



Vermont Department of Health: Substance Use Disorder System of Care Enhancement

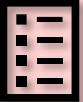

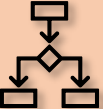

Recovery Support Services (RSS) Initiative
Monthly Recovery Center Director Touchpoint
March 6, 2025

Agenda

- Welcome
- RSS Initiative Status Update by Workstream
- Individualized Recovery Plan (IRP) Overview
 - Background
 - Breakout Group Discussion
 - Next Steps
- Board Development
 - Board Survey Results
 - Proposal for Board Development Coaching Series
- Closing

RSS Initiative Status Update

RSS Initiative Status Update

Component	Objective	Status
 Peer Recovery Support Specialist (PRSS) Certification	To develop and operationalize a process for PRSS certification via the Office of Professional Regulation (OPR) using the existing Recovery Coach certification requirements.	VDH-DSU is working with OPR to address public comments on the PRSS Certification Rule . Prevention Works is reestablishing the recovery board with IC&RC.
 Recovery Services Organization (RSO) Certification	To develop and operationalize a process for certification of RSOs, building upon existing work to accredit organizations who maintain a high standard of service.	The RSO Certification Rule was approved by LCAR on 1/30 ; the final adopted rule will be submitted to the Secretary of State with a 7/1/25 effective date.
 Foundation Building Exercises	To learn more about Recovery Center operations and areas of support needed for upcoming certifications and for Medicaid.	In-person Foundational Visits with each Recovery Center kicked off in March. Topics of discussion include Governance/Board, Time Study Results, Referral Networks, and RSO/PRSS Certification.
 Medicaid Benefit Design & Rollout	To design and implement a Medicaid benefit system for RSS and to make any necessary adjustments to support Medicaid reimbursement of RSS.	The VDH-DSU team is working to develop the Medicaid benefit model for the initial scope which will include Recovery Coaching as a reimbursable service.

Individualized Recovery Plan (IRP) Overview

Individualized Recovery Plan (IRP) Background

The Individualized Recovery Plan, or IRP, is an integral part of delivering person-centered RSS.

An IRP will be required for Recovery Coaching. The definition of RSS used in regulation references the IRP:

A set of culturally competent, non-clinical, evidence-based activities coordinated in accordance with a written individualized recovery plan of care that documents the substance use disorder and reflects the needs and preferences of the individual in achieving the specific, individualized goals that have measurable results and are specified in the plan. The type of services provided can include a range of social and other services that facilitate recovery, wellness, linkage to services providers, and other supports shown to improve quality of life for people, and their families, in and seeking recovery from substance use.

RSO Standards **10.0 Documentation** and **11.0 Recovery Plan** further outline requirements for the recovery plan:

10.1. Documentation regarding the person served is integrated into the recovery support relationship and

10.1.1. Includes the recovery support service provided, how the recovery support service related to the person's goals, the progress towards their goals, and next steps

11.1. There is a written and dated documentation that each person served receives a person-centered recovery plan

11.2. The Recovery Plan identifies of the needs and desires of the person served through goals that are expressed in the words of the person served and are reflective of the informed choice of the person served.

VDH-DSU plans to develop a **standardized IRP template** to support RSO and PRSS Certification rollout and is **seeking input** from Recovery Centers.

Example Wellness Plan



My Wellness Plan

My Initials: _____

To start, state your short-term (30 days) health goals:

Now state your long-term health goals:

Why do you want to accomplish these goals?

My Daily Plans

I will eat healthily in the following ways:

-
-
-
-

I will exercise by doing the following:

-
-
-

I will improve my emotional health (stress management, mindfulness) by:

-
-
-

I will get better sleep by:

-
-
-

I will foster my spiritual life by:

-
-
-

I will strengthen my relationships by:

-
-
-

I will increase satisfaction in my professional/volunteer life by:

-
-
-

I will enjoy pleasurable activities, like:

-
-
-

My Support Systems

Here are the resources and people who can support me in my recovery:

-
-
-
-
-
-

Example Recovery Coaching Support Tool

Recovery Coaching Support Tool
INITIAL Recovery Coaching Session (date: __/__/____)

A Recovery Coach and the person being coached work as a team to figure out how to help the person being coached to succeed in recovery and live a more comfortable life. Working with a coach and using this tool will help you to solve problems and see the progress you are making in recovery. We need to show the legislators who fund our programs exactly how recovery coaching is helping to improve people's lives, and you can help us do it. We will not release anyone's name, progress in recovery, or their answers to the following questions.

Participant's Name (first and last) _____ Gender: male ☐ female ☐ other ☐ Year of Birth _____

Center Location _____

1. Who referred you to Recovery Coaching (circle the one that applies the most)

A. Friend or Person in Recovery (sponsor)	B. Substance abuse agency/clinic/provider (non-medication assisted)	Ba. Substance abuse agency/clinic/provider (medication assisted treatment)	C. Mental health agency/clinic/provider
D. Detoxification program	E. Emergency room	F. Hospital (non-ER related)	G. Doctor/primary care provider
H. Department of Corrections	I. Family/Mental Health Court	Ia. Drug Court	Ib. Rapid Intervention
J. Office of Economic Opportunity	K. Department of Labor	L. Housing (includes Transitional) services	M. Educational institution
N. Boss or employee assistance	O. Self	P. Family member	Q. Recovery Center or other non-profit
R. Church	S. Other faith ministry	T. Department for Children & Families	U. Other (_____)

2. Have you done any of the following?

	Ever in your life?		Past 30 days?	
A. Attended a peer recovery support meeting (12 step or other)	Yes	No	Yes	No
B. Attended substance abuse treatment/counseling (either residential or outpatient)?	Yes	No	Yes	No
C. Attended mental health treatment/counseling (either residential or outpatient)?	Yes	No	Yes	No
D. Attended a detoxification program?	Yes	No	Yes	No
E. Gone to the emergency room to seek medical attention for any reason? (medical and/or substance related)	Yes	No	Yes	No
F. Been in the hospital as a patient for any reason?	Yes	No	Yes	No
G. Gone to a doctor/primary care provider as a patient for any reason?	Yes	No	Yes	No
H. Gone to a mandatory Department of Corrections program or meeting?	Yes	No	Yes	No
I. Been in court?	Yes	No	Yes	No
J. Met with the Department of Children and Families or used their services? (3 Squares, Reach-up, etc.)	Yes	No	Yes	No
K. Met with the Department of Labor or used their services?	Yes	No	Yes	No
L. Met with Vocational Rehab?	Yes	No	Yes	No
M. Met with a housing provider or used their services? (housing assistance, shelters, etc.)	Yes	No	Yes	No
N. Earned a diploma or G.E.D.?	Yes	No	Yes	No
O. Attended a faith-based ministry?	Yes	No	Yes	No
P. Participated in Medication Assisted Treatment (MAT)?	Yes	No	Yes	No

Example Assessment of Capital Tool

☐ First Session
☐ Final Session
 Date: _____

Assessment of Capital

(To be completed at 1st session and upon program completion at final Recovery Coaching session)

On the matrix below, indicate in the available spaces where the participant identifies (4, 3, 2, or 1) in each area of capital.

Area of Capital	4	3	2	1
Substance use and utilization of treatment and recovery services	-Participant identifies as "In Recovery." -Is utilizing treatment/recovery services effectively. -Is involved in recovery support activities.	-Some drug and/or alcohol use which a participant considers the use of as not yet being in recovery. -Actively seeking or beginning to utilize treatment/recovery services. -Wants to be involved in recovery support activities.	-Still actively using substances in a way that is leading to unhealthy or destructive behavior. -Substance use interferes with meaningful activities and/or daily tasks.	-Regular active use/abuse despite chronic problems related to use.
Living and financial independence	-Has and is able to maintain safe and adequate housing in an area that meets service and/or employment needs. -Has reliable transportation or access to public or consistent private transportation services. -Is able to set and adhere to a budget. -Has the skills and means to provide meals and laundered clothing for all members of the household.	-Has resources and knowledge to meet basic housing and transportation needs. -Occasionally requires assistance from State and/or community programs. -Has basic meal-planning and preparation skills and is able to afford laundered, appropriate clothing most of the time.	-Has unstable, unsafe, or unreliable housing. -Cannot afford current housing and/or is facing eviction from current housing with no options of future placement set up yet. -Has few resources and lacks knowledge to meet basic housing and transportation needs. -Lacks meal-planning and/or food preparation skills, and resources to provide and launder appropriate clothing. -Relies primarily on assistance programs.	-Homeless (includes "couch-surfing"). -Lacks resources and knowledge to meet basic housing and transportation needs. -Limited or no awareness of how to access assistance programs. -Transportation needs are not met and are a significant barrier to daily needs, employment, etc. -Often goes without proper meals or clean clothing.

Continued...

Area of Capital	4	3	2	1
Employment and education	-Has steady employment that meets the financial needs of the household. -Has obtained a high school diploma, GED and/or higher education required for employment or pursuit of new skills and/or interests.	-Has steady employment, but needs more hours or more pay to adequately meet household needs. -Is currently enrolled in GED completion program or higher education classes.	-Unstable, temporary, or seasonal employment. -Has significant barriers in the way of completion of obtaining GED or higher education.	-Unemployed and not pursuing employment. -Does not have high school diploma, GED or any required higher education classes needed for employment, and lacks knowledge of available services to obtain them.
Relationships and social supports	-Friendships and romantic partnerships, are safe and stable. -Has a support network of trusted members of the recovery community. -Has the skills to socialize without the use of drugs and/or alcohol. -Family members and/or friends are supportive of and educated about participant's personal recovery. -Is able to both give and receive recovery support.	-Has a healthy support system most of the time. -Is starting to build a support network within the recovery community. -Is willing to seek help in the event of a crisis, and knows where to go (who to go to) for help.	-Has a few supportive relationships. -Most of the available support network is unhealthy and/or unreliable. -Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	-Has no healthy relationships. -Support network is unsafe.

Continued...

Area of Capital	4	3	2	1
Physical and mental health	-Has affordable health insurance and is having general wellness checkups as required. -Has needed mental health and/or substance use counseling services. -Takes medications as prescribed for physical and/or mental health conditions. -Takes MAT as prescribed for substance use. -Able to maintain healthy weight, eating habits, and adequate fitness regime.	-Chronic illness generally well managed and attempting to make and keep routine medical, mental health, and dental appointments. -Has health insurance that is affordable, and usually meets medical and mental health needs.	-Chronic medical and/or mental health conditions that are known, but not being managed with consistent follow-up care. -Limited access to healthcare. -Limited access to health insurance or premiums are too high to maintain current coverage.	-Cannot care for self or others. -Physical or mental health issues are severe enough that there is serious risk of harm to self or others. -No access to healthcare. -No form of health insurance.
Legal matters	-No legal matters or legal matters have been fully resolved.	-Sufficiently navigates district, superior, and family court cases. -Complete adherence to conditions of release and/or probation and parole requirements. -Compliance with all guidelines of DCFS cases.	-Lacks understanding of legal system to navigate open legal matters, but has access to resources and/or assistance. -Has new and/or pending cases that require immediate attention. -Has significant barriers to adhering to conditions of release, probation and parole, or DCFS guidelines.	-Has new, open, or pending cases that are not being managed at all. -Facing incarceration. -Non-compliant with conditions of release, probation and parole and/or DCFS.

Continued...

Area of Capital	4	3	2	1
Emotional wellness and leisure life	-Ability to manage stress, anger, fear, and anxiety. -Has established positive ways to use down-time. -Has allocated personal time to be used for hobbies and stress-reduction activities. -Actively pursues interests and stays engaged with activities that promote emotional wellness and enhance life in recovery. -Able to take time for self-care without feeling guilty. -Can acknowledge, identify, and successfully manage emotions.	-Beginning to discover and participate in activities that stimulate the mind in a positive way, provide an outlet for creativity, and enhance life in recovery. -Generally able to manage and correct negative habits. -Building positive skills toward managing emotions and developing stress-reduction techniques. -Able to identify when self-care needs are not being met.	-Has a desire to try new things and/or have personal time to pursue enjoyable activities, but still faces significant barriers (time, financial, situational, safety, etc.). -Has a difficult time managing emotions and expressing needs.	-Unable to manage emotions or express needs. -Unaware of self-care and stress-reduction techniques. -Lacks means and/or support to provide any personal time for self-care.

Breakout Discussion

In your small groups, consider the following questions:

What does the process of developing a recovery plan look like at your Recovery Center?

1. Is it formally written with the participant?
2. Developed through discussion?
3. Does this occur during the first session, or later in the recovery coaching process?
4. Does this process differ based on the setting of recovery coaching?
5. How often is the IRP typically reviewed with the participant?

Next Steps

- VDH-DSU will re-share the link to the Alchemer survey for submission of Individualized Recovery Plan examples and screening tool questions as a follow-up to today's meeting
- **Please respond to the survey by Friday, 3/21 so that we can take your input into account in the process of developing the standardized IRP template**
- Further information about this tool, expectations, and requirements will be communicated in the coming months

Board Development



Thank you!

We appreciate your time this afternoon and look forward to seeing you in upcoming Foundational Visits and during our next virtual touchpoint in April.