

Addiction, Advocacy and Healthcare Services: Creating Equity

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Our goal was to learn about clinical and social services for Substance Use Disorder in Worcester and how it's approached from a clinical perspective

- We visited multiple recovery homes and assistive programs throughout Worcester and Boston
- We learned of resources at our disposal to care for patients with Substance Use Disorder (SUD) and barriers patients face on their road to recovery

Defining Substance Use Disorder



Per the **American Society of Addiction Medicine:**

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.

People with addiction use substances (heroin, cocaine, marijuana, alcohol, fentanyl) or engage in behaviors that become compulsive and often continue despite harmful consequences.

Population of Focus

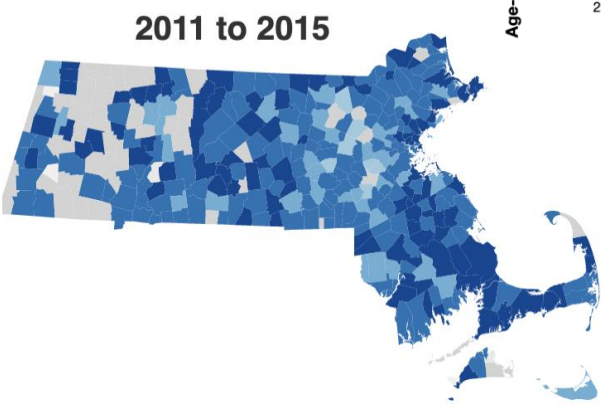
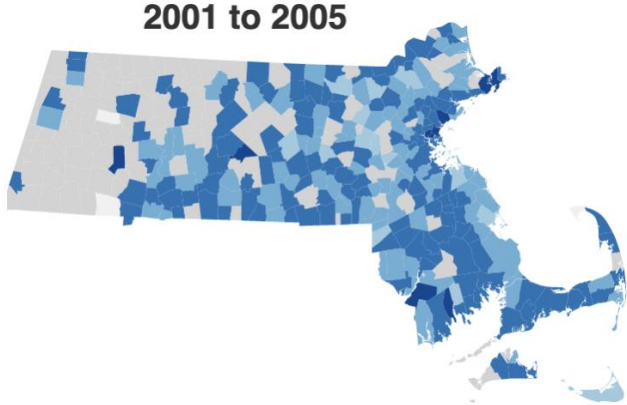
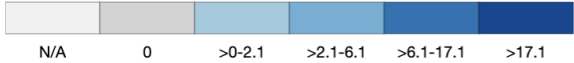
- Our population of focus included **underserved** and **underprivileged** residents of Worcester, **especially those suffering from SUD**
- This demographic included Worcester's populations of **immigrants, homeless,** as well as **victims of sexual exploitation**

SUD in Massachusetts

Average Annual Opioid-related Death Rate per 100,000 People^{1,2,3,4,5}

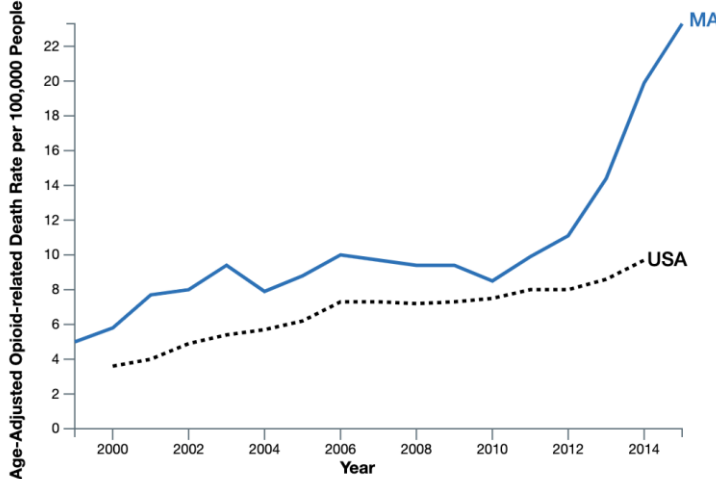
The maps below, representing average annual rates of opioid-related deaths across five-year spans, demonstrate the increase

Rate per 100,000 People



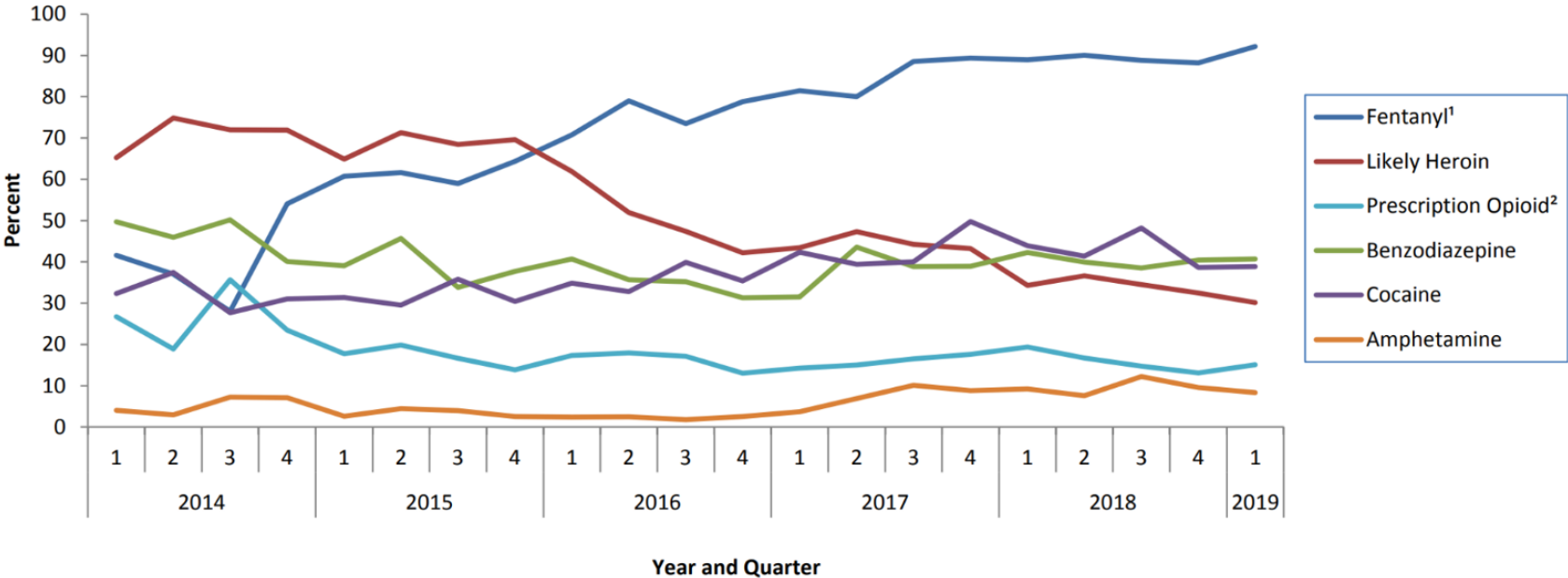
Age-Adjusted Opioid-related Death Rate by Year^{4,7,8}

Comparing the opioid-related death rate of Massachusetts to the nation overall.



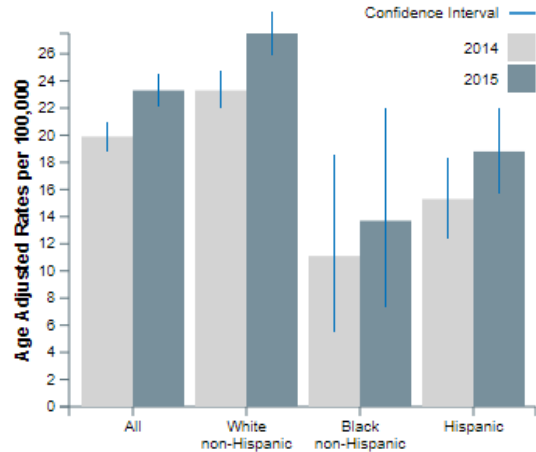
Opioid Use Disorder in Massachusetts

Figure 4. Percent of Opioid-Related Overdose Deaths with Specific Drugs Present
Massachusetts Residents: 2014 - Q1 2019

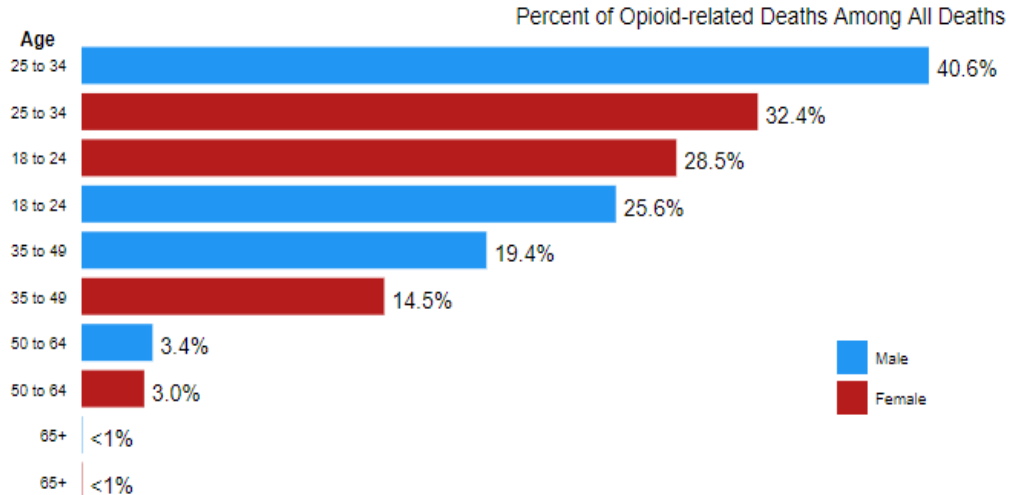


Key Demographics

Opioid-related Deaths by Race



Opioid-related Deaths by Age and Gender



Homelessness in Massachusetts

- In 2018, there were 20,068 homeless people in MA
- 5,960 of those people had co-occurring mental illness and/or substance use disorder

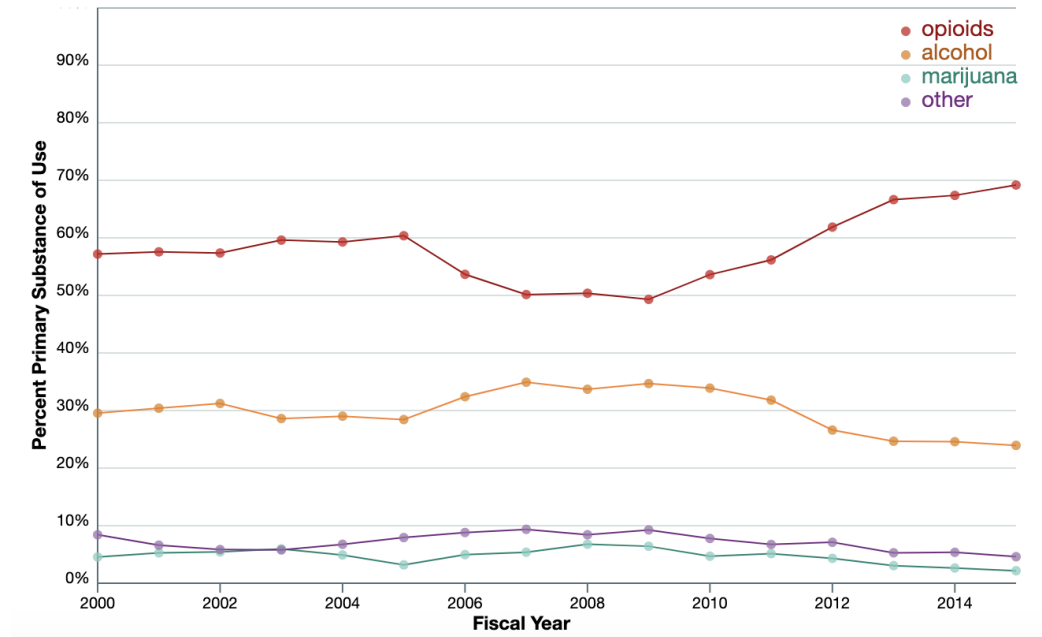
Summary of all other populations reported:

Severely Mentally Ill	2,164	606	408	3,178
Chronic Substance Abuse	1,828	536	418	2,782
Veterans	226	708	51	985
HIV/AIDS	103	18	34	155
Victims of Domestic Violence	568	129	32	729
Unaccompanied Youth	262	111	92	465
Unaccompanied Youth Under 18	2	0	1	3
Unaccompanied Youth 18-24	260	111	91	462
Parenting Youth	551	64	0	615
Parenting Youth Under 18	18	2	0	20
Parenting Youth 18-24	533	62	0	595
Children of Parenting Youth	805	91	0	896

* Safe Haven programs are included in the Transitional Housing category.

SUD & Homelessness in Worcester

- Opioids are by far the most common primary substance used in Worcester, at 69%
- Most people use what they believe to be heroin but is most often fentanyl, which is 100x more potent and leads to far more overdoses
- Substance use disorder is a large contributor to and consequence of homelessness in Worcester
- The most recent HUD point-in-time count found there are 55 chronically homeless people in Worcester



Social and Structural Resources



- **Residential SUD Treatment-** Hector Reyes House
- **Opioid Treatment Programs-** Spectrum Health Services
- **Shelters-** SMOC, Jana's Place
- **Behavioral Healthcare Treatment-** Community Healthlink
- **Other Resources-** YWCA, Centro, Everyday Miracles, AIDS Project Worcester, Southeast Asian Coalition, Motivating Youth in Recovery



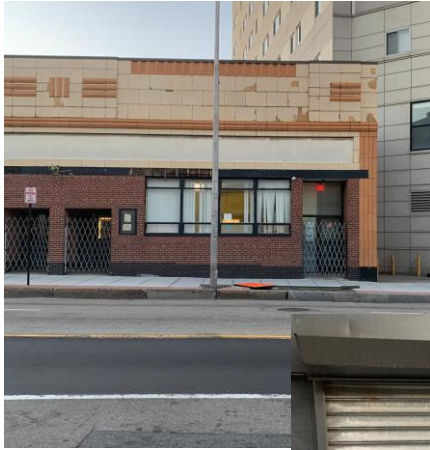
Social and Structural Factors



- **Prior CORI** can hinder employment opportunities.
- **Social Stigma** associated with SUD can affect all aspects of life, including access to medical treatment and fair employment.
- **Opioid Treatment Programs**, such as **Methadone clinics**, can be a difficult to obtain and even more difficult to commit to.
- **Home and Shelter conditions** can predispose SUD patients to further medical problems and diminish sense of well-being and safety.
- **Immigrant populations** may have even more difficulty with housing and employment due to language barrier.


Visibility of the Stigma

South Main Street vs. Franklin Street



Interprofessional Teams of Care

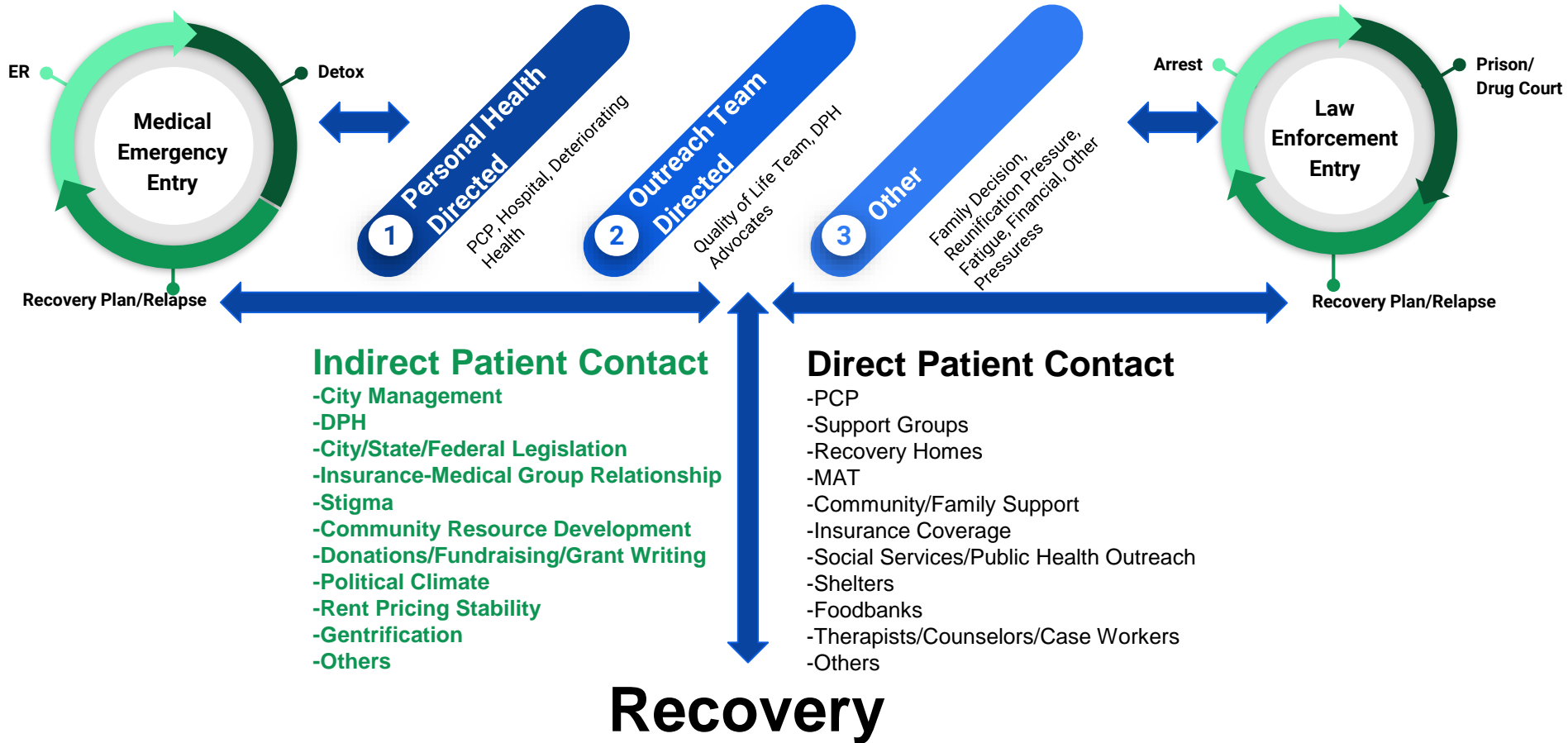
Who is involved?

- 
- 1) **Law Enforcement:** WPD, Worcester County House of Corrections, Hampden County House of Corrections, Drug Court
 - 2) **Medical Services:** Spectrum Health Services, Community Health Link, Detox Centers, ER's
 - 3) **Intersectional Programs:** Hector Reyes House, Jana's Place
 - 4) **Addiction and Adolescents:** Motivating Youth in Recovery, Recovery HS
 - 5) **Advocacy and Legislation:** Health Foundation of Central MA, Rep. Mary Keefe, SEACA, Boston DPH, Worcester DPH
 - 6) **Community Support/Outreach:** Family Health Center, SMOC, YWCA, Centro, Everyday Miracles, AIDS Project Worcester, Quality of Life Outreach Team
 - 7) **Insurance and Funding:** Umass Medical, Reliant Medical, Medicare/Medicaid, BCBS

What are their levels of education?

MD, JD, PhD, RN, NP, PA, LCSW, MPH, BA, GED....and many others with no degree at all

Patient Entry



Advocacy in communities



- Addressing social determinants of health by funding organizations in Worcester county through Activation Fund grants
 - 2018: \$1 million
 - 2019: \$800,000
- SMOC, Community Healthlink, YWCA, Jeremiah's Inn

Hampden County Correctional Center

- Treating addiction as a disease
- All-inclusive Support Services: reentry support services via partnership with community organizations
- Public Health Model: partnership with Baystate Medical Center to provide longitudinal healthcare
- Medication Assisted Treatment and counseling in jail and Medical Discharge Planning for reentry

State and local government promotes equity and access to care

Data-driven approach

Spend more on preventable services that affect
social determinants of health

Community partners need to help



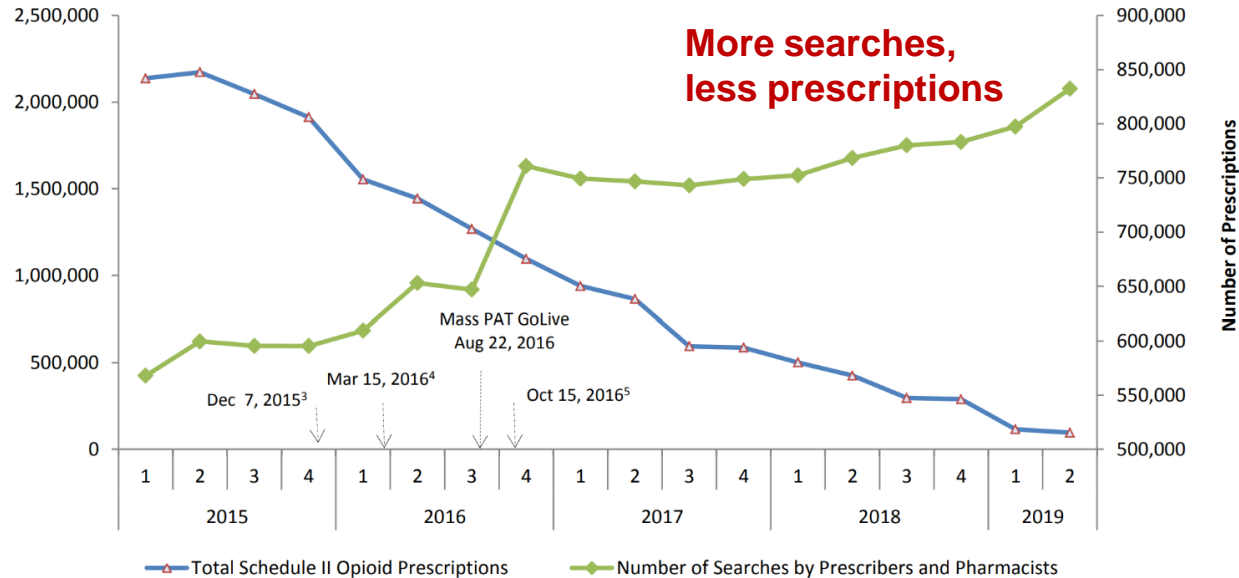
Matilde Castiel, MD
*Commissioner of
Worcester HHS*



Monica Bharel, MD, MPH
Commissioner of MA DPH

Data to address inequality will help target those who need services

Figure 1. Schedule II Opioid Prescriptions and MassPAT¹ Search Activity² Trends
MA: Q1-2015 - Q2 2019



¹ MassPAT is the Massachusetts Prescription Awareness Tool (Online PMP)

² Search activity includes prescribers, delegates, and pharmacists registered in MassPAT (and in the previous Online system) and licensed users of EHR Integration

³ Pharmacies required to report daily

⁴ STEP bill signed into law (7-day supply requirements go into effect)

⁵ MA prescribers required to look up patient when prescribing a Schedule II or III opioid medication

Treatment

MassHealth

- Develop a statewide database of available treatments
- Expand mobile emergency service programs to support
- Provide case management services to MassHealth fee
- Remove fail-first requirements for medication-assisted treatment for all MassHealth plans
- Review SUD treatment prior authorization policies and
- Enroll uninsured patients receiving acute treatment services

Department of Public Health

- (Pilot) Create walk-in access to a trained clinician in emergency/urgent addiction assessment and direct referral
- (Pilot) Make recovery coaches available in emergency
- Increase the number of office-based opioid treatment
- Integrate medication-assisted treatment into the clinic
- Add 100 new treatment beds by July 2016 and expand

● complete ▲ in progress

Service Learning - Engagement with the Population

Community Partners:

- Jeff Baxter, CMO Spectrum Health Services
- Family Health Center/Community Health Link
- YWCA
- Centro
- Everyday Miracles
- AIDS Project Worcester
- City Manager
- Rep Mary Keefe
- Steve Knox, COO Reliant Medical Group
- Anh Vu Sawyer, ED Southeast Asian Coalition
- Recovery High School
- Motivating Youth in Recovery
- Commissioner Monica Bharel, MA Dept of Public Health
- Boston Healthcare for the Homeless

Learning by Doing:

- Hector Reyes House and Cafe Reyes
- SMOC
- Drug Court
- Outreach with City's Quality of Life Team
- Worcester County Jail and House of Correction
- Hampden County Jail
- Jana's Place



Service Learning: Needs of the Community

Food (Centro Food Pantry, Net of Compassion)

Housing
(Quality of Life Team, SMOC, Jana's Place)

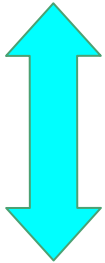
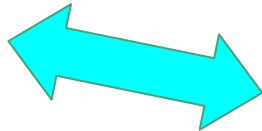
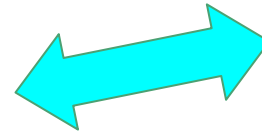
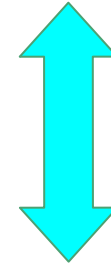
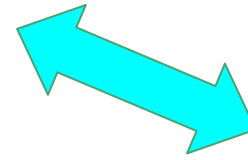
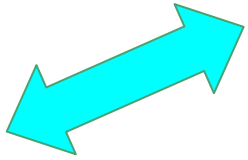
Treatment
(Spectrum, Community Health Link, MYR)



Family and Social Support (Hector Reyes House)

Mental Health
(Community Health Link)

Culture
(Centro, YWCA)



Service Learning: Net of Compassion



“Every Saturday since 2010, Net of Compassion has served over 300 hot meals right on the street in the Main South section of Worcester. In addition to a hot meal we give clothing, food pantry groceries and encouragement. We serve men and women struggling with poverty, active addiction, prostitution, homelessness and those living with mental illness.

Net of Compassion was founded by Richie Gonzalez, his wife Elizabeth and a dedicated group of volunteers in 2010.”



What we learned: Our Approach to Clinical Practice

Stigma Affects Medicine

- Medication-assisted treatment is proven to be an effective clinical treatment
- Healthcare providers must assess their own bias in order to treat effectively

Treating the Whole Person

- Depending on the context of their use, individuals with SUD may experience concomitant health issues
 - Homelessness - infectious disease, lack of healthy food
 - Mental health - contributes to and results from substance use
 - Prostitution - sexually transmitted infections, trauma



“ In memory of those who have struggled with the disease of addiction.

Our hearts are filled with memories, with pride we speak your name, though life goes on without you, it will never be the same.



Thank you



Clerkship Leader: **Matilde Castiel, MD, Commissioner of Worcester HHS**

Department of Health and Human Services: **Antonella Lisanti-Park, MPH, Evis Terpollari, MSW, and Richard Gonzalez**

