**No Target Population identified**

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| Priority  | Identified need, solution or meeting comment | Research **evidence** related or other reference | Regional **data** necessary to support this  | Additional Comments/ Edits |
|  | Programs in prison for coping skills |  |  |  |
|  | Not enough low intensity Residential Facilities |  |  |  |
|  | Transitional Housing |  |  |  |
|  | Individuals w/kids can’t access care at level necessary (ex. can’t get into residential care because of children, but then won’t be accepted into high intensity care without first attending a residential program) |  |  |  |
|  | Medication assisted treatment – What does the evidence say about how to make this most useful? |  |  |  |
|  | Medication Assisted Clinics need connections to social supports for those in recovery |  |  |  |
|  | How is the Hartford Police Department using their social worker (Police Departments in general) |  |  |  |
|  | People who need any level of care coordination but are not admitted there is no coordination after patient is in ER also police involved with individuals who need assistance due to a mental illness |  |  |  |
|  | Those treated on site with Narcan follow up after that is not just list of #s |  |  |  |
|  | Someone to walk patients through resources (Ex. Case Management) |  |  | Should we explore these as recovery coaches or any case managers? |
|  | Bridge counseling services – someone to meet w/for 3 months before accepted into a mental health program. Some places don’t have BH Clinician to be that. Something more procedural versus informal relationship. Make a hand off. |  |  |  |
|  | Model that WISE has – WISE gets called DV or SV for ER. Send an advocate. Call, send, someone, they arrive and speak to survivors. |  | Article: <http://nhpr.org/post/nh-bill-seeks-link-narcan-patients-recovery-coaches>Data that shows the impact.  |  |
|  | Transportation – How do I get there? |  |  |  |
|  | Trained volunteer with warm hand off – has direct contact w/org that will provide services. Case management, peer support. |  | Reif 2014, Peer Recovery Support for SUD Chinman 2014, Peer Recovery Support for MH(pdf attached) |  |
|  | Support services – Social Supports – Housing |  |  |  |
|  | The point when People become addicted or IV drug users (snorting to IV users) |  |  |  |
|  | Social norms campaign (transition out of HS into early 20’s) |  |  |  |
|  | Look at cigarette smoking change in society as a model. |  |  |  |
|  | Build the skills for coping around anxiety & depression for youth | #’s to measure out & influx of people up to early 30’s |  |  |
|  | Pattern of chronic relapse – Long enough rehab to make a difference |  | McLellan 2000, Drug Dependence as Disease(attached) |  |
|  | With children involved. Identify issues and don’t reach out to community based providers at that time. Often it is just follow up with PCP. Lack of children services especially for inpatient mental health and substance use disorder. |  |  |  |

**Pregnant or Parenting women diagnosed with a substance use disorder**

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|  | Family and Child-Related Services: Childcare services, including homework assistance in conjunction with outpatient services |  |  | -Birth – preschool-Op Services cord must provide + daily-Care of Child & care of self-Outside “normal” housing for employ, educ. Reliable – keep job-Affordable |
|  | Health Promotion: Wellness programs |  |  |  |
|  | Staff and program development: Culturally appropriate programming |  |  |  |
|  | Staff and program development: Peer support |  |  | Recover groups – Power stronger than 1:1Interpersonal violenceQuality of AA – huge support comm. |
|  | Family and Child-Related Services: Children’s programming, including nurseries and preschool programs |  |  |  |
|  | Family and Child-Related Services: Family treatment services including psychoeducation surrounding addiction and its impact on family functioning |  |  |  |
|  | Family and Child-Related Services: Education about violence against women for men by men Non-violent masculinity (added) |  |  | Dom. Violence Getting women preg & Keeping PregThis is trauma in housing |
|  | Family and Child-Related Services: Fatherhood initiatives integrated across modalities (added) |  |  |  |
|  | Medical Services: Treatment for infectious diseases, including viral hepatitis |  |  |  |
|  | Medical Services: Prenatal education |  |  | Address up front |
|  | Medical Services: Nicotine cessation treatment services |  |  | -We can do something about it – and we don’t-Not considered important-Kids Impact-How realistic when dealing with another addiction?-Savings-Shame -Success |
|  | Medical services: Pediatric care |  |  |  |
|  | Medical services: HIV/AIDS services |  |  |  |
|  | Basic Needs: Safe housing |  |  |  |
|  | Basic Needs: Food |  |  |  |
|  | Basic Needs: Transportation |  |  |  |
|  | Basic Needs: Transitional Housing |  |  |  |
|  | Comprehensive Case Management: Linkages to welfare system, employment opportunities, and housing |  |  | Aware of benefits taking advent huge disparity VT, NH benefits. NH – Municipality based not state. Job and employment, living wages. |
|  | Comprehensive Case Management: Intensive case management, including case management for children |  |  | -Every aspect daily living-One stop shopping contact person-Linkages to programs to location or refer out |
|  | Comprehensive Case Management: Domestic violence services, including referral to safe houses |  |  |  |
|  | Comprehensive Case Management: Legal services |  |  | Woman experiences sexual violence law enforcement as traumatic the incident itself extreme vulnerability |
|  | Comprehensive Case Management: Assistance in establishing financial arrangements or accessing funding for treatment services |  |  |  |
|  | Comprehensive Case Management: Assistance in obtaining a GED or further education, career counseling, and vocational training, including job readiness training to prepare women to leave the program and support themselves and their families |  |  |  |
|  | Comprehensive Case Management: Assistance in locating appropriate housing in preparation for discharge, |  |  | Post – from trans housingWaiting Lists Years longImpacts trans. Housing safe.  |
|  | Mental Health Services: Trauma-informed and trauma-specific services |  |  | 2nd largest referral – WISEMen up and women referred even moreProviders resiliency -Address link – masculinity + violence against women-Gender specific |
|  | Mental Health Services: Services for other co-occurring disorders, including access to psychological and pharmacological treatments for mood and anxiety disorders |  |  | Addict Mental Health issuesTrauma, Dom violence, PTSD |
|  | Mental Health Services: Children’s mental health services |  |  | -Kids trauma all family members case for-Foster care – adjust living & mom-Abuse prevention |