**Treatment Access and Recovery Support Action Team**

**March 8th, 2019, 10-11am**

**Meeting Minutes**

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| **Topics** | **Notes** | **Action Steps** | **Time** |
| **Welcome and Introductions** |  |  | 5 minutes |
| 1. **Triage Meeting Update**
2. **ADAP Rapid Access to M.A.T.**
 | 1. Bill Keithcart and Dana Poverman gave history of the program.

Howard Center, Safe Recovery, Pam Farnham (UVMMC M.A.T.) were some of the 1st team members who met weekly. It was started in 2015 to address the wait list. At that time, there were about 200-300 people waiting to receive M.A.T. A M.A.T. Navigator was hired to integrate services and “navigate” services to help assist people needing services and triage where they should go. They used a screening tool to help assess patients’ needs.Now they meet once/month- Howard Center, UVMMC, CHCB, and some spokes, Safe Recovery and discuss transfer of patients from Hub to Spoke. How do we help people transition and ultimately get their care in one place. Relationships have been built over the years that now there is good communication and progress to work together to do a better way of doing things. There is some challenging of members occurring which in the end is the good thing and helping to make improvements.Question raised on how to incorporate other partners (i.e. Valley Vista). Not talking about individuals specifically but more systems issues. It was mentioned that access to assessment is a real need.Good practice to see where we are struggling and how do we improve.1. Rapid Access Project:
* Started in Washington County.
* Goal: Treatment within 72 hours, peer based recovery supports, continuous quality improvement model, barriers to treatment, more coordinated options among service providers, how to retain patients in recovery
* Chittenden County is presumably next
* Questions: what data is ADAP using to assess the problem; incarcerated people and their access- need more attention (there is disagreement on how coordinated the discharge is done with DOC, there has been huge movement in the last few months; people do not know they need to go to the clinic within 24 hours); do we have a need for recovery coaches to support people (Safe Recovery uses this model); can we formalize the data to track how quickly are receiving M.A.T.; do we know why people don’t show up (Safe Recovery is tracking)
* We don’t want to duplicate the work that is already being done in Chittenden County
* Engagement, Retention and sustained Treatment are the big barriers we need to address
* Suggested by a community member- Can there be a guide to figure out who is doing what- people facing the challenge of who does what- can we provide a guide for family members- and suggested we not use acronyms (it is very confusing)
 | Smaller meeting to learn more about the ADAP Rapid Access to M.A.T. program and decide next steps | 30 minutes |
| **Peer Recovery Coaches in the ED at UVMMC** | Cam Lauf shared his data and will present next meeting. |  | 10 minutes |
| **Updates** | Did not have time for updates. |  | 15 minutes |