Chittenden County Opioid Alliance

Action Team Reports
September 1, 2016-November 30, 2016

**Please note that Action Team Member Lists are in a separate Excel document.

Treatment Access and Recovery Support Action Team

What the Team has been doing since early September. What were the discussions about?

The team meets monthly on the third Friday of the month at the Turning Point Center, 8:30-10:30am. Subgroups committed to research outside of the regular monthly meetings with 4 targeted areas for attention: Waitlist and increase access to MAT; System of care-flow; Recovery social supports; Language/Education/Awareness/Building/Advocacy.

The group most recently agreed to focus on three strategies that would produce results within the next 6 months;

- Hub Waiting List Check-in Policy
- A script for 211, providers and other community phone responders to effectively guide callers toward the best match of supports related to treatment and/or recovery.
- Explore existing family support groups with a goal of expanding this resource.

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

Work over the last quarter has included an effort to increase representation of individuals with lived experience and broader community representation beyond providers.

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?

Sober housing continues to be identified as a big need in the community.
Workforce challenges emerge in this Action Team and while there is another Action Team taking on this challenge it is difficult to move forward with recommendations related to treatment and recovery without acknowledging workforce barriers.

CommStat Action Team

What the Team has been doing since early September. What were the discussions about?

- The CommStat Policy Manager began her position in September, 2016
- We have had multiple meetings to discuss the format and schedule for ongoing CommStat meetings
- Invited Team members to attend October 22, 2016 Grand Rounds Presentation by ADAP to provide baseline data for group
- Held first CommSTAT meeting on November 10, 2016
- Used feedback from this meeting to identify missing partners, data gaps and refine process in prep for Dec. 2 meeting

Goal is to hold meetings every three weeks (8:30-10:30am)- taking time during the month of December to incorporate feedback from participants in design, secure data sources and recruit members identified as important to the conversation (lived experience, family members). The next meeting is scheduled for January 12, 2017.

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?

Our main objective - in line with the Steering Committee - is to reduce the burden of opioid use in our community. The model we are creating to do our work continues to follow the guiding principles:

1. Timely and accurate information and intelligence
2. Effective tactics
3. Rapid deployment of resources
4. Relentless follow-up and assessment

What has become clear through the work thus far, is the need to slow our pace to build the trust needed for success. The complexity of the lives of those affected by addiction require much more than "treatment on demand" and the systems we have in place are at times at odds with each other and difficult to navigate. As we continue to meet and refine our process, this team will provide a forum for honest communication, resource sharing and action planning, across multiple systems, to produce better outcomes.

Community-level Prevention Action Team

What the Team has been doing since early September. What were the discussions about?

The CCOA Community-level Prevention Action Team has met three times since our last report (September 13, October 14, December 2). Currently, we are on a monthly meeting schedule, 1st Friday of the month, 8:30-10am. Our work has been focused on:

- forming our group
- using data to inform the group of status of this issue in the context of substance abuse data generally
- defining prevention in the context of the CCOA
- determining group functioning: decision-making structure, guiding principles
- performing a broad scan of what is currently happening in prevention

We haven't gotten to the point of determining specific gaps, but that will be our next step. One obvious gap for this group, will be the general lack of resources for prevention work, relative to the focus on treatment.

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?

We haven't established a specific mission and vision (and are waiting on the mission and vision of the Alliance so we can build off that). We have however, developed the Story of Joe, which embodies our concept of prevention and community vision (Joe's story is below).
We have agreed that we will focus on a multi-sector, community-level approach to prevention vs. a programmatic and direct service approach (though our team may support some of those more specific efforts). Our (still unofficial) goal is to ensure all the pieces of a comprehensive approach are in place throughout the county; in homes, worksites, schools, health care institutions, law enforcement agencies, and community.

In the next six months we will:

- create maps for the county to show gaps in service and support for substance abuse prevention
- implement monthly action steps for each work group partner so there are meaningful ways for partners to regularly engage and contribute
- identify key roles for partners so their participation feels valuable and necessary
- identify one community-level strategy that the workgroup will partner to implement

Anything else you think is important to share?

Since most our team members attend as volunteers, or do not specifically work in the substance abuse field, they need to continue to hear from the CCOA that the Steering

Committee is actively working and hear about those work products and how they are addressing this issue. We suspect team members are asking themselves, "is this really going somewhere" and are gauging their level of commitment and action based on their perceptions about the likelihood of success for this Alliance. It's a normal process for any group. A clear message that this Alliance is getting things done at all levels will be critical to the success of our team's efforts moving forward.

The Story of Joe

Joe has an elementary and a middle school-age child, and his partner is in recovery.

[HOME] When he's home, Joe keeps all medications stored in a way that his children don't have access. When purchasing medication, he strives to buy only the amount he thinks he will need. Joe doesn't stock alcohol in his home. The family has a policy not to host parties where substances are used.

[SCHOOL] When Joe drops his kids off at school, he knows that the school provides regular, age-appropriate prevention education and promotes and ensures substance free events. The school maintains strong substance abuse policies for students and staff.

[WORK] Joe and his partner both work at organizations with robust worksite wellness programs, that includes access to an employee assistance program and recovery supports. The worksites also have tobacco free policies, that include the workplace grounds.

[HEALTH CARE] After work, Joe has a doctor's appointment. As he does at every visit, Joe's doctor completes a substance abuse screen and any necessary follow-up. When prescribing medication, his physician checks the state's Prescription Monitoring System and follows best practices for prescribing.

[CHURCH] Joe attends his local church, where the church leader promotes strong faith-based prevention messages. Joe's partner attends a recovery group that the church supports by allowing the group to use their facilities to meet.

[LAW ENFORCEMENT] After a recent surgery, Joe can easily return unused prescription pain medication to his local police department.

[COMMUNITY] When the whole family is back home, Joe and his family attend a substance-free concert in their local park. On the walk to the park, Joe and his family stop at the local corner store for a snack. The store does not have any alcohol, tobacco, or other advertising promoting the use of substances.

Throughout the day, Joe and his family are supported in not using substances. The places that they live, learn, work, play, and worship shape the children's decisions to not start using substances, and Joe's partner's decision to maintain sobriety.

Workforce Development Action Team

What the Team has been doing since early September. What were the discussions about?

The team met twice since August. Meetings are scheduled for the third Wednesday of each month from 2:30-4:30pm. To recap, 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 and loan forgiveness is needed
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. 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 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 4 barriers.

Some of the subgroups have met and done research between meetings. The group that focused on #2 ("Jobs do not pay well and do not have benefits") utilized several resources to identify local and regional salary ranges. Interviews, DOL statistics including salaries, benefits and determination of livable wages, The Vermont Care Partner's White Paper and other data bases assisted the group in coming up with some conclusions. Anecdotal information was provided by some of the members of the Workforce Action Team. We requested information from the treatment providers and recovery center in Chittenden County. To date, only the Howard Center, UVMMC and Turning Point have provided information. We are hoping to receive information from Spectrum, Lund and Maple Leaf Farm and CHCB for comparative purposes. We are aware of approximate salaries and benefits from these organizations based on anecdotal information.

Among the providers of treatment services it has been noted that CHCB and UVMMC offer a significantly higher starting salary than the other non-profits. Our guestimate is that the difference for licensed staff is about $7,000. All of the organizations provide good benefits (i.e. insurance, time off, professional development), but we have not been able to compare details. At least among the treatment providers the statement that jobs do not have added benefits is inaccurate, although we could draw better comparisons if we had received information from all of these programs.

Our local recovery program, Turning Point, is not able to pay for health insurance, dental, retirement and some of the other benefits offered by larger organizations. It is able to provide some paid time off.

The group that wanted to address workloads met and recognized that a lot of work had been done to assess workloads and strains on the system, so rather than duplicate efforts, provided members with VDH's workforce development paper and also the aforementioned Vermont Care Partners' white paper.

Ample discussion has taken place about the difficulty of attracting and retaining employees in the field of mental health and substance abuse in general, and it was also noted that working with MAT programs has unique challenges that lead to turnover greater than the field in general, at least locally. At the Chittenden Clinic, for example, clinicians tend to be newly minted graduates of master's degree programs and are asked to work with the most acute patients. Once they gain experience and licensure a number transfer to higher paying jobs serving people with less acute circumstances.

Our committee has decided to focus on two factors which we believe could have a mid-term impact on the workforce. These are to address wages for people working in MAT programs so that salaries reflect the complexity of the work, and are at least on par with the programs that service more stable clients. Secondly, we want to explore options for loan forgiveness programs similar to those opportunities for people working in underserved areas or for FQHC's. In exchange for a given number of years of service, school debt can be repaid.

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

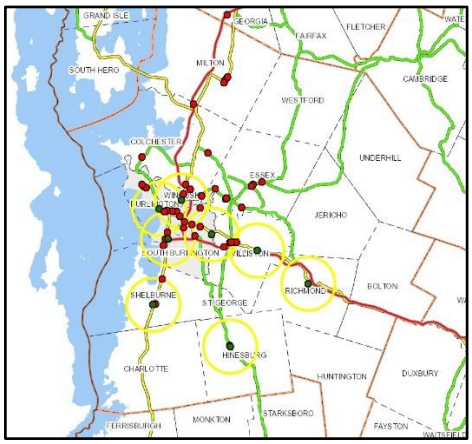
The team members represent organizations from across the community who have an understanding and connection to the workforce issue. When the team starts their work with local business partners to develop their work on hiring community members in recovery, we will add to our list of members. We have replaced our co-chair, Christine Johnson, with Nicole Clements from Vocational Rehabilitation. Nicole brings a passion for helping people in recovery find employment, which is a secondary goal of this committee.
Attendance has begun to wane and we are reaching out to those whose attendance is sporadic to see if they want to continue or have someone else who could represent their organization.

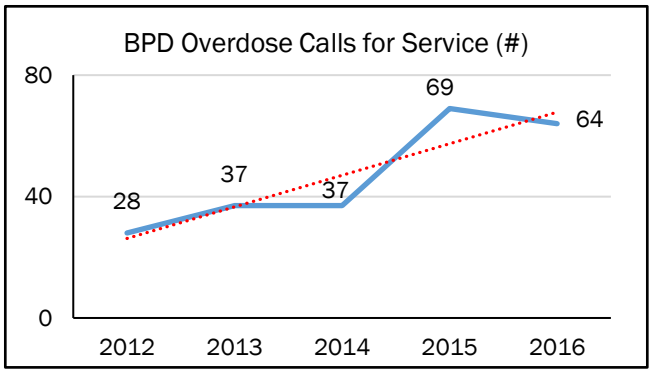
Data Manager Report

Projects Accomplished

Small Projects for Action Teams

As the Action Teams begin to solidify, data requests have been submitted to the Data Manager to help the teams explore where to focus their efforts. Though the initial requests are small in scope, they have the potential to build into larger, multi-agency initiatives, if they yield valuable insight. Requests have included things like an overview of clinician level compensation in the Burlington area by the Workforce Development Action Team, a pinpoint map of drug take-back locations in Chittenden County by the Prevention Action Team, and ad-hoc requests from the Burlington Police Department's Valcour system, made by community members, to be reported on at the monthly CommStat meetings, among others.





Formation of Data Partnerships

Each request for novel data yields an opportunity to build partnerships with agencies who may not have been involved with opioid data collection in the past, or may not have been able to share their data effectively. In this last quarter, many community members have stepped up to assist the Alliance's mission in ways that are outside their normal day-to-day operations. Such partnerships include working with the Burlington Housing Authority to identify substance use disorder among their client base, potentially by digitizing hard-copy intake records, or working with Jeremy Barnum of Rutgers University to perform advanced spatial risk-factor analysis in Chittenden County. Additionally, the CCOA is among many agencies working with the VT Department of Health to forge new information-sharing agreements to access the EMS Siren database for incident data regarding opioids.

CCOA Infrastructure Improvements

Internally, several small technical improvements have been implemented to relieve bottlenecks in grant reporting and other requirements. Pivot tables now calculate monthly figures required for grant reports and a master contact database allows for

quick mailing-list updates. Also, as part of our grant requirements, we have developed a trust and confidence survey that will be making the rounds in advance of this week's Steering Committee meeting. Hopefully this tool will help guide our development and allow us to better work with our constituents.

On the Horizon:

Though many projects have seen progress this quarter, some projects with larger scopes are still in the works. Chief among them is the formation of a CCOA Data Team, which will provide our partners' data experts a venue to discuss data gaps and information sharing in a practical way with a technical focus. Other projects include a potential online waitlist tool for service provides to better coordinate client hand-offs, a concept involving discussions with the Chittenden Triage Team, the Jeffords Institute, and BTV Ignite. Also, the creation of a physical monthly status report of the opioid climate in Chittenden County, coordinated through the Burlington Police Department, with UVM MC, Hub & Spoke MAT providers, and state agency contribution.