threats
  - Use the CHIP as our guide
  - Improve public health and do not allow politicians or politics to stand in your way from fullfilling the CHIP
- We are not a advisory board
  - We do not need approval from the CM, the city council, the medical director or any other body or person
- We are a regulatory Board
- Not Just Listeners, but Doers
- Police brutality, racism, bias, lack of police transparency, denial of racism are all serious public health issues

What is a Civilian Review Board?

- An entity that is external to the police department's internal affairs consisting of citizens from outside the department, appointed by the mayor or other government officials
- Generally charged with the duty of reviewing complaints and making disciplinary recommendations after the police department has completed its own investigation and made a disciplinary recommendation
  - Usually reviews the same materials- or redacted version- of what the internal affairs division examined
  - Accuracy of the review depends largely on what information the board is given and whether it can supplement these files on its own initiative
  - We briefly had a CRB in the 1970s, but due to political influence, it was disabanded within months

Why we need a CRB

- Repeated incidents of police misconduct and brutality that have not adequately addressed
- Police Chief denial of racism and bias in the WPD
- Head of anti bias training for the WPD denies the existence of racism and bias in the WPD
- Secret police internal investigations
- City fight to keep police related documents secret

Common Problems:

CRBs are often seen as ineffective, not because they are without value, but because police and politicians often purposefully create barriers to stop CRBs from carrying out meaningful oversight.

Impediments include:

- Police department and unions defying, obstructing, or undermining CRBs
- CRBs that are not created independently from police
- Police and police unions imposing restrictions on what information CRBs can release
- Past or present police employees staffing CRBs
- Politicians compromising rather than sufficiently empowering CRBs
- Municipalities inadequately funding CRBs so they cannot perform the full range of oversight necessary
- Municipalities inadequately funding and supporting CRBs so that members are perceived as lacking professionalism or expertise
- Municipalities not bestowing CRBs with necessary investigatory powers, such as subpoena power

What the most recent election proved?

- That majority of the city residents take seriously the issues that the BOH addresses
- The majority of city residents polled at election polling stations (approx. 73%) have heard of the BOH's push for a CRB
- The majority of city residents polled at election stations (approx. 69%) supported the creation of a CRB

Civilian Review Boards Work

- reduce public reluctance to file complaints
- reduce procedural barriers to filing complaints
- enhance the likelihood that statistical reporting on complaints will be more complete
- enhance the likelihood of an independent review of abuse allegations
- foster confidence in complainants that they will get their “day in court” through the hearing process
- increase scrutiny of police policies that lead to citizen complaints
- increase opportunities for other reform efforts.

Ten Principles For An Effective Civilian Review Board

- Independence. The power to conduct hearings, subpoena witnesses and report findings and recommendations to the public.
- Investigatory Power. The authority to independently investigate incidents and issue findings on complaints.
- Mandatory Police Cooperation. Complete access to police witnesses and documents through legal mandate or subpoena power.
- Adequate Funding. Should not be a lower budget priority than police internal affairs systems.
- Hearings. Essential for solving credibility questions and enhancing public confidence in process.
- Reflect Community Diversity. Board and staff should be broadly representative of the community it serves.

Ten Principles For An Effective Civilian Review Board (continued)

- Policy Recommendations. Civilian oversight can spot problem policies and provide a forum for developing reforms.
- Statistical Analysis. Public statistical reports can detail trends in allegations, and early warning systems can identify officers who are subjects of unusually numerous complaints.
- Separate Offices. Should be housed away from police headquarters to maintain independence and credibility with public.
- Disciplinary Role. Board findings should be considered in determining appropriate disciplinary action. The existence of a civilian review agency, a reform in itself, can help ensure that other needed reforms are implemented. A police department can formulate model policies aimed at deterring and punishing misconduct, but those policies will be meaningless unless a system is in place to guarantee that the policies are aggressively enforced.

Investigative powers

- **CRBs need to be structured to include investigative powers, including subpoena power**
  - Subpoena power allows a CRB to compel the production of documents and witnesses, allowing them to investigate, gather, analyze, and review information; produce public reports; and to make informed recommendations related to policing issues of significant public interest
  - This is an important tool to combat police obstruction of CRB investigations into public complaints, police misconduct, or other policing issues
- Without subpoena power, CRBs can be obstructed and denied access to critical documents
- With subpoena power, CRBs have a better chance of getting to the truth so that improper police actions can be exposed and redressed

Scope of Investigations

- Police actions that harm communities can range from discourtesy to killing a person
- Some CRBs only investigate serious police violence or review misconduct complaints, but this approach is often ineffective
- Research has shown that officers with complaints for verbal discourtesy have higher levels of coercion (police threats of physical harm or acts of physical violence) in encounters with people
    - Police discourtesy is linked to later police violence and can act as an early predictor and warning of later police violence
- By enabling a CRB to oversee lower-level complaints, a community could prevent future serious acts of police violence
    - There should be incentives for communities to create CRBs with the power to investigate not only serious police abuses of power, but also the daily violations that add up to systemic wrongs
- CRBs should be able to perform independent analysis of police data related to Use of Force, Stop-and-Frisk, or other procedures; financial auditing and recommendations; review of policies, independent investigations, and proposals to address systemic issues; and more

Transparency

- CRBs must be able to share information about police behavior with the public
- Some police union contracts can prevent a municipality or its CRB from disclosing police misconduct. This is something the town can usually change by removing those provisions the next time the contract is up for negotiation
  - One way to ensure future police union contracts do not include such cover up provisions:
    - endow a CRB with the opportunity to review proposed police union contracts and to provide information and feedback on these contracts to the town legislative body before they are adopted

Independence

- A CRB must hold policing accountable to the people, especially those most harmed by the outsized role, responsibilities, and tactics of policing as it currently exists
- CRBs will have a conflict of interest if they include members with too close of a relationship with police
- Critical for CRBs to be comprised of people with a stake in meaningful police accountability and ending police violence. Decisions about who serves on a civilian review board should be made by the community and its legislative body
  - Not by those with conflicts of interest like the police chief or executive branch members who select police chiefs
- A CRB should be made up of people from the community who live with the effects of policing decisions, not current, former, or future members of the police department
  - This gives communities a better chance at democratic control over policing that can lead to real accountability

Budget

- Underfunding leads to too few investigations, too little oversight, and too much deference to police.
- There are different options for ensuring a CRB has enough funding to fulfill its mission of police accountability:
  - Indexing CRB funding to police budgets- guaranteeing that CRB funding is always proportionate to the police department. i.e., proposing funding at a level equivalent to 5-10% of a police department's budget, which does not reduce funding for policing, but does ensure funding for a CRB.
  - Require that the police department's budget never exceed a certain percentage of the CRB's budget.
  - Separate a specific percentage of a police department's budget and reinvest that money explicitly into the CRB. Towns should mandate annual or biennial reviews to ensure the CRB is properly funded according to the volume of complaints it is receiving.
- It is critical that a separate budget that is not controlled by the police department provides the funding for a CRB to employ staff, train volunteers, have the capacity to receive and review all citizen complaints, and have resources to provide big-picture review and feedback on policing practices and policies in the municipality.

Reimagining CRBs

- With proper policy and implementation, CRBs can review both individual instances of police misconduct and local policing patterns and practices

Meaningful Disciplinary Power

- Strategies to give CRBs power include agreed-upon discipline guidelines, negotiated and set forth in advance
- Localities should be able to empower CRBs to make the final decisions on disciplining officers, adjudicating use of force, recruiting practices, and creating policies
- These would require the ultimate disciplinary authority for police in town (typically the police chief) to apply those disciplinary guidelines in every case when the CRB finds misconduct
- They could also take the form of having public hearings in which the police chief must answer to the board and to the people if they deviate from CRB discipline recommendations

Major Considerations

- How many members should serve on the board?
  - Most successful boards have 9-11 members, as having more than 11 could be hard for the board to govern, not to mention fund
- How should the members be selected?
  - Appointed or elected?
- How long is each term and how many terms should members be allowed to serve?
- How (and to what extent) should members be trained?
- How much of the investigative work should the CRB members be responsible for?
  - Should there be a separate body (i.e., an Inspector General) to complete most of the investigation at the discretion of the CRB?
  - Members of CRB are likely to be volunteers, so expecting them to put the many hours into the investigative work themselves may not be realistic

The Path Forward to Success

- Firmly realize that racism, biasness, discrimination, lack of transparency by the police, lack of transparency by the city, non public input into internal police reviews, denial of racism/biasness are PH issues.
- Firmly realize that these PH issues are part of the CHIP and these issues can be eliminated/mitigated (regarding the police and the city)
- Don't look for another Board in the city to lead on a public health issue
- Arrange a public meeting in front of the city council to discuss CRBs
- Continue to vehemently and publically push the city council and the CM to stop being afraid of the police and help our black, brown, LGBTQ and other communities
- Continue to build stronger bonds with Worcester resident coalition who want a CRB

Final Notes

- Goal of implementing a CRB is not to reduce or mitigate crime all together
- It is a toolbox to try to mitigate the amount of violence, racism and bias essentially against many, especially the Black, Brown, Islamic, LGBTQ communities and those living with mental health/substance abuse issues.