

BOARD OF HEALTH MINUTES
TOWN BUILDING
Oct 24, 2022

Minutes taken in December 2022 by Academic Public Health Corps member Cora Cunningham.

The meeting was called to order at 6:30 p.m. Present in person were Dr. Robert Eyre (RE), Dr. John Schuler (JS), Julia Junghanns (JJ), and Michele Fronk Schuckel (MS). Via Zoom was Dr. Arnold Soslow (AS).

JS: Roll Call: RE - Yes, JS - Yes, AS - Yes

6:30 p.m. Public Comments

No Public Comment

6:30 p.m. Introduction of New Public Health Nurse, Michelle Fronk Schuckel

JS: Introduction of ourselves to her and her to us. Are you finding things challenging? MS: Yes. JS: What were you doing before? MS: Public Health in Weston. JS: Are your requests/requirements larger here? MS: No. Only difference is the schools. RE: Sounds like you organized a lot of the document that was part of the agenda. MS: Unrelated to future changes, needed to do an assessment of what resources were available and move two people from job share positions to part-time positions. Only change is that they are eligible for full benefits. Unclear if anyone will take up that offer. This allows coverage at the Middle school and Claypit, where they will have two nurses every school day. RE: The document was very well done. JS: That may change because school department may be requesting nurses be moved to be under the school department. JJ: They wouldn't be returned, they have always been under BoH through an MOU. Parmenter was a contracted service. When nurses were brought on board by town as hired staff, they were underneath Health department/BoH via a memorandum of understanding with school committee. JS: That may change. RE: Would you be upset if they made that change? JJ: We haven't talked to the school committee. They are talking about it on Wednesday. We had meeting last week with interim Town Manager and Superintendent. Interim Nurse Leader, our Public Health Nurse was there along with Business Manager and Assistant Superintendent. RE: Why are they asking for this change now? JJ: I can tell you what probably brought this about. It's probably the negotiations and the contract with the union. JJ: The union that covers a lot of staff in town building including nurses. The town did a compensation study and the Community Health Nurses were not included because the structure here is much different than how most schools are set up. This topic is not on the agenda. MS: We would have done the reassessment and resource evaluation anyway. No matter who pays the bill, the nurses are in the school and are a really dedicated, creative set who are all relatively young in school nursing works although many of them hold other jobs. Don't feel like there's any question of their abilities, but maybe of communication. Presently, Heather Yates has been school nurse leader and together figuring out where additional support can be provided. Also trying to dig into a lot of policy work. Keep going with required things we need to do like preventing disease and screening. Kids social-emotional needs are higher than they have been. A lot of reports of nebulous symptoms that are stress related. Case-management units for kids consisting of full team meetings. JS: In some ways may be beneficial because it's all in the same department. MS: Didn't hear any detail about why this was going forward. JJ: Reason why this came about was because of salary inequity for nurses. In union, this came up because of compensation study.

There are other members not in town building but in DPW it's a mixed group, but nurses are also under that union contract. Problem is that the town could never provide compensation study data analysis for the community health nurse positions and because of that, at the end of negotiations, the town recognized the salary issue and they needed to figure out how to address that. This seemed to be a solution that was thought through by Town Manager and Superintendent. Feel that salaries could be adjusted properly and in the appropriate union on the school side, they would need to be DESE certified. JS: I hope the intentions were good. JJ: That's what we would hope for. We would be supporting nurses through other meetings that we have and try to figure out a plan to make sure they are in a good union. JS: If they were transferred under school committee, would we still be responsible for helping them? MS: That remains up for discussion. Raised that at meeting last week. Principal would be head of that even though they have no nursing background. I would advocate for continued relationship and a closer-knit connections about resources, education, community health, and communicable disease from this department. JJ: We would like to see that, to help new nurses build training. MS: COVID has shown us that a disease or ill-state is not isolated to one area. JS: Wish you all the luck in the world. RE: I think there needs to be some support and guidance from BOH for nurses. JS: I hope school department is willing to accommodate them. MS: Everyone has best interest of whole community at heart. JJ: I would think so. Superintendent did say he supports nursing, and he would continue to do so.

6:45 p.m. Michele Schuckel, PHN Update

MS: Couldn't make first meeting in September. Trying to build partnerships. Met with COA a couple of times and has met with nursing homes and has been trying to build relationships with them. COVID cases rising, and guidelines keep changing for them. Keeping up with testing guidance. They've gone to CDC guidance, now shifting to testing every 2-days until 14 days free of COVID in facility. Introduced themselves to preschools and is trying to put forward to campaign. Being prepared for measures by providing tests in lobby, at COA, and 24/7 at public safety building. QR codes and phone numbers for accessing treatment for anyone diagnosed. RE: Are the numbers in the schools trending up or down? MS: Quiet. RE: Last meeting they were high in elementary. MS: Only a handful. Masks and tests are going. Wastewater data is trending down. Watching closely on what's happening in Europe. Keeping an eye on new variants. Trying to hit anyone willing to get vaccinated against COVID or flu.

6:47 p.m. LS Update

JS: Read your overall report that was sent earlier. Any comments? LS: Can give a bit of an update on HRS and how we're managing it. There have been some changes administratively. Happy to answer questions. It's been difficult time in terms of mental health landscape. Doing everything we can at HRS. We've had a couple of additional difficulties not unlike many industries - lost 25% of clinical staff last year, which was very unprecedented. The staff departures occurred for a variety of reasons. Mark Kline detailed last year that he left for personal reasons as executive director. Some may remember Rob Evans who was long time executive director. Lots of change in terms of leadership. Stepped into interim role when Mark left. Last year decided with board to find new executive director, hired someone but didn't work out. Resumed interim position again. Really grateful for longstanding relationship with schools. Feels like has really great relationship with Wayland and Wayland has also experienced some tragic losses at elementary level. History of relationships and funding provided by BOH persists despite administrative difficulties. At high level, town numbers were down from year before fairly substantially which is in part related to clinical staff capacity being down. Referral process through COVID has not

been as steady in schools compared to what we're seeing now. Students and administrative staff started more typical school year this fall. Did a lot of emergency psychiatric evaluations in Wayland last year and assisted with some crisis situations around student loss at elementary level last year and this fall. Looking on hiring this fall, just hired full-time clinical social worker. Large training program each year where they bring in 4th year doctoral students and post-graduate fellows. The robust size will help because it is a feeder into licensed clinical staff. School consultation programs have remained fully staffed. Staff psychiatrist does emergency evaluations. JS: How have the past two or three years gone in terms of patient numbers or hours worked? LS: In terms of patient numbers, do you mean volume of visits? JS: More patients every year? Differences significant? LS: We were down about 20% in visits in last fiscal year. There are a couple reasons for that: down in terms of clinical staff, during height of pandemic, we found an incredible volume of visits because people were home and since we pivoted to telehealth, no one was taking any vacation. Usually see a huge dip in visits during summer or school vacations but during that year they remained consistent. Since then, people have resumed life, so numbers have gone down. Staff are continuing with cases they have. JS: What are the ways in which you quantitate your work? LS: In terms of service to town of Wayland, those are clinical visits provided to Wayland residents. That number is down from the year prior. Majority of those are clients who were also clients a year prior. Some portion is new patients. Overall number is down but that is not necessarily to only our clinical capacity being down. We have no control of overflow of intakes from towns. Number of residents calling year to year affects total number of visits. Number of clinical visits and number of hours provided is down, number of psychiatric evaluations is up overall. School consultations are stable. JS: Before epidemic, are these numbers all much higher than before? LS: Numbers have consistently gone up. Being down this past year is directly related to clinical staff being down. Telehealth was difficult. Overall, during time at HRS, numbers have gone up, which matches overall demand. RE: Are you referring to clinicians outside of HRS? LS: Yes, we have a referral list. Everyone on referral list has been vetted by someone at HRS. Intake team consists of senior level of clinicians which is rare for small agency. If we have hours available and want to apply for reduced fee treatment, will take information about the case and take it to weekly in-case meeting and we do best to assign the case. Valuable feature of this service is that clinician will tell any resident if they are referred out, "here are 3-5 names, call, and if you can't get an appointment, please do not hesitate to call or email me back and we will take another stab at it." Intake team will continue to hold case until they find a therapist. RE: If you refer externally, do you then monitor that? Are the numbers you generate including external providers? LS: No, it doesn't include visits to external providers. It includes the hours spent by the intake time in the triaging referral process but does not include counseling hours. Mean it when we say we're willing to stay with someone. In the pandemic, intake clinicians are getting called back two or three times to get a new name, difficult to find providers. JS: So, are you still anticipating significant numbers of new patients as we go forward this year? LS: Yes, we are open, signing new cases. Last week signed a couple of Wayland cases. I don't see the demand going down at all. All of us are going through or have gone through traumatic experiences and expectations are the same in school. Levels of anxiety and depression we are seeing in child and adolescents are pretty startling. At HRS we do short term work but especially when working with children and families it is often longer term. Response earlier this year to death of a Claypit student and offered any resident who called would be given health quickly. Many parents called about getting help or talking to children about this. Our staff offered to have a longer conversation with anyone affected by that tragedy and made sure we were giving immediate response. We know through experience and current research that that kind of immediate intervention can make all the difference. JS: Do you get most of your

referrals through the schools? LS: We do, though I think that if a family has had a good experience, they are eager to share with a friend. We do get most through our relationships with folks we consult through the schools. JS: Are most of these short term relationships or do they tend to carry on for much of the school year? LS: They tend to be longer term relationships because we do a lot of child and family work. If it's a young child, it's likely there's some portion of play therapy happening along with routine adjunct parent guidance so when those relationships are established early on, the treatment can tend to be longterm. But that isn't always the case because the demand continues to grow, have to talk to staff to pay attention when there's improvement in symptoms in order to consider frequency of visits and treatment plan. This could eventually open up a spot to somebody else. We are also trying to do more group offerings. Right now, we are seeking participation for clients in a social skills group at middle school level and shorter CBT-based model for kids and adolescents struggling with anxiety. Groups are a great way to provide help and support to more people. This can be difficult with schedules and getting enough participants at the same time. We had great success with parenting group in the spring. I'm hopeful we'll be able to see more residents given some of the group offerings. MS: How do you market those groups? LS: When someone is going to start a group, we make sure to tell the school consultation team first so they can tell they're consultees at their next meeting. We usually make sure to tell all the guidance counselors at whatever level is appropriate for the group. We are working on getting our current group offerings updated on our website for this fall. We have started an implementation of a new electronic health record system so we haven't yet posted our groups offerings on our webpage because we are waiting to see if there should be some linkage to the system. We typically send a flyer with the information and the contact information of the person who is going to be doing the vetting to the director of guidance or school psychologist if we have contact with that person and make sure that all the staff on the consultation team know about the offerings. Often, we tell people calling through intake looking for individual treatment if it makes sense if the group may be appropriate for that person certainly our intake team knows about current offerings and will share that option in addition or instead of individual treatment. MS: So most of the referrals are through like a first sort of net from the schools as opposed to self-referrals from the community? LS: To groups? MS: Either. LS: I would say there are plenty of residents who call who were not referred through the schools. For groups, I would say most of the groups we've run recently are targeting at kids, so those referrals most often come through the school. And also, the parenting support groups, parents of kids who are struggling with anxiety, most often come through guidance because they are the ones that know of a need on the parents for support. JS: Well, I've been on the board probably longer than anyone maybe except for Julia, and I've heard from your members who have joined in person or online like this that you have done the town significant service, particularly for our students who have issues and I think we're fortunate to have you available to us and I would look forward to us continuing the relationship in the future. I hope you are able to gain any additional manpower you need to continue your services. MS: I have a couple questions, but I can follow up with you online because I'm curious about a couple other things. I'm the public health nurse in Weston also so there's lots of cross-connections so I'm happy to meet you virtually. LS: Yes, nice to meet you as well and I'd be very happy to do that. I'm sorry that I had to be virtual this evening, but I'd be happy to meet in person or on Zoom. And happy to answer any other questions and thank you for your continued support of HRS it means a great deal. We're all very committed to the work that we do for the town of Wayland and all the towns that we serve, and we couldn't do it without your support, especially for those who can't afford our full fee and are under-insured or uninsured in the communities. We're very grateful to be able to say to anyone who calls that we're able to find you help regardless of your ability to pay,

that's central to our mission as an agency. JS: I think we're uniquely fortunate to have that sort of service in the town. LS: Please don't hesitate to reach out with questions and hopefully we'll connect soon. Thanks for having me this evening.

RE: How do people in the town even know about this service? JS: I think through the schools. RE: I can understand through the schools. JJ: That's the same question that I have. MS: It's all through the schools, I think. I'm not sure they have the capacity to take on more volume, but it does feel a little bit like it's hard for people who live here who don't have kids in schools, or whose kids go to school somewhere else, or are homeschooled, and don't have that first net or those kids would never self-reveal to the schools. RE: I looked at the numbers and did a little math today. I don't feel badly that they're behind \$7,000 when you look at the numbers. They are charging \$250 initial evaluation which would be \$90 an hour. My wife was a therapist for 40 years those are unheard of numbers. MS: Not anymore, they were for sure. MS: There's also an employee assistance program listed on their website. I see that there's 25 consulting hours to staff and I don't know if that's sort of individuals in the schools - like I have a question about how to teach this child with this diagnosis or if it's actual assistance, psychological services, for employers. And then employers of what, the town? The school? I'm not sure. RE: I didn't want to get into an extended explanation, but I wonder how they're dealing with the crisis in financing psychopharm, particularly for kids because you can't find enough psychopharmacologists. JS: I didn't know there was such a special dilemma. GA: Oh my gosh, yes. There are some people that's all they do. MS: Some just won't prescribe to kids. JS: Well, I don't think they'd ask for a change with their contract. JJ: We would have talk about that when we do our budget if they increase costs we would have to consider extra money if they ask for it through the contract but that doesn't happen until June. MS: As a data point, Weston gave \$25,000 a year and has for years and they increased to \$35,000 this year. JJ: It's a contract they have with the town so the procurement officer whose job is to handle their contracts. MS: I wonder if it's population-based and where that number came from. JS: I think Wayland has done alright as far as I'm concerned. They have good service overall. JJ: That is kind of why I had the same question that you did. How do we find out about HRS if you're not connected to the school somehow and you fall into a category where you need help and you need support. JS: Do they ever call you? Do the residents ever call you for referral advice? JJ: No. MS: I actually do get some. JS: You do? MS: Yeah. JS: So, you've gotten calls from residents here? MS: I've more had folks demonstrate anxieties or concerning characteristics in conversation that seem to me like they need some more support than what I can provide. They used to do a teenager support groups and I actually participated, I grew up in Weston, and everyone did human relations through HRS. It was all about exactly what we should be giving which was the language to prevent. Let's talk about the words for how we feel and the tools to deal with the emotions we have which I mean, look at me now! JS: I should find psychological assistance. MS: Every kid could in the 1980s and 90s.

7:15 p.m. July 11 Meeting Minutes

RE: Can I make a suggestion on that one? Take an agenda item out of order because Y has to leave at 7:30 and we have to approve the minutes. JJ: Oh yeah that's a good idea because we did try to get those. RE: The other things aren't going to get solved tonight. RE: I didn't see anything. The last one it looks like it was taken verbatim from discussion. JJ: The July 11 minutes? I think they were purposefully because we were talking about the septic regs and wanted to make sure that detail was in there.

RE: I would like to make a motion that we accept the minutes from the last meetings. JS: Second. So, we'll take a vote. Dr. Eyre? RE- Yes, AS- Yes, JS - Agree. The vote is carried. Approved 3-0 motion passes.

7:20 p.m. The Director's Report

RE: So this is the report you just did? JJ: Yes. Dr. Soslow, I did email you a copy of the director's report.

AS: I read it, thank you, and I will make a proposal that we approve the director's report. JS: Second. JS: RE - Yes. Approved 3-0 motion passes.

JJ: Did you have any questions about the report? I can go through quickly if we have a couple minutes Dr. Soslow? AS: Sure, go ahead. JJ: A new position was created for Land Use and reports to the building commissioner. We're looking forward to working with them to streamline projects with the town and utilize the new program, Open Gov, for communications and large projects that will hopefully be streamlined with this new position and the program. Also, we have done a number of test holes at 60 Shaw Dr. for a large project that will come before the board when they're ready for a definitive subdivision submittal. 30 bedrooms, not sure how many houses, we believe there are decent soils for building the septic system but we have not seen updated plans yet. We're working on a number of housing situations and difficult properties in town also in consultation with town council as needed. Going to be refocusing on a number of vacant properties that need addressing. Also, the budget planning I hear the draft document for guidelines will be coming out this week and I think the deadline for doing budgets is November 18 so we will be talking about the budget at our next board meeting which is planned for the 14th. Michele gave a nice update. She's been busy working really hard on a lot of things including clinics and two drive throughs, one in person with flu and COVID vaccine, probably have had over 700 people come in and we have another clinic planned for November 2nd. We will be getting word out for that. JS: Is this an average number? 700? JJ: I think a little higher participation last year with drive-through clinics, but we saw a good turnout last Monday. With our regional staff, they are working for the town of Wayland but also for the seven towns. They've been doing work with COVID surveillance, new website, dashboard work, vaccination clinic assistance, and we're also shifting our resources to more preventive mode on education and trying to make sure people are aware of treatment options. Also focusing more attention on congregate living environments. So, we've shifted from one mode to slightly different and we won't know exactly what winter will hold but we are hoping we can work with people to help prevent disease. Contact tracing was the purpose of the grant that was awarded and also some studies by epidemiologists, one of which is on long COVID. Mosquito control - we were lucky because we ended up in low-risk category. There have been cases of West Nile, 6 all together, but not increases in our risk category. I don't know if that is useful. JS: I thought they were all in Middlesex County too. JJ: I believe some of them were. We had mosquito surveillance throughout the season, but we didn't have any that tested positive. Lake Cochituate, we were looking at hopefully having more proactive approach with the lake next year. Through visual observation, state staff found visual algae blooms which means they wouldn't fall under an advisory risk. They would tell that to us and then they would do testing on the water even though it didn't reach the threshold of an advisory level. It has created a lot of confusion and the perception of the lake. JS: Were they correct that at least there were algae? JJ: Turns

out there was no advisory needed based on the lab test for cyanobacteria. In the past, when they tell us there's an advisory, they want us to put an advisory. Potentially you can close the beach and the population gets worried. It seems like a broken system. JS: Were these people sent by the state? JJ: So, what happens is the staff at Lake Cochituate Park observes these areas and it could be a bloom but it seems like follow-up testing is finding that's not really falling within a range considered for an advisory. So potentially you put out an advisory and close the beach, everyone's upset, and then they do the lab test to find out that there's no problem. AS: So, Julia, you touched on a big problem for which there must be a better approach or sequence to avoid these false errors and all the negative publicity. I know it had a major impact on the West Wayland Crew Club who rows on the water. It would be helpful if you could look at what is best practice in way of other towns that will allow a thought-through approach and then come up with a good plan. How long does it take to come up with a result when you want a quantitative report? JJ: It takes a day. The protocol is set force by the state DPH and they have protocols in place for when they do an advisory. I think it's due to lack of funding because last year they didn't do lab testing on water. This year they told us they had funding and wanted to set up a program at Lake Cochituate but it's still the same way. I don't think that's the way it should work but maybe next year we can work with Surface Water Quality Committee to have a plan. They are interested in the lake as well. Only way to know what's going on is to have regular testing for cyanobacteria in same location during summer seasons so we know what's happening before we see something that appears to be a bloom. RE: If there's a way you can prepare for the state and also involve the BOH to help be a source of information and guidance in those moments, so that we don't prematurely sound the alarm. There has to be some way to improve the process and I think the important thing is to have the process be messaged back to the town to all folks who utilize the beach, so they know what happened this year and all steps we've taken to improve the aspect of it. JJ: I fully agree. AS: Think of it as extra guidance if you want to take an extra day or two to sort it out. JS: How long do inspections usually take? RE: it's a great idea, Arne, for the people to know that if we get a report from the people from the state park, we will wait that extra day to confirm and get laboratory evidence before we make any moves. JJ: We do the water sampling but as far as the lab testing, the state has done it. This has been a talk among many communities in Massachusetts because it's a very clunky system. It's a topic that has become a lot more important with hot temperatures and heavy rains. They are seeing more of a need to monitor waterways. It's something worthwhile to look further into and I will reach out to the state to get things moving.

7:40 p.m. RE: Motion that we adjourn the meeting. JS: AS - Yes. Me - Yes. Motion passes 3-0 meeting adjourned.

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