

**Recovery Strategies Committee Meeting**  
**Interim Strategies Discussion**  
**August 2, 2018 1:30 – 3:30 p.m.**

**Meeting Notes**

Attendees: Sara Byers (chair), Peter Mallery, Ron Stankevich, Kim Bushey, Hugh Bradshaw, Cindy Boyd, Kathryn Van Haste, Daniel Franklin, Stefani Capizzi, Charlie Gurney, Hal Porter, Melinda Lussier, Michael Johnson, Brandon Malshuk, David Riegel, Ross MacDonald, Sheila Young, Gary DeCarolis, Suzie Walker, Bob Bick, Christine Johnson. Staff: Jolinda LaClair, Rose Gowdey, Eleanor Springer.

**Follow-up Needed**

- Information/Inquiries
  - Information about State Opioid Response funds and how being used in other states (National Governors Association monthly conference calls, Federal HHS, other)
  - 211 information
  - Best practices other states (South Dakota for housing?)
  - Recovery Coaching: explore “Recovery Management”
  - Transportation: “Conditional License”
  - Phytocannabinoids/role in treatment?
  - Valley Vista: Tele-Assessment Community Outreach (TACO)
  - Include Rental Assistance Program
- Transportation: Ross – coordination meetings for September and October; Committee member assignments

**Chair’s Welcome:** Sara Byers, co-chair

**Introductions**

**Director’s Update:** Jolinda LaClair, Director of Drug Prevention Policy

Jolinda provided news of staff activities and OCC business, including two media developments:

- Recent radio interview on WDEV with Bill Sayre, and including Sara Byers, including opportunities to address stigma through moments of personal experience and storytelling on-air.
- Public Access cable series – eight shows covering a range of topics on the opioid crisis, beginning with brain science. It is in final stages of editing and preparation for release, and public awareness of the series is the next step.

Jolinda also discussed two high-rising issues that have emerged from the Recovery Strategies Committee work:

- The need for regional coordination meetings – everywhere in the state
- The need for service coordination/navigation for people in treatment and recovery

Questions relating to Director’s report

- What are other states doing with the federal opioid money? (State Opioid Response: National Governors Association monthly conference call; Federal Health and Human Services, are sources of information.)
- Using community libraries to augment satellites.

- We need one website for the state that has resources like insurance advocacy, where are recovery and treatment centers, etc. all centrally located? VAMHAR and VDH have resources, Attorney General website -- but no one-stop that is universally marketed as such.
  - 2-1-1
    - Recovery hotline (as with senior services hotline)
- Online coaching capacity – phone, skype, etc. (Caution: 42 CFR- compliant technology)
  - Veterans Administration has an “app” for vets with PTSD that allows them to keep positive reminders and tools at fingertip (photo of child, upbeat songs, inspirational quotes/videos, etc.) Effective and popular.
- Do we have a definition for “Recovery”? (Working with someone who is in treatment but does not think of the word “recovery” as having any meaning for him.)

**Employment** (Hugh Bradshaw, Vocational Rehabilitation Division, Department of Disabilities, Aging and Independent Living)

- VDOL/Employment Counselors in Recovery Centers
  - Credit and recognition to ADAP/Mariah Ogden, and to VT Dept. of Labor
  - The project is underway. Funds secure through 2020, possibly beyond. Currently in five recovery centers, with plans for expansion in coming year. Valuable resource.
- Employer incentives:
  - Bonding program (insures against theft/liability): first 6 months free to employer, can be extended for a low fee. (Suggestion: find a way to fund subsidizing for a longer period (up to a year)?)
  - Work opportunity tax credit (target populations: disability, generational poverty, prison)
  - State Risk Management Program – Progressive Employment through DAIL/VR (Creative Workforce Solutions) – in this case, workers compensation is covered during the first stages of progressive employment. Important to educate providers to refer individuals to VR.
  - Employee Assistance Programs (VR has “InvestEAP” affiliated with it – provides EAP to state government, teachers, many for-profit and non-profits)
    - Strategy development: How do you “flip” the program so that rather than employer paying out \$x per employee for EAP program, use EAP as part of an incentive package for individuals we are working to employ (hire this person, they come with a year of EAP coverage)
  - Recovery Friendly Workplace Initiative: October launch
    - Melinda Lussier is doing a video of CWS employer recognition event next week.
- CCOA working on employer toolkit (comments – this should include promotional materials/PSAs)
- Employers who are already doing this as references for prospective new employers
- Marketing is important – public access cable TV may be a resource

**Transportation** (Ross MacDonald, VT Agency of Transportation)

The key question: Are we providing all the eligible trips that are available?

1. Regional Coordination Meetings – need to do more to ensure these are strong and sustained. Connect with the community-based coalitions (e.g. CCOA, VISION, DART, Pitr, ACTION)
2. USDA funds, etc. A pitch for large allocation is underway.
  - Federal Transit Administration (FTA) is doing much to address opioid crisis
  - USDA is still willing to connect recovery centers, others, to vehicle purchase funds
3. \$300,000 sought for expanding demand response. Providers can provide the rides (capacity is there), assuming the funds are available

4. Urge organizations receiving funding to set aside funds for demand response, etc.
5. VTrans goes to the Coordination meetings

Jolinda notes: intra-agency effort within AHS to coordinate around transportation, including the Medicaid connection.

Ross: There is a statewide effort to increase volunteer drivers (with compensation. Idea discussed to build number of recovery coaches who are approved drivers)

### **Housing**

- Downstreet is leading housing task force of nonprofit housing providers. Pursuing grant to complete inventory of every type of transitional/sober/recovery housing that touches people with SUD, which would help us identify the gaps
- Goal: in circumference of recovery center there would be at least one sober or recovery house
  - Provide education and training for housing providers, developers (of any type of sober or recovery housing), and landlords
    - Landlord liaison program – educate about supporting people with addiction
- Support VTARR in developing standards based on NARR (national) guidance
  - Feedback that the lack of standards for sober housing in the state is disastrous
    - Examples from places like Florida that a lack can be dangerous
  - ADAP has been so far supportive of all OCC work
- \*\*Rental Assistance Program is missing on agenda doc
- Consider replication of SASH program (for seniors) comprehensive/supportive housing model that provides the program component
- South Dakota Governor’s House program, looking at expanding supply of affordable housing
- Conversation around unsafe/unreliable housing situations, helping people break lease in appropriate way, etc.
  - A recovery center and a recovery coach as one point of contact to connect to resources. Engage with landlord
  - Especially in situations of Section 8/Affordable housing where there is lack of options
- VTARR: has adopted bylaws/mission and vision/ethics that matches NARR and set of standards for SoV, and now looking at what the application packet for each house will look like, site visits (getting into the ‘nuts and bolts’)
  - 32 states are now live within NARR standards

### **Recovery Coaching**

- Employment of recovery coaches
  - How can payment (including reimbursability) be different than today?
- Expand number of recovery coaches, both “generalists” and with specializations
- Support national certification
- Expand supervision of recovery coaches
- Value of recovery coach is one person in recovery, reaching out a hand to another person in recovery to provide support. Must ensure that this doesn’t become a glorified case manager
  - Like term: “Recovery management”
  - Recovery is about Connections
- Should we be exploring tele-supervision? There is a USDA grant (very complicated) for distance learning telemedicine

- Skype is not 42 CFR compliant
- \*\*Follow up with Valley Vista/John Caceres about TACO (Talk-o?)
- Addiction Technology Transfer Center in New England and NFAR – developed some tech transfer around telehealth for addiction. ATTC is funded by SAMHSA and provides free training, might be able to access free equipment

### **Recovery Centers/ Recovery Network**

- Await SAMHSA consultants' report, approximately end of August

### **Family-centered strategy**

How do we support the people who are the support network for those afflicted with SUD (who may or may not be in treatment/recovery)?

- The Recovery Committee has, these several months, begun to focus on “interstitial” needs: how people get into treatment (or not), how family gets into treatment or solutions, how to get from recovery to employment, etc.
  - Family Help Line (or recovery help line, or addiction help line – a title that would say clearly, “come here for all things related to addiction and recovery”) (similar to Senior Help Line)
  - Use of 211
  - EAP for families (see note under employment about EAP that would travel with the individual (or in this case family), rather than being “per employee”
  - Website portal – ADAP, AGO...which one? Others? (partnered with help line)
  - Use of community libraries for family support (Jason Broughton)