OTF Healthcare Solutions Committee Meeting Summary
January 28, 2022, 10 AM – 12 Noon
Zoom Meeting

Present (87): **Register John Merrigan** (OTF Co-Chair, Franklin County Justice Center), **Sheriff Chris Donelan** (OTF Co-Chair, FCSO), **District Attorney David Sullivan** (OTF Co-Chair, NWDA), **Dr. Ruth Potee** (BHN, HCS Committee Co-Chair), **Dr. Kinan Hreib** (Baystate Health Systems, HCS Committee Co-Chair), **Ruth Jacobson-Hardy** (DPH BSAS), **Lisa Yin** (BHN), **Sam Tarplin** (Baystate Health Systems, UMass School of Public Health), **Shannon Hicks** (CHD), **Mattea Kramer** (writer), **Maria Sotolongo** (NWDA), **Alison Proctor** (OTF), **Debra McLaughlin** (OTF), **Kelly Harrington** (HCS), **Carly Bridden** (HCS), **Cathi Emery** (FCSO), **Dottie Arnold** (OTF), **Jeffrey Samet** (HCS), **Sharon Lincoln** (OTF), **Sheriff Chris Donelan** (FCSO), **Aaron Milewski** (CHD), **Abbi Cushing** (RP), **Alexa Flanders** (Family Drug Court), **Ahmad Abdel-Aziz** (Indivior), **Amanda Mankowsky** (NQCC), **Athena Bradley** (City of Greenfield), **Brenda Amuchi** (HCS), **Calla Harrington** (UMass Amherst), **Cameron Lease** (Sen. Comerford's Office), **Caroline Stotz** (HCS), **Cheryl Zoll** (Tapestry), **Corinne Coryat** (Rep. Blais' Office), **Craig McClay** (HCS), **Dacia Beard** (HCS), **Dan Sontag** (DMH), **Daniel Kiely** (CSO, Bridge Team), **Dr. Dean Singer** (Bridge Primary, Baystate Health Systems, CSO), **Deborah Neubauer** (CHD), **Diane Robie** (LifePath), **Donna Beers** (HCS), **Dr. Peter Friedmann** (Baystate Health), **Gianna Alberici** (UMass Amherst), **Greg Graustein** (Recovery Connection Centers of America), **Jane Carpenter** (HCS), **Jen Brzezinksi** (FCSO), **Jennifer Hoffman** (City of Greenfield), **Jerry Lund** (HEALing Communities Study CAB member, CHCFC Board member), **Kara Hutchison** (VOC), **Karin Anderson** (WIC/CAPV), **Kate Miller** (Franklin Family Drug Court), **Katie Difanis** (Carle Health), **Katy Robbins** (Tapestry/BFMC Bridge Team), **Kena Vescovi** (VOC), **Kevin Weir** (MBHP Beacon Health), **Laura Miller** (community member), **Lauren Keisling** (HCS), **Laurie**, **Lily Stafford** (CHCFC), **Linda Sarage** (Peer Recovery Consultant), **Liz Whynott** (Tapestry), **Lynn Norwood** (Salasin Project), **Maile Shoul** (BHN), **Marcia Flynn** (CHD), **Mark Klee** (Baystate Health Systems), **Mary McClintock** (CAPV), **Maureen Callahan-Egan** (FCSO), **Melinda Williams** (CSO), **Nicole Guertin** (FCSO), **Niels Cudnohufsky** (Indivior), **Peter Balvanz** (HCS), **Petra Fallon** (Individor), **Rachel Katz** (CHCFC), **Randy Hoskinson** (Baystate Health Systems), **Rebecca Bialecki** (MassHire FHNQ, Town of Athol), **Rep. Natalie Blais** (State Rep., 1st Franklin District), **Samantha Staelens** (CAC), **Shawna Osman** (The Support Network), **Dr. Sherry Weitzen** (Baystate Health Systems), **Stacy Parsons** (NB Berkshire School Housing Partnership, Beacon Recovery Community Center), **Susan White** (LifePath), **Nicole Williamson** (BFMC), **Susan Buchholz** (JCOH), **Heather Bialecki-Canning** (NQCC), **Sarah Collins** (NQCC/NQRC), Sanjay, **Sheila Schick** (Massachusetts Trial Court)

Welcome and Introductions

Debra McLaughlin welcomed everyone to the meeting and went through meeting housekeeping. McLaughlin recognized Dottie Arnold, whose last day is today. McLaughlin noted her gratitude for Arnold's support in her role over the years and wished her the best in her next endeavor, which would be acting as a project manager for an effort to prescribe produce to patients of a health center in Colorado.

Dottie Arnold thanked McLaughlin for her good wishes and thanked Sheriff Donelan, Register Merrigan, and DA Sullivan, for their leadership and support over the years. She noted that it has been an honor to work with OTF and all of them.

Co-chairs Sheriff Christopher Donelan, Register John Merrigan, and DA David Sullivan thanked Dottie and shared welcoming remarks.

Sheriff Donelan welcomed Boston Medical Center (BMC) to the meeting and the work that has been happening in Franklin County and the North Quabbin region. He noted a thank you for them coming to this meeting and everyone present for attending.

DA Sullivan thanked Dr. Potee for being an inspiration and noted that hopefully, we can work together to reduce overdoses in our community.

Register Merrigan thanked everyone for being here today. He noted a thank you to BMC for being here as well.

Dr. Potee noted that the Opioid Task Force began in 2013 and improvements have been made here, but the numbers are not getting better because of the toxic drug supply. We have to work in a harm reduction world where we can help those to stay safe.

Franklin County/North Quabbin HEALing Communities Study Kick-off

Dr. Jeffrey Samet introduced himself and noted that it is terrific to be on the call to share the historic notations of this study. He noted a thank you for the role of Wave 2 communities and said that they are trying to learn from this large research study. He thanked everyone for being here. They shared a PPT which can be viewed here. (Note: The BMC team also prepared their own notes of the meeting, which can be found here.)

The National Institute of Health (NIH) and SAMHSA funding opportunity issued an historic funding opportunity - to reduce opioid overdose deaths by 40% in highly affected communities by implementing evidence-based practices across community-based settings such as healthcare, behavioral health, and criminal justice to name a few.

Dr. Samet noted that when the study began there were 14 communities and then they were randomized. He noted that there were multiple waves in the study across the state. Wave 2 is about to begin and Western Massachusetts was randomized to be in the second wave. He noted that they appreciate everyone's understanding of how Wave 2 came about, since there were changes after the grant was initially funded to ensure there was alignment between all four states in implementing interventions to drive down the number of opioid-related fatalities.

Dr. Samet noted Massachusetts overdose trends. In 2020 they increased 5% overall. This was the first increase in annual opioid deaths in three years. He also shared that opioid overdose rates among Black non-Hispanic men increased more than any other group in 2020 and fentanyl was present in 92% of all overdose deaths.

The HEALing Communities Study (HCS) is designed to be implemented in partnership with local communities. Co-learning and capacity building to initiate and strengthen systems to reach people at the highest risk for opioid overdose are the primary aims of this effort. Strategies found to be effective in this study will be a model for other communities across the country. He noted they are talking about how this will become a model for the country.

Dr. Samet noted that the goal of HCS will be to reduce overdose deaths through the implementation of evidence-based practices such as:

-Increase overdose education and Narcan distribution
-Increase access to medications for MOUD
-Increase safer opioid prescribing and dispensing practices

Dr. Samet shared the three Pillars of the Communities that HEAL Intervention, which are:

-Communication campaigns
-Opioid overdose reduction continuum of care
-Community engagement

A commitment to equity and inclusion is important to this study as well. Dr. Samet shared that they explicitly state they are committed to promoting equitable outcomes for Black, Indigenous, other People of Color, (BIPOC) and other groups in the HCS

Dr. Samet finally noted that sustainability is a key component and that it is something that can be funded and that can continue for years to come. It is crucial to build local capacity by championing local experts, providing training and technical assistance, and identifying funding to be a part of this effort.

Carly Bridden noted that it is fabulous to have over 80 folks on this call today. She noted that she will be discussing the length of the project and the timeline.

Bridden shared the timeline which can be viewed here, which starts on page 12. She noted that Phase 0 will be from Jan-June for preparation phase/admin prep. The intervention period from July - December 2023 and this could be a recent change because of the changes with Covid-19.

Bridden shared the Phase 0 slide which noted that this phase is administrative, setting up contracts, beginning to know your community, etc. She noted that staff will not engage the HCS coalition in the CTH Intervention until Phase 1 (July 2022).

Bridden also shared that OTF is the "Coalition" for this project. She noted that they will create a community profile of this region by July.

The HCS Community Team will consist of the "Community Coordinator" who will be hired by OTF. Community-Engaged Facilitator (Lauren Keisling), Community Data Manager (Jane Carpenter), Community Faculty (TBD), and CAB Member (Jerry Lund, Franklin County/North Quabbin). Bridden said that they are in the process of identifying the Community Faculty in our region.

Bridden also highlighted how Jerry Lund has been the representative and that he has been attending monthly meetings.

Coalition member roles for the HCS study is to come to the meeting, develop a charter, the potential to serve, and a "champion", select evidence-based practice strategies, monitor strategy performance, and participate in research surveys. She noted the biggest role in the study is selecting evidence-based practice strategies.

Bridden shared that the data collection from the HCS coalition is used to understand resources and gaps, understand local opioid context, community perceptions, initiatives, to measure the cost of implementing the CTH intervention, monitor implementation of evidence-based strategies, and the implementation science team will be sending invitations for surveys and interviews late April 2022.
They are hoping that this can be implemented more broadly across the country after this study is completed.

She shared that the health economics data collection's goal is to determine the costs and cost-effectiveness of the intervention and help with sustainability, replication, and understanding value. This is a unique part of the study and it is important to help determine cost-effectiveness afterward. This is integral to the study and there is a request to fill out surveys after coalition meetings.

What HCS funding is involved? $800k allocated to each HCS community, which will be administered by the Franklin County Sheriff's Office acting as the fiscal agent. Funds must cover:

-Expanded medication access for OUD,
-Local communications strategies, selected OEND, MOUD, safer prescribing and dispensing

The next steps will be:

-Hiring, sharing HCS overview materials
-Identifying HCS coalition members
-1:1 meetings with task force members/key stakeholders.

Questions & Answers

Liz Whynott thanked BMC and she has been a part of Wave 1. She asked if the interventions will be chosen by July 1? How long will we have to implement interventions?

- Bridden noted that July 1 will be the time to start discussing the community needs and then typically it will take up to 6 months to get the action plan set. At most, you will have a year to run things.
- Dr. Samet noted that they have learned ways to get things up and running and Wave 2 will have more time for Phase 0 as well.
- Whynott noted that it took a while with fiscal and contracts in Holyoke.
- McLaughlin noted that there have been several meetings at FCSO around this issue. She noted that Maureen Callahan, CFO at FCSO, and Cathi Emery, Grants Specialist at FCSO are incredible assets to this project and were in attendance today.

Dr. Ruth Potee noted that this is a group that has been working on this for 8-10 years as a task force. She noted that we are about halfway through the process. She noted that the difference from point 0 to where we are is significant. If you compared us to where we were in 2012 to now, there has been so much progress. She asked how they are relating to carceral facilities and treatment? She noted that the highest risk for overdose is at release from incarceration.

- Dr. Samet noted that this is a great conversation to have. This is a really important point in tailoring the phases to the group. We should continue this conversation.
- Dr. Samet noted that he would say that in Wave 1 they have not done the best in relation to carceral settings. He noted that it is an incredibly high-risk place, this is where we wanted to have interventions take place. He noted that how we accelerate in this area is something they are continuing to work on.
- Dr. Samet noted that they are really looking forward to working with you all.
- Bridden noted that Dr. Peter Friedmann is also on this study.
- Dr. Potee noted a shoutout to Dr. Peter Friedmann and the study that they just completed. She also noted that Franklin County also has an incredible amount of evidence-based study.
- Dr. Friedmann noted a thank you, he also noted that wraparound services and medications are also important and that medication is very important.

Dr. Friedmann noted that this group has done a tremendous amount of work in the region. He asked what are they going to do with the $800K? What is the next thing you want to invest in?

- The group noted housing as a major thing to create in the region.

- Dr. Potee noted that when we look at all we have done, we have done a lot of what this study wants us to do. She noted that we have built methadone clinics, etc. We have been training people left and right, she noted that we have done so much already.
- The group again noted housing again as a major issue that could be addressed.

Jerry Lund said that housing for all the reasons we have been outlining. He noted that almost every other meeting at OTF has had a focus on housing. He shared that with the Farren (former hospital and long-term care facility in Turners Falls, MA), they would like to commission a reuse study on the Farren which could be used for an SRO. Housing and access to MOUD in the region and that we could still use a mobile van. He noted that there is a lot of community commitment.

- Dr. Friedmann noted that all of this will be great to inform the decisions about this plan.
- McLaughlin thanked everyone for this conversation and noted excitement about this planning process and that an environmental scan will be done. She noted that the planning will focus on developing a great strategy for prioritizing the needs of our rural community.

Question: Are there lessons learned from Phase 1 in Holyoke that could influence Franklin County?

- Bridden noted that for sure, and throughout the study in other regions. She noted that they are thinking through the best ways to share them. They learned that Phase 0 to start earlier was one big lesson. She noted that community coordinators will be a huge part of this as well. Once Wave 1 ends, there will be more opportunities for learning with Wave 2.

McLaughlin noted that we are hiring for this position and the deadline for applications is February 25, 2022. [Note: This was extended until March 18, 2022.]

Whyott asked if the funding can actually be used for housing?

- HCS funding cannot not be used to pay for housing-related expenses like rent or mortgages but there may be other ways to connect individuals to housing resources.

Lund noted a recent article in Health Affairs “To Beat the Opioid Crisis We Need to Change the Rules of the Game”, which you can find here. Scaling access to care is very very important.

Mary McClintock noted that she is aware of the changing support during this study (child tax credit, etc. funding that has happened because of the pandemic and how that impacted peoples lives and now that stuff is going away). All of these are now changing and the issues of the financial status for folks is not changing. The cost of housing is outrageously changing. How does this get factored into the study?

Rachel Katz is wondering if in Phase 1, if there was any study on youth and getting treatment for youth under 18?

- Donna Beers noted that Dr. Sarah Bagley is in the study who is an addiction medicine provider who has provided a lot of support to communities. She cannot say what has been done in Wave 1. There are folks that they can connect you with.

- Dr. Samet noted that overdose deaths impact youth. This study focuses less on prevention for youth, the study's goal is pretty focused on reducing death.

Dr. Potee noted that the group is honored that BMC is running the show and noted that we are grateful to be a part of this study. She thanked the team for being on the call and she is proud to be an alum to BMC.

Dr. Samet thanked this group for hosting and they are looking forward to being a part of this study.

Orange Methadone Clinic Update

Dr. Potee noted that this has been a long-term goal for the group. She noted that the North Quabbin was a methadone desert and this took a lot of time due to supply chain issues. They opened on December 15, 2021. They are at 75 patients now. The clinic has not been advertised yet, it has been shared about through word of mouth as well.

Maile Shoul noted that it has been a really eye opening experience. She noted that there is a high need in that region. She noted that they appreciate the community partners who made this possible.

Shoul shared the hours and contact information for the clinic, which are Monday to Friday, 5:30 a.m. to 1:30 p.m., and Dosing Hours are Monday to Friday, 5:45 a.m. to 12:00 p.m. and Saturday and Sunday, 7:00 a.m. to 10:00 a.m.

They are hiring for a clinician and asked folks to share the information that they are hiring.

Rebecca Bialecki noted that the residents at the North Quabbin appreciate their efforts, they get calls once a week about folks who are able to access treatment.

Dr. Potee noted that she is so appreciative of the clinic in Orange and shared how people's lives are changing because of this. She noted that capturing this moment in time is important for moving forward.

She also said that the work being done at some methadone clinics vs others is not studied. If we can prove increased take-home work, this could change the parameters of regulations. She would love a study on this so we can prove what works.

Is there transportation to the clinic?

- There is not consistent access to public transportation in the North Quabbin at this time.

Dr. Dean Singer asked about the clinic in Greenfield and about open access to the community?

- Dr. Potee noted that the one in Greenfield was opened to more patients and they will hit the ceiling quickly. They will have to find a new location eventually. They have more people coming to the Greenfield site, we will hit a number where we cannot take more people.

- Shoul noted that the Greenfield BHN clinic is still open for admissions and folks can contact them to join. She noted that they are having similar hiring challenges in terms of getting suppo
- McClintock asked if they are ready to be put on Look4Help? Shoul said yes, and will get in touch with her about this.

Dr. Potee noted that methadone is one of the most effective treatments for MOUD. One thing they are advocating for is stabilizing people safely and quickly. She shared that patients have noted that in the past they were never on a stable dose, because the process was too slow. She noted it is more harmful to deny people than to stabilize them faster. This needs to be studied so folks can buy into this. This is all made even more terrible because of fentanyl.

Rachel Katz noted she is having a harder time with folks not getting on suboxone because of fentanyl withdrawal.

Greg Graustein said that he is a huge supporter of methadone. His question is do you have the option to start on buprenorphine before getting on methadone? He noted buprenorphine is the gold standard.

- Dr. Potee noted that we have so many buprenorphine prescribers now in the region, she noted that this is a part of the treatment work that we do. She noted that fentanyl is too strong now and it's so hard to find the right combination for folks to stabilize. Methadone clinic that does cross-tolerance study would be a great idea.
- Graustein noted that they are in the process of getting their BSAS certification, he noted they would love to work with them on this too.

Lund shared that another critical thing is the possibility of infections. Trying to get help for abscesses is really hard right now. He noted that he can die just as quickly from infection and waiting to be treated, as the same as an OD.

BFMC SUD Bridge Clinic, Hospital Inpatient Addiction Team, and HRSA Grant Updates

Katy Robbins noted that an update is that it is steady on and constantly building. She noted that Dean Singer is an invaluable addiction consultant and a huge source of referrals. She noted that she has also started working with Tapestry on referrals. She noted the changes in the drug supply difficulty accessing buprenorphine has been a major barrier.

Dan Kiely noted that referrals have gone up a lot, there were 15 referrals in one month. Care coordination is the main aspect of this work. Bridging with and without a script. It has been pretty impactful and useful for the people that come to them.

Dr. Singer noted that he started seeing patients in the hospital in the last month or two as a consultant. He noted that he has ED providers contacting him daily about managing addiction and co-morbidities. He noted that he is constantly doing phone consults and just did one on this call today. He is very excited that hospital

staff can consult Dean Singer on this and he can work through CORTEX to contact him. He noted that Rachel Katz will also be in the hospital with this as well.

Dr. Singer noted that there are so many comorbidities along with addiction. This has become more challenging than MOUD, is getting proper treatment for their other medical issues. He noted his inspiration from the Bridge clinic. He noted he opened his own primary care clinic, it is called Bridge Primary. He noted that his office will be in CSO's office space so they will have access to integrated behavioral health. It seems this program is becoming successful and known about too!

Dr. Potee Ruth shared her thanks to Dr. Singer, and that he is doing incredible work in the local community.

Dr. Singer noted that they are accepting new patients as well at his primary care practice. Always open to community referrals and Rachel Katz, as well, is accepting referrals.

McLaughlin noted that **Dr. Sherry Weitzen** is here from Baystate Franklin Medical Center to give an update.

Dr. Weitzen noted that in the last eight months of the grant, they are constituting a brain trust to think through incorporating people with lived experience to help people with SUD access resources in the community. They are working with a group including Mary McClintock that will be participating. They will be working on thinking through a curriculum for learners and trainees who would want to help people with SUD/OUD. They just submitted a new grant that would hopefully incorporate people with lived experience to folks in primary care.

Lund noted that for the next HCS meeting, working on the issue of a pilot program (DEA local, etc.) to begin the pharmacy pilot locally. He noted that it would be good to push this.

Mark Klee noted that he thinks one of the big challenges will be finding a partner. He noted that the retail pharmacies and big corporate entities would have to buy into this. This would be a challenge. He noted that there is a place in Greenfield where they have local pharmacies (Genoa).

The group discussed the potential of working with local pharmacies. Hospital pharmacies can also do this potentially.

Dr. Singer asked if Baystate inpatient pharmacies are having a hard time with methadone orders, is there something that he can do to help with this? He has gotten pushback on both.

- Klee noted that continuation (without confirmation of dose and last administration) the max dose that can be dispensed is 30 milligrams.
- They are to follow up offline.

Ruth Jacobson-Hardy asked about involving Jen Babich in this pilot conversation?

- McLaughlin thanked Jacobson-Hardy for being here. She noted they will follow up with her about this.

Toni Andrews noted that there are a lot of ruptured relationships with changes in care. She noted that they do a lot of communication visually to show the person who their care team will be. She noted Stigma is a huge part of this.

Lund noted The RECOVER Project is very important too.

McClintock thanked Andrews for this question and would love input for Look4Help, to figure out visuals. McClintock put her email in the chat.

McLaughlin noted today's Narcan Training with Tapestry partners

Next Meeting

The next Healthcare Solutions Committee meeting will be held via Zoom on **Friday, March 25, 2022, 10 AM - 12 Noon, 2022, via Zoom.**

Upcoming Meetings (noted in writing at the date of this meeting)

- **Virtual: Harm Reduction Workgroup Meeting,** February 2, 2022, 11:00 AM - 12:00 Noon, Zoom details here.
- **Virtual: "Intro to Mind/Body Medicine"**, Part of the CAM Education Services, February 3, 2022, 2:00 PM - 3:00 PM, Zoom details here.
- **Virtual: Treatment & Recovery Committee Meeting**, February 4, 2022, 10:00 AM - 11:30 AM, Zoom details here.
- **Virtual: Public Safety and Justice Committee Meeting**, February 7, 2022, 1:00 PM - 2:30 PM, Zoom details here.
- **Virtual: Housing & Workforce Development Committee Meeting**, February 11, 2022, 10:00 AM - 12:00 Noon, Zoom details here.
- **Virtual: Human Trafficking & Sexual Exploitation Workgroup**, February 14, 2022, 1:00 PM - 2:30 PM, Zoom details here.
- **Virtual: Education & Prevention Committee Meeting**, March 8, 2022, 10:00 AM - 12 Noon, Zoom details here.