

**Worcester Board of Health
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, July 31st, 2023**

Welcome and Introductions

Members Present: Khanh-Van Tran, MD, Chairperson, Ms. Frances Anthes, Ms. Chareese Allen

Staff Present: Dr. Mike Hirsh, Medical Director; Matilde ‘Mattie’ Castiel, MD, Commissioner of HHS; Soloe Dennis, Director of Public Health; Jennifer Nakijoba, Behavioral Health Manager

Guests Present: Ms. Annie Azarloza, Chief Academic Support Officer at Worcester Public Schools

Welcome and Introductions

Dr. Khanh-Van Tran initiates meeting with introductions

Review and Approve May Meeting Minutes

-Dr. Tran: requested that board and staff to review May Meeting Minutes and offer any adjustments

-Dr. Trans: asked if there is a motion to approve minutes and Ms. Allen approves followed by Ms. Anthes and Dr. Tran.

- Ms. Anthes: asked where the June Meeting Minutes are.

- Mr. Dennis: responded that he has been working with WebEx to retrieve the transcription for the June Meeting. The meeting was recorded but the audio is not working properly, IT has also been alerted of this issue and is working with WebEx.

-Ms. Anthes: stated that a number of things about regulations that came up in the June meeting will be very helpful to have.

- Mr. Dennis: has emphasized the importance of getting the transcription to IT and will follow up with IT after this meeting.

Current Prevention Efforts within the School and other Youth Serving Organizations

Dr. Tran hands the floor to Ms. Azarloza who will now present her slides

-Ms. Azarloza: stated that all data in the presentation is from the past year because she likes to make sure she is capturing accurate picture of what the current state of the WPS. Tonight’s

outcomes are listed below.

- Data on student's current social/emotional competencies and well-being
- WPS desired state and strategies that are going to use to achieve it.
- Action steps to strengthen student social competencies and how they are going to recognize it

Survey of students current social/emotional competencies.

Note: This is the first-year surveying grade 3 to 5.

-Social Awareness Sample Question: How carefully do you listen to other people's points of views and how much do you care about other people's feelings? Nearly 7 out of 10 scholars appear to be socially aware.

-Growth Mindset Sample Question: In School how possible is it for you to change how easily you give up? 6 out of 10 scholars have a growth mindset.

-Emotional Regulation Sample Question: When things go wrong, how calm are you able to stay. Less than half of the scholars reported that they can self-regulate.

-Self Efficacy Sample Question: When complicated ideas are presented in class how confident are you that you can understand them? About half of the scholars have self-efficacy.

Ms. Azarloza presented a graph to show the change in responses in each of the above areas.

- Self Efficacy has grown among WPS students
- Growth mindset is holding steady at 50%
 - While students believe they can accomplish a task they are not convinced that with effort their ability to accomplish a big task will improve
- emotional regulation has also been holding steady at 45%*
 - This tells them that students lack the skills to self-regulate. Scholars are struggling to push through uncomfortable feelings and instead they are giving up when things get difficult.

This is the largest concern.

-Social Awareness has been inconsistent so they will be focusing on the significance of valuing other perspectives and being flexible thinkers.

School Discipline

Ms. Azarloza presented the next slide on both in and out of school suspensions.

- In school and out of school suspensions have decreased in WPS.
 - In November the state came out with a *rethinking discipline initiative*, which is really to reduce the use of suspensions in schools.
- WPS has developed alternatives to suspensions including:

WPS uses the National CDC Youth Behavior Survey which administers every two years with the next distributed being Fall 2023.

-In the past 10 years it has been noted that females are almost twice as likely to experience a sense of hopelessness and loneliness.

-This was still true when they looked at the Department of Public Health survey which is a voluntary survey. 88% of middle schooler and 77% of high schooler took this survey.

-High school numbers are less than national average, but the middle schoolers are seeing significantly increased mental health needs (mainly in the 7th and 8th grades).

Triggers

Self-reported triggers are what's causing the hopelessness and sadness

All of the triggers decreased overtime except for stress and anxiety which skyrockets to 7x greater than the other triggers.

Middle School: Stress is 3x the leading cause for hopelessness and sadness.

Desired State for WPS

We want to strengthen our scholars' emotional competencies and address the mental health needs. I always say to educators that students will not be ready to learn if they are not in a healthy mental state. Performing well on standardized tests is a byproduct of their sense of belonging and their readiness to learn. The other part of it is that we absolutely want to authentically engage our caregivers as their child's first teacher.

Strengthening our student's emotional competencies through a multi-tiered system of support. Support their mental health needs with intentionality and a byproduct will be an increased sense of belonging and self-efficacy to advance academically.

Action Steps:

Next survey will be administered in the fall.

We have MCSS blueprint which we have fine-tuned this past year to develop an implementation plan which they are going to roll out to staff in the fall. It will be a yearlong professional learning since we are done with the one and done professional learning that never works. The blueprint includes 2 interventions not only for academic, but also for social, emotional, and behavioral. We have also evaluated bullying prevention frameworks and have adopted one that we are going to pilot in four schools next year called *Undercover Anti-bullying Team* approach which is very restorative in nature. We want to reteach behaviors because those scholars exhibiting bullying behaviors, we want them to learn how to empathize by re-shaping their behavior because we often forget that empathy is a learned behavior.

We talked a little bit about the alternatives we have developed in place of suspension which includes evidence-based strategies and programs that deal with mediation, conflict resolution, restorative practices, and positive behavior interventions to best support scholars and schools.

Last spring, we started putting culture climate teams in each of our schools to encourage a warm, welcoming, and inclusive environment that is conducive to teaching and learning.

We have just completed our 3-year health and wellness program which I'm happy to share more with this group. Staff across the district, caregivers, and community partners all had a hand in developing this program and we used the CDC's framework for The Whole School, Whole Community, Whole Child (WSCC).

So, we've seen the data on our student mental health needs, how are we addressing them? We don't have enough personal in our schools because we can't find counselors and we can't find psychologists. We have a contract with 4 mental health agencies to push clinicians into all of our secondary schools including our alternative education.

Our alternative education scholars are some of our most vulnerable students, so we really need to be protective, functional, and innovative ways to reengage them. Apart from taking care of their mental health needs and strengthening their social emotional competencies we need to ensure that all scholars that graduate are college and/or career ready and community ready as well. Our new Director of Alternative Education just started last week, and we hope that she will bring a fresh perspective and find ways to reengage those scholars.

The play center we contracted with in January just came back with their report which was a high-needs assessment of educational mental health program from cradle to career. We just received their recommendation last week and we will be working on implementing those in the fall.

We are working with the Brookline Center for Mental Health to expand our BRYT program which is the Bridge for Resilient Youth in Transition. "She has only been at the district for 7 months and is learning that they aren't very data driven in every single aspect, so before they start expanding the program, she wants to see what the impact of BRYT is." Once they determine that it's having a positive impact than we can expand but the hope is that it is having a positive impact. Currently the program is only at Woodland Academy.

They are choosing one school in each quadrant for a total of 16 schools to pilot some really amazing frameworks including:

Restorative Practices with Fidelity because there are pockets of restorative practices occurring in the district but not with fidelity. We want to make sure that it's universally being implemented. The Leader in Me which is a positive behavior intervention framework with social emotional learning embedded into it will be piloted in 4 elementary schools
Undercover Anti-Bullying Team in 4 elementary schools discussed above.

We are finally fully staffed now with the co-directors for Family and Community Engagement. They have successfully developed a family engagement framework with plenty of stakeholder voice which is amazing. They are going to working on the implementation plan now of that framework. Working with principals and the community again to develop that implementation plan. We have hired a wraparound coordinator at our parent information center to make sure our families have support and resources in the community. In the fall our two community engagement directors will be providing targeted caregiver training to educate families on array of different things including bullying and how to build their child's self-efficacy.

Finally, we are working with the Director of School Based Health Centers to learn how we can expand in order to provide our families with access to healthcare and dental care. She is also working on providing us with additional behavioral therapists in schools to further address our scholar's mental health needs.

Of course, there are fiscal implications. We are in the process of developing our social emotional curriculum, but we don't want to add to our teacher plate. We understand that they work hard and have a lot to do, so we want it to run parallel with what they are doing. We want to make sure they are making a positive impact on scholar social emotional competencies, so we have to somehow embed that in what they are already doing. Again, we are piloting those evidence-based frameworks in the fall in several schools. Our goal is that our families don't have such a different experience going from elementary to middle because it feels like they need a passport every time you go to a different school. Other implications include the culture and climate teams which staff may be participating in afterschool. We want it so that everyone has a seat at the table. We need to make sure there is a continuity of services for those receives behavioral health from resources the school has contracted out. The 3-year strategic health and wellness plan otherwise known as the roadmap also has fiscal implications. The extension of school-based health center which they already have in the works for any school that they build brand new. We are transporting students to schools that have the expanded centers if they need access to care.

We want to make sure that universally all of our schools will have the framework to incentives scholars to have positive behavior, which is tier 1, all schools will implement restorative practices which is tier 2, universally all schools will choose from the abundant menu of alternatives to suspension which is tier 3.

-Dr. Tran: thanked Annie for her presentation and the work that she does. She says it was a great overview and opens up the floor for any questions.

-Ms. Allen: asked what alternatives they are considering to suspensions.

-Ms. Azarloza: said if she had it her way student would not be suspended. We have to find a way to keep them in school to reshape their behaviors because we can't do that if they are at home. I am working with principals to show them the different ways that we can help students in schools. We call them wellness groups which means they are with a psychologist or guidance counselor and are reflecting on their experience because they need to learn. How did your action impact others? What did the teacher do to impact you? If teachers aren't building relationships with their students, how are they able to connect. It's a pretty extensive menu of alternatives to suspension from mediation, conversations, accountability projects. I'm big on having them after school for a couple hours with a counselor and having them reflect on what happened and if they need to do an accountability project they do after school.

For example: a couple of 2nd grade students were caught in a fight on the playground, so we put them in a room and had them talk it out. We had them draw a picture of what you do when you disagree on the playground, and they had to present that project to the classmates who witnessed the fight. It was good because it was an accountability project and they had to learn and present to their peers and show the harm. That's what I want us to get in the habit of doing.

-Ms. Allen asked how we are helping teacher realize when a student may be struggling with a mental health issue versus the teachers just thinking the student has bad behavior. How are we getting teacher to recognize the behaviors that may need additional help?

-Ms. Azarloza: said that's a hard question because teachers are also struggling with their own emotional intelligence competencies. We have hired a consultant to help our teachers strengthen their emotional competencies because we want them to be able to build positive relationships with their students. I feel like when we help educators grow in that respect, they'll be able to see it in their students. Once you get to know the student you know when something is off. If I'm standing at the door greeting my student every day and I see Joey not seeming like himself I'm going to take him aside and learn more about what's going on. We have to educate our educators on that because in our adults it can look like a lack of emotional intelligence.

-Ms. Allen: calls out the point the presentation where we see that stress and anxiety has increased exponentially. Have they identified what type of stress and anxieties?

-Ms. Azarloza: said that on the survey they didn't ask what type because it was a multiple-choice question. They did not ask what is stressing them out.

-Ms. Allen: is wondering whether they can go back and find out more info since it would be helpful to know the causes of the triggers.

-Ms. Azarloza: said they did tease it out and found that school was what was stressing them out.

-Ms. Allen: said that online learning was very hard for her child as it was not easy to hear and as a straight A student seeing them nodding off was very telling.

-Ms. Azarloza: said she has a theory that if you're a teacher that can build an incredible relationship with your students that student will give you their blood, sweat, and tears. We have to equip our adults to build those relationships with our kids because when they feel safe in the classroom, they are willing to take academic risks, they are going to feel so stressed, and there's going to be harmony in the understand between educator and student so educators can realize when they need to scale back. We need to help our educators because they are not there yet.

-Ms. Anthes: is very excited where they are going with this because they have a theory, and they have action steps combined with relationships and input from others. It's a really big deal to try and take the willingness and attitudes of the teachers especially after the pandemic they are going back into an environment that has experienced a lot of challenges, so how's that working?

-Ms. Azarloza: said that first of all they didn't get here overnight. It took a long time to get here so it's going to take a long time to get where we need to be. Anytime I have people piloting anything or being a part of something she wants flag holders, early adopters, and naysayers. The naysayers may be able to see something we haven't seen so if you have those around the table there going to provide their input, feel valued, and push the needle along with everyone else so it's important to have all of those voices around the table if you really want to make change.

-Ms. Anthes: said so this year you've done a lot of work with the surveys it sounds like mostly know where the middle school kids are at. You did do some stuff with the grade 2.

-Ms. Azarloza: said she works with grades 3-12.

-Ms. Anthes: said it makes sense to me that you are focusing on the middle schools because it's a difficult time for a variety of reasons, so I think that that makes sense. Are you trying to sell this or are you pushing it down people's throats? Do you have people saying help please come and looking for this?

-Ms. Azarloza: said originally when she first started, she needed to see the data because she is very data driven so she could know the current state. I learned that I had these great frameworks that are evidence based and was very excited. She did have to try to sell them, so she developed a proposal about what it was going to look like and brought in students and a consultant. Some said they would do it some said that it wasn't for them. She just needed one school from each quadrant to try it since she has to start small.

-Ms. Anthes: asked, "But you have a principal in those quadrant schools that had bought in?" And are the principal attempting to bring a team together within the schools?"

-Ms. Azarloza: said that yes in each quadrant school she has a principal that is supporting her. And correct that that within the schools the principals are forming teams. At the end of the school year, she had them meet where she gave them the information so she could really try to sell it and once they were in connected each of the quadrant schools. All of the staff that are piloting these frameworks are being trained over the summer. 4 elementary school for the anti-bullying and the leader in me framework. All of our high schools and Worcester East Middle school for the restorative practice. The fourth one we aren't there yet but it's a social emotional curriculum. However, the leader in me already has social emotional learning embedded into it some positive behavior intervention.

-Ms. Anthes: said some of what we are talking about is what the average 4 or 5th grade teacher overtime has adapted their own ways for classroom control, which may have nothing to do with restorative justice or emotional social learning because those are habits that they learn which maybe they issue.

-Dr. Tran: asked if there is a way to monitor progress as you enter the school year. With it be every month where you look at where you are and see how well this is working.

-Ms. Azarloza: said that for the suspensions they are monitoring the number of discipline incidents and referrals, so we know where we are going with that. If it's the same student are their multiple discipline referrals for the one student that means something is not working for that one student. Maybe we need to go to a different tier if it's not working for the student. I am always checking the data to make sure we are on the right track and moving the needling. Especially with our SOOs, which are also covered in our division what is the positive impact now that we have the SOOs we signed the MOU in December. It's too early yet but we are putting some metrics in place to see that by the end of the year where we need to be, and we will monitor our progress to make sure we are reaching that goal. A police officer is trusted adult in the building since they are here for the students and play with them outside.

-Ms. Anthes: asked if Ms. Azarloza can tell us about the debate regarding having police officers in the schools.

-Ms. Azarloza: said the SROs are the School Resource Officers and those inside the building. SOOs are school liaisons, and they work a little bit different. They do not work in the building, but are invited to take part in reading, to come have lunch with students, play games at recess with them. We want students to see them as a trusted adult and it's going to take some time.

-Dr. Tran: said she want to take a break and come back to that. I want to bring up some of the issues that require intervention that the board has discussed and were reason for us to call you for some specific issues will children. Do you have any data on substance abuse or absentee suicide? Has that traveled with any of the stress?

-Ms. Azarloza: said believe it or not I've learned that we don't survey for that. However, we just acquired a universal screener called PBIS and we will be administrating that universal screener in December. Board of Education says the 40% of your kids can suffer with it but what about the specific kids. I want to know which kid, so the universal screening will tell me which student is at risk for suicide. We haven't had that in the past, but we are implementing that.

-Dr. Trans: asked if she has information on the number of students carrying substances like tobacco to school?

-Ms. Azarloza: said that they do track that in their discipline data.

-Dr. Tran: asked if that has gone up with the stress and if alcohol use has increased.

-Ms. Azarloza: said that it has been holding pretty steady, so it hasn't increased but it needs to be lower.

-Dr. Tran: asked in terms of the services that we are talking about the mental health telehealth has social media been a way to communicate with kids who are experiencing severe stress through all of this.

-Ms. Azarloza: said they are piloting MI Peace an app developed by Clark University which is tool students can have on their phone and it helps them with meditation, coping skills, and there is a way for them to talk to someone if they need help. We are piloting this in some of the high schools and the pilot will start this fall.

-Dr. Tran: asked if there are any resources for students who may be experience self-harm thoughts?

-Ms. Azarloza: said the app will alert someone. She doesn't know everything about it yet because her administrative director is the one who is overseeing this, but it will alert them if the students are reaching out to a mental health provider because they have suicide ideations.

-Dr. Tran: said that perhaps if it's financially possible the way adults have been able to keep up with mental health during covid is through the use of telehealth. Kids may even more interested in this because they grew up with this stuff.

-Ms. Azarloza: said that her understanding is something to do with providing the app where they can access mental health things as a minor and not needing parental permission. So, the

accountability department is trying to iron that out and see if we can so that (provide them telehealth basically) without parent permission.

-Ms. Anthes: said that emancipated minors in terms of mental health services the bigger picture issue is where does that go. So, if you have a kid and a counselor communicating electronically and something comes up who captures the issue.

-Ms. Azarloza: said there is a concern in the district about how you provide this accessibility to our student and not really have a handle on it.

-Dr. Tran: said that makes sense but that there should be emergency lines that are for students. It sounds like we have a live base already it's just that we can't service. We do have organizations that can speak to students. There are services that can see kids live if they need it.

-Ms. Azarloza: said that the school has the contract with 4 mental health agencies in Worcester that can help provide services to students.

-Ms. Anthes: asked which four mental health agencies are contracted to work with schools.

-Ms. Azarloza: said that Stepping Stones, The You Inc., Effective School Solutions, and Multicultural Wellness Center.

-Ms. Allen: asked if those agencies specialize in LGBTQ+ issues since a lot of students are taking the time to figure out who are they are during this time of their lives. Do they have people available to help these children deal with these issues?

-Ms. Azarloza: doesn't know if they specifically focus on LGBTQ+ issues, so that's a great question.

-Ms. Allen: said that students are at the age where they are trying to figure out what is going on. And with bullying it may be helpful to have that specific support.

-Ms. Azarloza: said that she will find out.

-Ms. Anthes: said that in her experience which is basically her grandchildren, in the 4th and 5th grade everybody's gay. Kids go through phases.

-Ms. Azarloza: said that even during those phases we have to support them.

-Ms. Allen: said it's important to have somebody that will have those sit down talks and see what they are going through. Suicide in that population is very high.

-Ms. Anthes: said it seems like you are doing a lot of really important stuff and were a public health group. What can we do to support what you are doing?

-Ms. Azarloza: said that will have to think about that.

-Dr. Tran: said in terms of support I assume a lot of work is just writing grants to get money, so what are some of the ones you are going for. I remember when we're talking about tobacco

funding that came from a lawsuit and I don't know if that may be a reason to help kids with substance abuse issues post-covid. That's something that we can discuss.

-Dr. Castile: agreed with Dr. Tran and initially was wondering what we are doing with youth and addiction. The average age is around 13 so what is happening in the schools to prevent.

-Ms. Azarloza: said they have the safety center turnaround. The safety center is really for students that are exhibiting behaviors that are frightening in nature, so we cast them off to a program for three days where there are modules, they learn, and there is an adjustment counselor. I'm not a fan of it to be honest. It's what they have, and we are kind of rethinking how that can look. I'm really not a fan of alternative education either because I feel like they could be with their peers like a school within in a school. They have told me that I have got to go slow because I like to go fast, so my hope is that each school has some sort of intervention in each of the schools to provide them with that educational piece. It's all about shaping behaviors and helping them. And not necessarily just reshaping with things like substance abuse which is more serious. Rather than sending them to some program off-site, to some place that they don't know, with an adjustment counselor they don't know, it's unfamiliar.

-Ms. Allen: said some schools like St. Andres have substance abuse programs where they can turn themselves into counselors and there is no punishment for it, but they help them get the services they need.

-Ms. Azarloza: said if it's a substance abuse, we are going to handle that differently. The safety center turnaround is more like if you are vaping and caught you are sent to the facility for the three days to learn why vaping is not good for you. If we think it's an addiction than it's a different story.

-Ms. Allen: asked if a student recognizes they have a problem and they come to someone and not be penalized for seeking help.

-Ms. Azarloza: said she doesn't know. Now that you mention it, I'm going to find out because they should not be penalized for that.

-Dr. Tran: said back to our support she would love it if we could use those tobacco funds. I believe the idea behind the tobacco settlement is to help solve the issues that we have and one of issues we have discussed is substance abuse in youth.

-Dr. Castile: said that there is also the Bureau of Substance Addiction Services as a resource. Is it just vaping we are focusing on because I look at my patients, they are using things besides alcohol and cigarettes but certainly that's the beginning piece? There are higher levels in people with ADHD, so how are we diagnosing that and working with that is really my thought because it starts in the school system. They have some great programs some are after school and some are during the day, but really getting people into treatment and when you talk about stress. What does stress mean and what do kids do for stress? Are they doing the substances to cope with the stress and using that to deal with stress?

-Ms. Anthes: said to go along with the stress relationships with other students can be hard especially with bullying. It's about relationships that they are involved in. The teacher yelling at them because the dog ate their homework.

-Dr. Trans: asked Dr. Hirsh if he has any comments.

-Dr. Hirsh: said they dealt with the school stressors by having our medical students buddy up with them and giving them, a virtual education and it was very successful. I don't know if you are familiar with that program, but it was called school buddies and we still have some students that are doing it. The guidance counselor or school adjustment counselor would identify students that were really floundering with the virtual education and then they would assign a medical student to call them or once they got to know them zooming on their chrome book so they would know how to do it. It was really great? I think it would be great to use this as an adjunct to what you offer. Our medical students are totally invested in seeing students in the WPS system rise up and join their ranks. Just let know and we can work on that.

-Dr. Tran: said this board is very supportive of your work. I think we love it if in some time you would come back to give an update and let us know what ways we can help. Meanwhile we will discuss the tobacco funding it may be that our hands are tied but since this is so meaningful. Do you have anything else for us?

-Ms. Azarloza: does not have anything else to bring up.

-Ms. Anthes: said we wanted to discuss this topic in relation to the pandemic and its impacts on our kids. What you (Dr. Tran) just said though makes it more of a motion or a recommendation that we are really good at the empirical stuff at schools and that they are taking this seriously and are trying to move forward. It could be as simple as that, but it seems to me that having it on record would be helpful. **I would like to move that we appreciate your presentation for how the WPS are doing in terms of our children's mental health and recommend you come back.**

-All committee members presented voted yes for the motion

-Mr. Dennis: would like to commend her work say that the division is building a relationship with the superintendent. They are discussing how they can work together, and they plan on have a meeting with the superintendent.

-Dr. Tran: has DPH Director Soloe Dennis introduce next presenter.

Substance Abuse Prevention & Mental Health Problem

-Mr. Dennis: introduced Jennifer Nakijoba as the next presenter. She is the manager of the substance abuse prevention program in the DPH, and she was invited to talk about her work on mental health as a public health issue we are facing in the City of Worcester.

-Ms. Nakijoba: said as she goes through her presentation, she can answer questions on her substance abuse prevention work and how they are working with the schools. She made a brief

presentation because she is hoping to come back in a few months with a more detailed presentation with numbers. Looking at sexual orientation, age, etc. all broken down and mental health as well.

Just a brief background of our prevention efforts that we have currently in DPH. I think most of you know we've been doing prevention work for about 10 years. In 2020 we had to reapply for our funding and the last two years this is the funding we have around prevention work. We the OD2A grant that focuses on increasing the use of recovery coaches – these are folks with lived experience, I think that was in direct line with our old CHIP/CHA because those were our goals for that year. We have the state opioid response in prevention early childhood work (SOR-PEC) that grant, and our funders are moving towards funding programs that help families and supporting kids at an early age. With this grant we work with families that either have a parent or kids that is using or in recovery, so when we talk about what we are doing at an early age to prevent kids from using later on, I think that this grant is focusing on that.

I think most of you here know about tobacco and what we are doing in terms of policy work, so today I'm going to focus on MASSCALL3. This is a three-year grant but usually we have extensions. This grant is different from our prevention grants in the past because tobacco is a part of our prevention efforts now and before it was alcohol, cannabis, and prescription drugs. As we know vaping in schools and even for adults it's an issue and this funding speaks to that. This funding is for youth specifically. This grant covers Worcester, Shrewsbury, and Grafton and for me it's nice to work in different towns and see the needs that we are encountering and see how they do things different and learn from those communities. They require us to use a framework and the last year our focus has been on the assessment part of the framework. From 2020 to now things have changed, and people have moved on to being able to build relationships has been a big focus in the last year.

I think for me how this ties into what Ms. Azarloza has been discussing is that we are using the original health survey data and taking those numbers and going to the schools and the churches and saying why is this happening? Getting to the WHY from youth and parents? And what so if a child is saying they are stressed what is stressing them out. We went to different schools in Worcester and different communities and as we asked questions about substance misuse, but mental health kept coming up. So, for us I do not think we can do substance misuse prevention work without tackling mental health because we realize those two go hand in hand.

Even in Worcester we want to know what the schools are doing and how we can fit our efforts into what they are doing. Bringing what we have in terms of assessment to work with them in help move our work forward. Being mindful that Worcester is very diverse and figure out how we can support people from other countries. Looking at sustaining that work through focus groups and identifying trusted messengers in each community. We identified gate keepers. It's different if I go into the community to try and build relationships, that will take a long time. But we go into a community and identify trusted members in the community and work with them, paying them for their time, and training them so that they can help us get what information we need. Also, focusing on building relationships and making sure that we are teaching them ways they could help us facilitate, get information, but also making sure we can assess our work. We

are using evidence-based strategies or interventions as we move forward. The focus of course is around preventing first use. As I mentioned adults are using but they started young. Teaching folks that it's important to wait until your mid-twenties before you start using. We took the data; we had the numbers, but we had to get the why. So, we had focus groups that we advertised through flyers in different languages.

Understanding what comes first, we began discussing the connection between mental health or substance abuse. We don't know what comes first but ensuring we are offering services that connect mental health support to youth. I am not a mental health provider but being able to partner with mental health experts and have them be present for focus groups. They helped us create questions that I would not have been able to add substance abuse work, so being able to partner that way. I think also for us in the last year it has been really meaningful to work with grass roots organizations in Worcester we have organizations that do great work with our youth, but we don't work with them and help them get around the city's contracting process.

As a department being able to do that and go to those work groups with them and build relationships not going in to take away and leave but being present and learning from them and knowing what they do in that space. Also seeing that for us it was challenging working with the schools to do focus groups so being able to be creative and go to a church or youth organization was helpful for us in getting what we needed to get. In Worcester there are so many churches so being able work with faith-based organizations was good. We found with youth organization focus groups they identified the church or religious organization as a place the go and get support. So how do we ensure that those that our youth go to for support have a good understand of mental health and substance abuse to help support them. How do we sustain our work by identifying what we have for resources and being able to harness those?

As Ms. Azarloza was talking about funding, how do we find other funding sources to move this work forward. For some communities they come to us and ask how to use their funding and we advise them accordingly to ensure that we can sustain our work as well. In a few months I will come back to talk about the numbers and being able to see how mental health is affecting particular groups. We do have the numbers based on different sections on the survey that we release every two years. A big focus for us as a department is those who are struggling but we also want to learn from those who are not struggling so we can know what's working for them and how can we enhance that. If in the survey 40% say they are hopeless 60% don't say they are hopeless so, how can we learn from them. We talk a lot about adverse experience but what about the positive experiences and if protective factors, risk factors, and what would increase the good things and decrease the not so good things. So that's what our work is about, and I'm hoping to come back and give you those numbers and at this point for us we have done the assessment and are analyzing the data so we will start the planning and have an idea in place before we tackle addiction. We can't implement anything without good relationships and partners in place that can help us moving forward.

-Dr. Tran thanks Ms. Nakijoba and opens up discussion to the board.

-Ms. Anthes: said that based on what Ms. Nakijoba was talking about the DPH might be in a unique position to be the bridge for the grassroots organizations and the WPS. I think Worcester is good at trying to address problems, but we are not always good about collaboratively trying to solve these problems and a key role for the DPH is that kind of connectivity. It sounds like you will be welcoming both groups that are needed to be connected, so I think that sounds great.

-Ms. Allen: said she thinks the presentation was excellent. I think you are building great infrastructure, and the fact that you actually went into the churches and embracing the different communities in ways they understand with the different languages. I think that will reach people better than a standard program. So being able to say this is what happens, and this is how we work on it. The fact that you are trying to address both mental health and substance abuse is great as well since we basically know that goes hand in hand. Just getting input from community members as to what they are seeing and hearing what they are saying I think will make the program more successful. You need to get down to their level as opposed to just getting help for people without know their problems.

-Dr. Tran: said this is fascinating work because in the hospital it's so difficult, so it's amazing that we are able to bridge this gap. Where are we in terms of implementing and identifying sites? It sounds like the boys and girls club?

-Ms. Nakijoba: said they will Work with Ms. Azarloza and are still trying to figure out where to implement in Worcester. For youth organizations we work with (meet every Friday night)

-Dr. Tran: "Do you have it mapped out already or are we sort of still in the early phases?"

-Ms. Nakijoba: said for the schools they are not mapped out yet, but we will get there. We are working on building relationships, and I think we are on the same page in terms of where we want to see things go. I think it will be interesting to see for example in the next few months once we have another survey out and we know what those numbers look like once we have things put in place for implementation. We can show the schools what we have found the numbers that support the why and what. This will help us tell them what we can realistically implement with the time we have and their capacity as well.

Next Meeting Date & Topics

-Dr. Tran: said that's perfect. If there is anything that the board can do, please let us know. Any other comment or questions from the board? In that case I would like to thank you both again for being here and sharing. I really cannot wait to see you again. We should talk about our future meetings.

-Ms. Anthes: wanted to check back in about services in the city of Worcester since Community HealthLink has been closed for months now and are we finding that there is a lot of people who are in need of services with no place to go. Is there a solution coming?

-Dr. Castiel: said that one of the city councilors requested to have this discussion so the plan is to reopen with a lower amount of patients and they would partner maybe with Washburn House or

Spectrum Health to help them through the process. So that's the timeline we don't really know the specifics and if you hear from our recovery courses it's difficult to find beds and the waitlists are high. The waitlists are high, but people aren't pushing to say they need this now, so I think it's a combination of both. That's what people have been saying here that's it's very difficult to find a place and were going out of the area sometimes.

-Ms. Anthes: said a lost service is a problem and a caution.

-Dr. Castiel: said that she thinks there were inner problems in CHL that need to be corrected. The hope was that they would be corrected in a quicker manner.

-Ms. Antes: asked is UMASS Memorial is interested in continuing the services.

-Dr. Castiel: said that she's had conversations with them, and they are looking at partnering with another provider and working together.

-Dr. Tran: asked if the major issue is logistical or funding?

-Dr. Castiel: said she can't really say but thinks that they've always had financial problems so that's been an issue. Some say the funding was always there, but it was how we use the funding. So, I don't know but you hear from both sides that there is funding and that they paid well but at the same time they were having financial problems.

-Ms. Anthes: said the thing is the state came in and said this isn't good enough.

-Dr. Tran: said hopefully things get sorted out.

-Dr. Castiel: said to your point (Ms. Anthes) there is such an issue in Massachusetts overall and Worcester has the highest mortality rates in the whole state which makes it more crucial here.

-Dr. Tran: asked if it would be appropriate to have someone come speak on this issue since it's a major issue.

-Dr. Castiel: said she has to help produce a report on the timeline and PowerPoint that will be presented to the City Council. We could always bring someone in to discuss that.

-Dr. Tran: said she thinks it would make sense for us to get an update on the progress and how it's being handled.

-Dr. Castiel: said that a lot of the local community health centers are trying to step up and offer programs. Spectrum Health goes into the community and provide methadone, so they are trying to fill the gaps. UMASS has changed some of the programs that providers offers so when patients come in, they have more options. So, lots of things are coming in to play.

-Ms. Anthes: said it's great they are coming up with alternatives to the services CHL offered.

-Dr. Tran: said we have two things that need to go back on our agenda. Tobacco discussion and vote on the new regulations.

-Ms. Anthes: said we have not done a hearing yet.

-Dr. Tran: said we need to talk about the hearing. There are a couple things we can do a mid-August meeting and then zoom September. The other option is to just go with September. The second option will give us more time to read amendment, which was sent to us. And then we will advertise the September meeting which will have an open hearing with representative from tobacco and our staff. We can review, discuss, and vote on it during September meeting.

-Ms. Anthes: asked if they could send the amendment again because it can be hard to find in her email.

-Mr. Dennis: asked if we still will have public hearing as well. Business that are in support of amendment will be invited by our tobacco specialist Cherry Tangri. We would like to provide an opportunity to discuss how these regulations will help prevent tobacco consumption.

-Dr. Tran: said we will resend but that we should also post on our website.

-Mr. Dennis: said that it will be posted on the website.

-Dr. Tran: asked the boards thoughts on September meeting for open forum and vote.

-Ms. Allen agreed.

-Ms. Anthes: asked about logistics of in-person hearing and if the space is big enough.

-Mr. Dennis: said that we will provide a platform for folks to come and testify. Also because of the space if folks are not comfortable, we will offer other options. I will get your preferences for folks to come and testify.

-Dr. Tran: thinks that is it for everything major that needs to be discussed. Does anyone feel strongly that we need to have a meeting two weeks from now?

-Ms. Allen and Ms. Anthes say no to needing a meeting in two weeks.

-Dr. Tran said she would like to chat with Gary Rosen so she will send him an email tonight to make sure all board members are okay with this decision. So, we will hold on for confirmation of it until all 4 of us have approved.

-Ms. Anthes: said the best date will probably be 9/11

-Dr. Tran: said 9/11 will be tentative date

-Dr. Tran: asked if there are any issues the September meeting that haven't been discussed.

-Ms. Allen: is wondering about affordable housing Worcester given all of the new developments that are cropping up.

-Ms. Anthes: said maybe we could ask about more information on homelessness in general (mental health) especially in terms of how summers are on what we are seeing in the winter because that's often been an issue. I would also be interested in knowing where we are now in the city in terms of the encampments.

-Dr. Tran: said we should have data available on homelessness. She asks Dr. Castile if she will update us on CHL issue. And make the homelessness and affordable housing topic its own thing.

-Dr. Hirsh: discussed a mayor event to benefit the homeless that is unable to be transcribed due to audio quality.

-Dr. Tran: made a motion to end the meeting and Ms. Allen seconds the motion.

Adjourn