

The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green, creating a modern and dynamic visual effect.

Vermont Recovery Residences: Integrating Loss of Residency Beds into the *SUD Continuum of Care*

Utilizing the Public Inebriate Program

Just the facts...

- ▶ Most Recovery residences have a **zero-tolerance** policy surrounding relapse
- ▶ There are over **80 beds** in Chittenden County that use such a policy
- ▶ The current number of beds available in recovery residences **can only house 2%** of the state's people with SUD. The rate of SUD in Vermont is the **fourth highest in the nation**
- ▶ The **relapse rate** for people with SUD is between **40 to 60 percent**
- ▶ In Vermont, during 2017 there were **124 all drug-related fatalities**

Recovery Residences

Abstinence Based

- ▶ Recovery residences currently have a zero tolerance policy towards relapses
- ▶ Peer-run on recovery norms of the past
 - ▶ Recovery Coaching model
- ▶ Residents are asked to leave with little crisis support or future individualized treatment plan
- ▶ These policies are set up to ensure a safe environment at the residence but can:
 - ▶ Put the safety of the community and resident experiencing a relapse at risk

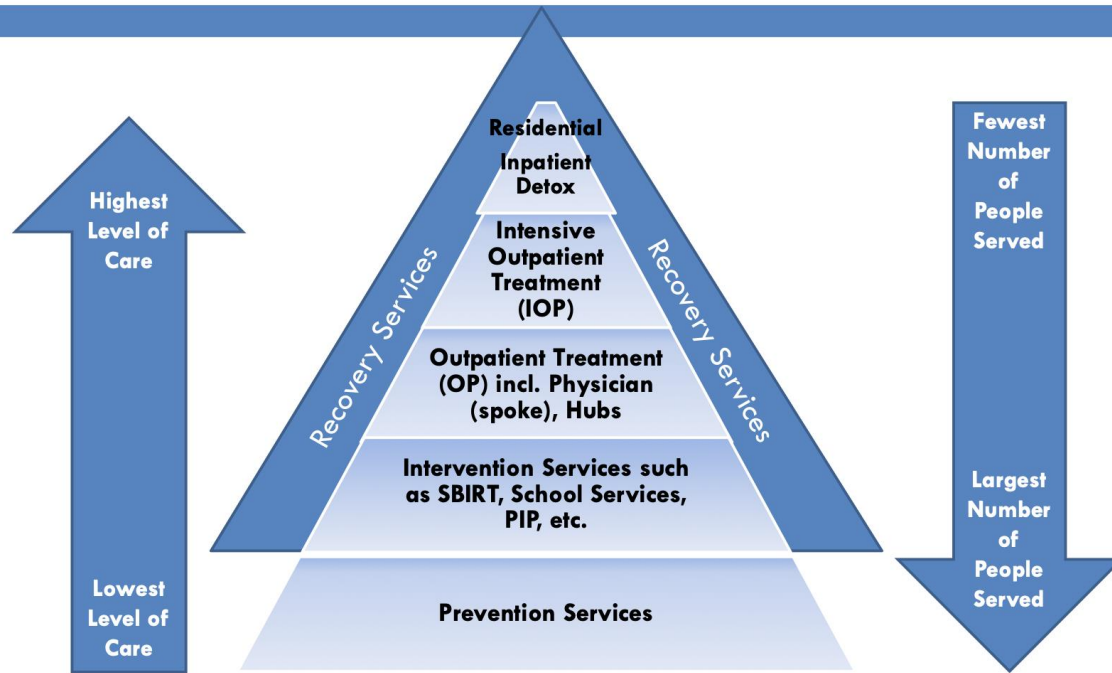
Continuum of Care Model

- ▶ Utilizing the Vermont's current *SUD Continuum of Care* by including the PIP we can:
 - ▶ Ensure the safety of not just the residence, but the community and the person who has relapsed
 - ▶ Decrease state spending on those with SUD
 - ▶ Would effectively include recovery residences into **§ 4807** in Vermont Statute *Title 18: Health Chapter 94: Substance Use Disorders*

Vermont's Current SUD Continuum of Care



SUD Continuum of Care



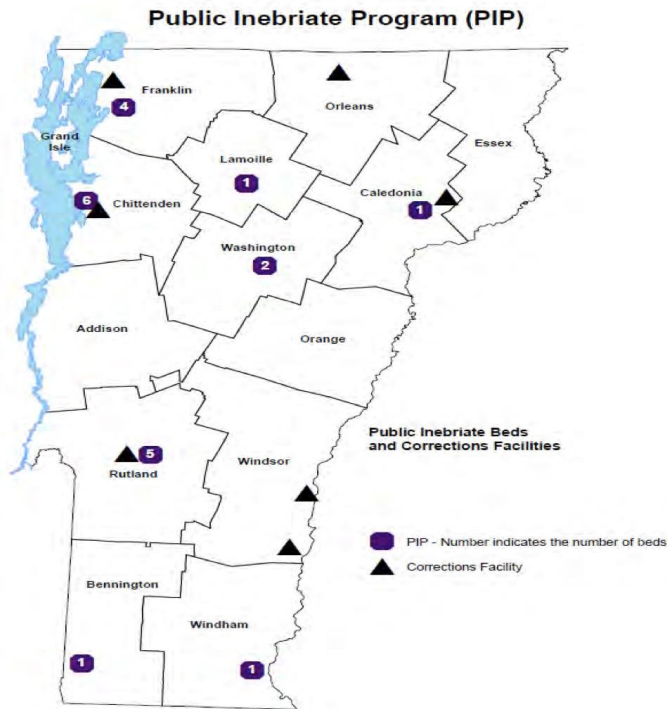
Utilizing Vermont's SUD Continuum of Care

See Handout #1: *Revisions to Title 18: Health*
Chapter 94: *Substance Use Disorders*

- ▶ By changing the State Statute Surrounding Substance Use Disorders we can:
 - ▶ Use PIP beds to give residents at these homes 24-hours away from the residence
 - ▶ Utilize existing services and the current SUD Continuum of Care to give people in recovery the best chance at continued recovery
 - ▶ Reduce state spending in the long run
 - ▶ Reduce social problems like crime
 - ▶ Reduce the pain of watching a person endure more hardship and even save lives

Let us be the leaders...

VERMONT Public Inebriate Program (PIP)



Public Inebriate services are emergency services for those under the influence of substances. They provide a screening and referral service and may provide an alternative to placing the person in a corrections bed for the night.

How is this possible?

See Handout #2: *Standard Procedure for Relapses at a Recovery Residence*

- ▶ By using this Procedure in accordance with the requested revisions to State Statute we can:
 - ▶ Create an easy procedure to navigate the SUD Continuum of Care for:
 - ▶ Representatives at recovery residences; peer and professional
 - ▶ PIP and DOC workers at the facilities
 - ▶ IOP clinicians
 - ▶ Residential treatment aftercare specialists
 - ▶ Clinicians at Hubs and Workers at Spokes
 - ▶ FSU Officers, Probation and Parole Officers, and Federal Probation Officers

References

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