**The Chittenden Center: An Addictions Treatment Program**
**Management Report**
**July 1, 2011-June 30, 2012**

The Chittenden Clinic is now serving 390 patients. This surpasses our census of 331 that was reached in 2011. As we have nearly reached our goal of 400 patients, we have been given the approval from ADAP to further increase our census in an attempt to eliminate our waitlist. Clinicians continue to share clinical space with there being a schedule overlap midday. Staff attends meetings and addresses paperwork during this overlap time period. Our ongoing mission is that of offering methadone maintenance to those who are dependent on opioids with the goal improving the health and wellbeing of all patients.

Treatment services include the following**:**

- Pre-Screen
- Intake
- EKG
- Biopsychosocial assessment including assessment for opioid dependence and other drugs
- On-site Urinalysis screening
- Breathalyzer
- Pregnancy testing, birth control education
- Medical evaluation, screening, testing and addiction education
- Drug and Alcohol Counseling (Individual, Couples and Group) / Rehabilitative treatment planning including required orientation topics
- Co-Occurring counseling on site or referral
- 12 step meetings
- Case Management
- HIV and Hepatitis Education/Referral for testing and/or on site testing
- Hepatitis Testing/Twin-Rix, Pneumo-Vax Vaccinations
- Women's issues (i.e., abuse issues, referral for supportive services, pregnant and post-partum issues)
- Daily medication management, education and administration (maintenance followed by medical withdrawal if needed)
- Take home medication for those who meet eligibility requirements

- Guest dosing
- Treatment referrals for medical concerns, psychiatric evaluation and treatment, family/parenting counseling, self-help groups, courtesy dosing, aftercare.

The Chittenden Clinic continues to be managed by the HowardCenter in affiliation with the University of Vermont and Fletcher Allen Health Care. We continue to be one of six methadone clinics that serve opioid dependent individuals in Vermont. We continue to be the sole provider of methadone maintenance therapy in Chittenden County. In addition to the six methadone clinics, there are a number of providers, including HC, that are prescribing buprenorphine in the State. The Chittenden Clinic is open daily, seven days per week (including holidays). Our dosing hours are from 6:00am to 11 am and from 2:30 pm to 5pm M-F and 7:30 am to 11:00am on weekends. We have expanded our hours to accommodate our increased census. Hours may continue to expand as we admit more patients.

Services provided to patients at this treatment facility are derived from evidence-based practices. Thus, our approach to working with this population both medically and clinically has been researched and determined to be an effective treatment. Both methadone maintenance therapy and medically supervised withdrawal from methadone maintenance are provided. Patient services include dispensing of methadone and monitoring of other medications as needed, onsite observed urinalysis testing for various drugs of abuse using semi-quantitative urinalysis procedures, evidenced-based counseling with Master's level substance abuse clinicians, case management, and medical services supervised by a Medical Director who is ASAM certified. Testing for Hepatitis A, B, and C, syphilis, gonorrhea, Chlamydia, TB and HIV are a component of our medical services in addition to administering Twin-Rix vaccines for Hepatitis A and B and EKG. In addition we offer Pneumococcal vaccine when medically indicated.

**Comment [RMF1]:** I added this

The staff members at the Chittenden Clinic who are Howard Center employees include one part time Medical Director (35%), seven licensed nurses (LPN, RN) and a full time nursing supervisor, a full time Nurse Practitioner, eight full-time Master's level substance abuse clinicians, one Master's level Clinical Coordinator, two full time Senior laboratory technicians, two part time laboratory technicians, two Administrative Assistants, and two Assistant Administrators. We utilize full time security through Green Mountain Security. Additional staff contracted by the University of Vermont and Fletcher Allen Health Care include an Associate Director (FT), and Director (20%).

The staff members have ongoing access to trainings and workshops both at the clinic and through HC on topics focused on enhancing the quality of care offered to patients (e.g., trainings on the pharmacology of methadone medication, crisis intervention and de-escalation techniques (NAPPI), Hepatitis, overviews on various mental health diagnosis, and overviews on various medications to assist mental health diagnosis.). These ongoing trainings are provided by a HC psychologist, HC psychiatrist and other HC employees. Additional trainings include a standing monthly training held on Fridays from 12-1pm at

the Chittenden Clinic. This year we have hosted representatives from the Turning Point Center, Early Connections, Prevent Child Abuse Vermont, Offender Workforce Development and Women Helping Battered Women. In addition, many of the employees have participated in a variety of workshops and conferences off site. Several Clinicians and Medical Staff attended conferences including Creating Behavioral Change Vermont, Cross Country Education, and AATOD. Several of our clinicians have participated in on-line trainings in Effectiveness of Methadone vs. Buprenorephine, Emotional Manipulation, Women in Recovery and Seeking Safety. We are awaiting approval of our MOU with Maple Leaf Farm. Our MOU with LUND has been approved. Staff at the Chittenden Clinic has participated in community presentations and community groups including CYFS, UVM, CHARM meeting, Burlington Housing Authority, LUND Family Center, and Women Helping Battered Women.

In accordance with State of Vermont and Federal requirements, the Clinic continues to prioritize intakes that include pregnant women and IV drug users. The treatment team at the Chittenden Clinic works closely with many other treatment providers involved in the care of these women and their children (e.g., high-risk pregnancy group, Obstetrics, Pediatrics) in order to provide wrap-around, comprehensive and coordinated care. Both our Medical Director and Nurse Practitioner attend the monthly CHARM (Children and Recovering Mothers) meeting. This past year we served 44 pregnant women.

We enrolled 185 patients this year, discharged 69 and treated a total of 426 (234-female (54.93%), 192.-male (45.07%). Patients enrolled were largely from Chittenden County (83.16%), with the remaining patients from Washington County (1.07%), Rutland (0.64%), Lamoille (0.85%), Addison (4.48%), Franklin (8.53%), Caledonia (0.85%), and Grand Isle (0.43%) county. 93.60% of patients identified as White/Non-Hispanic, 1.88% as Hispanic, 1.49% as Black/Non-Hispanic, 2.77% as American Indian/Non-Hispanic and 2.13% as other. The average age of patients treated at the clinic this past year was 31.6 years, with the youngest patient being 18 years of age and the oldest patient being 66 years of age. The average age of first use of opiates self-reported by patients is age 19; with the youngest age of first opiate use at age 8 and the oldest age of first opiate use at age 46. The primary route of opiate administration self-reported by patients at the time of enrollment was intravenous (49.97%), followed by intranasal use (32.84%) and oral ingestion (18.32%). IV use has increased by approximately 8% from last year. (29.61%) of patients reported being on probation/parole at the time of intake. Nursing staff continue to monitor psychiatric medication if recommended. On average, nursing staff monitor medication for 17 patients a week.

Patients can move through a range of levels of care at the clinic, which vary in intensity of treatment services offered. Specifically, patients are now treated in one of five levels of care, ranging from the level offering the most intensive services (Level One) in which patients meet with their counselor twice weekly and have urinalysis testing at least twice weekly, to the least intensive level of services (Level Five) in which patients meet with their counselor and have urinalysis testing at least once a month. At the time of this report, 32 patients were on level one, 87 patients were on level two, 76 patients were on level three, 176 patients were on level four and 32 patients were on level five.

We continue to require a transition period for all new patients. To successfully complete this requirement, patients must attend six psycho-educational groups, weekly individual or group counseling, at least one 12 step meeting a week, refrain from illicit drug use and problematic alcohol use and adhere to all clinic rules and regulations in order to move to permanent maintenance status. Cases are reviewed on an individual basis after 3 months of treatment. At that point, recommendations are made in terms of compliance in deficient areas. At 6 months, a final decision is made on an individual basis. In the past year, we had 185 patients come into the clinic. Of those, 143 patients successfully completed the transition period, 38 are currently in probationary status, 4 patients were administratively discharged from the program due to non-compliance with the probationary period.

We continue to refine our grievance policy both with the State and HC. Patients have the right to appeal a reduction in services either through the HowardCenter committee/individual or the State representative. A total of 18 appeals for reduction in services were received this year. 13 of those were resolved at the Chittenden Clinic level and 5 were elevated to the Director of Outpatient Services at HowardCenter.

There were 15 complaints submitted that were resolved by the clinician or Associate Director. 3 of those were surrounding loss of take homes, 3 were a request for a change of counselor, and 9 were classified as ”other” complaints.

A total of 21 incident reports were submitted to the larger organization. 14 were medication errors, 4 were regarding a call to DCF, and 3 were classified as “other” incidents.

The average daily maintenance dose of methadone administered to patients is 99.96 mg, with the highest maintenance dose being 260 mg and the lowest maintenance dose being 7 mg.

**CLIA (**Clinical Laboratory Improvement Amendments)
Our UA laboratory has passed the State Health Department annual inspection and is certified for another year.

**State Health Department**
We had our first site visit from the VDH Immunization Program. This visit resulted in several changes to our written plan and forms addressing the administration Hepatitis A, B and Pneumo-Vax.

**ADAP**
We received a favorable survey from The State Office of Drug and Alcohol. The primary concern was making sure that the physician meets with a new intake within 72 hours of admission unless there is an emergency intake. The State reviews our clinic annually.

**Prescreen**
Starting in late 2011/early 2012, the Chittenden Clinic changed the prescreen process. We now have each potential intake seen by a nurse to complete the preliminary medical intake. This includes a UA and a preliminary medical assessment, as well as completion of necessary paperwork and releases of information. The results of the prescreen will be discussed with the medical Director and it will then be determined if either methadone or buprenorphine is the appropriate course of treatment. 185 were accepted into treatment and 7 were recommended for more intensive treatment prior to intake due to illicit benzodiazepine, or cocaine use.

**Case Management**
Over the last year, the case manager has visited with several community programs in the area. In addition, weekly apartment lists and job listings are posted. The patient care coordinator has moved into a clinical substance abuse counseling position. We have not rehired for the case management role. The status of this position will be reviewed by management for the coming year.

**Discharges**
A total of 69 patients have been discharged from the program during the dates reflected in this report (July 1, 2011 to June 30, 2012). 16 of these patients were discharged for non-compliance, 4 tapered against medical advice, 13 transferred to other clinics, 14 were discharged due to extended incarceration (more than 30 days), 16 were lost to contact, 4 voluntarily discharged, and 2 discharges were classified as "other". The eight discharge surveys that were administered were favorable with regard to treatment. Overall satisfaction with the clinic was rated 4.5 out of 5. All but one patient stated that they would refer a friend or family member to our clinic. In addition, staff at the Chittenden Clinic attempted to contact all patients who left the program to complete a follow-up survey 1 to 3 months after they were discharged. Only four were completed due to change of phone numbers or not returning calls. Of those reached two reported doing well and two had relapsed to opioids.

**CARF Review**: We received a three year accreditation from CARF in March of this year with minimal citing. A Quality Improvement Plan has been submitted to address recommendations.

**Take Homes**
Our take home process is going well. We have 163 individuals who are currently receiving take home medication. 34 individuals receive the maximum of 27 take homes a month (as per State policy), 47 individuals receive 2 weeks of take homes the remaining 81 receiving up to a week. In compliance with our policy, callbacks for those receiving take homes are conducted quarterly at a minimum. Callback status is reported weekly at our staff meeting. This year we initiated 666 call backs, 90 (13.51%) of callbacks were failed resulting in loss of take homes for a specified period of time. 55 (8.2%) of callbacks were excused from their callback for various reasons and 521 (78.2%) of callbacks were satisfied.

**Outcomes**
We continually monitor outcome measures which include the following: effectiveness of services, efficiency of services, accessibility to services, and satisfaction of treatment services. We have identified several strategies for assessing the effectiveness of this treatment program.

**Effectiveness:**

1. On average over the year following the first month of treatment, 95.89% of patient's UA's were opioid negative. (UA testing)

2. On average over the year following the first month of treatment, 95.52% of patient's UA's were cocaine negative. (UA testing)

3. On average over the year following the first month of treatment, 98.62% of patient's UA's were illicit benzodiazepine negative.

4. Following the first three months of treatment, an ASI will be administered by the intake staff at three months, six months, one year and every six months thereafter (graphing of targeted behavior, ASI scores). Parallel to urinalysis results, we expect to obtain significant reductions on severity composite scores on the "drug" subscale of the ASI. Additionally, for those patients with high severity composite scores on any of the other subscales of the ASI around the time of treatment entry, we expect to similarly observe decreases in such scores as patients become increasingly stable and progress toward treatment goals over time. It may be relevant to note that on medical and psychiatric subscales, they may initially increase as many patients have not attended to their medical and psychiatric needs.

   **Result:** This data is summarized below:

| | Medical | Employment | Alcohol | Drug | Legal | Social | Psych | Cocaine | Opiates |
|---|---|---|---|---|---|---|---|---|---|
| **Intake: (n=)** | 0.277 | 0.67 | 0.062 | 0.258 | 0.121 | 0.182 | 0.295 | 0.069 | 0.446 |
| **3 Months (n=)** | 0.279 | 0.603 | 0.028 | 0.087 | 0.077 | 0.141 | 0.187 | 0.032 | 0.133 |
| **6 Months: (n=)** | 0.273 | 0.61 | 0.031 | 0.074 | 0.06 | 0.15 | 0.206 | 0.052 | 0.104 |
| **12 Months: (n=)** | 0.279 | 0.571 | 0.028 | 0.067 | 0.058 | 0.153 | 0.199 | 0.032 | 0.087 |
| **18 Months: (n=)** | 0.276 | 0.533 | 0.035 | 0.064 | 0.037 | 0.137 | 0.185 | 0.043 | 0.083 |
| **24 Months: (n=)** | 0.261 | 0.552 | 0.027 | 0.059 | 0.046 | 0.144 | 0.175 | 0.031 | 0.065 |
| **30 Months: (n=)** | 0.294 | 0.528 | 0.023 | 0.057 | 0.042 | 0.136 | 0.208 | 0.034 | 0.052 |
| **36 Months: (n=)** | 0.355 | 0.537 | 0.032 | 0.059 | 0.04 | 0.17 | 0.187 | 0.027 | 0.063 |
| **42 Months: (n=)** | 0.304 | 0.492 | 0.021 | 0.061 | 0.031 | 0.151 | 0.204 | 0.041 | 0.036 |
| **48 Months: (n=)** | 0.291 | 0.499 | 0.025 | 0.042 | 0.021 | 0.151 | 0.171 | 0.021 | 0.036 |
| **54 Months: (n=)** | 0.327 | 0.509 | 0.028 | 0.039 | 0.029 | 0.181 | 0.166 | 0.02 | 0.041 |
| **60 Months: (n=)** | 0.325 | 0.495 | 0.018 | 0.043 | 0.022 | 0.126 | 0.137 | 0.019 | 0.043 |
| **66 Months: (n=)** | 0.278 | 0.509 | 0.021 | 0.034 | 0.035 | 0.123 | 0.166 | 0.023 | 0.051 |
| **72 Months: (n=)** | 0.272 | 0.397 | 0.014 | 0.064 | 0.016 | 0.115 | 0.108 | 0.017 | 0.041 |
| **78 Months: (n=)** | 0.298 | 0.476 | 0.047 | 0.049 | 0.019 | 0.095 | 0.144 | 0.017 | 0.032 |
| **84 Months: (n=)** | 0.275 | 0.408 | 0.012 | 0.052 | 0.006 | 0.107 | 0.085 | 0.009 | 0.037 |
| **90 Months: (n=)** | 0.237 | 0.479 | 0.013 | 0.061 | 0 | 0.069 | 0.084 | 0 | 0.022 |
| **96 Months: (n=)** | 0.181 | 0.513 | 0.014 | 0.013 | 0 | 0.117 | 0.118 | 0.033 | 0.042 |
| **102 Months: (n=)** | 0.521 | 0.764 | 0 | 0.131 | 0 | 0.1 | 0.154 | 0.039 | 0.044 |

This data demonstrates marked reduction in severity scores on the Drug and Opiate Scale. An observed reduction in severity scores was also noted on the Family and Legal scales. The severity score on the Employment subscale also decreased, but to a lesser degree. At the time of this report, 137 patients were employed full time, 49 part time, 58 considered themselves home makers, 2 were volunteering, 45 people were reported as being disabled, 17 were students, 95 were unemployed, and 1 is retired. 9 patients reported having new legal charges and/or being involved with the criminal justice system during this quarter. The severity score on the Medical and Psychiatric scale showed some significant variation over time. Many patients have been connected with a Primary Care Physician and/or Psychiatrist and are now receiving treatment.

5. Of the individuals who are diagnosed with alcohol dependence, 100% will have an intervention within one month.

Alcohol use is reviewed bi-monthly at staff meeting. Alcohol use is addressed using a tiered system of intervention. Alcohol use is initially addressed with all patients in counseling. If counseling intervention is not successful, progressive interventions include: dose reduction, recommendation for Antabuse, and recommendation for inpatient treatment (along other interventions)

24 individuals tested positive for ETG 25% of the time or more during this past quarter. Of those, 16 individuals have not progressed beyond the counseling intervention, Antabuse was recommended for 6 people (2 refused), 2 individuals had their methadone

dose decreased due to continued use, 1 was referred to IOP, and 2 were referred to inpatient treatment for continued alcohol use.

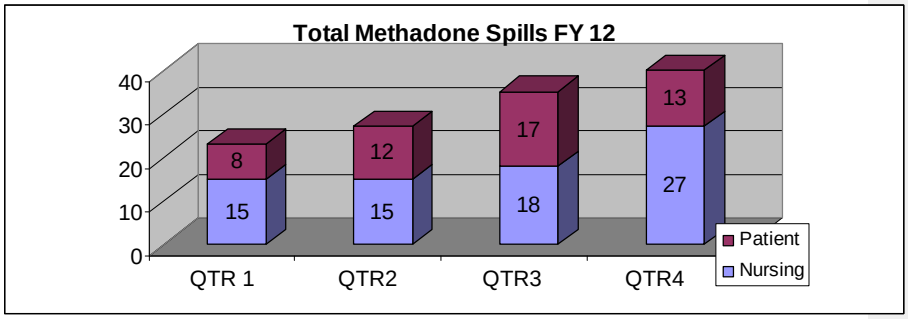
6. Within the first month of treatment, all patients will be screened/tested for the following (or we will obtain records verifying these have been done within the year prior to admission):
    a. Hepatitis B and C
    b. HIV
    c. Syphilis
    d. Tuberculosis
    e. Gonorrhea and Chlamydia
    f. Immunity to Hepatitis A and B ( unless patient can provide documentation of receipt of vaccination series)

**Result:** Our laboratory test tracking system is now in place. Over the course of a year, 137 people have been tested for Hepatitis A immunity, 147 for Hepatitis B immunity, 141 for Hepatitis C infection, 145 for HIV, 160 for Syphilis, 155 for tetanus, and 156 for gonorrhea and Chlamydia. During the first quarter of this year, testing was completed on average within 4 days of admission, and during the last quarter of this year required testing was completed within 2 days of admission.

**Efficiency:**

1. Methadone spills will be tracked on a monthly basis. The reason for medications spills will be documented and addressed appropriately. Spillage amount will fall into the accepted parameters for the DEA guidelines.

    **Result:** Methadone spills are filed in a binder that is kept in the dispensary. There were 125 spills over this year (75 nursing spills and 50 Patient spills.) Most of the nursing errors occurred as a result of not having the cup under the dispensing machine. Most patient spills resulted from spilling cup while adding water.




2. Annual physicals will be scheduled by the Administrative Assistant.

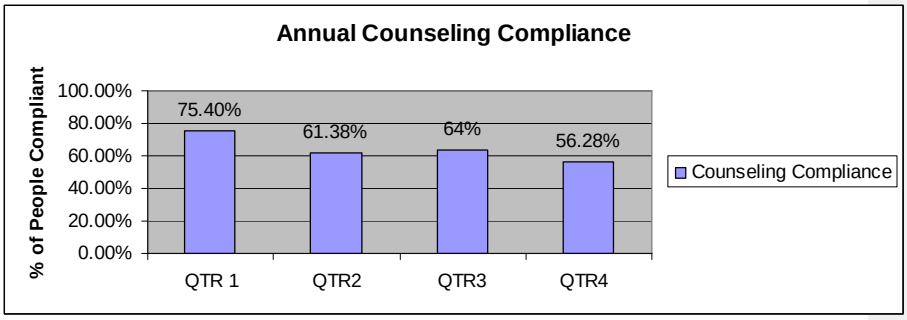
**Result:** Provider availability has been the biggest barrier to scheduling annual assessments as well as cancelation rate. Annual assessment appointments are prioritized for those who have gone the longest without them. 84 Annual Assessment appointments were scheduled this year. Of those 59 were kept, and 25 were either canceled or no-showed. Follow up is pending.

3. Pregnant women will be seen monthly by medical staff to assess treatment status.

   **Result:** As of July 2012, 17 patients are currently pregnant and are meeting with our nurse practitioner on a monthly basis. A form has been created and utilized by the Nurse Practitioner; all pregnant patients will be given a standing monthly appointment to meet with our Nurse Practitioner. Currently 15 out of the 17 pregnant patients have been compliant with monthly standing appointments.

4. Missed counseling sessions will be tracked and documented. Counselors will demonstrate that they have followed through with the policy regarding missed counseling. The Administrative Assistant will track this information. 75% of patients will show conformance to counseling requirements on a monthly basis.

   **Result:** Over the year an average of 64.27% of patients were in compliance with counseling requirement. Increasing census has added to the number of individuals who require more frequent counseling. In addition, a number of patients who receive medication in the morning are scheduled to return to the clinic in the afternoon to fulfill their counseling obligation. Research has shown that connecting medication delivery to counseling times increases compliance. Unfortunately, due to space issues, we are unable to do so.




5. Clinicians will document compliance with probationary period. We would like to have 90% compliance by patients with this process.

   **Result:** We have had on average, 89.23% conformance with the probationary period.

6. Co-Occurring disorders will be documented on the Diagnosis and transfer form in addition to incorporating this diagnosis into the treatment plan and progress notes.

   **Result:** All progress notes now require documentation of goals addressed. More patients are being identified with co-occurring disorders and are being referred and seen at the clinic by our on-site Psychiatrist. 80 people were seen by the Chittenden Clinic's on-site psychiatrist.

**Access to Services:**

1. When an individual contacts the clinic for a referral, a packet of information regarding methadone and treatment will be sent to those on the waiting list within a two week period of time.

   **Result:** Everyone that completed a referral received the wait list packet.

2. Individuals calling for a referral will receive a return call within 48 hours.

   We make every effort to ensure that all individuals who call the clinic for a referral are attended to at the time of their call. If a staff member is unavailable to accept a referral phone call at that time or if an individual calls or after hours and leaves a voice mail message, a clinic staff member will return their phone call as soon as possible, typically on the next business day. Mailings with information about methadone and other support services are sent to new referrals within two weeks of initial contact, if that information is requested. Persons on the wait list must call on a monthly basis to remain active on the list.

   **Result:** As of July 1, 2011, there were 445 active individuals on the waitlist. 131of these individuals report intravenous use. 87 report heroin to be their primary drug of abuse and 213 report prescription opiates to be their drug of choice, 59 people report illicit Buprenorphine, and 16 report illicit methadone. 288 of the 445 referrals are from Chittenden County, 67 are incarcerated, 31 are from Franklin County, 25 are from Addison County, 3 are from Grand Isle, 1 is from Lamoille, 5 are from Rutland, 1 is from Washington County. The remaining are either from out of state or did not provide demographic information at the time of their referral. 29 individuals are seeking to transfer to our clinic from other OTPs. Over this fiscal year, we received 441 new referrals. All individuals on the wait list received informational mailings.

3. As patients move to a higher level of care, they will be triaged for case management check-in with counseling as needed.

   **Result:** Five individuals were seen for case management by the Nursing Supervisor with oversight by a clinician.

4. Hours for administering medication will be continually reviewed by staff and patients through questionnaires and meetings.

   **Result:** We have allowed individuals who work early in the morning to receive their medication during the working dosing hours (6am-7am). 74 individuals have been approved for this.

**Suggestion box remarks**

In the common room at the Chittenden Clinic we maintain a locked box which patients can enter their suggestions for the Clinic. These suggestions are collected on a monthly basis and reviewed at staff meeting for resolution. The suggestions and responses are then posted on the bulletin board in the common room until the following month's responses are posted.
Between July 1, 2011 and June 30, 2012, we had 43 suggestions from patients. Most of the suggestions fell into one of the following categories: Clinic cleanliness/repairs, Feedback about groups offered, Marijuana use as an unfair obstacle to receiving take homes, Dosing/Nursing Concerns, Clinic Rules. The largest response we received from patients surrounded marijuana use and the feeling that it is unfair to restrict take homes if the patient is compliant in all other aspects other than illicit marijuana use. After many discussions among the administrative team, Dr. Brooklyn has offered exception take home dosing on a case-by-case basis. We are waiting for further rulings on this from the State and SAMHA.

Another suggestion that patients addressed was regarding dose holds for Orientation. Given the feedback, we no longer institute automatic hold doses for patients expected to go to Orientation groups.

A suggestion that came up multiple times throughout the year was around dosing hours and the need for them to be extended. Staff responded to these suggestions by increasing dosing hours each time we received a complaint.

**Consumer Satisfaction:**

95% of patients will report that they are satisfied with their treatment at the Chittenden Clinic and would refer a family member or friend to the clinic. (Patient Satisfaction Survey, Follow-up Survey).

We regularly track patient satisfaction with clinic services via a "Client Satisfaction Survey." We ask all patients to complete an anonymous survey asking them about their degree of satisfaction with all aspects of their clinical care, including the environment of the clinic, the nursing staff, the medical staff, urinalysis testing, counseling staff, administrative staff, security, and overall client satisfaction. We administer this survey annually. Our goal is to score above average in all areas.

**Result:** All areas surveyed on this measure scored above average. 94.7 % of patients reported that they would refer other individuals to the Chittenden Clinic for treatment. Patients can access the confidential suggestion box located in the waiting room. We have and will continue to revise policies and procedures as appropriate based on client feedback and will evaluate the impact of these revisions in subsequent client satisfaction surveys and the suggestion box. We continue to publish the "Chittenden Examiner" quarterly that addresses patient concerns and topics related to recovery.

**Quality Review:**

1. Ten percent of the patient charts will be reviewed quarterly for adherence to required paperwork.

2. Monthly, the clinical supervisor will randomly review files with their supervisees to address quality of documentation.

   **Result:** We have reviewed 193 charts over the course of the year. The most common deficiency was missing signatures and other components from the ASI, followed by missing signatures on the treatment plan, and by missing components from progress notes. This included missing treatment level, take home status, techniques used, progress towards goals, and SOAP format. Any deficiencies were addressed in clinical supervision. Since the implementation of the electronic record system, we have had to make changes to our review procedures.

The Chittenden Clinic's primary goals for 2012-2013 will be to focus on the following:

| GOAL | PROCESS | TARGET DATE |
|---|---|---|
| Continue to best meet the needs of patients with regard to dosing times and procedures. | Suggestion Box, satisfaction survey | Review quarterly |
| Implement a more efficient annual physical scheduling system. | Increase provider and space availability. Review policy. | Review October, 2012 |
| Continue to expand our ability to provide specialized groups to best address patient needs. | Increase training options for clinicians, expand partnerships | Review monthly, clinical meeting, staff meeting |
| Illicit drug use and alcohol use continues to be monitored closely. We will continue to utilize the ethyl-glucoronide testing in order to best address alcohol use among patients. Patients will continue to be referred to a higher level of care, including our recovery group, should illicit drug use or alcohol use become problematic. | Develop clear guidelines regarding referral to a higher level of care, utilize ASAM criteria | Current, ongoing review at staff meetings |
| We continue to have a limited response from family members regarding information about treatment. Offer several open houses over the course of the year for interested family, friends and community members. | Offer family information at periodic times during treatment rather than just at intake. Reassess process for providing this information.<br>Offer Alanon meetings on site.<br>Admin team to organize open house | January, 2013 |
| | | |
| Re-evaluation of probationary period requirements | Discuss with staff, suggestions from patients and admin team | Ongoing, reviewed weekly at rounds |
| Continue to support the Patient Advisory Board. | Recruit new members and redefine goals | Discuss with HC administration and CC admin team October 2012 |
| Continue to conform to CARF standards. | Submit QIP-meet with HC operations team to discuss integration of policies | Next review 2015, update policy and procedures annually-ongoing review. Meet monthly with operations team |
| Set aside two hours a month to review charts. Revise chart audit and procedure. | Assistant Director and Clinical Coordinator to develop and implement procedure | Review upon consolidation of two clinics: January, 2013 |
| Expand community awareness of the benefits of medication assisted therapy for opioid dependence through presentations, mailings, computer and open houses. | Discuss with HC public relations | Community Outreach, review monthly at staff meetings. |
| Continue to provide an educational opportunity for medical students, residents and counseling and nursing interns. | This is coordinated by the College of Medicine | Currently accommodating medical students on a weekly basis. |

| | | |
|---|---|---|
| Improve our ability to consolidate health records. | Follow up with IT regarding new dispensing software | Making changes as needed. |
| Document the utilization of case management and expand these services. | Access case management through larger organization | RROSC reporting quarterly |
| Revise intake procedure for those seeking either methadone or buprenorphine. | Implement HUB model of accessing services | January, 2013 |
| Combine TOCS and Chittenden Clinic –move to new site | Adhere to permit requirements, monthly planning meeting | December, 2012 |
| Expand census as expected by State and HC leadership | Move to larger site, hiring additional staff, conduct at least five intakes a week | Ongoing |
| All patients will be checked for medical insurance upon intake. All eligible patients who are uninsured will be required to complete the application for State Funded insurance. | Billing communicates with CC admin who then will follow up with patient | Immediately |