**Recovery Center Time Study Submission Form**

**Instructions:**

Note: You may enter your responses directly in the Word document OR print this form and enter your responses.

1. Enter the name of your Recovery Center.
2. Select the checkbox or checkboxes that most closely align to your role(s) at your Recovery Center. If none of the listed roles apply, select “other” and enter your role title.
3. Enter your name.
4. Select the checkbox for the week you are reporting your time.
	* Please complete one form for each week of the time study. To create an accurate and complete record, complete the form at the end of each workday.
5. For each [activity](#Activity) listed in the of the “Time Spent per Activity” table, enter the total amount of time you spent on the activity each day. Report your time in 15-minute increments as fractions of an hour (e.g., 0.25, 0.5, 0.75, 1, etc.).
* If you did not work on a specific date, do not complete the row.
* Please round down or up to the nearest 15-minute increment (see examples in the table below).
* The categories may not describe all your work; it is okay if your hours worked is more than the total time indicated in each column for each day.

How to Calculate Time Spent (15-minute increments, as fractions of an hour):

|  |  |
| --- | --- |
| If you worked… | Enter… |
| 15 minutes | 0.25 |
| 30 minutes | 0.5 |
| 45 minutes | 0.75 |
| 1 hour | 1 |
| 1 hour and 15 minutes | 1.25 |
| 3 hours and 15 minutes | 3.25 |
| 1 hour and 7 minutes | 1 (round down) |
| 1 hour and 8 minutes | 1.25 (round up) |
| 1 hour and 22 minutes | 1.25 (round down) |
| 1 hour and 23 minutes | 1.5 (round up) |

And so on….

1. At the end of each week, or per the guidance of your Recovery Center Director, give your Time Study form to your Recovery Center Director for their review, approval, and submission to the Vermont Department of Health.

*Please contact your Recovery Center Director or leadership team if you have any questions regarding the completion of your Time Study submission form.*

1. FOR RECOVERY CENTER DIRECTORS ONLY: Review and, if approved, scan the completed form (if applicable). Submit approved time study forms to VDH through the [Alchemer survey tool](https://survey.alchemer.com/s3/7977722/Recovery-Center-Time-Study-Upload-Submission-Form) each week, according to the submission deadlines listed below.

|  |  |
| --- | --- |
| Reporting Period | Time Study Form Submission Deadline |
| Week 1 (October 13th – 19th) | 3:00 pm on Monday, October 20th |
| Week 2 (October 20th – 26th) | 3:00 pm on Monday, October 27th |
| Week 3 (October 27th – November 2nd) | 3:00 pm on Monday, November 3rd |
| Week 4 (November 3rd – 9th) | 3:00 pm on Monday, November 10th |

Recovery Center Directors can contact ahs.vdhrecoveryandhrservices@vermont.gov if you have questions or problems with survey submission.

Activity Definitions:

|  |  |
| --- | --- |
| **Activity Category** | **Description/Examples** |
| Hours worked  | Total shift hours worked per day |
| Recovery Coaching 1-on-1 Session | Time spent with participant providing recovery coaching in-person or virtual (video or phone call):* Recovery Coaching in the Center
* Recovery Coaching at another community location
* Recovery Coaching in the ED
* Parents in Recovery 1-on-1 sessions
 |
| Recovery Coaching 1-on-1 Session Preparation/Follow-up | Time spent preparing for recovery coaching session and following-up after session:* Meeting scheduling
* Phone/email follow-ups (that are not a Recovery Coaching session)
 |
| Recovery Coaching 1-on-1 Session Administrative Tasks | Time spent on administrative tasks related to the documentation of Recovery Coaching 1-on-1 sessions and participant data:* Creating participant records
* Data entry (in RDP or other Recovery Coaching related systems)
 |
| Recovery Coaching 1-on-1 SessionTravel Time | Time spent traveling to and from 1-on-1 Recovery Coaching sessions |
| Group Facilitation and Resource Provision | Time spent providing the following:* Directing individuals and providing referrals to community resources (outside of coaching-participant relationship)
* Facilitating recovery groups such as but not limited to Parents in Recovery groups and SMART Recovery.
* Preparing for and follow-up related to facilitating recovery groups.
 |
| Recovery Center Programming (non-Recovery Coaching) | Time spent supporting non-Recovery Coaching programming at the Recovery Center:* Conducting outreach
* Hosting/facilitating recovery events
* Coordinating events conducted by external organizations
* Attending community meetings
* Program coordination
 |
| Administrative Tasks (non-Recovery Coaching) | Time spent on activities to support Recovery Center operations:* Internal team meetings
* Timesheets
* Bookkeeping/accounting
* Staff training
* Professional development
* Supervision
* Board meetings
* Marketing activities (e.g., marketing material development, event presentation preparation, etc.)
* Procurement of goods/materials
* Non-Recovery Coaching documentation/data maintenance/management and IT services
* Grant writing and grant reporting
* Center reception
* Non-Recovery Coaching travel time
 |
| RCED Shift Standby | Standby time spent waiting for a call to the Emergency Department  |

**Recovery Center Time Study Submission Form**

|  |  |
| --- | --- |
| **Recovery Center** |  |
| **Role(s)***Note: Select all roles that best represent your position* | [ ]  Executive Director/Operations Director/Financial Director[ ]  Recovery Coach Supervisor[ ]  Certified Recovery Coach[ ]  Noncertified Recovery Coach[ ]  Administrative Support (e.g., data entry specialists, operations, etc.)[ ]  Volunteer[ ]  Other (if none apply), please specify below:  | **Reporting period:** | [ ]  Week 1 (October 13th – 19th)[ ]  Week 2 (October 20th – 26th)[ ]  Week 3 (October 27th-November 2nd)[ ]  Week 4 (November 3rd-9th) |
| **Name** |  |

**Time spent per activity (report time in 15-minute increments, as fractions of an hour)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Hours worked | Recovery Coaching 1-on-1 Session | Recovery Coaching 1-on-1 Session: Preparation/ Follow-up | Recovery Coaching 1-on-1 Session: Administrative Tasks | Recovery Coaching 1-on-1 Session: Travel Time | Group Facilitation and Resource Provision | Recovery Center Programming (non-Recovery Coaching) | Administrative Tasks (non-Recovery Coaching) | RCED Shift Standby |
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