

**Joint Natick Opioid Task Force & Natick Together for Youth
Access to Services Action Team Meeting**

Natick Town Hall
3rd Floor Training Room
13 E. Central Street
Natick, MA 01760
1pm Thursday, June 13, 2019

Attendees (11):

Name	Organization	Sector Represented
Jessica Cliff	Natick Health Department	Local government agency
Astrid Dretler	Staff	Natick 180
Rev. Vicky Guest	First Congregational Church	Religious organization
Kelly Joseph	Framingham Health Department	Local government agency
Daniel Kushigian	Community member	Natick resident
Jennifer Liebermann	Acorn Health Services	Healthcare professional
Jake Nichols	Community member	Natick resident
Judy Oxford	Natick Public Schools	Schools
Katie Sugarman	Staff	Natick 180
Amelia Twiss	Student intern	Natick 180
Annette Ziegler	Natick Public Schools	Schools

Citizens' Concerns: None presented

Announcements:

- Fall 2019 (proposed date: 10/6/19) - Community Run for Prevention & Recovery, in association with the Boston Bulldogs. The run will include a 5K and a family fun run; the running route is being planned. There will be a rally component as well on the common. MA Opioid Abuse Prevention Council (MOAPC) - if involved - would want to invite elected officials to be at the rally. We will also include a resource fair component including treatment and prevention vendors. A race leader will be hired to coordinate all of these activities. Rev. Vicky Guest offered to look into space at the First Congregational Church on that date, and could host the rally and resource fair.

Discussion: Medication Assisted Treatment (MAT) in Metrowest

- Stigma about MAT is still pervasive in the community even though it is highly effective, as documented by research. Various challenges to accessing MAT were discussed, including:
 - The referral process can be complicated and cumbersome. Some providers are selective in how they accept new clients. Some also operate as cash-only.
 - Jessica Cliff reported that she pulled a list of local suboxone providers from the SAMHSA website and made phone calls to each. Out of 20 providers located in Natick, Framingham, and Wellesley, only 5 were currently taking new patients. Group therapy is a requirement of some of the providers; some were not taking MA Health health insurance.
 - Action Team members discussed some of the pros and cons of certain mandates, such as group therapy. Even though group therapy can be effective and very helpful, it can be a deterrent for some individuals who do not want to participate in it but are still interested in MAT.
 - A MA state law enacted in late 2018 requires emergency departments to offer buprenorphine (Suboxone) to opioid overdose victims, but the referral process from the ED to community-based providers is complicated.
 - Another barrier is that if a patient is terminated from a provider, they often cannot receive further care from any other provider in that practice, which puts them back at the beginning of the process of seeking a referral.
- There are at least two local non-profits that are looking possibility of providing MAT services out of their agencies located in Framingham.
- Insurance is not generally a leading challenge to accessing MAT since most patients will qualify for MassHealth and can be signed up for coverage during an intake visit or through agencies like JRI Health and SMOC. MassHealth approves most MAT treatments.
- Additionally, the price of Suboxone and generic versions has gone down; shouldn't be a barrier.
- A provider with an existing practice in Northborough (Acorn Health Services) is discussing opening a practice in Natick. This group would maybe take patients from the Metrowest Leonard Morse Hospital.

- According, Natick first responders, Natick averages around 2-3 overdoses per month. There has been one fatal OD this calendar year.
- Kelly Joseph reported that the Emergency Department staff at MetroWest Medical Center received training from Boston Medical Center/Grayken Center for Addiction which was good, but she is not sure what the next steps were. It is not clear whether ED doctors are prescribing MAT post-overdose. It may be that the Action to Services Action Team needs to meet at the hospital in order to have a more productive conversation and relationship. The new CEO is patient-centric and has a background in nursing. Jake Nichols offered to assist in scheduling a meeting with a contact at MWMC follow up on this.
- Group members discussed the need to do more community outreach and education regarding long-term recovery, particularly the possibility of educating physicians about integrating conversations about treatment and recovery a routine part of their practices. Group members discussed the misconception among some physicians about what a waiver would do to a physician's practice and also about Suboxone and it's purported "dangers" like methadone. Data exists showing effectiveness, etc. and this is what physicians need to hear / learn. We need to curate this info. That being said, not every physician wants to or should provide MAT. Provider to provider information may be the most effective way to communicate and share info. A "Facts Blast" can be a good way to share information. Daniel Kushigian offered to work on drafting this.
- Nurse practitioners should be included because they can provide MAT. This is an important and underutilized resource.
- Waiver trainings are now done for free by the Grayken Center for Addiction with CME credits offered. Kelly Joseph will follow up with this to confirm.

Summary and next steps: Next meeting, date tbd