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Senate Committee on Health and Welfare

The Efficacy and Cost Effectiveness of Addiction Recovery Services in a Difficult Funding Climate

Testimony of Robert Purvis, Executive Director
Turning Point Center of Central Vermont

January 14, 2016

My name is Bob Purvis and I am executive director of the Turning Point Center of Central Vermont, which is one of twelve addiction recovery centers that is supported by the Vermont Recovery Network (VRN) I am also a member of the Committee of Executive Directors of the VRN.

I am here to talk about the key role that Vermont's recovery centers and their Network play—both in our health care system and the broader human services systems. I will first outline how recovery services are successfully helping Vermonters change their lives in recovery in cost-effective ways. I will then describe the key role that recovery services are playing in 3 major policy trends in Vermont.

Recovery services are effective and helping to reduce costs.

A growing body of research is beginning to demonstrate the effectiveness of recovery services. In a 2013 report prepared by Evidence Based Solutions LLC, recovery coaching at our centers demonstrated the potential for reducing costs in medical, criminal-justice and social services—while helping addicted Vermonters enter into and maintain recovery. The findings are detailed in the report included with my testimony called, *Brief Report on the Vermont Recovery Network: Recovery Coaching in Recovery Centers*.

The bar chart on page 2 shows statistically significant reductions in the use of crisis services by participants, including a sharp decline in the use of courts, corrections, hospitals, and detoxification programs; along with a shift towards more cost-effective preventative services such as family doctors. In parallel, the bar chart on page 4 shows significant improvement in a range of life domains, for example

health, family, housing and transportation. The changes documented in this report took place over a period of roughly 3 months, the interval between taking the survey at the inception of recovery coaching and 3 months later. We are in the process of producing an updated report using a much larger sample.

In a more recent report published last year, titled *Recovery Center Success Stories & Data*, Evidence Based Solutions LLC evaluated data collected from Participant Surveys administered to visitors in Vermont's recovery centers. The report includes longitudinal data from 565 individuals who completed the survey multiple times over the 7 year period between 2007 and 2014. The results show statistically significant changes in people's lives: improved health, reduced criminal justice involvement, increased employment, improved mental health, and more. This report may be found at the VRN website at https://vtrecoverynetwork.org/PDF/VRN_FY15_Annual_Report.pdf.

In addition to these compelling data, this report also includes numerous success stories of individuals who have achieved long term recovery through involvement with a recovery center. This report is also undergoing an update that incorporates new data from fiscal 2015.

Recovery centers play a key role in 3 major policy directions in Vermont.

There are three major policy directions that will continue even in the face of Vermont's structural deficits because they hold out the promise of both reducing costs and increasing the health of our communities.

I. Vermont's Response to the Opiate Crisis

The first is the ongoing development of Vermont's leading edge approach to addressing the opiate crisis, commonly referred to as the "Hub and Spoke" system for medication assisted treatment, using Suboxone and methadone. When the Hub and Spoke system was still under development the Vermont Recovery Network applied for, and received, a federal grant from SAMHSA with which we created a statewide recovery system for individuals undergoing medication assisted treatment in the new regime. Called Pathways to Recovery, this project placed a highly-trained, halftime employee, called a Pathway Guide, in each of Vermont's then-eleven recovery centers, who created recovery supports for individuals on medication, established relationships with regional Hub clinics and related Spoke doctors, and provided linkages to other recovery center programs and the larger recovery community in the area.

The Pathways Project is in its third year, and already it has gained national notice as an essential component of Vermont's vanguard opiate treatment system. Tom Hill, the acting director of the Center for Substance Abuse Treatment (CSAT) within SAMHSA, has noted that Vermont's Pathways to Recovery project is one of only two programs in the nation that integrate peer supports with opiate treatment — and the only statewide system. Mr. Hill has encouraged VRN to apply for a continuation grant to further establish Pathways as a national model.

More recently, Pathways received praise at the January 5th New Hampshire Presidential Primary Forum on Addiction and the Heroin Epidemic . In his presentation to the Forum, David R. Gastfriend MD, Scientific Advisor to the Treatment Research Institute and Chief Architect of CONTINUUM™, for the American Society of Addiction Medicine, praised Vermont's Hub and Spoke system as an important innovation, but went further to say that,in combination with VRN's recovery supports, what Vermont is doing is state of the art.

I am including with this testimony two documents highlighting initial findings from the Pathways Project. The first shows a dramatic increase in referrals to Pathway Guides from MAT and other substance abuse treatment providers. The second document reports significant improvements, from year 1 to year 2, in participants' substance use, mental health, employment, and housing.

II. Managing Chronic Illnesses in the Community

The second is the shift in healthcare reform from treating chronic diseases episodically through expensive, short-term interventions, to managing them in the community. From heart disease to diabetes and addiction, it has proven less expensive to support people in staying healthy than to treat them with expensive tests and procedures when their health fails because they have not managed their condition well from day to day. The Affordable Care Act has created major financial incentives for making this shift—including with addictions. Recovery centers are proving to be the most effective means for managing addictive disease through the recovery services they provide as well as through the connections they help people make with communities of recovery.

III. Criminal Justice Reform

The third policy shift is the increased focus on releasing nonviolent offenders from prison early —or not incarcerating them at all, as pursuant to Act 195 of 2014—and getting them into community-based services that can help them become healthy, productive citizens. With approximately 70% to 80% of offenders incarcerated in Vermont prisons because of drug-related charges, our recovery centers are

increasingly being called upon to provide recovery supports for them as they attempt to change their lives in recovery. This is reflected in increased collaborations with Diversion, Community Justice Centers, and the new Pre-Trial Monitors.

Conclusion.

Vermont is a pioneer in the national recovery movement. We have created a statewide recovery system with standards, accountability, and evidence-based practices that is providing cost-effective help to Vermonters not available anywhere else. Our centers are both front doors to treatment and destinations after treatment—and for many people, recovery supports are all that are needed to help them get into a meaningful life in recovery. This has taken a great deal of work over many years, but it would not have been possible without the early and continued support of visionaries in the Vermont Legislature. We thank you for making this possible—and we look forward to a future when the fiscal climate permits us to partner in funding recovery centers at truly sustainable levels.

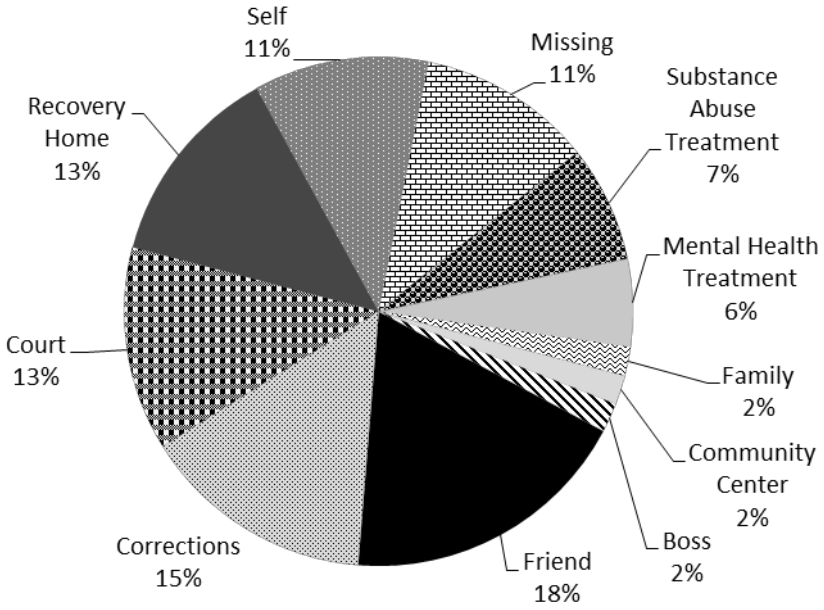
Recovery Coaching in Recovery Centers:
What the initial data suggest.

A brief report from the Vermont Recovery Network

Over the past year, recovery coaching demonstrated the potential for reductions (cost savings) in medical, justice, and social services while helping addicted Vermonter's enter and maintain recovery. These findings warrant a broader implementation and examination of recovery coaching in the near future. This brief report shares initial data on outcomes achieved through recovery coaching in Vermont's community recovery centers. Recovery coaching is a form of peer based recovery support which has been defined as "*the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery."* (White, W., 2009)

The report includes data from 52 individuals seeking recovery coaching at one of the Vermont Recovery Network's Recovery Centers. Participants were 62% male, 38% female and 37.1 years of age (SD = 11.5). Participants provided data at least two times while utilizing the Recovery Center: once at the beginning of their work with the recovery coach and again at a follow up time point. If a person provided data more than two times, we used the last time point available. The average number of days between the two time points was 120 (SD = 76). Because of the small sample size, trends of statistical significance where the p-value ranges between .06 and .08 are included.

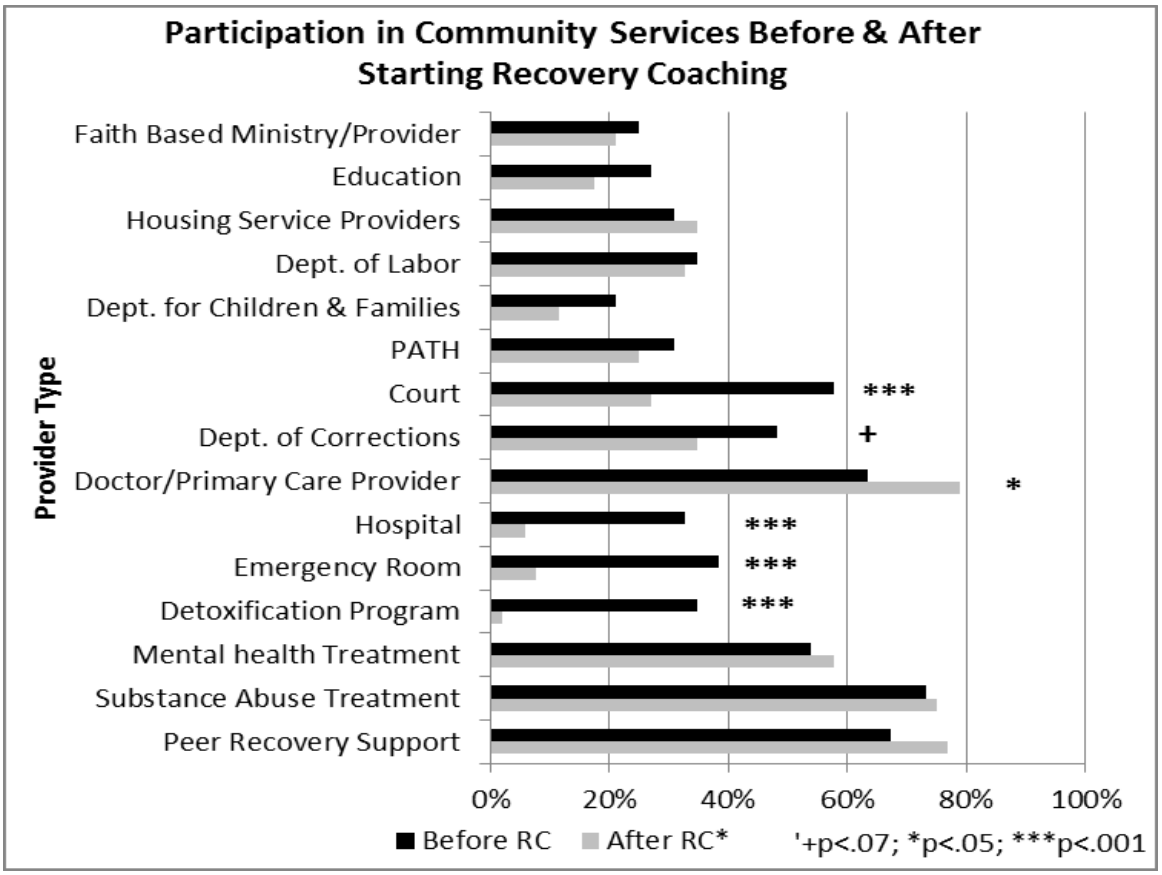
Recovery Coaching Referral Sources



Note: Percentage is greater than 100% as several particpants listed more than 1 referral source.

Participation in Community Services Before and After Receiving Recovery Coaching

Initial findings suggest a potential for recovery coaching to reduce social costs associated with addictive and co-occuring disease. There were significant reductions in detoxification programs, as well as hospital and emergency room use. At the same time, there was a significant increase in the use of primary care providers. The increased use of primary care providers demonstrates the potential for recovery coaching to provide a role in health care reform's efforts to respond to addictive disorders and the concomitant co-occurring disorders as a chronic diseases which, when responded to appropriately, can lead to reduced hospital and emergency room costs. Recovery coach participants also reported a significant decrease in court and corrections involvement. Further evaluation is needed to determine cost savings that can be accrued across the human services spectrum.



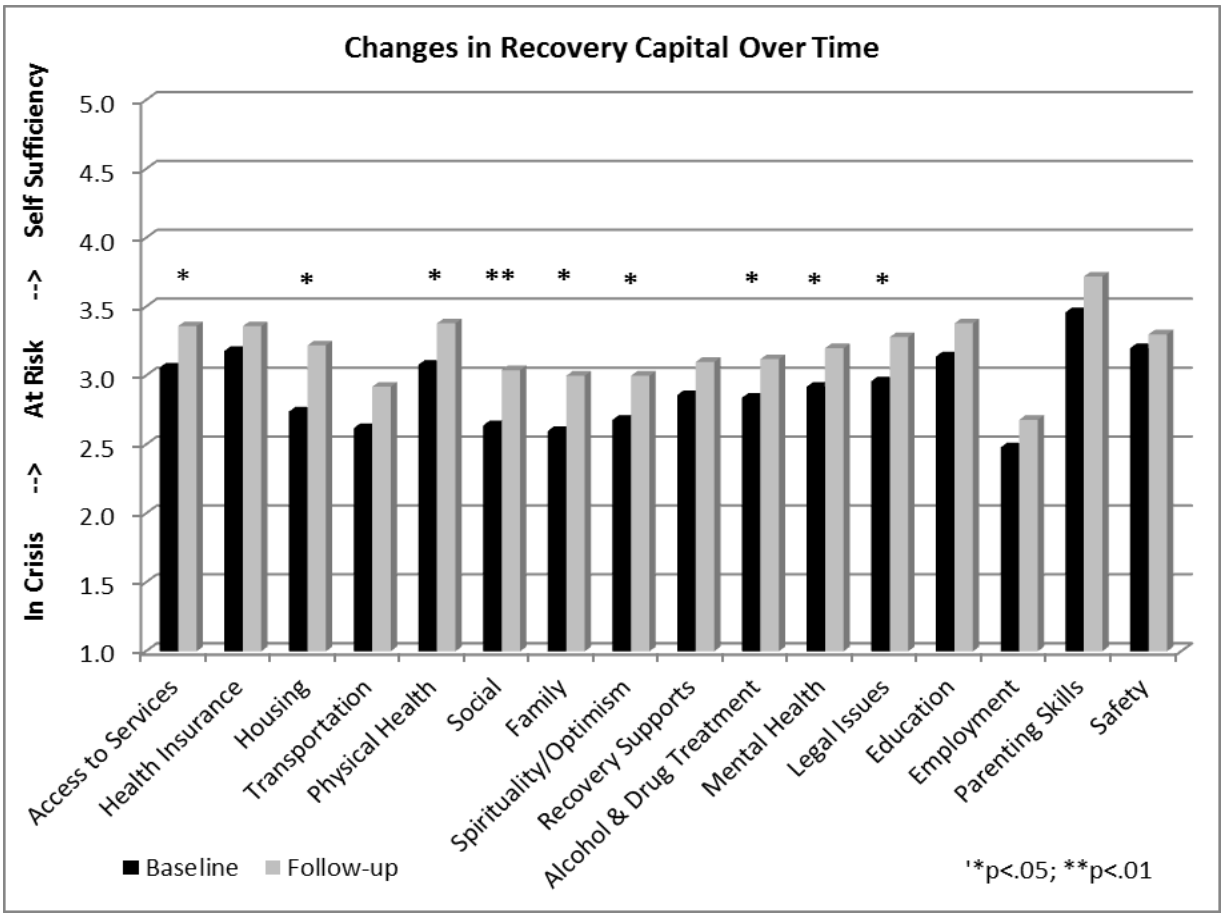
Motivation and Sobriety

Across alcohol, marijuana, other illicit, and prescription drugs, participants' motivation to abstain averaged a score of 8.5 out of 10, indicating that upon beginning Recovery Coaching, individuals are very motivated to become and remain abstinent. At the follow up time point, the average motivation score across all substances including alcohol was 8.6. Thus, over time, Recovery Coaching may have helped to sustain individuals' motivation to be abstinent.

At the start of Recovery Coaching, participants reported an average of 118 days sober from alcohol and other drugs (SD = 217[1]). At the follow up timepoint after starting Recovery Coaching, participants reported an average of 123 days clean from alcohol and other drugs (SD = 164[1]).

Participants involved in Recovery Coaching experience greater improvement in other areas besides addiction, regardless of how long they participate.

The Self Sufficiency Matrix (SSM) was designed to help assist in assessing and building ***community based recovery capital***. Recovery capital refers to the amount and quality of internal and external resources one can bring to bear to initiate and/or sustain recovery from addiction and mental health challenges, and related problems. The SSM is influenced by the principles of Recovery Oriented System of Care (ROSC; IRETA, 2006; White et al., 2003). In general, when completing the Self Sufficiency Matrix, individuals seeking services at Recovery Centers tend to report "At Risk" to



[1] Note: The standard deviation is 217 at the start of Recovery Coaching and 164 at the follow-up period because the maximum number of days sober from alcohol and other drugs was 913 and 810 respectively. The means are lower because most of the individuals had fewer than four months sober.

"Stable/Safe" across many life domains. Over time, individuals' scores continue to improve, moving from "At Risk" towards "Stable/Safe". **These changes were statistically significant for the domains of Access to Services, Housing, Physical Health, Social, Family, Spirituality/Optimism, Alcohol & Other Drug Treatment, Mental Health, and Legal Issues for all participants, *regardless of how long they had participated in recovery coaching*.**

Summary

The initial data demonstrate that recovery coaching helps to foster sustained motivation for abstinence, increased number of days of abstinence the longer a participant's involvement in recovery coaching, and increased overall wellness as evidence by a shift towards greater self sufficiency in other areas of participants' lives aside from addiction. In addition, while indivduals' lives are improving, their use of costly services such as hospitals, emergency rooms, and detoxification programs decreases. The current study is limited by a small sample size from 5 regions of the state. These promising findings reinforce the need to further evaluate the potential of recovery coaching as an effective and cost saving approach to help promote wellness among Vermonters struggling with addiction and co-occurring mental health problems.

Note:
The Vermont Recovery Network (VRN) has developed and adopted a uniform set of guidelines for the provision of recovery coaching in Vermont's peer community recovery support centers. http://www.vtrecoverynetwork.org/ **All coaches are screened to insure that they understand and can communicate the recovery process. All coaches undergo background checks to insure participant safety. All coaches must have certificates from a formal recovery coach academy and participate in ongoing training and regular supervision**. VRN recovery centers all maintain lists of supervised coaches in good standing to insure that participants in the recovery coaching process receive approprite support from qualified coaches.

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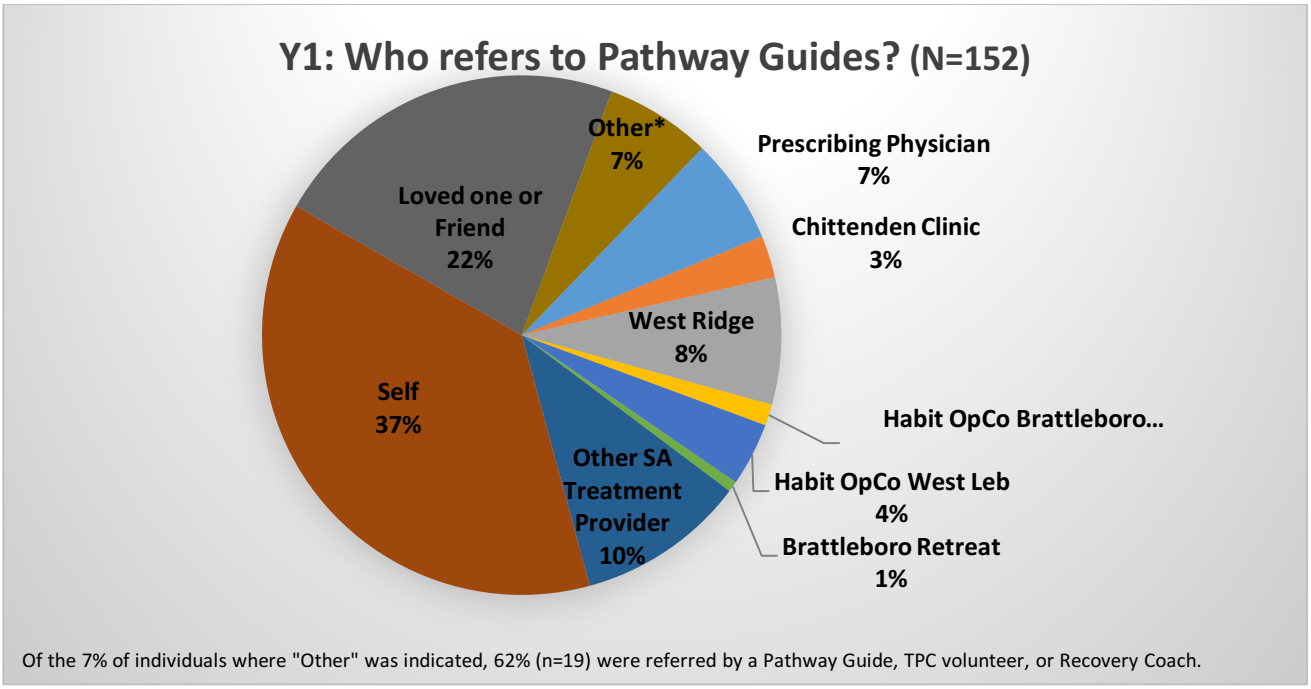
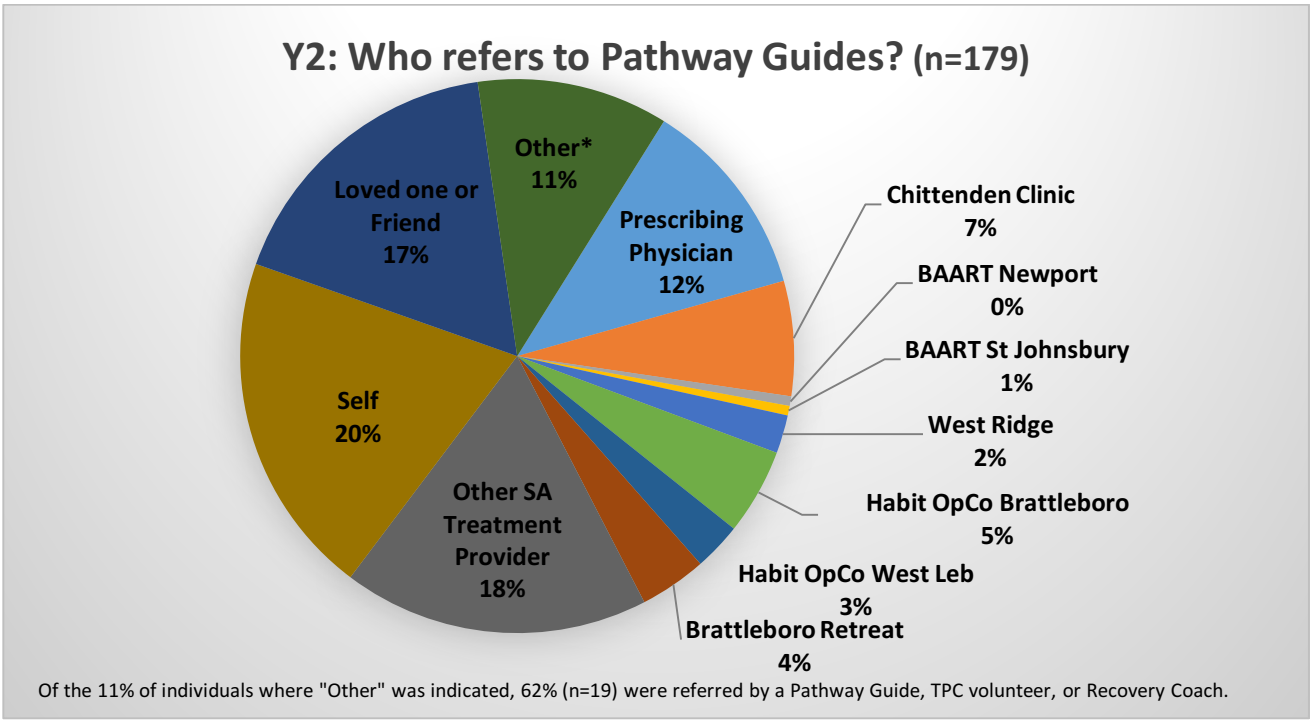
Data and report prepared by Evidence Based Solutions (EBS) – Jody Kamon, PhD & Win Turner PhD.
At Evidence Based Solutions, LLC we believe families struggling with mental health and substance abuse issues deserve the highest quality care available, from prevention to recovery. We work to collaborate with you to support the use of a range of evidence based interventions in effective efficient ways. We offer state of the art consultation, training (including clinical supervision), and evaluation services. Check out our website: www.metcbtplus.com to learn more.

Pathways to Recovery Project: Referral Sources from Year 1 to Year 2

From Year 1 of the grant to Year 2 we saw the percentage of referrals to Pathway Guides from MAT and other substance abuse treatment providers increase from 33.6% to 51.4%.



Of the 7% of individuals where "Other" was indicated, 62% (n=19) were referred by a Pathway Guide, TPC volunteer, or Recovery Coach.



Of the 11% of individuals where "Other" was indicated, 62% (n=19) were referred by a Pathway Guide, TPC volunteer, or Recovery Coach.

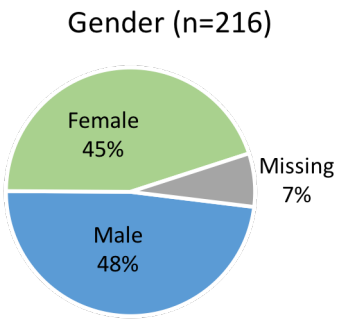
Initial Findings from the Pathways to Recovery Project

This brief report includes data from 216 individuals across Vermont who took part in the Pathways to Recovery Project. These individuals were engaged in medication assisted treatment and worked with a Pathway Guide from their local recovery center. The Pathway Guide provided peer recovery services and supports. The data below includes data from two timepoints – when the individual first began working with the Pathway Guide and the same information was collected again, along with satisfaction data 6 months later. While this effort is still ongoing, we wanted to provide initial outcome data for the first 216 individuals enrolled in the Pathways to Recovery Project who also completed a 6 month follow up.

DEMOGRAPHICS

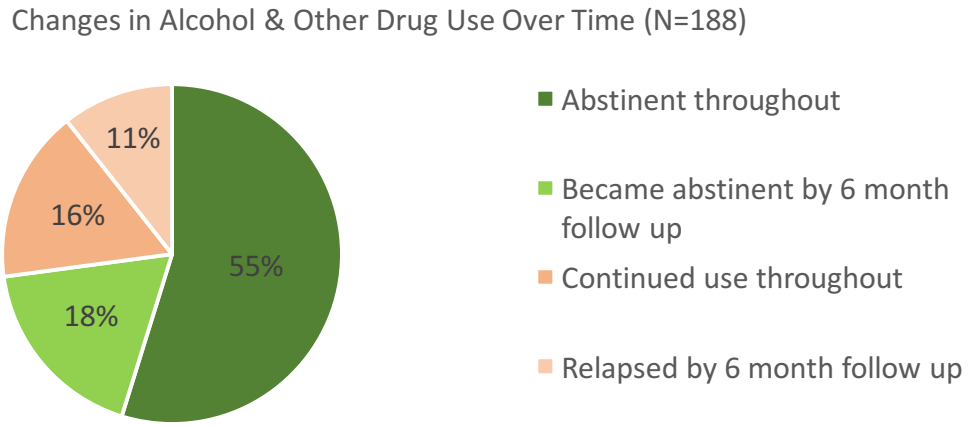
Age	Mean	SD++	Range
	35	12	20 to 69

Race/Ethnicity	n	Intake
White	173	80%
African American	2	1%
American Indian/Alaskan Native	1	0.5%
Asian	1	0.5%
Belonging to more than 1 race	13	6%
Not of Hispanic, Latino, Spanish origin	196	91%
Hispanic, Latino, or Spanish*	4	2%
*Missing race data for 12% & ethnicity data for 7% of patients		

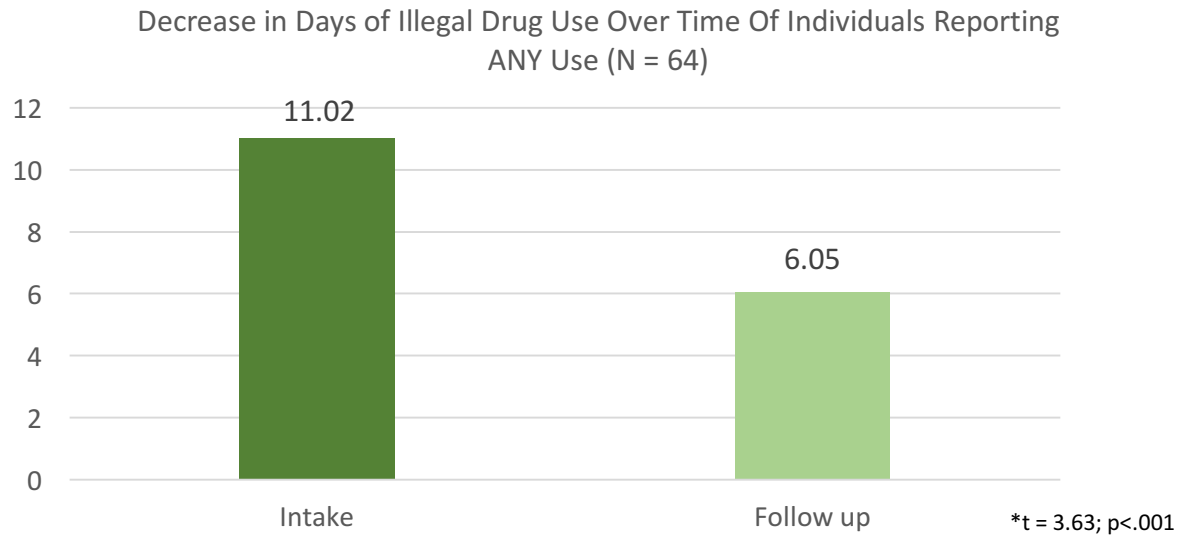


SUBSTANCE USE

Overall, the percentage of individuals reporting no alcohol or other drug use increased from 65% to 72% (X^2=4.6; p<.05).



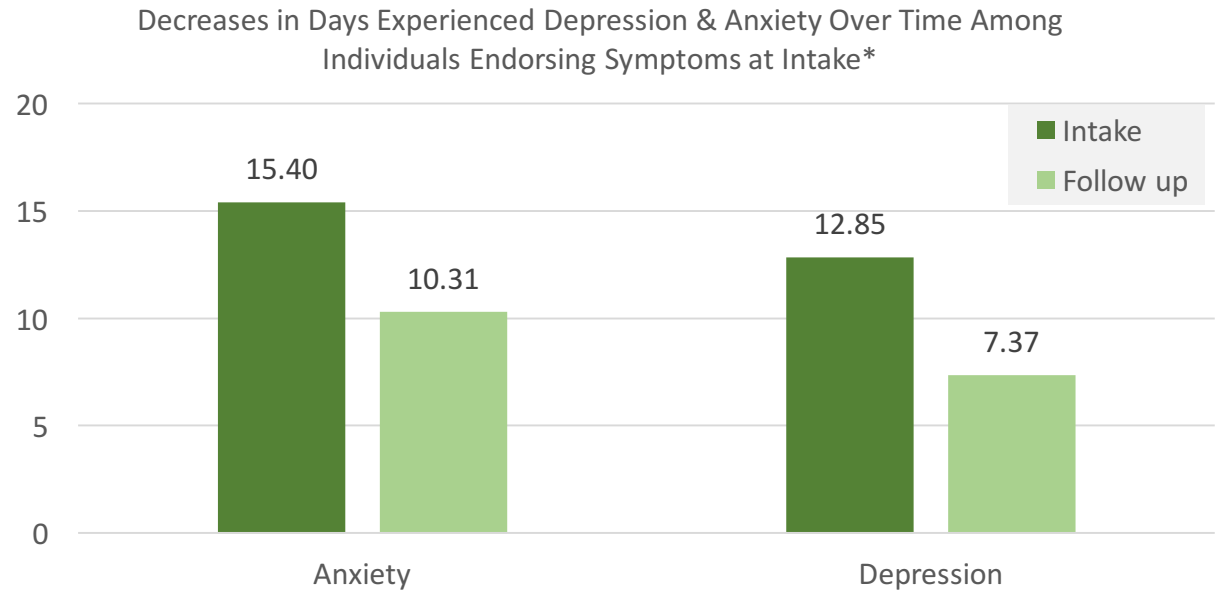
We further examined the degree of change in days of substance use among individuals who reported use at intake (n=64). Specifically, in addition to helping individuals to remain in recovery, we wanted to understand whether individuals taking part in the Pathway program reduced their use. The table below reflects the mean number of days of illegal drug use (including marijuana) in the 30 days prior to intake into the Pathways program and again 6 months later.



Of note, we also looked specifically at whether the days of alcohol use decreased. While the mean number of days of alcohol use decreased from 7.03 to 4.77, this change was not statistically significant.

MENTAL HEALTH

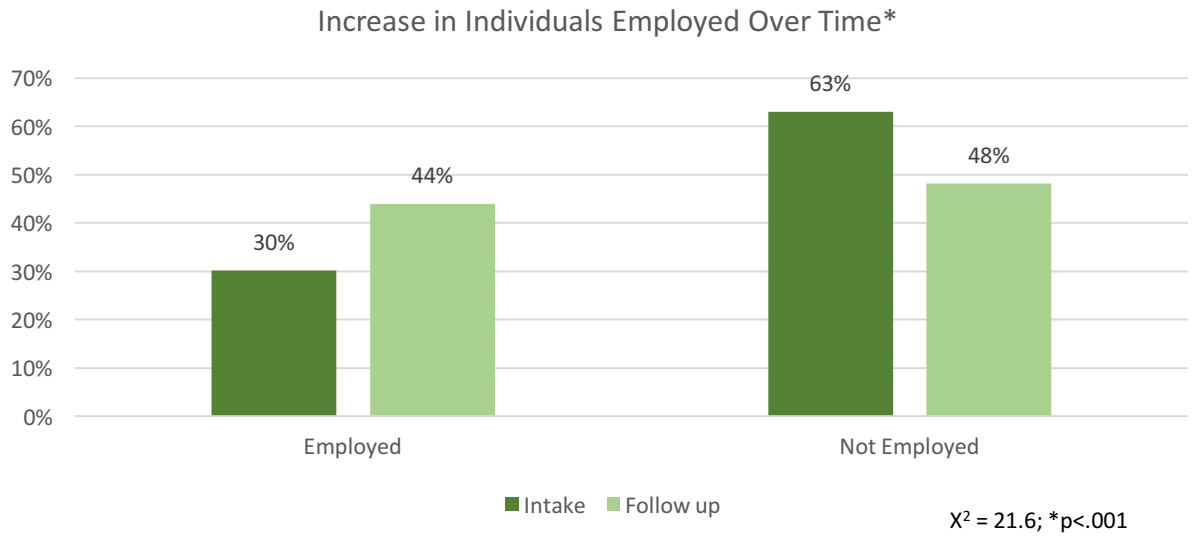
Participants were asked whether they had experienced serious depression and/or anxiety in the 30 days prior to their intake and again 6 months later at the follow up interview. Overall, the percentage of individuals reporting no depression increased from 50% to 56% (not significant) and the percentage of individuals reporting no anxiety increased from 35% to 43% (X^2=5.3; p<.05). Half of individuals (50%) and 65% reported experiencing depression and anxiety respectively. Among those endorsing experiencing these mental health problems, we wanted to examine whether these symptoms decreased over time. The graph below shows statistically significant decreases in the number of days which individuals reported experiencing both depression and anxiety.



*t = 4.1 for Anxiety; t = 4.8 for depression; p<.001

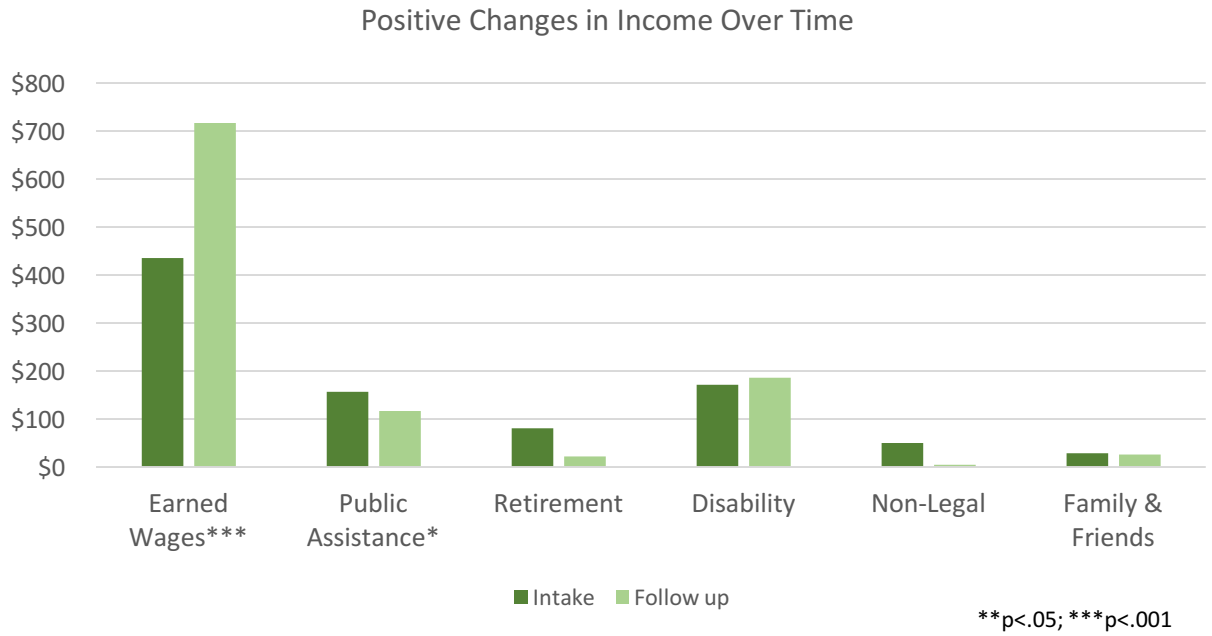
EMPLOYMENT

The number of individuals reporting full or part time employment increased significantly. This increase was represented by a gain in the number of individuals reporting full time employment as the number of individuals reporting part time employment did not change.



X^2 = 21.6; *p<.001

Individuals are also asked about their sources of income in the past 30 days prior to intake and again 6 months later at follow up. As one might expect given the increase in the percentage of individuals employed, the average amount of income from wages significantly increased (see graph below). On average, participants' overall income increased from $846 per month to $1044 per month.



**p<.05; ***p<.001

HOUSING

	Intake	Follow up
Own/Rent	50%	61%
Someone Else's Home	26%	20%
Halfway House	4%	1%
Residential Treatment/ Institution	3%	4%
Other	1%	1%
Dormitory	0%	1%
Shelter	7%	5%
Homeless	2%	0%
Missing	7%	6%
	100%	100%

$X^2 = 17.0$; $p<.001$

Regarding housing, from intake to follow up, there was a significant increase in the number of individuals reporting that they owned or rented their own house or apartment.

Thus, based on self report data, it appears that individuals are moving from less stable, more temporary living situations, into more stable, potentially long term housing options.

SUMMARY

The preliminary data above indicate that individuals taking part in the Pathways program experience decreases in substance use and mental health symptoms, as well as increases in employment and stable housing. As the sample grows, we will continue to evaluate these and other outcomes to consider how

the level of involvement in recovery services and supports, as well as individual characteristics, might impact outcomes.