

The Workforce Development Action Team will assess the current workforce capacity of all relevant agencies to identify the gaps, overlaps and barriers in providing and supporting substance abuse prevention, treatment services and recovery. This Action Team will not only assess, but, will also offer immediate, mid-term and long-term recommendations and strategies to increase partner organizations' staff capacity.

Topics	What We Discussed	Notes and Action Steps
Opening Exercise	<ul> <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> </ul>	
CCOA Updates	<ul> <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>	<ul> <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 over 3 years.</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: http://www.ecosproject.com/chittenden- county-opioid-alliance/</li> <li>Stipends are available \$25/meeting. Just ask Cathy.</li> </ul>
Action Team Content Area Subgroup Breakout	<ul> <li>What did you learn?</li> <li>What do you still need to know?</li> <li>How do we document/share this work?</li> </ul>	• 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.



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Report Out	<ul> <li>Share sub-group discussions- top 3 questions/action steps</li> <li>Ideas/proposals to share</li> <li>Process for vetting ideas/proposals         <ul> <li>How do we make decisions?</li> <li>Testing the idea/proposal</li> <li>Template proposal</li> </ul> </li> </ul>	<ul> <li>There was a lot of discussion about the barriers we are currently facing in the treatment and service provider world.</li> <li>We questioned what do clients addicted to opioids need the most-what are their increasing challenges?</li> <li>Bill proposed an idea to have clinical supervisors meet and "come with" consistency in documentation.</li> </ul>
The Next 3 Months	<ul> <li>What do we hope to accomplish in the next 3 months?</li> <li>What does success look like?</li> <li>Coll Impact 101- Public engagement phase</li> <li>Who else should we have on our Team- other sectors, geography, lived experience</li> </ul>	<ul> <li>We discussed how to propose proposals to the Steering Committee.</li> <li>Ideas for the group to work on included: <ul> <li>Having a "pot" of money for the Legislature to supplement wages</li> <li>Or, money goes right to higher educational institutions to supplement student scholarships</li> <li>Do a cross-walk for the pre-approval process for student certification</li> <li>Have a course on what the realities of certification are- what does it take to be certified and</li> <li>Supervisors meet and support each other in supervising clinicians to better support staff and provide training</li> <li>Human services career fair</li> <li>Career mapping with clinical staff</li> </ul> </li> <li>Two ideas rose to the top that the Team would like to work on: <ul> <li>A proposal for higher wages</li> <li>Higher education loan forgiveness</li> </ul> </li> </ul>
Wrap-up, Key Action Steps	<ul> <li>One key take-away</li> <li>Action Steps</li> </ul>	<ul> <li>Nov 16th, VDOL, location address to be shared; No Dec meeting; Jan 25<sup>th</sup>, VocRehab, location address to be shared</li> <li><u>Action Steps:</u> Review the meeting minutes. Have your Action Sub-group bring anything you have found for your topic to the next meeting.</li> <li>At the next meeting Cathy will share a template proposal that the Team could use to propose legislation/ideas for change.</li> </ul>



#### <u>Subgroups</u>

1. Lack of Access and/Affordability of Higher Educational Programs/Tuition Coverage/Loan Forgiveness

# <u>Who</u>: Annamarie, Diane, Patti and Pam

• Current opportunities and costs

## **Trends:**

- Shifts in who comes into the field (i.e. what door- recovery and or specialized training)?
- Are there changes in enrollment in formal education and is this related to cost? Other factors? What are they?
- Address access for non-traditional students
- Are we engaging opportunities for young students at appropriate intersections- creating awareness of the field?
- Is it really an access issue or are there other more significant barriers (i.e. interest, cost/benefit)?
- Guidelines difficult to understand accessing it (data, more info.)
- Getting information to students
- Advocacy for increased loan forgiveness-the time is right for this
- What programs are available?
- What is the point of intervention (local, state, fed)?
- What is the need? What is the debt load?
- Alternatives to make education affordable?

## 2. Jobs do not pay well and do not have added benefits

## <u>Who</u>: Dana, Danielle, Gary and Tarah

- What is the average need: rent, loan repayment, community cost?
- What are employers offering for benefits- tuition support, benefits, retirement?
- Who are the employers who do offer good pay and benefits?
- What factors account for the differences?
- What are ways employers compensate for lack of benefits and/or low-pay?
- What is the range of pay in Chittenden County? VT? Regionally?
- Are there pathways to advancement? Why or why not? Within which organizations?
- Examine historical pay differences and develop strategies to address systemically



#### 3. Workloads are not reasonable and the work can be overwhelming and difficult <u>Who</u>: Penrose, Catey, Cindy Thomas

- Turnover rates
- Workloads/caseloads
- Model of care delivery
- Vacancy rates
- Satisfaction data
- What would a reasonable workload/caseload be? How do staff define this?
- What are client's perceptions of workloads and access to staff/providers?
- Other models that seem to work?
- What wellness programs exist for staff?
- Awards/recognitions (i.e. KidSafe) for practioners- very public
- What are people's expectations coming into work?

# 4. Training and supervision should be continuous and of high quality <u>Who</u>: Leslie, Naya, Bill, Annamarie, Cindy Seguin and Nicole Clements

- What exists today (training and supervision)-how much, how well?
- Where is there potential for collaboration with existing training?
- Are there funds available to support C.S./more accessible?
- What training and supports is available for supervisors to improve quality?
- Is there a model of continuous training and supervision that is easy and efficient?
- Are we maximizing foundation and federal training programs?



# Attendance

Who	Partner Agency	Attended
1. Anna Marie Cioffari	SNHU	Y
2. Bill Keithcart	Day One Program, UVM Medical Center	Y
3. Catey Iacuzzi	Maple Leaf Treatment Center	N
4. Cindy Seguin	Vocational Rehabilitation	Y
5. Cindy Thomas	ADAP	N
6. Dana Poverman	Howard Center	Y
7. Christine Sheldon	VDOL	Y
8. Diane Hermann-Artim Candace Lewis as a replacement	CCV, Vermont State Colleges	Y
9. Gary DeCarolis	Turning Point Center of Chittenden County	Y
10. Kirsten Grieshbar	Howard Center	N
11. Leslie Ferrer	Spectrum Youth Services	N
12. Naya Psykacek	Community Health Centers, Burlington	N
13. Nicole Clements	Vocational Rehabilitation	Y
14. Pam Farnham	UVMMC	N
15. Patti Aldredge	Champlain College	N
16. Penrose Jackson	CHI, UVMMC	N
17. Tarah Woolgar	Lund	Y