Vermont Governor's Opioid Coordination Council
Meeting Minutes 08/13/2018 APPROVED

Location and Time: 1:00 – 3:00 p.m. Waterbury State Office Complex, Sally Fox Conference Center, Cherry (2nd Floor)
Present: Chairs: T. Anderson, J. Leddy. Members: D. Allaire, L. Augustyniak, B. Bick, K. Black (for J. DeLena), S. Byers, C. Davis (for A. Gobeille), S. DiSanto, L. Genge, B. Grearson, P. Mallary, R. Marcoux, C. Nolan, D. Ricker, K. Sigsbury, S. Thompson. Staff: J. LaClair, R. Gowdey, E. Springer (VISTA)
Visitors: Cindy Boyd (Kingdom Recovery Ctr), John Caceres (Valley Vista), Stefani Capizzi (N.C. VT Recovery Ctr), Shannon Carchidi (VT Recovery Network), Melara Dayarin (VT Legal Aid), Diane Derby (Sen. Leahy), Kayla Donohue (CCOA/BPD), Paul Dragon (AHS), Will Eberle (AHS), Charles Gurney (ADAP/DAIL), Jane Helmstetter (AHS), Christine Johnson (CCOA), Lara Keenan (Libraries), Aimee Marti (Aspenti), Kristin Prior (AHS), Annie Ramniceanu (DOC), Judy Rex (DCF), Jill Sudhoff-Guerin (VT Med. Society), Suzy Walker (TPC Windham), Joy Worland (Libraries), Kevin Veller (Congr. Welch), Theresa Vezina (VTCares), Mickey Wiles (Working Fields)

Agenda Item	Discussion	Action/ Next Steps
Director's report (J. LaClair)	• Recovery Strategies Committee interim report development underway o Transportation o Criminal Records Expungement o Housing (Liz Genge, Eileen Pelletier, Peter Mallary) • Safe Injection Facilities project underway. Thanks to those who participated in the development meeting • Visited Camp Daybreak, program of VAMHAR: Powerful, effective one week experience for young people. Find a way to fund a second week for next year (DCF, DOC, VAMHAR, ADAP…) • Upcoming: o Aug 23 Prevention Committee: School-aged/young adults (maximizing state & other resources to reach community door) o Sept 10 OCC meeting: Safe Injection Facilities o Sept 20 Joint Prevention and Recovery Committee: Intersections o Oct 1 OCC meeting o OCC Report to Governor by Dec 1	
Introductions		
Approval of Minutes	No Changes. Motion to approve: D. Allaire. Second: R. Marcoux.	Approved unanimously voice.

DRAFT

Agenda Item	Discussion	Action/ Next Steps

Strategy Development Topic: **Residential Treatment for Opioid Use Disorder in Vermont: Barriers to access and opportunities for success**	
Moderator:	Jolinda LaClair, Director of Drug Prevention Policy
	Overview and Context
State Oversight**: Cindy Thomas**, ADAP Dir.; **Ashley Berliner**, Healthcare Policy & Planning Dir., Mental Health Dept.	• Slides: five Levels of care (from prevention to specialty residential); assessment process for treatment; Vermonters served; residential capacity; funding of residential programs; Medicaid waiver 1115; out of state referrals; treatment plan continuum; and the future • Managing transitions of care: how to ensure consistent levels and management of care as individuals move between programs • Centralized call center for access to services. Long-term goal is to use to connect to recovery supports
Residential Treatment Providers	
Amanda Hudak, Treatment Director; **Dawn Taylor**, Clinical Director, Valley Vista	• Slides: History of VV; current status of facilities; program highlights; treatment methods; Role of Recovery Coach; young adults/transitional age; aftercare planning • Need housing as part of transition of care for when people, particularly women and children, leave programs • Tele Assessment Community Outreach (TACO) uses Mend application for HIPPAA compliance o Vermont is second most rural state in U.S., use of technology offers many opportunities

Dale Robb, CEO, Recovery House Inc., Rutland	• "Every Vermonter needing SUD services should receive them . . . at the lowest possible cost."
	• New, longer-term/low intensity recovery program:
	  o for people likely to return repeatedly to high intensity, shorter programs.
	  o Goal: to keep people from going back to communities too soon, when they're not ready to make different decisions
	• Issues of capacity and not filling beds (est. 73% occupancy):
	  o No shows
	  o Quality and quantity of drug supply in state
	  o Nursing workforce is very tight. Under-staffed = fewer beds filled
	• Need fair, impartial consideration of rate setting in order to operate in most economical way, while ensuring that every Vermonter in need of SUD services should receive them

Agenda Item	Discussion	Action/ Next Steps

Referrals to Residential Treatment	

Deborah Hopkins, Dir. of Operations, Central Valley Substance Abuse Services	• Strategic referrals – call for beds in the moment. Funding is easier since July.
	• Challenges for referring to residential:
	  o Co-occurring illnesses
	  o Record of sex offenses; correctional history
	  o People who have burned bridges by breaking rules of residential facilities multiple times
	• Capacity – the "wait for beds"
	  o not always the right beds available at the right moment – younger person, etc.
	  o Communication and rumors amongst people we serve can be obstacle (like if one person can't get into Bradford treatment and word spreads, people stop coming for referrals)
	• Need for alcohol detox beds is significant
	• Age-related: Medicare does not pay – cannot do outpatient assessment over 65
	• Transitions: Liminal spaces – someone discharged from residential on a Friday with a follow-up outpatient appointment on a Monday has a 50% change of no showing. That period is highest risk of overdose.

Mitch Barron, Director, Centerpoint Youth Services	• Slides: Levels of care for young people/families: assessment of severity (from social/recreational use to dependence); Patient placement criteria and developmental considerations; • Ages 9 – 24, plus much parent and caregiver support • Often doing "habilitation" (rather than rehabilitation) • What is the meaning of social and maladaptive substance use in a young person? Experimentation . . . can lead to addiction • Prefer "complex needs" over "Co-occurrence" – range of complexities • Lead with "Welcome . . ." (not "a model") • What supports transitions – in, and out
Discussion	
	• If we were to translate "barriers to treatment" to "barriers to usage", how does that change our thinking? • Transportation – patient in Washington Co., bed in Bradford – what needs to happen? Is it happening? • Workforce issue is a real barrier – VV couldn't get a 3rd shift nurse, and therefore could not occupy 4 beds o More staff might mean taking from another program, because we don't have the workforce in this state • Are there populations of people or areas that we're not including?

Agenda Item	Discussion	Action/ Next Steps
	- Transportation - If no is not an option, how do we say yes? And this might require a social-cultural shift - Why do we always hear that there are no open beds? - Can only occupy so many beds at certain times because there may not be enough nurses to maintain ratio - Expect occupancy range of 80-85%. Don't want 100% utilization – no capacity to take a new resident - The overlap of classification of mental health and SUD treatment beds means that the lack or dearth of mental health residential treatment beds gets mixed in, and the lack of those beds might be where the biggest part of the issue is - If we do have a problem of insufficient beds or insufficient staff, we need to define it more clearly and circulate within state - What program has the capacity to address the complex dynamic needs that we are faced with - There is not a bed in the state north of Vergennes or Bradford - Can, will, or should the success of the Hub and Spoke program, with its nonexistent waiting lists, determine a lower number of residential treatment centers and beds? - Residential is part of the continuum of care	
Public Comment		No remarks
Closing remarks. Adjourn.	Motion to Adjourn: Sara Byers Next meeting: September 10, 2018	Adjourned 2:58