Stabilization for Those in Recovery from Substance Use Disorder

October 17, 2023



NACCHO project





- •With funding and support from the CDC and NACCHO a small group of CVPC members completed site visits to a variety of locations across the country falling under the general umbrella of 'short-term stabilization' (STS)
- •The functions of the sites varied to include:
 - social detox
 - withdrawal management
- sobering spaces
- •The purpose of these visits was to learn best practices, see physical layouts, and compile information to create recommendations for a STS resource in Central Vermont



Current assessment

- •At present, Central Vermont lacks a comprehensive support system for individuals suffering from the negative impacts of Substance Use Disorders
- •According to a 2022 survey of our Coalition, the primary obstacle to supporting patients/clients is immediate access to services including "Short-term Stabilization"
- •Stakeholders across the State have come to similar conclusions



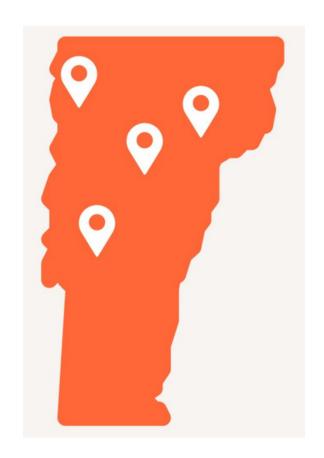
Overdose Aftercare Survey

- Conducted a statewide survey with Vermont CARES in August 2023
- Respondents: overdose survivors who currently use drugs
- **Purpose**: gain an understanding of what people who have survived an overdose(s) consider important components of a post-overdose response, so that an effective response can be designed to fit the needs of the community



Results

- N=65
- Post-ED Discharge: the majority said they went home, some went to the street or a campground.
- 66% say that after an overdose, they wanted a safe place to go and one wasn't available.
- 91% say there is a need for a place to go after an overdose that is not the ED





Results con't

People described it as:

- A safe space
- A middle place (waiting for rehab or other treatment to open up)
- A nonjudgmental place
- A place away from other people and without drug use
- A place to rest and sleep

The top 5 desired services

- 1.Basic needs support (e.g. food, a place
- to sleep)
- 2. Access to transportation
- 3. Access to Narcan and related resources
- 4. Follow up medical care
- 5. Access to mental health support



Results con't

Qualitative responses:

- "Thanks but sometimes u don't go to er"
- "Thank you for your help, I think it's important to have this program, it helps a lot of people."
- "This is awesome of you to offer."
- "I hope our responses help get us what we need"



Locations visited

- Sobering Center -Austin, TX
- The Round House -Boston, MA
- Act 1 / Bridge -Burlington, VT
- The Sobering Center -Danbury, CT
- BARC -Ft. Lauderdale, FL
- Fellowship Recovery Center Margate, FL
- Hooper Detox -Portland, OR
- University of Washington, Seattle, WA





Short list of benefits

- Reduced mortality
- Avoid homelessness
- Health care savings
- Limit criminal justice involvement
- Improved health outcomes
- Better outcomes for individual and family
- Connections to wrap-around services and supports
- It's what people want and know they need



Best practice findings

- **Safety and Supervision:** Ensure that the facility is staffed 24/7 with trained professionals who can provide medical supervision, crisis intervention, and support during the detox process.
- •Medical Support: Substance withdrawal can be physically and emotionally challenging, so having access to medical support is crucial. Collaborate with healthcare professionals who can prescribe appropriate medications and offer medical care throughout the detoxification process.
- •Holistic Approach: A holistic approach to detoxification includes addressing physical, psychological, and emotional needs. Provide access to counseling, therapy, and support groups to understand underlying issues driving SUD. A trauma-informed approach that provides safe physical and emotional space is critical.



Best practice findings cont.

- **Creating a Welcoming Environment:** The space should be warm, comfortable, and non-institutional.
- •Individualized Treatment Plans: Develop individual treatment plans to address each individual's unique needs.
- Risk Management Plan: Have a clear crisis management plan in place to deal with any potential emergencies.
- •Continuum of Care / Partnerships: Develop a clear pathway for individuals to access further treatment options, such as inpatient rehabilitation, outpatient programs, or support services.
- •Confidentiality and Privacy: Maintain strict confidentiality and privacy standards.



Best practice findings cont.

- **Staff Training:** Provide ongoing training to staff on topics such as addiction, trauma-informed care, crisis intervention, and cultural sensitivity.
- **Peer Support:** Incorporate peer support specialists who have lived experience with substance use disorder. Peer support can be a valuable addition to the treatment team, as they can provide empathy, understanding, and inspiration.
- Aftercare Planning: Help individuals develop aftercare plans to support continued recovery, may include connecting them with community resources, outpatient treatment programs, and support groups.
- Evaluation and Improvement: Continuously evaluate the effectiveness of the program and make necessary improvements based on feedback from both staff and clients.



Initial supports

- 3-4 Beds
- Recovery partners of Vermont Homelike Setting
- 24/7 Staffing
- Social Detox
- Respite Support
- Case Management
- Referrals



Local considerations

- Funding (will require grants/in-kind initially) with a move toward billing in 2025
- Anticipated length of stay (5 days)
- •Space will need to support meal prep and food storage
- Medically assisted treatment will be offered and supported
- •A lead agency will need to be responsible for risk management and oversight
- •Need to identify exclusion criteria/develop referral/acceptance criteria and process
- •Safety assessment of space (sprinklers, cameras, egress, de-escalation, OD, suicide, etc.)
- Accessibility of space (physical structure and transportation to) and need for dividing between populations and needs
- Build on existing infrastructure where possible



Our vision













Funding

- Applied for and not received two funding sources:
- HRSA Overdose Response (federal)
 - Vermont Department of Health 3.2 Withdrawal Management (state)
 - Will reapply
- Seeking other funding sources

