The Johnson Health Center &

Vermonters for Criminal Justice Reform

A Low Barrier Medical Partnership

VCJR Vermonters for Criminal Justice Reform

THE JOHNSON HEALTH CENTER

A Strategic Partnership

Working Together Means

We Can More Effectively:

- Side by side offices located at 109 and 117 Bank Street; wrap-around medical services, supports and treatment services in a target population centralized location

- Provide comprehensive care management by leveraging VCJR's proven and established community trust to engage and retain our target population through a holistic care model

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What We Do

Community Health Management

Provide easy access, specialized medical care for those impacted by the substance use, access to naloxone, wound care, MOUD, mental health care, and preventative care in a trauma informed setting

Engage Challenging to Reach People

Provide intensive medical case management and service coordination, including outreach, engagement, treatment retention support, hospital visitation/retention support and medication adherence.

Meet Basic Needs

Help people who struggle to access services within our traditional systems access important and life saving services such as medical care, substance use treatment and connection to other community resources, Help meet basic needs such as transportation, food, phones, clothing, medication etc.

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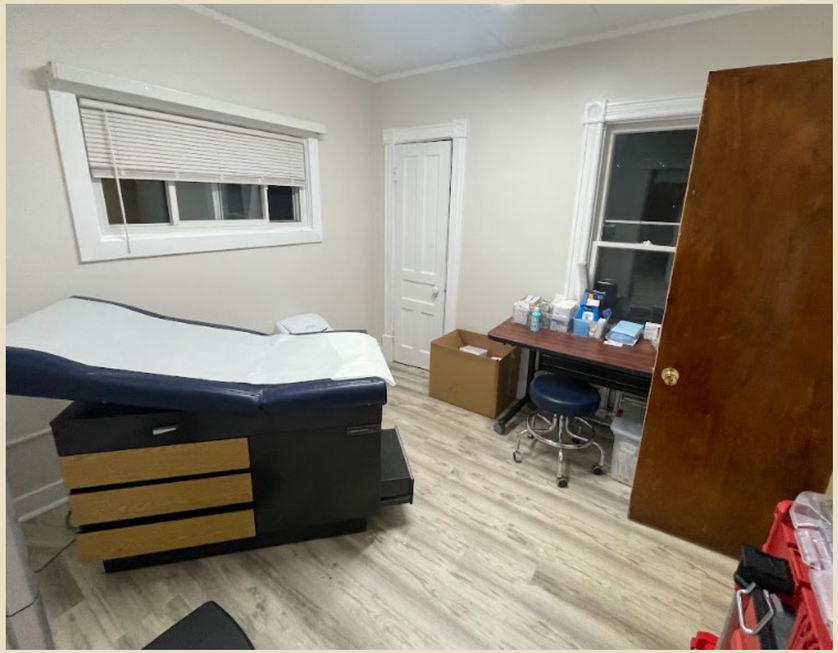
Some of our medical services:

- On-site lab testing
- Preventative care
- STI testing and treatment
- HIV/Hepatitis C testing
- Hepatitis C treatment
- Wound care/Infection care
- Low barrier MOUD treatment, including long-acting injectable forms (monthly buprenorphine)
- Mental health medications and treatment, including long-acting injections



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Medical case management

- Comprehensive medical care is combined with intensive case management and follow-up care tailored to individual needs, not one size fits all
- Pharmacy support (transportation, help navigating insurance issues and prior authorizations)
- Support in going to and navigating the ED: fear, shame and past experiences can prevent people from accessing emergency care. Hands on support from someone you trust helps!
- Hospital visits and advocacy: many patients have difficulty communicating their needs and leave AMA due to various issues including opioid withdrawal
- Wound care supplies
- Medication reminders and support following medical recommendations
- Overall support in ensuring small problems don't turn into large life-threatening ones!

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We are reaching individuals who:

- Face massive health disparities & chronic barriers to care
- Have multiple encounters at the ED or left hospital against medical advice
- Challenges with follow up care (missed appts, lost prescriptions etc)
- Not accessing / continuing in substance use treatment (MOUD)
- Often asked to leave health care settings, recovery centers, day stations and other public spaces due to active use/intoxication or other challenging behaviors
    - Over 90% had current wounds or infections at intake
    - Over 90% have opioid use disorder
    - 85% history of serious overdose
    - Over 90% unhoused at intake; or reported their housing as temporary or unstable

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How we are different

- Our program offers a walk-in, low-barrier, and needs-based model
- Tolerant of challenging behaviors that often cause people to be asked to leave public settings
- We offer full spectrum care medical care, substance use treatment, social services, and basic needs and housing assistance in one location
- Crisis support in the moment of need- this helps to keep disruptive behavior out of the community
- Intensive case management, including transportation to inpatient treatment, the hospital, the pharmacy, and many other places

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Participant Data

Category	Count 2024	Count 2023
Active Patients	119 (357% increase)	26
Wound Treatment	56 (115% increase)	26
MOUD Prescriptions	60 (200% increase)	20
Mental Health Medications	30 (233% increase)	9
New Patients Since Nov 2024	24	**That is in one month!**

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Exciting updates!

Team Expansion

- New MD: Dr. Conger
- Full-time nurse: Eva Casey
- Full-time case manager: Sarah Ashley Simmons

Close collaboration with UVMMC

- Badges!
- Infectious Disease

Expanded Hours at our co-located spaces: Medical services 5 days a week (3 days in person and 2 days virtually)

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Our Goals…

Reduced mortality rates associated with opioid use

Reduced opioid use and improved mental health symptoms

Reduced ED and first responder usage

Reduced need for inpatient hospitalization

Mitigating risk of communicable infection and public health concerns

Enhanced stability and overall health

87%

Participants return for multiple care visits and engaged in care management services

1 in 5

Participants initiate MOUD, which gives patients the opportunity to address other behavior and challenges

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An example of our impact:

Recently, a longtime client (will refer to as P) experienced a return to use after a serious family crisis. P quickly began experiencing symptoms of psychosis related to stimulant use and had several serious incidents involving police in the community. Scared and in serious crisis, P came to us for help and we were able to help him navigate through a crisis assessment with First Call. Due to the severity of symptoms staff brought P to the ED three times over several days and finally he agreed to stay. From there, P linked directly to inpatient psychiatric care where he stayed for three weeks.

Staff visited regularly and worked with P and the inpatient team to help him transition directly to inpatient SUD treatment. Several months later, P is now living at a recovery residence, meeting with us regularly and is celebrating several months of stability!

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Looking to the future

- Continued opioid settlement funds will allow us to continue providing important life saving services to people at high risk of overdose death and other harms
- We hope to serve 100-125 new people over the next year
- Looking forward to continued collaboration with community partners
- Continue to collect important data

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Thank you

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