



**Treatment Access and Recovery Support Action Team**  
**Turning Point Center, 191 Bank St #2, Burlington**  
**Oct 28, 2016, 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.

<b>Topics</b>	<b>Discussion</b>	<b>Time</b>	<b>Action Steps/Notes</b>
<b>Opening Exercise</b>	<ul style="list-style-type: none"> <li>• Introductions</li> <li>• The Elephant visual- What is each of your perspectives to the opioid issue given the elephant image- pair and share- a few people report out on their own perspective</li> <li>• Recovery Story- Andrew shared</li> </ul>	15 mins	There was a lot of good sharing about what team members see when they look at the “elephant.” Some ideas included: <ul style="list-style-type: none"> <li>• Legs- moving forward together, foundation</li> <li>• Tail end</li> <li>• Eyes-alarmed</li> <li>• The whole elephant</li> </ul>
<b>CCOA Updates</b>	<ul style="list-style-type: none"> <li>• CI Conference</li> <li>• Grants Update</li> <li>• Other Action Team Updates including Stg Committee</li> <li>• Stipends</li> <li>• Website and Google Docs- who needs a training?</li> </ul>	5 mins	<ul style="list-style-type: none"> <li>• Send any ideas of ways to use the grant funds from Delta Dental to Cathy and she will collate them across Teams. The grant is \$50,000 each/ 3 years total</li> <li>• Steering Committee has worked on the CCOA vision and it will be shared once it is finalized in Dec.</li> <li>• The CCOA website is up and all Action Teams have a page where they can find agendas and minutes as well as other documents from the meeting. The address is: <a href="http://www.ecosproject.com/chittenden-county-opioid-alliance/">http://www.ecosproject.com/chittenden-county-opioid-alliance/</a></li> <li>• Stipends are available \$25/meeting. Just ask Cathy.</li> </ul>
<b>Action Team Content Area Subgroup Report Out</b>	<ul style="list-style-type: none"> <li>• Share sub-group discussions- top 3 questions/action steps</li> <li>• Ideas/proposals to share</li> <li>• Process for vetting ideas/proposals               <ul style="list-style-type: none"> <li>○ How do we make decisions?</li> <li>○ Testing the idea/proposal</li> </ul> </li> </ul>	40 mins	<ul style="list-style-type: none"> <li>• Each team broke out and discussed the questions that were developed under each topic and decided on next steps and questions that still need answering.</li> <li>• We acknowledged that attendance has been low and we discussed if we want to add more people to the</li> </ul>

	<ul style="list-style-type: none"> <li>○ Template proposal document</li> </ul>		<p>team. We would like people who have a passion for the topic. We came up with one idea- <b>Jean Zimmerman- who has her contact information?</b></p> <ul style="list-style-type: none"> <li>● Tom presented an idea to on the Hub Waiting List Check-in Policy. <b>Next steps include Jackie, Tom and potentially Cathy talking with Tony Fallon at ADAP.</b> This would be a policy change.</li> <li>● Discussion topics included: <ol style="list-style-type: none"> <li><u>1.</u> <u>MAT Navigator-System of Care:</u> Primary Care Doc Health Insurance HUB Transitional M.A.T.- Day One, MLTC Bridge</li> <li><u>2.</u> 211 Dialogue- opioid specific issues. Jim said he had talked with 211 and got information about their calls related to substance use.</li> <li><u>3.</u> Awareness-survey</li> <li><u>4.</u> Pre-MAT services- Steps to M.A.T., M.A.T. Achieved-Wraparound-Ongoing</li> <li><u>5.</u> Need an increase in providers</li> <li><u>6.</u> A decrease in waitlist</li> <li><u>7.</u> Rigid guidelines-dosing req's</li> <li><u>8.</u> Suboxone dosing vs. Methadone dosing</li> <li><u>9.</u> Treatment on demand- how clients managed; level of care appropriate, methadone vs suboxone, workforce needs, clients needs</li> <li><u>10.</u> Medwheel as an alternative</li> <li><u>11.</u> # Private providers- reasons why they are not taken on clients, challenges with spoke system</li> <li><u>12.</u> Pressure on clients and providers</li> </ol> </li> </ul>
<p><b>Wrap-up, Key Action Steps</b></p>	<ul style="list-style-type: none"> <li>● Next meeting dates: Nov 18 and Dec 16, 2016 and Jan 20, 2017</li> </ul>	<p>10 mins</p>	

Documents shared by Tom-Hub Waiting List Check-in Policy and Jim- 211 Statistical Report: Problem Subcategory for all Actions and Referred Services

## Attendance

No	Amy Boyd	Austin	Catamount Recovery Program/UVM/Living Well	Director
No	Bonnie	Beck	Burlington Police Department	Community Affairs Officer
Yes	Jackie	Corbally	BPD	Policy Director
Yes	Tom	Dalton	Safe Recovery/Howard Center	Program Coordinator
No	Anthony	Folland	ADAP	Clinical Services Manager & State Opioid Treatment Authority
Yes	Andrew	Gonyea	VT Foundation of Recovery	Director of Operations
No	Beth	Holden	Howard Center	Associate Director, Child, Youth and Family programming
No	Catey	Iacuzzi	Maple Leaf Treatment Center	Executive Director
Yes	Bill (co-chair)	Keithcart	UVM Medical Center, Addiction Treatment Program	Clinical Supervisor
Yes	Jessica	Kirby	Champlain College	Student
No	Alice	Larned	Lund	
Yes	Kim	Morrill	Turning Point	Operations Director
Yes	Jeffrey	Nowlan	Spectrum Youth and Family Services	MA, LADC, LCMHC
No	Erin	O'Keefe	ADAP	Opioid Treatment Hub Program Manager
No	Naya	Pyskacek	Community Health Centers, Burlington	Director of Integrated Behavioral Health
Yes	Michael	Rapaport	Maple Leaf Treatment Center	Medical Director
Yes	Catherine (co-chair)	Simonson	Howard Center	Chief Client Services Officer
No	Deborah	Wachtel	UVM faculty/Appletree Bay Primary Care	ANP, MPH, MS
Yes	Jim	Wilkens	Essex Alliance Church	Pastor of Care

## 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)

## **Recovery social supports-housing, childcare, transportation (continued)**

- 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?