

**Treatment Access and Recovery Support Action Team**

*Turning Point Center, 191 Bank St #2, Burlington – June 16, 2017, 8:30-10:30am*

Goal #1: Identify barriers and strategies to create seamless, efficient and **immediate** access to appropriate treatment and recovery supports.

Goal #2: Develop specific recommendations for policy reform and systems change.

Topics	Notes	Discussion/Action Steps
<b>Opening</b>	<ul style="list-style-type: none"> <li>• Sharing – Alice Larned, LUND</li> <li>• Time Keeper – Beth Holden</li> <li>• Note Taker – Tori Houston</li> </ul>	<p>Alice Larned, Clinician at LUND</p> <ul style="list-style-type: none"> <li>• Top 3 barriers families are facing: affordable childcare, safety in housing and family system and transportation.</li> <li>• Frontload services to try and help remove barriers to getting treatment and avoid possible removal of children.</li> <li>• Conducts longer, comprehensive assessments with collateral information                             <ul style="list-style-type: none"> <li>• Collateral info. can help assist an individual to put it all on the table to get the level of assistance they need.</li> </ul> </li> </ul>
<b>Report Out</b>	<p>Treatment on demand action ideas:</p> <ul style="list-style-type: none"> <li>▪ Developing a mobile multidisciplinary response team.</li> </ul>	<p><b>Update on NH Safe Station - Andrew</b></p> <ul style="list-style-type: none"> <li>• Each Fire Station is a designated safe environment that will assist any person seeking help for substance misuse 24/7.</li> <li>• A simple medical evaluation is conducted to rule out potential emergency situations.</li> <li>• Within 15 minutes, after the evaluation, individuals will be immediately directed to treatment and recovery services (medical detox with M.A.T., intensive outpatient groups, residency program).</li> <li>• Further <b>questions</b> about how this model could be implemented in our community:</li> </ul>

		<ul style="list-style-type: none"> <li>○ Potential wait barriers for treatment?</li> <li>○ How are the safe spaces structured? Are they always available?</li> <li>○ Safe Houses/Drivers in VT?</li> <li>○ Agreed MOU among partners</li> <li>○ How is it funded?</li> </ul> <p><b>Emergency Department (ED) Data, Care &amp; Follow-up</b></p> <ul style="list-style-type: none"> <li>● 80% of opioid related ED visits are discharged with home/self-care plan.</li> <li>● 10% of opioid related ED visits are deceased.</li> <li>● 8% of opioid related ED visits are discharged to another facility/healthcare provider.</li> <li>● How quickly can you leave after you OD and are transported to ED?             <ul style="list-style-type: none"> <li>○ Strictly voluntary admittance at ED.</li> <li>○ If EMT's had to administer Narcan in response to call, taken into protective custody.</li> </ul> </li> <li>● Safe Recovery referrals from ED:             <ul style="list-style-type: none"> <li>○ ED started to call Safe Recovery when/if overdose patient arrives.                 <ul style="list-style-type: none"> <li>▪ If during business hours, SR goes to ED. If outside hours, will receive a follow-up call from SR.</li> </ul> </li> </ul> </li> <li>● ED visits present an opportunity to strategically disseminate information/resources to support system (i.e. – family members, friends are present)</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Increase medi-wheel distribution.</li> </ul>	<p><b>Medi-wheel process</b></p> <ul style="list-style-type: none"> <li>• Have only been used through specific grants that pay for medication.</li> <li>• Medi-wheel breaks down potential barriers like transportation.</li> <li>• Medi-wheel presents a number of big barriers:             <ul style="list-style-type: none"> <li>○ Cost of medi-wheel itself is \$500 (not reimbursable by Medicaid or insurance)</li> <li>○ Only allows for pills in wheel, takes considerable amount of staff time to load wheel</li> <li>○ Prior approval – Must get special approval through Medicaid to buy the specific pills necessary. Medicaid is not willing to reconsider contract at this point.</li> </ul> </li> <li>• Stacy Sigman is looking for provider to sign on. Approached by product designer to continue with studies but needs funder/partner.</li> </ul> <p><b>Unanimous agreement that Medi-wheel has too many barriers to pursue further.</b></p>
<p><b>Data Discussion</b></p>	<p>Identify metrics and measures to support team strategies</p> <p><b>Action Steps:</b></p> <ol style="list-style-type: none"> <li>1. What current strategies to collect delay information exists right now?             <ol style="list-style-type: none"> <li>a. We know the Hub is, but are the spokes collecting that information? Who should be tracking that isn't?</li> </ol> </li> <li>2. How is it already being tracked?</li> </ol>	<ul style="list-style-type: none"> <li>• Sam presented the Action Team Data Steps to help provide a structure for identifying metrics and data methodology for Action Teams' projects.</li> <li>• Outcome/goal = intentional strategy that can be measured</li> </ul> <p>Agreed outcomes for Treatment Access &amp; Recovery Team:</p> <ul style="list-style-type: none"> <li>• Track treatment requests             <ul style="list-style-type: none"> <li>○ What is the definition of "request?"</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Treatment without delay (immediate/same day)             <ul style="list-style-type: none"> <li>○ Treatment providers: Hub/Spokes, Emergency Department, Private Practitioners, Primary Care Physicians, Residential, M.A.T., Counseling</li> <li>○ What partners do we need to engage? How do we help them change their data collection practices to get on the same page? What is the benefit of data?</li> </ul> </li> </ul>
<p><b>Updates</b></p>	<ul style="list-style-type: none"> <li>• Survey Update</li> <li>• Hub in St. Albans</li> <li>• Appletree Bay</li> <li>• Agenda items for next meeting</li> </ul> <p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>• <b>Amy</b> – Howard Center ASSIST program</li> <li>• <b>Andrew</b> –             <ul style="list-style-type: none"> <li>○ List of spoke providers that are in Chittenden County that are already reporting information through ADAP</li> <li>○ How is CommStat working with NH Safe Stations?</li> </ul> </li> <li>• <b>Amanda &amp; Andrew</b> – Call NH Safe Stations             <ul style="list-style-type: none"> <li>○ How are the safe spaces structured? Are they always available?</li> <li>○ How is Safe Stations funded?</li> </ul> </li> <li>• <b>Deb</b> – Share Mass. Model with group</li> </ul>	<p>Survey Update</p> <ul style="list-style-type: none"> <li>• Collected 39 surveys</li> <li>• Sam is collating data, Jess will report out next meeting</li> </ul> <p>Hub in St. Albans</p> <ul style="list-style-type: none"> <li>• Opens June 26<sup>th</sup></li> <li>• Currently housed in Northwest Medical Center – hoping to be at new facility in Sept.</li> <li>• Start with 20-25 people from Newport, then accepting 30 people per month from Chittenden Clinic. 6-10 slots per week reserved for new/spoke transfers within St. Albans region</li> </ul> <p>Appletree Bay</p> <ul style="list-style-type: none"> <li>• Accepting first patients in mid-July</li> <li>• Up to 30 people capacity</li> <li>• Community Health Team and Safe Recovery providing support</li> </ul>
<p><b>Wrap Up</b></p>	<ul style="list-style-type: none"> <li>• Next meeting date- July 21<sup>st</sup>, 2017</li> </ul>	

**Attendance:** Andrew Gonyea, Amanda Hudak, Bill Keithcart, Bruce Brown, Jessica Kirby, Brandon Olson, Catherine Simonson, Catherine Hinojosa, Cathy Aikman, Beth Holden, Tori Houston, Deborah Wachtel, Grace Keller, Alice Larned