



**Vermont Recovery Network**  
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## ***Vermont's Recovery System — A Solution to Recidivism***

The federal government is supporting the development of recovery-oriented systems of care (ROSC) across the country because of growing evidence that implementing peer recovery support services saves money and helps more people achieve and maintain recovery. Treatment is a short-term event that is helpful to many people. However, successfully maintaining a lifelong recovery lifestyle often requires ongoing, community-based recovery supports.

Vermont is recognized as a national leader in the recovery movement because our network of eleven recovery centers has evolved into a *recovery system* that is outstanding for employing evidence-based programs and promising practices; capturing definitive outcome data; and—importantly—providing systematic peer oversight. For example, network outcome data studies on recovery coaching have documented reductions in the utilization of costly services such as emergency rooms, hospitals, and courts, while increasing use of primary care physicians.

The Vermont Recovery Network, in collaboration with the Vermont Department of Health, provides oversight for the centers, which developed and agreed to abide by Standards for the Provision of Recovery Services. Our network peer review committee audits each center, examining policies & procedures, adherence to ethical guidelines, organizational health, and compliance with outcome data standards. Network committees have developed a broad menu of recovery services and performance evaluation measures. The network has formed a relationship with the Connecticut Certification Board to participate in developing standards for certifying recovery coaches. The network has also been providing ongoing training for coaches to enhance their capabilities as new needs and concerns emerge among Vermont's addicted populations.

### ***Challenges to Realizing Our Vision***

Vermont's recovery centers were originally conceived as "drop-in centers": safe places people could visit to connect with others in recovery and begin the process of redefining themselves as people who do not use drugs and alcohol. However, in recent years, the centers have evolved into multifaceted operations providing an increasingly sophisticated array of peer-support programs and educational opportunities. The centers are a front door to Vermont's treatment system, as well as a destination after treatment. In some cases, centers offer support until treatment is available; in others, recovery supports offer a direct path to a life in recovery.

Unfortunately, our funding has not kept pace with the growth of our programs. Funding that was adequate for a drop-in center employing a part-time director, maybe a part-time volunteer coordinator, and a crew of volunteers, is not nearly sufficient for today's far more professional and sophisticated recovery centers.

Center directors are professional nonprofit managers who must simultaneously work with high-need individuals; manage and schedule volunteers; run recovery support groups; maintain facilities; raise funds; and coordinate, train, and maintain recovery coaching programs—all while maintaining collaborative relationships with community partners. The turnover is higher among center directors than it should be because of low pay, burnout, and frustration with limitations on their ability to function. We are losing volunteers because we lack sufficient staff to schedule, train, and honor this volunteer workforce that is critical to our success.

In spite of these serious constraints, our centers have succeeded in expanding their reach and establishing innovative peer support programs for guests seeking recovery solutions. When limited, temporary funding has been available, our centers have launched pilot programs such as recovery coaching to demonstrate the

effectiveness of recovery support services. Although these programs have stretched the centers' capacity, the results have been promising, and collaborators in the community who make referrals to these programs respond enthusiastically to them.

But centers face difficulties in providing the broad range of recovery supports that that we have already demonstrated are effective without proper levels of staffing—especially supervisory and coordinator support. ***We must have full-time directors and sufficient staff to ensure that experienced recovery support workers are present during all hours of operation.***

We have repeatedly demonstrated that people once viewed as hopeless can succeed when exposed to peer recovery services but we lack staffs of recovery workers to provide the services we have developed. Trained recovery support workers move on to other opportunities when supervisory support is lacking and training funds are not available. We don't want to lose our momentum, but we struggle hard to maintain it, even with the devotion of dedicated part-time staff and volunteers who care passionately about what they are doing. Employees are donating many hours of service.

Millions of dollars are spent each year to make sure that people who suffer from the effects of addictive disease get treatment and sufficient medications. Likewise, millions of dollars are spent on our medical system, justice system, and other human services programs whose caseloads are filled with people stuck in addictive lifestyles. But we have not devoted resources to recovery supports that would assure that these people move on and *maintain* productive lives in recovery. In short, because we have not made a proper investment in recovery supports, we have been losing a significant part of the much larger investments we were already making.

### ***Realizing Our Vision***

We envision recovery centers having full-time directors, volunteer coordinators, and recovery coach coordinators. In our vision, permanent staffs would recruit and sustain volunteer workers and coaches, creating stronger, more highly skilled volunteer teams and coaching programs. A more robust recovery workforce would provide a broader array of recovery supports, a stronger community intervention capacity, and stronger partnerships with treatment and prevention providers.

We envision fully supported and recognized volunteers who would stay with us longer, perhaps moving on to coaching or facilitating support groups. Mentored coaching teams would support coaches who stay longer and become more skilled in what they do. Formal interventions orchestrated by recovery workers would help more people understand their need for recovery, and possibly treatment. Staff and volunteers would provide ongoing outreach to community partners, as well as to individuals and families needing recovery supports. These more robust teams would create partnerships with community prevention efforts, perform more interventions, and support youth and families with a true *resiliency and* recovery-oriented system of care.

Most important of all, our guests would have access to a rich variety of recovery supports offered by teams of skilled recovery support workers. Broader menus of recovery supports would reach more people who would then successfully maintain their recoveries. These recovering people would establish ongoing peer supports, find stable housing, heal their family relationships, become better parents, secure jobs or more schooling, improve their health, resolve their legal matters—all to become healthy, contributing members of their communities.

We stand at the Turning Point with opportunities for significant improvements in combatting the impacts that addictions have across our human services systems. We hope you share our vision, and will help us achieve it.