



Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, November 6, 2023
6:30 pm
Minutes by Aidan Giasson

Welcome and Introductions

Board Member Present: Interim Chair Frances Anthes, Vice Chair Chareese Allen, Gary Rosen, Leopoldo Negrón Cruz

Staff Present: Matilde ‘Mattie’ Castiel, MD, Commissioner of HHS; Dr. Mike Hirsh, Medical Director; Soloe Dennis, Director of DPH and CMRPHA; Jen Nakijoba, Chief of Community Health

Guests Present: Jim Leary, UMass Memorial Health; Henry Schwan, Worcester Telegram; Sriya Podila, UMass Medical School; Athena Haddon, Spectrum Health Systems, Kuri McCullum, UMass and Moari Miracle Mamas; Kristin Puccio, Spectrum Health/Miracle Mamas/Parents in Recovery Action Group; Gordon Benson, Community Healthlink

Review and Approve September and October Meeting Minutes

Gary Rosen made a motion to approve the minutes from September 11th, 2023, and Chareese Allen seconded the motion. Rosen, Allen and Anthes all voted in favor of approving the minutes. Negrón Cruz abstained since he was not on BOH at that time.

Rosen noted that the date on October minutes was incorrect and would need to be changed for the record.

Gary Rosen made a motion to approve the minutes from October 2nd, 2023, and Chareese Allen seconded the motion. Rosen, Allen, and Anthes all voted in favor. Negrón Cruz abstained since he was not on BOH at that time.

Covid and Communicable Disease Update

Dr. Hirsh provided an update on COVID infections. He said that we are seeing COVID positivity numbers go down, but we are also aware that numbers are lower than what is out there because of reduced testing and contact tracing. The overall number of hospitalizations has decreased but they are still seeing a number of patients that come in with other issues testing positive for COVID. The monovalent booster that Moderna has put out has not been well received but it is widely available at drug stores.

Opioids

Dr. Castiel provided an update on the opioid-related overdose deaths in Worcester. Worcester County has the highest number of overdose deaths in the state. There has been a 69% decrease in confirmed Opioid-related overdoses in the first 8 months of 2023 compared to 2022. The Latino and Black community have seen large increases in Opioid related deaths while the White community has remained relatively consistent. District 4 has the highest number of overdoses in the Worcester with largest number of overdoses taking place on Main Street.



38.8% of all Worcester residents in a state BSAS licenses or funded substance abuse programs' primary substance at time of admission is opioids and the same percentage of residents have used injection drugs in the past year. 59.9% of resident in these programs have had prior mental health treatment including mental health related hospitalization, counseling, and medications. In response to Gary Rosen's questions on why Worcester has the most overdoses in the state, Dr. Castiel explained that the city has better access to treatment and services so that people come here because in the smaller communities they do not have the same access to treatment. Dr. Castiel values bringing care to the people which they do through the city's two mobile treatment vans that can dispense Suboxone and Methadone as well as treat other medical issues.

Homelessness

Dr. Castiel provided an update on homelessness in Worcester. Worcester has the most competitive housing market in the country which has resulted in a growing homeless population. With the recent immigrant community arrivals, our shelters are filled to capacity, and we are unable to take more families. The competitive housing market is because we have the least affordable housing and low vacancy rates.

Families have been forced to accept substandard housing which has resulted in an increase in asthma and lead poisoning in school aged children experiencing homelessness. When the COVID emergency moratorium on evictions was lifted, Worcester experienced a dramatic increase in evictions. The city has lost many shelter beds in the last year, so they are working on opening a winter shelter with a 60-bed capacity. There are many housing projects in the works which you can see more details about in the slides below.

Discussion on Addiction in Pregnancy and 51A Reform

Sriya Podila, a medical student at UMass Chan, presented on the topic of pregnant people with substance use disorder, specifically opioid use disorder (OUD). The number of pregnant people suffering in the United States from this disorder has quadrupled from 1999-2014. Both the American Academy of Pediatrics and American College of Obstetricians and Gynecologists believe that addiction during pregnancy needs to be addressed as a public health concern and not thorough punitive drug testing and criminal prosecution which is currently how Massachusetts handles these situations. CDC recommends "Current clinical recommendations for pregnant people with OUD include medications for OUD, rather than supervised withdrawal, due to a higher likelihood of better outcomes and a reduced risk of relapse."

Massachusetts law section 51A states that all mandated reporters have to report on any patient who deliver an infant that is physically dependent on an addictive drug. In a lot of legal interpretations that includes MOUDs like methadone and buprenorphine. The background on mandated reporting laws and pregnant people started with a federal law called Child Abuse Prevention and Treatment Act (CAPTA). Every state in the nation is required to report the number of substance exposed newborns. Many New England states report CAPTA notifications with anonymous information but in Massachusetts and Maine CAPTA notifications are filed in the same protocol as child abuse and neglect reports. Hospitals and medical providers take their own interpretation of 51A which has allowed for inconsistent reporting. There are two current bills that are trying to reduce the harm of section 51A.

Bill H.166 An Act Relative to Substance Exposed Newborns

Bill H.173 An Act to Support Families



Gary Rosen made a motion for the Worcester Board of Health to notify of our local legislation to support Bill H.166 and Bill H.173. Leo Negrón Cruz seconded, and all voted in favor.

Community Healthlink Update

Gordon Benson, the interim President for Community Healthlink, presented on the reopening plan put in place for their suspended programs. Capital Improvements are being made on the building. CHL has submitted a corrective action plan (CAP) to MA BSAS in July and it was accepted. Before reopening they will need to hire 80-100 staff and they are currently working on recalling previous staff. CHL will still need to get re-licensed for all 3 programs detox, clinical stabilization services (CSS), and transitional support services (TSS).

CHL Timeline:

- following 8-12 month timeline shared with Worcester City Council at the end of August
- phased approach to reopen the programs allowing 8-12 months for all three programs to be operational

Programs that are currently operating include:

- Residential Recovery Services
- Office-based Addiction Treatment
- Outpatient Substance Use Disorder Treatment
- Recovery Coaching
- Behavioral Health and Addiction Urgent Care – 24/7 Program

Next Meeting Date and Topics

Next Meeting – December 4 at 6:30pm

December – Reports on Community Healthlink planning update
Homelessness
Climate Issues

Announcements

National Injury Prevention Day— focus on burn prevention—November 17

Gun Buy Back Program — December 9

Adjournment

Chareese Allen moved to adjourn the meeting, Gary Rosen seconded, and all voted in favor at 8:20pm



The City of
WORCESTER

Opioids and Homelessness data in Worcester

Board of Health Meeting
November 6th, 2023

The Situation

- Trends have shown that opioid related overdoses continue to increase, as well as the number of homeless individuals
- Worcester has the highest number of overdose deaths in the state
- Worcester has the most competitive housing market in the country, and in increasingly growing homeless population

What is needed

- More education
- Decrease stigma
- More resources



Number of Opioid-Related Overdose Deaths, All Intent by County, MA Residents: 2012-2022

Massachusetts Department of Public Health

POSTED: JUNE 2023

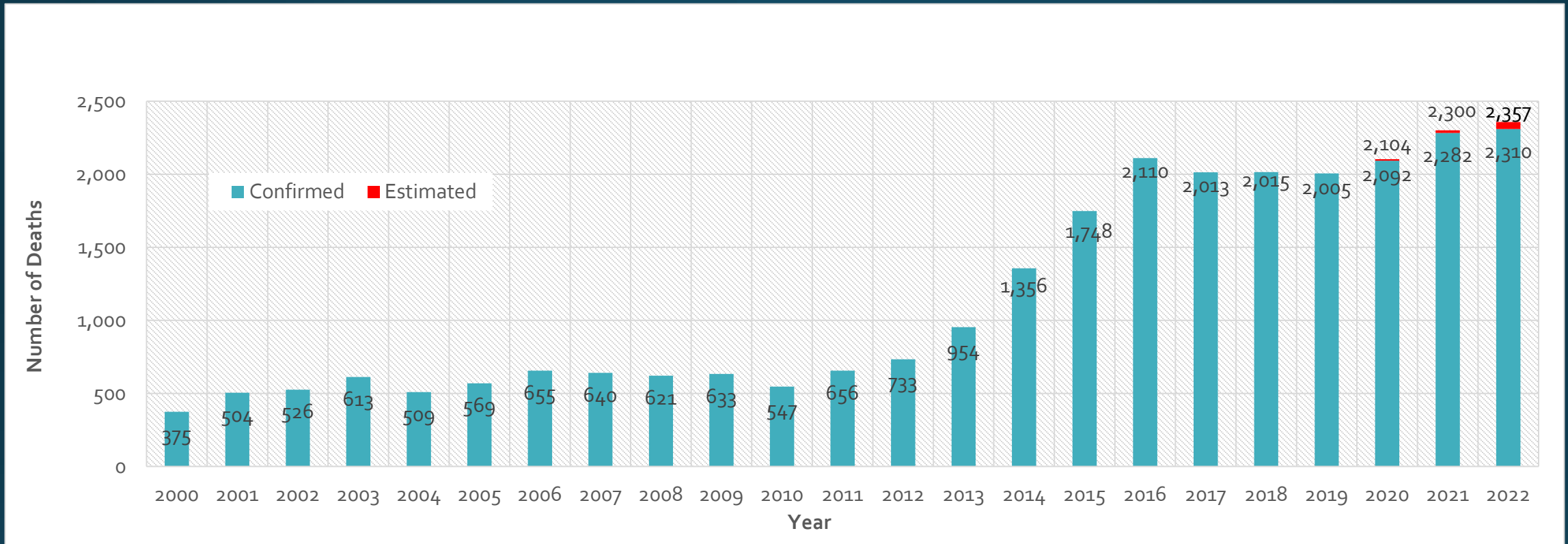
County	Year of Death												Total 2012-2022	Percent Change 2022 vs. 2021
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022			
	Barnstable	24	43	53	67	81	67	71	73	76	80	86	740	7.5%
Berkshire	16	22	29	32	35	30	40	39	56	62	48	418	-22.6%	
Bristol	95	115	145	172	243	239	218	260	233	293	277	2,372	-5.5%	
Dukes	0	1	5	7	3	2	4	3	6	5	6	42	20.0%	
Essex	93	119	205	236	274	301	273	279	254	291	276	2,658	-5.2%	
Franklin	8	10	11	18	14	9	22	17	20	36	27	198	-25.0%	
Hampden	59	69	64	98	130	113	209	199	215	213	227	1,642	6.6%	
Hampshire	11	30	26	16	36	28	38	39	34	44	37	349	-15.9%	
Middlesex	118	152	273	341	402	350	322	304	300	360	383	3,436	6.4%	
Nantucket	0	0	1	1	2	3	1	2	1	4	2	17	-50.0%	
Norfolk	70	82	125	164	213	167	170	129	156	163	160	1,663	-1.8%	
Plymouth	57	86	110	174	190	202	151	176	185	167	190	1,755	13.8%	
Suffolk	90	110	146	199	241	252	215	218	288	300	305	2,449	1.7%	
Worcester	91	115	162	222	246	250	281	267	280	281	331	2,608	17.8%	
Total Deaths	733	954	1,356	1,748	2,110	2,013	2,015	2,005	2,104	2,300	2,357	20,351	2.5%	

Technical Notes

- Data for 2020 to 2022 deaths are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. Many death certificates have yet to

Worcester has the second highest percent change between 2021 and 2022, and the highest jump we have seen since 1014-2015

Opioid-Related Overdose Deaths All Intent MA Residents: 2000 - 2022



Based on the data available as of April 25, 2023, **there were 2,310 confirmed** opioid-related overdose deaths in 2022 and DPH estimates that there will be an additional 46 to 48 deaths, totaling approximately 2,357 deaths once all cases are finalized. There were 57 more confirmed and estimated deaths in 2022 compared with 2021.

Number of confirmed opioid-related overdose deaths for all intents by city/town of residence for the decedent

City/Town of Residence	Year of Death							
	2015	2016	2017	2018	2019	2020	2021	2022

Blandford	0	0	0	0	0	0	1	0
Bolton	2	1	0	1	0	1	0	0
Boston	155	197	203	183	173	248	251	247
Bourne	8	9	12	3	6	7	5	11
Boxborough	0	1	1	0	1	1	1	1

37.96
people per
100,000

Winthrop	7	4	11	7	5	6	6	6
Woburn	7	17	16	14	13	12	12	14
Worcester	84	77	86	99	81	103	105	140
Worthington	0	0	0	0	0	0	1	0
Weymouth	2	5	5	4	0	2	1	2

66.35
people
per 100,000

Confirmed Heroin and Opioid-related overdoses in the first 8 months of 2022 and 2023

Confirmed Number of Opioid-Related Overdose Deaths (CY2018-2022)						
	2018	2019	2020	2021	2022	2023** (as of 9/25)
City of Worcester	99	81	103	105	140	21
Massachusetts	2,015	2,005	2,092	2,282	2,310	-

	2022	2023**
January	5	3
February	6	0
March	8	4
April	9	3
May	8	4
June	10	2
July	15	4
August	7	1
TOTAL	68	21



69% decrease compared to first 8 months of 2022

** This is preliminary data, due to the protracted process of receiving ME reports to confirm cause of death, these numbers are known to be significantly low

Number of confirmed opioid-related overdose deaths for all intents by city/town of death occurrence

City/Town of Residence	Year of Death							
	2015	2016	2017	2018	2019	2020	2021	2022

Blandford	0	0	0	0	0	0	0	0
Bolton	0	1	1	0	0	1	0	0
Boston	232	264	284	247	258	311	330	352
Bourne	4	6	1	4	4	6	2	9
Boxborough	0	0	1	0	0	1	1	0

54.09
people per
100,000

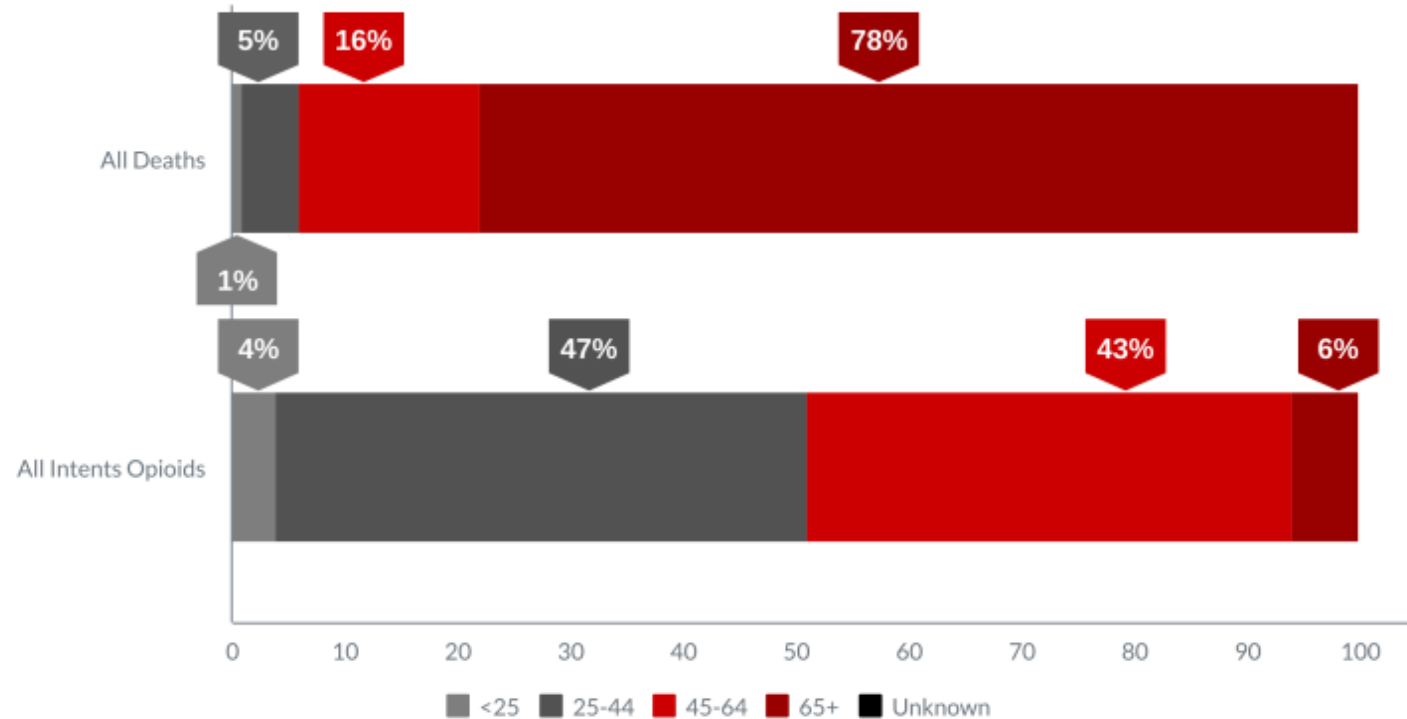
Woburn	1	9	10	8	6	13	14	10
Worcester	122	112	123	135	144	132	123	168
Worthington	0	0	0	0	0	0	0	0
Wrentham	3	1	2	1	1	0	0	2

79.62
people per
100,000

Confirmed Opioid-Related Overdose Deaths, All Intent Compared to All Deaths by Age: January 2022-December 2022

	<15	15-24	25-34	35-44	45-54	55-64	65+	Unknown	Total
All Deaths	338	427	1,099	1,853	2,928	7,113	49,528	9	63,295
Confirmed Opioid-Related Overdose Deaths, All Intent	3	102	431	657	494	493	130	0	2,310

Deaths by Age



47% of deaths of people ages 25-44 is opioid related

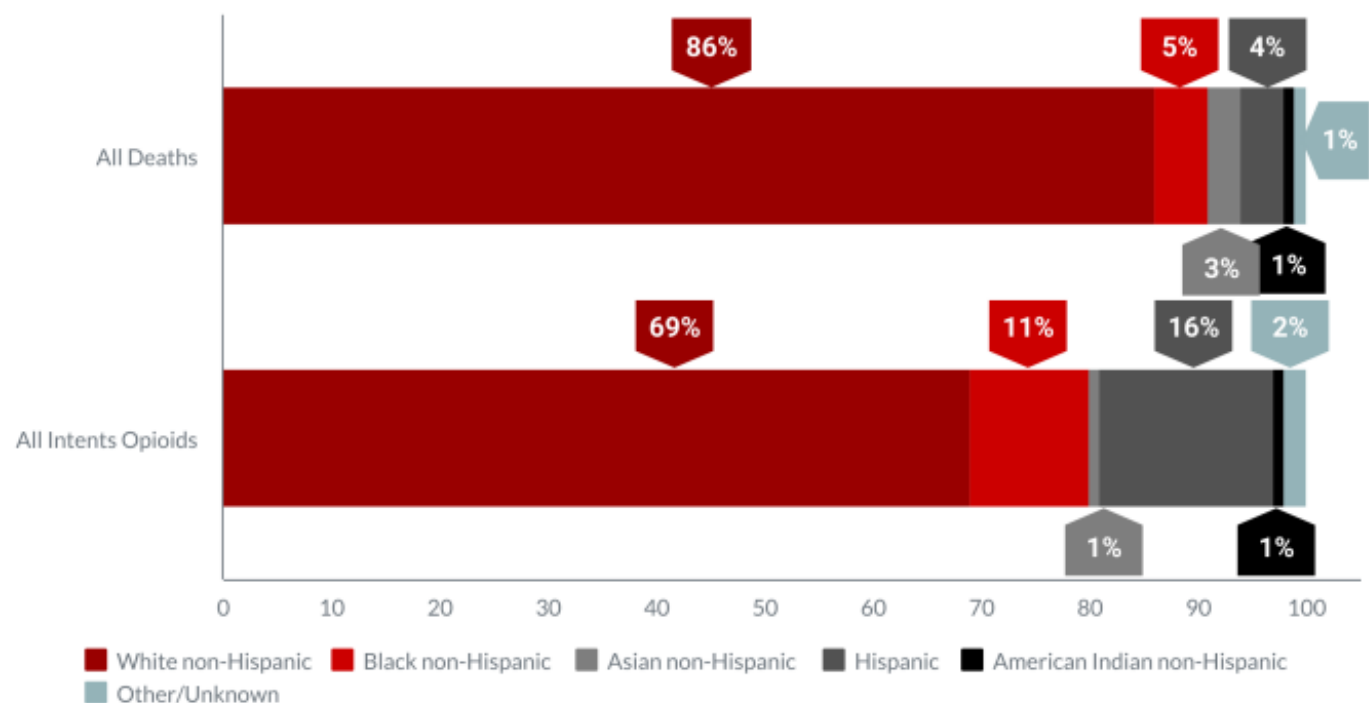
43% of deaths of people ages 46-64 is opioid related

...Even though these two age groups make up 21% of all death

Confirmed Opioid-Related Overdose Deaths, All Intents Compared to All Deaths by Race and Hispanic Ethnicity: January 2022-December 2022

	White non-Hispanic	Black non-Hispanic	Asian non-Hispanic	Hispanic	American Indian non-Hispanic	Other non-Hispanic	Total
All Deaths	54,160	3,577	1,660	3,225	141	452	63,295
Confirmed Opioid-Related Overdose Deaths, All Intents	1,594	262	23	375	13	35	2,310

Deaths by Race and Hispanic Ethnicity

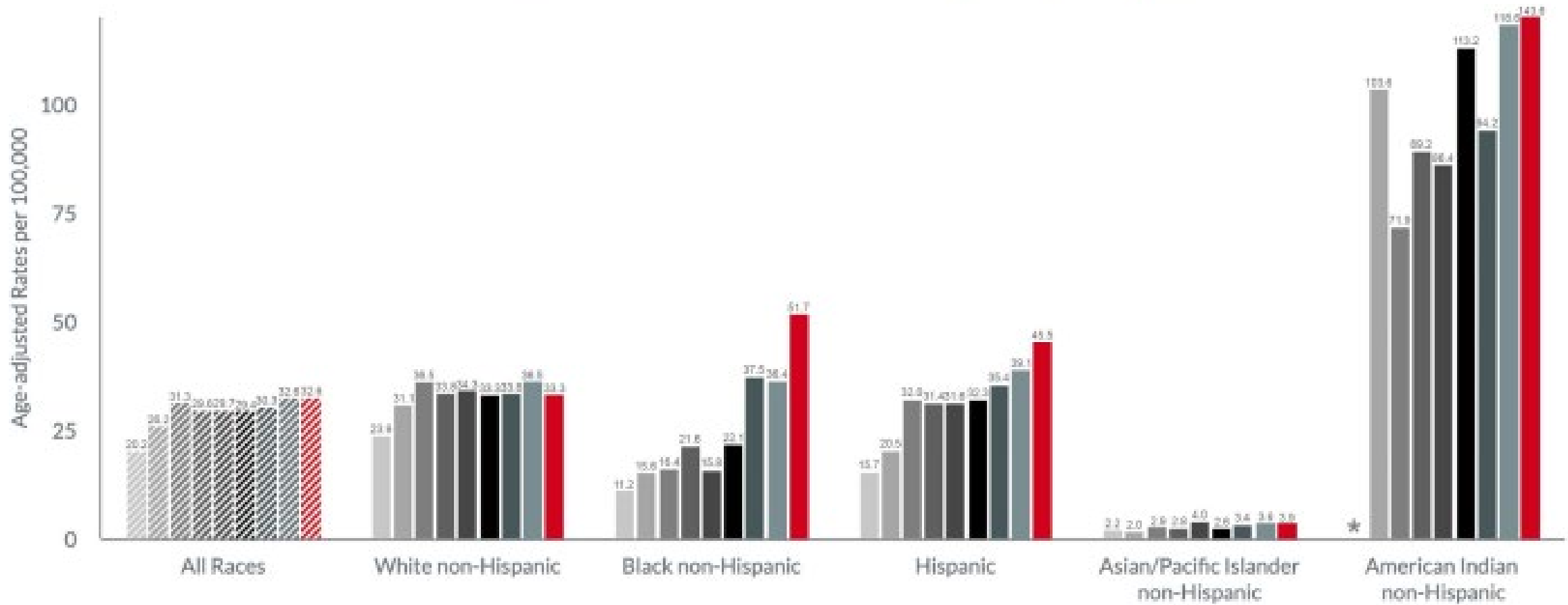


Even though Latinos make up 4% of all deaths, they make up 16% of opioid related deaths

Black non-Hispanic people make up 5% of all deaths but 11% of opioid related deaths

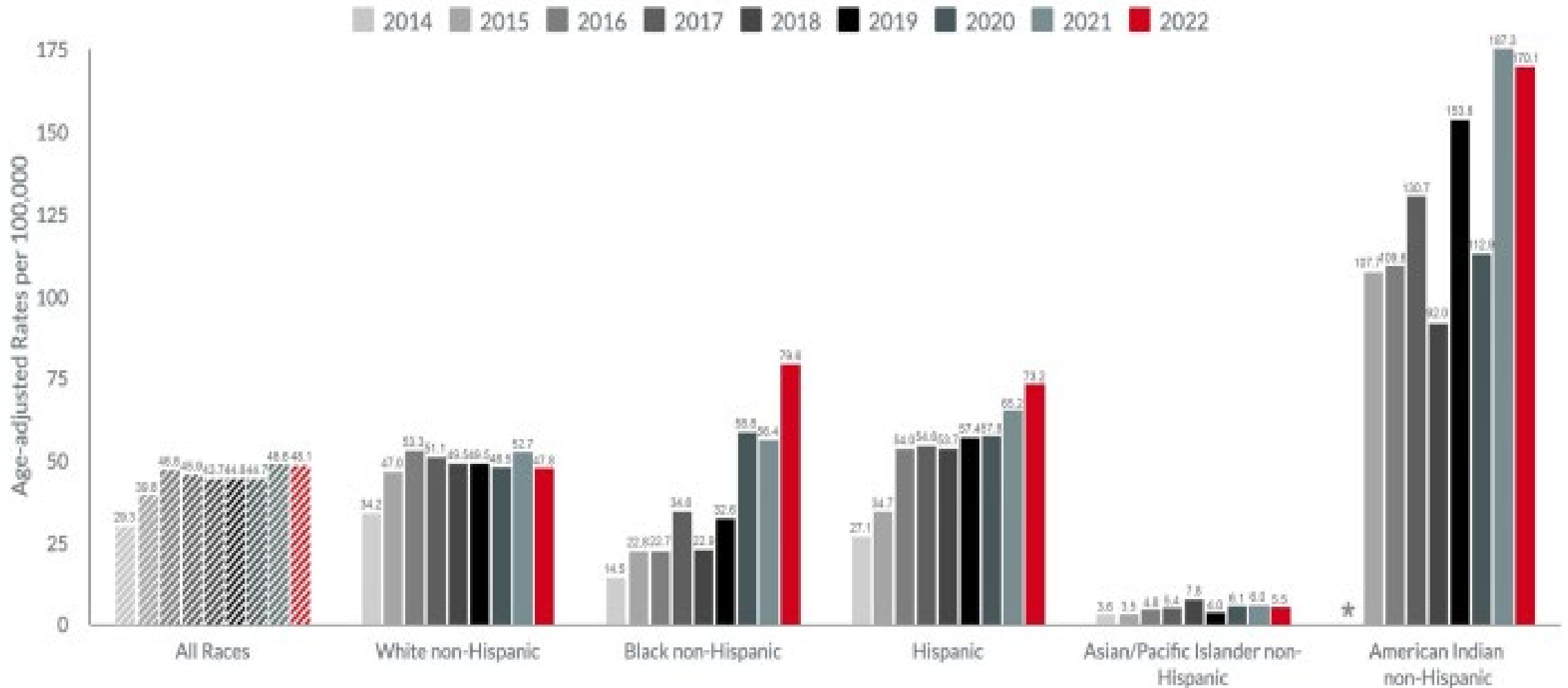
Confirmed Opioid-Related Overdose Death Rates, All Intent, by Race and Hispanic Ethnicity

2014 2015 2016 2017 2018 2019 2020 2021 2022

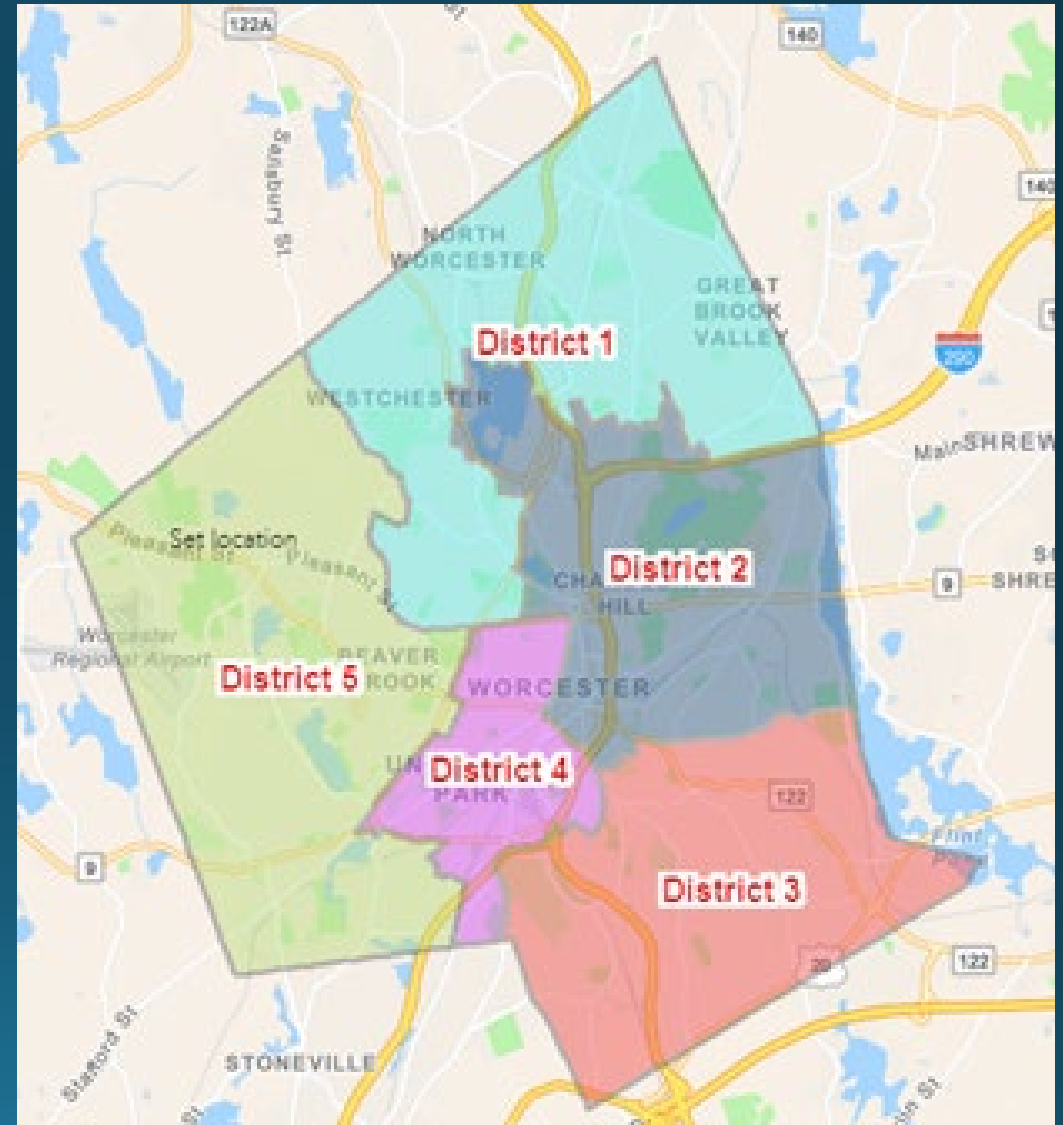
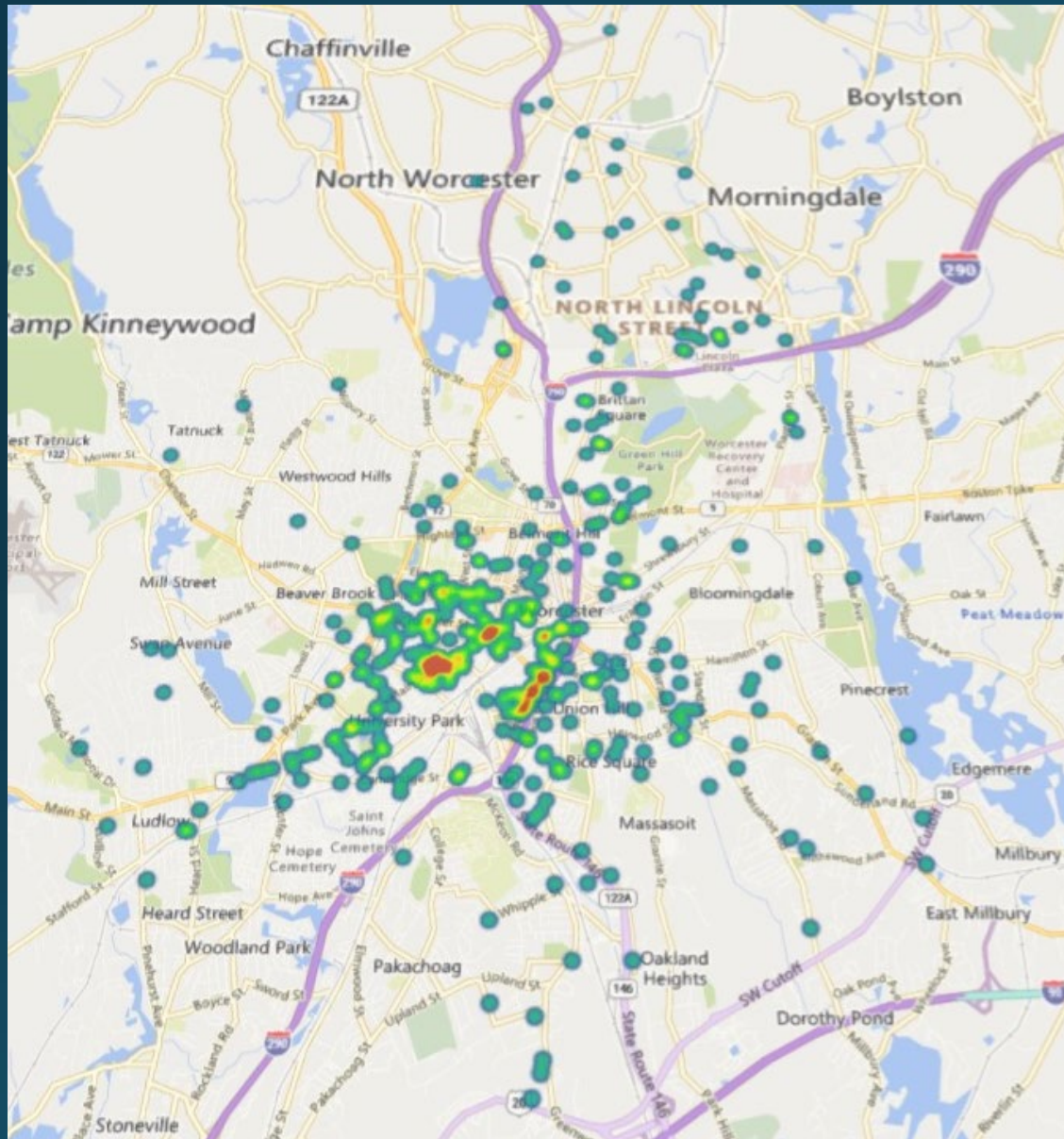


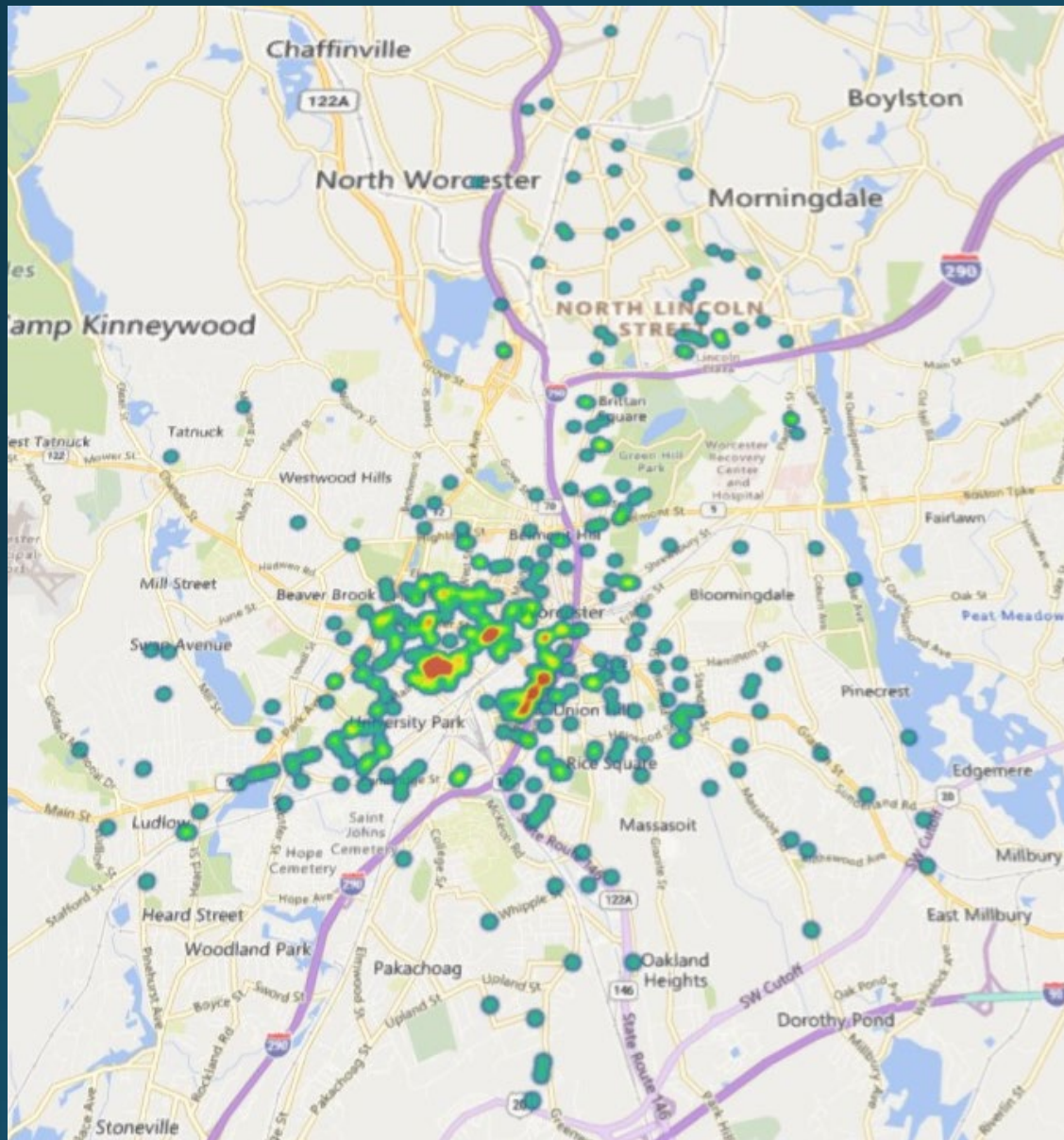
Confirmed Opioid-Related Overdose Death Rates, All Intent, by Race and Hispanic Ethnicity

Male



Opioid- Related Overdose Locations January- September 2023, Worcester

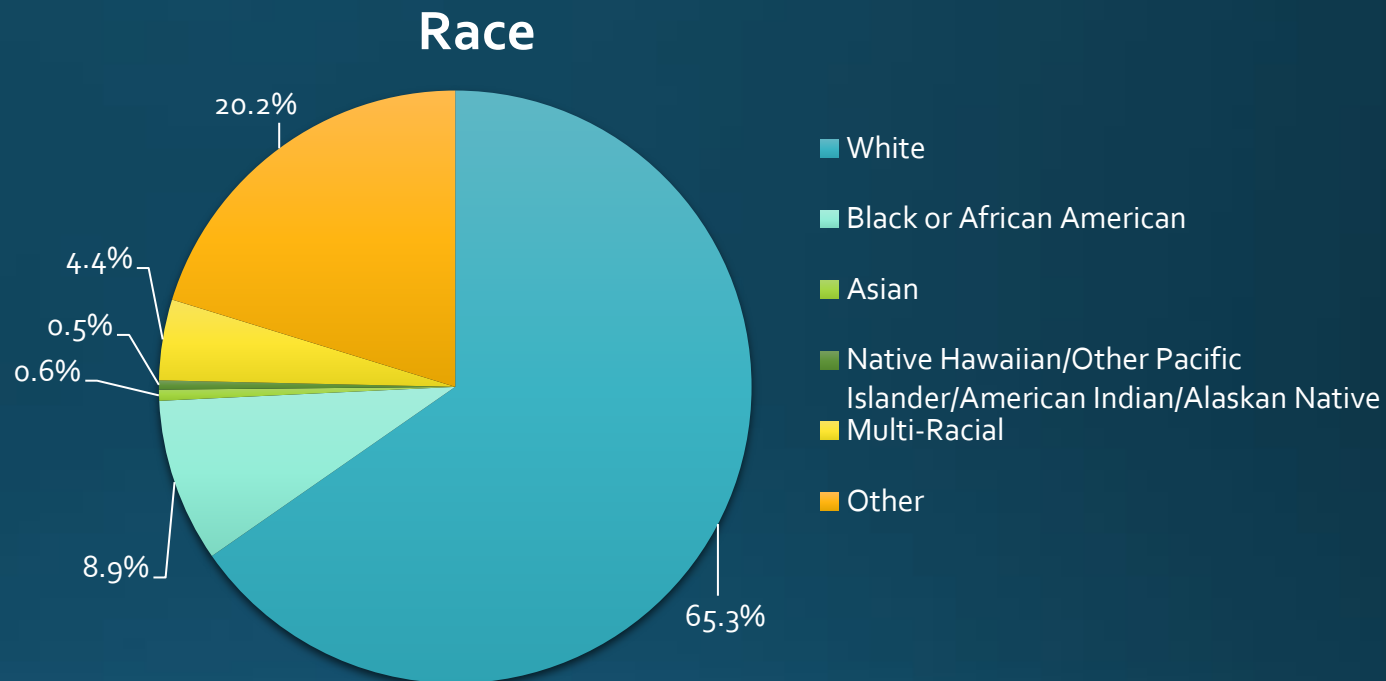
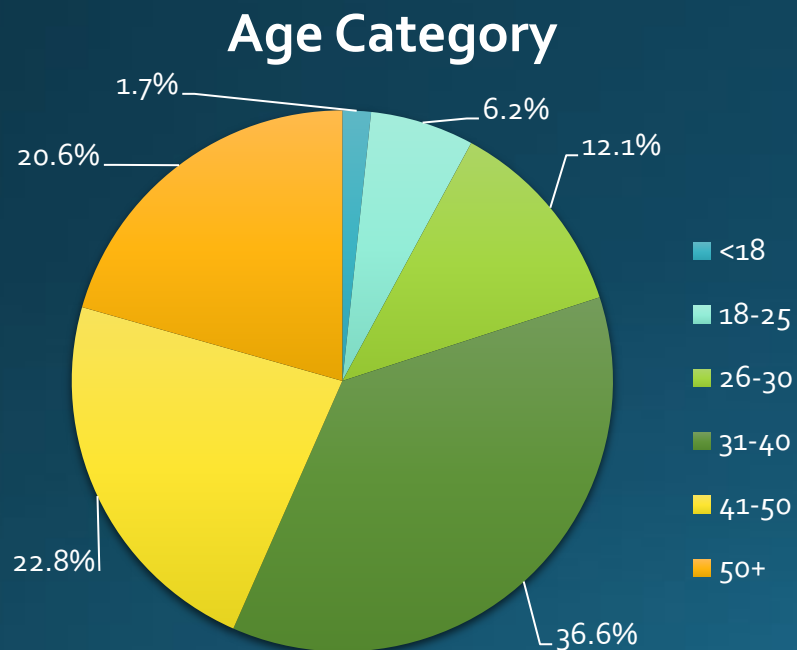




PRIMARY_STREET_NAME	Count Of Incident Number
MAIN ST	62
PLEASANT ST	40
QUEEN ST	29
MILLBURY ST	22
OREAD ST	20
LINCOLN ST	18
TEMPLE ST	17
CHANDLER ST	12
WASHINGTON SQ	12
KING ST	11
PLEASANT VALLEY DR	11
GRAFTON ST	10

Demographics of Enrollments BSAS Licensed and/or Funded Programs City of Worcester Residents (FY 2023)

4,452 Enrollments from City of Worcester in FY 2023 as of 06/03/2023



Ethnicity

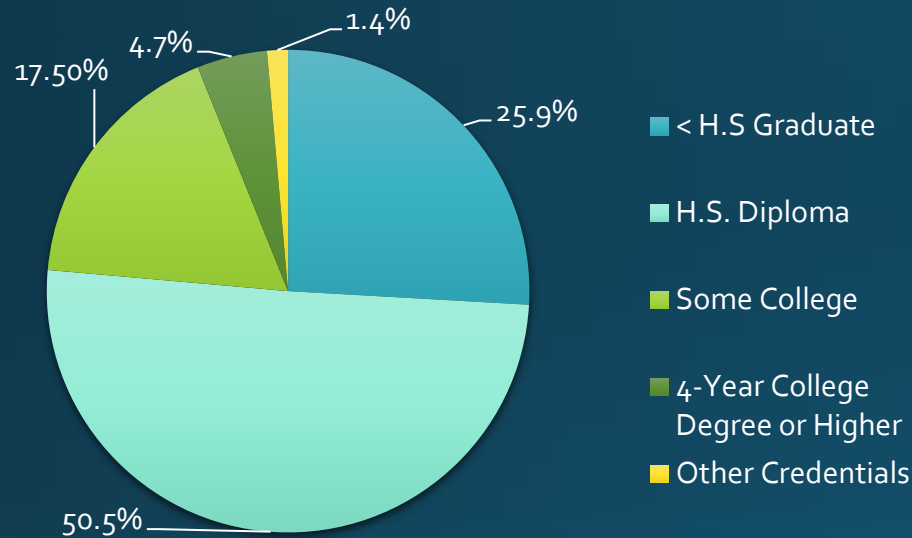
- 26.6% Hispanic
- 73.4% Non-Hispanic

Gender

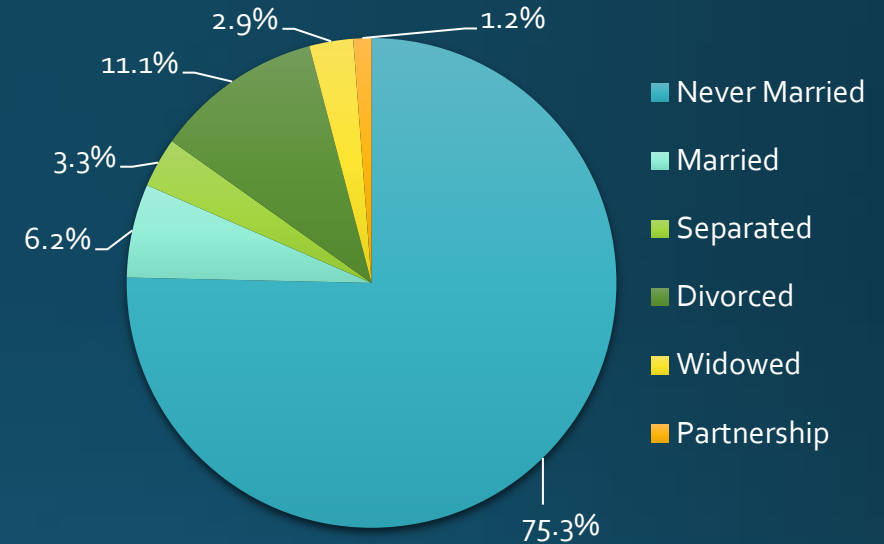
- 72.6% Male
- 27.3% Female

Social Determinants of Health among Enrollments BSAS Licensed and/or Funded Programs City of Worcester Residents (FY 2023)

Level of Education



Marital Status



Housing Status

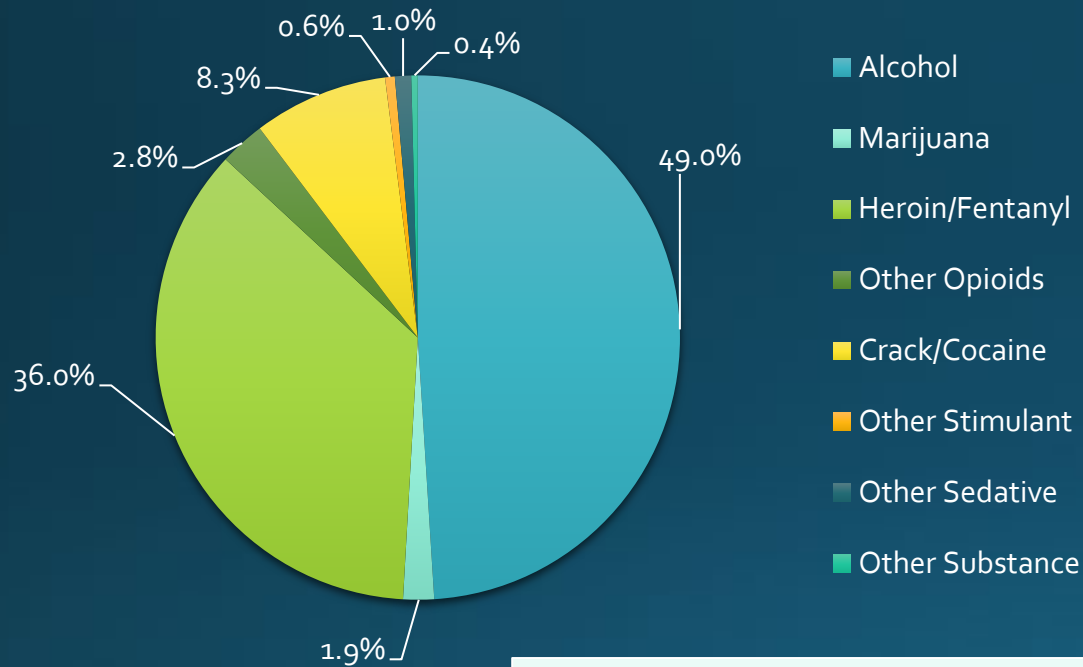
- 38.2% Not Homeless
- 31.1% Homeless
- 30.8% Unable to Determine Housing Status

Employment Status

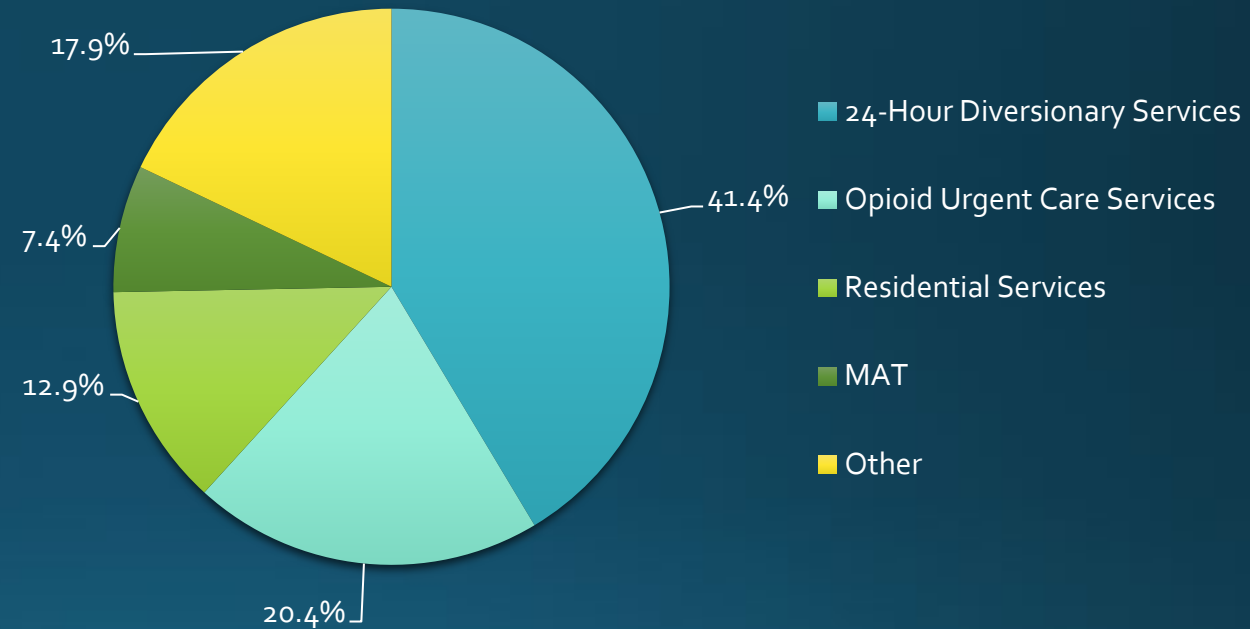
- 9.5% Employed
- 26.2% Not Employed
- 64.3% Not in Labor Force

Primary Substance and Service Type Among Enrollments BSAS Licensed and/or Funded Programs City of Worcester Residents (FY 2023)

Primary Substance Use at Time of Admission



Service Type Utilized

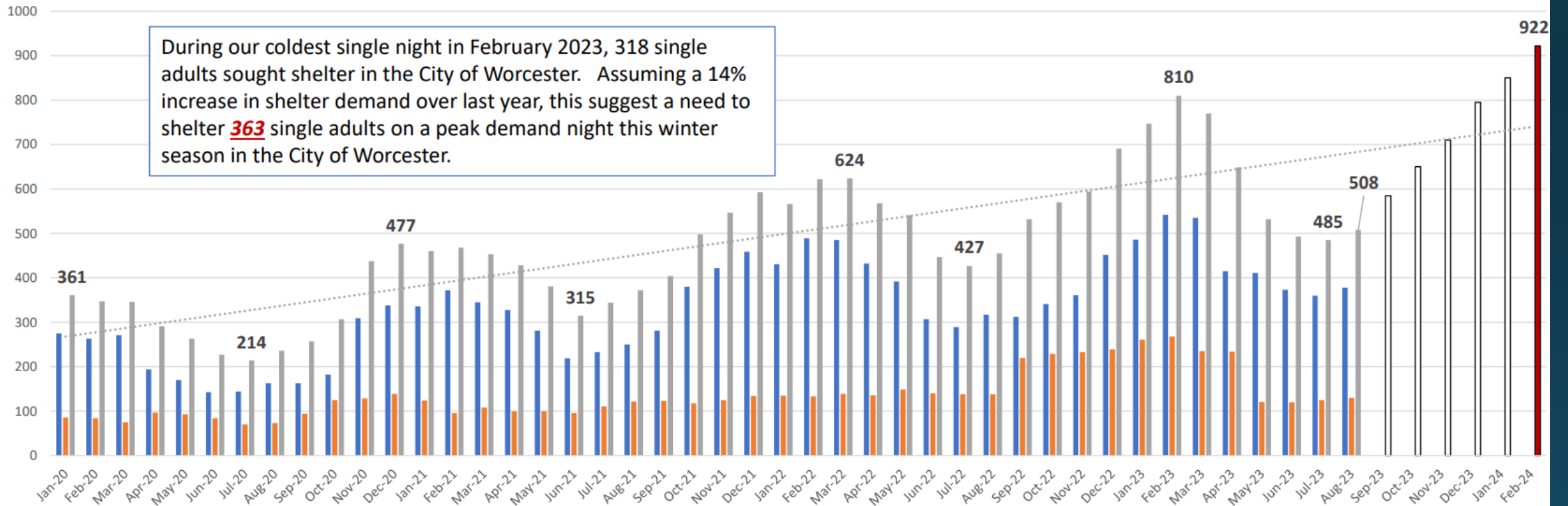


- **59.9% Prior Mental Health Treatment**
Includes MH hospitalization, counselling, and medications
- **38.8% Used Injection Drugs in the Past Year**



Single adults sheltered or unsheltered and enrolled in City of Worcester programming (Abby's House, Triage Center, Winter Shelter, Lift, Veteran's Inc. and Outreach) with six month projection based on data from prior years.

Shelter Outreach Combined Linear (Combined)

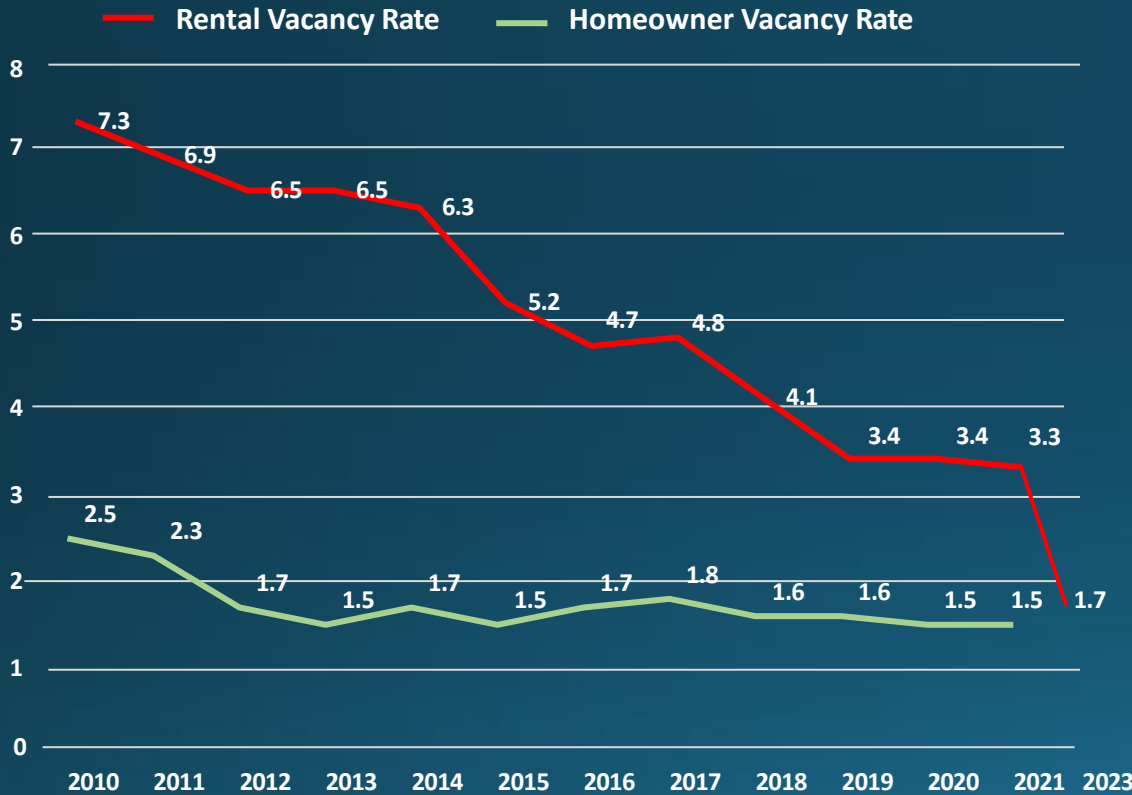




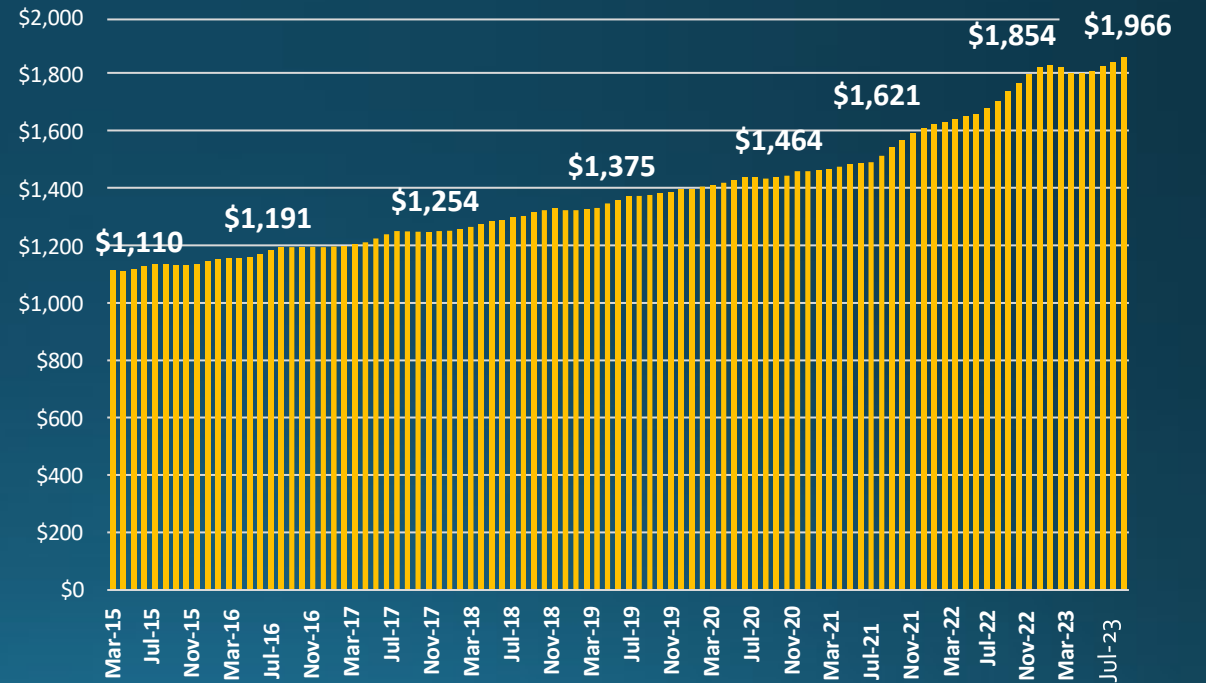
Rental housing availability is at an all-time low. Worcester rental housing prices have reached all time highs and become un-affordable for low-income households.

Worcester's vacancy rate as of May 2023 is the second highest in the country at **1.7**, and the **most** competitive market in the country

City of Worcester Vacancy Rates



Worcester Metropolitan Statistical Area Rents Mar 2015 thru Mar 2023
Per Zillow Observed Rent Index



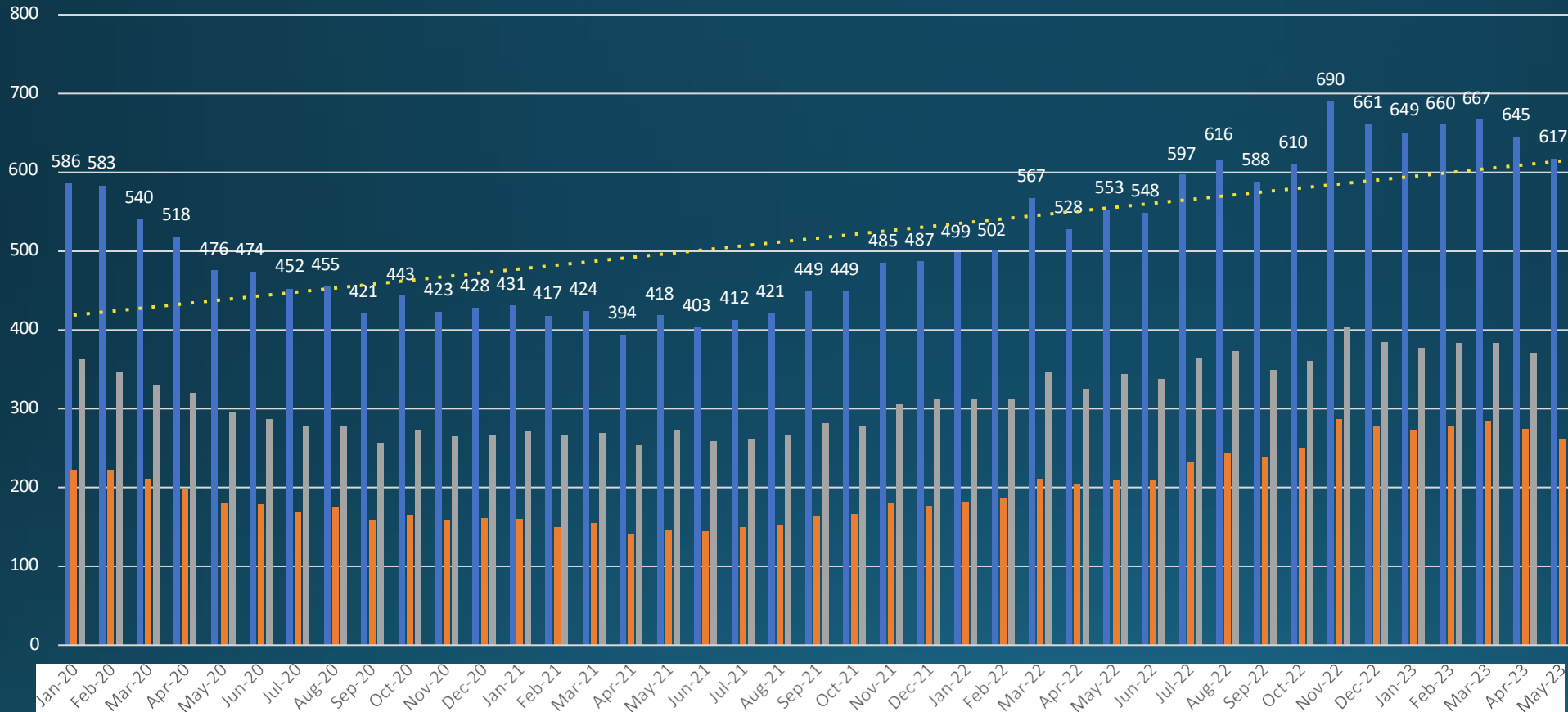
"We analyzed 71 of the largest metro areas in the United States...Worcester MA, is the hardest place to get an affordable apartment in the country right now."
-Apartment Advisor, May 2023



City of Worcester Homeless Families Analysis

Adults and Children enrolled in City of Worcester shelter programming summarized by month

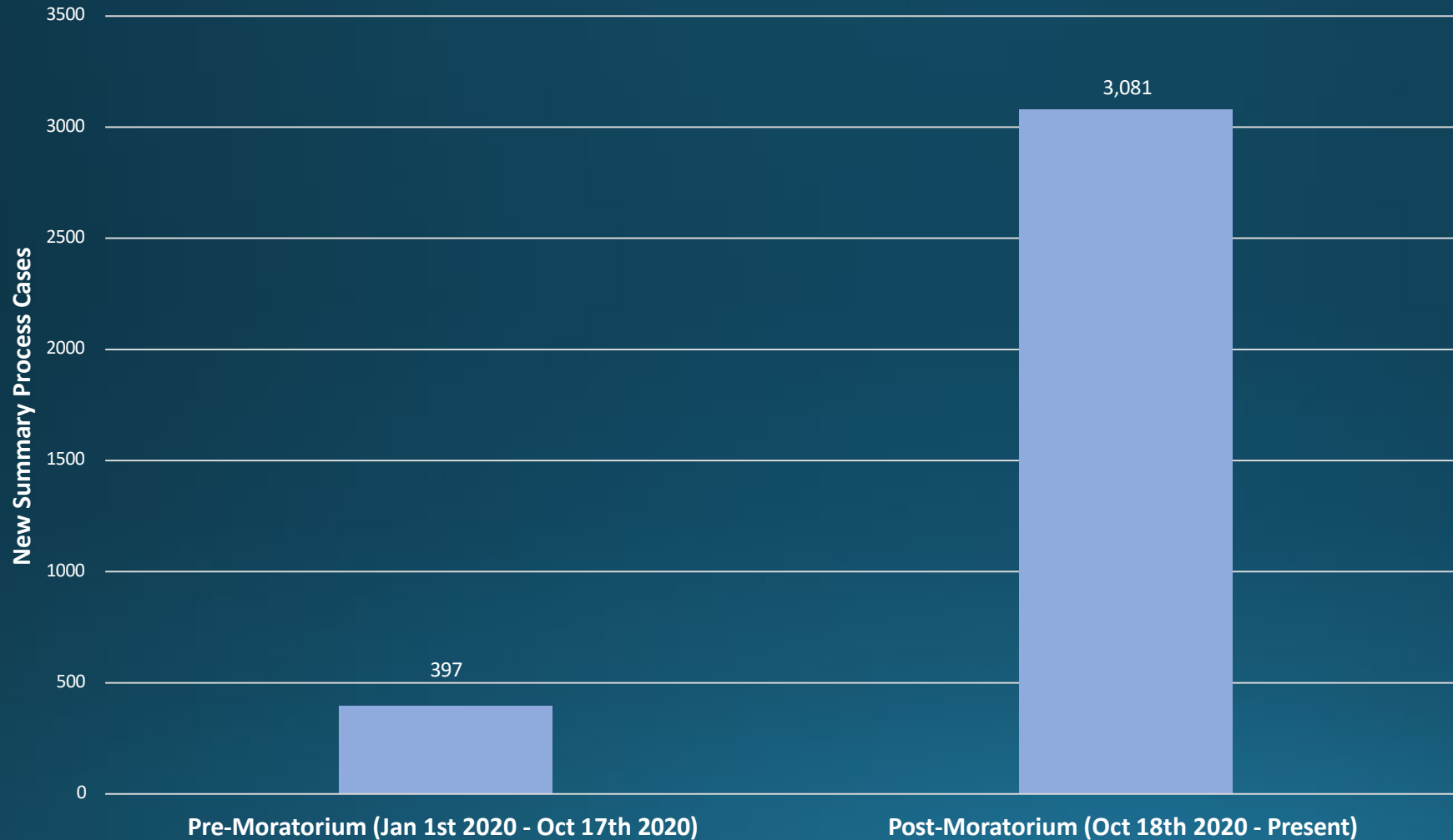
Families Adults Children Linear (Families)



Reports from state officials indicate a concerning trend of increased asthma and lead poisoning detected in school aged children experiencing homelessness over recent months. We expect this to rise given historical trends.

For families forced to accept substandard housing in the face of a housing crisis, the lack of safe, healthy, affordable housing options for families is a contributing factor with this trend.

Evictions in the City of Worcester



When the moratorium on eviction (placed during the COVID 19 emergency) was lifted, Worcester experienced a dramatic increase.

Many of the evicted are ending up at one of Worcester's shelters or with the homeless prevention program.

Almost all of those evicted proceed through their court case without a lawyer.

Shelter Bed Capacity, Worcester

Shelter Bed Capacity single adults

- 25 Queen St: 100 beds (70 bunk beds and 30 mattresses)
- MLK: 54 beds



Upcoming Housing Projects

- Luis Street: A 25-unit single occupancy housing project with a ribbon-cutting on October 31st.
- Quality Inn Hotel by WCHR: A 90-unit single occupancy housing project, expected to be completed in one year.
- SMOC: Creating 7 respite beds at MLK, currently in the finalization process.
- SMOC at 30 Winfield St: Developing a three-story building with 18 studio micro-units.
- SMOC at 30 Wyman St: Finalizing a project with 16 units, anticipated to be available by mid-November (pending city permits).
- Abby House: Expanding by adding two units to their housing project.
- East Side CDC: Working to create 18-unit tiny homes village, projected to be completed in the next two years.



Discussion on Addiction in Pregnancy and 51A Reform

Sriya Podila, MS2

Dr. Matilde Castiel, MD



Acknowledgements

Thank you to the Research, Community, and Curriculum Exploration (RCCE) Program for funding this project, to the community members who were willing to share their voices in the name of advocating for change, and to faculty supervisor Dr. Mattie Castiel. This endeavor was a collaborative effort with advocates from:

Green Clinic for Pregnancy and Recovery at UMass Memorial

Everyday Miracles Peer Recovery Support Center

Pernet Family Health Service

YWCA of Central Massachusetts

Baystate Medical Center OB/GYN Department

Behavioral Health Network

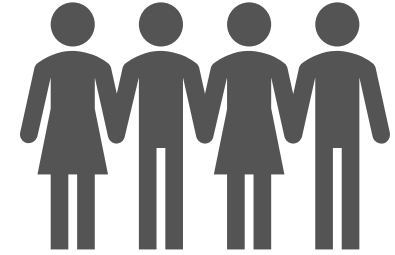
Boston Medical Center Health System

PNQIN/PRISM INSPIRE Study



Objectives

1. Understand the stigma and barriers faced by this population

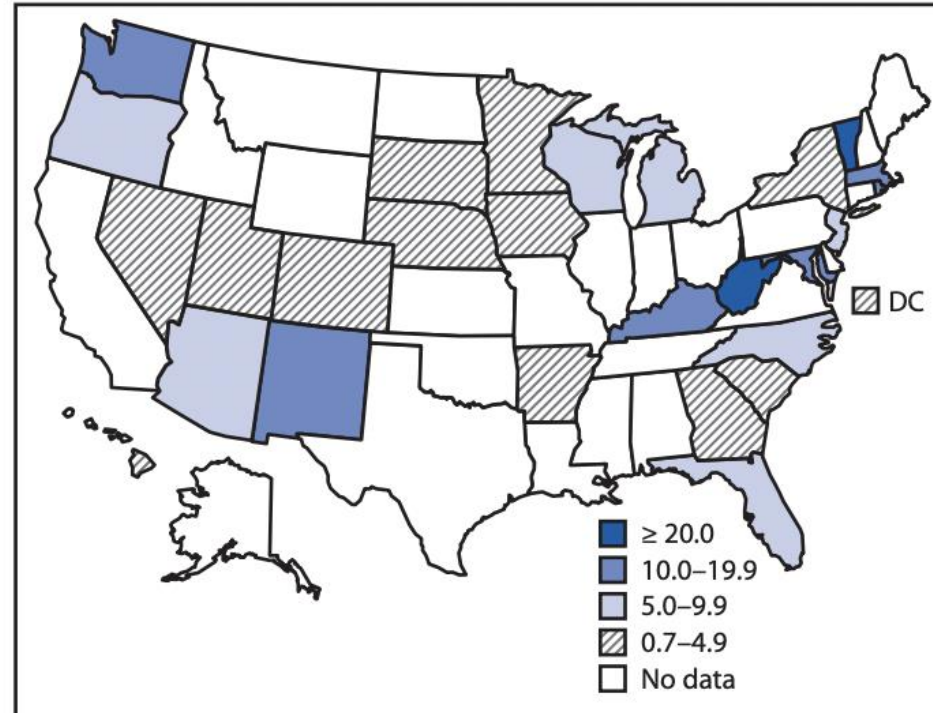


2. Bolster community voices and spread awareness



What is the extent of the problem?

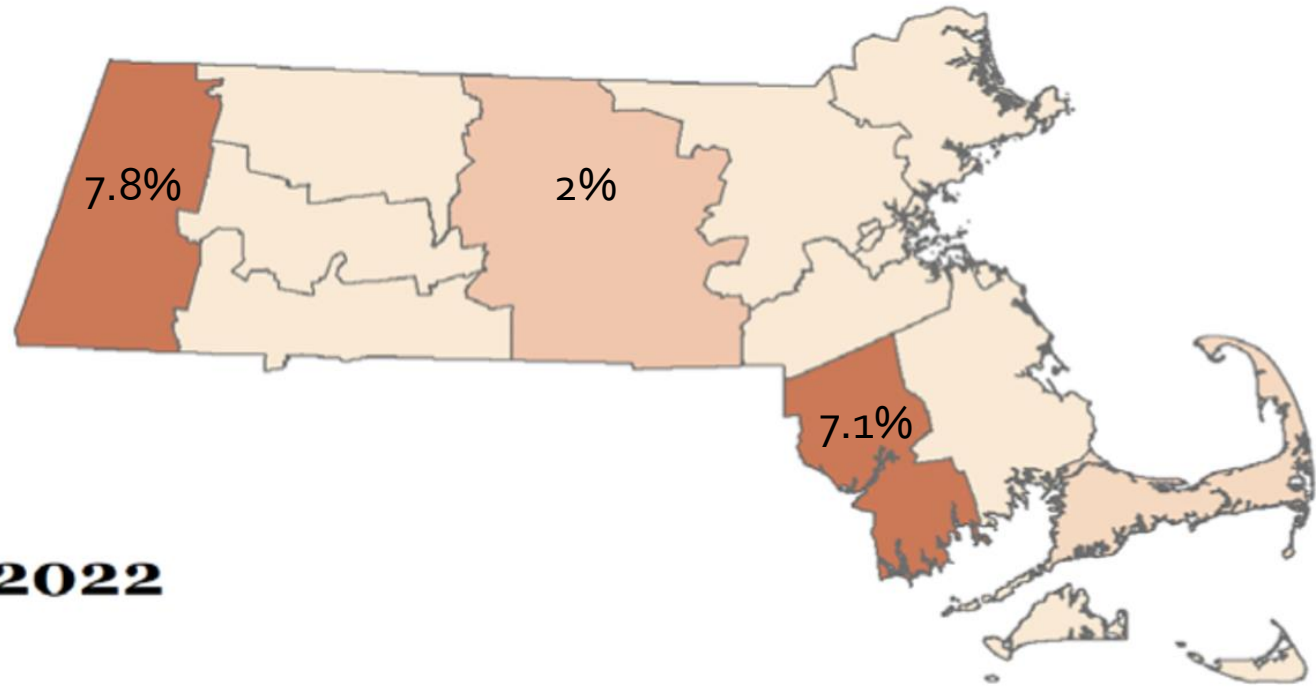
FIGURE 2. Prevalence of opioid use disorder per 1,000 delivery hospitalizations* — State Inpatient Database, Healthcare Cost and Utilization Project, 28 states, 2013–2014[†]



* Prevalence numerator consisted of opioid type dependence and nondependent opioid abuse based on *International Classification of Diseases, Ninth Revision* (ICD-9) codes (304.00–304.03, 304.70–304.73, 305.50–305.53), and denominator consisted of state delivery hospitalization discharges.

[†] Prevalence reported are for 2014, except for two states (Massachusetts and South Carolina) for which 2014 data were not available; 2013 data are reported for these states.

2,310 Opioid-related overdose deaths in MA (2022)



Percent of Mothers Who Used Opioids or Benzodiazepines During Pregnancy



Note: County based on birth hospital, not county of residence.
 Mothers with opioid or benzodiazepine use during pregnancy is reported using ICD-10-CM codes (F11.20: Opioid dependence, F13.20: Sedative, hypnotic or anxiolytic dependence). Percent of mothers with opioid or benzodiazepine use during pregnancy was calculated as: number of mothers reported by facilities in that county as having above ICD codes/ total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as reported by facilities in that county.
 Created by: Bureau of Health Care Safety & Quality
 Updated on: May 2, 2023
 Data Sources: 1. Health Care Facility Reporting System, Monthly Opioid Reports - extracted 05/01/2023
 2. MA Counties and Hospital Shapefiles - MassGIS

Addiction as a Health Concern

American Academy of Pediatrics

“A **public health response, rather than a punitive approach** to the opioid epidemic and substance use during pregnancy, is critical.”

American College of Obstetricians and Gynecologists

“Drug and alcohol use during pregnancy [is] a health concern that’s best addressed through education, prevention and community-based treatment, **not through punitive drug testing and reporting laws or criminal prosecution.**”

MOUD

Methadone

Buprenorphine

CDC Recommendations

- “Current clinical recommendations for pregnant people with OUD include MOUD, rather than supervised withdrawal, due to a higher likelihood of better outcomes and a reduced risk of relapse.”

Benefits of MOUD in Pregnancy

- EVIDENCE-BASED (CDC/ACOG/NIDA/and many more agree)
- Reduces repeated prenatal withdrawal
- Lower risk of NAS, less severe NAS, less growth restriction
- Increased opportunities for prenatal care
- Reduces infectious complications
- Provides stability

Physical Dependence

≠

Addiction

But the stigma still exists...

Section 51A

“A mandated reporter who...has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) **physical dependence upon an addictive drug at birth**, shall immediately communicate with the department...”

Single Track

CAPTA notifications have identifying info and are submitted with Abuse/Neglect Reports

Dual Track

CAPTA notifications are deidentified and submitted separately

State	CAPTA Reporting Model
Connecticut	Dual Track
★ Maine	Single Track
★ Massachusetts	Single Track
New Hampshire	Dual Track
Rhode Island	Dual Track
Vermont	Dual Track

*CAPTA = Child Abuse Prevention and Treatment Act

Institutional Barriers

- According to local advocates, DCF offices throughout the state have different rates of screening-in and screening-out cases of pregnant patients taking MOUD, resulting in **inconsistent rates of custody loss**.
- According to local advocates, hospitals and clinics throughout the state have differing protocols based on their legal team's interpretation of Section 51A, thus **reporting pregnant patients taking MOUD inconsistently**.

Call to Action

Both bills have been referred to the Committee on Children, Families, and Persons with Disabilities

An Act Relative to Substance Exposed Newborns Bill H.166

- Representative Carole Fiola
- Establishes requirements to file 51A only if parent's continued substance use will impact infant negatively OR if child abuse/neglect is suspected.
- Identified data will be sent to DPH, who will then deidentify the data for DCF.
- DPH will offer identified persons additional supportive services. DPH is also charged with creating these additional services.
- Creates a study that will research the impact of policy change.

An Act to Support Families Bill H.173

- Representative Sean Garballey
- Removes requirement to file 51A based on "physical dependence upon an addictive substance at birth".
- Deidentifies data before sending information to DCF.

“It’s just such an unsettling feeling to know that my baby could be ripped away from me at any point.”

Works Cited

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THANK YOU

Please feel free to contact me at sriya.podila@umassmed.edu
with any questions or concerns!



UMass Memorial Health

COMMUNITY HEALTHLINK UPDATE

Gordon Benson

President (Interim)

UMASS MEMORIAL HEALTH

Community Healthlink | Harrington | HealthAlliance-Clinton Hospital | Marlborough Hospital
UMass Memorial Medical Center | UMass Memorial Medical Group | UMass Memorial Accountable Care Organization

REOPENING SUSPENDED PROGRAMS

New leader for Substance Use Disorder Services:

Stephanie Manzi, a longtime CHL employee who has successfully run our youth recovery programs. Including our adolescent detox (MYR).

Begun hiring leaders for the programs.

Three key areas of work are ongoing:

1. Capital improvements:

- Work is ongoing to improve facility. Work includes new floor plan, new furniture, etc. to improve environment of care.

2. Hiring.

- Need to hire approximately 80-100 people in total. Leadership positions posted.
- Working with SEIU on process to recall staff.
- We will post additional staff positions in November.

3. Re-licensing:

- Submitted corrective action plan (CAP) to BSAS in July. They accepted our CAP.
- Will need to get re-licensed for all 3 programs.

REOPENING SUSPENDED PROGRAMS

Timeline:

- Continue to abide by 8–12-month timeline shared at the Worcester City Council meeting at the end of August.
- We will use a phased approach to reopen the programs. First one program, then the second, then the third. The 8–12-month timeline is for all three programs to be operational.

REOPENING SUSPENDED PROGRAMS

Outpatient and Residential recovery programs continue to operate:

- Residential Recovery Services
- Office-based Addiction Treatment
- Outpatient Substance Use Disorder Treatment
- Recovery Coaching
- Behavioral Health and Addiction Urgent Care – 24/7 Program – Connect with other SUD programs in area

Other developments:

- Facility tour with city officials, including Mayor Petty and City Manager Batista on September 22.
- Facility tour with state elected officials on September 29.
- We continue to meet with SEIU weekly to discuss the reopening of the programs. We have used their feedback to inform the renovation work at 12 Queen St. We have toured the facility with SEIU representatives to keep the apprised of the work under way.



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