

**Treatment Access and Recovery Support Action Team**

*Turning Point Center, 191 Bank St #2, Burlington – July 21, 2017, 8:30-10:30 am*

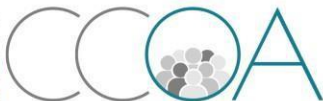
Goal #1: Identify barriers and strategies to create seamless, efficient and **immediate** access to appropriate treatment and recovery supports.

Goal #2: Develop specific recommendations for policy reform and systems change.

Topics	Notes	Discussion/Action Steps
<b>Opening</b>	<ul style="list-style-type: none"> <li>• Sharing – Amanda Hudak, UVMMC Addiction Tx Program</li> <li>• Time Keeper – Andrew Gonyea</li> <li>• Note Taker – Tori Houston</li> </ul>	<p>Amanda Hudak, LADC - UVMMC Addiction Treatment Program (ATP)</p> <ul style="list-style-type: none"> <li>• ATP was created to help reduce the HUB waiting list and serve as a support for primary care capacity.</li> <li>• Day 1 is IOP for any substance use disorder, addiction treatment program is solely for opioid use disorder.</li> <li>• Family Medicine Resident will be at a program for a year along with Adult and Child/Adolescent Psychiatry Doctor.</li> <li>• Length of stay varies 14 weeks – 6 mos.</li> <li>• Provider capacity and primary career settings changed – Docs that don't have caps anymore because they're finally receiving the knowledge base because they understand that this can be treated like any other disease.               <ul style="list-style-type: none"> <li>○ In less than 2 years' time, the difference in education among providers and reception of cases is massive and should be celebrated.</li> <li>○ UVM MC take patients back in one day, if doc can't provide UVM will take in same day or day after. No lag time.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• RFP to start the collaboratives that Dartmouth used to do, so UVMMC will take that over:             <ul style="list-style-type: none"> <li>○ Learning collaborative for MAT providers to expand primary care capacity to grow the knowledge base and capacity</li> <li>○ Holding needs assessments with private providers across the state</li> <li>○ Will tailor the earning collaboratives to meet the needs identified in those assessments</li> <li>○ 10 -virtual learnings that include modules for comprehensive positions (docs, clinicians, front of house)</li> <li>○ Have to have UVMMC primary care doc</li> </ul> </li> </ul>
<p><b>Data Discussion</b></p>	<p>Waitlist Survey Results Data Liaison Request Data Analysis</p> <p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">If interested in becoming the Data Liaison, please contact Bill/Catherine before the August meeting.</a></li> </ol>	<p>Waitlist Survey Results</p> <ul style="list-style-type: none"> <li>• Formalized modality of IOP for folks who are waiting and actively using – clear call for harm reduction groups and identifying harm reduction friendly counselors.</li> <li>• Desire for counseling and community groups – need an environment disassociated with former day-to-day routine.</li> <li>• Results will be shared in next weekly update</li> </ul> <p>Data Liaison Request</p> <ul style="list-style-type: none"> <li>• The Data Liaison will be the member of the Action Team who is working with Sam, Data Manager of the Alliance, to determine and keep momentum on</li> </ul>

		<p>creating metrics for the Alliance scorecard.</p> <ul style="list-style-type: none"> <li>• Two 30-minute meetings a month</li> <li>• Ideal candidate doesn't need data experience – just needs to be well-versed in Treatment &amp; Recovery and active group member.</li> </ul> <p>Triage Team Update &amp; *NEW* Form</p> <ul style="list-style-type: none"> <li>• Team consists of: Howard Center, Addiction Treatment Program (UVMCC), Community Health Centers of Burlington, and Navigator.</li> <li>• Referrals are sent to team and reviewed on a case-by-case basis.</li> <li>• Multiple party releases have been signed and allow for better flow of communication and resources.</li> <li>• Created a new online form for data collection team. Spoke providers are ready and willing to add additional questions to the form to track new metrics.</li> </ul>
<p><b>Report Out</b></p>	<ul style="list-style-type: none"> <li>• NH Safe Station Update             <ul style="list-style-type: none"> <li>• Previous questions about how this model could be implemented in our community:                 <ul style="list-style-type: none"> <li>○ Potential wait barriers for treatment?</li> <li>○ How are the safe spaces structured? Are they always available?</li> <li>○ Safe Houses/Drivers in VT?</li> <li>○ Agreed MOU among partners</li> <li>○ How is it funded?</li> </ul> </li> <li>• Next steps and questions for model viability</li> </ul> </li> </ul> <p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>• <b>Amy</b> – Having conversations with Higher Ed community regarding potential housing possibilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Amanda &amp; Andrew – spoke with Scott from NH Safe Station. Have had tremendous success with no wait-time for treatment.             <ul style="list-style-type: none"> <li>○ HOW IT WORKS: Person of interest presents to station, within 20 minutes an on-call driver will provide transportation to treatment or temporary sober housing. If hosted, staff member will stay with person of interest and provide transportation to treatment facilities the following day.</li> <li>○ 610 people have presented</li> </ul> </li> </ul>



- **Andrew** – Check-in with Jean Richards about housing options on airport property. Potential for temporary housing use, if needed?
- **Catherine & Bill** –
  - Talk to ULI about Act 1 housing and what it might take for a flexible temporary bed.
  - Connect with Jolinda about Opioid Coordination Council and potential duplicative efforts.
  - Invite COTS/Spectrum to join Action Team
  - Talk with Jackie Corbally re: CommStat’s work on model
- **Jim** – Speak with fellow faith community leaders regarding housing options.

- themselves (76/month, 2.5/day)
- Safe Stations will accept any person, regardless of New Hampshire residency status.
- Drivers are volunteers.
- On-call clinicians are paid through one of the organizations under the Safe Stations umbrella – response to model incorporated into workflow.
- Mayor made a choice to invest funding to off-set costs that won’t be recouped. Mayor also issued MOU to all organizations and insisted in participation. Was given willingly.
- What does this model look like in Chittenden County/Burlington-area?
  - Potential to repurpose PIT (public inebriate program). Making more regional to become multi-purpose. Would allow someone to always be on-call.
  - Potential for Act I role in model?
  - Housing and Transportation assistance are *critical* for first-time appointments.
  - VT 211 involvement?
  - Higher Education housing opportunities during breaks or campus sober-housing?
  - Spectrum/COTS should be invited to join conversation re: Safe Station model.
  - Faith Community’s Role:
    - North Ave/Essex Alliance

		<p>partnerships in the past have advocated for safe housing during winter. Jim would be willing to bring these conversations back to community.</p> <ul style="list-style-type: none"> <li>○ Childcare offered during IOP hours (like Brattleboro model) to help remove childcare barriers in accessing treatment</li> <li>○ Create an available residential safe space for individuals who have relapsed.</li> </ul>
<p><b>Wrap Up</b></p>	<ul style="list-style-type: none"> <li>● Next meeting date- August 18<sup>th</sup>, 8:30 – 10:30 AM</li> <li>● Agenda items for next meeting:             <ul style="list-style-type: none"> <li>○ What we envision on-call version of the model to look like? Who are the partners we want to share this with us and what would be expected?</li> <li>○ ED Turning Point Support update – invite Gary for update in next meeting?</li> </ul> </li> </ul>	

**Attendance:** Andrew Gonyea, Amanda Hudak, Bill Keithcart, Bruce Brown, Jessica Kirby, Brandon Olson, Catherine Simonson, Catherine Hinojosa, Cathy Aikman, Beth Holden, Tori Houston, Deborah Wachtel, Grace Keller, Alice Larned