

FY 2024 Budget Questions & Answers
Finance Committee

Dept. Number, Name + Account	Questioner's Name/Question	Response
510 BOH	Greene: Please provide invoices for FY22 Vehicle maintenance. Also include approximate mileage driven in FY22 per vehicle.	Rae Dick: Please see the attached Munis printout of the Vehicle maintenance cost and items for both vehicles. Also attached is the mileage for FY22. Please note, two positions were vacant this fiscal year who utilize the vehicles. Also, more trainings, meetings, and conferences are back in person this year.
510 BOH Contracted Clerical Services	Greene: Please explain what this entails.	Rae Dick: This line item pays for the Board of Health minute taker. They are paid \$150.00 per meeting to take and transcribe the meetings. The board of Health meets once a month. Typically, there are 12 meetings a year. But in some cases, the Board of Health may meet more than once a month and we go negative in the account. This happened a few times in the height of the pandemic.
510 BOH	Greene: What social media channels are you using? How are you gaining followers? I don't see the channels on your web page.	Rae Dick: We are using Facebook, the towns News Flash, the town manager's newsletter, and our HD webpage. We gain followers by posting regularly on a variety of public health topics. Our following demographic is 80 percent female and 20 percent male. 95 percent of our followers are town residents, the rest are from surrounding communities.
510 BOH	Greene: Under "Description of Changes" it is stated that "The nurse is expected to now provide COVID-19 immunization booster clinics each year." Where is this expectation coming from? State requirement?	Rae Dick: There is no state requirement for the nurse to administer immunizations. The nurse currently administers Flu and COVID vaccines to the community. The state is moving COVID Boosters to an annual/seasonal vaccine. Our

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		<p>nurse would be offering and administering this vaccine in addition to influenza. The public health nurse position promotes health, infectious disease surveillance, immunization tracking, medical reimbursement payments, and prevents disease. Offering our community multiple vaccine opportunities not only protects our residents, but vaccines prevent a series of communicable diseases. The expectation comes from the CDC, MDPH, and the Blueprint for Public Health. https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download</p>
510 BOH	Greene: How does the Community Wellness Coordinator interact with the Health Department considering this position is actually in the Town Manager's dept?	Rae Dick: Our department interacts often with the Community Wellness Coordinator regarding programming, education, and services. There are some challenges in regard to applying for the same grant funding and program overlap.
510 BOH	Greene: Could you provide a list of all grants (including the amounts) received in the past year or so? I keep hearing about different grants the health dept has received but don't have a feel for the impact.	Rae Dick: Please see the attached grant list.
510 BOH	Greene: Please provide the revolving account balance, revenue, and expenses for the past 3 years. What else besides immunization expenses/revenue run through this account?	Rae Dick: Please see the excel sheet attached. Only immunization expenses run through this account. Flu vaccine costs about \$45-50,000 a year. COVID vaccine is expected to become commercialized this year. If so, we will need to purchase this vaccine.

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510 BOH	Greene: Are all permit fees deposited to the general fund?	Rae Dick: All permit fees including our school dental fees, are deposited to the general fund. We are currently in the process of evaluating our permit fees. We want to make sure we are covering our costs. They have not been updated since 2018.
510 Board of Health	Galvin: In the department's goals for 2023-2025, there is a commitment to develop an opioid outreach program. Is there any data that can indicate the scale of the opioid abuse problem in Westford?	Rae Dick: Yes, please see attached data sets. However, opioid overdose data does not include vaping, alcohol, tobacco, prescription pill misuse, or marijuana issues in the community. We currently have an opioid settlement funds group and are starting the Community Behavioral and Mental Health committee to address these issues.
510 Board of Health	Galvin: In the Metrics section can we include as a category, the number of times Narcan has been administered by our public safety personnel?	Rae Dick: Our department has not administered Narcan. We provide it to the town buildings and soon to the public if requested. We do administer Narcan training.
541 COA	Greene: Will the transportation fees collected be tracked in a separate account?	Claro: If this receives approval from the new Town Manager and Select Board, we will establish a separate revenue line item in our budget. O'Donnell: Since we cannot pay for salaries out of a Ch. 44 S. 53E1/2 revolving account, we would recommend tracking this in a separate general fund revenue account.

01/27/2023 13:46
mvozzowillli

TOWN OF WESTFORD
INVOICE LIST BY GL ACCOUNT



1P
lapinvgla

YEAR/PERIOD: 2022/1 TO 2023/13

ACCOUNT/VENDOR	DOCUMENT	VOUCHER FO	YEAR/PR TYP S	WARRANT	CHECK	DESCRIPTION
01510200						
04510200						
000872	16354	510	2022 8 INV P		3038643	Ford Explorer 2017
INVOICE: 16354						
000872	16427	510	2022 9 INV P		3039768	Oil Change & Tire R
INVOICE: 16427						
BOARD OF HEALTH - EXP						
VEHICLE MAINTENANCE						
096306	91746	510	2022 3 INV P			
INVOICE: 91746						
096306	94860	510	2022 10 INV P		3034394	TRUCK INSEPCION ST
INVOICE: 94860						
Inspection Sticker Ford Explorer						
ACCOUNT TOTAL				70.00		
01510200						
101146	1011780364	510	2023 3 INV P			
INVOICE: 1011780364						
101146	1011924798	510	2023 4 INV P		3044682	Customer# 8232848 M
INVOICE: 1011924798						
101146	1011997811	510	2023 5 INV P		3046064	ACCT-8232848 SHARPS
INVOICE: 1011997811						
101146	1012069350	510	2023 6 INV P		3046881	1011997811 SHARPS P
INVOICE: 1012069350						
ACCOUNT TOTAL				578.84		
01510200						
101146	1010919831	510	2022 3 INV P			
INVOICE: 1010919831						
101146	1011062135	510	2022 4 INV P		3034395	8232848-SHARPS COLL
INVOICE: 1011062135						
101146	1011205953	510	2022 6 INV P		3035643	8232848-BIOHAZARD
INVOICE: 1011205953						
101146	1011350263	510	2022 8 INV P		3037244	MEDICAL SUPPLIES
INVOICE: 1011350263						
101146	1011499529	510	2022 10 INV P		3039061	8232848-Disposal Bo
INVOICE: 1011499529						
101146	1011640385	510	2022 12 INV P		3040521	8232848-CF BOX DISP
INVOICE: 1011640385						
101146	1011424332	510	2022 10 INV P		3042818	8232848-CF BOX DISP
INVOICE: 1011424332						
ACCOUNT TOTAL				1,044.73		
ACCOUNT TOTAL				1,044.73		

Health Department Grants 2022-2023

1. MDPH Public Health Excellence Grant Program: \$296,000 per year for 3 years. Admin Fee to Town \$25,000 to \$44,000.

Host agent for Westford, Acton, Lowell, and Dracut. 296,000 per year for 3 years. Funding pays for three positions. 1) Full-time regional employee, Regional Community Health and Wellness Coordinator. 2) Contracted Regional Grant Manager 3) Contracted Regional Accreditation Coordinator position.

2. Public Health Emergency Preparedness Grant (PHEP): \$34,000

This grant pays for our MRC Coordinator's salary. Scope of Work defined by the state. Westford is host agent.

3. Medical Reserve Corp (MRC): \$17,070

This grant also pays for our MRC Coordinator's salary. Scope of Work defined by the state. To provide Training to MRC, newsletter, etc. Westford is host agent and UMV MRC Director for region 3.

4. Operational Readiness Award (ORA) 2022: \$10,000 Project focused on training and supplies.

5. Operational Readiness Award (ORA) 2023: \$10,000 Attend Prep Summit and Training Day for Coordinator.

6. NACCHO RISE Grant 2022: \$75,000 MRC strategic planning and training. Build Capacity.

7. NACCHO RISE Grant 2022 Extension: \$26,250 Shelter training and MOU's, gear for MRC.

8. NACCHO RISE Grant: Extension: \$10,000 Shelter supplies.

9. MassCALL3 Current Grant \$250,000 (We are not the Host Agent):

The MC3 concentrates on substances of first use (alcohol, cannabis, nicotine) in our youth 12-17 years of age or 21 and under. The grant is 3 years with a possible renewal of 7 years.

Includes Lowell, Billerica, Chelmsford, Dracut, Tewksbury, Tyngsboro, Westford, and Wilmington.

The MassCALL3 initiative is intended to replace and build upon the foundation established through previous BSAS prevention grants, including the Substance Abuse Prevention

Collaborative (SAPC) and Massachusetts Opioid Abuse Prevention Collaborative

(MOAPC) grant programs. This funding integrates all aspects of programming from previous BSAS prevention funding, including utilization of the Strategic Prevention Framework (SPF) in the development of a comprehensive strategic plan that guides community based prevention initiatives, with the opportunity for lower capacity communities to build their collective knowledge and the necessary infrastructure for a more comprehensive evidence informed approach, as well as the pursuit of innovative and promising practices in those communities where that capacity already exists. To achieve these goals, funded programs are expected to incorporate a restorative prevention framework that embraces the following principles of into their operations and programming:

- Principle 1. Racial Equity
- Principle 2. Trauma-informed service provision
- Principle 3. Positive Youth Development
- Principle 4. Intersectionality
- Principle 5. Cultural Humility
- Principle 6. Restorative Justice
- Principle 7. Collective Impact
- Principle 8. Build and sustain the leadership of people of color

10. 2022 GLCF Strengthening Mental Health Support for Children and Adolescents in Greater Lowell (current grant awarded \$15,000)

Providing Youth Mental First Aid Certification to 240 people in Westford, Acton, Dracut, and Lowell.

Youth Mental health First Aid (YMHFA) covers youth's mental health challenges, including anxiety, depression, eating disorders, and attention deficit hyperactivity disorder (ADHD). Certified YMHFA adults learn to assess for a crisis or non-crisis situation by utilizing the MHFA nonlinear action plan known as (ALGEE). A: Assess for risk of suicide or harm; L: listen nonjudgmentally; G: give reassurance and information; E: encourage appropriate professional help; E: encourage self-help and other support strategies. The course provides many opportunities for parents, caregivers, and child-serving professionals to role-play, engage in group activities, and work through scenarios that allow them to apply the learned material to real-life situations. Official certification is given to individuals who have completed the course content in its entirety, successfully pass a final exam, and complete a course evaluation. Equipped with this well-supported training, Brittany Nash will be working with community members to alleviate the mental

health stressors in our youth by empowering and equipping parents, caregivers, and child-serving professionals to meet the modern-day mental health needs of our youth. Our goal is to certify 240 parents, caregivers, and child-serving professionals in the YMHFA curriculum. Westford, Lowell, Dracut, and Acton communities will have the opportunity to attend these trainings at no cost to them (typically \$53 per person to receive a YMHFA certification).

11. GLHA Community Health Initiatives Grant/Multi-town HD Resource Network: \$50,000 (Chelmsford is the host agent)

Grant is for staff training in hoarding, home assessment, coaching, and harm reduction. Providing Hoarding/Clutter Education. Training First Responders on Hoarding, Clutter Images, and where to go for resources.

12. 2022-Closing: FDA/AFDO National Retail Standards Program:

Roughly, \$10,000.

FDA Food Code Standards: Two grants to work towards Standard #9 Program Assessment and Standard #6 Compliance and Enforcement.

13. 2022-Closing FDA NEHA National Retail Standards Program:

Roughly, \$6,000. To complete a Comprehensive Strategic Plan of all nine FDA Retail Standards.

14. 2021 -22-Closed MDPH Regional COVID Grant for COVID related items. \$110,000 Host agent-Westford. Admin fee to the town of roughly \$17,000.

Purchases were made for all three communities. Westford, Acton, and Lowell. To name a few items....

- Regional electronic traffic sign-being utilized right now at Beaverbrook Rd.
- Immunization clinic supplies
- Sandwich Boards
- Shelving, bins
- Meeting Owls, donated ours to Westford Library
- Handicap Picnic Tables-Westford took 4 tables for Town hall and Library.
- Carts and Portable AED.

15. 2022 – Closing in June. MDPH COVID related grant-Earmark funding for the town. \$10,000 for HD. Utilizing for storage shelving and clear bins.

Town of Westford
 Board of Health Immunization Revolving Fund

	Beg. Bal.	Revenue	Expenses	End Bal.	
FY20	108,499.35	80,840.78	54,211.09	135,129.04	
FY21	135,129.04	4,115.42	46,012.39	93,232.07	
FY22	93,232.07	54,617.06	59,760.08	88,089.05	
FY23	88,089.05	39,465.08	44,913.65	82,640.48	<i>Through January 23 2023</i>





Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents

Massachusetts Department of Public Health

POSTED: DECEMBER 2022

This report contains both confirmed and estimated data through September 2022.

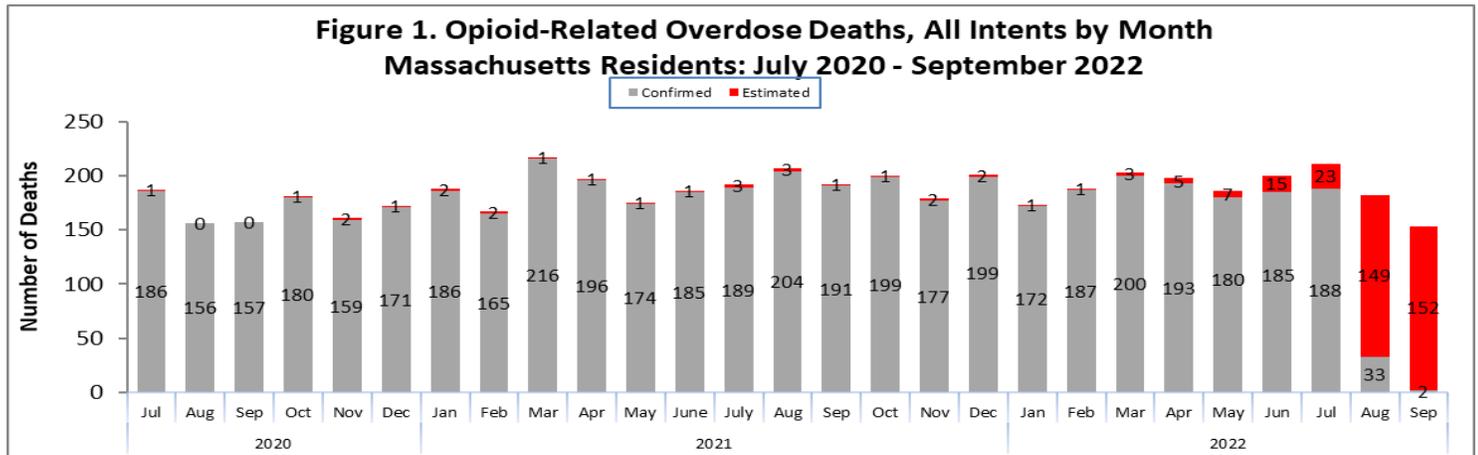


Figure 1 shows the month-by-month estimates for fatal opioid-related overdoses for all intents from July 2020 through September 2022. In the first nine months of 2022, there were 1,340 confirmed opioid-related overdose deaths and DPH estimates that there will be an additional 41 to 70 deaths, yielding approximately 1,696 total confirmed and estimated opioid-related overdose deaths. This is an estimated 25 fewer deaths compared to 1,721 total confirmed and estimated opioid-related deaths in the first nine months of 2021, which is a decrease of 1.5%.

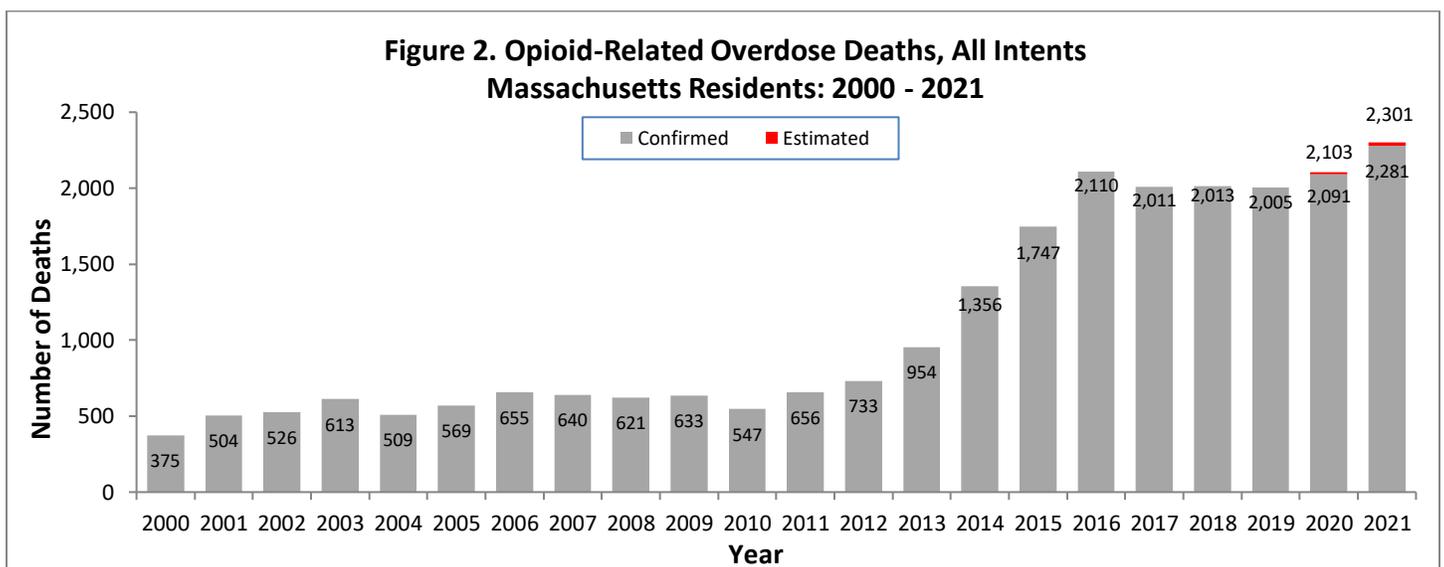
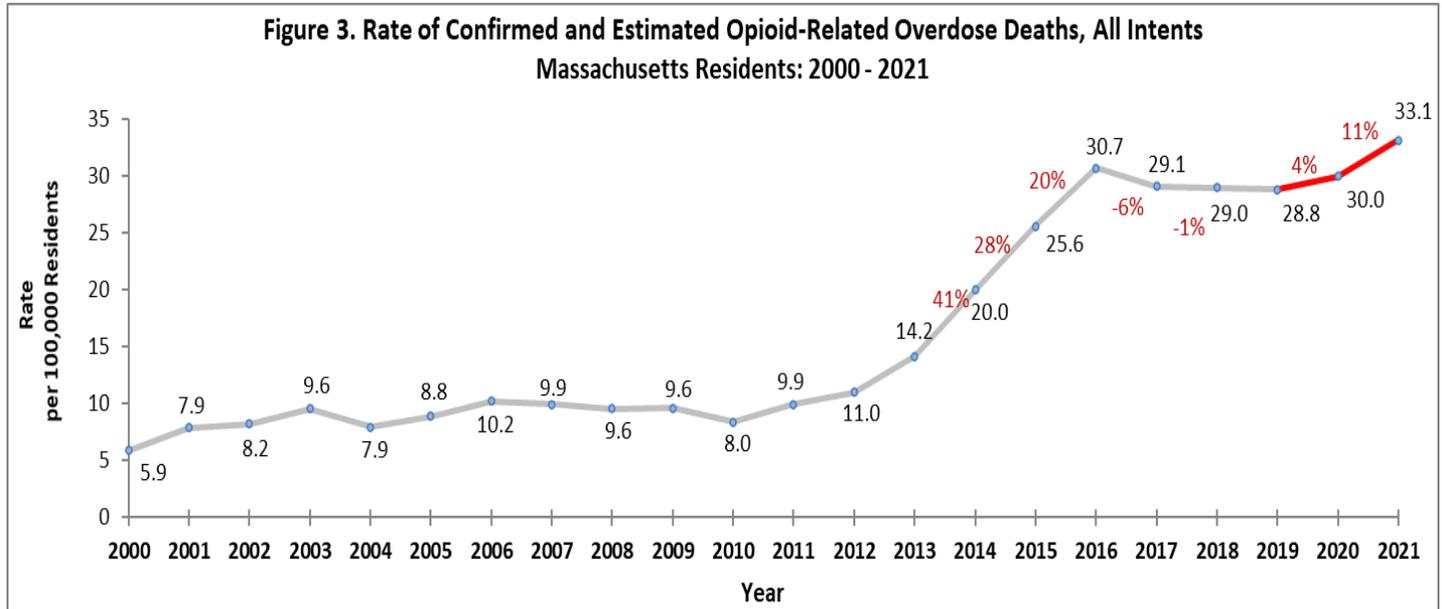


Figure 2 shows the trend in annual number of confirmed and estimated cases of opioid-related overdose deaths for all intents from 2000 to 2021. In order to obtain timelier estimates of the total number of opioid-related overdose deaths in Massachusetts - confirmed and estimated - DPH used predictive modeling techniques for all cases not yet finalized by the Office of the Chief Medical Examiner (OCME). Based on the data available as of November 1, 2022 there were 2,281 confirmed opioid-related overdose deaths in 2021 and DPH estimates that there will be an additional 11 to 29 deaths once all cases are finalized.

Opioid-Related Overdose Death Rates, All Intent

The 2021 opioid-related overdose death rate (33.1 per 100,000 people) is approximately 8% higher than in 2016 (30.7 per 100,000 people), though this difference is not statistically significant. This indicates that the statewide opioid-related overdose death rate has been stable for the period between 2016 and 2021. Joinpoint analysis indicated that there were statistically significant overdose death rates from 2000 to 2012 (increasing by 3.2% per year) and from 2012 to 2016 (increasing by 31.5% per year).



Toxicology Analysis: Fentanyl and Other Drugs

Fentanyl is a synthetic opioid that has effects similar to heroin. It is administered in patients in fast-acting formulations for severe, acute pain and prescribed to patients with chronic pain in long-acting formulations. According to the U.S. Department of Justice, Drug Enforcement Administration’s 2015 Investigative Reporting, while pharmaceutical fentanyl (from transdermal patches or lozenges) is diverted for abuse in the United States at small levels, much of the fentanyl in Massachusetts is due to illicitly-produced fentanyl, not diverted pharmaceutical fentanyl.

The standard toxicology screen ordered by the Office of the Chief Medical Examiner includes a test for the presence of fentanyl.

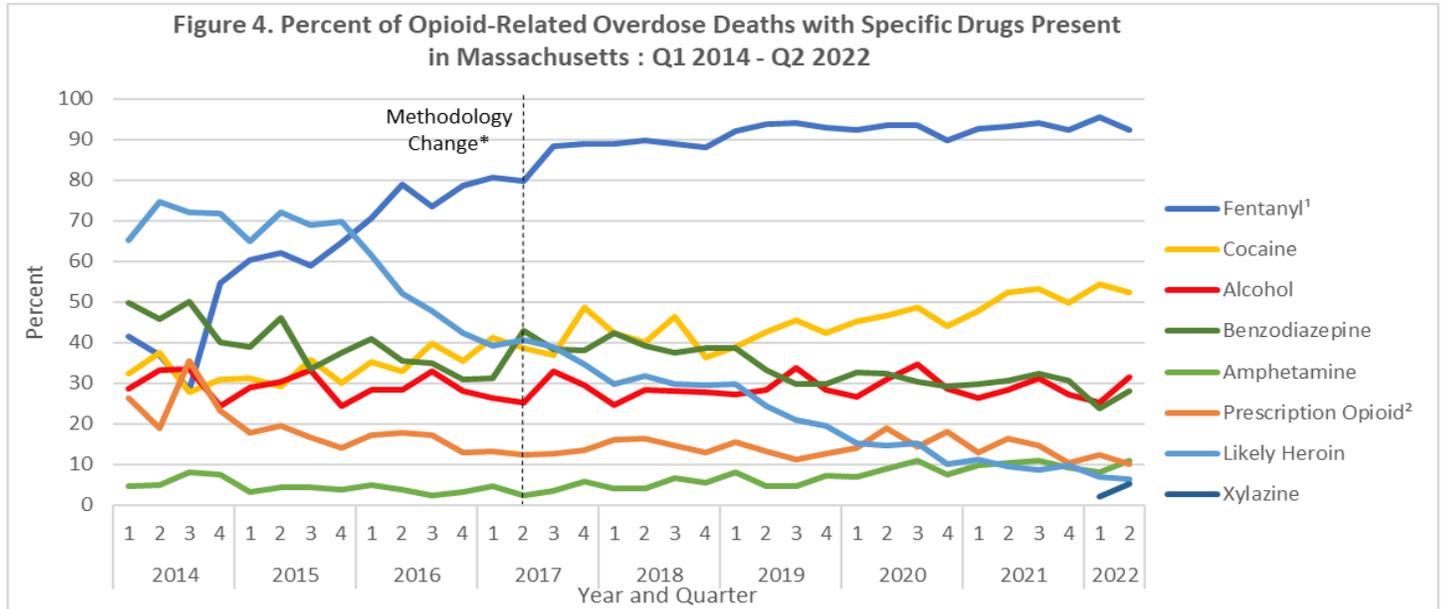
In 2021, there were 2,156 opioid-related overdose deaths where a toxicology screen was also available. Among these deaths, on average fentanyl was present in 93%, cocaine in 52%, benzodiazepines in 31%, alcohol in 28%, prescription opioids in 14%, and heroin in 10% and amphetamines in 10%.

In the first six months of 2022 there were 1,043 opioid-related overdose deaths where a toxicology screen was also available. Among these deaths, fentanyl was present in 94%, cocaine in 53%, benzodiazepines in 26%, alcohol in 28%, prescription opioids in 11%, heroin in 7%, and amphetamines in 9%. Compared to the first six months of 2021, there was a 1.1% increase in the presence of fentanyl, a 6.3% increase in cocaine, a 17% decrease in benzodiazepines, a 4% increase in alcohol, a 30% decrease in prescription opioids, a 54% decrease in heroin, and a 7% decrease in amphetamine. Since June of 2022, xylazine was routinely reported among opioid-related overdose deaths. As of the 2nd quarter of 2022 xylazine was present in 5% of opioid-related overdose deaths. The results are shown in Figure 4.

Fentanyl increased dramatically through the second quarter 2016 and has increased at about 1% per quarter ever since. Notably, the presence of stimulants in toxicology have increased since 2014: Cocaine has increased at about 2% per quarter since 2014, and amphetamines have increased about 6% per quarter since third quarter 2016. Between 2016 and the 2nd quarter of 2022, the percentage of heroin or likely heroin present in opioid-related overdose

deaths decreased. The largest changes of percentage of heroin or likely heroin present in opioid-related overdose deaths have been shown to be in the last quarter of 2015 to the last quarter of 2016 (an 11.8% decrease) and first quarter of 2019 to the last quarter of 2020 (a 12.2% decrease). The percentage of benzodiazepine has been steadily declining since the last quarter in 2017 but has increased in Q2 of 2022.

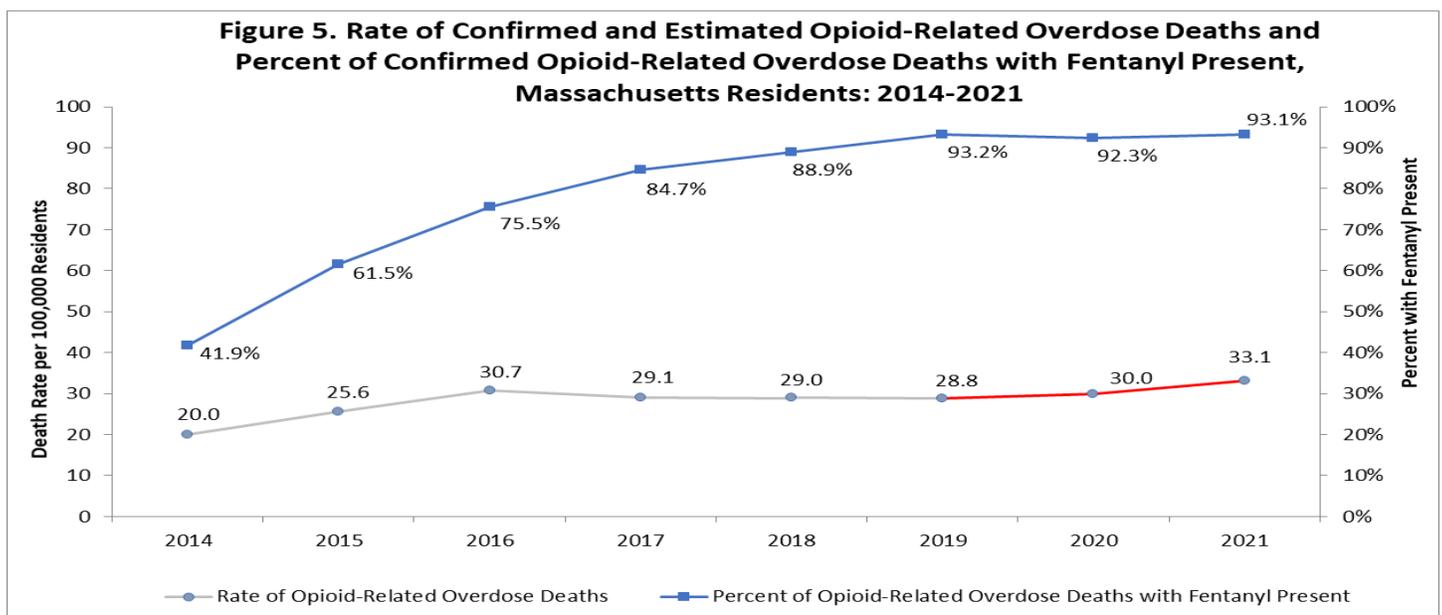
While screening tests can be used to note the rate at which certain drugs are detected in toxicology reports, they are insufficient to determine the final cause of death without additional information. The cause of death is a clinical judgment made within the Office of the Chief Medical Examiner.



* Beginning with the November 2019 report, DPH began to use a new method to identify substances present in the toxicology data, which can only be applied from 2017 onward; this new method cannot be applied to the older data

1. This is most likely illicitly produced and sold, **not** prescription fentanyl
2. Prescription opioids include: hydrocodone, hydromorphone, oxycodone, oxymorphone, and tramadol
3. Beginning with the February 2020 report, amphetamine includes both amphetamine and methamphetamine; methamphetamine was previously excluded

Please note that previous estimates may change slightly as DPH routinely receives updated toxicology data from the Office of the Chief Medical Examiner and the Massachusetts State Police.



Technical Notes

- Opioids include heroin, illicitly manufactured fentanyl, opioid-based prescription painkillers, and other unspecified opioids.
- Data for 2019-Q3 2022 deaths are preliminary and subject to updates.
- Beginning with the May 2017 report, DPH started reporting opioid-related overdose deaths for all intents, which includes unintentional/undetermined and suicide.
- Beginning with the August 2019 report, DPH updated the case definition used to identify opioid-related overdose deaths to match the CDC's case definition. The following International Classification of Disease (ICD-10) codes for mortality were selected from the underlying cause of death field to identify poisonings/overdoses: X40-X44, X60-X64, X85, and Y10-Y14. All multiple cause of death fields were then used to identify an opioid-related overdose death: T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6.
- This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately. The Department regularly reviews projections as more information becomes available. Information from the Office of the Chief Medical Examiner and the Massachusetts State Police are now incorporated into the predictive model. This additional information has improved the accuracy of the model that predicts the likelihood that the cause of death for any person was an opioid-related overdose. DPH applied this model to death records for which no official cause of death was listed by the OCME. The model includes information from the death certificate, Medical Examiner's notes, and the determination by the State Police of a suspected heroin death. DPH added this estimate to the number of confirmed cases in order to compute the total number of opioid-related overdoses. Should new information become available that changes the estimates to any significant degree, updates will be posted.

Sources

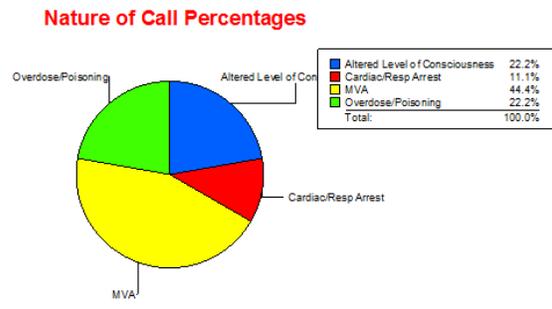
- Massachusetts Registry of Vital Records and Statistics, MDPH
- Massachusetts Office of the Chief Medical Examiner
- Massachusetts State Police
- Population Estimates 2000-2010: National Center for Health Statistics. Postcensal estimates of the resident population of the United States, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2000-2010).
- Population Estimates 2011-2019: Small Area Population Estimates 2011-2020, version 2019, Massachusetts Department of Public Health, Bureau of Environmental Health. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

Between 07/01/2021 and 06/30/22 The Paramedics at Westford Fire identified the nature of the call to be “overdose/poisoning” on 6 occasions. This includes: 4 patients transported to the hospital at the ALS level, 1 patient refusal, and 1 patient refusal against medical advice; for a total of 6 incidents identified as “Overdose/Poisoning”.

Trip Count by Outcome		
Company IS Westford Fire Department; AND Trip Date IS BETWEEN 07/01/2021 AND 06/30/2022; AND Nature of Call IS OverdosePoisoning		
Westford Fire Department		
	ALS	Total
PATIENT REFUSED CARE	1	1
Refused Transport (AMA)	1	1
TREATED, TRANSPORTE	4	4
Total	6	6

Between 07/01/2021 and 06/30/2022 Naloxone was administered on 5 occasions. This includes: 1 administration for “Altered Level of Consciousness”, 1 administration of “Cardiac/Respiratory Arrest”, 1 administration for “MVA”, 2 administrations for “Overdose/Poisoning”.

Nature of Call Summary		
Company IS Westford Fire Department; AND Trip Date IS BETWEEN 07/01/2021 AND 06/30/2022; AND No Group; AND No Group; AND Intervention IS Narcan		
Westford Fire Department		
Nature of Call	Count	Percent
Total Altered Level of Consciousness	1	22.2%
Total Cardiac/Resp Arrest	1	11.1%
Total MVA	1	44.4%
Total Overdose/Poisoning	2	22.2%
Total Westford Fire Department	5	



We do not track cause of death or fatalities from overdose. The cause of death is determined during investigation and/or autopsy by the Medical Examiner’s office. The Medical Examiner’s office would need to be contacted for metrics pertaining to # of fatalities due to overdose.