

HOUSING: A CRITICAL LINK TO RECOVERY

An Assessment of the Need for RECOVERY RESIDENCES In Vermont



EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Downstreet Housing & Community Development of Barre, VT engaged consultant John Ryan, Principal of Development Cycles in East Montpelier, VT to assess the statewide need for Recovery Residences (hereafter referred to as RR), a group housing approach to supporting Vermonters recovering from Substance Use Disorders (SUDs). The following summarizes key findings and recommendations from that assessment.

OVERALL ASSESSMENT

Vermont has a serious Substance Use Disorder problem affecting more than 52,000 residents, or one in 10 individuals over age 12. Only the District of Columbia has a higher concentration of substance use disorder.

The consultant estimates that roughly 1,200 individuals, or about 14% of the Vermonters entering treatment for an SUD in 2017, would benefit from access to a RR as a means of transition from a residential treatment facility or to support their recovery while in non-residential treatment.

Vermont's RR supply currently offers its form of transitional housing to just 2% of those leaving treatment each year. These 212 beds are disproportionately located in Burlington or Brattleboro. Several treatment hubs¹ have no RR option. Only one residence accommodates women with dependent children despite the fact that this sub-group represents a significant share of those in treatment.

Vermonters with SUDs and their families are among our most vulnerable neighbors. Though the disorder affects individuals at all income levels, those with SUDs are overwhelmingly poor. More than 3/4 of Vermonters in treatment today are Medicaid-eligible, placing nearly all of them in the category of Extremely Low Income. Housing instability represents one of the greatest external hurdles to a recovery that is already inherently difficult.

RECOMMENDATIONS

The consultant recommends that, provided certain conditions can be met, RR options in the state be increased, starting in those communities with the highest priority needs:

- ▶ **Rutland City:** one RR dedicated to men, and one dedicated to women and/or women with dependent children
- ▶ **St. Albans City:** one RR dedicated to men and one dedicated to women and/or women with dependent children
- ▶ **Barre/ Berlin (Montpelier):** one RR dedicated to women and/or women with dependent children

- ▶ **Burlington and/or South Burlington:** one RR dedicated to women with dependent children
- ▶ **St. Johnsbury:** One RR dedicated to women and/or women with dependent children.
- ▶ **Morrisville:** one RR dedicated to men

EX-1: New Admissions to Substance Use Disorder Treatment, By County, 2017

Hub Community & Counties Served	Men In Treatment	RR Beds	Women and Women w/ Dependent Children in Treatment	RR Beds
Middlebury Addison County	134	0	87	0
Bennington Bennington County	225	0	152	0
St. Johnsbury Caledonia Co. & Essex Co.	265	6	249	0
Burlington & S. Burlington Chittenden County	1312	81	752	33
St. Albans Franklin Co. & Grand Isle Co.	493	6	479	0
Morrisville Lamoille County	273	0	188	0
Newport Orleans County	212	0	129	0
Rutland Rutland County	377	0	522	0
Barre-Berlin Washington County	515	20	438	0
Brattleboro Windham County	454	42	303	8
Springfield & White River Junction Windsor County ²	363	3.5	262	12.5
May Support Separate Hub				
Randolph Orange County	211	0	134	0

SOURCE: ADAP and Development Cycles Survey of RRs, 2018.

Each of these priority hub communities has more than sufficient need to sustain the RRs recommended. Developing these priority RRs represent a substantial undertaking requiring a large commitment of money and human effort. These highest-priority projects also represent an opportunity to continue to test the efficacy and demand for units in this model before taking it to communities with lower overall levels of SUD Treatment.

Conditions for Success

These recommendations are predicated on the ability of the Vermont Alliance of Recovery Residences (VTARR) and the other key stakeholders to successfully address the challenges identified in the assessment, specifically, the need to:

- ▶ Strengthen the delivery of wrap-around services by strengthening the network of service providers that play a programmatic role with the RR and its residents.
- ▶ Develop these projects at a pace that ensures a strong, seasoned and well-trained supply of mentors, coaches, house managers and case managers to whatever degree these roles interact with the residents of these RRs.
- ▶ Stress the importance of building a sense of community, self-worthiness and belonging both within the RR and within the community as a whole.
- ▶ Find a sustainable funding mechanism to bridge the gap between the true operational cost of a well-functioning RR and the extremely limited capacity of most residents to cover that cost.
- ▶ Commit to investing in the community organizing and messaging aspects of the process in order to manage expectations and build the capacity and resilience needed to address the inevitable setbacks the RR's residents will face.
- ▶ Develop a clear and flexible set of strategies to significantly reduce the capital risk associated with acquiring or substantially renovating properties that may have limited market potential should their purpose as RRs need to change.

WHAT IS A RECOVERY RESIDENCE?

A Recovery Residence is a group home dedicated to supporting individuals to live independently in the early stages of their recovery from any type of Substance Use Disorder. The residences mix adult residents of all ages, but they typically house men, women, and women with dependent children separately. Most commonly, a RR is a single-family structure housing between 4 and 10 residents in some combination of separate and shared rooms. Small multi-family recovery apartment buildings are growing as a common approach outside of Vermont. Residents pay something for their housing and commit to not using alcohol or illicit drugs during their tenure. RRs may or may not limit the duration of occupancy, but most stays range between 5 and 12 months. Residents typically sign contracts rather than leases, affording the sponsoring entity greater capacity to, among other things, remove individuals who do not abide by the terms of their agreements.

The RR model is predicated on supported, peer-based accountability. It leverages the common intention of residents to overcome their addiction and reassemble their lives. This