Massachusetts Department of Public Health

Public Health Council Meeting
July 9, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the July 9 Public Health Council listing.

Vaccine Equity Initiative

May 2024 Vaccine Equity Initiative Partners Gathering

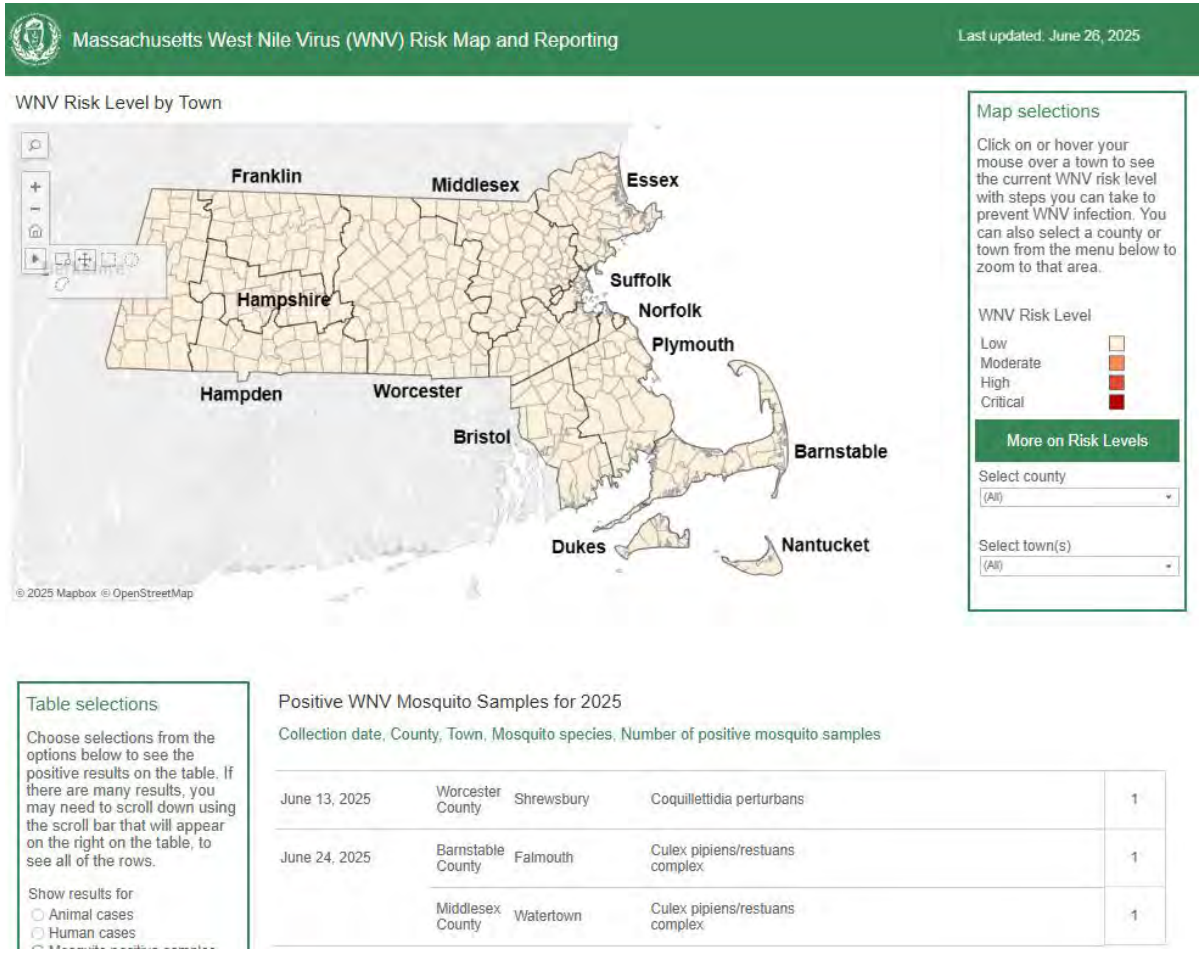
State Budget Update

Disability Pride Month

Ensuring Equitable Access to Vision Health Care for Individuals with Intellectual and Developmental Disabilities

focusonvisionandvisionloss.org/equitable-access

West Nile Virus



mass.gov/info-details/massachusetts-arbovirus-update

Mpox Developments

mass.gov/info-details/mpox-vaccination

Statewide Hospital Capacity

Tier 1	Tier 2	Tier 3	Tier 4
Low risk as determined by key indicators	Moderate risk as determined by key indicators	High risk as determined key indicators	*Persistently* high risk as determined by key indicators

Federal Updates

Massachusetts Department of Public Health

Determination of Need:

UMass Memorial Health Care Inc.

Transfer of Ownership

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

UMass Memorial Health Care, Inc.

- 5 Acute Care Hospitals
    - 1 Academic Medical Center
    - 4 Community Hospitals

Background Information: About UMMMC

UMass Memorial Medical Center ("UMMMC"), is a licensed 825-bed tertiary academic medical center that operates on two campuses, the University Campus located at 55 Lake Avenue North, Worcester ("University Campus"), and the Memorial Campus located at 119 Belmont Street, Worcester ("Memorial Campus").

Background Information: Marlborough Hospital

- 79 licensed beds including 47 medical/surgical (“M/S”) acute care beds, 10 intensive care (“ICU”) beds, and 22 psychiatric beds
- Joined the predecessor system to UMass Memorial in 1995
- Since 2014, Marlborough Hospital is also the site of the UMass Memorial Cancer Center, a satellite of UMMMC
- Smallest separately licensed facility in the UMass Memorial system

Background Information: Additional Info

- Total Value of the proposed Transfer of Ownership is $122,294,056
- 8 written comments
- 3 Ten Taxpayer Groups

Proposed Project Description

- UMass Memorial Health Care seeks a Determination of Need ("DoN") from the Massachusetts Department of Public Health (DPH) for the Transfer of Ownership of Marlborough Hospital.

- Following the Proposed Transfer of Ownership, Marlborough Hospital will become a licensed campus of UMass Memorial Medical Center.

- The proposed merger is intended to positively impact physician supply, patient access to specialty care, use of resources to better manage patient care delivery and a reduction in operational costs.

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value, and Operational Objectives — Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas:

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Transfer of Ownership to the following:

1. Need to Improve Access to Primary and Specialty Care

2. Need to Integrate and Streamline Patient Care Delivery

Factor 1: Patient Panel Need Analysis, Access

1. Need to Improve Access to Primary and Specialty Care

- Insufficient inpatient volume to independently support a full array of hospital and specialty service lines needed by the community
- Patient access issues
- On call burden

Factor 1: Patient Panel Need Analysis, Access cont.

- Contracted specialty coverage
- Reduced local access to several needed specialty services
- The current model is not sustainable for Marlborough Hospital to ensure patients have local access to needed services

Factor 1: Patient Panel Need Analysis, Integration

2. **Need to Integrate and Streamline Patient Care Delivery**

- Logistical and insurance barriers for patients, impeding care delivery
- Improvements in patient access
- Appropriate level of care based on acuity
- UMMMC transfer request denials

Factor 1: Patient Panel Need Analysis, Public Health Value

Factor 1: b) Public health value, improved health outcomes and quality of life; assurances of health equity

Maintaining access to timely local integrated care
Improved access to medical specialists

Factor 1: Patient Panel Need Analysis, Health Equity

Public Health Value: Health Equity

“Anchor Mission”
Fostering Culturally Proficient Staff
MassHealth Health Equity Incentive Program

Factor 1: Patient Panel Need Analysis, Efficiency

Factor 1: c) Efficiency, Continuity of Care, Coordination of Care

1. Greater integration of clinical and social support services will be gained across the UMMMC campuses.

2. Streamlined care delivery across UMMMC and Marlborough Hospital.

3. $640,000 to $2.1 million savings in avoided transfer costs annually.

Factor 2: Health Priorities, Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals, improved public health outcomes, and delivery system transformation.

Factor 2: Cost Containment, Analysis

UMMMC and Marlborough Hospital are high public-payer hospitals
Commercial payer mix
Savings will be gained as a result of reductions in transfers of lower acuity patients from Marlborough Hospital

Factor 2: Improved Public Health Outcomes Analysis

Preserving acute care hospital services in the Marlborough community

Full integration into the UMMMC quality, patient safety, and regulatory oversight functions

Increased access to specialty care

Factor 2: Delivery System Transformation Analysis

1. Access to UMMMC's innovative care models

2. Workflows for screening patients for SDOH needs

Factor 3: Compliance, Key Requirements and Analysis

The Determination of Need Program staff has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs, Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, the CPA concluded the following:

The Projections exhibit a cumulative operating EBIDA surplus of approximately 4.5% of cumulative projected operating revenue for the six years from FY 2025 through FY 2030. The CPA determined the anticipated EBIDA surplus is a reasonable expectation and based upon feasible financial assumptions and projections. Accordingly, it determined that the Proposed Affiliation is not likely to have a negative impact on the patient panel or result in a liquidation of assets of UMMHC.

Factor 5, Relative Merit; and Factor 6: CHI

Transfers of Ownership are exempt from Factor 5 and Factor 6

Other Conditions

1. The Holder must maintain all essential services at Marlborough Hospital for a minimum of 5 years post DoN approval.

2. On a quarterly basis, the Holder will inform the Program of any anticipated material or prolonged reduction of any essential service at Marlborough Hospital during the upcoming quarter.

Other Conditions, cont.

- Opportunity to participate in existing UMMHC programs to increase access and reduce the overall cost of care

- Annual reporting requirements:

(1) Clinical quality metrics such as patient mortality
(2) Patient safety, as measured by Patient Safety Indicator (PSI) events
(3) Patient experience scores, as measured through patient survey responses
(4) Health equity, as measured by the MassHealth health equity incentive program metrics

Outcome Measures

- Total number of teleconsultations performed by a UMMMC specialty provider for patients admitted at the Marlborough Campus
- Occupancy rates for inpatient medical/surgical services at Marlborough campus
- Likelihood to recommend Marlborough Hospital

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

Dennis.Renaud@mass.gov

Massachusetts Department of Public Health

Proposed New Regulation 105 CMR 775.000:

Certified Medication Aides in Long-Term Care Facilities

Lauren B. Nelson

Deputy Director, Bureau of Health Professions Licensure

Summary of Regulation

105 CMR 775.000: *Certified Medication Aides in Long Term Care Facilities,* implements the requirements of M.G.L. c. 111, § 72W½, as inserted by chapter 197 of the acts of 2024: *An Act to Improve Quality and Oversight of Long-Term Care* (the Act), which requires the Department to create a new certified medication aide (CMA) role to be deployed by long-term care facilities (LTCFs) in Massachusetts. This new regulation:

- Establishes requirements for the eligibility, training, competency testing, supervision, certification, and discipline of CMAs in LTCFs.
- Provides safeguards required by the Act, including minimum training requirements, evaluation every six months by a licensed nurse or physician, biennial recertification requirements, and conduct and disciplinary provisions.

Summary of Regulation, continued

In addition to being required by law, the introduction of CMAs into LTCF processes is beneficial in several respects:

- CMAs trained to administer medications allow for more efficient use of nursing staff, e.g. allows nurses to spend more time assessing patients and providing other necessary care.
- This regulation provides an option to employ CMAs to assist with medication administration and help mitigate the need caused by an increasingly scarce nursing workforce.
- CMAs can focus solely on medication administration, which can lead to fewer medication-related errors and improve resident safety.
- CNAs can advance their careers by becoming CMAs, gaining new skills and responsibilities, and potentially earning higher pay and greater career advancement.
- Success of CMAs in LTCFs could lead to an expansion of settings, allowing home health, group homes, etc. to reap the same benefits as LTCFs.

Overview of Proposed Regulation

This new role allows LTCFs to upskill certified nurse aides (CNAs) who, after training and competency testing, would be permitted to administer non-narcotic medications to residents under the supervision of a licensed nurse or physician. New sections lay out:

- Definitions
- Certification requirements
- Renewal requirements
- Practice requirements for Certified Medication Aides
- Grounds for discipline and refusal to certify or renew a certification
- Discipline

Section 2: Definitions

Summary of proposed language

The Department proposes 9 new definitions, including the following:

- **Certified Medication Aide** means an employee of a long-term care facility that satisfies eligibility criteria established by the Department and has successfully completed the required training and competency testing developed by the Department to administer medications to residents of long-term care facilities.

Section 3: Certification Requirements

Summary of proposed language

- The Department proposes requiring an applicant to:
  - Be at least 18 years of age;
  - Have graduated from high school or hold a GED certification;
  - Hold a current Certified Nurse Aide (CNA) certification;
  - Have successfully completed a training approved by the Department within 2 years of the application date
  - Have successfully passed an exam approved by the Department within 2 years of the application date
- The regulation outlines the application process and required submissions.
- The Department also proposes allowing certification by reciprocity (without training or examination) of CMA applicants who are, or have been, certified as a medication aide or technician in another domestic jurisdiction or Canada under laws that maintain certification standards substantially the same as those required in Massachusetts.

Section 4: Renewal Requirements

Summary of proposed language

- The Department proposes requiring a certification to be renewed every two years on April 30, provided that the applicant submits:
  - The required renewal fee
  - Proof of successful completion of any required assessments
  - Proof of current CNA certification

- A renewal application will not be processed until it is complete, all necessary information and documentation has been provided, and the renewal fee has been received.

Section 5: Practice Requirements for CMAs

Summary of proposed language

- The Department's proposal authorizes a CMA to administer medication in long term care facilities, **only** under the supervision of one of the following Massachusetts licensed health care professionals:
  - Licensed practical nurse
  - Registered nurse
  - Certified nurse practitioner
  - Physician

Section 5: Practice Requirements for CMAs, continued

Summary of proposed language

- The Department proposes the following requirements and limitations to CMA practice:
  - CMAs must be evaluated by a supervisor at least every six months;
  - CMAs must administer in accordance with a prescription or medication order;
  - CMAs may not administer narcotic drugs;
  - CMAs may not engage in prescriptive practice;
  - CMAs must document all administration in the medical record; and
  - CMAs must update their address of record and email address within 30 days of a change.

Section 6: Grounds for Discipline and Refusal to Certify or Renew a Certification

Summary of proposed language

The Department proposes 20+ grounds for action against the certification of a CMA, or refusal to issue or renew a certification, including, but not limited to, the following activity:

- Engaging in conduct outside the approved scope of practice
- Fraudulently procuring a certification or renewal under this regulation
- Cheating, or assisting another person to cheat, on a certification examination
- Falsifying or failing to make essential entries in patient records
- Presenting to work while their ability to practice is impaired
- Failing to maintain a current CNA certification
- Engaging in conduct that undermines public confidence in the integrity of the profession

Section 7: Discipline

Summary of proposed language

The Department proposes a variety of disciplinary actions which can be taken against a CMA, in alignment with other BHPL boards and programs.

Next Steps

- Following this presentation, staff will hold a public hearing and will provide a public comment period.
- After the close of the public comment period, staff will review comments, revise as necessary to reflect comments received, and then request approval of the final regulation at a subsequent meeting of the Public Health Council.

Thank you for the opportunity to present this information today.

For more information about Certified Medication Aides, please find the relevant statutory language and the full proposed regulation here:

Massachusetts Law:

- malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter197

Proposed New Regulation:

- Proposed Regulations and Amendments - Department of Public Health | Mass.gov

Please direct any questions to:

- DPH.DCP@mass.gov

Massachusetts Department of Public Health

Mosquito- and Tick-borne Diseases, Massachusetts

July 9, 2025

Catherine M. Brown, DVM, MSc, MPH

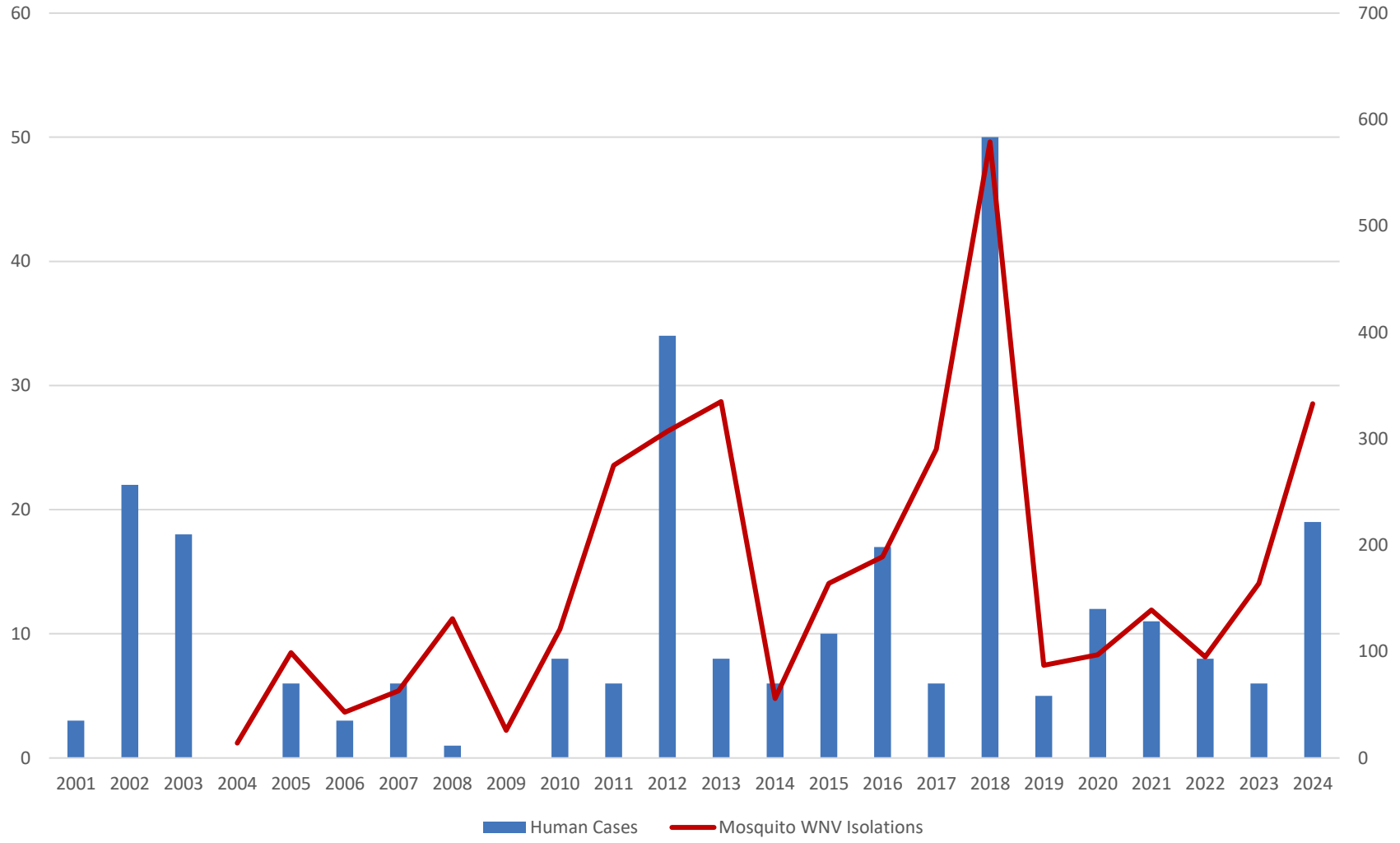
State Epidemiologist/State Public Health Veterinarian

Mosquito-borne Diseases

Arbovirus Background: Historical WNV Activity

WNV

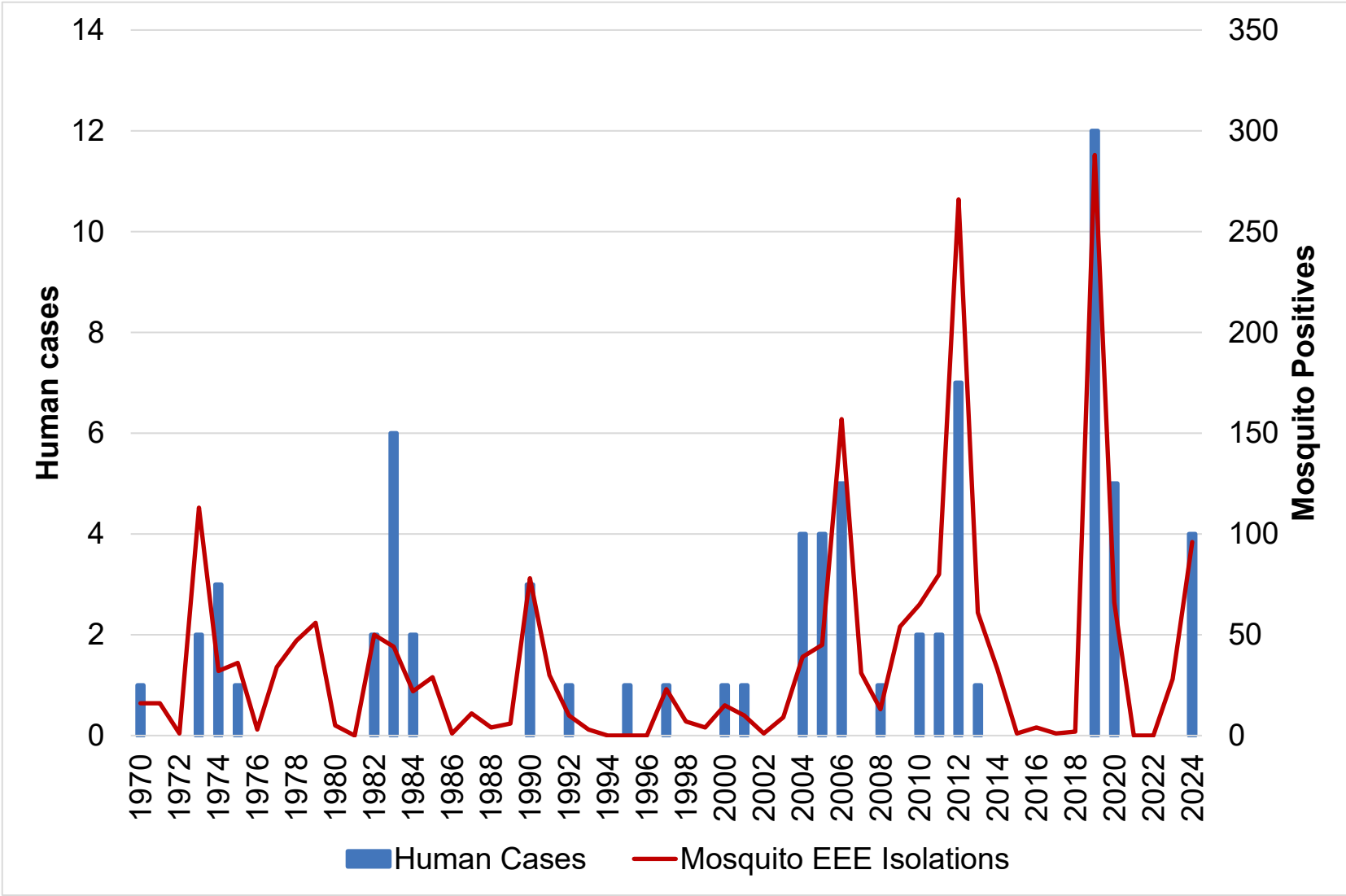
- Most cases asymptomatic
- 20% febrile illness
- <1% severe disease
- Age related mortality
- Annual occurrence



Arbovirus Background: Historical EEE Activity

EEE

- Severe disease with an up to 50% mortality; survivors often left with disability
- Typically in 2- to 3-year outbreak cycles with limited activity during non-outbreak years
- 2019-2020 was last outbreak cycle
- 2024 may be beginning of next one

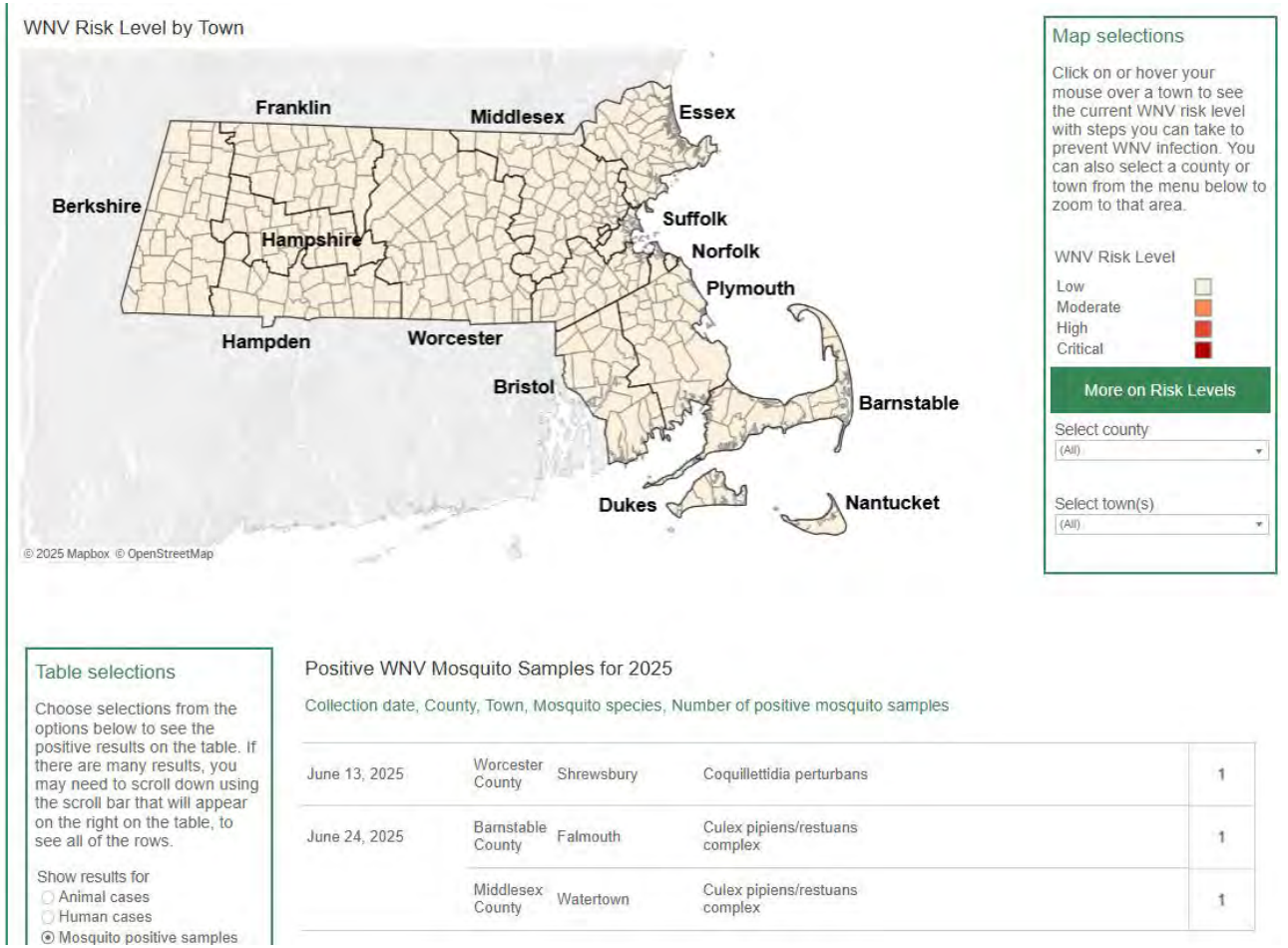


2019-2024 EEE Seasons

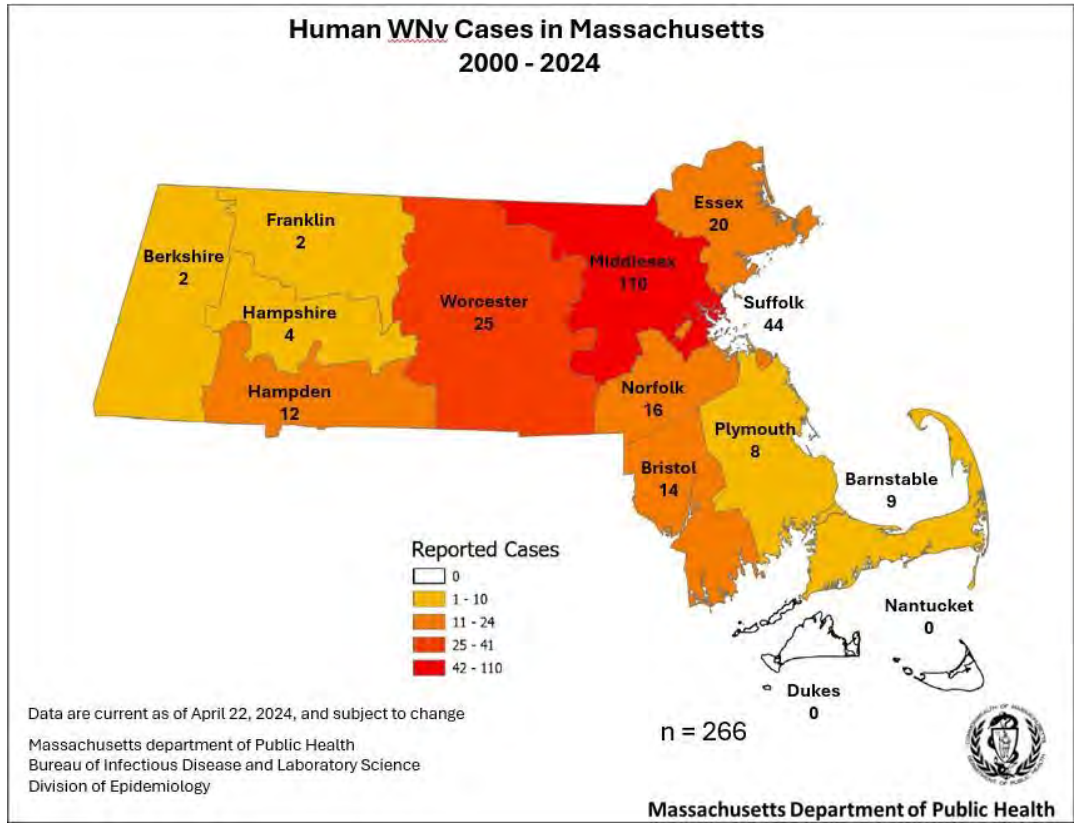
	2019	2020	2021	2022	2023	2024
Overview	First year of EEE outbreak cycle Most active EEE year in MA since the 1950s	Second year of outbreak cycle				First year of EEE outbreak cycle?
EEE	12 human cases, with 6 deaths 9 animal cases	5 human cases, with 1 death	0 human cases	0 human cases	0 human cases	4 human cases, with 1 death
WNV	5 human cases	12 human cases	11 human cases	8 human cases	6 human cases	19 human cases
Emergency Response	6 aerial sprays to reduce EEE risk	1 aerial spray in Plymouth/Bristol County to reduce EEE risk				1 aerial spray in Plymouth County to reduce EEE risk; 1 ground-based spray in four towns in Worcester County

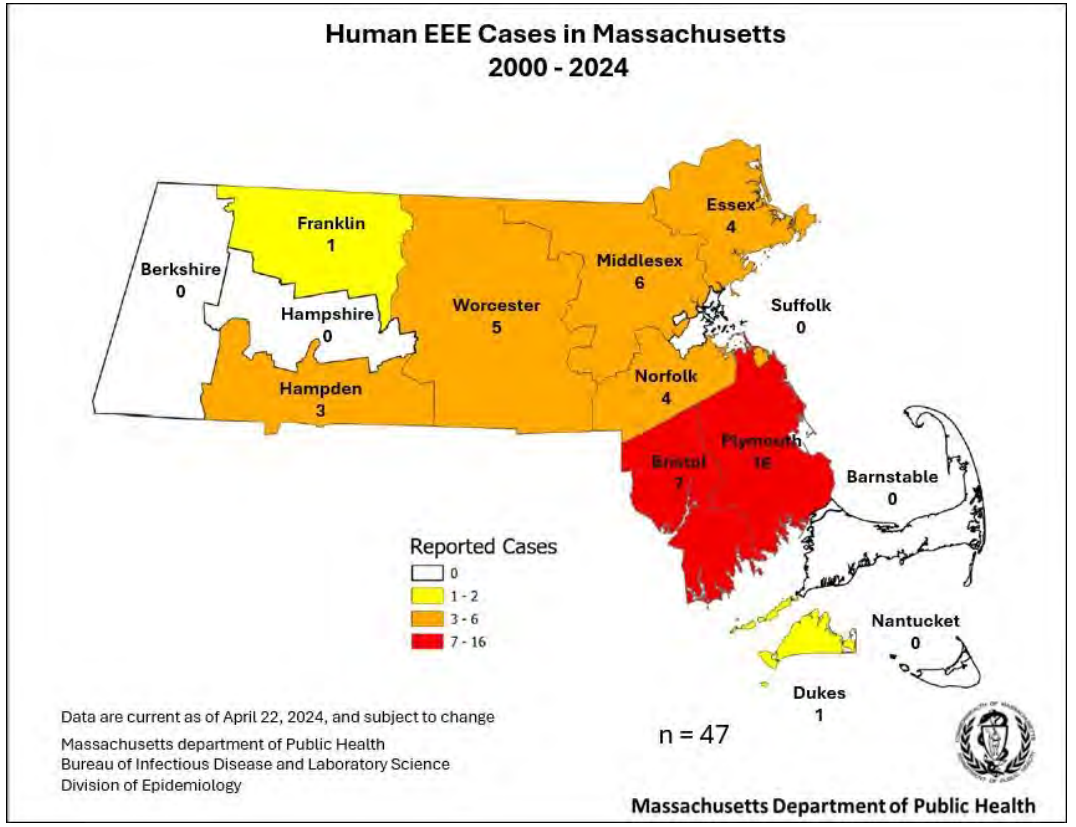
Arbovirus Surveillance Communication

- Plan provides an evolving set of public health recommendations based on risk assessed by geography (risk levels remote – critical)
- Website includes maps of risk levels and information about all positive results (mosquito, animal and human): mass.gov/info-details/massachusetts-arbovirus-update



Geographic Distribution of WNV and EEE Cases



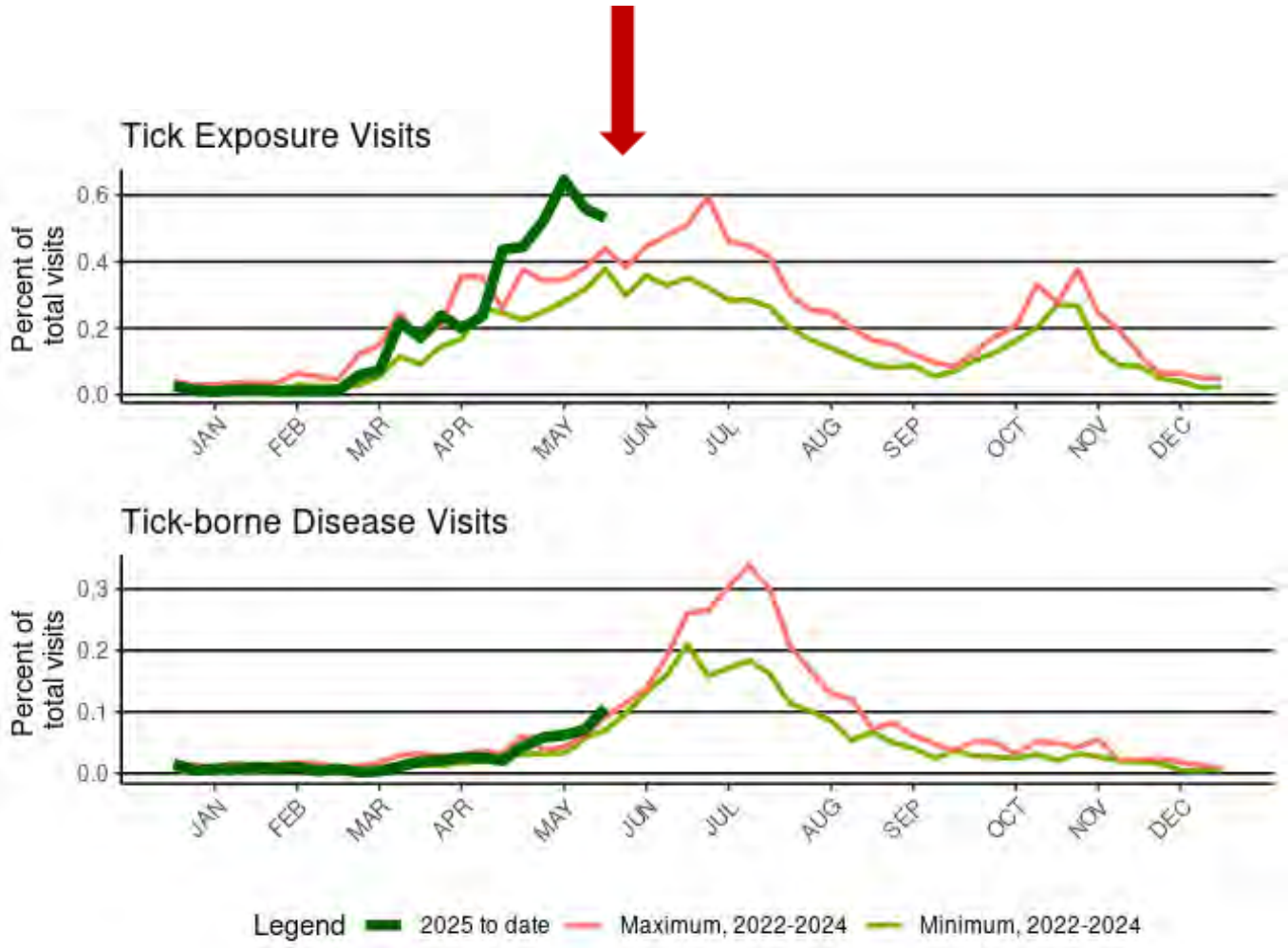


Public Awareness Campaign

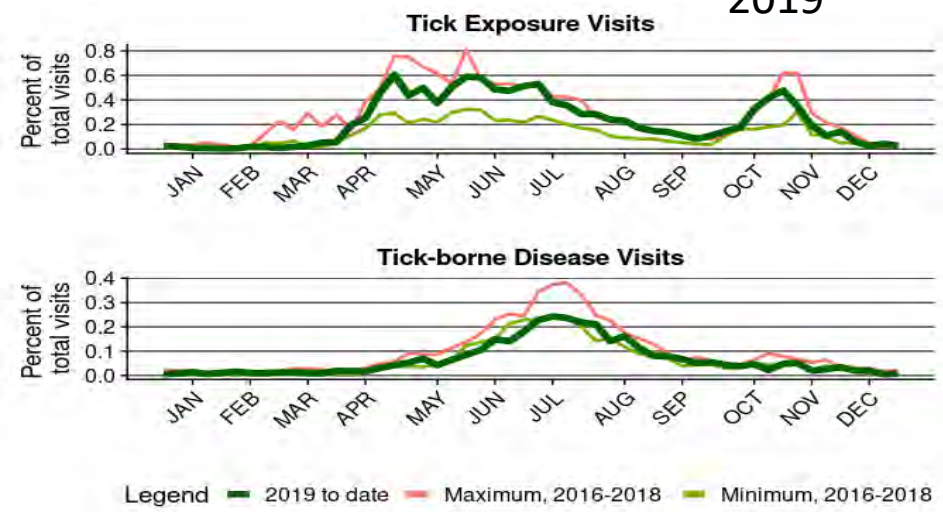
- **DPH issues a public awareness campaign each year to inform the public about the risks of arboviruses (in addition to ticks)**
- **Focus on ticks in May/June and transition to mosquitos in late June/July**
- Content includes:
  - Website: mass.gov/MosquitoesAndTicks
  - Press release on summer safety: mosquito/tick safety awareness
  - Stakeholder-specific calls and factsheets
  - Assets include:
    - Videos
    - Social and digital media ads
    - DOT billboards
    - Infographics
    - Printed materials

Tick-borne Diseases

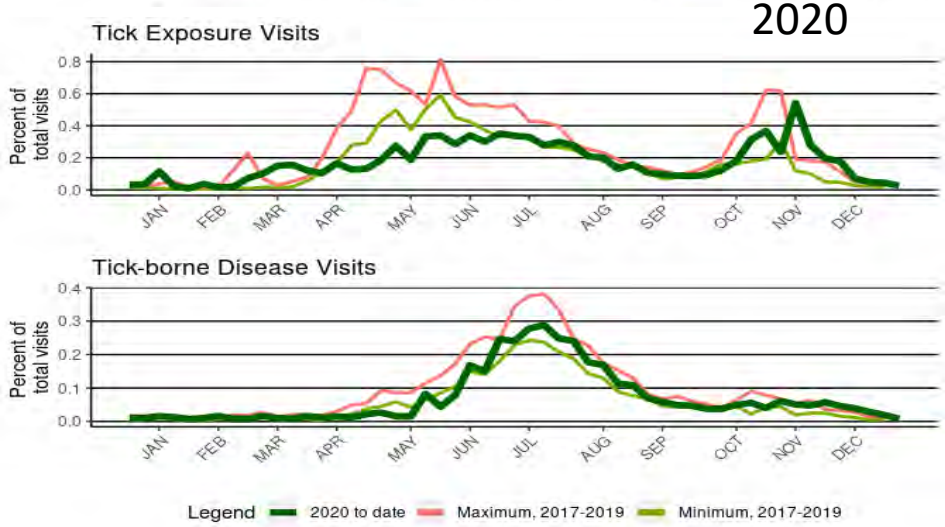
Emergency Department Visits: 2025



2019



2020



Factors that Influence Human-Tick Interactions

- Tick Populations
  - Weather
    - Over the entire life cycle (2-3 years depending on species)
  - Host Populations - Sources of food (blood meal)
    - Over the entire life cycle (2-3 years depending on species)
    - Influenced by food sources for the hosts
  - Which species of tick is most common/most active
- Human Activity
  - Weather
    - How much time do people spend outside

Note: also matters where people are seeking care for health concerns

Ticks of Concern

Black-legged Ticks (aka Deer Ticks)

Nymph (translucent body) | Adult Female (red body) | Adult Male (brown body)

Lone Star Ticks

Nymph (translucent body) | Adult Female (lone star) | Adult Male

American Dog Ticks

Nymph (unfed & engorged) | Adult Female (reddish body) | Adult Male (brown body)

ACTUAL SIZE

Larva Nymph Male Female

Black-legged Ticks (aka Deer Ticks)

American Dog Ticks

Lone Star Ticks

Tick-borne Diseases in Massachusetts

Ranked from **Most Common to Least** in Massachusetts, 2010-2023	Pathogen Type	Transmitted by: Deer tick	Lone Star Tick	American Dog Tick
1. **Lyme Disease**	Bacteria	X		
2. **Anaplasmosis**	Bacteria	X		
3. **Babesiosis**	Protozoa	X		
4. ***Borrelia miyamotoi***	Bacteria	X		
5. **Ehrlichiosis**	Bacteria		X	
6. **Spotted Fever Rickettsiosis (incl. RMSF)**	Bacteria			X
7. **Powassan Virus***	Virus	X		
8. **Tularemia**	Bacteria		X	X

*Testing for most diseases is widely commercially available. Powassan virus is the exception and testing has been mostly provided through CDC.

As of 2025, the State Public Health Laboratory has the CDC screening assay for Powassan virus which greatly speeds up diagnosis for Massachusetts residents

Actual Ticks

Lyme

Anaplasmosis

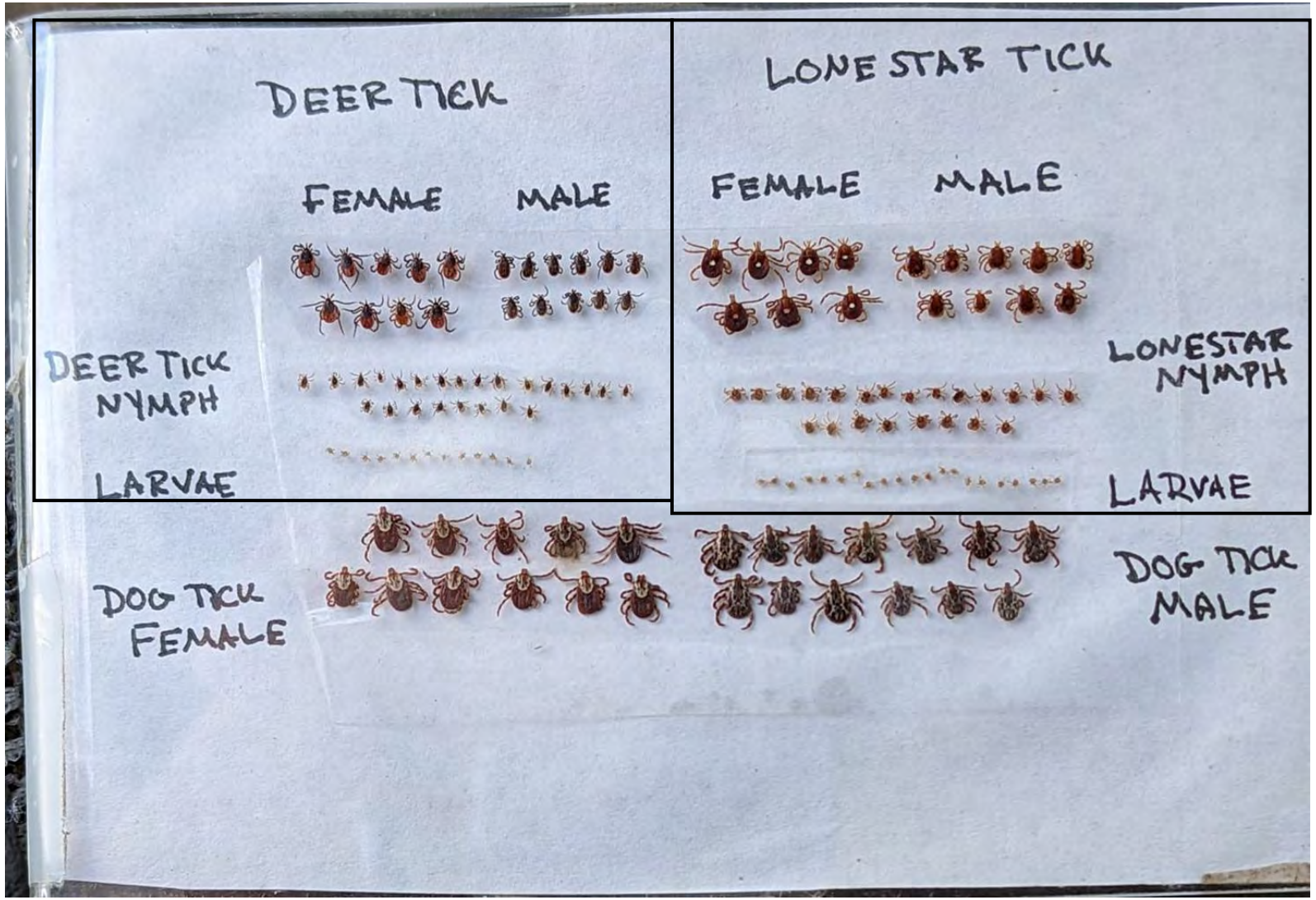
Babesiosis

Borrelia mioyamotoi

Powassan virus

Spotted fever rickettsiosis (incl. RMSF)

Tularemia



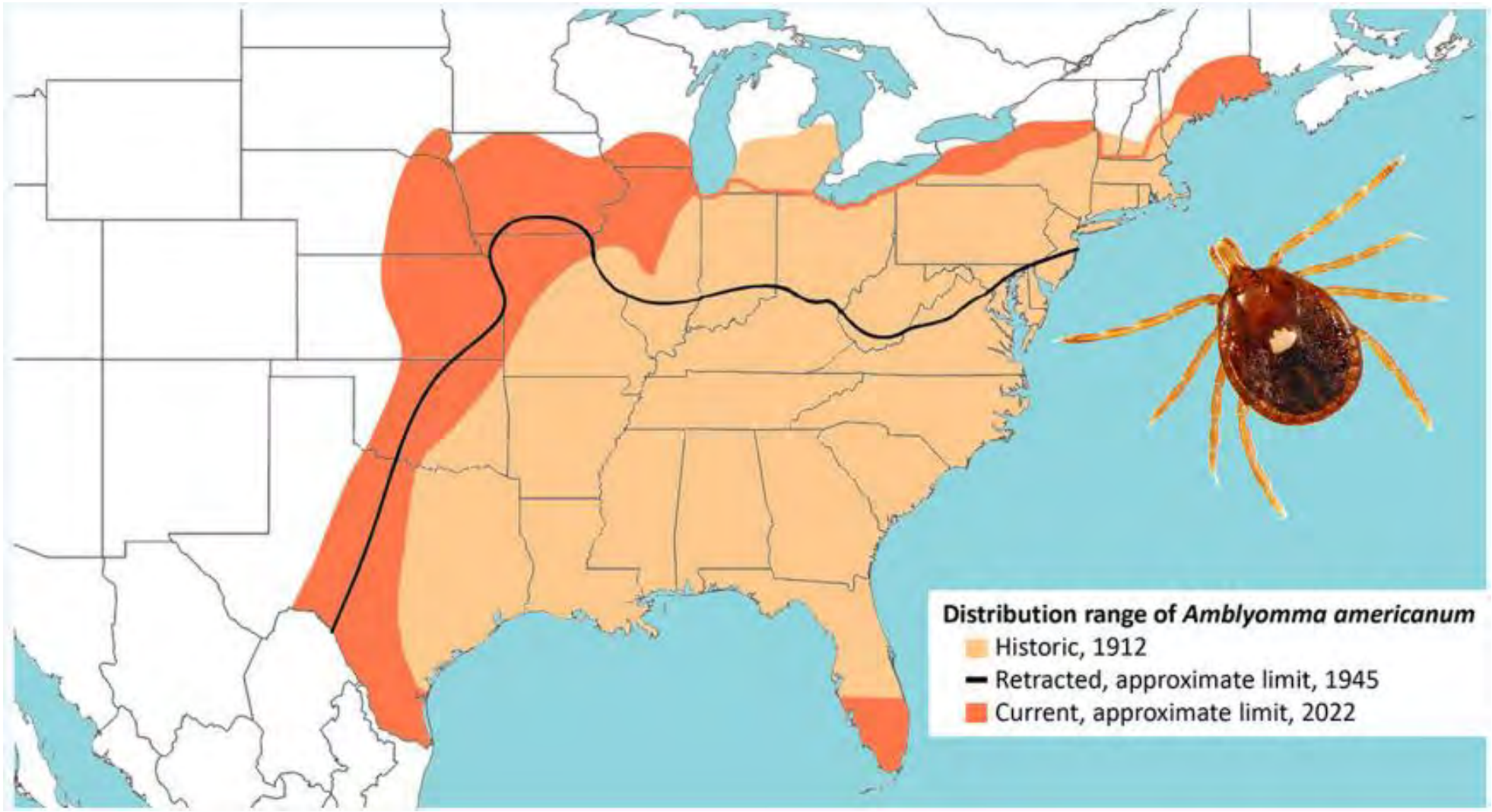
Credit: Patrick Roden-Reynolds, MV Tick Program

Ehrlichiosis

Tularemia

Alpha-gal

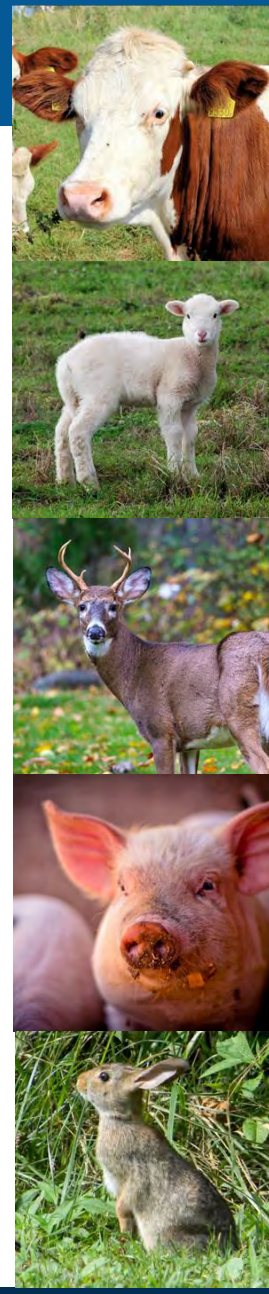
Amblyomma americanum (Lone Star tick)



McClung and Little, Trends in Parasitology, January 2023, Vol. 39, No. 1

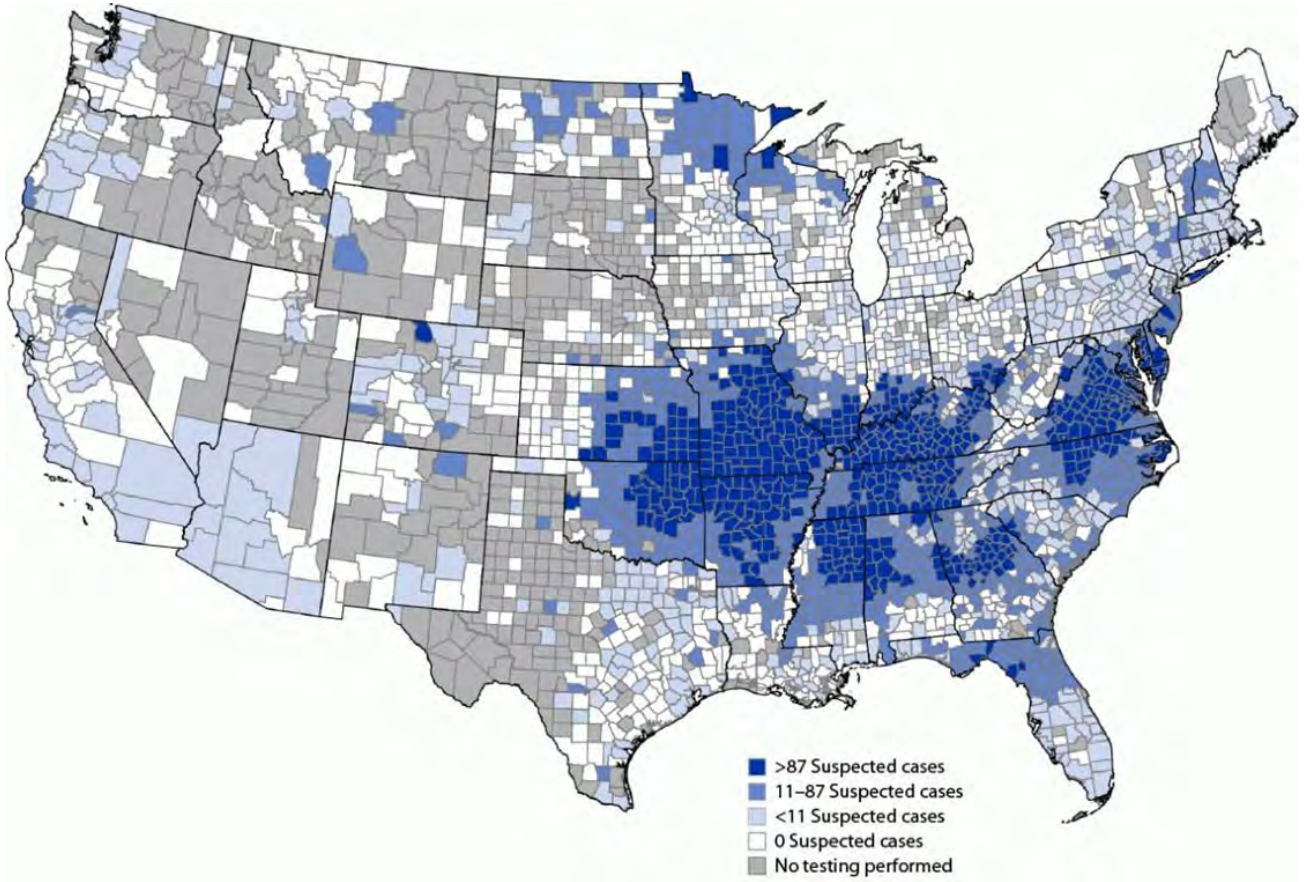
What is Alpha-gal?

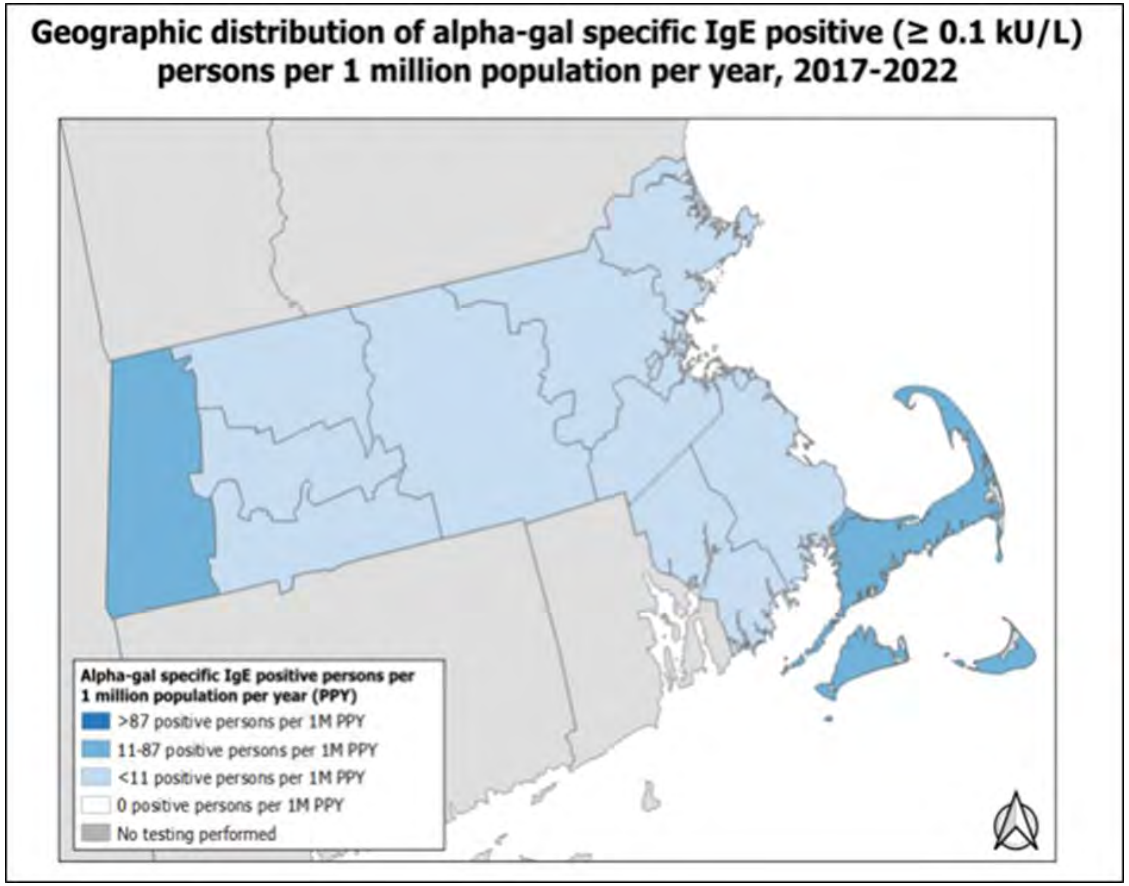
- Alpha-gal: galactose alpha-1, 3-galactose, a **carbohydrate molecule**
  - Present on the tissues and cells of all non-primate mammals
  - Present in different amounts in different mammalian products
  - Meat most common; milk products less so
  - Other meat-based products, medical products and some non-food
- Possible Symptoms
  - Range from hives to GI impacts to anaphylaxis
- Diagnosis and Management
  - Blood test for IgE antibodies specific to alpha-gal + symptoms
  - Avoidance of food triggers and additional tick bites

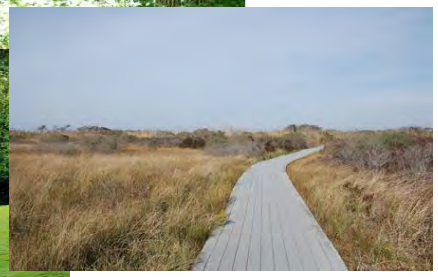


Alpha-gal Syndrome in the US: Estimates 2017-2022

Geographic Distribution of Suspected Alpha-gal Syndrome Cases — United States, January 2017–December 2022 | MMWR (cdc.gov)

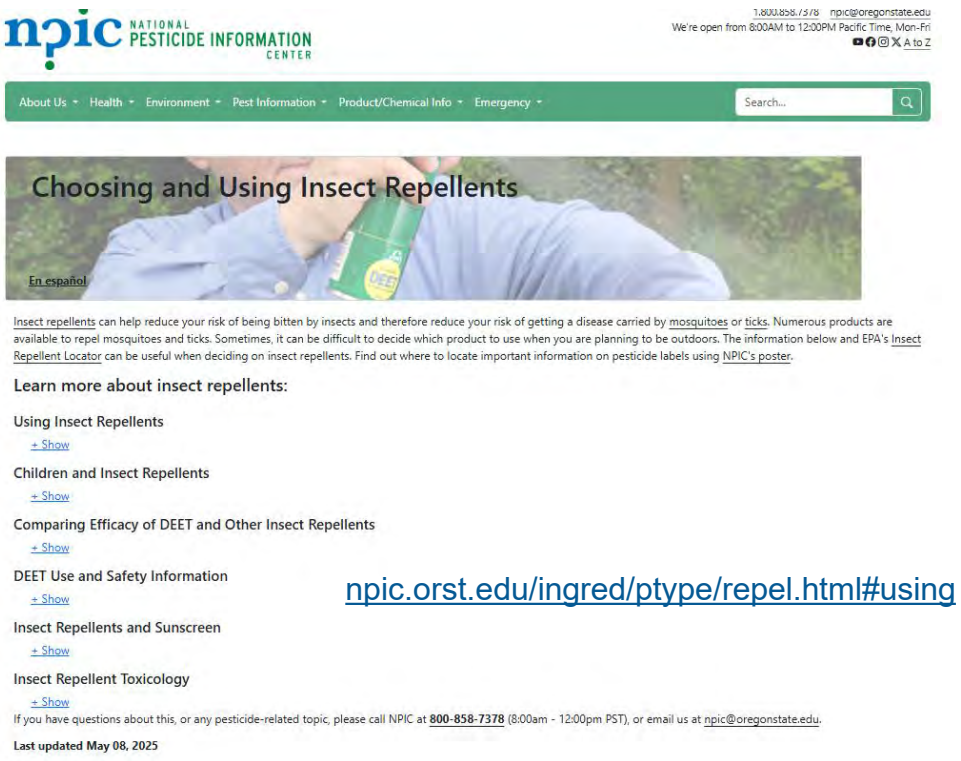






Be aware of ticks

epa.gov/insect-repellents/find-repellent-right-you



npic.orst.edu/ingred/ptype/repel.html#using

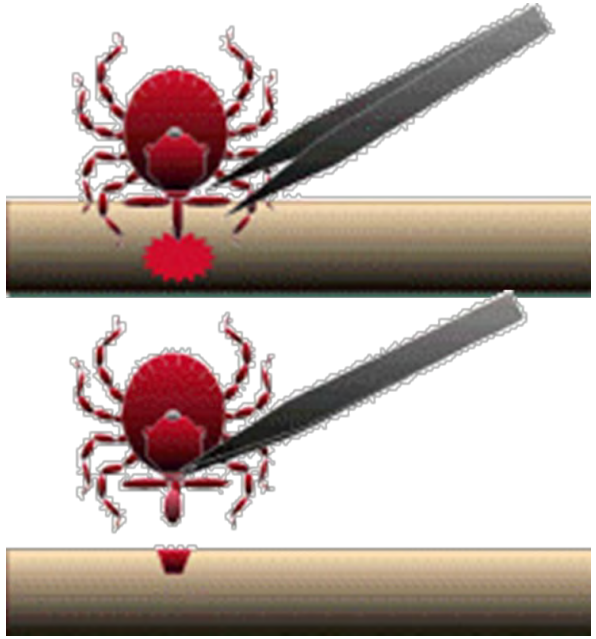
Permethrin-treated clothes

cdc.gov/mosquitoes/prevention/about-permethrin-treated-clothing-and-gear.html

Tick Prevention

Tumble dry clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors; tumble dry on low heat for 90 minutes.

Bathe or shower as soon as possible after coming indoors (preferably within 2 hours) to wash off and more easily find ticks that are crawling on you.



Talk to Health Care Provider and Veterinarian

Tick Testing Resources

Massachusetts Department of Public Health

Bureau of Substance Addiction Services

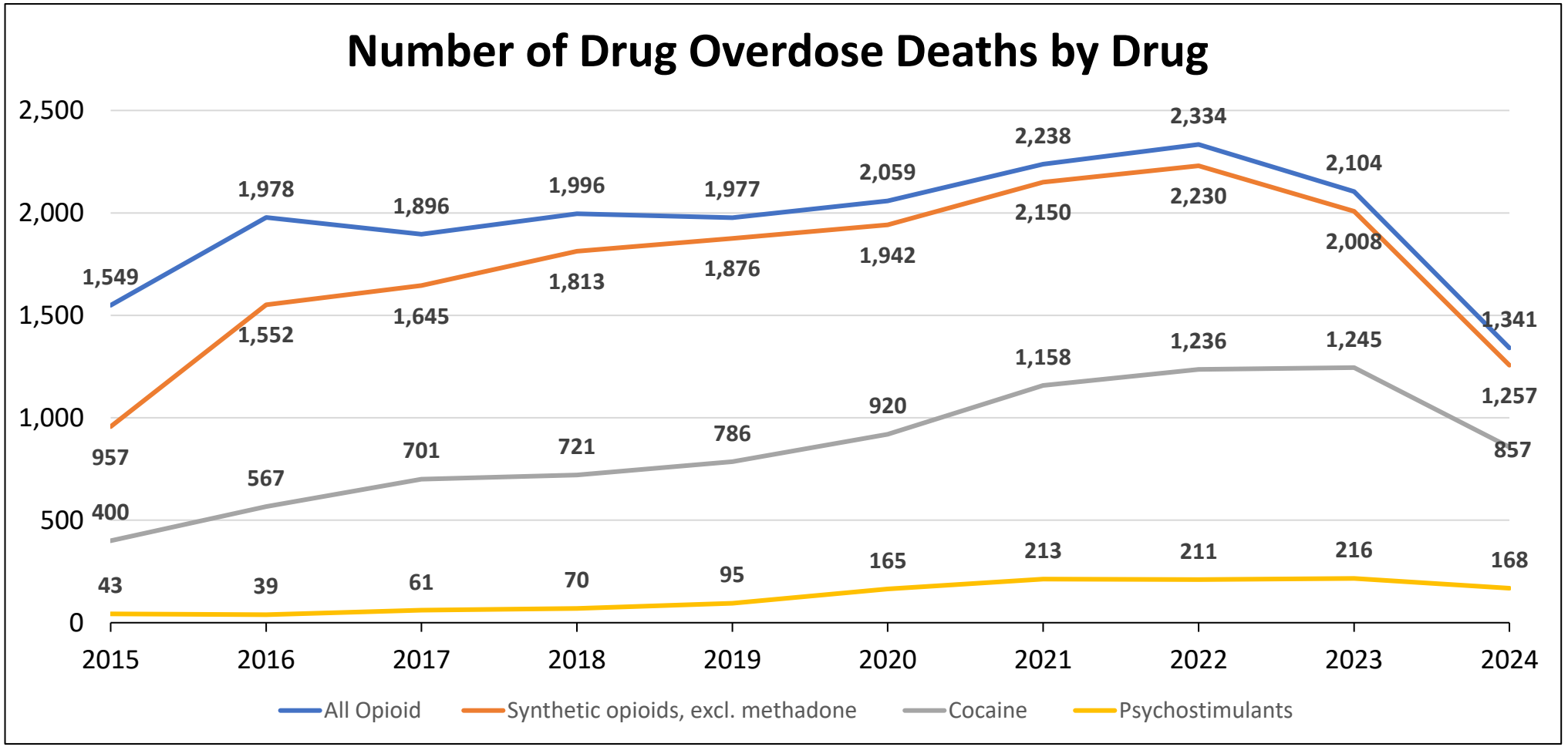
Deirdre Calvert, MSW, LICSW

Director, Bureau of Substance Addiction Services

BSAS Mission and Vision

Overdose Data

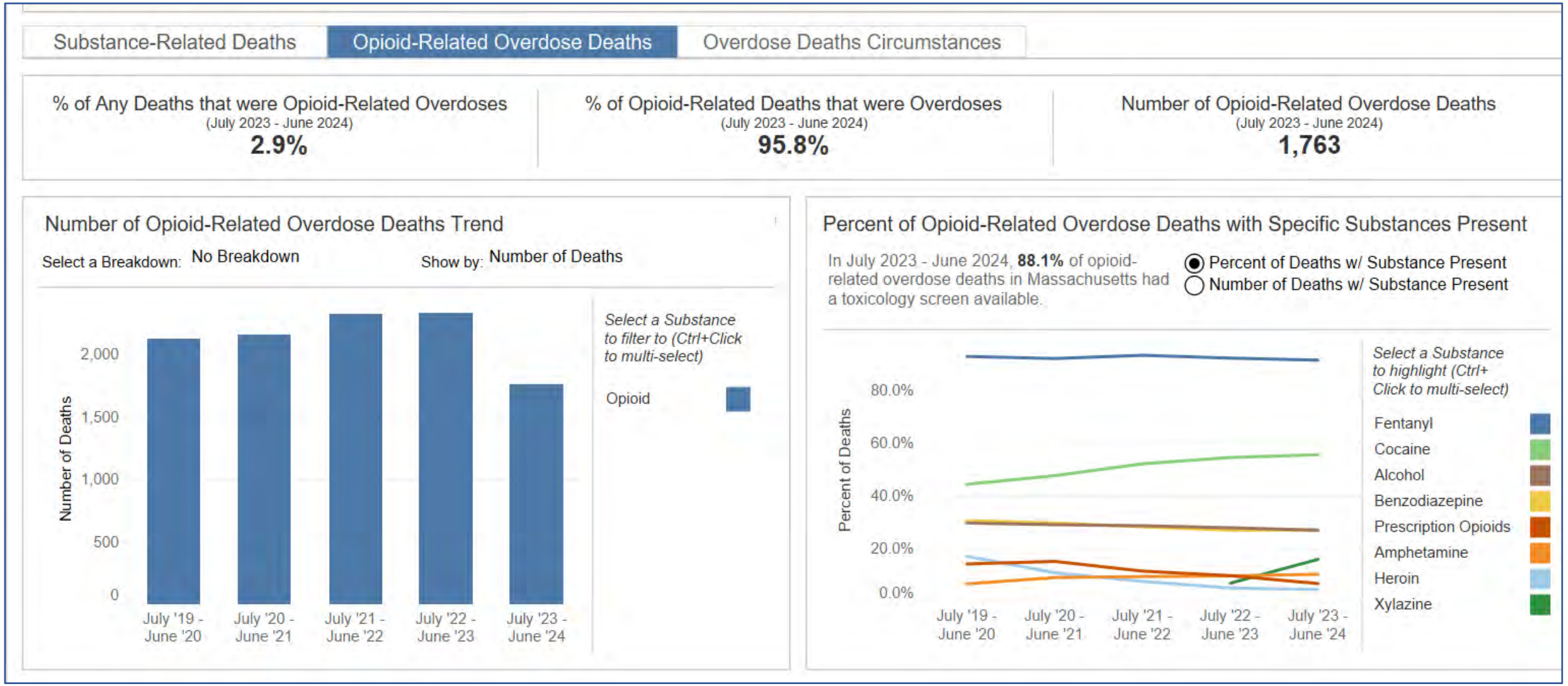
Declining Overdose Deaths



In 2024 MA experienced a **36.3%** decrease in opioid-related overdose deaths

Data source: CDC National Center for Health Statistics, June 2025

BSAS Data Dashboard



mass.gov/info-details/bureau-of-substance-addiction-services-bsas-dashboard


Remembering the 20,000
lives lost to overdose
in Massachusetts 2011-2021.
One flag, One life.
#StateWithoutstigMA
#EndOverdose

Investments in substance use prevention, treatment, recovery, and harm reduction work

BSAS FY 2025 Budget Overview (Part 1)

BSAS was funded at **$392.8 million** in FY25

State appropriation total: $206,236,749 with $111,436,749 available

(4512-0200, 4512-0204, 4512-0205, 4512-0206)

Legislative earmarks of $5.8 million

$24 million in other programmatic earmarks

$65 million sent to MassHealth for Residential Treatment cost-sharing

Federal funding total: $111,615,013

$44 million in Substance Use Prevention and Treatment Block Grant

$59.5 million State Opioid Response (SOR) Grant

**An additional $70.7 million in COVID/ARPA supplemental funding available 2021-2025 is now exhausted*

Inter-Agency Service Agreements (ISA) BSAS received: $74,838,750

Including Opioid Remediation ISA $59,554,105

BSAS Budget Overview (Part 2)

BSAS functions as the substance use disorder treatment **Payor of Last Resort** for the Commonwealth.

- Coverage for uninsured and underinsured individuals.
- This is a role that is expected but is not fully funded in BSAS appropriations.
- In recent years there have been significant increases in billing to BSAS in the midst of funding reductions.

Potential Medicaid cuts will likely cause some individuals to lose their insurance coverage and increase the burden on BSAS.

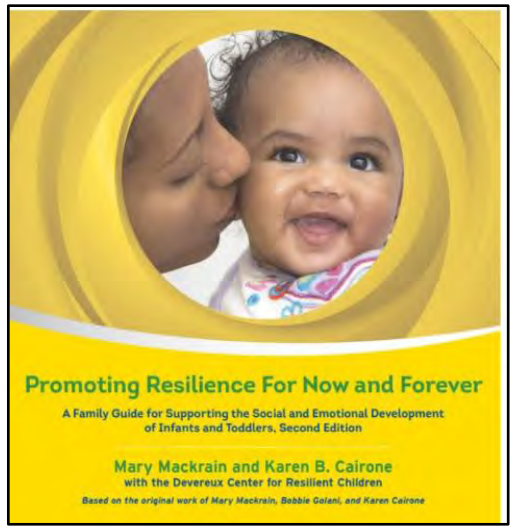
Primary Prevention

Primary Prevention Approach

- In addition to funding community primary prevention infrastructure across the state, BSAS has funded communities to implement upstream prevention in early childhood strategies.

- The BSAS prevention framework is shifting toward a strength-based focus on positive childhood experiences, which have evidence to counter-balance adverse childhood experiences and build resilience.

SAMHSA's Strategic Prevention Framework

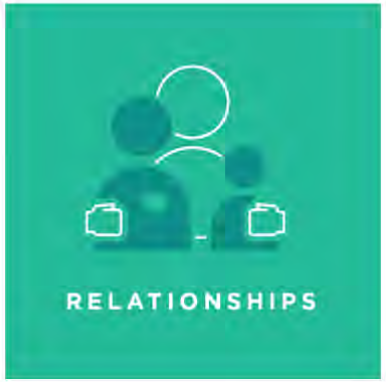


HOPE Model

HOPE
HEALTHY OUTCOMES
FROM POSITIVE EXPERIENCES

The Four Building Blocks of HOPE

The Four Building Blocks of HOPE provide an accessible, actionable way of talking about the key types of PCEs:



Relationships

Safe and supportive relationships within the family and with other children and adults.

Environment

Safe, equitable, and stable environments where children can live, learn, and play.

Engagement

Opportunities for social and civic engagement to develop a sense of belonging and connectedness.

Emotional Growth

Opportunities for emotional growth where children feel supported through difficult events and emotions.

Responding to ACEs With HOPE: Health Outcomes From Positive Experiences
Robert D. Sege, MD, PhD; Charlyn Harper Browne, PhD
https://doi.org/10.1016/j.acap.2017.03.007

positiveexperience.org

Harm Reduction

Harm Reduction and Overdose Prevention

- 405,278 doses of naloxone to 496 entities
- 362,000 fentanyl test strips
- 6 comprehensive mobile addiction service programs
- 22,038 use events supervised through SafeSpot
- 650 placements in permanent, low-threshold housing

SafeSpot
1-800-972-0590

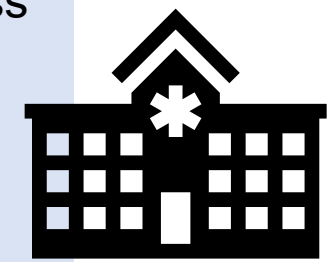
Treatment

Treatment Highlights

- **Increasing access to Medications for Opioid Use Disorder (MOUD)** through mobile vans, medication units, and the use of peers and outreach workers
- **Funding 15 hospital-based Substance Use Disorder (SUD) programs** in 24 sites to establish or expand addiction consult services and/or bridge clinics to provide low barrier access to medications for addiction treatment and linkages to ongoing care

Bridge Clinics provides on-demand, low barrier treatment for SUD, including assessment, access to medication, wound care, infectious disease treatment, and referrals and warm hand-offs to community partners.

Addiction Consult Services (ACS) supports transitions for people with a SUD to appropriate community-based substance use treatment or other services and are available to provide education and support to other hospital staff around working with patients with a SUD.



Treatment & Recovery Support Workforce

- BSAS licenses 1,688 Licensed Alcohol and Drug Counselors (LADCs)
- Developing regulations for the new Licensed Recovery Coach credential

Recovery

Recovery Efforts

- 39 Peer Recovery Support Centers statewide
- Launch of the Recovery Education Collaborative
- Licensing and overseeing Recovery Coaches

Peer Recovery Support Centers (PRSC) are free, peer-led spaces for individuals in recovery from substance use, as well as families and loved ones affected by addiction, the opportunity to both offer and receive support in their community environment. They provide a welcoming space focused on recovery values and Multiple Pathways, promoting hope, belonging, and empowerment.

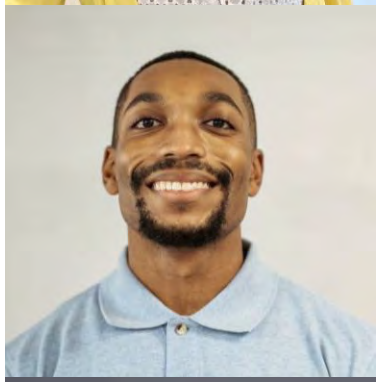
Community Engagement and Equity

Community Engagement and Equity

Increasing diversity and representation of DPH-funded community organizations:

- Launched the **Redefining Community Wellness** Grants Program to center Black, Indigenous and People of Color (BIPOC) voices throughout the grantmaking and capacity building process
- Supporting **Collective UpLIFT** to provide leadership and organizational development skill-building to BIPOC-identifying leaders of community-based organizations
- Holding **Community Office Hours** to bring together community members with municipal and state government staff to share information and resources

- Launching the **Living Expertise Advisory Pool (LEAP)** in FY26 engage and compensate community members with lived and living experience who contribute to BSAS initiatives.



Opioid Recovery & Remediation Fund (ORRF)

- The Opioid Recovery and Remediation Fund (ORRF) was established in 2020 to receive and administer funds from opioid pharmaceutical legal settlements.
- The statewide ORRF is hosting a series of regional listening sessions throughout the state.
  - Listening sessions took place on the North Shore in March and the South Shore in June. Planning for future listening sessions is currently underway.

mosaic
opioid recovery partnership

mosaic.rizema.org

MOSAIC Grants

mosaic.rizema.org

Community-based Opioid Response Efforts

$3.75M to 18 community-based organizations to deepen their impact, scale their work, and build a strong and sustainable infrastructure.

Municipal Matching Grant

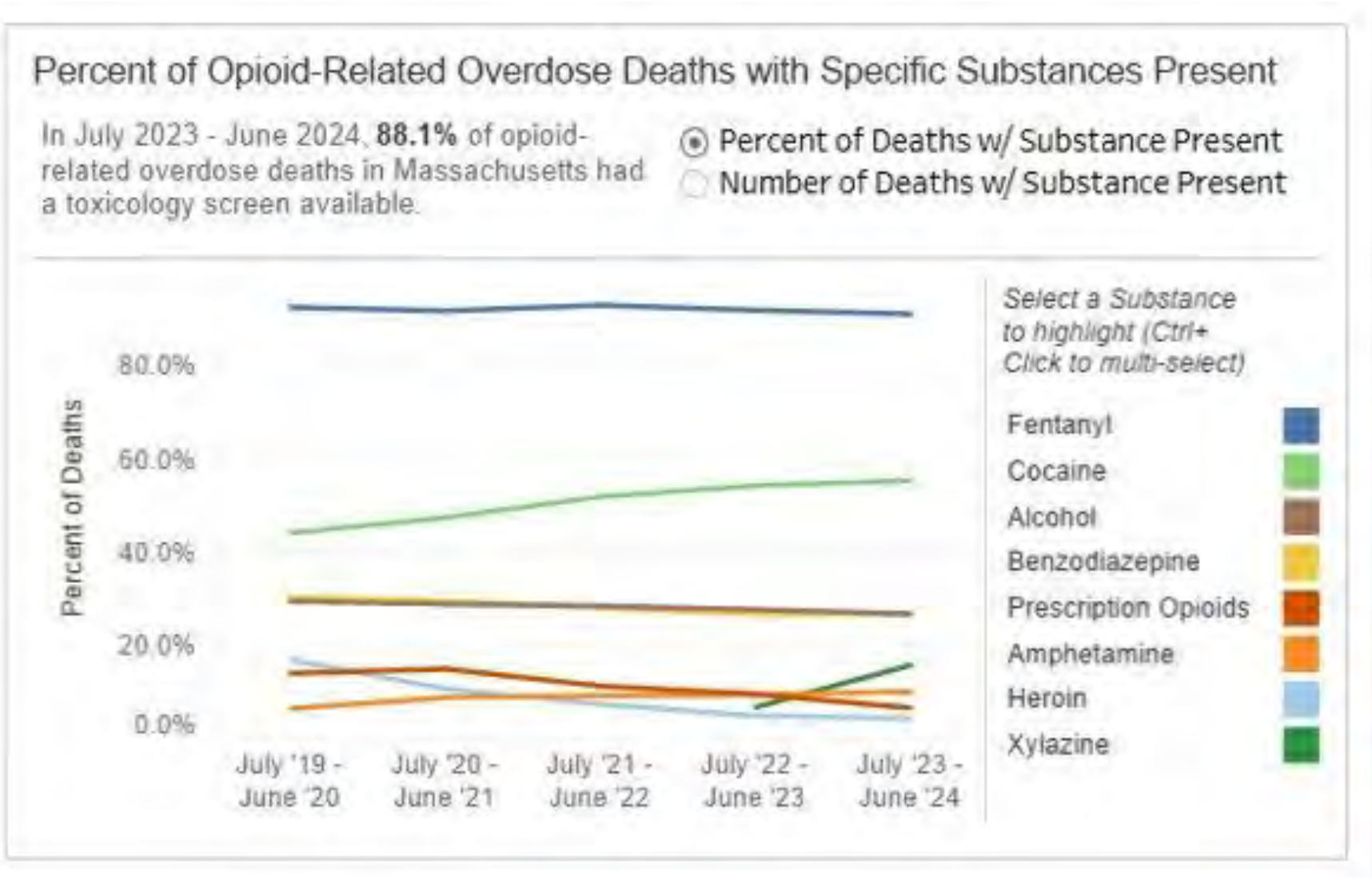
$1.5M to 75 municipalities and nonprofit partners to match municipal settlement funding and conduct outreach and needs assessments.

Family Resilience

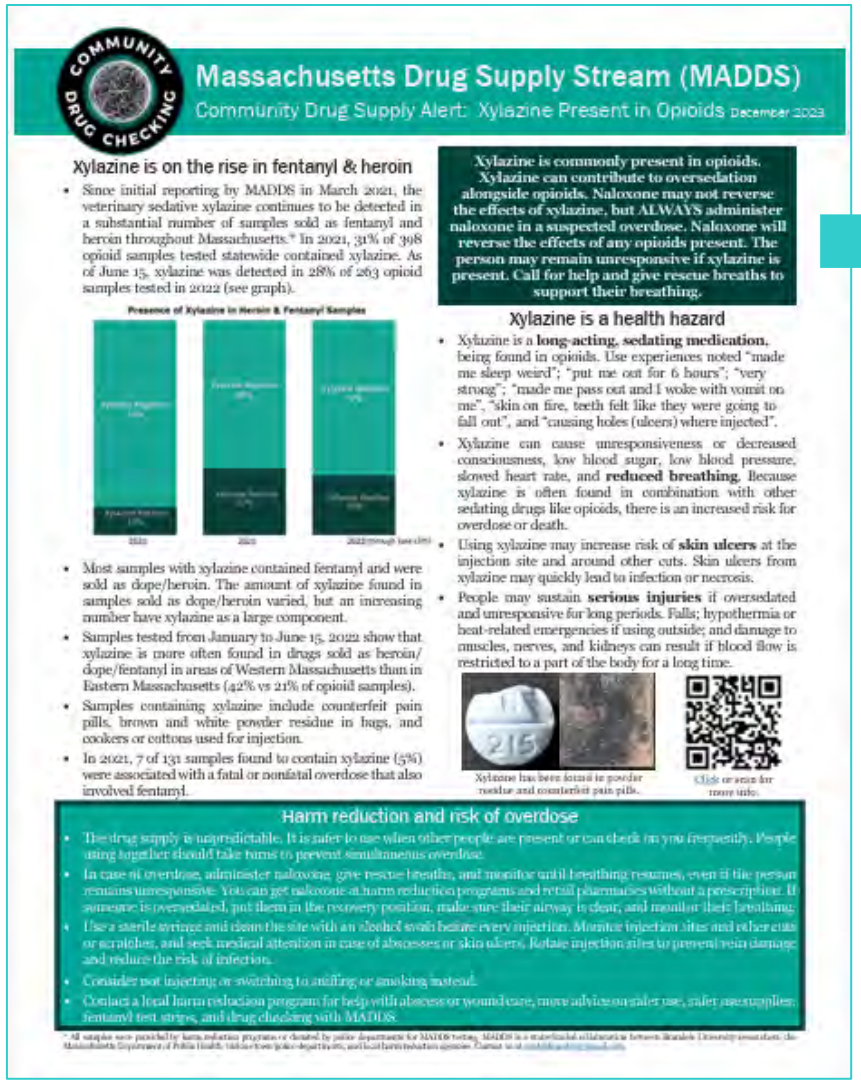
Distributing $7.5M in grants to community-based organizations that are building support systems for families.

Drug Supply
Emerging & Ongoing Trends

Fentanyl, Xylazine, and Stimulants



Xylazine



Massachusetts Drug Supply Stream (MADDS)

Community Drug Supply Alert: Xylazine Present in Opioids December 2023

Xylazine is on the rise in fentanyl & heroin

- Since initial reporting by MADDS in March 2021, the veterinary sedative xylazine continues to be detected in a substantial number of samples sold as fentanyl and heroin throughout Massachusetts.* In 2021, 31% of 398 opioid samples tested statewide contained xylazine. As of June 15, xylazine was detected in 28% of 263 opioid samples tested in 2022 (see graph).

Presence of Xylazine in Heroin & Fentanyl Samples

- Most samples with xylazine contained fentanyl and were sold as dope/heroin. The amount of xylazine found in samples sold as dope/heroin varied, but an increasing number have xylazine as a large component.
- Samples tested from January to June 15, 2022 show that xylazine is more often found in drugs sold as heroin/dope/fentanyl in areas of Western Massachusetts than in Eastern Massachusetts (42% vs 21% of opioid samples).
- Samples containing xylazine include counterfeit pain pills, brown and white powder residue in bags, and cookers or cottons used for injection.
- In 2021, 7 of 131 samples found to contain xylazine (5%) were associated with a fatal or nonfatal overdose that also involved fentanyl.

Xylazine is commonly present in opioids. Xylazine can contribute to oversedation alongside opioids. Naloxone may not reverse the effects of xylazine, but ALWAYS administer naloxone in a suspected overdose. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is present. Call for help and give rescue breaths to support their breathing.

Xylazine is a health hazard

- Xylazine is a **long-acting, sedating medication**, being found in opioids. Use experiences noted "made me sleep weird"; "put me out for 6 hours"; "very strong"; "made me pass out and I woke with vomit on me", "skin on fire, teeth felt like they were going to fall out", and "causing holes (ulcers) where injected".
- Xylazine can cause unresponsiveness or decreased consciousness, low blood sugar, low blood pressure, slowed heart rate, and **reduced breathing**. Because xylazine is often found in combination with other sedating drugs like opioids, there is an increased risk for overdose or death.
- Using xylazine may increase risk of **skin ulcers** at the injection site and around other cuts. Skin ulcers from xylazine may quickly lead to infection or necrosis.
- People may sustain **serious injuries** if oversedated and unresponsive for long periods. Falls; hypothermia or heat-related emergencies if using outside; and damage to muscles, nerves, and kidneys can result if blood flow is restricted to a part of the body for a long time.

Xylazine has been found in powder residue and counterfeit pain pills.

Click or scan for more info.

Harm reduction and risk of overdose

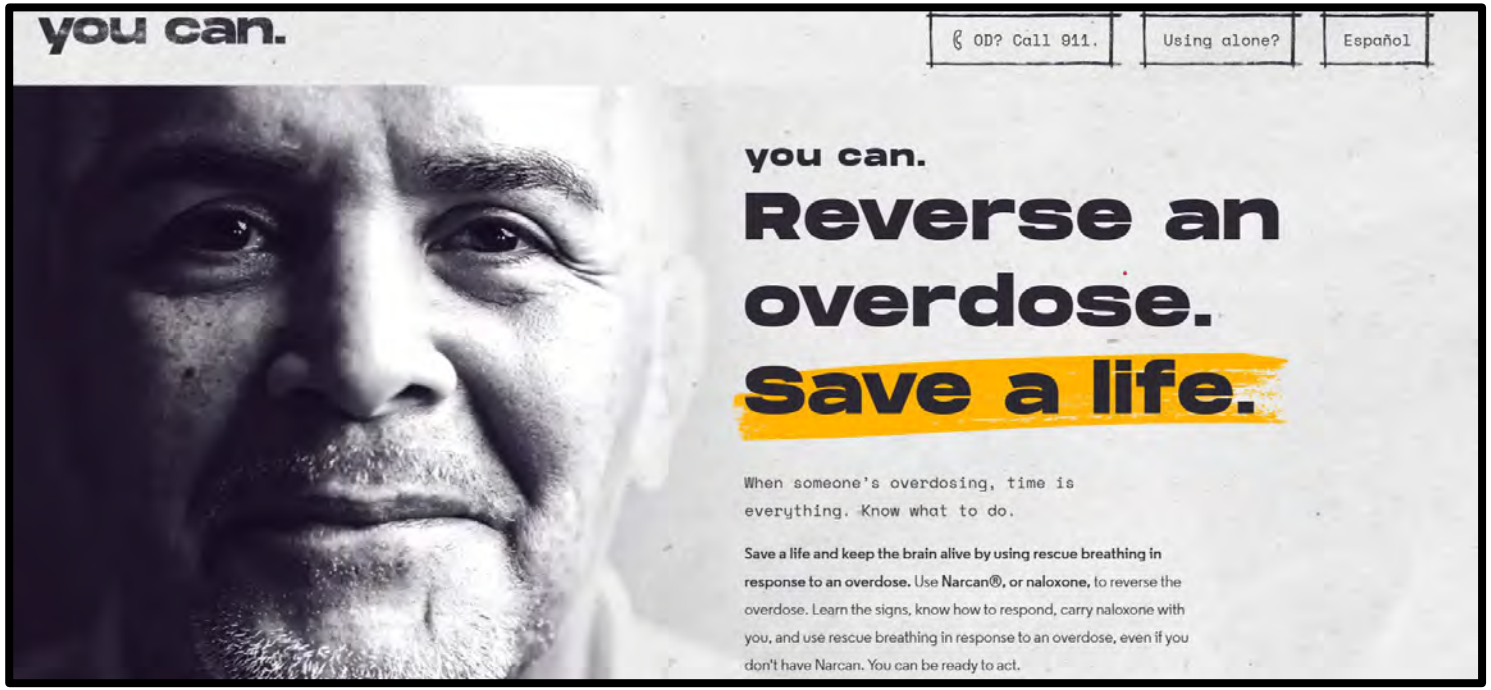
- The drug supply is unpredictable. It is safer to use when other people are present or can check on you frequently. People using together should take turns to prevent simultaneous overdose.
- In case of overdose, administer naloxone, give rescue breaths, and monitor until breathing resumes, even if the person remains unresponsive. You can get naloxone at harm reduction programs and retail pharmacies without a prescription. If someone is overdosed, put them in the recovery position, make sure their airway is clear, and monitor their breathing.
- Use a sterile syringe and clean the site with an alcohol swab before every injection. Monitor injection sites and other cuts or scratches, and seek medical attention in case of abscesses or skin ulcers. Rotate injection sites to prevent vein damage and reduce the risk of infection.
- Consider not injecting or switching to sniffing or smoking instead.
- Contact a local harm reduction program for help with abscess or wound care, more advice on safer use, safer use supplies, fentanyl test strips, and drug checking with MADDS.

* All samples were provided by harm reduction programs or clients by police departments for MADDS testing. MADDS is a state-funded collaborative between Brandeis University researchers, the Massachusetts Department of Public Health, various town police departments, and local harm reduction agencies. Contact us at [redacted]@mass.edu

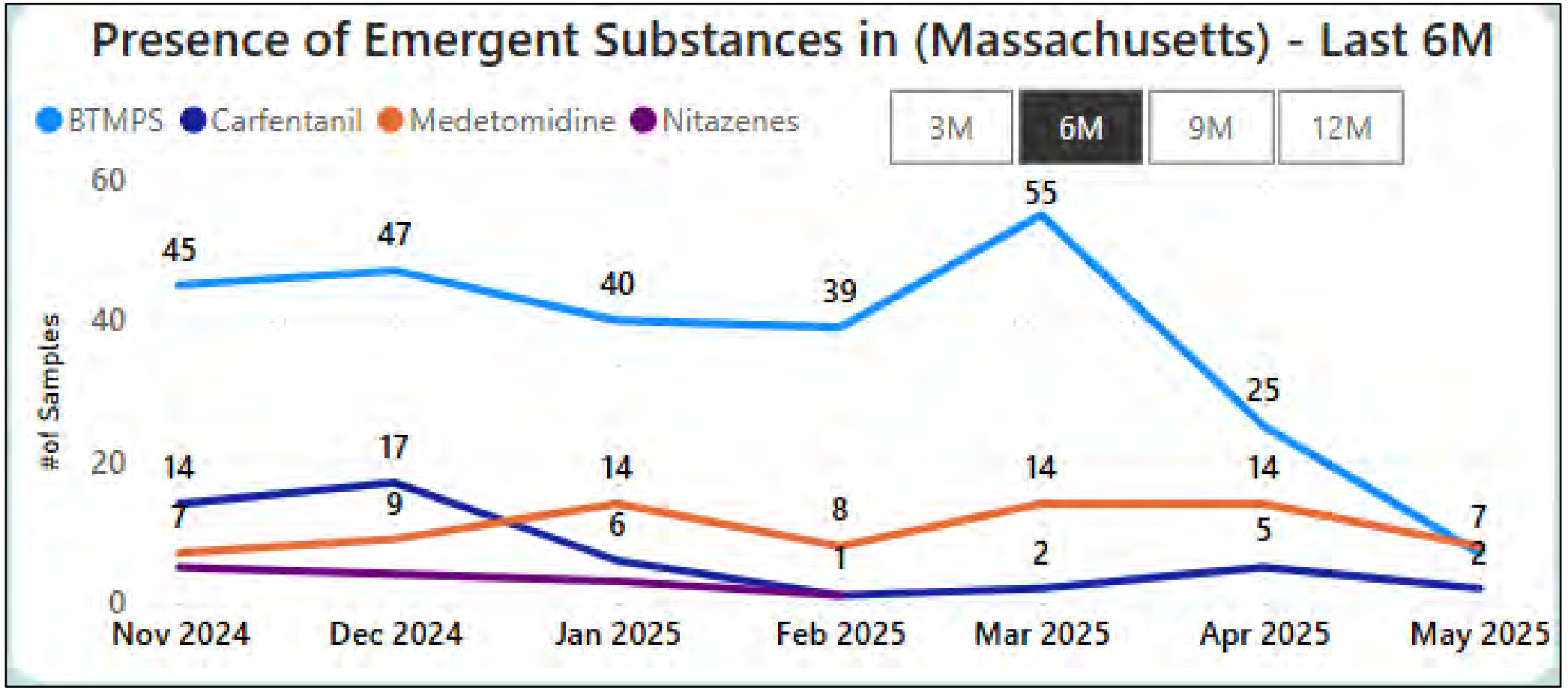
"Xylazine is commonly present in opioids. Xylazine can contribute to oversedation alongside opioids. Naloxone may not reverse the effects of xylazine, **but ALWAYS administer naloxone in a suspected overdose**. Naloxone will reverse the effects of any opioids present. The person may remain unresponsive if xylazine is present. Call for help and give rescue breaths to support their breathing."

Stimulants

- Expanded Stimulant Treatment and Recovery Team (START) model
- Neighborhood Overdose Prevention Efforts (NOPE), with publicly available information and resources at youcan.info

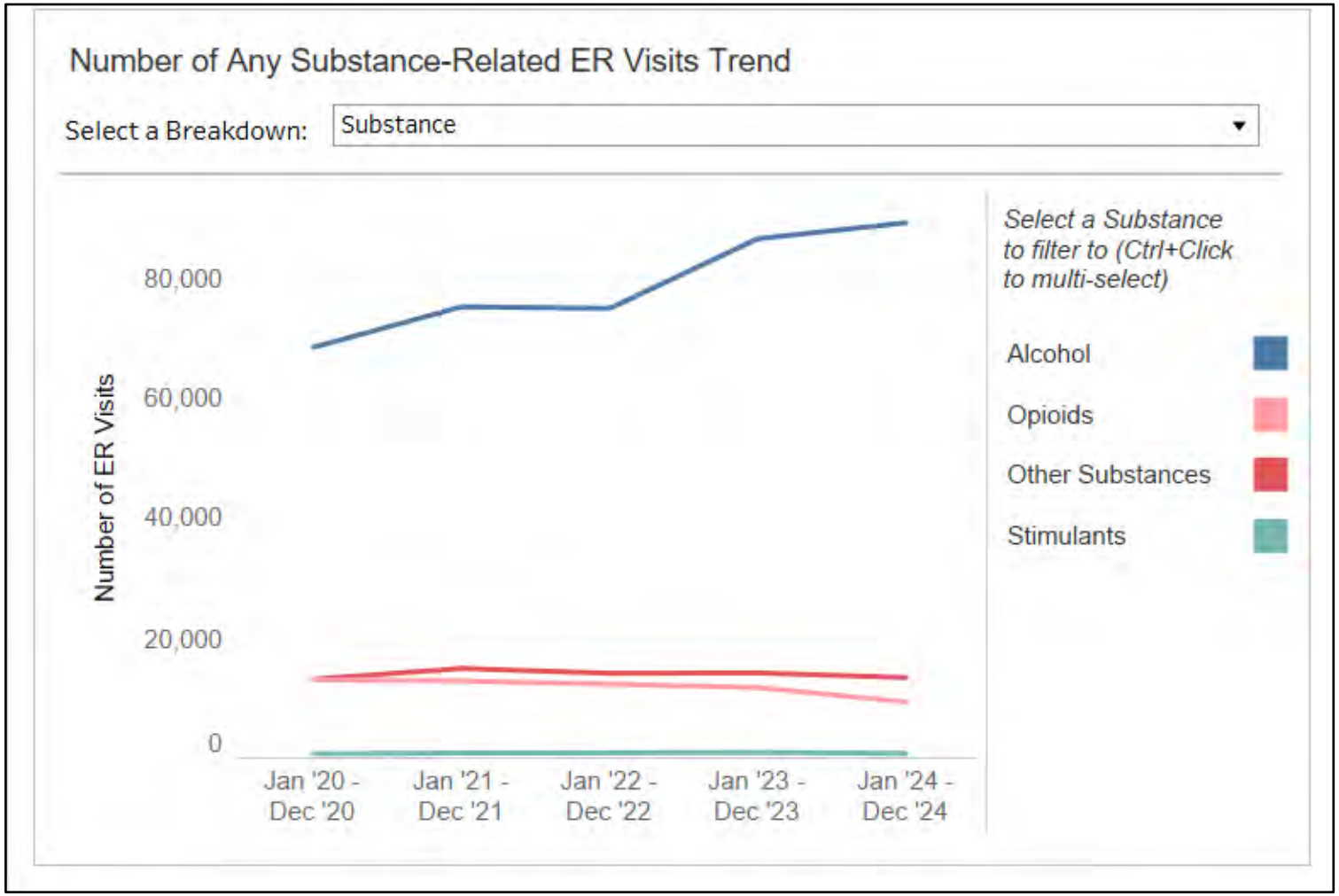


Chaotic Drug Supply



Alcohol

- Alcohol-related emergency department visits increased by 19% from 2022 to 2024
- Boston Medical Center Grayken Center for Addiction Training and Technical Assistance



Thank you for the opportunity to present this information today.

Please direct any questions to:

Deirdre Calvert, MSW LICSW

Director

Bureau of Substance Addiction Services

Deirdre.C.Calvert@mass.gov

Next Meeting:
Wednesday, August 13, 2025