Witness Remarks: H.783 – an Act Relating to Recovery Residences

To House General, Housing & Military Affairs
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Jan Tarjan, Executive Director, Dismas of Vermont, Inc.

I am the Executive Director of Dismas of Vermont. I am in support of the H.783, in general, with some suggested changes.

Dismas is a non-profit, private organization. We receive some grant funds through the Transitional Housing Program of the Department of Corrections, but are not "of " them. I got involved with the Recovery Residence group and this legislation because Dismas in in favor of allowing some exclusion to landlord-tenant law for transitional and recovery housing, and changes in land-use laws to allow recovery residences to zoned as single-family dwellings. Dismas hopes to become certified as a recovery residence in the future.

Dismas has four family-style residences for people transitioning from prison to the community. Our mission is to Reconcile Prisoners with Society and Society with Prisoners. Over 85% of the individuals living with us have Substance Use Disorders. Addiction to alcohol or drugs is the single most common contributor to the original offences that brought residents to incarceration in the first place.

I am here to tell you a little about Dismas as it relates to Substance Use Disorder and its role in prisoner re-entry, and then to comment on certain aspects of this bill.

OUR REACH

- Dismas been operating continuously in Vermont since 1986.
- We have 4 residences: Burlington, Winooski, Rutland and Hartford.
- Each house has a paid, professional staff of about 2.5 FTE.
- Dismas has approximately 400 volunteers.
- Our newsletters go out semi-annually to almost 10,000 people.
- Every Dismas location has a local Council of 15-20 people, who meet monthly as well as more often with specific operational committees.
- Dismas has, in addition, a state-wide Board of 15 people.
- Every weekday group meal in each house is bought and prepared by volunteer cooks who stay to eat with residents and staff, for a total of 941 group meals annually.

- Dismas provides 37,887 thousand meals annually.

- We calculate 12, 629 sheltered bed nights annually.

- Dismas fits most national certification criteria for Recovery Residences; we are closest to the "Therapeutic Community" model of the American Psychiatric Association.

OUR RESIDENTS

- Most of our residents are on Furlough from the DOC, but some are on Parole or Probation, or referred from Drug Court. All are under supervision of the Probation and Parole Department of the DOC.

- About 85%, of residents are living with a Substance Use Disorder.

- 42% of residents have opiate addictions, specifically.

- Dismas residents <u>are</u> allowed to be on <u>Medically Assisted Treatment</u> (M.A.T.) for substance misuse recovery. We give access to, and maintain safety practices, with Suboxone and other recovery medications on-site.

- Many have co-occurring mental health challenges.

- A significant portion have cycled in and out of homelessness, or in and out of incarceration many times. The new legislation from the Justice Reinvestment II recommendations addresses this problem, which has its roots in DOC furlough release policies, not the sobriety rules of recovery residences.

- Dismas residences are sober residences. However, we have policies allowing for second chances for people who violate sobriety. People who leave Dismas are allowed to return numerous times. We are sober, but not rigid. We know that relapse is an inevitable part of recovery, and recovery is central to avoiding recidivism.

THE LEGISLATION (H.783)

<u>Purposes</u>

- While we are not rigid regarding sobriety, we do have to ask people to end residency for repeated insobriety, so as to protect the sobriety of other residents. In such cases, we are concerned that we may be in violation of eviction law. We believe that Recovery Residences should have exemptions from the law similar to schools and medically associated residences.

- Recovery housing varies much across Vermont. Some is sub-standard. There is little consistency regarding practices, and regarding regulation. More oversight would be helpful to recovery residence programs, and protect residents who often do not have the resources to research what houses are safe, and which ones not.

- It would be easier to establish additional high – quality transitional housing and recovery residences if our simple, family-style homes of 9-12 people were categorized as single-family homes in land use bylaws. In some communities we are considered single family residences, in another we are zoned as a lodging house.

<u>Recovery Residences</u>

- Line 7: Dismas feels strongly that the legislation should be amended to add “Congregate Transitional Housing programs that include in residence persons with Substance Use Disorders” to its definition of housing with exclusions in relevant landlord-tenant law.

- Lines 10-12: In all areas of the proposed legislation, more definition is needed for use of, and identification of, illegal and legal substances. For example, alcohol is not an illegal substance, but is cited here at allowed for prohibition; marijuana is increasingly not illegal, but, like alcohol, in an inebriant, and a “trigger” to relapse for others in the house. Other illegal drugs are being invented, and should not be allowed, so language precluding use of “intoxicants and illegal mood-altering drugs” would be useful.

- Lines 13-14: We don’t think we need the Department of Health to oversee houses, but inspections from an outside, certifying, agency such as the Vermont Alliance of Recovery Residences, would be helpful and sufficient to maintain quality assurance.

- Lines 16: We agree it is essential to protect residents against discrimination.

- Lines 18-19: Dismas allows and supports Medically Assisted Treatment and agrees that this is important to success in recovery for many people with SUD, and should be allowed in housing defined and certified as Recovery Residences.

- Lines 20-3 (Voluntary arrangement): We agree that residency should be voluntary. Even though Dismas residents are referred by the DOC, they first select Dismas by filing and application. However, I am aware that currently, Probation and Parole does have the option of returning individuals to prison if they lose housing at a recovery residence. The recommendations of the Justice Reinvestment II reports, and the newly drafted legislation, discourages the coupling of loss of residence with return to prison. I suggest that some information sharing regarding the proposed outcomes for both bills would be helpful.

- Lines 17-19: Requiring residents of recovery housing, or the housing organizations themselves, to establish back-up housing for a resident in case of temporary or permanent removal may be impossible for residents who literally do not have any other choices. This is particularly true for formerly incarcerated people. While we do not want to discharge people to homelessness, we need more collaborative agreements from other agencies, such as detox centers or “sobering centers”, to very temporarily house individuals who are not sober, until they can safely return to their “base” in recovery housing. * We recommend that such sobering center alliances be established and supported by legislation and funding.*

- Lines 6-9 (Temporary removal): It is ESSENTIAL in our opinion to <u>separate</u> violations of a violent nature from violations due to illegal substance use. Although violence is often related to substance use, other times it is present in sobriety. Recovery Residences should be allowed to permanently remove residents who are exhibiting violent or threatening behavior, including sexual harassment.

Summary: Dismas of Vermont supports the intent of this legislation. We suggest that the definition be expanded to include transitional housing that engages, but not exclusively, individuals in recovery from substance use disorders. We support that Transitional and Recovery housing be exempt from the cited areas of tenant law. We support quality control through certification and inspections; consistency and fairness in removal processes; Medically Assisted Treatment as part of certified recovery residences; and reduction of barriers to the establishment of transitional and recovery residences as single-family residences within communities.

Thank you for your Attention

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