

CCOA-Hub Waiting List Check-In Policy Proposal
Sub Committee of Treatment Access and Recovery Support Action Team

Goal: Accurately measure the number of people who are appropriate for MAT and available for treatment without creating a barrier to treatment access.

Background: Currently, the hub in Chittenden County requires that each person on the treatment waiting list call and leave a message on an automated voicemail messaging system once per month or be involuntarily dropped from the waiting list. This policy is based on Vermont Department of Health waiting list requirements. Other hubs have a similar monthly check in requirement, but the spokes do not.

People who are involuntarily dropped from the waiting list, but later get back on the waiting list, are required to start back at the bottom of the waiting list. About 30 people per month are involuntarily dropped from the waiting list. Most of the time, they don't know that they were dropped because they are not notified that they were dropped. Many people have been on the waiting list 3 or 4 times, but never make it into treatment because they can't make it through the waiting list process to get treatment. The monthly check in requirement tends to screen out the most vulnerable people. The monthly check in requirement itself has proven to be an unreasonable barrier to access to treatment for many people.

People who leave treatment at the hub or who are discharged are often required to start back on the bottom of the waiting list to get back into treatment, even though they already waited through the waiting list once.

Recommendations:

1. Discontinue the requirement that people must call and leave a message on an automated voicemail messaging system every month or be involuntarily dropped from the hub waiting list for treatment.
2. Implement a "do not drop" policy stating that people will remain on the waiting list unless they are admitted for hub services, ask to be removed, or are truly lost to contact at the time treatment is offered.
3. Reconsider options to best monitor the number of people who are appropriate for MAT, are available for MAT, have requested MAT, and have not yet been offered MAT in the community. Consider also reporting additional metrics that better capture the level of treatment need/demand in the community.
4. Restore people who are lost to contact to their original place on the waiting list once contact is restored (no longer require people who are involuntarily dropped from the waiting list to start over at the bottom of the list).
5. No longer require people who have already waited through the waiting list process once to wait through the waiting list again in order to return to treatment.