

## Working Group #2: Effective Outreach and Treatment

### *November 18, 2025 Meeting Notes*

#### Agenda

1. Welcome and Introductions
2. Working Group Timeline and Benchmarks
3. Open Discussion: Background Information, Preliminary Research, and Information Received to Date
4. Next Steps
5. Adjournment

#### Attendees (listed alphabetically by last name after the Co-Chair)

<b>Appointing Body</b>	<b>Name</b>	<b>Present?</b>
Senate Chair of the Joint Committee on Mental Health, Substance Use and Recovery	State Senator <b>John Velis (Co-Chair)</b>	No
Secretary of the Executive Office of Public Safety and Security (“EOPSS”) or designee	Undersecretary <b>Angela Davis</b> , EOPSS Undersecretary for Law Enforcement and Criminal Justice	Yes
Speaker of the House of Representatives	State Representative <b>Kate Donaghue</b>	Yes
Bureau of Substance Addiction Services (“BSAS”)	<b>Simeon Kimmel</b> , MD, MA, Assistant Professor of Medicine, Boston University Chobanian and Avedisian School of Medicine and Boston Medical Center	Yes
Commissioner of the Department of Mental Health (“DMH”) or designee	<b>David McGarry</b> , MD, Medical Director, Worcester Recovery Center and Hospital Facility; Acting Medical Director, Office of Inpatient Management	Yes

#### **1. Welcome and Introductions**

The meeting of the Working Group on Effective Outreach and Treatment, convened by the Special Commission on Xylazine, was called to order by **Gabe Adams-Keane**, Chief of Staff to **Chair Velis**, who is currently on active-duty deployment with the Massachusetts National Guard.

**Mr. Adams-Keane** welcomed members and noted that the meeting was being livestreamed and would be archived on the Legislature’s website. He reminded members that this working group is charged with developing findings and recommendations on availability of effective outreach and

treatment programs for individuals exposed to Xylazine, and strategies to address gaps in services.

Members introduced themselves and responded to an opening prompt about something learned from prior public meetings, independent research, or lingering questions for further inquiry.

**Commissioner Donaghue** raised interest in expanding education efforts around Xylazine and improving healthcare facilities' ability to care for patients.

**Commissioner Davis** echoed these goals and highlighted statewide education work with MPTC, fire marshals, and PARRI, noting that 350–400 individuals participated in recent Xylazine-focused trainings.

**Commissioner McGarry** emphasized that education and training will be central to any successful initiative. He also raised the potential value of wound care kits and the opportunity for expanded app-based monitoring.

**Commissioner Kimmel** noted that harm-reduction programs currently provide much of the frontline care to those exposed to Xylazine. He emphasized the high cost of wound care and limited coverage.

## **2. Working Group Timeline and Benchmarks**

**Mr. Adams-Keane** summarized the working group's timeline:

December 2, 2025 at 12pm – Members submit information, research, and sources to Commission staff.

December 4, 2025 at 12pm – Commission staff distributes draft presentation materials for review.

December 9, 2025 at 12pm – Members provide final feedback and approval.

December 11, 2025 at 10am – Working Group presents to the full Commission at the virtual public meeting.

Commission staff will assist in compiling documentation, findings, and recommendations and will later support development of the Final Report sections pertaining to this working group.

## **3. Open Discussion: Background Information, Preliminary Research, and Information Received to Date**

**Mr. Adams-Keane** opened the discussion by inviting reflections on research included in the packet and other relevant information related to outreach and treatment for individuals exposed to Xylazine.

**Commissioner Donaghue** asked about barriers to treatment, including access and cost.

**Commissioner McGarry** emphasized a significant education gap, noting that individuals often delay seeking care until conditions become severe.

**Commissioner Kimmel** explained that Xylazine exposure complicates treatment-seeking, and that individuals not engaged in treatment often struggle to access wound care and harm-reduction resources.

Members then discussed outreach in carceral settings.

**Commissioner Davis** described existing MPTC trainings and expressed interest in expanding self-identification tools for substance exposure.

**Commissioner Donaghue** highlighted stigma as a major barrier and shared personal experience regarding the importance of family outreach.

**Commissioner Davis** referenced SAFE, a family support group doing important work.

Members raised additional themes, such as the need for simplified, consensus-driven public education materials, the importance of lived-experience storytelling in shifting public understanding, the presence of gaps in access to harm-reduction supplies statewide, including wound care, and the importance of early wound care and the limited utility of basic kits for advanced wounds. **Commissioner Kimmel** noted he will share a forthcoming paper from Tufts on gaps in harm-reduction program coverage across Massachusetts.

The discussion covered challenges in inpatient settings, complications in withdrawal management arising from Xylazine exposure, holistic and wrap-around service needs for individuals presenting for treatment, and the estimated cost of wound-care kits (~\$3,500 for 3,000 kits).

#### *Identified Areas for Further Inquiry*

- Wound-care kit efficacy and cost analysis
- Expansion of family-support-based outreach efforts
- Geographic access challenges in harm-reduction and wound-care services
- Effective education and outreach models, including in carceral settings
- Barriers in inpatient settings and withdrawal protocols for Xylazine exposure
- Best methods for disseminating simplified, evidence-based communications

#### **4. Next Steps**

### *Division of Sub-Topics*

**Mr. Adams-Keane** recommended that members focus on one of two sub-topics—Outreach or Treatment—to gather background information, findings, and recommendations.

Members agreed to divide responsibilities, with **Commissioners McGarry and Kimmel** focusing on treatment (specifically as it relates to geographic access and selfcare wound kits) and **Commissioners Donaghue and Davis** focusing on outreach (specifically as it relates to support networks/coalitions focused on families and friends, and any outreach efforts in carceral settings..

### *Presentation Materials and Format*

Members agreed that a PowerPoint presentation would be the most useful format for presenting to the Commission on December 11. Commission staff will prepare a template for members to populate.

Working group members supported having each sub-topic presented by its respective members in a 5-10 minute segment during the December public meeting. Commission staff noted that they will follow up via email to confirm and will be available to assist as needed.

## **5. Adjournment**

With no further discussion, the meeting concluded at 9:55 AM.

**Commissioner Donaghue** moved to adjourn, and **Commissioner Davis** seconded.

The motion carried unanimously.