

Agenda

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| 1. Opening/Welcome | 5 minutes |
| 2. CCOA Update | 5 minutes |
| 3. Review the Aim | 5 minutes |
| 4. Triage Taskforce Info. Sharing | 30 minutes |
| 5. Action Team Content Area Subgroup Breakout | 50 minutes |
| 6. Reflections, Wrap-up, Key Action Steps | 20 minutes |
| <ul style="list-style-type: none">• Next meeting: Oct 28th, 8:30-10:30am, Turning Point | |

Subgroups

1. Waitlist (this group will work with the Increase Access to M.A.T. group)

Who: Tom Dalton, Jess Kirby, Deborah Wachtel, Naya Psykacek, Bill Keithcart,

Michael Rappaport

- How long is the waitlist for M.A.T.? (have)
- What options exist to shorten the waitlist?
- How many people are waiting? (have)
- What is the true need and how do we measure it? (have?)
- What is the waitlist for incarcerated people? (have)
- What are the rules about the waitlist? Where do they come from?
- Who makes the decision about next steps for someone on the wait list? (have)
- Are individuals duplicated on waitlists? (have)
- Can interim services impact/reduce the need for full HUB services? (can I.S. reduce severity/need/risk)?
- What research exists for medical decisions/reasons to refer to which wait list?

2. Increase access to M.A.T.

Who: same as above

- What are the options: Day One, MLF, Clinic-Chittenden, Clinic in Franklin County-coming?
- Understand the situation for people who are incarcerated-detox, start of prescription, prescription on release?
- What are the eligibility requirements? On any given date? What is required from M.A.T. participants?
- Understanding of what is really needed to provide quality of care (time, resources, training)
- What are the options to address S.O.C. demand- understanding what patients really need to be successful?
- Is compensation for providing M.A.T. sufficient?
- What kind of training/education is happening in nursing/medical school? (have)
- What are other med options?
- Increasing access to the “assistance” part of M.A.T. (not just the prescription)
- Removing barrier for NP’s and NPA’s to prescribe- how do we do this?
- Interim or alternative services that support access to a range of assisting supports
- How do we improve access to primary care, in general?
- How do we change deliver of care system (team-based)?
- What are the rules around M.A.T.?

3. System of care-flow, what's missing, communication, connections

Who: Catey Iacuzzi, Lacey Smith, Uli Schygulla

- Is there a “system” (build, inform)
- What are the components? Who are the players?
- A system or a network?
- How do we acknowledge multiple systems are necessary?
- What S.O.C. covers treatment and recovery?

- How is confidentiality handled in S.O.C.?
- Elders, children, non-English speaking, Literacy and SES issues
- How is transition handled in S.O.C.
- How is S.O.C. funded?
- Who is monitoring S.O.C.?
- Would single access point to care (similar to NY's Oasis) improve access and flow?
- Can we better integrate the S.O.C. in corrections?
- Can we have a unified assessment tool for the state?

4. Recovery social supports-housing, childcare, transportation

Who: Jim, Andrew, Erin O'Keefe

- What are we really talking about?
- Assessment/inventory
- Sober Housing- understand options
- Housing in general
- Transportation options (1 place)
- Options w/o Medicaid
- Prioritizing-what does the data say matters most?
- DCF role- specifically recovery
- Available high quality childcare
- Healthy social options/affordable
- Recovery coaching- peer supports- what is the landscape?
- Assertive community treatment (ACT)
- Developmental- matching and "recovery" and "health" mean different things to different people, at different ages and different stages
- Health-promotion opportunities: replacement experiences and activities
- Post-treatment is multi-faceted-insert photo

5. Language/Education/Awareness Building/Advocacy

Who: Kim, Beth and Probation and Parole

- What are the current messages/models/practices?
- Where are the messages coming from?
- What does the community think? Assess this.
- How do we address provider variability?
- What are the educational practices- what exists?
- How do we impact legislative awareness?

Language/Education/Awareness Building/Advocacy (continued)

- How do we change provider language (i.e. "dirty" vs. "clean")?
- What are examples of how we have changed provider language (ex.'s- suicide prevention)?
- What are best practices- key messages?