



CITY OF WORCESTER

BOARD OF COMMISSIONERS OF THE TRUST FUNDS

Room 203 City Hall
Worcester, Massachusetts 01608

AGENDA

BOARD OF THE COMMISSION OF THE TRUST FUND MEETING Of September 25, 2019

Esther Howland, CITY HALL

4:30 P.M.

- 1) Roll call**
- 2) Acceptance of Minutes of previous meeting of May 29, 2019**
- 3) New Items of Business**
 - a) Funding request #092501 from City Manager Edward Augustus, Jr. from the Stoddard Fund in the amount of \$500.00 to provide coats for needy children**
 - b) Funding request #092502 from City Manager Edward F. Augustus, Jr. from the Francis Dewey Trust Fund in the amount of \$500.00 to provide food for the needy**
 - c) Funding request #092503 from Dr. Mathilde Castiel, Health and Human Services Director in the amount of \$100,000.00 from the George Knight Fund to partially fund a mobile addiction services van**
 - d) Pilot program report from the Community Harvest Project**
 - e) Quarterly review from Bartholomew and Company**

**TRUST FUND
APPROPRIATION REQUEST**

Name of Trust:
F.M.S. Account No: **STODDARD TRUST FUND**

Amount of Request: **\$500.00**

Purpose of Request: **SEE ATTACHED**
 Please attach summation of criteria in memo form

Requesting Department: **CITY MANAGER'S OFFICE**

Department Head: *[Signature]*
 **By my signature I confirm adherence to the covenants
 of the Trust**

TREASURER'S USE ONLY

The following request adheres to the covenant of the Trust.

Sandra J. Flynn
City Treasurer

TRUST FUND COMMISSION USE ONLY

Approval: _____

Date: _____

The Commission reserves the right to request additional information and supporting documentation if deemed necessary

Revised 6-13-12.

Edward M. Augustus, Jr.
City Manager



CITY OF WORCESTER

August 28, 2019

TO: Stoddard Trust Fund
FROM: Edward M. Augustus, Jr., City Manager
RE: Trust Fund Appropriation Request

As in the past, we are requesting an appropriation of funds from the Stoddard Trust Fund, which was set up to provide coats or other appropriate items for needy children in Worcester through the Worcester Educational Development Foundation, in the amount of Five Hundred Dollars (\$500.00).

Thank you for your consideration.



**TRUST FUND
APPROPRIATION REQUEST**

Name of Trust:

F.M.S. Account No: **FRANCIS DEWEY TRUST FUND**

Amount of Request: **\$500.00**

Purpose of Request: **SEE ATTACHED**
Please attach summation of criteria in memo form

Requesting Department: **CITY MANAGER'S OFFICE**

Department Head:



**By my signature I confirm adherence to the covenants
of the Trust**

TREASURER'S USE ONLY

The following request adheres to the covenant of the Trust.

Sandra J. Flynn
City Treasurer

TRUST FUND COMMISSION USE ONLY

Approval:

Date:

**The Commission reserves the right to request additional information and
supporting documentation if deemed necessary**

Revised 6-13-12.

Edward M. Augustus, Jr.
City Manager



CITY OF WORCESTER

August 28, 2019

TO: Francis Dewey Trust Fund
FROM: Edward M. Augustus, Jr., City Manager
RE: Trust Fund Appropriation Request

We are requesting an appropriation of funds from the Francis Dewey Trust Fund in the amount of Five Hundred Dollars (\$500.00) to provide food for distribution to the needy in Worcester through the Friendly House.

Thank you for your consideration.



**TRUST FUND
APPROPRIATION REQUEST**

Name of Trust: George Knight Fund
F.M.S. Account No:

Amount of Request: \$100,000.00

Purpose of Request: To partially fund the purchase of a mobile addiction services van delivering medically assisted treatment, narcan, and primary care services to marginalized members of the Worcester community at highest risk of overdose

Please attach summation of criteria in memo form

Requesting Department: Worcester Department of Health & Human Services

Department Head: *Maricle Robert MD*

**By my signature I confirm adherence to the covenants
of the Trust**

TREASURER'S USE ONLY

The following request adheres to the covenant of the Trust.

Sandra J. Flynn
City Treasurer

TRUST FUND COMMISSION USE ONLY

Approval: _____

Date: _____

The Commission reserves the right to request additional information and supporting documentation if deemed necessary

Revised 6-13-12.

Edward M. Augustus, Jr.
City Manager



CITY OF WORCESTER

Matilde Castiel, M.D.
Commissioner

Worcester Mobile Addiction Services Program Proposal

Abstract

The number of overdose deaths among Worcester residents has increased by 21% from 2016 to 2018. In order to combat this opioid epidemic locally, it is pivotal to engage marginalized individuals at high risk of overdose in medical care centered on harm reduction principals. The Worcester Department of Health and Human Services is requesting \$100,000 to assist in purchasing a specialized vehicle to deliver harm reduction, addiction, and primary care services to areas of the city with the highest rates of overdoses. This mobile addiction services program will meet marginalized individuals in need of addiction, housing, and mental health services where they are at in the hope of preventing overdoses, complications from drug use, and death. Providing these individuals with compassionate, non-judgmental, and convenient medical care will create a stigma-free environment for them to address addiction and pursue treatment.

Statement of Need

The Centers for Disease Control (CDC) estimates that an average of 115 Americans die from an opioid-related overdose every day. Recent data from the Massachusetts Department of Public Health (MDPH) suggests that there was a 4% decrease in opioid-related overdose deaths in the state from 2016 to 2018. However, Worcester is not experiencing the same downward trend in overdose deaths as the state. In fact, data from MDPH shows that Worcester overdose deaths have *increased* by 21% among Worcester residents from 2016 to 2018. Clearly, it remains important for the city to continue to fight the opioid epidemic, especially among some of the most marginalized and hardest hit populations. This includes homeless individuals, who are at a 16-30 times increased risk of overdose death, and individuals with a history of incarceration, who are a 120 times increased risk of overdose death. Engaging the most marginalized individuals with the highest rates of overdoses in treatment and medical care will have an immediate impact in reducing overdose deaths. The Worcester Department of Health and Human Services (WHHS) seeks to do this by delivering harm reduction, addiction, and primary care services via a medically-outfitted van to areas of Worcester with the highest rates of overdoses.

Rationale

There is an emerging evidence base for mobile medical outreach models. Mobile models in New York City, Baltimore, Amsterdam, and Vancouver effectively reached high-risk, marginalized injection drug-using populations and provided them with a safe, trusting place to receive medical care and receive harm reduction supplies^{1,2,3,4,5}. In particular, the Baltimore study found that

¹ Buning, Ernst C., Giel HA van Brussel, and Gerrit van Santen. "The 'methadone by bus' project in Amsterdam." *British Journal of Addiction* 85.10 (1990): 1247-1250.

² Greenfield, Lawrence, et al. "Patient retention in mobile and fixed-site methadone maintenance treatment." *Drug and Alcohol Dependence* 42.2 (1996): 125-131.

³ Rosenblum, Andrew, et al. "Medical outreach to homeless substance users in New York City: preliminary results." *Substance use & misuse* 37.8-10 (2002): 1269-1273.

mobile addiction service recipients were retained on medically assisted treatment longer than fixed-site patients and the New York City study found that mobile addiction service recipients were less likely to use the emergency department, both promising outcomes. The Kraft Center for Community Health recently completed an evaluation of *CareZONE*, a mobile addiction and primary care services van delivering services to overdose hotspots in Boston. From January 2018 to March 2019, clinicians staffing the *CareZONE* van had 564 patient encounters, of which 70% were follow-up visits. *CareZONE* clinicians have also provided 316 suboxone prescriptions to patients, of which 78% are prescription refills. This is an extremely promising statistic pointing to the importance of such mobile services in both engaging and retaining populations at high risk of overdose in treatment. As of January 2019, several other states, counties, and cities in addition to Boston have started their own mobile addiction services programming. This includes West Haven, Connecticut, Nassau County, New York, San Francisco, California, and Maryland.

Program Description

WHHS seeks to create its own mobile addiction services program. This specialized vehicle will deliver harm reduction, addiction, and primary care services to areas of Worcester with high rates of overdoses. This will provide individuals with important wraparound services as well as address the upstream social determinants of health directly, such as housing, exposure to trauma, and lack of social supports.

WHHS, in partnership with UMass Memorial Hospital, will purchase a vehicle and will have it medically retrofitted. The vehicle will be licensed through UMass Memorial Hospital as a satellite clinic and will be equipped to provide medical examinations and deliver primary care services such as immunizations, screening for sexually transmitted infections (STIs), wound care for skin infections, and suboxone prescribing. The vehicle will park in overdose hotspots in the city five days a week for five to six hours each day.

WHHS is partnering with APW to deliver harm reduction services and STI screening for patients. APW will staff the vehicle and perform critical outreach to patients who recently overdosed, distribute naloxone kits, and carry out mobile needle exchange. APW is the perfect partner for this program given their decades-long experience of education, advocacy, and service provision for marginalized individuals, including injection drug users, in Worcester. WHHS will also partner with Spectrum Health Systems and UMass Memorial Hospital to staff the vehicle with suboxone-waivered physicians and nurse practitioners. These clinicians will be able to perform medical exams as well as provide important prescriptions to patients, including medically assisted treatment for opioid use disorder.

The City of Worcester's Quality of Life team, Homeless Projects Manager, and Recovery Coach will also staff the van to provide necessary homeless outreach services to clients with the goal of housing them and connecting them to addiction treatment. Worcester has the critical

⁴ Janssen, Patricia A., et al. "Peer support using a mobile access van promotes safety and harm reduction strategies among sex trade workers in Vancouver's Downtown Eastside." *Journal of urban health* 86.5 (2009): 804-809.

⁵ Hall, Gerod, et al. "Mobile opioid agonist treatment and public funding expands treatment for disenfranchised opioid-dependent individuals." *Journal of substance abuse treatment* 46.4 (2014): 511-515.

infrastructure in place to effectively staff the mobile addiction services program. Building on existing resources is important to the sustainability of the proposed program.

Goals & Objectives

The goal of the Worcester Mobile Addiction Services Program is to engage and retain marginalized populations, such as homeless individuals, not otherwise accessing medical care into treatment for opioid use disorder.

The main objectives include:

1. Employing harm reduction strategies, such as needle exchange and Narcan distribution, to reduce overdoses, infections, and death.
2. Meeting patients where they are at and offering medically assisted treatment on-site or referrals to methadone and/or detox.
3. Provide a safe and non-judgmental environment for patients to receive medical care that ensures patients return for follow-up care and are retained in addiction treatment.

Evaluation

WHHS will monitor and evaluate the outcomes of the mobile addiction services program. This will be done by using a database to track patient progress, engagement, and safety. Currently, the department tracks short-term, mid-term, and long-term outcomes of its recovery coach and homeless outreach programs using the REDCap database. Short-term and mid-term outcomes of interest include patient engagement and safety. Indicators of patient engagement and safety include the number of patient contacts, the number of used syringes collected and the number of clean syringes distributed, and the number of naloxone kits distributed. Mid-term to long-term outcomes of interest include retention in medically assisted treatment, effective management of addiction, improved quality of life, and decreased overdose deaths. Indicators for such outcomes of interest include the number of participants are prescribed medically assisted treatment, the percent of patients returning for refill prescriptions, and the number of patients housed. WHHS will produce quarterly reports to track program outcomes and will make changes as necessary based on these results.

Budget

Below is a budget to purchase and outfit a vehicle and run programming for 4 sessions a week for 4 hours at a time for a year.

Expense	Amount	Description
Van and medical build	\$256,000	Retrofitted to provide basic healthcare services. Includes purchase and all required road readiness costs. Medical retrofitting includes exam chair, refrigerators, storage compartments, etc.

Housekeeping	\$2,500	
Medical Equipment	\$3,000	Gloves, STI tests, vaccines, sharps boxes, bandages, gauze, etc.
Harm Reduction Supplies	\$5,200	Needles, wound care kits, bleach kits, etc.
Gas/Maintenance & Upkeep	\$4,200	
Insurance	\$22,191	
Food for patients	\$6,000	Food for patients who are being seen as a way to relationship-build
Legal fees	\$15,000	Fees necessary to establish and license a satellite clinic
Staffing	In-Kind	All staff for this van are able to incorporate van outreach as part of their current roles at their respective organizations.
TOTAL COSE	\$314,091	

Conclusion

WHHS is seeking \$100,000 to support a mobile addiction services program. The goal of this program is to provide non-judgmental and compassionate addiction and primary care services to marginalized members of the Worcester community who are otherwise not accessing the medical system and are at highest risk of overdose. WHHS has already established partnerships with UMass Memorial Hospital, AIDS Project Worcester, Spectrum Health Systems, and the City's Quality of Life Task Force to staff the mobile addiction services program and is only in need of a medically-outfitted vehicle to complete the vision of the program. Based on previous mobile addiction program's successes, such as Boston's *CareZONE* model, we strongly believe that a similar model would greatly benefit the Worcester community and reduce overdose deaths in the city.



July 25th, 2019

Worcester City Hall
Attn: Worcester Trust Funds Commission
455 Main St
Worcester, MA 01608

Dear Trust Funds Commission,

When the Commission provided funding for the first year of CRAVE (ClassRoom Agriculture and Vegetable Education) at South High Community School, a report of the program was requested after the pilot year was completed. You will find this report enclosed, and please do not hesitate to reach out with additional questions. I can be reached at tori@community-harvest.org

Thank you for supporting our education programs that give children vital opportunities to develop healthy eating habits. Your contribution made it possible to launch this program, which now has received support and partial funding for the next three years through College of the Holy Cross.

Sincerely,

Tori Buerschaper
Education Manager



CRAVE Year 1 Pilot Report

Program Summary

CRAVE (ClassRoom Agriculture and Vegetable Education) is a program piloted in the 2018-19 school year led by Community Harvest Project (CHP) at South High Community School. 125 freshmen participated in eight monthly 40-minute (one period) classroom lessons that focused on basic nutrition, the psychology of eating, and tasting new foods. Students also took a fall field trip to CHP's Grafton farm, where they participated in a morning of volunteer farming. 310 pounds of produce from our farm was distributed through the school's food pantry to 30 families.

Challenge Being Addressed

Food insecurity is a widespread, but often invisible, issue in our state. In Massachusetts, 1 in 10 people experience hunger (Feeding America), and in our home county of Worcester, over 81,000 residents, or approximately 11% of our neighbors, utilize emergency hunger relief services such as food pantries, community meal sites, and other feeding programs (Worcester County Food Bank). Devastatingly, 1 in 8 of those food insecure individuals are youth under the age of 18 (Worcester County Food Bank).

Healthful eating is a learned practice, dependent upon repeat exposure to healthy food and healthy eating habits in a positively reinforcing environment. Food insecure youth and teens are less likely to have exposure to these foods and habits, and taste is the most important determinant in fruit and vegetable consumption.

This lack of exposure sets youth up for a lifetime of poor eating habits based on their personal preferences, and the negative health consequences associated with them. Even if they do gain more access to fruits and vegetables, little good is done if they don't want to eat them. Specifically, adolescence is a time when these preferences become particularly pronounced, because teens are developing higher levels of autonomy in their food choices. This makes adolescence/high school an ideal time for our program.

Population

The population we are worked with is freshman students at South High Community School in Worcester. These students are a very diverse group: 42% of the students are Hispanic, 23% are white, 17% are Black, 15% are Asian, and 3% are two or more races. Nearly 57% of the students at the school are considered economically disadvantaged. The freshman class is divided into three academies based on student ability and need. We worked with the middle ability students: the ESG Academy. These students do not have significant behavioral or developmental issues, but are also not the highest achieving students.

Curriculum and Lessons

Our approach is supported by thorough research of existing education programs and academic papers on both education and food psychology. Our program emphasizes the fact that taste is the most important determinant in fruit and vegetable consumption (Blanchette 2005) and that produce consumption is not raised by greater knowledge of its health alone, but through increased exposure to fruits and vegetables coupled with a positive environment of trying (Birch 2005). This is why the program begins with a lesson on learning to eat and why each lesson incorporates a tasting. Students are never reprimanded for not liking a food and always thanked for trying it.

37 Wheeler Road
North Grafton, MA 01536
www.community-harvest.org

The lessons and our ability to provide fresh produce to the school's food pantry combine education with increased access, giving students both the tools and opportunities to incorporate healthy eating changes at home.

Lesson 1 - Learning to Eat

- What determines the food we like?
- The importance of tasting: tasting is a learned practice, and foods must be tried multiple times before we can learn to like them.
- Tasting: 3 kinds of apples

Lesson 2 - MyPlate

- First survey administered
- What is MyPlate?
- Students learned about traditional Native American foods and sorted them into MyPlate categories
- Tasting: Butternut squash soup

Lesson 3 - Food Journal

- Students filled out food journals
- Tasting: Popcorn bar (Students flavored popcorn with spice mixture they made like taco, pizza, and buffalo.

Lesson 4 - Whole grains

- What are whole grains?
- What is fiber?
- Tasting: Different whole grains

Lesson 5 - Rethink your drink (sugar)

- Why is sugar bad for us?
- What is the difference between sugar in fruit and sugar in candy?
- How can we reduce sugar in our diets?
- Students were given cans and bottles from various sodas, energy drinks, sports drinks, and juices and then calculated the sugar content
- Tasting: Seltzer that the students flavored themselves with cut fruit and herbs

Lesson 6 - Protein

- What is protein?
- Definition of lean proteins and complete proteins
- Tasting: complete protein tasting - black bean dip and white bean dip paired with corn tortilla chips and multi-grain pita chips

Lesson 7 - Good fats vs bad fats

- LDL vs HDL cholesterol
- Cholesterol in plant foods vs animal foods
- Fat Jeopardy
- Tasting: Slaw made with oil in the dressing (unsaturated fat)

Lesson 8 - Food Guidelines Comparison

- Final survey administered
- Diet guideline comparison (US vs Brazil) – students compared and contrasted two different takes on national nutrition standards
- Tasting: Energy balls made with nut butter, chocolate chips, dates, oats, and salt

Results

After just one year, we've seen students become more knowledgeable about healthy food, and more willing to try new foods. The students were administered a survey with questions on their familiarity with different vegetables and nutrition concepts, their confidence in their knowledge, their willingness to try new foods, and their vegetable consumption habits. They could identify more vegetables and had eaten more varieties. For instance, in the fall only 32% of students had tried butternut squash, 64% had tried celery, 10% had tried leeks, and 40% had tried zucchini. In the spring 46% had tried butternut squash, 72% had tried celery, 19% had tried leeks, and 45% had tried zucchini. Some of these were vegetables we tasted in class, but some were not. Teachers noticed the students discussing food more often. One said, "I noticed students were more knowledgeable about the different foods available and how their bodies used those foods when they talked about the lessons." Another noted, "After the lesson students were overheard discussing their lunch options using the new info they received."

Olga Papadopoulos, South High Community School's Vice Principal, was very pleased with the pilot program and is excited for it to continue. She said "The CRAVE program at South High Community School has had a profound impact on our students. The population of students we serve include many students who have been identified as high-risk, they are low-income (poverty level) and many have socio-emotional challenges. Although each student is provided a healthy free lunch and free breakfast daily, many of them do not have the means to buy fresh produce. Also, they don't fully understand the effect food has on their learning. The program has been influential in teaching students that food truly does fuel your body. The lessons created and delivered by Tori were engaging and hands on."

Next Steps

Stage two of the program is to educate two grades simultaneously (freshman and sophomore students) in the 2019-20 school year. Freshmen will replicate our pilot year programming, due to the positive feedback we received. 40 sophomore students who participated in the freshman program will spend a year learning about food and the media, and completing a unique project to help educate their peers and dispel food myths. Stage three is to launch a leadership program where five students who have participated in the previous two years of the program will be eligible to apply for paid positions where they are trained to lead nutrition and gardening lessons with students at Sullivan Middle School (which is next to South High). Once all three stages have been launched, all three parts of the program will operate simultaneously and continuously.

CHP is preparing to run stage two of CRAVE in partnership with College of the Holy Cross, who is providing partial funding for the next three years. Holy Cross research students will assist with implementation and evaluation.

Our approach implements a solution at the population level by engaging students monthly across three academic years which, in combination with the offerings of fresh produce at the school pantry, paid leadership opportunities in nutrition education, and the school garden, has the potential to create a culture of positive peer influence around health eating within the school. For these students, who already have to make many decisions for themselves outside of school, these changes have great potential to reach their home lives, too.

Based on our first year of programming, we expect that we will continue to see the same increased nutrition knowledge and willingness to try new vegetables in our first year students over the next two years. We expect that sophomore students will have a full-grasp of marketing tactics that food companies use and the influences (positive and negative) of food media, so they can make more informed decisions about their diets. They will also successfully complete a project or campaign to educate another population at the school on healthy eating. After the junior program we expect that junior students will be able to teach the basics of what they've learned to middle school students, who will gain a better grasp of where their food comes from and the growing process.