

**Vermont Recovery Residences:
Integrating Loss of Residency Beds into the *SUD Continuum of Care*:
2019 Brief
Kyle Wolfe**

Problem Statement

Recovery residences, or sober houses, in Chittenden County are abstinence based. This means that upon testing positive for illicit drugs or alcohol the resident is asked to leave and no longer retains residency at these homes. The systemic problem being addressed is the lack of a continuum of care in line with Vermont's current *SUD Continuum of Care* for residents in recovery residences in Vermont.

Around 3% of Vermont's population has opioid use disorder (OUD) (Lopez, 2017). Not all residents in sober living homes have OUD, many use other substances. This would put the number of people with substance use disorder (SUD) much higher than the estimated 3% stated above and thus the need for beds much greater. There are currently over 80 recovery residence beds in Chittenden County. According to the Vermont Alliance for Recovery Residences (VTARR) (2019) the current number of beds available in recovery residences can only house 2% of the state's people with SUD. The relapse rate for people with SUD is between 40 and 60 percent ("Substance Use Disorders", Pg. 45) and there were 124 all drug-related fatalities in Vermont during 2017 ("Drug-Related Fatalities", 2019).

Objective and Desired Outcome

The objective of this proposal is to revise the current Vermont Statute: *Title 18: Health Chapter 94: Substance Use Disorders*. The desired outcome of the requested revisions to *Title 18, Chapter 94*, is to expand acceptance into Vermont's current Public Inebriate Program (PIP) to include people with substance use disorder (SUD) whom are at risk for losing residency due to a relapse. In updating the Statute, the current Vermont *SUD Continuum of Care* could be utilized by peer-run recovery residences without clinical training in case management.

Updating *Title 18: Health Chapter 94: Substance Use Disorders*

In the current *Title 18: Health Chapter 94: Substance Use Disorders* statute, the PIP would not accept the majority of residents at risk for losing residency in a recovery residence due to a relapse. This is due to the definitions of intoxicated under § 4802(8) and incapacitated under § 4802(7) and the PIP procedure outlined in § 4810.

Adding definitions of “Person at risk for losing residency due to a relapse” and “Recovery residence representative” to § 4802. Definitions, as well as revising what defines a “Law enforcement officer”, will change who can be accepted and who can transport people into the Public Inebriate Program (PIP). Revising § 4810. Treatment and services accordingly will allow people in recovery residences whom have experienced a relapse a bed for up to 24-hours while illicit drugs or alcohol leave their system and ensure their rights while there.

Using the Public Inebriate Program (PIP)

The Public Inebriate Program (PIP) is, at this time, Vermont’s best option to include recovery residences in Vermont’s current *SUD Continuum of Care*. PIP beds are paid for and staffed whether or not they are being used. The only additional cost would be \$187.12 alcohol and/or drug assessment fee. The idea, is that fee could be waived if the person at risk for losing residency due to a relapse is not intoxicated or incapacitated by the judgement of PIP/DOC staff. The hope is, instead, a 15-minute case management session, with a fee of \$14.41 (“ADAP Medicaid Rate Sheet”, n.d.), could be done to refer the person at risk for losing residency to the next step in the *SUD Continuum of Care* (see *Standard Procedure for Relapses at a Recovery Residence*) Once referred, the designated agency, or residential treatment center could do an assessment if necessary. The other concern is a lack of beds. The idea here, is by using protective custody and editing whom can transport people to a Department of Corrections (DOC) facility in Vermont Statute, in coordination with DOC, DOC beds could be used as overflow for the existing PIP beds. There are PIP facilities in Franklin, Chittenden, Washington, Caledonia, Rutland, Bennington, and Brattleboro Counties as well as DOC facilities in Franklin, Chittenden, Orleans, Caledonia, Rutland, and Windsor Counties (“Substance Use Disorders”, pg. 27). The PIP, if properly utilized will provide the best care and be the most cost-effective way to create loss of residency beds.

The PIP beds would offer the best support, lowest cost, and immediate care for those at risk for losing residency to a relapse. The following services were explored in the creation of this proposal to support people at risk for losing residency due to a relapse: the cold weather exception, detoxification services, services for the homeless, warming shelters, youth services, and mental health services. These services do not run 24-7, and/or people at risk for losing residency due to a relapse often would not meet criteria for them (see Appendix A). These

services if altered, would be less optimal for addressing the problem due to greater cost, more intricate logistics, and likely a lower level of care for the person.

Conclusion

The Vermont Department of Health's (n.d.) *Substance Use Disorders: Intervention, Treatment & Recovery 101* report states Residential Treatment, Sober Transitional Housing, Public Inebriate Programs, and Recovery Supports can be used together to support those with SUD in Vermont (pg. 24). If statute surrounding acceptance into the PIP is revised, Vermont's *SUD Continuum of Care* could be effectively utilized for recovery residences in three ways:

- 1) Support for those at risk for losing residency due to an isolated relapse
- 2) More integration between agencies or levels of care for people in recovery residences
- 3) Basic SUD case management to address the above mentions gaps

The proposed revision to Vermont Statute *Title 18: Health Chapter 94: Substance Use Disorders* surrounding the PIP policies and procedures could integrate recovery residences into Vermont's *SUD Continuum of Care*. The suggested procedure for PIP/DOC staff and recovery residence representatives would hopefully meet some of this need for SUD case management. The largest hole in this proposal is the ongoing need for insurance coverage among those with SUD.

Since ADAP funds both recovery residences and the PIP, it is logical that PIP beds would be used to provide support for those at risk for losing residency due to a relapse. As described above, services for people experiencing homelessness, mental health crisis, at-risk youth, and existing SUD treatment services do not properly fit the need outlined in the problem statement. Integrating PIP beds into the existing *SUD Continuum of Care* would be far more cost effective, logistically sound, and provide the best care for the person at risk for losing residency due to a relapse.

References

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Appendix A

Services in Chittenden County

Adverse Weather Conditions (AWC)s:

[Cold Weather Exception](#)

Detoxification Services:

[Cost and Criteria](#)

Services for the Homeless:

[Warming Shelter](#)

[HUD Criteria](#)

[Shelter Plus Care](#)

Youth Services:

[Spectrum Youth Services](#)

Mental Health Services:

[CRT Criteria](#)

Incarceration:

[Cost and Numbers](#)

Integrating Recovery Housing into the SUD Continuum of Care: *(See Standard Procedure for Relapses at a Recovery Residence)*

[Existing SUD Continuum of Care](#)