

Samantha Michael, Director of Business Services 00:00

Rutgers School of Social Work

Samantha, Hi and welcome to our second episode of the fourth season of toward a more just future. A podcast from Rutgers School of Social Work. My name is Samantha Michael, and I'm the Director of Business Services here at the school. This season, I'm speaking with directors and members of institutes and centers at Rutgers School of Social Work about their work, their connections to the field of social work, engagement with communities throughout all of New Jersey and beyond, and how their areas of focus prove critical to the future. Today, we'll be speaking with Jose Hidalgo, Project Coordinator at Rutgers School of Social Work. Jose has a BA in Psychology from pillar college and an MSW in management and policy from Rutgers University. Throughout his career, Jose has worked in different social work settings, including domestic violence advocacy, immigrant rights advocacy, Public Library system and the New Jersey division of mental health and addiction services as a project coordinator within the Rutgers School of Social Work Center for Prevention Science. Jose dedicates most of his time to the northeast and Caribbean prevention technology transfer center focused on providing technical assistance to New York, New Jersey, Puerto Rico, and the US Virgin Islands, starting as a research group focused on community level approaches to prevention.

The Center for Prevention Science, or CPS, began its work in 2012 as a part of an initiative to empower New Jerseyans in efforts to prevent the use and ill effects of substance misuse. Since its establishment in 2016 CPS has expanded its scope of research and collaborative efforts to areas of focus, such as prevention of assault and sexual abuse, prevention of HIV, prevention of childhood neglect, health disparities, workforce development program, evaluation and empowerment, theory and measurement. CPS also expanded its reach beyond the New Jersey region and works nationally within the prevention science field and workforce to date, the center has been granted research, evaluation and consultation project awards totaling over \$21 million with a mission to develop and disseminate knowledge through research that builds the capacity of community based organizations, the Center for prevention science works to create changes in public policy or environmental conditions that cause social and health disparities. Oh, so I thank you so much for joining us today. We're excited to have you here for our second episode of the fourth season.

Josue Hidalgo, Project Coordinator 02:57

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Thank you for having me. Samantha, I'm excited to be here as well. Thank you

Samantha Michael Director of Business Services 03:00

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To kick us off, could you give us an overview of the Center for Prevention Science and tell us a little bit about what you do specifically for CPS?

Josue Hidalgo, Project Coordinator 03:10

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Yes. So the center in itself, like we're focusing more on it says prevention. So we focus on substance misuse prevention. We focus on HIV prevention; we focus on also domestic violence prevention. We've expanded our scope. Initially the scope was mostly substance use, but throughout the 12 years of the center, we've received grants that have allowed us to expand that scope. We do a lot of community level work. So that includes working with the New Jersey regional prevention coalitions, working with the municipalities, actually the municipal alliances in New Jersey. And in terms of my work as a project coordinator, a lot of it has to do with maneuvering different entities and different partnerships that are involved in the grant. So when it comes to either there's a deliverable that requires us to collect data, that includes us developing the data collection instruments, that includes being it could be either a survey, it could be a key informant interview, different types of data collection instruments, also maneuvering, like I said, different entities and trying to keep everyone on track. Sometimes, when you do have a large grant, you have to keep the task at hand and just focus that. You know, we need to get this done in the X amount of period. So that has to be a little bit what I do, as well as a as a project coordinator with the center. And yeah, we focus, like I said a lot, on what's community development. So we try to focus, we try to increase, or actually grow the prevention infrastructure. Sure in New Jersey, New York, and also Puerto Rico and USVI, but I can share more about that later.

Samantha Michaele, Director of Business Services 05:08

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Thank you. So so your background has you working in a lot of different spaces in New Jersey, which is unique, and I imagine lends well to the community engagement work that you're working with at CPS. Could you talk to us a little bit about the path that led you here to this specific role?

Josue Hidalgo, Project Coordinator 05:26

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Yes. So it's interesting, because I was getting my MSW at Rutgers and Dr Ronald Quincy, who was with the Center for a long time, actually not for the center with the School of Social Work for a long time. Work, for a long time, he was my professor for diversity and oppression, and one day he just asked, Is anyone interested in a job of translation as a GA for a center? And I immediately told him, Sure, let me apply for it. So he gave me the paper, and I reached out to Peter treitler and Emily Mankoff at the time, and I got the interview. And I started off as translating recruitment materials, consent forms for different projects. So I was a GA with them for a little bit, and then just doing that. And Dr Powell reached out to me and asked me, Do you want to do something more for the center besides this translation? Maybe you could help us with data collection. And so I said, Yeah, sure, let me try this out. So that included doing interviews over the phone for the medication assisted treatment outreach program may top known as a moment at the time. And I also did data entry for ORP, which is another project that we still have going on. So it kind of got exposed to the prevention field as a GA with the center. And the more I got into it, I came into and this is actually what I liked about it, because it kind of

reshaped my focus of social work. I came in with kind of a clinical expectation of Social Work, and the more I got into the center, I saw the research portion of it, and I saw the value of it, and I actually shifted to a map concentration. So that's how I got exposed with the center. I how I got exposed to prevention in general, and I saw the value of it. So that's, that's where I began. Then I graduated with my MSW. I stayed with the Center for like, six months while I was looking for a job elsewhere, and then a position open up at DMOZ division of mental health and addiction services in New Jersey, and I went over there, and I was there for a year and a half. Actually, I was recommended by Dr Katie Finley Bata, who was a PhD student at the time at the center when I began, but then she got her PhD and was a researcher at DMOZ. And I ended up working at DMOZ for a year and a half. Actually worked on some of the projects that I was working on at the center, so I got to see the other side of data collection and all these projects that we're working on. So it was, it was a really nice experience, and I still would interact with people from the center through different brands that I worked on, DMOS, but again, because there was a high and freeze, this was a temp position. So Dr Powell reached out to me, and she said, Hey, there's a project coordinator position opening. Would you like to come over and try it out? And I was like, Yeah, sure. Why not let me go back to it? So I went back home, and I'm back home where it all started, and I really enjoy it. I think one of the things that that I when people ask me, like, you know, what do you do? Or what's the atmosphere like at the center? I just said, it's just teamwork. Like, if you work at the center, you know, it's just so many people involved, and you love to see that, because from my experience as a GA like I appreciate every single GA who worked with us, and I could see the opportunity that the center gives people to just come in and have an an idea of what social work is from, like, a research perspective. And then we also have a PhDs who have they're brilliant, absolutely brilliant, the PhDs. And then the PhD students as well, they have all this knowledge about qualitative analysis, quantitative analysis. So and the greatest thing I think about the center is that everyone tends to be mission focused, or mission oriented. We all try to understand data, not from just a numbers perspective, but understanding that these are real people, that we're what we're looking at, and that it's not just a number on a page, but we actually see that there's an impact behind these numbers, behind these people, that there's actually someone who's hurting, someone who's. Like living through something, and that's our mission, to see it from a different perspective than just like a researcher would see it.

Samantha Michaele, Director of Business Services 10:07

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Thank you for sharing that and for I mean, you're so passionate about the work, and you kind of set me up for my next question, but I also just wanted to say that you offer such a unique perspective, having transitioned from student to employee within the school, and I agree. I think social work is a home, right? I would say so happy to happy to have this place as a home. So you talked a little bit about seeing the impact of the work and the projects that you're working on. Can you tell us a little bit about some of those projects, some of the active ones that you're working on now and what you're doing?

Josue Hidalgo, Project Coordinator 10:46

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Of course, yeah. So at the moment, I'm working, most of my time is dedicated between the regional coalition work and also the pttc, which is the prevention technology transfer centers. And there's, it's, there's regional transfer centers around the country. I think there's about 12 regional centers, and the one that we cover, it covers New York, New Jersey, Puerto Rico, and the US Virgin Islands. So we do have a lot of TA technical assistance that we provide in trainings. And the wonderful thing about having a regional center is that you understand the differences between every region and the needs that arise in every region. For example, when we talk about New York, we tend to talk about what substances are most affecting it. So we can talk about alcohol, we can talk about heroin, we can talk about fentanyl, but when we talk about Puerto Rico, they're actually the fentanyl is rising, but what they see most being affected, or that's really affecting them, is vaping. So when we look at that, we try to focus on our strategies, based on what their needs are, and much of the TA that we do, we don't do it alone. We work with different entities. We work with the EDC, we work with NCOs. So we do try to develop our materials, but then we know we're not the, you know we're not we're not the most expert subject matters. There's people who are there. So, you know, we're not going to reinvent the wheel. We don't have to. And there's a training such as like implicit bias trainings that we provide. We also provide trainings around how to build a regional coalition, how to improve it, you know how to maintain or sustain the structure and the infrastructure, actually, of regional coalitions. So we do have certain trainings coming up. Let me see if I can pull up one of them. So we do have perception of substance use in in an older adults. So that's, for example, something that we're providing for New York and in in Puerto Rico, we're focusing more on the youth. So we always try to find out what, where we can fit in, and we look at it from from a bottom up perspective. Is what, what do the people need on the ground versus what we believe is the issue. And we do, like I said, partner with EDC, and they're going to provide another training about protective factors and risk factors, and they're going to, they're going to add a little bit of a spin on there as well, because we tend to talk about protective factors and risk factors, but we don't usually focus on the positive side of our risk factors and protective factors. So they're actually trying, they're going to do this, but also engage it in a different way, where we're actually motivates people to see it as not just like a tool of seeing like, oh, where's the negative part about this? But it's no it's, how can we encourage people to actually engage in a in a much more deeper level when it comes to protective factors in substance use? Then in in Puerto Rico, we had a program evaluation training in October of last year, and that was to the omska, who is like the it's like the demos version of Puerto Rico. And we provided a program evaluation training that also included survey development, and we also touched a little bit on on GIS mapping. The beauty of this is that when we provide one aspect of TA, we always want to see what's the next step, like, what else do you need? And when that meeting, we actually spoke with several of the people from the prevention field, and they told us, Look, we don't have this GIS mapping system in place, but we. Want to get it going, like, how can we how can we help you? Or, how can you help us? So we actually set up a data sharing a file folder, you know, it's encrypted, protected, and then we're we receive data from them about where every single school is located in Puerto Rico, and we're mapping every school in Puerto Rico, and then we're also getting data from them where every dispensary, every vape shop, is, and then we're

mapping those as well, and we're actually showing the proximity of these vape shops to schools, or proximity of dispensaries or liquor stores to schools. And then they'll actually use this data to present to their community members and see, you know, the actual proximity that it's closer than people think. You know, sometimes you think, okay, there's a liquor store, but you don't think that there's actually a school, like a block away, or, like two blocks away. I know New Jersey has had laws that have actually imposed the specific proximities of how far they could be. Puerto Rico is actually working on it. So a lot of what we do is also gather data, do research, and hopefully that will actually lead to changes in legislation.

Samantha Michaele, Director of Business Services 16:13

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So the examples that you gave about working with these communities and then seeing potential long, lasting policy impacts is really a great example of my next question. So can you tell us a little bit about any other impacts that you might see on some of the projects that you're working on?

Josue Hidalgo , Project Coordinator 16:31

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Yes, so actually, in this very same project with Puerto Rico, we're working on different aspects, and there's one we're collaborating with. So there's, there's a ptcs where, which, which actually prevention oriented. There's a mhtcs which are mental health oriented. And then there's a attcs which is addiction oriented. And then we're collaborating also with UMKC, University of Missouri and Kansas City, and, sorry. And then we're, we're actually creating, we're actually we created an anti stigma campaign in Puerto Rico, and today, which is March 18, is actually the launch day. So we've actually launched it today on social media, on Facebook, on Instagram, and it's called quanto pesato, stigma. How much does your stigma weigh? And where we actually held meetings in November of last year with individuals from Puerto Rico, and this is all all the ideas are coming from a from a bottom up perspective. We went with community members who are working in the field. We went with professionals who you know are either in the field or have had experience in the field, also members who have been affected by it, by either some kind of stigma, be it mental health, be it substance use. So we got the we met, and then we set up three priorities, and the priorities were based on what they perceived were the were the most kind of both stigmatized and stigmatizing populations. So one of them is just a community level approach. Let's just tell the community what stigma is. Another one is, let's focus on educating healthcare professionals about stigma. And the other one is, let's actually involved artistry in of those who have been stigmatized and that they could share what stigma has looked to them from their perspective, and what an anti stigma world looks to them. So we've, we've actually focused this from, like I said, from a community level perspective. But the hope is that this is just the beginning of something in Puerto Rico, and that it'll lead to actually sustainable policy changes and and there's another portion of this as well, which is we're developing a peer certification curriculum from we're using the one from Florida, and we're translating it in Spanish, but not just translating it, but also culturally adapting it to the specific Puerto Rico populations that are going to be involved. And we realize as well that when it comes to peer work, it's not just those who are in the field, but it's just anyone who has been involved

or has had some kind of experience could be considered a peer so we've actually changed it from like a peer certification to a workforce development so we can involve community members as well in there. So that's actually a policy level thing where we're actually Puerto Rico doesn't have a peer certification at the moment, so we're actually making this curriculum, and it's going to be like the gold standard for peer certifications moving forward, for. For Puerto Rico. So that's, that's something that we're doing on that end, and we're seeing the impact. And then we're also bringing it hand to hand with the anti stigma campaign, so people understand, you know, this is, you know, this is what stigma is. This is what it should this is what a world without stigma should look like. And if you want to get involved, then we actually have a peer program that's running up as well. So it's, it's all kind of like a like, it goes hand in hand what we're doing over there. Yeah, that's exciting.

Samantha Michael, Director of Business Services 20:30
Rutgers School of Social Work

Thank you for sharing that, and thank you for giving us your time on your busy launch date, by the way. So it's so interesting how that that work. Even though it's in Puerto Rico, it likely it will have touch points even outside of Puerto Rico, right in the communities that we're in, in New Jersey, and even in other states, once it starts to be more broadly adapted. So that kind of leads into a question I have about the network of collaborators that you have, that CPS has, it sounds like you're not just doing work in New Jersey, but you're physically in Puerto Rico. You're physically in other spaces with partners and community organizations that you're working with. Can you share how you do that work, knowing that Puerto Rico is a flight away, and then kind of highlight some of those collaborators and how you've been working with them.

Josue Hidalgo, Project Coordinator 21:25
Rutgers School of Social Work

Yes, so so we know that sustainability is a major factor with any project that you want to do. And for something to be sustainable, you have to have people who are also available. And the beauty of it is that we have a lot of people who are committed in Puerto Rico to this. And again, it's it's not just you know us as the center or us as pttc, but we partner with the ATTC, mhffc, and have people boots on the ground in Puerto Rico, and we're collaborating with them a lot. And it also becomes a you need to have a level of report with with these entities, especially when it comes to government agencies, due to, you know, unfortunately, the the way that Puerto Rico has been treated previously, there could also be some, some, I don't want to say, there could be a little bit of hesitancy of getting outside help. So a lot of that, we come with a very or at least we try to come with a very humble mindset where it's we're not here to be the experts in a given subject matter. We're just here to learn from you and see if we can help you in a certain way. So in when and when we do that, we always want to make sure that we make them the focal, the focal point of what's happening. So if we're praising we're praising their work, we're praising what they're doing on the ground. It's them, you know, because at the end of the day, we're supporting them, but they're living there, um, and it's, you know, it's, it's like, coming into someone's house and being like, Hey, you're, you know, you should paint your door red. It's like, No, I like it green. So, you know, it's, we understand that we're there helping. We're not going to be there forever. We'd love to help them as much as we can. But in in reality, the

most passionate people are the ones who are there. So if we do want to make it sustainable, we want to have them be the ones who are invested and the ones who are doing it and who are carrying this out and that not that's just not the community level, but also government agencies seeing the value of what they have in, you know, at their disposal, you know, in Puerto Rico. So when we talk about how, you know, we make this work, fortunately, we do get to travel certain times over there. We're actually going in, in April, to to Puerto Rico to talk about the antiSemitic campaign and the peer certification. We're having a summit over there as well. And another thing I forgot to mention, but we're also, SAMHSA reached out to us, and they wanted us the center of prevention science and the pttc, to host a prevention Summit in May. So we're actually doing that as well. We're going over there, and we reached out to prevention coalitions in Puerto Rico, and we're going to have them. We're going to have SAMHSA, we're going to have the DOH of Puerto Rico. We're going to have Haida. I think Da is going to be there as well. So we're going to have everyone be there networking and just allowing even the federal agency agencies to know what's going on over there and to make themselves available to Puerto Rico. So we just want to know, let Puerto Rico now, like we actually you know, as as as a group of people who want to help you, either federal nonprofit or. Whatever we're here at your disposal, so we're doing that as well in May. So it takes a lot of leverage between relationships and knowing how to talk to who and when to talk to who, but we do have a lot of support. I have to give this. We have a lot of support from SAMHSA. They've been extremely supportive with us. We also, Puerto Rico has, like the omsko, which is like the demos of of Puerto Rico, they have been open to us. And we love that, because we we don't want to overstep, you know, into someone's home. We want to be welcomed and and go as far as you want us to go. We don't want to tell you what to do. We just want to go there and be there and help in whatever measure possible.

Samantha Michaele, Director of Business Services 25:47

Rutgers School of Social Work

Thank you for sharing that. It sounds like you've done some amazing work establishing trust within the community too, which is so important, right? Could you tell us a little bit about working within the structure of the research center, and how how that works, and how you collaborate with others on your team?

Josue Hidalgo, Project Coordinator 26:09

Rutgers School of Social Work

Well, absolutely, like I said, the one thing I can say is that the center wouldn't function through one person or one group of people. It's it's a, it's a, it's a, I want to say it's, it's, it's a mix of eclectic perspectives and eclectic experiences, which, that's what I love, because there's people who come in with, you know, different experiences, and you appreciate it like we've had. I can think of so many people have worked there before. We have people who have been attorneys, who come in with a different perspective. We have people who've been engineers and come in with a different perspective. So you embrace and you learn from each person. But the beauty of it all is that when it when it comes, like I said, to a project, we all has the same focus in mind. It's, you know, we want to help people. We want to understand data from a person centered view. We we want to communicate the value of data and in in real life examples, there's

actually, I remember when I was a GA and I was doing a data collection and I was doing cold calls for follow up interviews. This is probably the day that like data became real to me, and I was calling someone, and it's Hey, it is Mr. So and So available, and this person was just silent on the phone for a second, and they just answered like, Hey, I'm so sorry, but so and so passed away. So at that moment before that, it was like, cold call, cold cold call, cold, cold, cold call. And at the moment, I was like, Oh, wait, wait, wait, I actually, I need to process this. Like, it's not just like this person passed away, but I need to process what I'm feeling right now. And then I went to Emily at the time, who was my supervisor, and I said, Emily, can we talk about this? And we stepped aside, we spoke, we talked, and we processed these things. Because I think that's the beauty of having a team that understands the value of what you're doing, that it's not like, I don't want to compare it to the clinical trial. We're just like, Okay, well, we're going to get a visit and do this and do that, but you understand, we're doing something that's affecting people on a daily basis, that, yes, we're gathering data, we're gathering information, but we're gathering information about people's lives. Like, p this is, this is someone who you know has a family, may have a child. You know someone who could be a father, a mother, someone who's who has their own life. And now you know you're calling them about, can I interview your loved one? And all you hear is, my loved one is no longer here. So that's that's the heart of what we're at. We understand that this is, you know, prevention there, there's a reason why, why we're in it because it hasn't, there's, there's a consequence that led to lack of prevention. Andy, our director, always uses this analogy, and he says, often people don't understand prevention, but prevention is like when you're building a house and and all, there's all these codes, and then you have to abide by these codes so you can, you so there won't be a fire. So you have, you have the proper, you know, fire inspector coming in and saying, Okay, well, you need it. You need an extinguisher in your in your kitchen. You need this. You need that. Why? Because you know this is preventing, and oftentimes people don't see what, like, the what goes behind all that. You don't see the building inspectors and the code inspectors coming in and saying, Well, you know this, but you see the end result, like, wow, this house is beautiful. But then when something's on in place, and then, you know, the house got, you know, God forbid, but it like burns down, then people are like, Oh, something happened. Go in there. So we understand there's both sides of prevention and even prevention. The definition of prevention itself has evolved a lot. Before it was prevention used to be seen like abstinence only, no other option. Now prevention involves a lot of harm reduction. So you know, when it comes to fentanyl prevention, we talk about fentanyl test strips. Some people are in favor of it. Some people are not, but it's still considered prevention when it comes to harm reduction. You know, we talk about centers for harm reduction. So we're also evolving with with the times and understanding that prevention is not it doesn't look the same for every single person. Everyone has their own path to recovery, and that includes prevention and harm reduction strategies. So within again, I know you're asking about the structure of the center and how we work, but I think we wouldn't work well if we didn't have the values in place. And it all comes down to that. It's like, who has the values, who is in this, and who actually embraces this, and then so once we have that, you know, we everything else kind of just flows from it, because we have a common goal, and what common mission. And I think that's, that's the beauty of bringing batch bachelor's level students, master's level students, and like myself, being exposed in that in that space where it's also it's also a place of learning, it's also a place of of not just learning, But getting rid of myths

that you think about prevention or substance use or anything like that. So the beauty of it is that there's you may come in like I could say I came in with preconceived notions, but once you're in there and you see the people's values, those preconceived notions fade away, because you see people's drive to actually work together and actually get something done for for not just ourselves, but those people who are mostly affected by the issue we're working towards.

Samantha Michaele, Director of Business Services 32:10
Rutgers School of Social Work

Thank you for that. And it also sounds like there's a strong level of support within the center, right? So you're you're a team, you're supporting each other, and you're also making sure that you have that aspect of care for yourself and others within the team to be able to move this work forward in a way that's positive and for positive outcomes. So thank you for sharing that this way. So in conversations about social work, we have a strong commitment to connecting research and practice. How do you see CPS contributing to that mission?

Josue Hidalgo, Project Coordinator 32:46
Rutgers School of Social Work

Oh, like I said, I think from my own experience, like that one time where, you know, I got that that call and that answer, you know, it became real to me, like sometimes. And then also, one of the things that we try to do is that we try to present data in a way that people identify with it. So we we actually, we often motivate people not just present the numbers, but also taking, take, take into consideration people who have been affected by it use case vignettes. You know, someone who's there. Oftentimes, you can present a graph and all this, and this means absolutely nothing to anyone, but you have someone who's there and says, Well, I'm a testimony of this. You know, this strategy actually helped me to in my recovery. It makes sense in that way. So, so when it comes to research and practice, there's there's there's a use of qualitative and quantitative. And sometimes people just use quantitative, and it's like numbers, numbers and numbers, but you also need that person to speak to their what they've lived through, what they're going through, and that's part of the practice of it. I think that it's not so much in the center, but one of the things that I did that actually helped me was one of my internships, actually at a public library. So being in a public library, it's not the most social work. You wouldn't think of social work in a private public library, but most recently, it's becoming so. But when you think about a public library, you don't really think, okay, there's going to be a social worker on site. But that opened my eyes to how I could, you know, bring in practice, because oftentimes those who are visiting the library the most aren't even those considered to be patrons, but it's the homeless community that are the ones that are risen in the most. And when it comes to developing strategic plannings and developing strategies for the library's growth, their their opinions aren't really heard. They're not even asked what they believe. What they think about this or that, and one of my goals was to actually develop I developed a survey and asked several things about how they felt, what resources they needed, and I got all this information, I compiled it, and then I brought it over to the steering committee of the library, and I said, Hey, I think this is a population that you guys are missing. I think you didn't focus so much or focusing on those who come to your to your programs, but oftentimes those who are using your services are actually those who are here the longest, and they're the ones who are

not being seen the most. So in saying that, what I want to say is that in research, you can't just focus on like what your one goal is, but you got to focus on who else is not being involved in this conversation. And that's also part of the practice is, you know, we want to make sure that anyone who's being affected is also being heard. And it's not just who, not just those who are the funders, and it's like, here, this is the money, and this is what we think the objective is. Well, we'll actually say thank you. You know, we'll go. We know there's a deliverable within the deliverable. We want to take a bottom up approach. We want to understand who's being affected and how we can address their needs. And that comes down to practice. You know, we have to reach out to those who are actually on the field and and hear them out and say, Okay, we're going to take this from a research perspective, but we know that every single voice has to, has to be involved in some way or another.

Samantha Michaele, Director of Business Services 36:35
Rutgers School of Social Work

Thank you for sharing that example. I mean, libraries are such a critical part of our local communities, and it's so it's helpful to hear how kind of being on the ground can really help amplify needs in those areas into the people we're not reaching. So So research in prevention science, right? Is an ever growing need. The work that you're doing is growing, and there's needs, not only in New Jersey, but across the country. In Puerto Rico, why would you say that it's a critical area of study?

Josue Hidalgo, Project Coordinator 37:13
Rutgers School of Social Work

I think when it comes to research, we have to understand that we can all think something, and we can all think there's a way to something, but unless you test that method, you will know if it's effective for most people. Again, like I said, not every strategy works for everyone, but there's strategies that have been proven to be valid and reliable, and that's where research comes into play. And there's also the need for structure. You don't want, you don't want to give someone the leeway to just go and say, Hey, I'm going to go try this out, because it worked, you know, for for my for my aunt, well, what are the risks? What are the benefits? Let's actually find out what these are. So when it comes to research, that's those. Those are one. It's one of the critical points of it is we want to find out what truly is reliable, what truly is valid. You know, from a from a scientific perspective, but in but in doing so, even research has its limitations, where I can say, for example, like one of the things we were doing as well with the pttc, we were doing a fellowship with which was the bold Fellowship, which was focused on increasing the prevention professionals, the African American professionals in the workforce. So each pttc had one one fellow, and they were the all fellows were tasked to create an inventory of evidence based practices. And one of the things that we found was that there was a lot of evidence, evidence based practices, but when we looked at how culturally or appropriate they were to Black and African American communities, it was very limited. So when we look at that, we can also say, Well, if there's an opportunity for growth through research, how can we actually modify this to address the needs of a given community without compromising the the validity of it, of it. So that's the beauty of it. Like research would give you one method, but it also says we can even nail it down even further and further and further to address different communities.

And that actually goes back also to the peer peer recovery curriculum that we're developing, in Puerto Rico, because we're not just developing this this one in Puerto Rico, but one of the things we discussed is, once this one in Puerto Rico developed, we can use this one in that was developed in Puerto Rico to work with Puerto Rico communities in Florida, in New York, in New Jersey, like it'll come back to us, because it went down even. We nailed it down even further and further to the needs of a specific community. So that's, that's the beauty of research, that you can always keep expanding on it. You'll can, you'll always be learning, but you can always go even further and deeper to address the needs of a specific community. And that, you know, it's going to be reliable, and it's going to it's going to work, maybe not to you know, 100% of population, but 90 80% of the population will find it useful

Samantha Michaele, Director of Business Services 40:29

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to bring forward the work in a more inclusive way too, right? Thank you for sharing that. Can you share? So you gave us a couple examples. Can you share how you see some of the communities impacted by the work CPS is doing. If there's one example that comes to mind recently or from the past that you'd like to share, I'd be happy to hear it.

Josue Hidalgo, Project Coordinator 40:54

Rutgers School of Social Work

Yes. I mean, we love working with the regional coalitions. We love seeing what they do. But even something, we helped njpn, and we trained njpn on the on developing logic models. And it's a great tool. We all we all learn and we all use it in one way or another, even if we don't think we're using it, we're using it. We're actually using it for our own lives and developing goals. But one of the things we saw is that it's it's beautiful that we actually were able to train njpn, and njpn disseminated this knowledge to the regional coalitions. And then there was another grant where where we had DCF involved, and then regional coalitions were also working with DCF and training DCF on and the and on these logic models. So part of it, it's, you know, sometimes it's not like the direct effect, but you see it trickle down. And once these regional coalitions. You know, they do their their own lodge models, and they identify their needs, and there's and they look at and they say, Okay, well, you know, our our our community maybe is more stigmatized by law enforcement, or our community maybe doesn't have enough resources for older adults. And it's knowledge they didn't have any previously, but now they actually have it to address those needs they have. And it's beautiful to just see that happening on the community level. And then also, when it comes to policy, we tend to focus a lot, a lot on policy training and how to identify needs and how to bring them to legislation and and then seeing regional coalitions going to their own town hall meetings, and then advocating for policy changes on the ground. And then, you know, you think, Wow, this started somewhere. You know, this is, it's beautiful. So again, I don't want to say like, the No, the center is the one who does all this, because we don't, honestly, we don't. But the beauty of it all is that we contribute to something so much greater, and we love to see it and just rejoice with people when they're when they have a win. You know, it's, it's just there because we're excited to see that, you know, the prevention field actually has an effect. The people are being committed to it. The people are

going forward with that. So we see that a lot like those, those small wins, I want to call them within the regional coalitions in New Jersey,

Samantha Michaele, Director of Business Services 43:37

Rutgers School of Social Work

I would say that they can be more than small wins. But I would also throw in there that it's work that really does move communities toward a more just future, if I'm gonna throw in our tagline, right? But thank you for sharing that. So thank you, Jose. We appreciate you sharing your time and your journey and the work that both you and CPS are doing.

Josue Hidalgo, Project Coordinator 44:01

Thank you so much for having me. I appreciate it.