

Treatment Provider Meeting

Monday April 25, 2016

Best Practices: Report Out

3 Main Concerns:

1. Bringing in more resources into ER, recovery coaches, long term management plan
2. Develop strategy that fosters case management, possibility pilot work w/ ins companies.
3. Expansion of harm reduction, syringe exchange, meeting clients where they are at

Treatment access:

- Access vs availability
- Transportation, insurance have family available.
- Increase Peer involvement
- Lack of trained and qualified staff including clinicians and psychs

Integration of Family Supports

Create two sets of resources for families:

1. To be given to families when a loved one enters treatment at any service level
2. Other to be given to families that are readily available in the community

Resources will include:

- Info on Harm Reduction
- AL-Anon and Nar-Anon schedules
- Different levels of treatment available
- Medication Assisted Treatment Options
- "Doubting Your Sanity" Brochure
- "Alcohol and Drug Addictions Happened in the Best of Families" Brochure

Need to create:

- Resource Listing
- From Tx Provider Perspective: How the Family Can Help
- HIPAA dummied down

Additional County Funded Community Supports:

Addiction Hotline:

- Crisis Services will be manning the hotline and are in the process of hiring for the positions
- Final step for approve this Thursday 4/28 Legislature

- Screening of calls, training, admission counselors, evaluating calls, proper linkage, transferring calls to proper intake
- 8-10 weeks approximately to operationalize the program
- Trying to evaluate the role of law enforcement and hospitals

Assessment:

- Working Collaboratively with the Addiction Hotline
- Hiring two assessment clinicians to take in referrals. (Renaissance Addiction Services)
- Using LOCADTR 3.0
- Developing protocols for rapid access assessment appointments