Recovery Partners of Vermont: A Collaborative Model for Peer-Led Recovery Services

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Executive Summary

Name of Collaboration: Recovery Partners of Vermont (RPV), formerly Vermont Recovery Network

Recovery Partners of Vermont (RPV) is a statewide organization that supports 12 peer-run recovery centers and recovery homes, helping individuals recover from substance use. RPV's centers are consistent in quality and standards, providing training, peer support, and community resources to strengthen recovery. Key characteristics of RPV include:

- **Peer-led support:** Individuals with lived experience guide and assist participants, creating a strong community of trust and empowerment.
- **Statewide consistency:** All 12 centers use a shared data system to track visits, services, and progress, ensuring the same high-quality care across Vermont.
- **Collaborative partnerships:** RPV works with state agencies, community organizations, and local programs to coordinate care and provide holistic support.
- **Flexible access:** Services include in-person support at centers and phone-based recovery support for those unable to attend.
- **Organizational independence:** In 2021, RPV changed its name from Vermont Recovery Network and began operating independently from certain state funding. This milestone allowed greater control over center operations, board membership, and strategic decisions.

- **Data-driven alignment:** The implementation of the statewide data system strengthened collaboration across centers, aligned service standards, and improved the quality of care.

Through these practices and milestones, RPV demonstrates effective collaboration, structured data use, and a participant-centered approach that strengthens recovery opportunities throughout Vermont.

Demographic/ Description of the Collaboration/ Shared Services

Recovery Partners of Vermont (RPV) is a statewide collaboration made up of 12 peer-run recovery centers and several certified recovery residences. These organizations belong to the nonprofit, health, and human services sectors. The collaboration has existed for more than 10 years, starting originally as the Vermont Recovery Network before reorganizing into RPV in 2021.

Each member organization joined the network because it provides peer-led recovery services in its local community. Vermont's recovery centers were created at different times, but they all shared the same mission: supporting people in recovery from substance use. Because of this shared purpose, they were invited to join the network to create a stronger, united system.

The recovery centers serve a diverse population, including adults ages 25–55, young adults, older adults, and sometimes teens who attend with family members. Most participants are people:

- in recovery from substance use,
- leaving treatment and needing stable support,
- living in rural areas with limited transportation, or

- facing financial or housing challenges.

This population shaped the design of the network. For example, because many Vermonters live far from services, the collaboration created statewide programs like a telephone recovery support line to reduce distance and access barriers.

RPV acts as the administrative backbone for all member organizations. This means it provides the coordination, leadership, and support that keep the whole network connected. RPV was chosen as the backbone because:

- Member centers needed shared training and standards,
- The state needed a single organization to communicate with, and
- small recovery centers needed help with data, reporting, and quality improvement.

This approach follows the “backbone organization” model from Week 9’s readings, where one central organization holds the structure together so member groups can focus on direct service.

The purpose of the collaboration is to strengthen recovery support across Vermont by sharing tools, training, data, and statewide programs. The goals were developed through meetings with the recovery centers, state partners, and people with lived experience. Together, they decided the network should:

1. Provide peer workforce training
2. Collect shared statewide data
3. Create common standards for safe, high-quality programs
4. Offer technical assistance for grants, program planning, and quality improvement

5. Advocate for state funding and policies that support recovery services

Vermont's demographics—small, rural communities and a wide spread of recovery needs—strongly influenced the collaboration's model. Many people in Vermont cannot easily access large treatment centers, so local peer-run centers became essential. RPV's shared-service model aligns with Week 9's readings on collective impact, where a backbone organization supports many smaller groups that serve different communities but share the same mission.

Because the population is spread out and faces barriers like transportation and limited services, the model needs to be flexible, peer-led, and locally based. RPV's system lets small centers stay community-focused while still benefiting from statewide coordination, shared data, and consistent training.

Why the collaboration formed

Recovery Partners of Vermont (RPV) was formed because individual recovery centers faced challenges they could not solve on their own. The first issue was uneven access to recovery services. While some centers had strong programs, others had limited staff, funding, or training. People in rural towns often had the fewest options. The collaborative enabled centers to share training, resources, and quality standards, making support more consistent statewide. A second problem was the lack of shared data. Each center tracked information differently, making it difficult to show how many people were served or to measure the impact of peer recovery support. Creating a shared data system allowed all centers to collect information consistently and use it to improve their programs.

A third reason was the need for stronger advocacy. Individual centers often struggled to secure funding or to have a voice in state-level decisions. By working together, they could

advocate as a unified network with a clearer message about the importance of recovery services. Over time, the collaborative evolved. In 2021, after losing major state funding and experiencing leadership changes, the network reorganized into Recovery Partners of Vermont, giving member centers more responsibility in decision-making and budgeting. The network also developed statewide programs, such as the Telephone Recovery Support line, which helps people who cannot travel to a center. In short, RPV was formed to address uneven services, a lack of shared data, and limited funding power. The collaborative continues to evolve to meet the changing needs of Vermonters and to strengthen recovery support across the state.

Types of collaboration with VRN

Collaboration is an important part of how the Vermont Recovery Network (VRN) supports people in recovery. VRN works with many different groups across the state, and each partner helps strengthen the network. One major type of collaboration occurs between VRN and state agencies, including the Vermont Department of Health, mental health centers, and local treatment programs. These partnerships help people transition smoothly from treatment into peer-supported recovery, ensuring they do not lose access to the support they need. VRN also works closely with community organizations that provide essential services such as housing support, food programs, job training, and harm-reduction resources.

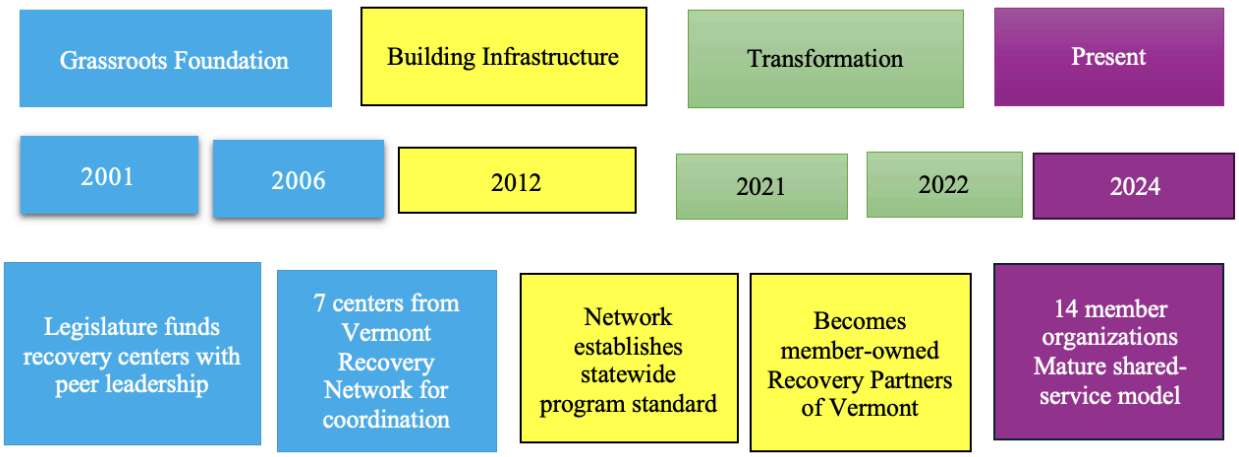
These partnerships allow VRN's recovery centers to connect individuals with many different kinds of support in one safe and welcoming place. Another important form of collaboration within VRN is peer-to-peer support. People with lived experience work together, share advice, and help each other stay motivated, creating a strong sense of community and trust. VRN demonstrates these qualities through its work with partners and volunteers. By building

strong relationships and focusing on shared goals, VRN helps create a supportive network that makes recovery more accessible for people across Vermont.

History of Collaboration / Shared Service

The Vermont Recovery Network (VRN), now known as Recovery Partners of Vermont (RPV), is one of the nation's leading models of peer-recovery collaboration. What began as a grassroots movement has evolved through several stages of transformation into a shared-services partnership that provides comprehensive support and solutions for people experiencing substance use disorder.

Timeline of Key Milestones: Graphical Representation of Recovery Partner of Vermont



Milestone Analysis

2001-2005: Grassroots Foundations and State Recognition

In 2001, the Vermont legislature began providing state funding for community-based nonprofit recovery organizations, building on the success of the original White River Junction center. These centers were required to have boards composed primarily of people in recovery,

and they began collecting outcome data while maintaining participant anonymity. This marked the state's recognition of peer recovery as a critical component of Vermont's continuum of care. The initial funding established a foundation of similar but independent organizations across the state, paving the way for future collaboration by identifying common needs and challenges in data collection, board development, and service standardization.

2006: Formal Network Creation

In 2006, representatives from seven existing recovery organizations approached the legislature to request assistance with organizational development. The state established and funded the Vermont Recovery Network, which included a representative executive council and hired Coordinator Mark Ames. This shifted the centers from informal cooperation to structured collaboration. The creation of a dedicated coordinator position provided essential backbone support for shared services. The executive council structure ensured that member organizations retained control while benefiting from centralized coordination, establishing representative governance principles that would become increasingly important over time.

2012: Standardization and Increased Investment

In 2012, VRN responded to a legislative request to create program standards. Member organizations collaborated to develop these standards, which led to increased base funding based on the promising practices they identified. This marked a transition from individual center operations to standardized, network-wide approaches. The collaborative development process increased buy-in and established common expectations. Standardization also allowed the network to demonstrate consistent quality and outcomes across locations, strengthening its case

for ongoing funding. Furthermore, it encouraged the development of collaborative approaches to recovery coaching and service delivery.

2021: Crisis and Rebirth as Recovery Partners of Vermont

On July 1, 2021, the Vermont Recovery Network—composed of Vermont's recovery organizations—faced a significant challenge. The executive director resigned, and the state announced it would cut all funding to the organization. A new executive director was hired to either help close the organization or determine how to move forward. Following consultation with member organizations, the network rebranded as Recovery Partners of Vermont and completely overhauled its structure and services. This crisis marked the network's most significant transition—from a state-sponsored entity to a member-owned and member-funded collaborative. The restructuring established a sustainable funding model in which members pay annual dues (FY26: $10,420 per center) to directly control and invest in shared services. This shift resulted in greater ownership and accountability, transforming the relationship from top-down management to a true partnership, grounded in the shared understanding that the value of centralized support outweighed the cost of the dues.

2022: Member-Owned Shared Service Model

The new structure was formally implemented, with member recovery centers covering 50% of operating costs through dues and Recovery Partners of Vermont providing the matching funds. Each member organization received a board seat, along with six at-large members. This created a fully collaborative funding and governance model, inspired by Vermont's Community Mental Health Agencies. The dues-funded model ensured the long-term viability of the central organization and its alignment with member priorities by directly linking investment to value. It

also formalized the shared-services approach by defining specific deliverables—such as advocacy, fundraising, technical assistance, standards auditing, and consultant support—all services whose efficiency and collective impact justified the members' financial commitment.

Key Behaviors or Characteristics of Member Organizations & Leadership

1. Member Organizations

Collaborative by member organization

Member organizations use structured collaboration to put their shared commitment to collective impact into action. This is demonstrated by their monthly meetings with partner agencies—including treatment providers, restorative justice programs, and the correctional system—to identify emerging issues and coordinate responses (Executive Director, 2025). The 2024 Peer Standards Audit (p. 7) confirms the effectiveness of this approach, as 100% of community partners reported that the network is actively collaborative. The Annual Report describes how recovery coaches are embedded in schools, correctional facilities, and police departments, further illustrating this culture. Together, these actions position the network as a coordinated hub that amplifies its impact far beyond the capability of isolated providers.

Commitment to Peer-Led Governance and Services (Lived Experience)

Each member recovery organization will maintain a Board of Directors with the majority identifying as in recovery or a family member. All boards consist of people who understand addiction and recovery from personal experience. This ensures services are designed and governed by those with lived experience, creating authenticity and trust (Audit Manual, 2024; FY24 Audit 2024).

Member organizations Should Ensure a Culture of Safety, Welcoming, and Radical Inclusivity

Member organizations consistently show a fundamental commitment to creating a culture of safety, welcome, and radical inclusivity. This is quantitatively confirmed by the FY24 Audit Guest Survey, which found that 97% of guests felt safe at the center and 99% had never witnessed discrimination. The Annual Report also describes the centers as safe havens and judgment-free zones. This environment promotes engagement and provides a safe space for guests to focus on their recovery without fear of stigma. It is not incidental; rather, it serves as the necessary foundation for individuals to fully focus on their recovery, directly contributing to the network's high engagement and positive outcomes.

Driven by Continuous Quality Improvement

A defining characteristic of the RPV network is its commitment to continuous quality improvement. This is institutionalized through the annual Peer Standards Audit process. The FY24 Audit Report provides a concrete example: after identifying a systemic weakness in disaster preparedness in FY23, RPV leadership proactively secured a grant to hire consultants, resulting in seven members having completed disaster policies within a year. This demonstrates a mature organizational culture that leverages audits not as punitive measures, but as strategic tools for achieving its goal of providing 'world-class services.

2. Characteristics of the Leadership

Servant Leadership & Empowerment

The Memorandum of Understanding between Recovery Partners of Vermont (Section 4) defines RPV's role as providing HR support, access to an EAP counselor, a data specialist, and a

template library. This model exemplifies the concept of a backbone organization, which exists to serve and empower its members rather than direct or control them. This contributes to success by allowing members focus on direct service delivery instead of administrative tasks. The leadership's role as a facilitator fosters a culture of mutual respect and collaboration. These shared services allow smaller organizations to operate with the efficiency of a larger entity.

Strategic Advocacy and Collective Influence

The Member Benefits document (p. 1) gives a powerful, quantifiable example, stating that through unified "Action Circles," leadership helped secure over $3 million in state funding. This exemplifies strategic behavior in leveraging collective power for systemic impact. The document also states that network leadership supports its members by offering free professional development, leadership training, and mental health support (EAP), demonstrating a culture that values and develops its workforce. Furthermore, the Member Benefits document states that leadership received disaster preparedness training before the crisis, and the Annual Report (p. 4) mentions a technology grant secured for seniors. These examples demonstrate forward-thinking and resourceful leadership.

Trust-Based, yet Accountable Governance

Section 3 of the MOU states that members should "honor the goals and decisions the... membership identifies, even those [they] may not fully support." This creates an environment of consensus and trust. It also establishes a clear process for accountability and sanctions, demonstrating supportive yet firm leadership.

Behaviors and Characteristics Contributing to Challenges

From the Audit Report, we learnt that the organization was faced with dependence on volunteer capacity. The Audit Report (p. 8) highlights was drastic decrease in volunteer capacity since COVID, forcing members to hire staff for roles previously filled by volunteers. This Increases Financial Strain on the organization. The Organizations must allocate limited resources to paid positions. These lead to limited-service expansion, reducing volunteer capacity constraining the ability to scale programs.

Tension Between Autonomy, Standardization, and Financial Sustainability

The transition to a member-funded model has caused concerns about financial sustainability and affordability, prompting leadership to reconsider accepting state funding (Executive Director Interview, 2025). High membership dues may limit participation by smaller organizations, diverting time and resources away from programming and toward fundraising and financial management. At the same time, while RPV encourages standardization (such as common core services), some members struggle to strike a balance between local autonomy and network-wide consistency. Uneven adoption of standardized practices leads to implementation gaps and varying levels of service quality between centers. This tension necessitates ongoing negotiation, with leadership striving to align diverse member priorities with overall organizational goals.

Navigating Public Misconceptions about Recovery

The public often conflates recovery with treatment, viewing it as a one-time event rather than a lifelong process (Executive Director Interview, 2025). These Complicates advocacy and misunderstandings which hinder policy support and funding. This has impact on stakeholder

engagement. As a result of these potential partners and donors may not fully grasp the value of peer-led recovery services.

Key Tools or Practices

The use of structural tools, such as the Membership Agreement (MOU), creates a formal framework for RPV's relationship with each member organization. The MOU specifies financial responsibilities (dues), governance (board representation), and member behavioral expectations, such as a commitment to consensus decision-making. This Memorandum of Understanding formalizes a loose coalition and establishes shared rights and responsibilities. The organization also uses a peer-led governance model, which mandates that the majority of each member's board of directors consist of people in recovery or their family members. This ensures that services are designed and overseen by individuals with lived experience, guaranteeing authenticity and mission fidelity.

In addition to the MOU, the organization employs structured monthly meetings as a critical tool and practice. Executive Directors and key committees hold regular meetings that act as the network's central system, allowing members to share information, coordinate advocacy, and collaborate on problem-solving. Back-office support services are also an important operational tool for the organization. These services include human resources and benefits administration, data management expertise, and an Employee Assistance Program. This empowers members by giving them access to expert support that would otherwise be too expensive or complex to manage on their own. Shared back-office services enable small nonprofits to operate like larger organizations. The Executive Director (interview, 2024) also emphasized this approach, citing the use of data management systems to track encounters or

sessions with youth and families, as well as coaching sessions that allow the organization to collect longitudinal data.

Another useful tool is the Peer Standards Audit Manual and Process. This comprehensive manual outlines standards for organizational wellness and leadership, which are then followed by an annual peer audit conducted by members of other organizations. These peer-based audits combine accountability and mutual support, fostering a culture of shared learning rather than simply compliance. The organization also conducts anonymous guest and partner surveys. These confidential surveys solicit feedback from service recipients and community partners, yielding unbiased information about member organizations' performance, safety, and inclusivity.

Finally, operational support and shared services are essential tools and practices. The organization keeps a shared library of administrative documents, such as job descriptions, employee handbooks, personnel policies, and operational templates. This increases efficiency and consistency; new or struggling members can adopt established policies rather than developing them from scratch. The shared resource library is a low-cost, high-impact tool that accelerates organizational development while easing the administrative burden on individual members.

Lessons and Best Practices

What made the collaborative successful or fail? Why?

The Recovery Partners of Vermont (RPV) demonstrates a highly effective nonprofit collaboration that has achieved success through several key factors. The organization created formal standards and agreements (e.g., MOUs, audits, policies) while preserving member autonomy. This approach aligns with findings from Bridgespan's collaboration research, which asserts that successful collaboration maintains clarity of roles and expectations while allowing for local adaptation (Bridgespan, 2014). Unlike the Muslim-led nonprofit CCI case study—which required extensive facilitated trust-building due to historical distrust—RPV embedded trust mechanisms directly into its operational standards (Siddiqui et al., 2023).

RPV's success was also due to strong peer standards audits conducted by member executive directors and board members, creating trust-based accountability. This innovative approach addresses a common collaboration challenge identified in the Shared Services Guide: the need for "appropriate governance structures" that balance oversight with buy-in (Nonprofit Centers Network, 2010). Unlike top-down compliance systems, RPV's peer review model echoes CCI's use of third-party facilitators but internalizes this function within the membership.

Members received clear, quantifiable benefits: over $3 million in advocacy wins, more than $150,000 in direct services, and professional development opportunities. This aligns with Bridgespan's finding that collaborations with clear value propositions sustain engagement more effectively (Bridgespan, 2014). RPV expanded the shared services model by adding collective advocacy—a dimension less emphasized in the Nonprofit Centers Network guide but critical for marginalized communities, as seen in both RPV and the Muslim-led nonprofit case.

When audits revealed gaps in disaster policies, RPV secured grant-funded consultants to support members. This responsive, solution-oriented approach demonstrates how collaborations

can turn weaknesses into collective improvements, exemplifying the "continuous improvement" mindset advocated in shared services literature (Nonprofit Centers Network, 2010). Unlike many collaborations that struggle with post-crisis adaptation (as noted in Bridgespan's research on COVID impacts), RPV systematically addressed the volunteer crisis through data collection and resource reallocation.

What could the collaborative learn from literature on collaborations/ partnerships/ shared services?

In the reading, we learned that the CCI model invested heavily in facilitated relationship-building before launching joint programs. While RPV's audit process builds trust through accountability, it could be strengthened with more deliberate relationship-building activities, especially for new members. The CCI experience shows that marginalized communities particularly benefit from intentional spaces for storytelling and shared identity formation (Siddiqui et al., 2023).

Additionally, our reading in Bridgespan identifies "shared support functions" as particularly successful but underutilized (Bridgespan, 2014). RPV excels in this area but could explore more cost-allocation models. The literature suggests moving beyond flat dues toward usage-based or tiered pricing, which might better serve members with varying capacities and needs.

While RPV's MOU establishes general expectations, they could develop more detailed agreements for specific services—such as the EAP or HR support—covering response times, quality standards, and review processes. This would promote formal service agreements and clear performance metrics for shared services (NonprofitCenters Network, 2010).

Finally, a consistent finding across the literature is that funder support for collaboration is often lacking or misdirected. RPV's success in securing grants for shared services provides a model for other collaborations. However, the literature suggests being more proactive in educating funders about collaboration costs and benefits, particularly the need for transition funding during integration phases.

What lessons does this collaboration provide for other nonprofits considering sharing services or collaborating?

RPV demonstrates that formal standards can create trust through consistent expectations. However, the CCI case reminds us of that relationship-building remains essential**,** especially for communities with historical trauma or distrust. The optimal approach combines RPV's structural clarity with CCI's relational intentionality.

Successful collaborations deliver value at three levels, as illustrated in these cases:

- **Individual organizational benefits** (RPV's HR support, CCI's capacity building)
- **Collective network gains** (advocacy wins, shared learning)
- **Systemic change** (policy reforms, field-building)

RPV's peer audit model offers an alternative to both:

- **External evaluations** (often perceived as punitive)
- **Self-reporting** (often lacks credibility)

This peer-based approach aligns with findings from both the CCI case (where peer facilitators-built trust) and shared services literature (where user committees often govern effectively).

For nonprofits considering collaboration, integrating insights from all three sources suggests the following:

First: Foundation Building

- Conduct a trust assessment (learning from CCI)
- Develop clear agreements (learning from RPV)
- Identify initial shared services with clear ROI (learning from the Shared Services Guide)

Second: Structure Development

- Choose an appropriate governance model—referencing Bridgespan's spectrum
- Establish peer accountability mechanisms adapting RPV's audit
- Create a diversified funding strategy —synthesizing all three models

Third: Continuous Improvement

- Implement regular peer review (RPV model)
- Facilitate ongoing relationship building —CCI approach
- Adapt services based on usage data -Shared Services recommendation

References

Cefola, J., Brotsky, C., & Hanson, R. (2010). Shared Services: A Guide to Creating Collaborative Solutions for Nonprofits. The NonprofitCenters Network.

Neuhoff, A., Milway, K. S., Kiernan, R., & Grehan, J. (2014). Making Sense of Nonprofit Collaborations. The Bridgespan Group.

Recovery Partners of Vermont. (2024). *FY24 annual report (June 30, 2023–July 1, 2024)*. https://vtrecoverynetwork.org/wp-content/uploads/2025/01/FY24-Annual-Report_FINAL_Website.pdf

Recovery Partners of Vermont. (2024). *FY24 peer standards audit report*. https://vtrecoverynetwork.org/wp-content/uploads/2024/08/Audit_Report_24.pdf

Recovery Partners of Vermont. (2024). *Membership benefits FY24*.

Recovery Partners of Vermont. (2025). *Memorandum of understanding between Recovery Partners of Vermont and member organizations* (Memorandum of Understanding).

Recovery Partners of Vermont. (n.d.). *History*. Vermont Recovery Network. https://vtrecoverynetwork.org/about-us/history/

Siddiqui, S., Wasif, R., & Samad, A. (2023). Building collaboration using the community collaboration initiative model: A case study of Muslim-led nonprofits. *Journal of Public Affairs Education*.

Vermont Recovery Network. (2024). *Audit report 2024*. https://vtrecoverynetwork.org/wp-content/uploads/2024/08/Audit_Report_24.pdf

Walker, S. (2025, February). Executive Director's interview.