



**CITY OF WORCESTER, MASSACHUSETTS**  
**Department of Health & Human Services**  
**Division of Public Health**

Matilde Castiel, MD  
Health & Human Services  
Commissioner

Karyn E. Clark  
Public Health  
Director

**DATE:** November 6, 2017  
**RE:** WORCESTER BOARD OF HEALTH MEETING MINUTES  
**START TIME:** 6:30 PM  
**LOCATION:** WORCESTER DIVISION OF PUBLIC HEALTH  
25 MEADE STREET, CONFERENCE ROOM 109  
WORCESTER, MA 01610

**Welcome & Introductions:**

Meeting was called to order at 6:41pm.

Members present: David Fort, Chair, Edith Claros, PhD, Vice Chair, Jerry Gurwitz, MD, and Abigail Averbach. Absent: Joanne Calista WDPH Staff: Michael Hirsh, MD, Medical Director, Matilde Castiel, MD, Commissioner of Health and Human Services, Colleen Bolen, Deputy Director of Public Health and Michele Williams, Principal Clerk.

**Approval of the October 2, 2017 Minutes:**

Motion to approve the WBOH meeting minutes of October 2, 2017 made by Edith Claros, PhD, Vice Chair, Second – Jerry Gurwitz, MD. Approved

**Review and act on discussion to continue prioritizing BOH priority policy items:**

Colleen Bolen, Deputy Director of PH: Looking at the top priorities, we're trying to see how they connect to the CHIP strategies that have already been identified and how the Board can work to move some of these priorities forward.

David Fort, Chair: The BOH wants to inform people what kind of help is out there. How can we make a difference?

Matilde Castiel, MD, Commissioner of HHS: My concern is getting physicians suboxone trained so that they are certified. 3% of physicians are certified. It's a tougher cliental, they demand more time. When someone gets discharged from either a detox center or jail, the cycle repeats itself. We need to figure out how to build a support system for those individuals. I believe that an individual that has lived and experienced these issues can help those individuals who are trying to recover from substance abuse.



Colleen Bolen, Deputy Director of PH: If you look at the CHIP alignment under Substance Abuse 2.3.4 as a strategy, "Increase the use of recovery coaches to provide treatment options to overdose survivors", has already been noted as a potential collaboration with the local BOH to provide support through recommendations and position statement.

Edith Claros, PhD, Vice Chair: If we go with that position statement would it entail the drafting of the language and then we officially support that statement?

Abigail Averbach: I believe the position statement is the option that we have. As a Board we could perhaps make a recommendation to set a goal to increase physicians in Worcester to be trained for suboxone.

Matilde Castiel, MD, Commissioner of HHS: A Recovery Coach is someone that has gone through recovery; they get training, which is a 10 day course, go out and help a client. UMass Psychiatry Department has a grant that provides the Recovery Coaches.

David Fort, Chair: What about individuals who want to volunteer? Could we set a goal, as a Board, asking if anyone is interested in helping these individuals join a recovery program?

Matilde Castiel, MD, Commissioner of HHS: For an individual to work in a hospital, you need to be trained. When an individual is in the ER and is going to be discharged, how does that Recovery Coach work with that person to make sure when he/she goes home someone is there to help them. How do we get them connected for a job and housing? All those pieces would be nice to have Recovery Coaches to guide them.

David Fort, Chair: It would be helpful if we had individuals that handed out resource directory cards. If you look at the CHIP alignment under Substance Abuse 2.3.1 strategy, "Increase education around naloxone availability through public service announcements ". It would make sense to add it into the position statement.

Jerry Gurwitz,, MD: If we had the budget to allow us to make decisions, or an in-kind service, it could allot the resources to link this issue. Without that linkage it's just too abstract. I'm wondering what we could do?

Colleen Bolen, Deputy Director of PH: As this is a strategy within the CHIP, there is movement in the community around the CHIP to move this forward. This would be where the Board would endorse this strategy and help the community and coalition move this forward for the CHIP.

Abigail Averbach: Maybe we could make a recommendation back to the department to find out if there are models that engage volunteers in the community. That could somehow be another way to get the job done. Then we could have an endorsement around the best practice that engages volunteers who may not have training or experience.

Colleen Bolen, Deputy Director of PH: At the next upcoming meeting, we could make this an agenda item to learn more and dig deeper into the strategies where the progress has been made thus far in the community with this strategy.

Abigail Averbach: What we want to know on the recovery coach strategy is what impact we have by providing some statement that will help support a physician. So much progress has been made. It's been a couple of years since we made a presentation to the City Council. Now we're working to get them certified. This is all chipping down at what the barriers were for Recovery Coaches. What barriers still exist? What can we do as a Board in the position statement?

Matilde Castiel, MD, Commissioner of HHS: When you have a Recovery Coach, you're also giving someone with lived experience a job. They would help these individuals that are suffering from the same addiction get into treatment. Without a grant, the hospitals will not hire.

Jerry Gurwitz,, MD: Two things I would like to see are: 1.) the evidence, 2.) that a grant has been applied for that we would be endorsing to help get the grant.

Abigail Averbach: I have been thinking about the opioid crisis, more drugs on our streets, legalization of marijuana and gambling. Looking at item 2.4.3, regarding substance abuse, "increase social-emotional learning curricular for youth", can you explain what that means?

Colleen Bolen, Deputy Director of PH: Social emotional learning programs for children have shown promise and supporting positive mental health and positive health behavior, potentially interrupting the pattern of some drug seeking behaviors in youths. The lead agencies in this case are WDPH along with the Regional Response to Addiction Partnership and Recreation Worcester. Number of programs using social-emotional learning curriculum for youth and the number of youth engaged in those programs.

Matilde Castiel, MD, Commissioner of HHS: The Youth Department and Worcester Public Schools have implemented the social-emotional learning. They have taken leadership in adverse childhood experiences, how they affect the likely hood of any addiction and how to prevent it. That is already taking place with pilot programs with the Health Foundation, which have four elementary schools and one middle school. The project is called Worcester Hears. They have councilors going into the homes to figure out if any of those adverse childhood experiences are there and how they deal with it. The Youth Violence Task Force looks at this also because of particular youths at risk and how to deal with those issues.

Abigail Averbach: We could write a letter of support for a grant.

David Fort, Chair: I would like the Board to put something impactful out to the community.

Michael Hirsh, MD, Medical Director: The City of Worcester in collaboration with the DPH, Police Dept., Medical Society and UMass has been running a gun buyback program since 2002. Unsecured weapon in the home is a public health issue. We have a consortium on Saturday, December 16<sup>th</sup>, at the Worcester Police Department (9am – 3pm) and Unitarian Universalist Church of Worcester (12pm – 3pm).

Motion to adjourn meeting made by Abigail Averbach – Second by Edith Claros, PhD, Vice Chair  
**Adjourn: 7:57pm**

**Next Meeting**  
**December 4, 2017 at 6:30pm**