

Community-level Prevention Action Team

What the Team has been doing since May. If they have met what were the discussions about? If the Team hasn't met yet, what has the work been?

While the team has not yet met (first meeting is scheduled for September 13, 2016), the co-chairs have met with Cathy several times to plan for the meeting. The work of these meetings has been focused on identifying group members, thinking about the scope of work for this team, and planning the agenda for the first meeting. The invited team members represent both the different geography of Chittenden County, and various sectors (education, faith, youth-serving, law enforcement, etc.).

The Team also developed a survey that was sent to over 150 community members with a response of almost 100 participants. The survey was developed with questions based on evidence-based practices to get a pulse on what community members think are the biggest opioid problems in their communities and strategies they want to prioritize. The survey results will be used as a basis for discussion at our 1st Team meeting.

What is the structure of the Team-who are the partners?

See invite list at end of document.

What is the main objective of the Team- how does the group's thinking and work, thus far, inform the work of the larger Steering Committee?

While the group will need to establish objectives after they meet, the co-chairs envision this work group to be an entity that can raise the consciousness of the community on a prevention-focused approach (what that is and why it's important), and amplify and accelerate current efforts. We envision the sweet spot of their work to be:

- Prevention-focused
- Regionally focused (work that impacts Chittenden County)
- Address prevention areas not being addressed right now in our region, or areas that need additional focus
- Address prevention areas where the collective efforts of this group are needed to accomplish the goals

Anything else you think is important to share:

We have 2 asks of the Steering Committee.

1. This year's legislation and the newest money awarded VT for U.S. Opioid Abuse Prevention Grants (\$371,616) had specific prevention efforts outlined (prescription drug disposal/take-back, for example). We want to make sure the Prevention Action Group does not focus on things that will be taken care of by statewide efforts, and in general, we want to make sure we are not going off in a

direction that is out of alignment with the statewide vision and approach. We would like to understand the implications of any new state legislation on our regional efforts.

2. As we invite and meet with new partners in the Prevention Action Team we've acknowledged that for a lot of them, engaging in this work with the team is not part of their current work. We need to hear more about the Steering Committee efforts and the progress you are making so we can share that with our team members to show that this effort is IMPORTANT and valuable. And how their participation is important and valuable. It would be great if the Steering Committee could think about how to publicize and promote your progress and promote the importance of participating in this initiative.

CommSTAT Action Team

What the Team has been doing since May. If they have met what were the discussions about? If the Team hasn't met yet, what has the work been?

To date, the co-chairs have met multiple times with the Project Director as we planned for the Community Information meeting to be held on Thursday, Sept. 22 from 8:30 to 10:00am at the Police Department Community Room. In addition, we have met with other service provider groups & individuals including the Adult Local Interagency Team to discuss the concept and how we might combine our efforts. We did a "Road Trip" with some of our community providers to see the "RutSTAT" model in action. We hired the Opioid Coordinator for the project – she will be starting mid-September.

What is the structure of the Team-who are the partners?

See invite list at end of document.

What is the main objective of the Team- how does the group's thinking and work, thus far, inform the work of the larger Steering Committee?

The model we will be developing with our CommStat Team will take a dynamic approach to problem solving and personnel/resource management with the goal of reducing the impact of the opioid challenge in our community. The four principles of the model - timely and accurate information & intelligence, effective tactics, rapid deployment of resources and relentless follow-up and assessment - will guide the work of the team. It will involve probing conversations among all partners and a shared accountability for success.

This work will help to inform the tasks of the other action groups as well as the Steering Committee by utilizing the most current data, both from the police and community partners, as well as rapid and effective follow-up with the most appropriate resources.

Anything else you think is important to share

As we begin to form the CommSTAT model with our community partners, we acknowledge this will be a change in practice and participation among law enforcement, social services, and the medical community. If we are to successfully merge our respective philosophies of practice, it is important to establish and nurture support between the Steering Committee and the field as we develop a new approach to the opioid challenge in the region.

Workforce Development Action Team

What the Team has been doing since May. If they have met what were the discussions about? If the Team hasn't met yet, what has the work been?

The team has met two times on June 22nd and August 4th, with a third meeting planned for Sept 21st. At our 1st meeting our goal was to identify the barriers to better the treatment and recovery workforce, as well identify the strengths in this arena. The group voted on the barriers to prioritize:

1. Lack of access/affordability of education programs
2. Jobs do not pay well and do not have added benefits
3. Workloads are not reasonable and the work can be overwhelming and difficult
4. Loan forgiveness is needed
5. Training and supervision should be continuous and of high quality

At our second meeting, we delved deeper into these barriers and brainstormed what we needed to know about these issues in order to understand them better.

Members were tasked with choosing a barrier to do research on (interviews and literature research) in between this meeting and the next to answer the questions the group came up with for each of the 5 barriers.

What is the structure of the Team-who are the partners?

The team members represent organizations from across the community who have an understanding and connection to the workforce issue. When the team starts their work with local business partners to develop their work on hiring community members in recovery, we will add to our list of members. We are also in the process of replacing our co-chair, Christine Johnson, from AHS. We are hopeful to have someone from Vocational Rehabilitation, with an interest in addiction, be our new co-chair.

See Action Team list at end of document.

What is the main objective of the Team- how does the group's thinking and work, thus far, inform the work of the larger Steering Committee?

The thinking and research we are currently doing will help us develop strategies that not only serve the treatment and recovery workforce, but are congruent and overlapping with all of our Action Teams representing the larger Chittenden County community.

Anything else you think is important to share

After hearing from our college/university team members, we decided to convene an informational meeting, late Sept./early Oct., with these partners, as well as other local colleges, on what educational opportunities are available to develop this workforce.

Treatment Access and Recovery Support Action Team

What the Team has been doing since May. If they have met what were the discussions about? If the Team hasn't met yet what has the work been?

Our team has met on two occasions, July 15th and August 30th. The initial work was identifying and reaching out to community members who would bring an awareness and understanding to the team regarding their perspective of treatment access and recovery supports within Chittenden County. During our brainstorming sessions we recognized four barriers that needed to be addressed and broke into subgroups. These subgroups created the following four categories for future focused attention.

1. Waitlist and increase access to MAT
2. System of care-flow, what's missing, communication, connections
3. Recovery social supports; housing, childcare, transportation
4. Language/Education/Awareness/Building/Advocacy

What is the structure of the Team – who are the partners?

See Action Team list at end of document.

What is the main objective of the Team – how does the group's thinking and work, thus far, inform the work of the larger Steering Committee?

The Treatment Access and Recovery Support Action Team of the CCOA will identify barriers and solutions/strategies to create seamless, efficient and immediate access to treatment and recovery supports, as well as developing specific recommendations for policy reform and systems change.

Anything else you think is important to share

We appreciate the support of the Steering Committee and agree that a central location (website) will be invaluable to all Action Team members, as well as the community-at-large.