

Worcester Board of Health Meeting
Meeting Minutes
Meeting Held at 25 Meade St. Room 109
Monday, December 2, 2024
6:30 pm
Minutes Prepared by Brenda Wright

Welcome and Introductions

Board Members Present: Chair, Frances Anthes, Vice Chair, Chareese Allen, Gary Rosen,
Absent: Leopoldo Negrón Cruz, and Michael Perotto.

Staff Present: Soloe Dennis Director of Public Health; Dr Matilde Castiel, Commissioner Health
and Human Services.

Staff Virtual: Dr. Michael Hirsh Medical Director of Public Health; Amelia Haughton Chief of
Public Health Nursing; Desiree Sutton, Business Manager; Brenda Wright Principal Clerk Typist.

Guests: James Leary Vice President Community & Government Relations; Dave Sweeney, City
Director of Communication for Community Health Link; Stephanie Manzi, Vice President for
Substance Use Disorder Services for Community Health Link and Gordon Benson, President
Community Health Link.

Public: Henry Schwan, Worcester Telegram

Review and approve November 18, 2024, Meeting Minutes

Chareese Allen made a motion to approve the minutes from November 18, 2024. Gary Rosen
seconded the motion. All members voted in favor of approving the minutes.

The board commended Brenda Wright for the quality work being done in producing the meeting
minutes. Soloe Dennis also added commendations and gave a brief synopsis of some of the
functions that Brenda currently does.

2nd Update on Substance Use Disorder Continuum Services at CHL

Chair Frances Anthes began by thanking the CHL representative for returning to provide an update, particularly on staffing, partnerships, and timelines. Stephanie Manzi reported that there have been no changes in capacity since the last update, though physical adjustments were made to improve staff space, including private areas for one-on-one meetings. She said these changes have aligned staff numbers with regulatory ratios and SEIU agreements. Ms. Manzi said the bed count was reduced from 129 to create space for better programming and privacy. The current program numbers are:

1. Acute Treatment Services (ATS) 24, not yet open,
2. Clinical Support Services (CSS) 32, at half capacity and, 3. Transitional Support Services (TSS) 30, at full capacity.

When asked if there is a waitlist for persons, Ms. Manzi explained that there isn't one for most programs due to quick placements; but CSS maintains a list due to its higher care needs. The average length of stay for individuals has decreased from 45 to 38 days.

Gary Rosen asked if the facility was adequate to meet the needs of those it serves, emphasizing the importance of serving people effectively. Stephanie Manzi confirmed that it is, noting positive community feedback, successful referrals, and returning clients who praised the improvements. She attributed the positive response to both the staff's compassion and their updated training. Gordon Benson reassured us that CHL intends to continue improving, aiming to provide the best care, facility, and programs for those in need.

When asked about funding, Gordon Benson explained that it depends on state and federal funds, such as Medicaid, and state agency contracts. Jim Leary mentioned that with a new administration, CHL and its partners will continue advocating for funding. The chair suggested inviting them to showcase the services provided and requested an update at a future BOH meeting. Regarding staffing, the CEO shared that they use job sites like Indeed and centralized recruitment to streamline the process. On average, there are 35-40 new hires and 15-20 separations each month, with 250 vacancies currently. The CEO expressed confidence in CHL's current position, which he says is better than 18 months ago. Stephanie Manzi shared that TSS was given a 6-month probationary license. She said that is now completed and they have submitted for a 2-year license, having met all service and staff requirements. They will have their 6-month review by early February 2025. The update ended with a thank you from the chair.

Housing and Homelessness presented by Dr. Mattie Castiel

The department of Housing and development (HUD) defines homelessness as an individual or family who lacks a fixed, regular, adequate night-time residence including those living in,

- places not meant for human habitation
- shelters designated to provide temporary living
- an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

There are two (2) classifications of the homeless population. *Sheltered* and *unsheltered*.

- The *sheltered population* includes individuals staying in shelters, safe havens, or transitional housing for the homeless on the night of the point-in-time count.
- The *unsheltered population* includes individuals living in areas not intended for habitation, such as cars, parks, sidewalks, abandoned buildings, or streets.

Dr. Castiel explained that homelessness determines where funding is allocated and who receives housing. She said that there are workers whose primary responsibility is to focus on the unsheltered population, and they collaborate with agencies like CHL, **SMOC, Washburn house among many others which provide clinical support**. There is also a group who meet regularly to ensure follow-up with these individuals **is being conducted**. Gary Rosen raised concerns about people who have been on sidewalks for extended periods, especially in worsening weather conditions and wanted to know who decides when they are moved to shelters. Dr. Castiel clarified that people are allowed to stay on sidewalks and in parks, but there are outreach workers who **actively engage to** take them into shelters. She said many stay in shelters for only a few days before leaving, as some are uncomfortable with shelter conditions and move around.

She reported that in 2017, the Housing Authority reported the need for 103 units for chronic homeless individuals. In 2022, shelter usage has ranged from a low of 219 to a high of 489 individuals. In 2023, the numbers ranged from 289 to 542, and in 2024, they ranged from 366 to 732. Dr. Castiel also provided a comparison of the sheltered versus unsheltered population by age for the years 2020-2024 seen below.

2020		2021		2022		2023		2024	
Age	Totals	Age	Totals	Age	Totals	Age	Totals	Age	Totals
18-24	96	18-24	102	18-24	117	18-24	129	18-24	135
25-34	281	25-34	305	25-34	372	25-34	409	25-34	393
35-44	284	35-44	323	35-44	412	35-44	530	35-44	525
45-54	261	45-54	256	45-54	299	45-54	362	45-54	356
55-64	186	55-64	201	55-64	263	55-64	305	55-64	324
65+	42	65+	42	65+	66	65+	73	65+	90

The population has grown over four years, with the 65+ group facing the greatest challenges in a tough environment. In addition to the 103 units, there are 24 units at Lewis St. and 16 at Windfield, which is nearing completion and expected early next year. By 2025–2026, 90 supportive housing units are planned at Oriol Drive (Quality Inn), contingent on funding. Additionally, 18 units will become available at Windfiel, and 18 tiny homes on Stratford Street are projected for completion by 2026. Thus, the goal of 103 units will be surpassed soon but construction is moving more slowly than expected, and the number of homeless keeps growing.

Dr Castiel spoke about family homelessness and this she said has increased. Families are defined as any group seeking assistance, with or without children, regardless of relationships or disabilities. Chronic homelessness is defined as an individual who has been homeless **continuously for at least one year** or at least **four separate occasions in the last three years**. The only difference is that the individual must have a disability.

In Massachusetts, the right-to-shelter policy exists, but securing shelter for families remains challenging. Agencies are collaborating to address this, and efforts are underway to identify suitable sites for family housing. While progress has been made, more work is needed to provide sustainable solutions, as shelters cannot serve as permanent housing. An in depth look at Housing and Homelessness can be found on our website at [Board of Health | City of Worcester, MA](#). The Chair thanked her for the presentation and the time spent sharing her insights.

Communicable Disease Update

Dr. Hirsh provided a brief report. He highlighted a recent website update warning about respiratory illnesses. The message emphasized the importance of medical evaluation for

respiratory illnesses, especially in children, and addresses conditions like atypical pneumonia, which is treatable with antibiotics like Zithromax.

Pertussis” Whooping Cough”

For prolonged coughs, pertussis testing is recommended at urgent care or emergency facilities. Adults not up to date with Tdap vaccinations should consider them for protection against whooping cough.

Influenza

Dr Hirsh said currently, influenza and other respiratory illnesses are at low levels, but a flu surge is anticipated. The flu may surge later than usual this year, but flu shots and COVID boosters are strongly recommended for those who haven't received them recently. While RSV cases remain low, individuals over 60years or with certain conditions, are advised to get the RSV vaccine for added protection.

Covid19

COVID levels in wastewater have been low, with a steady decline through November, a slight uptick before Thanksgiving, and stabilization at low levels. However, a winter surge remains possible.

Dr Hirsh reported that a patient contracted a mild case of avian flu after consuming raw, unpasteurized milk, reinforcing the public health community's stance on the importance of pasteurization. He said these developments are causing significant concern within the virology, infectious disease, and research communities. At the Board's request, Dr. Mike Hirsh secured Dr. Levy, a highly respected virologist and infectious disease expert from Boston Children's Hospital, for a remote presentation on viruses and vaccines for the January 13th BOH meeting. He expressed gratitude for the opportunity to hear Dr. Levy's insights. The board thanked him for doing this.

Gun Buy Back Event

Dr. Hirsh reminded everyone about the gun buyback event on Saturday December 14th, taking place at eight locations across Worcester County. The event coincides with the 12th anniversary of the Sandy Hook massacre. The program offers trigger locks for those who wish to secure their guns rather than turn them in. For those that are turned in, the weapons are crushed on-site by a group of blacksmiths, who then transform the weapons into garden tools, which will be

distributed to local food banks and community gardeners. The Worcester Police Department headquarters on Belmont and Lincoln will serve as the primary location for the event.

Open Floor

The chair invited suggestions for future agenda items. Some suggestions included updates on marijuana regulations and school vaccination requirements. The chair mentioned the need to address state laws mandating school vaccinations and plans to discuss this further with Dr. Hirsh during the January 13th meeting. She encouraged attendees to share thoughts on agenda topics via email, text, or phone call.

Next Meeting Dates and Topics

The date for the next BOH meeting is January 13, 2025, at 6:30pm

Future Topics

“Immunization” presented by Professor Ofer Levy, Infectious Disease Specialist, Boston Children’s Hospital.

Adjournment

Chareese Allen moved to adjourn the meeting. Gary Rosen seconded the motion. All members voted in favor. The meeting adjourned at 8:27 PM.



Housing and



Homelessness

Commissioner of Health and Human Services

Mattie Castiel, MD

City of Worcester

Associate Professor of Internal Medicine, Family Medicine and Psychiatry UMass Memorial

December 2nd, 2024

What is homelessness?

- HUD defines homelessness as: An individual or family who lacks a fixed, regular, adequate nighttime residence including those living in
 - places not meant for human habitation
 - shelter designated to provide temporary living
 - an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution





Sheltered vs unsheltered (HUD)

- Determined by the location of individuals and families on the night of the point-in-time count:
 - Sheltered population are those who on the night of the point-in-time count, are living in shelters, safe havens, or transitional housing designated for the homeless.
 - Unsheltered population are those who are living in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street etc.

Individual homelessness



- Defined as an unaccompanied adult, or couple who do not have custody of any children

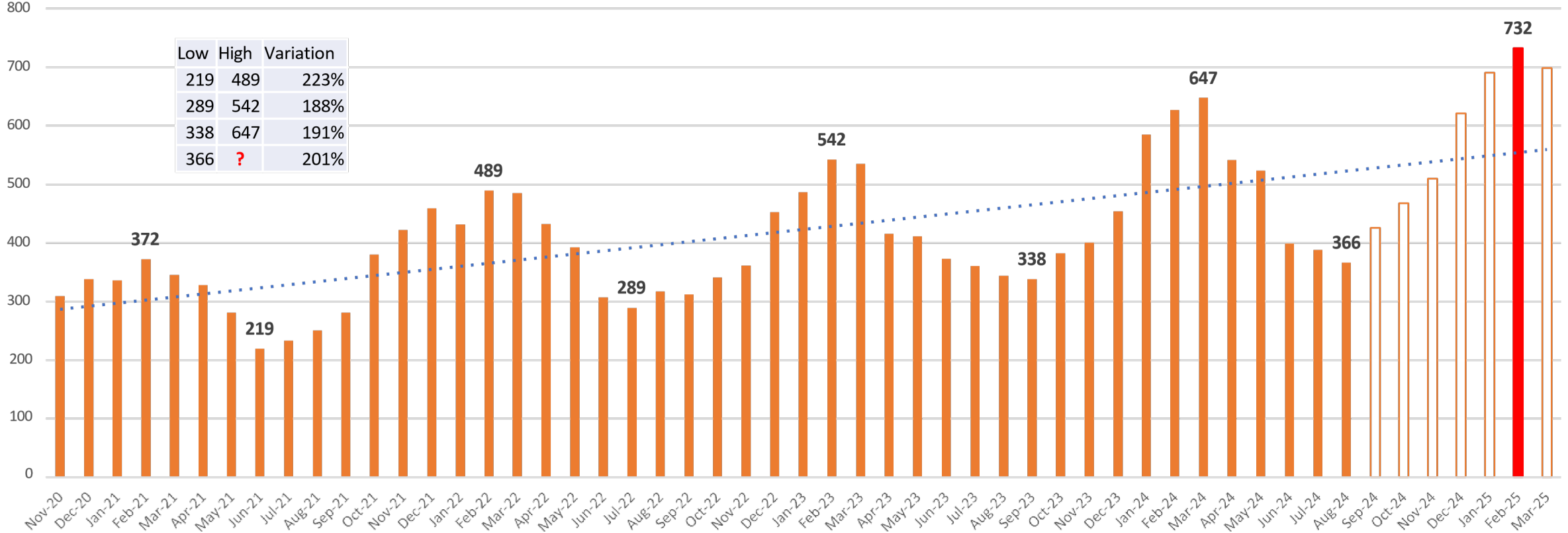


Chronic homelessness (HUD)

An individual who:

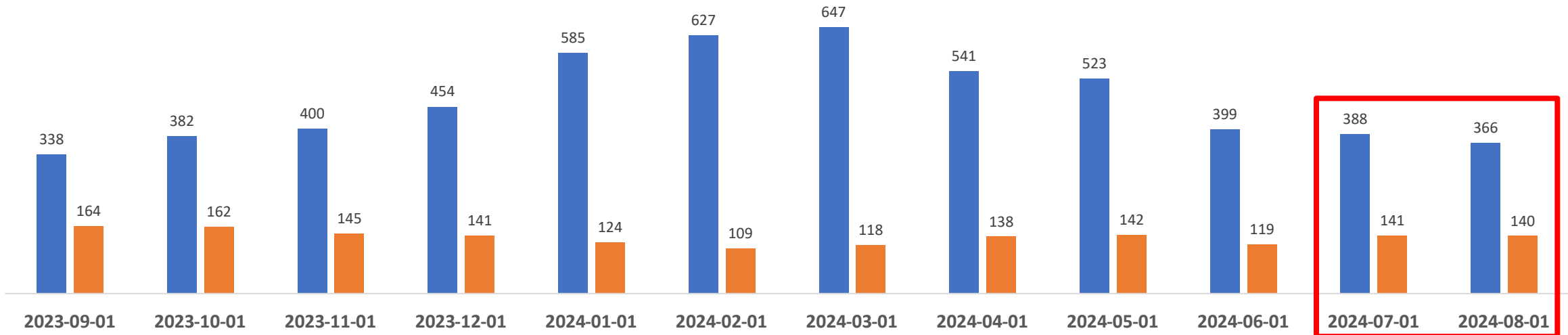
- Has been homeless **continuously for at least one year** or at least **four separate occasions in the last three years**

City Of Worcester Adult Shelter engagement summarized monthly with projection based on prior year

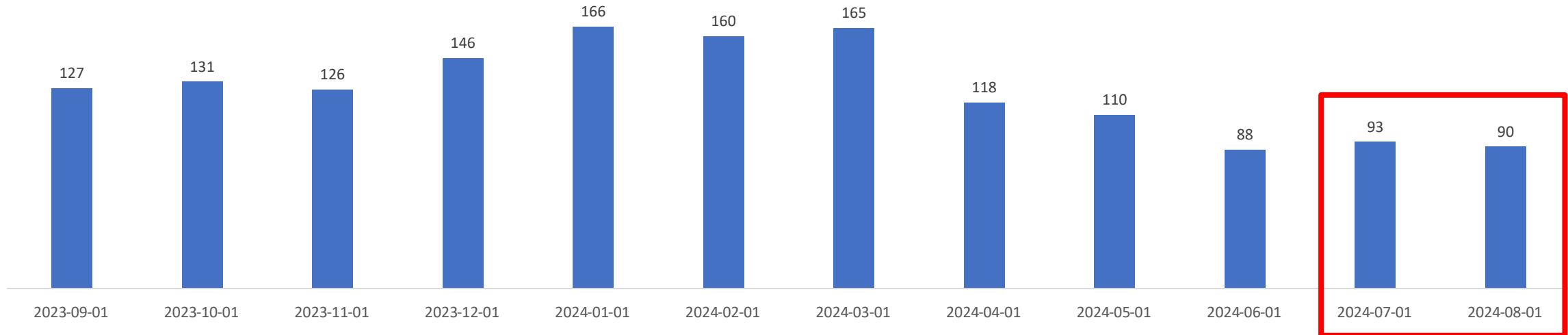


*Numbers summarized here reflect a total number served in shelter over the course of a month and not necessarily on the same night.

City of Worcester [Shelter](#) and [Outreach](#) programming active enrollments shown together - recent 12 month view ■ Emergency Shelter ■ Outreach



City of Worcester - Chronically Homeless status at intake into adult shelter and outreach programming





Significant increase
in
encampments
across Worcester
city, particularly
during the warmer
weather





Raises issues of:

- ☐ Safety
- ☐ Poor health outcomes
- ☐ Inadequate sanitation



Who are the
residents of
Worcester
encampments?



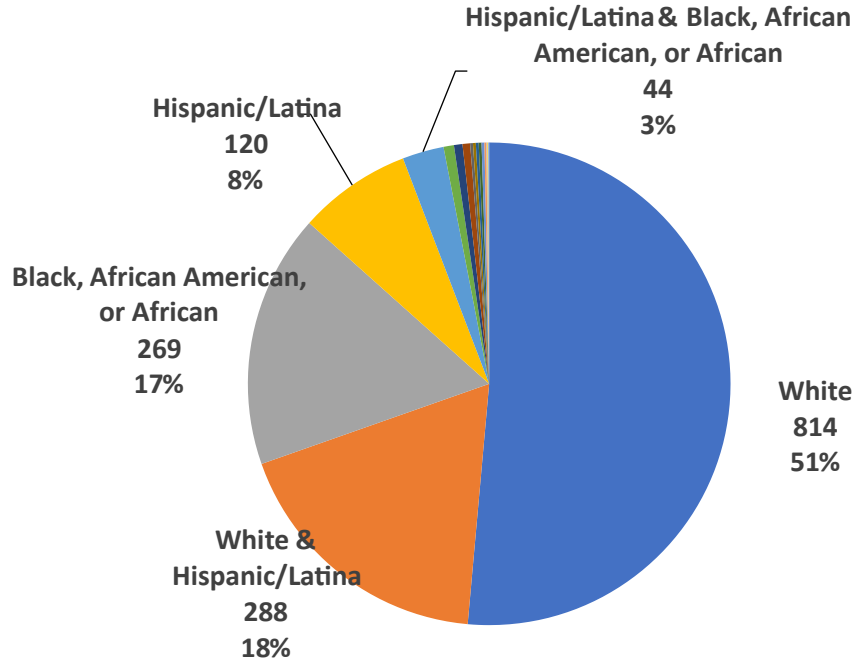




US Census City of Worcester Race and Ethnicity Ratios

Hispanic or Latino	24.57%
Not Hispanic or Latino:	75.43%
White alone	48.93%
Black or African American alone	13.74%
American Indian and Alaska Native alone	0.16%
Asian alone	7.05%
Native Hawaiian and Other Pacific Islander alone	0.02%
Some Other Race alone	1.28%

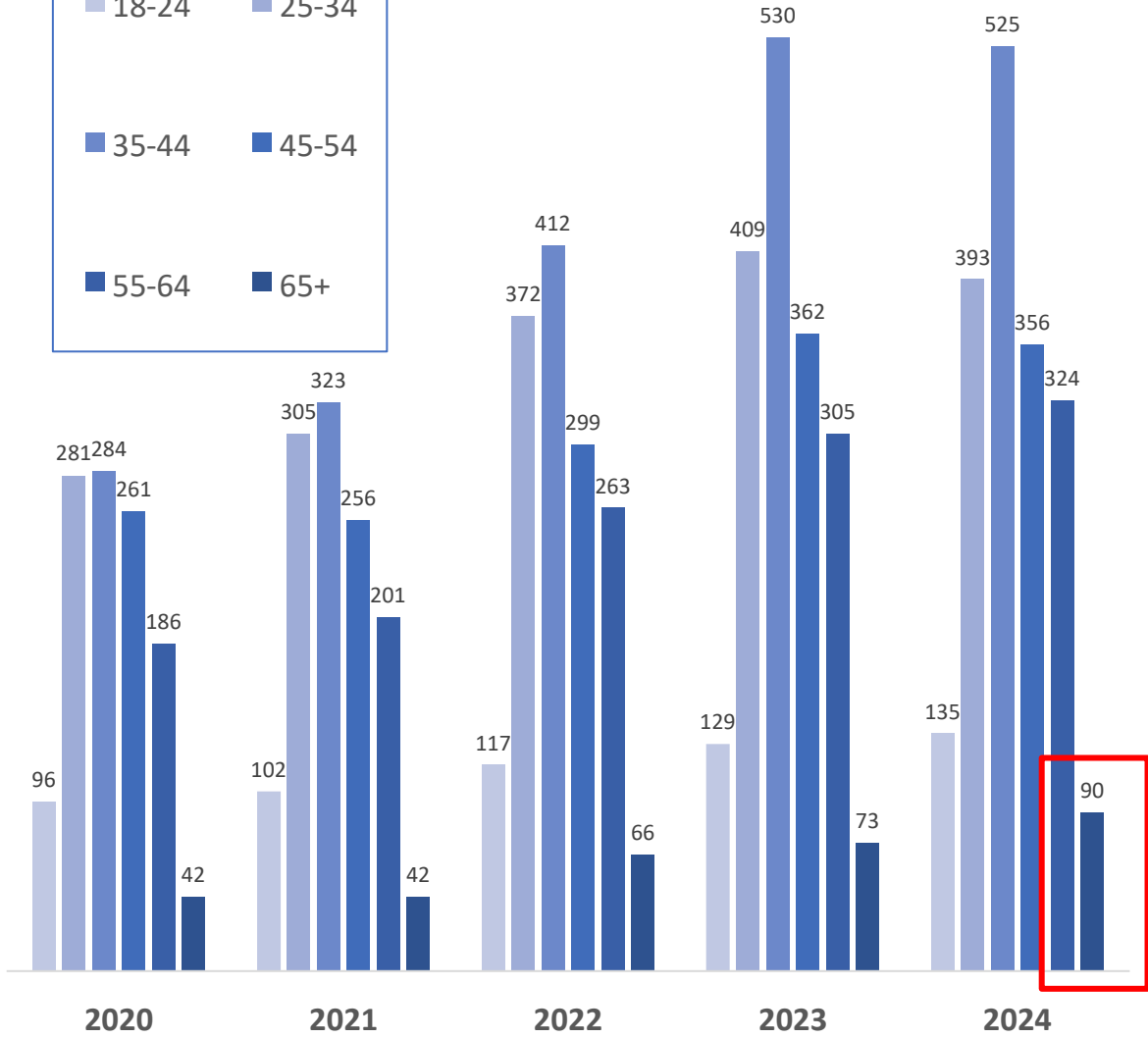
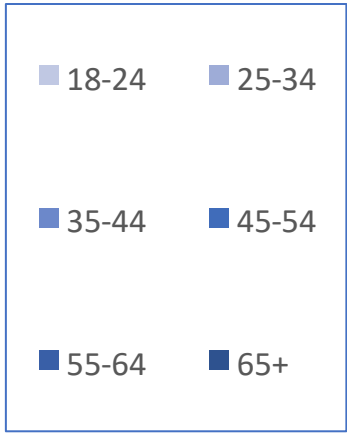
Race and Ethnicity of adults sheltered and unsheltered in Worcester - 12 month view



Population of two or more races:

4.25%

Population by Age Group 2020-2024 sheltered and unsheltered over a five year view



Affordable Housing in Worcester

- **Construction Complete:**

- WHA has 24 Units Lewis street
- SMOC Housing on Wyman St has 16 Units

- Total of 40 completed to date
- **Projected in 2025/2026** ○ 90 units of supportive housing at Oriol Drive, Quality Inn Hotel expected 2026

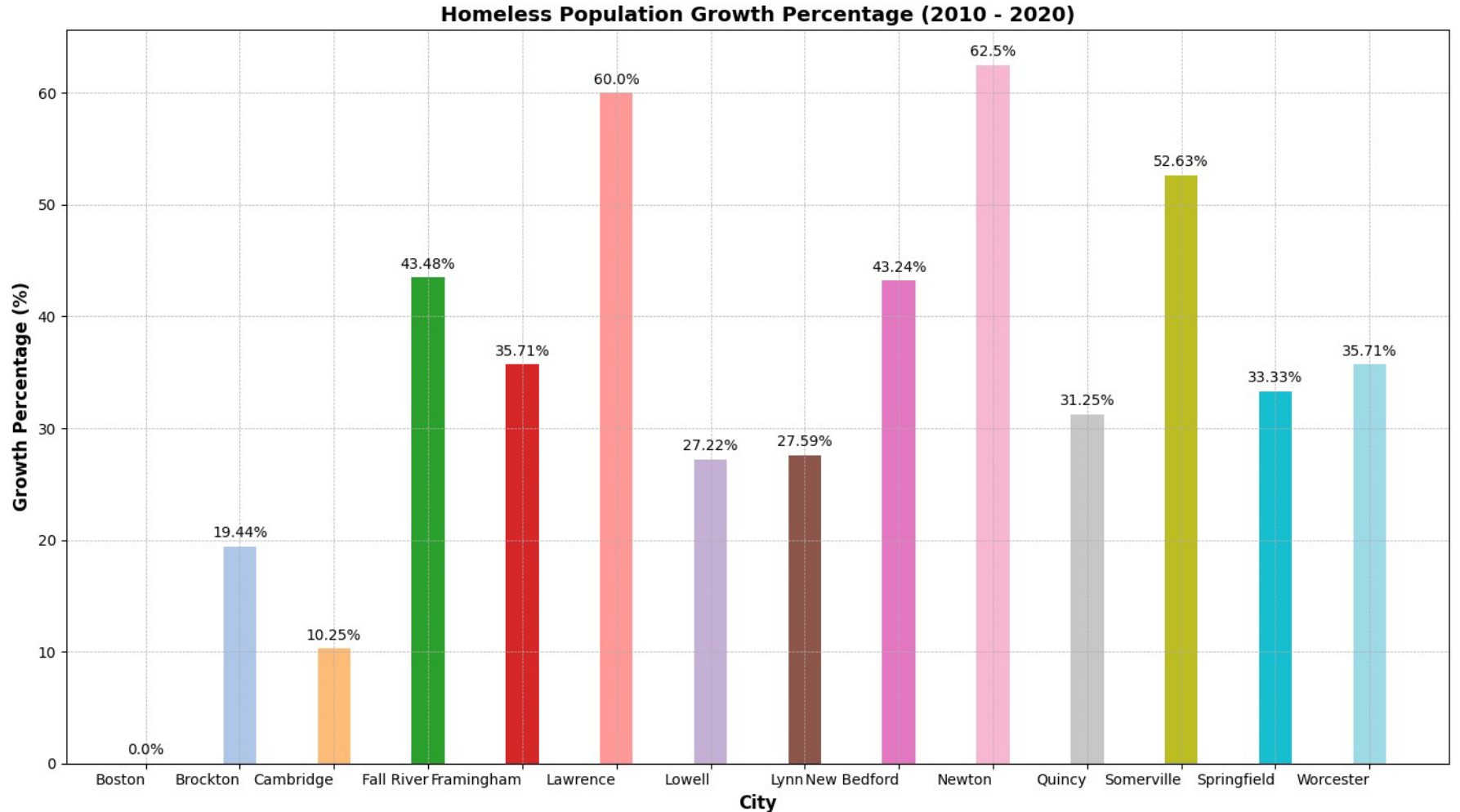
- 18 units on Winfield St. SMOC by 2025 ○
- 18 Tiny Homes on Stratford St WCHR ○ 20
- units at MLK Center By

SMOC

- WHA leasing Curtis apts going from 372 to 527

Homeless Population Growth Percentage [2010-2020]

- Significant growth rates across various cities, with many exceeding 30%.
- Largest Growth in Lawrence and Newton
- Boston - no growth between a decade
- Worcester, Springfield, and Somerville: moderate increases



Family homelessness

- Defined by HUD as any group of persons presenting for assistance together with or without children irrespective of age, relationship, or whether or not a member of the household has a disability.

Distinctions about family homelessness

- *Right to shelter* state for families
- Shelters are accessed through DTA/EOHLC
- Not accessible during weekends and non 'work hours'
- Families usually get moved outside of the area they were residing in
- A required eligibility criteria that they need to meet before accessing shelter

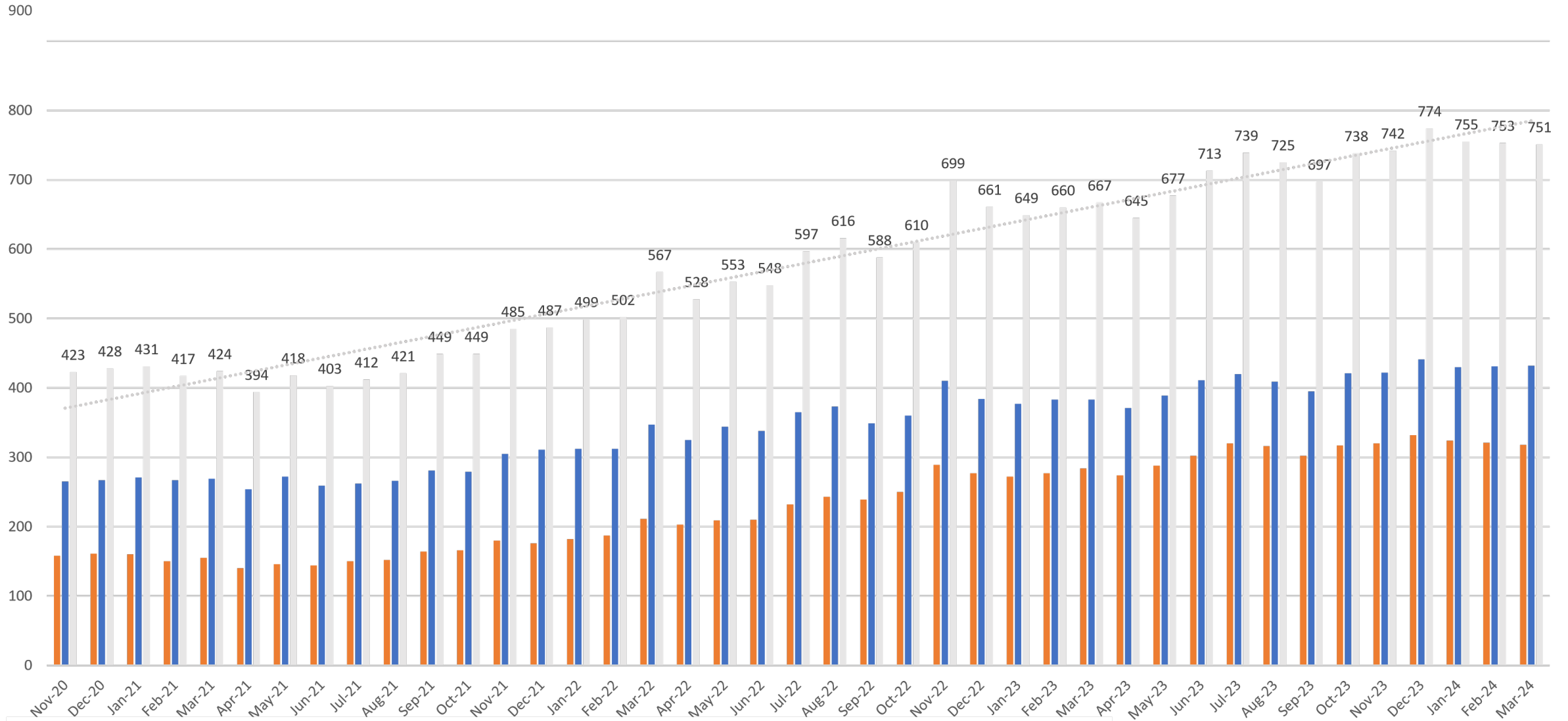




Monthly summary of City of Worcester family shelter enrollment

Adults Children

All people in households with children



*Numbers summarized here reflect a total number served over the course of a month and not necessarily on the same night.

Youth homelessness

- MA Youth Count from May 2024 identified 1690 youth who were homeless or facing housing insecurity in Massachusetts during their annual count





Homelessness and Addiction

- 190 of the youth are in Worcester
- Approximately 1 in 5 (20.9%) of Worcester residents live in poverty (US Census)
- Lower socioeconomic status is associated with a higher risk of opioid fatality
- Homelessness is associated with a higher risk of opioid-related ER visits, overdose and death

Altekruse SF, Cosgrove CM, Altekruse WC, Jenkins RA, Blanco C (2020) Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. Association Between Homelessness and Opioid Overdose and Opioid-related Hospital Admissions/ER Visits. Soc Sci Med 2019 Dec



Cost of homelessness

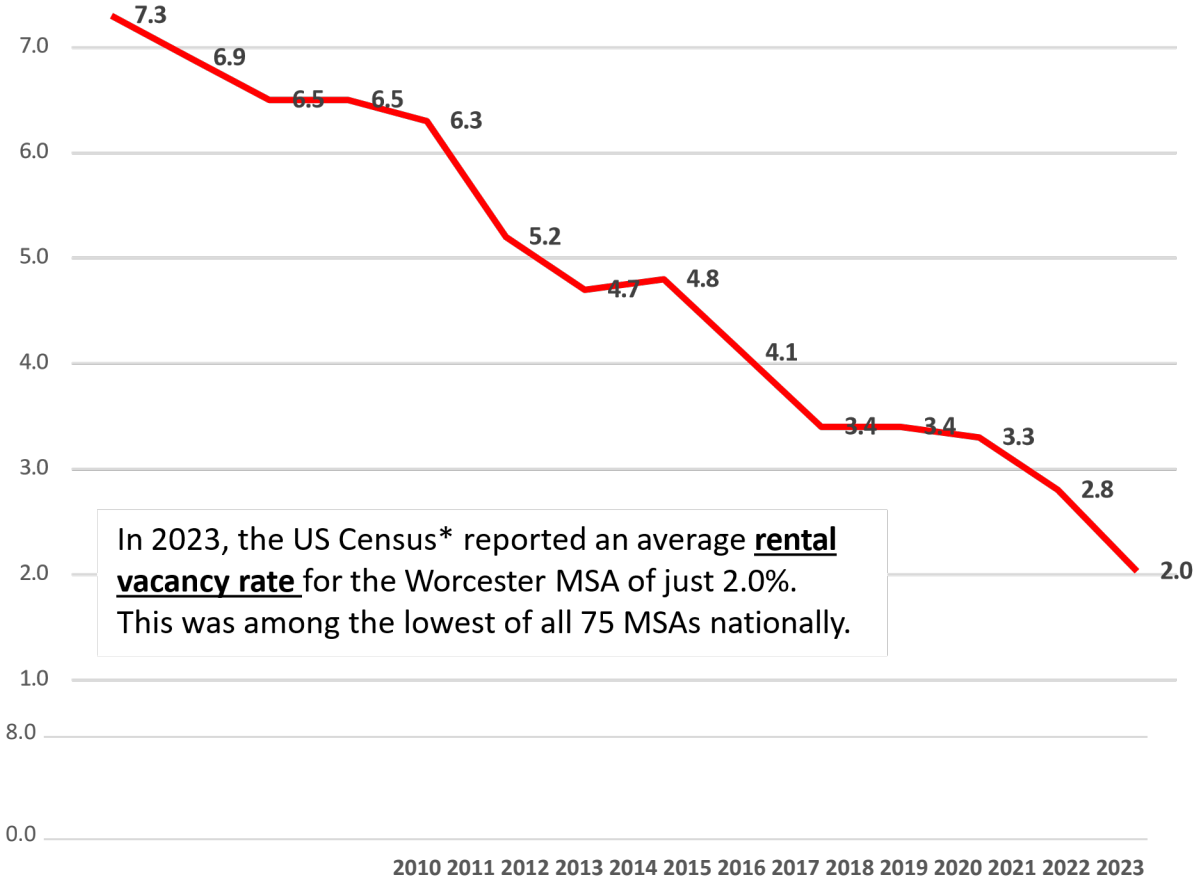
- Chronically homeless individuals costs an average of **\$35,578** per year
- Studies show that costs are **reduced by 49.5%** when they are placed in **supportive housing**

National Alliance to end homelessness 2017



Low rental vacancy rate and high rents continue to challenge those looking to rent a home in Worcester

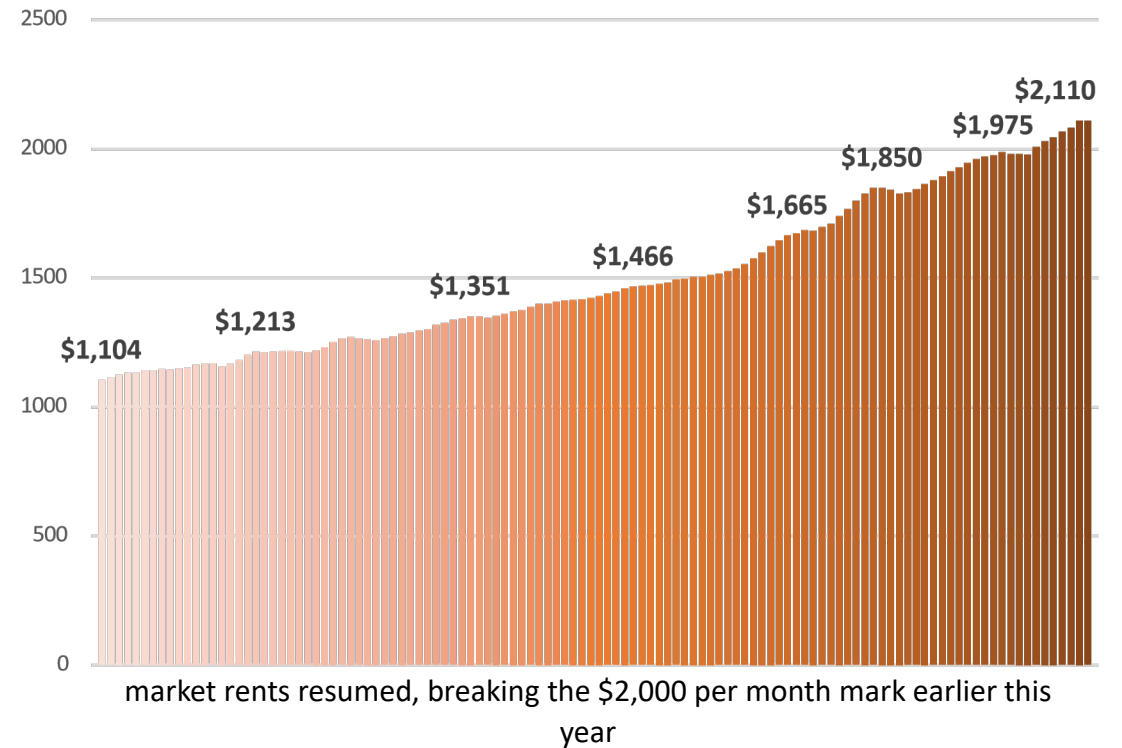
Worcester Rental Vacancy Rates 2010 thru 2023



In 2023, the US Census* reported an average **rental vacancy rate** for the Worcester MSA of just 2.0%. This was among the lowest of all 75 MSAs nationally.

*<https://www.census.gov/housing/hvs/data/rates.html>

Following a brief drop in rent prices in October of 2023, the increase in

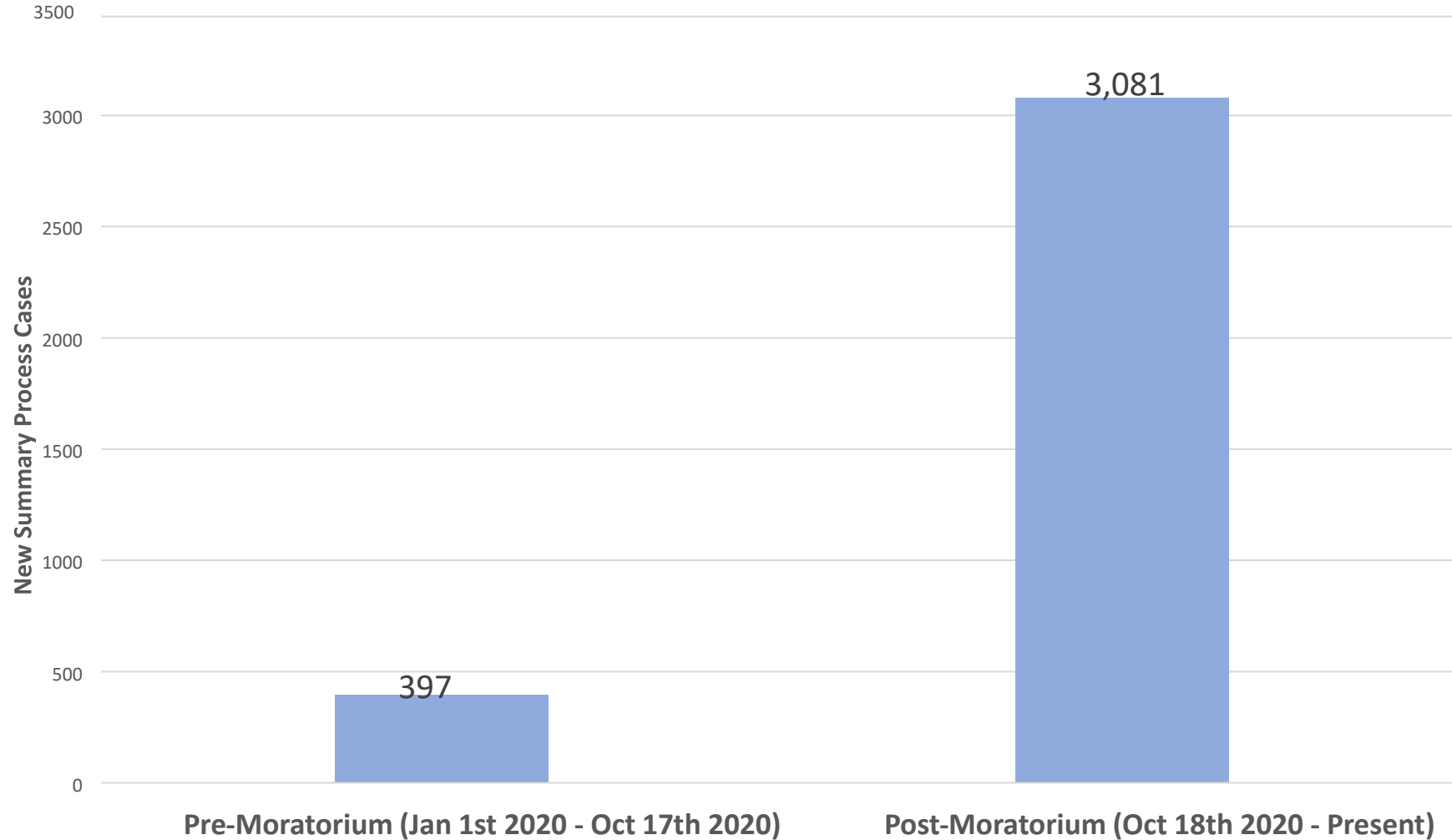


market rents resumed, breaking the \$2,000 per month mark earlier this year as the price for a typical apartment in the Worcester rental housing market.

Worcester Market Rent Index
January 2015 thru August 2024

**<https://www.zillow.com/research/data/>

Evictions in the City of Worcester



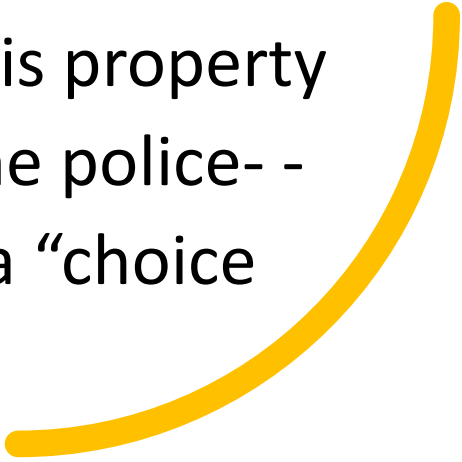
When the moratorium on eviction (placed during the COVID 19 emergency) was lifted, Worcester experienced a dramatic increase.

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.

Words from an unhoused person

“There are reasons to say no when officers, offer to bring you to a shelter. Agreeing to go to a shelter in that moment means losing many of your possessions. You have to pack what you can into a bag and leave the rest behind, to be stolen or thrown away by city workers. For me, I would have lost my bulky winter clothes, my tent, my food and the bike parts I use to make repairs for money. You give up all this property just for the guarantee; if you trust the police- - of a spot on the floor. Its not really a “choice



“for me to give up all my things. I need to make smart survival decisions”

Improvement in Overdoses and Fatalities

- Overdoses from 1/23-10/23=857
- Overdoses from 1/24-10/24=561 34.5% reduction

- Overdose mortality not yet confirmed by ME
- 1/2023 to 10/2023=96
- 1/2024 to 10/2024=16 83% reduction

In one of the wealthiest countries in the world,
should this be happening?



Questions?



Thank you!
