From: Kyle Wolfe Date: May 15, 2020 at 1:20:45 AM EDT Subject: H. 783 - An act relating to recovery residences

Dear Vermont inhabitants and freely elected officials,

These requested revisions to *Title 18: Health Chapter 94: Substance Use Disorders* and the subsequent expansion of the Public Inebriate Program (PIP) would create the plan for temporary removal in an expedited time frame, provide professional support, and insure safety and continued recovery for residents who may not have solid plans in place for separation, such as people on FSU.

• 18 V.S.A. §4812 (2) "...policies and procedures for the removal of residents who are under the influence of alcohol, illegal substances, or the illegal use of prescription drugs"

I have spoken with Debbie Thibault at Burlington Probation and Parole about creating safe procedures with people on FSU surrounding this. Involving the Sheriff's Department if necessary, should be an option in the case of separation. Finally, in the case of violent, or threatening behavior the local police could intervene.

• **18 V.S.A. §4812 (3)(A)(ii)** *"the operator has contemporary drug test results that have been verified by a laboratory approved by the State;"*

I am assuming the approval by the State would be for termination of tenancy rights, and not for an immediate separation?

• **18 V.S.A. §4812 (3)** "...residence shall have policies and procedures for safe removal and permanent separation..."

With the PIP and SUD Continuum of Care in place residents would never have to follow through with separation unless recovery residence staff and/or second party § **4412(3)(C)(i) (lines 17-20)** found them to be been *"engaging in violent or threatening behavior",* or have a repeated pattern of unwillingness to follow programing outlined in the attached PDF's.

In conclusion, utilizing the PIP, rather than each resident having to create their own temporary removal plan, would serve all the purposes outlined in the attached brief. Implementing the policies found in *Peer Run Recovery Residence Continuum of Care Model in Vermont*, would be the most benefital for all residents in recovery residences.

Finally, properly training a "representative of the entity that certified the recovery residence" by putting on a daylong seminar as outlined in *Peer Run Recovery House Continuum of Care Model Training* would not only give staff at recovery residences basic human service skills, but allow them to navigate the above-mentioned PIP procedure and recovery residence policies.

I discussed these the two bills together with Jeff Moreau. The idea, was that they could work in conjunction with each other. The major difference as the bill is written, is utilizing the PIP program rather than the resident coming up with a temporary removal plan. The other idea is using *Standard Procedure for Relapses at a Recovery Residence* is to create a procedure for reoccurrence that would work in conjunction with the rest of the *Vermont's Substance Use Continuum of Care*.

Thank you, Kyle Wolfe (He, Him, His)