

The Treatment Access and Recovery Support Action Team of the CCOA will identify barriers and solutions/strategies to create seamless, efficient and **immediate** (rapid, prompt, timely, urgent, treatment upon request, same day) access to appropriate treatment and recovery supports, as well as developing specific recommendations for policy reform and systems change.

Topics	Notes	Notes
Opening	<ul style="list-style-type: none"> • Taking Action • Designate a Time Keeper- Jeff Nowlan • Designate a Minute Taker- Amy Boyd Austin 	<ul style="list-style-type: none"> • Read a quote specific to setting our intention for the meeting. The sentiment is that it's better to spend 10 minutes in action, than 10 hours discussing what to do. • Big thanks to Amy and Jeff for helping us move along and keep track of time and all that we talked about.
Report Out	<ul style="list-style-type: none"> • 211 Update- Cathy, Erin, Alice and Deborah and Lauryn 	<ul style="list-style-type: none"> • 211 – team struggled with the questions that we developed in taking them to the next level. So, we did not go to 211 with the questions as we need clarification. <ul style="list-style-type: none"> • Look at the information that 211 has (treatment and recovery resources) and identify areas for improvement. • Ensuring that the people responding to calls feel competent and well-versed in issues of addiction and recovery (scripting). • Talked about doing an actual visit to see what the experience is. • Cathy Aikman will send out contact info for 211 • 211 - Produce cohesive list of programs that are outside our area/state <ul style="list-style-type: none"> • Lauryn provided 18 pages of in- and out-pt tx centers and providers, includes who they treat, type of tx, who they work with, and insurance accepted. This list was created by Goodwin Community Voice and One Voice; it was just updated this Winter. Lauryn can provide this document to anyone who is interested. <ul style="list-style-type: none"> ▪ Medicaid in VT will not work in a program that accepts Medicaid in NH. ▪ 211 only had two of treatment centers on their list.

<p>Report Out</p>	<ul style="list-style-type: none"> • Family support groups & counseling <ul style="list-style-type: none"> ▪ Review our discussion from December ▪ Key points we agreed on: <ul style="list-style-type: none"> Support for active users Low barrier Drop-in Waiting for any service at any agency <p>Assessment of needs</p>	<ul style="list-style-type: none"> • What we agreed to: <ul style="list-style-type: none"> ▪ Time to find support for family members of folks actually using ▪ Low barrier that people could drop into ▪ Same or different – waiting for a service – family member support ▪ How do we go about it – assessment of need – what’s out there currently? • We did discuss this but recall prioritizing supporting people on the waitlist vs. support for family members? ▪ All Recovery meeting (Cam) is open to folks on WL, even if still using. Question – do they know about the meeting? How could we better market this to the WL? ▪ Developing questions for folks on the WL to ascertain: <ul style="list-style-type: none"> • What resources they are aware of for supporting goal to recovery • What barriers are to accessing support • Accessing general healthcare knowledge • Delivery of service? Where is the motivation for accessing support? How do we make support the most user-friendly • To this group: what are the resources to make the WL aware of?
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Action Strategy (small group work) and Report Out

- Family support groups & counseling
 - Next steps- small group work
 1. What will it look like?
 3. How could we measure it?
 6. What will it take to do it better?
 7. What will we do now?

▪ **What will it look like?**

- If there could be one person that would work to do outreach for folks on the WL hired by CCOA, questions: would the position move around the community, would it be based out of one organization. What are pros and cons. Ability to answer the phone, be at the office, would do outreach to folks on the list – assess needs, provide resources. Motivational Interviewing or SBIRT skills/training – assess and build motivation.
- Question – MAT Navigator position – will be able to do some of this work? Can this position work with people that aren't enrolled in the project?
- Could some of these responsibilities be farmed out to interns?

▪ **How could we measure it?**

Results Based Accountability (RBA) model

How much are we doing?

- Measure how many ppl on waitlist have been offered services or care
- How many options or programs are out there

How well did we do it?

- Are people engaged in some type of service?
- When someone leaves the WL, we know if people go to different forms of MAT. But, If they leave the WL and are not in MAT, assess whether they are off the WL because they're using again or because they are using a different type of resource (treatment or recovery). Could capture via survey, etc.

Better off?

- Do we want to look at whether people on the WL may shift their using behaviors to assess whether the outreach may have provided some harm reduction?
- Number of days on the WL?

▪ **What will it take to do it better?**

- A job that compiles all treatment and recovery support information for the State of Vermont – could be Federally funded – updated seasonally (Interns?!).
- Housed where? Turning Point? Community Health? State? Needs to be accessible via website? This link needs to be available on all the resources webpages

Action Strategy

- Family support groups & counseling
 - Next steps- small group work
 1. What will it look like?
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 6. What will it take to do it better?
 7. What will we do now?

• What will it take to do it better? Continued

- 800 number may become available for a centralized wait and triage system for the State of Vermont – how would this work with private services?
- Promotion of this resource so that the information is readily available to all in need.
- A shift in the mindset that only VT is possibility for treatment and recovery - Knowledge of resources beyond VT
- Positions in every state dedicated to do this work – Federally funded – all these positions would then build a nation-wide coalition.
- A better communication and promotion of multiple paths to recovery
- **What will we do now?**
 - Tried for quantitative and qualitative measures.
 - What would you find useful or what would you need while waiting on the WL
 - Are you aware that you can engage in counseling while on WL (we can get you into counseling)
 - What type of support are you accessing now (and where? – does it matter?)
 - 12 step
 - Recovery coach
 - Counseling
 - Group
 - Other
 - Are any of the following barriers to accessing support
 - Transportation
 - Childcare
 - Insurance
 - Employment
 - Other
 - Do you have insurance?
 - Do you have a PCP (Do you have a current/on-going relationship with a medical provider)?
 - Have you been seen in the past 12 months?
 - Vivitrol shot – Do you know about this option? Barriers connected to this? PCs don't seem to do this – not sure what the barrier is. May need an advocacy educational piece. If WL people were to be on Vivitrol, it would indicate engagement in treatment which would bump them up on the WL.

Actions Steps	<ul style="list-style-type: none"> • Vote – endorse this as a proposal • What next- clear action steps to move this idea forward • 	<ul style="list-style-type: none"> • Endorsing this as a proposal: <ul style="list-style-type: none"> • Not sure we are all on the same page about what the “proposal” is. • Suggested proposal that we do an assessment of the need for the Outreach position (that does all the things listed in the four questions). We agree that people on the WL need contact with a person and made aware of/access to interim services • Next step: develop a proposal regarding this suggestion. <p>Committee to work on this: Jeff, Tom, Deborah, Andrew</p>
CCOA Updates	<ul style="list-style-type: none"> • Triage group and Navigator Update • Waitlist- #, call in requirement meeting • Governor’s Letter • Any other sharing 	<ul style="list-style-type: none"> • ADAP convened a meeting with a few people from the Treatment and Access Recovery Subgroup about the waitlist call in requirement. See attached notes from that meeting. • On behalf of the CCOA, Cathy submitted a letter to Governor Scott. Please see attached.
Wrap-up, Key Action Steps	<ul style="list-style-type: none"> • Vote-Meeting space- move to another location? • Each person share one key take-away • Next meeting dates: February 17, 2017 	<p>What worked:</p> <ul style="list-style-type: none"> • Small groups • Recap on board • Verbal report out in large group • Time keeper • Request to have minutes available at meeting

WHAT will it look like?

ONE person outreach
 INTERVIEWS - killed by CCA
 - across Christi Cty
 - ONE organization
 - check in
 follow up
 - contactor
 - SBIRT/motiv interv.

NEW NAVIGATOR -
 people waiting for treatment

Services are available - need connections - need more services?

How could we measure it?

How much? → # people on waitlist Reached w/ offering of services
 interim
 # pgs affected/available

How well? → # pgs affected/available
 - substance using ↑ of usage
 - tx in groups participating
 - Are people engaged in services?
 - Where people go - off list - using? - other form of tx

Better off?
 ↓
 - Post 6 Mo's engaged in tx and recovery

What will it take to do better?

- Position all tx in recovery specific info state - updated
- housed?
- website - updated - links
- funded - state/fed
- INTERNS
- educational - promotion
- increase info.
- every state to have info.
- other states have services
- different forms beside MAT-recovery

Market gaps
 Recapped at BOARD

What will we do next?

Questionnaire

- ① what would you find useful or what do
- ② engage in counseling while wait? ^{are you aware}
- ③ Support accessing also? ^{where?}
 1. 12 step
 2. Peer coach
 3. counseling
 4. group/individual
 5. other
- ④ Barriers
 1. transportation
 2. child care
 3. insurance
 4. employment
 5. other

⊗ people Se
 Jeff

counseling while wait?

ing also?

Where?

- ⑤ Do you have ins?
- ⑥ Do you have R.P. ^{a waiting program}
- ⑦ Seen in Post 12 mo's
- ⑧ Do you know about MHITPC as an option? (CONTRACTOR)

⊗ People waiting for services need contact w/ a person and interim services

Jeff
 TOM
 Dan Hubert
 Amy News
 Jess

Attended	First Name	Last Name	Organization	Title
Yes	Amy Boyd	Austin	Catamount Recovery Program/UVM/Living Well	Director
Absent	Bonnie	Beck	Burlington Police Department	Community Affairs Officer
Absent	Jackie	Corbally	City of Burlington	Policy Director
Yes	Lauryn	Crutchfield	BRC	Treatment Placement Specialist, Northeast Region
Yes	Tom	Dalton	Safe Recovery/Howard Center	Program Coordinator
Yes	Andrew	Gonyea	VT Foundation of Recovery	Director of Operations
Absent	Beth	Holden	Howard Center	Associate Director, Child, Youth and Family programming
Yes	Maureen	Cassidy for Amanda	UVMMC/ATP	Lead Clinician
Absent	Catey	Iacuzzi	Maple Leaf Treatment Center	Executive Director
Yes	Bill (co-chair)	Keithcart	UVM MC, Day One Program	Clinical Supervisor
Yes	Jessica	Kirby	Champlain College	Student
Yes	Alice	Larned	Lund	
Yes	Jeffrey	Nowlan	Spectrum Youth and Family Services	MA, LADC, LCMHC
Yes	Erin	O'Keefe	ADAP	Opioid Treatment Hub Program Manager
Yes	Naya	Pyskacek	Community Health Centers, Burlington	Director of Integrated Behavioral Health
Yes	Catherine (co-chair)	Simonson	Howard Center	Chief Client Services Officer
Yes	Deborah	Wachtel	UVM Appletree Bay Pry Care	ANP, MPH, MS
Absent	Jim	Wilkins	Essex Alliance Church	Pastor of Care