

RECOVERY COACHING IN THE EMERGENCY DEPARTMENT

Welcome to Recovery Coaching in the Emergency Department

- Recovery Coaching in the ED is **still** Recovery Coaching:
 - Motivational Interviewing
 - Resources
 - Boundaries
 - Power of Peers
- ED Recovery Coaches are employed by the Recovery Center and work both at the hospital and at the center.
- Patients are in crisis – this is a 10-day triage program.

Motivational Interviewing

- Client-centered
- Strength and evidence-based
- Directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence by moving clients through stages of change.

Resources and Resource Provision

- Resource provision and referrals
- Through using MI, you will learn about what types of resources that will be appropriate for each participant.
- Recovery Coach Supervisor, Julea, will join us later to talk about how and when to provide resources and about the resources available in Vermont and surrounding states.

Boundaries

- Every healthy and helpful relationship must include boundaries
- Vital when working with high-risk and vulnerable populations of people who are having substance use crises and/or co-occurring situations
- Boundaries create a solid foundation in which to build one's recovery. Boundaries help keep everyone safe.

Power of Peers

- Peer-based services are an evidenced-based practice.
- People feel more seen and heard and understood when they are speaking with someone who has had similar life experiences to them
- A Recovery Coach can use their lived experience to provide empathetic and respectful services

Qualities and Quantities

High Intensity Environment

It's beautiful work, but it's not for everybody

Due to the nature of Emergency Rooms and of the situations we are working in, Emergency Department Recovery Coaching can be extremely high intensity.

On top of the environment in which we are working, we are also working with people who have or are currently experiencing trauma, high anxiety, inebriation, pain, withdrawal.

Qualities of an RC working in the ED

- Because of the nature of the environment in which we are working and with whom we are working, its imperative that Emergency Department Recovery Coaches are:
- Trauma-informed and trauma-sensitive.
- Non-judgmental/ Open-Minded
- Patient
- Stable in their own recovery (if in recovery)
- Comfortable working in emergency situations.
- Works compassionately with a wide variety of people
- Avoids gossip and mitigates drama.
- Respect hospital protocol
- Understands and values boundaries
- Professional and positive representations of the recovery center
- Experienced with data-entry
- Knowledgeable about Multiple Pathways to Recovery and help clients to access those resources to enter recovery

Locations

RCED Program is housed in 10 Recovery Centers and 12 local Hospitals:

- **Turning Point Center of Central VT** and **Central Vermont Medical Center and Gifford Medical Center**
- **Turning Point of Chittenden County** and **University of Vermont Medical Center**
- **Turning Point Center of Bennington** and **Southern Vermont Medical Center**
- **Turning Point of Windham County** and **Brattleboro Memorial Hospital**
- **Kingdom Recovery Center** and **Northeastern Vermont Regional Hospital**
- **North Central Vermont Recovery Center** and **Copley Hospital**
- **Turning Point Center of Springfield** and **Mount Ascutney Hospital and Springfield Hospital**
- **Journey to Recovery Center** and **North Country Hospital**
- **Turning Point Center of Rutland** and **Rutland Regional Medical Center**
- **Turning Point Center of Addison County** and **Porter Hospital**

This Fall the RCED program will expand to Northwestern Medical Center in St. Albans and Grace Cottage hospital in Townshend, meaning we will be embedded in all 14 of Vermont's hospitals.

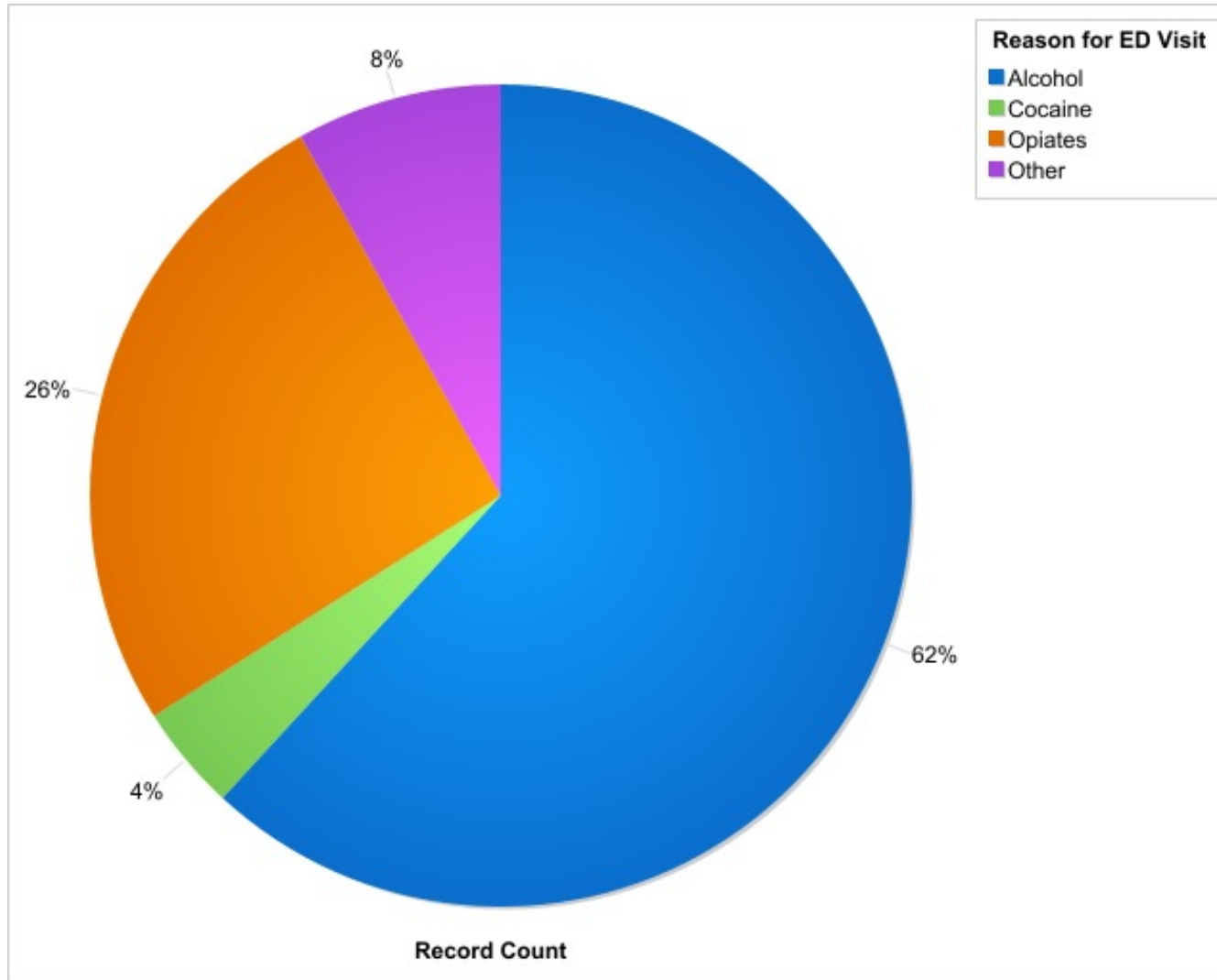
Expected Outcomes of Recovery Coaching in the Emergency Department

- Reduce recidivism (fewer return visits).
- Reduce Substance related Emergency Department visits, overall.
- Reduce costs and ED caseload.
- Reduce opioid overdose risk for individuals.
- More people enter long-term recovery.
- Increased awareness about the hope, healing, and power of recovery for persons struggling with Substance Use Disorder, their family members, hospital staff and volunteers.
- Infuse the hospital system with recovery values and concepts.
- Increase the connection rate to community care.
- Save Lives!

Data

2682 Individuals Seen
7/1/18 to 03/31/21

The RCED program has served
3,198 since July 2018
with **4,796** RCED visits total

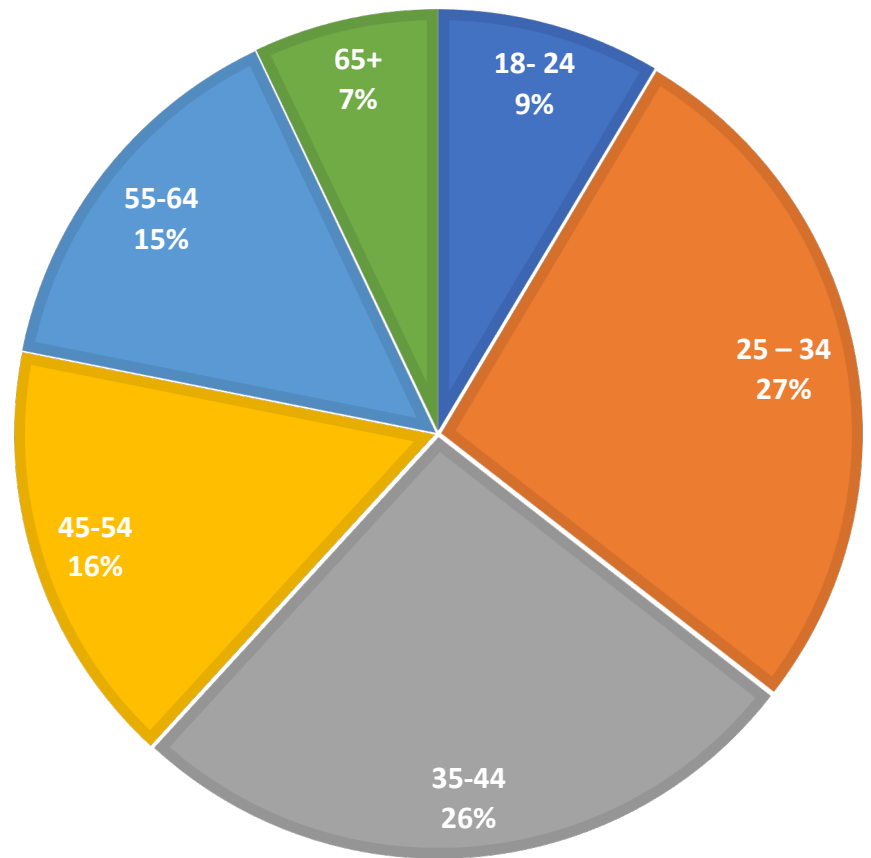


Alcohol	1,874
Opiates	985
Cocaine	166
Other	173

Data by Demographics (7-1-18 to 03-31-21)

VISIT BY AGE

■ 18- 24 ■ 25 – 34 ■ 35-44 ■ 45-54 ■ 55-64 ■ 65+ ■

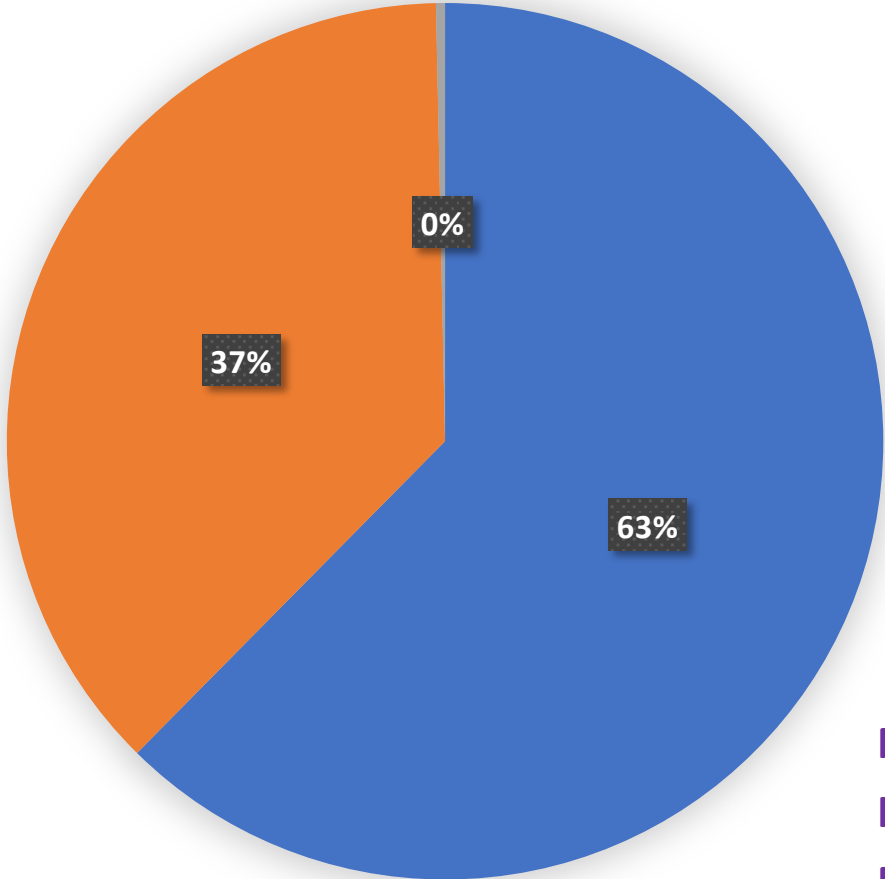


18-24	259	15%
25-34	819	27%
35-44	798	26%
45-54	495	16%
55-64	450	15%
65+	214	7%

Data by Demographics

(7-1-18 to 03-31-21)

Visits By Gender



- Male
- Female
- None Binary
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Male	1,884
Female	1,125
Nonbinary	10