

# Norfolk County-8 Coalition

MDPH/LBOH Webinar 6/22/2021



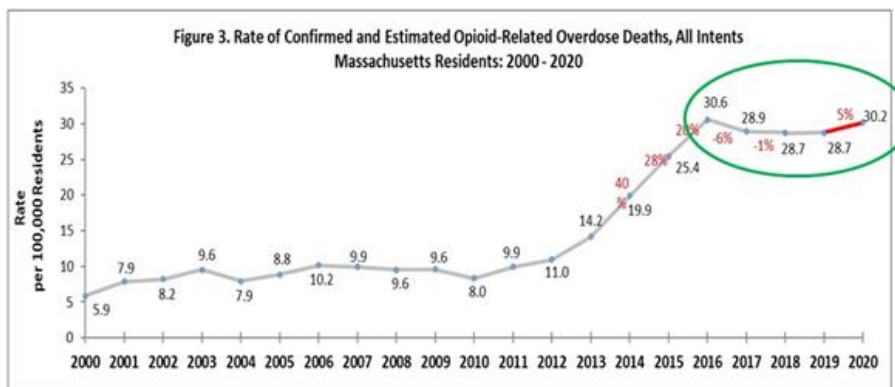
## Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Ron O'Connor, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, Laurie Courtney, and Katie Reilly, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Deirdre Calvert, Bureau of Substance Addiction Services (BSAS)
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Michael Flanagan and Mary Dozois, Department of Labor Standards
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Jeff Farnsworth, Executive Office of Public Safety and Security
- Kristina Crandall, Massachusetts Emergency Management Agency

### Announcements:

***Opioid Overdose Death Report—2020 annual overview and first quarter 2021:*** Used to be released quarterly, and now released bi-annually. Massachusetts has had one of the smallest increases in overdose deaths in the country.

**The rate of opioid-related overdose deaths has increased 5% in 2020 compared with 2019 and is 1% lower than the 2016 peak.**



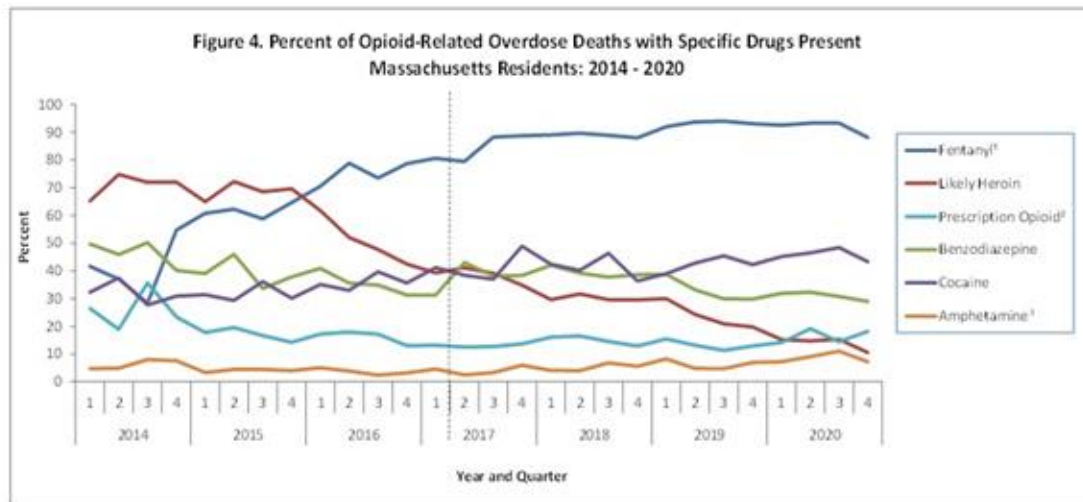
Fentanyl is the major driver in overdose deaths. Since 2014, the rate of heroin/or likely heroin deaths has decreased. Presence of fentanyl remains very high.

# Norfolk County-8 Coalition

MDPH/LBOH Webinar 6/22/2021



**Fentanyl remains a key factor in opioid-related overdose deaths (92% present in toxicology screen in 2020).**



Between 2019 & 2020, confirmed opioid-related overdose death rates for Black non-Hispanic men increased significantly at 69% while non-Hispanic deaths dropped. 73% of overdose deaths are male. DPH/BSAS is implementing new investments to enhance treatment and recovery support, particularly in communities of color. BSAS is dedicating a significant portion of supplemental funding from SAMHSA's Substance Abuse Prevention & Treatment Block Grant towards addressing racial equity, including:

- Increasing behavioral healthcare workforce diversity, recruitment, and retention through workforce development initiatives.
- Funding community-led programming in communities of color through grant making and support for increasing community-based organizations' ability to contract with the Commonwealth.
- Increasing the number of culturally-specific programs across the continuum of prevention, outreach/engagement, treatment, and recovery support services.
- Increasing investments in pre-arrest diversion/co-response models in order to divert people with SUD from the criminal justice system in partnership with the DMH.
- Increasing funding for low-threshold housing/housing first models in Suffolk County, with program expansions expected in Merrimack Valley, Springfield, and Worcester to address communities in need.

Current BSAS programs dedicated to addressing overdoses in Black/Latinx communities include:

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 6/22/2021



-Recovery-based re-entry services for men leaving incarceration that will be provided by the following agencies: Fathers' Uplift; Casa Esperanza; Legendary Legacies; New North Citizens' Council; Greater Lawrence Family Health Center/Lynn Community Health Center.

-Increased investments in the Black Addiction Counselor Education (BACE) and Latinx Addiction Counselor Education (LACE) programs to support Black and Latinx people seeking to enter the SUD workforce.

### DPH/BSAS has aggressively maximized access to SUD treatment during the COVID-19 pandemic:

-Increasing access to naloxone from March 2020 to April 2021, over 110 thousand naloxone kits have been distributed to Opioid Treatment Providers (OTPs), Syringe Service Programs, CHCs, Hospitals EDs, and Country Houses of Correction.

-Implementing a new standing order for naloxone allowing providers/organizations such as first responders, co-response/jail diversion teams, criminal justice personnel, and health and human services workers (such as those in homeless shelters, drop-in centers, and soup kitchens) to give naloxone to individuals at risk and their friends/family.

-Obtaining a blanket exception from SAMHSA on behalf of MA OTPs for take home doses of Medication for Opioid Use Disorder (MOUD). As of December 2020, 48.5% of OTP patients are receiving take home doses, compared to the pre-COVID average of 15.6% in December 2019.

-Implementing the broad adoption of a DEA waiver allowing prescriptions for buprenorphine and naltrexone to patients whom providers have conducted telehealth sessions, as well as induct patients on those medications.

-Reimbursing contracted Office Based Opioid Treatment providers for cell phones and data plans to maintain patients' ability to keep in contact with their providers for telehealth.

-Establishing COVID+ ATS and CSS units to facilitate positive patient transfers and maintain capacity within the rest of the treatment system.

-Leveraging the second round of State Opioid Response (SOR) funding from SAMHSA to increase access in MA to all FDA-approved forms of MOUS; reduce unmet treatment needs, and reduce opioid/stimulant misuse and overdose.

-Working with programs to prevent and mitigate the spread of COVID-19, including distributing guidance on surveillance testing, screening and isolation of patients/staff, and increased flexibility in bed allocation between different service settings to accommodate changing patient needs at individual programs.

Important to note that our federal funding is specifically for opiates, not alcohol or other types of substances, so unfortunately our scope of work is very limited although there is much to do.

**Q:** What is the most common way or route that people are taking fentanyl?

**A:** Almost always ends up in injection. Data exists, but don't have it on hand right now.

# Norfolk County-8 Coalition

## *MDPH/LBOH Webinar 6/22/2021*



If people have any questions about what best practices are or how local public health can help, please reach out and we would love to help you.

The following training modules are also extremely helpful to learn more about how local public health can partner with battling the opioid epidemic. If you click on “audit” you can review the materials without needing to do the entire module.

<https://sites.bu.edu/masslocalinstitute/2021/02/10/opioid-epidemic-and-substance-use-disorder-local-public-health-in-action/>

<https://sites.bu.edu/masslocalinstitute/2021/02/17/opioid-epidemic-and-substance-use-disorder-local-public-health-in-action-2/>

Full catalog of trainings for public health practitioners:

<https://sites.bu.edu/masslocalinstitute/training/on-your-time-trainings/>

**Q:** Thoughts on supporting supervised injection sites?

**A:** Since money is coming from federal government, there is a “[Crack House](#)” law that prohibits renting out any property for such a site. Also, in the previous Administration, nurses who would help with supervised injection sites could lose their licenses. The new Administration is using data from Canadian and European partners that have shown that supervised injection sites are efficacious. [SPOT program](#) currently exists and uses a similar approach to those of supervised injection sites.

**Q:** What about making cannabis or CBD available to patients to help with detox?

**A:** Marijuana, although legal here and in other states, is still a federally labeled Schedule 1 Drug. Federal government finds no medical value and considers marijuana an illicit substance. Because these treatment programs receive federal funding, they cannot use marijuana for treatment.

**Other updates:** [ACIP](#) was planning on hosting a special meeting last Friday, but it was postponed for Juneteenth holiday. This special ACIP meeting is now going to be a part of a regularly scheduled meeting planned for tomorrow through Friday. Tomorrow will be about COVID-19 all day and myocarditis/pericarditis, Thursday will be about the influenza vaccine and recommendations for coming flu season, and Friday will be about the pneumococcal vaccine.

**Community vaccinations:** Over 80% of eligible population has received at least one dose of the vaccine. Expanded homebound vaccination vendor outreach, not just for those considered homebound. Eligible criteria has changed, employers/organizations scheduling an event can also utilize this resource. Also, Tour de Vax, vaccine bus going from Provincetown to Pittsfield.

**Funding reminders:** PHE grant applications due June 29th and Epi Shared Services Grant due July 1<sup>st</sup>.

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 6/22/2021



### Questions answered out loud from the Q&A Chat:

**Q:** What exactly is cycle threshold?

**A:** To explain this, really need a laboratory for a thorough explanation. But the high level overview—when you do PCR test, part of the process is that the machine has to replicate and copy the genetic material that is present in the specimen. The number of times it takes to go through a cycle to get enough copies of the genetic material to get a measurable value is the cycle threshold. If you have a very small amount of virus/genetic material, you'll have a higher cycle threshold because it needs to repeat itself more times in order to get enough genetic material to complete the test.

**Q:** Delta variant, any updates?

**A:** Delta variant is increasing in proportion of cases it's responsible for in the US. CDC posting new data, going to be about 6.5% of all cases in the USA. In Massachusetts, around 2.4% but this could change today. Alpha variant is starting to decline as the delta variant increases. One of the reassuring things is that the reason they made delta variant a variant of concern is not because vaccines don't work, but because it's more transmissible. Maybe even more transmissible than alpha variant. It can outcompete other variants that are around and it becomes more common. The data that we have so far is that the available vaccines in the USA remain effective against the variant.

**Q:** What is the recommended level of community vaccination rate to recommend lifting of mask requirements for schools in the fall?

**A:** At this point, we do not believe that there will be the need to do masking and social distancing in the fall, but we are keeping an eye on this and will be working with DPH in the coming weeks.

**Q:** Recent notification sent out to superintendents about summer programs. The email mentioned that state health and safety standards are not required but recommended for summer school programs. How does this link with contact tracing and how should LBOH define close contacts?

**A:** The contact tracing definition has no changed. [DESE has posted scenario documents](#) and nothing has changed in those documents. If you have questions, the help center is still available at 781 338 3500. Contact tracing is still required if there is a case in school during the summer.

### Questions from Q&A not answered out loud:

-Laura DelleChiaie - 3:09 PM

**Q:** Are food employees allowed to not wear masks if vaccinated in a kitchen/cafeteria located in a hospital which is a congregate care setting? Thanks!-

-Jana Ferguson - 3:25 PM

**A:** Guidance for Healthcare is that vaccinated staff in non-clinical areas (breakrooms/kitchens/etc) working only with other vaccinated staff do not have to wear masks,

# Norfolk County-8 Coalition

## *MDPH/LBOH Webinar 6/22/2021*

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If one or more of the staff in the area are not vaccinated, then everyone needs to wear a mask. -

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-Wesley Chin - 3:31 PM

Q: Will fully vaccinated teachers be required to wear masks in schools in September when in classrooms with unvaccinated elementary school aged children who may not yet be vaccinated?-

-Anne Gilligan - 3:35 PM

A: • For the fall: At this time, all health and safety guidance including masking and physical distancing will be lifted. The Department of Elementary and Secondary Education will collaborate with the Department of Public Health (DPH) to issue any additional health and safety recom-

-Anne Gilligan - 3:37 PM

A: The Department of Elementary and Secondary Education will collaborate with the Department of Public Health (DPH) to issue any additional health and safety recommendations over the summer should they become necessary.-

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-Erica Piedade - 3:22 PM

Q: Paid for by BSAS SOR funding-

-Anne Marie Stronach - 3:35 PM

A: Here is the link to the May 27 DESE Guidance

<https://www.doe.mass.edu/covid19/on-desktop/covid19-guide-updates.pdf> For the fall: At this time, all health and safety guidance including masking and physical distancing will be lifted. The Department of Elementary and Secondary Education will collaborate with the Department of Public Health (DPH) to issue any additional health and safety recommendations over the summer should they become necessary.-

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-Shuang Shen - 3:05 PM

Q: Hi there, I am wondering if you would have an idea about when will we start to receive the COVID-19 vaccine reimbursement? Thanks.-

-Jana Ferguson - 3:36 PM

A: Hi there - I don't have this information since these are processed by FEMA, but perhaps we can get an ETA estimate to share next week. -

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-Alexandra DeJesus - 3:37 PM

# Norfolk County-8 Coalition

## MDPH/LBOH Webinar 6/22/2021

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Q: Hi Anne Marie - I understand that Commissioner Riley sent out an email to superintendents stating that the Health and Safety Standards are not required but recommended for summer school programs. How will this impact contact tracing? I wasn't sure what type of definition of a close contact that LBOHs should be using come this summer?-

-Anne Marie Stronach - 3:41 PM

A: This is the June 4 updated link <https://www.doe.mass.edu/covid19/on-desktop/protocols/> .

-Anne Marie Stronach - 3:41 PM

A: Please call Help Center at 781.338.3500-

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-Laura DelleChiaie - 3:40 PM

Q: Where can residents go for COVID relief assistance (in general) on mass.gov? Thanks!!-

-Jana Ferguson - 3:42 PM

A: <https://www.mass.gov/info-details/financial-assistance-during-the-covid-19-crisis>-

-Mike Coughlin - 3:42 PM

A: one list of resources: <https://www.mass.gov/info-details/financial-assistance-during-the-covid-19-crisis>-

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-Tracy Gagnon - 3:51 PM

Q: We work with Nashoba Boards of Health but would love to be able to connect with the mobile vaccine option-

-Mike Coughlin - 3:52 PM

A: <https://www.mass.gov/info-details/covid-19-mobile-vaccination-program>-