

Theresa Utton

Subject: FW: Hearing on March 12 @1:00
Attachments: Changes in recovery center & Network budgets 3 8 15.docx

From: Mark Ames []
Sent: Sunday, March 08, 2015 10:43 PM
To: Theresa Utton
Cc: Mitzi Johnson; Peter Fagan
Subject: Hearing on March 12 @1:00

I'm writing to request an opportunity to speak at 1:00 on Thursday to explain the role and importance of Vermont's statewide recovery system and the role of the Vermont Recovery Network.

Last year the recovery centers and the Vermont Recovery Network received \$1,130,604 in grants from the Vermont Department of Health. Right now you are considering a cut of \$1,186,500. **This figure includes an additional \$55,896 we do not believe is a recovery center expense.** Last year recovery centers received 179,234 visits from people seeking recovery at a cost of \$6.31 per visit.

The Vermont Recovery Network (VRN) is an independent nonprofit organization with a board made up of representatives from the boards of the 11 individual recovery centers. All the individual recovery centers are also independent nonprofit organizations in good standing. The individual and collective funding for these 12 organizations, which receive support from the Vermont Department of Health, is on the list of programs being considered for cuts in an effort to reduce state spending.

Cutting these programs will increase state spending. Addictive disease is the largest single driver behind costs in the justice system, the health care system, and the human services system. The data we've collected while providing recovery services has demonstrated statistically significant reductions in the need for these services.

As we explore ways to reduce growing costs in state government, we have to acknowledge that at the heart of the problem is addictive disease. Addictive disease leads to the behaviors that increase demand for our justice, health care and human services systems.

The solution to addictive disease is not treatment – with or without medications – alone. The solution to addictive disease is to help people see that they have a problem and take responsibility for leading productive lives in recovery. People involved in multigenerational cycles of addiction require habilitation, not rehabilitation. Our experience has shown that we need a recovery system that includes treatment, not a fragmented treatment system that includes recovery as an afterthought.

At Vermont's recovery centers we have shown that, by responding to the crises of addiction with simple one-on-one help in developing solutions and taking responsibility, we reduce the need for treatment and the repeated use of justice, health care and human services.

Vermont is in the unique position of having the only statewide peer recovery system in the country. The federal government has been trying to foster development of recovery services around the country, because recovery services provide a low cost solution to this chronic, relapse-prone condition which on-going recovery supports help to keep in remission. The power of peer recovery support in helping people take responsibility for their lives has been impressive.

When Dr. Dean Ornish discussed chronic diseases with a US Senate committee considering healthcare reform, he pointed out that, "we need to address the more fundamental causes of health and illness and to provide incentives for healthy ways of living rather than reimbursing only on drugs and surgery..."

"Our research has shown that your body has a remarkable capacity to begin healing itself, and much more quickly than we had once realized, if we address the lifestyle factors that often cause these chronic diseases."

"Many people tend to think of breakthroughs in medicine as a new drug, laser, or high-tech surgical procedure. They often have a hard time believing that the simple choices that we make in our lifestyle—what we eat, how we respond to stress, whether or not we smoke cigarettes, how much exercise we get, and the quality of our relationships and social support —can be as powerful as drugs and surgery, but they often are. Often, even better."

The Vermont Recovery Network developed and maintains a peer governance model with ongoing input from all Vermont's individual recovery centers. VRN coordinates the ongoing development of and monitoring of Standards for the Delivery of Peer based recovery support services. VRN continues to help individual centers to develop uniform recovery support services, develop outcome measures that demonstrate the effectiveness of these services, collect outcome data, support the development of the individual nonprofit boards and organizations that make up the Network, seek funding, distribute funding, and act on behalf of the individual centers.

The Vermont Recovery Network is currently managing two grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant which provides \$250,000 annually makes it possible to deliver direct recovery support to Vermonters in opiate treatment and recovery. The second grant of \$100,000 is aiding us in developing funding mechanisms for helping to increase levels of support at the 11 individual recovery centers, which make up our developing statewide system for providing ongoing recovery supports for people suffering from the effects of addictive diseases.

We received these grants because Vermont is acknowledged as a National leader as the result of developing and demonstrating the effectiveness of our statewide peer recovery services delivery system. The Federal government continues to fund the development of and emphasize the importance of peer recovery services because they represent a low cost solution to addressing the chronic nature of addictive diseases in this era of healthcare reform.

Best ~ Mark Ames

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Recovery Centers ~ Recovery Solutions

Changes at recovery centers as the result of increased State funding:

<u>Turning Point Center of Chittenden County</u> –	\$45,200 increase
Ex. Director from 25 hours per week to 40 hours per week @(\$25)	\$19,500
Weekend Operations Manager Position @ (\$12)	\$24,960
Increase in hourly rate for Weekday Operations Manager	\$ 740
<u>Turning Point of Franklin County</u> –	\$27,582 increase
Board increased Directors pay from \$18 to \$23.50 (33 hours weekly)	\$ 8,580
Increased Staff Hours-include evening hrs & additional employee,	\$13,518
Increase in Operations budget-include expansion.	\$ 5,484
<u>Turning Point of Windham County</u> –	\$30,704 increase
Ex. Director from 30 hours per week to 35 hours per week @(\$25):	\$ 7,500
Volunteer coordinator position, at 20 hours per week	\$17,000
Additional coordinator, 20 hours per week:	\$ 6,204
<u>North Central Vermont Recovery Center</u> –	\$27,471 increase
Director's hours were increased from 35 - 40 hrs. @ \$19/hour	\$ 4,940
Program Coordinator/Administrative Assistant 16 hours @ \$15/hour	\$12,480
Facility expansion- 1 year increase in rent	\$ 8,060
Toward increase in payroll tax	\$ 1,991
<u>Turning Point Center of Bennington County</u> –	\$27,694 increase
Additional hours and hourly rate increase for Director	\$10,000
Additional hours for Admin Assistant	\$ 3,000
Additional support staff hours & payroll taxes	\$ 9694
New computers, office equipment	\$ 3,500
Volunteer appreciation/recognition	\$ 1,500
<u>Turning Point Center of Rutland</u> –	\$28,140 increase
Recovery Coach Coordinator	\$22,620
Weekend staff	\$ 5,520
<u>Turning Point Center of Central Vermont</u> —	\$28,800 increase
Executive Director: from 30 to 40 hours/week: (with payroll taxes)	\$13,500
Part time staff for evening/weekend hours: (with payroll taxes)	\$13,500
New computer equipment:	\$ 1,800
<u>Turning Point Center of Addison County</u> –	\$27,805 increase
Executive Director from \$18.75 per/hr. to \$25 per/hr. @ 30 hours	\$ 9,750
Administrative Assistant @ \$13 per/hr. @ 25 hours a week	\$16,900
Used toward increased payroll taxes and workers compensation	\$ 1,155
<u>Turning Point Recovery Center of Springfield</u> –	\$27,025 increase
Office assistant	\$18,720
House manager and Facilitator	\$ 7,800
Facilitator and staff coverage	\$ 505
<u>Upper Valley Turning Point</u> –	\$34,049 increase
Office Manager	\$11,700
Health Insurance	\$ 6,200
Air conditioner	\$ 5,300
Delayed Maintenance	\$10,849
<u>Kingdom Recovery Center</u> –	\$27,140increase
Co-coordinator increase 17 to 30 hrs./wk. from \$16 - \$18.50/hour	\$14,716
Co-coordinator increase 17 to 25 hrs./wk. from \$16 - \$17.50/hour	\$ 8,606
Weekend staff @ 11 hours per week from \$10 - \$11/hour	\$ 572
Increased employee taxes and insurance	\$ 2,546
Additional staff training	\$ 700

Changes at Vermont Recovery Network as the result of increased State funding:

Vermont Recovery Network –	\$20,000 increase
Recovery Coach Coordinator .3 FTE @ \$25 hour	\$10,500
Board Development Training	\$ 1,500
Pathways to Recovery Opiate Recovery (increased staff support)	\$ 4,000
Anonymous People DVD's & Showing	\$ 1,000
Evaluation support	\$ 3,000
Vermont Department of Health promised support for Harvard/MGH Evaluation of Vermont's recovery centers	\$20,000

Changes at Vermont Recovery Network as the result of increased Federal funding:

Vermont Recovery Network is currently managing two Federal grants from the Substance Abuse and Mental Health Services Administration (SAMHSA). (\$250,000) & (\$100,000)

Pathways to Recovery funds 11 ½ time recovery workers who are supporting people in Vermont's Hub & Spoke opiate treatment system, supporting the development of recovery supports (specific to the needs of those in opiate recovery) at the recovery centers, and supporting those in opiate recovery who come from Vermont's "Preferred Provider" system of care funded through the Vermont Department of Health. These Pathway Guides are Network employees and function with an administrator supported by the federal grant, Kristen Aja. The Pathway Guides are all stationed in recovery centers across Vermont and are working with the other center staff to develop and provide consistent recovery supports for those in opiate treatment and recovery. This \$250,000 Federal grant was not sufficient to fund all of the expenses required to deliver this new level of service, which has been made possible through additional support from the individual centers and the Network.

Vermont Recovery Network also applied for and received a Statewide Networks Infrastructure grant. The grant program was structured to create systems like the one we have here in Vermont and thus our proposal was focused on building on our existing infrastructure for the provision of recovery services. We have been able to hire an Operations Manager and administrative support person. The first grant deliverable was the creation of an effective financial management system, which will allow the Network to seek and distribute funding for the benefit of the individual recovery centers. The next step in that process will be expanding the Network's capacity to collect and manage data in order to be able to report on the outcomes achieved from the funding the centers utilize in support of people in or seeking recovery.

Proximal outcomes being monitored and reported on during this grant include:

- Formation of a new Recovery Center in Newport
- Network board development & refined Vermont Recovery Network By-laws
- Improved Standards for the delivery of Recovery Services
- Improved processes for monitoring adherence to Recovery Services Standards
- Revitalized recovery coaching efforts,
- Exploration of approaches for delivering telephone/texting recovery supports
- Improved outcome data development and collection processes

Developed by: Mark Ames, Coordinator, Vermont Recovery Network
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