



**Treatment Access and Recovery Support Action Team**  
**Turning Point Center, 191 Bank St #2, Burlington**  
**February 17, 2017, 8:30-10:30am**      **NOTES**

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.

Topics	Notes	Action Steps
<b>Opening</b>	<ul style="list-style-type: none"> <li>• Current State</li> <li>• Check-in</li> <li>• Time Keeper- Andrew Gonyea</li> <li>• Note Taker- Beth Holden</li> </ul>	<p>Thank you Beth for taking notes!</p> <p>Addiction Co-occurring Resources- request from BPD- Dana at Chitt. Clinic helped develop this hand-out resource card, updates needed with MLF listed</p> <p>UVMMC adding 50 new MDs trained in MAT            Potential patients of these newly trained MDs will need to have a PCP and go through the tx. center for on-going care</p> <p>Dr. Brooklyn taking on training program for APRNs, CEU plans in the works</p> <p>Drs. Goedde and Maruti will be the UVMMC trainers for the 50 new docs.</p>
<b>Report Out</b>	<ul style="list-style-type: none"> <li>• <b>211 Update-</b> Cathy, Alice and Deborah</li> </ul>	<p>211 Cathy is trying to get a current accurate list that we may want to use to send out to our contacts. It may make more sense to set up a meeting with 211 to obtain this information. There is another list that intern is working on from Burlington Labs- Ron Stankevich, however, the vetting and updating is difficult to maintain and manage. Ron met with 211 and they were working on what was duplicative vs. newly discovered resources.</p>

**Report Out**

- **Family support groups & counseling**
  - Review our discussion from January and the proposal the subgroup worked on

Last meeting came up with a Navigator position to get the word out to the community of what is available. HC is hiring this position that will sit in the MAT services led by Dana Poverman. This person will be connected to the integration project.

Survey went out that Deb and Tom planned to work on about awareness of services. Survey available at safe Recovery and participants indicated that they were aware of services but partners may not be. They tended to share what was missing in their treatment. Ex. Can't go to treatment b/c of my work hours, Person may know of 2 resources but not the other 8, could know resources for self but partner may not know.

Further discussion about 8 question survey- members interested in barriers to any level of treatment, do we have a budget that could provide vouchers of some sort to fill out? answer- yes

Ideas for location of survey- Safe Recovery, Turning Point, CHCB... Could we send out a flyer to all people on the waiting list – let them know there are above locations to stop in and fill out the survey to get a \$10 incentives. Allow 3-4 weeks to complete. Other location ideas: Lund, Day One, UVMMC ED and FCCC. Group agrees that this survey could be for people waiting for any top of services.

It was identified that people could be on the CC waiting list, but may not have signed a multi-party release. It appears that this is being attended to now, but people who have been on the waiting list for a long time, may not know this.

**Action Steps:**

- An application will need to be filled out for incentives \$- **Deb** to do
- Typing up the survey- **Amy** will ensure this happens
- Developing flyer- **Tom** and **Jessica**
- Making copies of the flyer- **Jim**
- **Cathy** will work on the LOI, due 2/22/17. **Beth.** will assist with edits/2<sup>nd</sup> read.

Navigator position- Is it peer to peer?, Interns?, UVMMC Community Investment Fund has 1 time \$ available as grant, what will the financial sustainability be for this program

<p><b>Side discussion about the waitlist</b></p>	<p>We entered into a discussion about the # of people on the waitlist as well as how the Hub and Spoke system works currently. Also, a discussion of why there is still a waitlist with newly trained MAT practitioners.</p>	<p>To connect these new resources to the waitlist:  <b>Diagram below.</b></p> <ul style="list-style-type: none"> <li>• Clients may not be ready for a spoke and need the Hub.</li> <li>• Tracking all these clients is complex.</li> <li>• Goal to move the Chittenden Clinic waitlist to a Chittenden County waitlist.</li> <li>• Clients who go through ATP could go through a number of the 50 providers, but if there is a problem could go back to ATP</li> <li>• (ATP= Addiction Treatment Program)</li> <li>• There can always be unforeseen problems- ex. Maple Leaf Treatment Center</li> <li>• Priority populations get seen first</li> <li>• This still does not get us to treatment on demand</li> <li>• There are catchment area issues for folks to be treated in the HUB, more flexibility in the spoke</li> <li>• Can we create a one page handout to explain this more easily? Group says yes. <b>Assigned to</b> _____</li> <li>• Points made about the need of services beyond MAT, ex. Getting a physical (PCP), see a counselor, get an assessment</li> <li>• There is immediate services available through spokes, not all clients may need MAT or could benefit from spoke services while waiting</li> </ul>
<p><b>Action Strategy</b></p>	<ul style="list-style-type: none"> <li>• How can our team help with getting the information out to the community of what is available?</li> <li>• Educate the public about what they can do and that treatment resources are available</li> </ul>	<ul style="list-style-type: none"> <li>• Thinking about a public health grass roots message campaign, such as, 802 Quits, we don't have millions of dollars for a campaign, but have other ways to get out messages today, grass roots efforts could be powerful, social media, Front Porch Forums, etc.</li> <li>• Could we access local interns in communications or marketing, experts in social media to assist with this messaging, sell this as resume builder, project completion idea</li> <li>• Kate Finley Woodruff- teaches a Community Dev. Applied Econ. Class that creates health, wellness and prevention messaging in coordination with the UVM Center for Health and Wellbeing each semester- Could be great resource</li> <li>• Can we better access the faith community? Reaching more people, more networking</li> <li>• Community theater, AOS-movie, Radio, VDH- what are they doing, Puppets, Church St.- Musician- paper scroll, places where people are already engaged- leverage, College community-students-contests, business graphic-white board speed drawing, corporations/businesses, incarcerated people, VT Art Studio Colony-Jim, others in the ART community, messaging like on t-shirts</li> <li>• <b>Action Step:</b> Any More ideas? Messaging? Please email Cathy A.</li> <li>• Settled on grassroots plan.</li> </ul>
<p><b>Wrap-up, Key Action Steps</b></p>	<ul style="list-style-type: none"> <li>• Each person identifies one clear action step</li> </ul>	

## CCOA Updates

- Community Engagement Event May 15 & 16<sup>th</sup>
- Prevention Communication Strategy- please join us
- CommStat meeting on the 23<sup>rd</sup>- restructuring of the model
- WD- loan forgiveness & curricula development
- One time grant money from UVM MC- LOI due 2/22/17

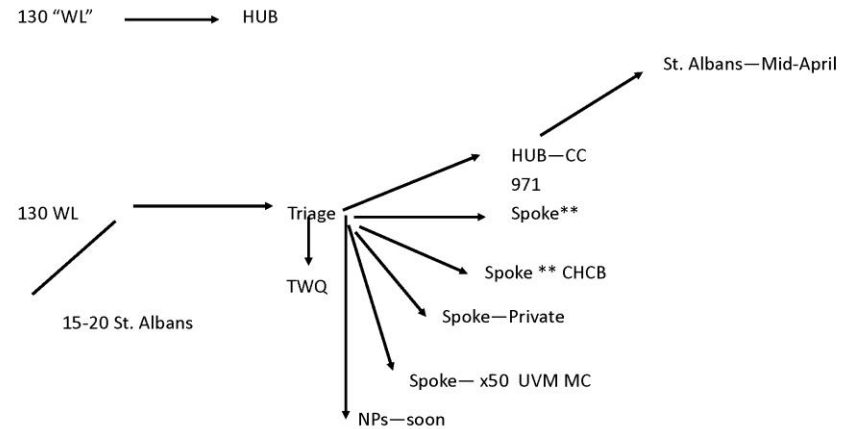
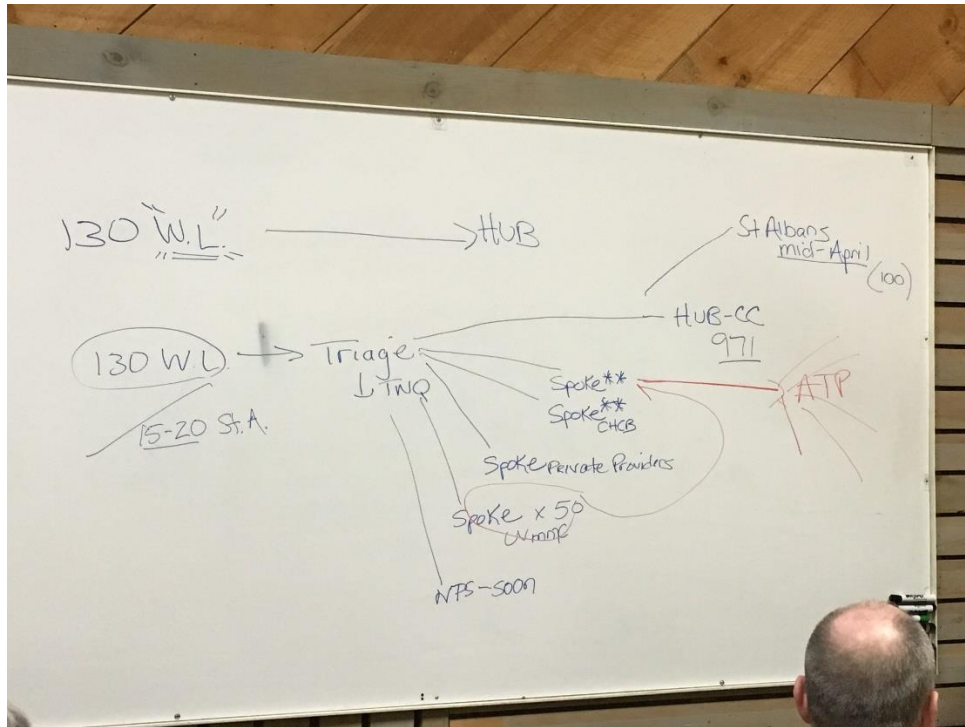
Kick-off event for engaging the community-communications  
Trying to reach 1,000 people in 6 months

Comstat- community statistics- Sam data person, trying to develop relationships to get the best data to support all initiatives- will be created in a dashboard format, more to come

Workforce Development- working on loan forgiveness to attract more professionals to the field

Jolinda LeClair- known as "Drug Czar" part of state government, so making sure duplication efforts are not happening between the 2 groups

Closure of ML- other state partners stepping up- Valley Vista offering 19 beds in Vergennes facility and 4 beds in Brandon facility, Serenity House Wallingford offering 10 beds at Grace House, Phoenix House Dublin, NH some beds to assist, HC making plans to accommodate MLF physicians to continue treatment to Colchester branch clients.



Attended	First Name	Last Name	Organization	Title
Yes	Amy Boyd	Austin	Catamount Recovery Program/UVM/Living Well	Director
Absent	Lauryn	Crutchfield	BRC	Treatment Placement Specialist, Northeast Region
Yes	Tom	Dalton	Safe Recovery/Howard Center	Program Coordinator
Absent	Andrew	Gonyea	VT Foundation of Recovery	Director of Operations
Yes	Beth	Holden	Howard Center	Associate Director, Child, Youth and Family programming
Yes	Amanda	Hudak	UVMMC/ATP	Lead Clinician
Yes	Bill (co-chair)	Keithcart	UVM MC, Day One Program	Clinical Supervisor
Yes	Jessica	Kirby	Champlain College	Student
Yes	Alice	Larned	Lund	
Absent	Anthony/Erin	Folland/O'Keefe	ADAP	Opioid Treatment Hub Program Manager
Yes	Catherine (co-chair)	Simonson	Howard Center	Chief Client Services Officer
Yes	Deborah	Wachtel	UVM Appletree Bay Pry Care	ANP, MPH, MS
Yes	Jim	Wilkins	Essex Alliance Church	Pastor of Care