

**Treatment Access and Recovery Support Action Team**

*Turning Point Center, 191 Bank St #2, Burlington – August 18, 2017, 8:30-10:30 am*

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
<p><b>Opening</b></p>	<ul style="list-style-type: none"> <li>• Sharing – Tom Dalton – Vermonters for Criminal Justice Reform</li> <li>• Note Taker- Tori Houston</li> </ul>	<ul style="list-style-type: none"> <li>• Tom Dalton, Executive Director of Vermonters for Criminal Justice Reform (VCJR)               <ul style="list-style-type: none"> <li>• Established 4 years ago, VCJR is an advocacy group that is trying to improve the criminal justice system in Vermont and the status of those housed in private facilities outside of Vermont.</li> </ul> </li> <li>• Broad Initiatives:               <ul style="list-style-type: none"> <li>• Alternatives for incarceration in cases of separated the family unit.</li> <li>• Nonviolent mothers who are incarcerated.</li> </ul> </li> <li>• Day-to-day (today):               <ul style="list-style-type: none"> <li>• Incarcerated individuals out of state in PA faced with intense restrictions, verbal abuse and neglected medical care from staff.</li> <li>• Burlington City Council considering resolution for new crime – for late civil fine payments, VCJR’s stance is that this is not a suitable answer to the individuals that have already been through the services round and round before. Instead of making a new law – help access services.</li> </ul> </li> </ul>

**Data Discussion**

- Triage Team Data Collection
- Data Liaison request

**Action Step:** Data Liaison – please volunteer if comfortable asking questions about the gaps in the data we’re collecting and what you would like to know about the current treatment and recovery supports model that you might not already.

- Treatment Capacity – Requests vs. # of Admittance
  - In addition to mandated report, spokes (and Hub) are already and will continue to report additional data.
  - First preliminary request with data incoming is # of requests vs. # of admittances.
  - Subset of providers supplying data – CHCB and Howard spoke – in first month requests > admittance, in second month requests < admittance (with additional admittances from previous months’ waiting list)
  - This measure, with further data, would ultimately provide a on-demand picture of provider treatment capacity. Allowing patients to be shifted to immediate gaps, instead of wait time.
- Discharge Data Request – When people are transferred or discharged why and where do they go?
  - SATIS (VDH database) has specific discharge condition data fields the Hub is mandated to fill out.
  - Sam learning more about tool – if granular enough data could provide what, why and where an individuals is being discharged or transferred.
- Discharge Data Request – Team Discussion
  - Follow-up outreach with individuals who have been discharged
    - Apply for grant to put together survey with a script, then hire someone (from Turning Point) that would be willing to reach out to people to conduct brief provider-specific survey
    - Even though providers are supposed to have a discharge plan and work to link people, links are often not successful.
    - When no waiting list, client retention should rise as focus and priority. Survey should be used to identify where the links are weak or more connections needed.

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- Word of Caution: VDH/ADAP is conducting 3/6/12 month follow-up with base of enrolled participants and experiencing difficulty – 30% response rate.
  - Include a release form during in-take to collect data from individuals after they’ve left program
    - Jess - potential pilot project for advisory group at Clinic? “if someone’s discharged from treatment, we want to reach out to them...”
    - Ask for e-mails during in-take data collection
- When waitlist is gone, what is the system we need to develop that moves someone from an incident that helps assist them into treatment?
  - SIREN data provides opioid related interaction numbers for the district (Chittenden County D3)
  - UVM data provides opioid related visits to the Emergency Department at UVM MC
  - Safe Recovery (Howard Center) data will provide hotline follow-up call data from individuals discharged from ED but looking for options
  - Chain of those data numbers provides strong insight into the treatment pipeline. Is the individual taking the ride to the ED? If they leave the ED, is the doctor collecting the information necessary for follow-up from Safe Recovery?
- Data Liaison – please volunteer if comfortable asking questions about the gaps in the data we’re collecting and what you would like to know about the current treatment and recovery supports model that you might not already.

<p><b>Report Out</b></p>	<ul style="list-style-type: none"> <li>• Sober Housing – Amy, Andrew, Bill, Jim, and Tori</li> <li>• Massachusetts model – Deb</li> <li>• ED Turning Point Support update – Gary</li> </ul>	<ul style="list-style-type: none"> <li>• Sober Housing – Sept. Meeting</li> <li>• Mass. Model – Sept. Meeting</li> <li>• ED Turning Point Support <ul style="list-style-type: none"> <li>•Turning Point is “at the ready” however process has slowed – originally thought would launch July 1, 2017. Seems like Dec. 2017 is likelier.</li> <li>•Waiting for ADAP to schedule visit to Rhode Island’s sister program that has been implemented in all hospitals in their state.</li> </ul> </li> </ul>
<p><b>Discussion</b></p>	<ul style="list-style-type: none"> <li>• NH Safe Station Model – What would we envision an on-call version of the model to look like? Who are the partners we want to share this with and what would be expected?</li> </ul>	<ul style="list-style-type: none"> <li>• NH Safe Station Model <ul style="list-style-type: none"> <li>•Jackie Corbally, Catherine Simonson and Bill Keithcart met to discuss Safe Station model. Should be arranging visit to NH soon.</li> <li>•Sam has been tasked with validating the findings of the Safe Station model for BPD. Opportunity to learn from the model – NH shared all of the materials used to establish and put model in place.</li> <li>•One of the benchmarks is how long the individual stays at the Fire Dept. to prove that team isn’t held up from emergency in community and that people who admit themselves receive service to treatment immediately.</li> </ul> </li> </ul>
<p><b>Wrap up</b></p>	<p>Next meeting date- September 15<sup>th</sup>, 9:00 AM – 10:30 AM</p>	