

**February 11<sup>th</sup> 2020**

Rebecca Buck  
Vermont State  
House Committee on Appropriation

Dear Rebecca,

On behalf of the Copeland Center for Wellness and Recovery, as Executive Director, I am requesting that the Vermont Recovery Education project that has been an integral part of supporting Vermont's Mental Health services since 1997 be reinstated in the budget. As a organization founded by Vermonters in recovery from mental health challenges that are leading the world in peer-led programming we are appreciative of the State of Vermont being the innovative state that is seen as the home of the most notable peer based recovery programs in the world, notable WRAP. We appreciate the years of support for the implementation and sustainability of evidence-based WRAP trainings in Vermont through this modest but effective project.

It is of critical importance that we continue to have your support in expanding and sustaining wellness recovery training, coaching and technical assistance to ensure that the progress and success of WRAP and peer support practices are sustained. Making evidence-based WRAP and peer support implementation a priority impacts overall quality of services, supports self-direction and rates of recovery that reduce the overall costs of mental health care in Vermont. Cutting this training budget will only increase costs in the long run for the State and further disenfranchise the peer support workforce.

Nationally focused research has found that much waste is created by poor implementation and support of evidence-based interventions. Specifically, the research states that evidence-based results can only be expected when:

1. carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments;
2. organizations provide the infrastructure necessary for timely training, skillful supervision and coaching, and regular process and outcome evaluations;
3. communities and consumers are fully involved in the selection and evaluation of programs and practices; and
4. state and federal funding avenues, policies, and regulations create a hospitable environment for implementation and program operations.

*(Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).*

Eliminating our current support of WRAP and peer support training and technical assistance will directly compromise this best practice and result in increased overall costs of services.

WRAP is not only an evidence-based practice, it has also demonstrated its evidence at the highest

level in more than one area. Through randomized control trial level research WRAP has demonstrated ...

1. overall positive outcomes symptoms and overall quality of life. (Cook, Judith et al., *Initial Outcomes of a Mental Illness Self-Management Program Based on Wellness Recovery Action Planning*, *Psychiatric Services* 60:246–249, 2009)
2. significant decrease in service utilization and self-reported need for services. (Cook, Judith, Jonikas J A., et al. *Impact of WRAP on Service Utilization and Need in a Randomized Control Trial*, *American Psychological Association Vol, 36, No 4, 250-257*)
3. increase in patient self-advocacy. (Jonikas, Jessica A., et al. *Improving Propensity for Patient Self-Advocacy Through Wellness Recovery Action Planning: Results of a Randomized Controlled Trial*, *Community Mental Health Journal* DOI 10.1007/s10597-011-9475-9)

Further, in 2011 when Vermont was faced with the reported challenges of Primary Care Coordination with mental health, WRAP was selected, evaluated and effectively observed by a collaborative community health team to:

- improve capacity to meet the mental health needs
- improved overall quality of services
- and enhance patient engagement in other health services.

*(Primary Care Coordination and Health Improved for Community, Project Evaluation Report Prepared by Jane Korey, Ph.D. Norwich, VT, Rural Health Outreach Grant at Mt. Ascutney Hospital and Health Center)*

WRAP is the only peer-developed and implemented evidence-based practice that has demonstrated an evidence-base at the level of a randomized control trial study. It is internationally known and respected. Vermont, the home of WRAP's creation and headquarters of the Copeland Center for Wellness and Recovery. Our peer led organization and work is the shining light on the hill across the globe for people in recovery. WRAP is the most widespread self-management tool in the world known for its origins in Vermont. With the state's support, the Copeland Center has been able leverage the skills, knowledge and engagement in recovery and peer support from around the globe to further embolden Vermonters recovery services. Let's not snuff out this light to world with the message that when budgets get tight, WRAP and peer support is the first to go. Cutting the budget for this projects sends a message that peer support and recovery are not a priority.

We respectfully appeal to you during this time of budget considerations that continued funding for the support of the evidence-based peer support practices we provide will only ensure the cost savings and quality of services Vermonters deserve.

Sincerely,



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