

OCC Intervention, Treatment and Recovery Committee

April 24, 2019 Meeting Notes DRAFT

Attendance

Department of Health:

- Kelly Dougherty, Deputy Commissioner (Chair)
- Alcohol & Drug Abuse Programs (ADAP):
 - Cindy Seivwright, Division Director
 - Lori Tatsapaugh Uerz, Prevention, Recovery Director
 - Megan Mitchell, Clinical Care Manager
 - Charles Gurney, Elder Substance Abuse Policy

Department of Corrections:

- Annie Ramniceanu, Dir. of Addiction & MH Systems
- OCC

- Jim Leddy, Community Leader
 - Bob Bick, Howard Center
 - Peter Mallery, VAMHAR
 - Sara Byers, Business
- Organizations & Individuals
- Kayla Donohue, Chittenden Co. Opioid Alliance
 - Melissa Story, Recovery Vermont
 - Janet Kahn, UVMHC, Peace Village Projects
 - Ken Sigsbury, Bennington
 - Sheila Young, Second Wind/Turning Point, WRJ
 - Jason Williams, UVM Health Network
 - Melinda White, NW VT Medical Center

- Hal Porter, NW VT Medical Center
- Karina Horton, Aspenti Health
- John Caceres, Valley Vista
- Amanda Hudak, Valley Vista
- Fawn Montanye, Vermont Recovery Network
- Linda Andrews, Community
- Ron Stankevich, Dominion Diagnostics
- Deborah Hopkins, CVSAS/VAATP
- Daniel Franklin, NC VT Recovery Center
- Stacy Jones
- Maria Horn, Community
- Theresa Vezina, VT Cares (p)
- Brenda Seigel, Community (p)

Presenters: Beth Tanzman, Dept. of VT Health Access/Blueprint. Cindy Seivwright, Lori Uerz, Megan Mitchell: Dept. of Health.

Staff: Jolinda LaClair, Director, Drug Prevention Policy; Rose Gowdey, OCC Community Engagement Liaison

Convene, Introductions, Director’s & Commissioner’s Updates (K. Dougherty, J. LaClair)		
TOPIC/Presentation: OCC Director’s Update		
Presenters: Jolinda LaClair, Director of Drug Prevention Policy	<ul style="list-style-type: none"> • Reflections on monthly ADAP update: good news (services in intervention and treatment, drug takeback day); bad news (25 overdose deaths by end of February, compared to 21 last year) 	Slides: (available on OCC webpage: www.healthvermont.gov/opioid-coordination-council)
TOPIC/Presentation: Review of ITR Strategies and Recommendations		
Presenters: Jolinda LaClair	<ul style="list-style-type: none"> • Review of ITR strategies and additional strategies in OCC Building Bridges 2019 report. 	
TOPIC/Presentation: Overview of the roles Dept of Health (ADAP and other), and Blueprint for Health (Medicaid) play in Intervention, Treatment and Recovery programs and services in Vermont.		

Agenda Item	Discussion	Action/ Next Steps
<p>Presenters: Cindy Seivwright, Director, ADAP; Lori Uerz, ADAP Director of Prevention & Recovery</p> <p>Beth Tanzman, Director, Blueprint for Health</p>	<ul style="list-style-type: none"> • Team presented a high level overview of state services and supports, including prevention, as the services are not separate from each other. • ADAP is data-driven <ul style="list-style-type: none"> ○ Policy (legislation) ○ Ensure services across the state, and across the drivers ○ Ensure access • Services don't fit exclusively in ADAP – cross-division in Health Dept., and cross-department in Human Services <p>Dept. of Vermont Health Access – Role is to administer Medicaid</p>	<p>Slides available on OCC webpage</p>
<p>Discussion: Within and between the 3 drivers, what are gaps and challenges, and what opportunities can we take advantage of?</p>		
	<ul style="list-style-type: none"> • Much underway: Housing (see report on recovery residences in Vermont); Workforce; Non-pharmacological approaches to pain management, SUD treatment and recovery; Recovery coaching; Rapid access to MAT; Niche programs such as new moms • Working groups: Family Action ... • Chittenden County Opioid Alliance (CCOA) (K. Donohue) – 2 areas of focus: <ul style="list-style-type: none"> ○ Treatment retention – what's working (Safe Recovery low barrier is showing high retention – find out why (data)) ○ Housing – wonderful that more recovery residences are opening. Need also to convince existing housing to accept those on MAT and other necessary prescribed medications (anti-depressant/anti-anxiety) • Need focus on parents with SUD and their children – grandparents who are parenting their grandchildren. Exposure to trauma. Support system for parents and those who are parenting. • Who credentials sober living? (VTARR, and affiliate of National Assoc. of Recovery Residences) is underway. Many support options beyond 12-step. • Homelessness – reaching those experiencing homelessness; basic needs housing • Recovery coaches need to present options, and also present evidence of what works. Bridge experience and science. • Transition “pinch points” – <ul style="list-style-type: none"> ○ need to have seamless transitions to recovery homes and other supports – and supports after recovery residences. ○ Interim financial support when coming from treatment or incarceration back to community ○ Transition from recovery residence to community – use of recovery coaches here • Need funding/payment model for recovery coaching • Need to know what to do/where to go between intervention and treatment, between treatment and recovery. E.g. When I hurt myself, I know where to go (primary, ED, etc.). When it's SUD, maybe I'm at home, and there's a five minute window. “no wrong door” is not relevant. Need to know where to go in the moment. 	

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	<ul style="list-style-type: none"> • ADAP: <ul style="list-style-type: none"> ○ Centralized call center is under development (hope it will start with 211), including talk/consultation) ○ Accompanying website with on-line chat ○ Single point of contact • Top priority – residential – warm handoff to provider • Never seen so much progress on an issue as we’ve made in 2 years. Need: the people in this room; leadership; and it takes the energy generated by a crisis. Bridge between science and experience. • We struggle with a lack of resources to support creative ideas. • Portugal: Centralized everything. • Complex cases in DOC, co-occurring psychiatric disorders and SUD, (sober) housing on outside needs to be able to accommodate. DOC needs assistance in recruiting/retaining recovery coaches with experience in correctional system. • VT Recovery Network has phone system • Need rural hubs and transportation (isolation of rural areas) • Need transition planning when coming from jail • MAT is so different now than in 2008 (in a good way). VT has its finger on the pulse of MAT. New crisis is Cocaine • People jump substances. Need integrated approach to SUD • Addison County – access to hubs 	
Wrap-up	Next meeting, Wed. June 26, 2019, 9:00 am	

Draft ITR Committee Charge Statement

The Intervention, Treatment and Recovery Committee is charged to:

- Support the creation and expansion of programs and services that meet people with substance use disorder where they are and a) decrease overdose deaths; b) decrease the individual and societal impacts of substance misuse, including opioids, alcohol, marijuana, tobacco, stimulants and depressants; and b) increase the number of individuals who transition from active use into treatment and recovery.
- Support the expansion and reinforcement of syringe services programs statewide.
- Encourage and reinforce continuous quality improvement efforts in all treatment avenues, including Hub and Spoke, residential, and outpatient mental health and other wraparound services. This includes ensuring sufficient capacity, geographic range and equity, and investment to support timely and effective treatment in Vermont.
- Reinforce the continuation and expansion of wraparound recovery supports with evidence-informed and innovative approaches, to ensure housing, employment, transportation, and human connection are available to all who are on the treatment and recovery continuum.
- Expand supports for the families and loved ones of those who struggle with SUD.
- Support development of and investment in a career path of recovery coaching, including training, recruitment, employment opportunities, and certification, to provide services across the ITR spectrum.
- Each Fall, provide recommendations to the Administration and the Opioid Coordination Council to address policy, program, infrastructure, and/or resource improvements to achieve the goal of supporting individuals from active substance use disorder into intervention, treatment, and sustained recovery.