# Vermont Best Practice Standards for Recovery Services

March 2023 Edition



#### **Acknowledgements**

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# **Organizational Leadership**

- The Vermont Recovery Centers consists of 12 centers one in each Health Department district. A Recovery Center is a supportive, alcohol-and drug-free environment where you can find peer support, activities and other recovery services like support groups and recovery coaching. Some Recovery Centers offer special programs, like Parent group and employment support.
- 2. The Vermont Department of Health will maintain an Oversight Process, with an established peer governance protocol in collaboration with recovery centers.
- 3. Each recovery center will:
  - a. maintain an active governing body in the form of a functioning Board of Directors to meet regularly at a minimum of four times a year
  - b. maintain minutes of all open meetings.
- 4. The Board of Directors of each recovery center will be expected to:
  - a. maintain by-laws
  - b. maintain personnel policies
  - c. maintain operational policies
  - d. adhere to the bylaws and policies
  - e. function in an ethical manner.
- 5. Each recovery center will maintain a board on which a majority of its members selfidentify as being persons in recovery.
- 6. Each recovery center will maintain a Board of Directors membership list. It will include phone, email, and postal contact information.
- 7. Each recovery center will maintain:
  - a. Staff responsible for daily operations, recovery support, and administration.
  - b. A job description for each staff position that will provide the basis for supervision.
  - c. Develop and use formats for annual job performance reviews.
- 8. Each recovery center Director will attend and participate in the Committee of Directors or attend the affiliate meetings.
- 9. Each recovery center will adopt and maintain at least the minimum code of ethics agreed upon by the VDH and assure that volunteers and staff understand and adhere to their organization's code of ethics and their organization's conflict of interest policy.

- 10.Each recovery center will maintain lockable, secure file storage space for personnel files and data files that identify service participants by name.
- 11.Adherence to VDH-approved Provider Standards for Recovery Services will be monitored by annual site visits.
- 12.Each recovery center will be:
  - a. A recognized 501(c)3 nonprofit organization
  - b. Registered with and in good standing with The Vermont Secretary of State.

### **Organizational Quality**

- 1. Each recovery center will have a written mission statement consistent with the Vermont Department of Health guiding principles of providing strength based, peer led, support for people on all paths to recovery.
- 2. Each recovery center will have a written, posted policy outlining a commitment to preventing discriminatory practices. Said policy will address nondiscrimination based on race, religion, gender, gender expression, ethnicity, age, disabilities, sexual orientation, pathway to recovery, mental health status, Hepatitis C status, and/or real or perceived HIV status.
- 3. Each recovery center will have a posted policy that defines a process for visitors, recovery service participants and recovery support workers to bring grievances or concerns about policies and procedures to the attention of successively higher levels of authority up through VDH oversight process.
- 4. Each recovery center will maintain liability and property insurance at or exceeding the levels specified by state and local funding requirements.
- 5. Each recovery center will maintain a practice of collaboration with local prevention groups, treatment providers, and partner agencies, while clearly retaining the role of a peer support organization. (Survey/Interview process will include the questions: Do they collaborate at community events? Do you see center staff at community meetings? Are they easy to work with? Are they supportive of other community partner's efforts?)

Each recovery center will submit complete and on time information for demonstrating the effectiveness of recovery support services. Quarterly Data Collection Reports will include the elements specified in the Vermont Recovery Centers Service Plan.

6. Each recovery center will: A) Submit complete and on time financial reports to IRS (ie 990) and B) create and submit financial reports to VDH on a quarterly basis.

7. Each recovery center will develop an annual report that addresses efforts at creating disaster-recovery policies, records retention, and succession planning. The report will address issues such as: What if a center is abruptly left without a director, treasurer, secretary, etc.? Who has possession of important records and can carry forward? Who has account information and passwords? How would the center operate smoothly after the abrupt departure of key personnel or officers?

## **Operational Standards**

- 1. Each recovery center will maintain local, consumer-driven, non-residential facilities and:
  - a. Provide peer-based recovery services
  - b. Provide sober recreation activities
  - c. Provide volunteer opportunities
  - d. Provide community education.
- 2. Recovery centers will assist people in maintaining alcohol- and drug-free lifestyles with opportunities to improve their qualities of life through age, gender, and culturally appropriate supports.
- 3. Recovery centers will assist people in their efforts to maintain recovery, prevent relapse, and should relapse occur, to return to recovery. (Participant Survey)
- 4. Each recovery center will provide a sympathetic ear, information about recovery, and information about substance abuse services in a safe drug-free and alcohol-free environment.
- 5. Each recovery center will provide a welcoming environment for people of all races, spiritual approaches, sexual orientations, disabilities, and all paths to recovery, including people whose recovery includes the use of medication. Recovery centers will include people who are involved in all recovery approaches. (survey)
- 6. Each recovery center will post its hours of operation (minimum of 40 hours a week).
- 7. Each recovery center will maintain a code of conduct for visitors that will be prominently posted.
- 8. Each recovery center will ensure that fire and safety inspections are provided in accordance with local ordinances.
- 9. Each recovery center will ensure that all volunteers and staff are familiar with emergency policies and procedures.

- 10.Each recovery center will maintain an ADA-compliant facility.
- 11.Each recovery center will have staff present during hours of operation to ensure participant safety and to ensure that visitors have access to recovery support. In cases where funding levels prevent adherence to this standard, staffing support will be provided by seasoned volunteers who have experience with the recovery process.

### **Standards for Recovery Services**

- 1. Each recovery center will:
  - a. Serve people seeking and maintaining recovery from addictive disease and addictive behaviors. Recovery centers will support people struggling with personal addictions.
  - b. Serve people who are friends and families of those struggling with personal addictions.
- 2. Recovery centers will work to avoid power differentials between the recovery worker and the person receiving support. (Please discuss how you serve as a "director" and simultaneously minimize perceived power differentials. Do your training materials address this recovery value?)
- 3. Recovery centers will adopt strengths-based approaches when working with individuals to address aspects of their lives that are causing problems, utilizing positive reinforcement to develop solutions.
- 4. Recovery centers will practice inclusion.
- 5. Recovery centers will utilize participatory process and will work to develop consensus, when possible. (Where is participatory process included in training manuals, volunteer materials, and/or personnel materials?)
- 6. Each recovery center will have an application and screening process for volunteers and staff. The use of the application and screening form is up to the center's discretion.
- 7. Each recovery center will:
  - a. Maintain a volunteer manual outlining volunteer duties, job responsibilities, and job descriptions.
  - b. Staff will conduct periodic volunteer trainings and meetings to provide support for volunteers.

- 8. Each recovery center will require all recovery workers to complete an orientation and training on center policies and procedures before commencing their assignments.
- 9. Each recovery center will provide all recovery workers ongoing training and supervision. In cases where a recovery worker repeatedly breaches the Vermont Recovery standards and/or ignores ethical boundaries, supervisors are asked to follow a progressive discipline process. This includes accommodation in cases where remediation is appropriate or termination if necessary.
- 10. Each recovery center will maintain a community resource guide and provide training to support volunteers and staff in helping visitors to access local resources.
- 11. Each recovery center will maintain manuals outlining processes and procedures for the provision of uniform recovery services such as: Recovery Coaching, Making Recovery Easier, Seeking Safety, Recovery Wellness Action Planning (WRAP), Making Change, Wits End, All Recovery Meetings, SMART, VTRSS, Pathways Guides Program and Recovery is the Solution Groups. Providers are expected to deliver these models with fidelity.

## **Plan of Correction**

Step 1: Identify Non-compliance with the Vermont Provider Standards for Recovery Services

It is the Vermont Department of Health's responsibility to provide a Standards Review Report that reflects the results of the program review process and a site visit by a Standards review committee. A recovery center that has been identified as being non-compliant with the existing standards will be expected to submit a plan of correction within 30 days of receipt of the written findings produced by the site review committee. Any center that receives the rating – completely does not meet the best practice standard – OR has a NO – will be judged to be non-compliant with that standard.

Step 2: The required Plan of Correction should include.

- a. The standards identified as being non-compliant.
- b. The corrective action(s) to be taken to remedy the non-compliance.
- c. The person responsible for carrying out the action(s) to be taken.
- d. The timeline for completing each action to be taken.

Step 3: Appeals:

Any Center found to be in non-compliance with the Best Practice Standards shall have the right to appeal these findings.

- a. Appeals must be received within 30 days of the receipt of the Standards Review Report and directed to the VDH Recovery Program Specialist.
- b. Appeals must specify which finding(s) they are appealing and specify the reason for and justification of the Appeal
- c. Appeals will be reviewed by the VDH Recovery Director within 30 days of receipt and their findings will be put in writing
- d. Decisions of the VDH Recovery Director are final.

Step 4: It is the Vermont Department of Health's responsibility to report any un-remediated non-compliance with Vermont Provider Standards for Recovery Services to funding sources that provide funding for recovery programs contingent on the expectation of programs meeting Vermont Provider Standards for Recovery Services.

### **Standards Audit for Recovery Centers**

Recovery Center Directors from two different recovery centers, will perform provider audits for their peer recovery center. They will review the materials provided by each participating recovery center and use the chart below to document the results.

#### The ratings are as follows:

[Yes or No] OR [1 point; 2 points; 3 points; 4 points]

Yes = 1 and No = 2

- 1. Completely meets the best practice standard.
- 2. Mostly meets the best practice standard.
- 3. Partially meets the best practice standard.
- 4. Completely does not meet the best practice standard.

Best Practice Standard	Rating	Notes
A. ORGANIZATIONAL LEADERSHIP		
1. Majority of board identifies as in recovery.	yes - no	
2. Maintains board member list.	yes - no	
3. Centers will: A.) Maintain staff,	yes - no	
B) Job description/basis for supervision,	yes - no	

C) Annual performance review	yes - no	
4. Has adopted a Code of ethics.	yes - no	
5. Has secure file storage space	yes – no	
6. Participates in annual site review process.	yes – no	
7. A) Maintains 501(c)3 status.	yes – no	
B)Registered with Secretary of State	yes – no	
B. ORGANIZATIONAL QUALITY		
1. Written mission statement.	yes – no	
2. Posted Non-discriminatory policy.	yes – no	
3. Posted Grievance policy.	yes – no	
4. Maintenance of required insurance.	yes – no	
5. Collaboration.	1-2-3-4	
6. Quarterly data collection.	1-2-3-4	
7. Disaster Center recovery policies.	yes-no	
C. OPERATIONAL STANDARDS		
1. A) Provide peer-based recovery services	yes - no	
B) Provide sober recreation activities	yes - no	
C) Provide volunteer opportunities	yes – no	
D) Provide community education	yes - no	
2. Assist in quality-of-life improvement.	yes - no	
3. Programs to help maintain recovery.	yes - no	
4. Maintain safe recovery environment.	1-2-3-4	
5. Welcoming environment.	1-2-3-4	
6. Posted hours of operation.	yes – no	
7. Posted code of conduct.	yes – no	
8. Fire safety inspections.	yes - no	

9. Emergency policies and procedures.	yes - no	
10. Maintenance of ADA compliances.	yes - no	
11. Staffed during hours of operation.	1-2-3-4	
D. STANDARDS FOR RECOVERY SERVICES	ŀ	
1. A) Support people with personal	yes – no	
addictions.	yes - no	
B) Support families & friends		
2. Avoidance of power differentials.	yes - no	
3. Adoption of strengths-based approaches.	yes - no	
4. Practice of inclusion.	yes - no	
5. Participatory process and striving for	yes - no	
consensus.		
6. Process for application and screening.	yes - no	
7. Volunteer manual.	yes - no	
8. Orientation and training.	yes - no	
9. Ongoing training.	yes - no	
Ongoing supervision		
10. Community resource guide.	yes - no	
11. Procedures for providing uniform recovery services.	yes - no	

#### Scoring example is as follows:

Completely meets the best practice standards your score will be 47.

Meets the required 80% best practice standards score needs to be 56 or less.

## For questions or for more information

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