

Start with recovery story **5 minutes**

CCOA Update **5 minutes**

- Grants awarded- GE for \$25,000 and Delta Dental for \$150,000 for 3 years
- Steering Committee Meeting- 9/6/16
- Other Action Teams: 9/22 CommSTAT meeting, Prevention and Treatment and Access
- Communications Team has been formed from partner agencies
- Website and Logo- logo done and website is almost ready to share
- Introduce Sam, our new Data Manager

Review the Aim **5 minutes**

Change the word “immediate” to “timely”.

How does “treatment on demand” play into the wording?

Aim (ideas for revision)

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.

Triage Taskforce Info. Sharing **30 minutes**

When email the agenda share 2 documents:
 Triage Taskforce Closing Document and Flier

See separate notes

Action Team Content Area Subgroup Breakout **20 minutes**

1. Report out on what have learned between last meeting and now
2. Tutorial on how to collect information
3. Critical to document the work we do
4. CCOA messaging
 - One page CCOA handout to use
 - Who the team members are representing- Alliance
 - What if someone asks to be on the Alliance

Subgroup Discussion: **30 minutes**

1. Choose a point person for the Subgroup
2. Who else to interview- think outside the box- sector, geography, lived experience, age, family, cultural perspectives, internet, face-to-face- be intentional
3. Balance of outreach to community with not overburdening
4. What is what want you to ask and want to know

Reflections, Wrap-up, Key Action Steps **20 minutes**

- Discussion to share what each group has decided to see where overlaps may be so we

don't over target a particular sector- there is value in how
 /who you are going to target

- Laptop, screen, projector- table ready to fill in and document the discussion and so everyone can see-will share with notes
- Facilitation from Catherine (and Bill)
- Next meeting: Oct 28th, 8:30-10:30, 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?

Who	Partner Agency	Attended
1. Amy Boyd Austin	Catamount Recovery Program/UVM/Living Well	Yes
2. Andrew Gonyea	Community Sober Action-Recovery Housing	Yes
3. Anthony Folland	ADAP	No
4. Beth Holden	Howard Center	Yes
5. Bill Keithcart	Day One Program, UVMHC	Yes
6. Bonnie Beck	BPD	No
7. Catey Iacuzzi	Maple Leaf Treatment Center	No
8. Catherine Simonson	Howard Center	Yes
9. Deborah Wachtel	UVM faculty, Appletree Bay Primary Care	Yes
10. Erin O'Keefe	ADAP	Yes
11. Jan Shamberger	Lund Family Center	No
12. Jeffrey Nowlan	Spectrum Youth Services	Yes
13. Jessica Kirby	Student, Champlain College	Yes
14. Jim Wilkens	Essex Alliance Church	Yes
15. John Hernandez	Probation and Parole	No
16. Kim Morrill	Turning Point	No
17. Lacey Smith	BPD	No
18. Michael Rappaport, M.D.	Maple Leaf Treatment Center	Yes
19. Mitch Barron	Center Point	No
20. Naya Pyskacek	Community Health Centers, Burlington	Yes
21. Scott Decatur	Probation and Parole	No
22. Tom Dalton	Safe Recovery/Howard Center	Yes
23. Ulrika Schygulla	Act 1/Howard Center	No

Guest: Ron Stankevich, Burlington Labs Yes