



AHS Housing Initiative

**Vermont Department of Health
Commissioner Rick Hildebrant
Division Director Emily Trutor**

Substance Use Programming

January 28, 2026

Substance Use Disorder (SUD) Residential Treatment, Housing and Outreach Programming

Prevention works. Treatment is effective. People recover.

Focus: Substance Use Disorder Residential Treatment



Residential Treatment

- Treatment and clinical services with 24 hour, onsite supervision.
- Vermont has three levels of residential treatment that align with American Society of Addiction Medicine (ASAM) levels of care:
 - 3.1: Low-Intensity, Clinically Managed
 - 3.5: High-Intensity, Clinically Managed
 - 3.7: Medically Managed

Example:
Valley Vista



Recovery Residence

- Shared living environments that offer peer support, assistance accessing support services.
- May provide case management and outpatient-related services.
- Vermont primarily offers Level 2 Recovery Residences per the National Association of Recovery Residences (NARR) certified care.

Example:
Second Wind Foundation



Recovery Shelter

- Provides emergency assistance to people experiencing homelessness.
- Offers a recovery-supportive environment.
- Makes treatment and recovery information and referral services available to guests.

Example:
Good Samaritan Haven



Recovery Center

- Open during the day for people seeking support in their recovery journey. RSOs offer a range of services including recovery coaching, support groups, referral to services and other peer support.
- No residential services available.
- Provide a safe and substance-free environment for people in all stages of recovery.

Example:
Turning Point Center

SUD Residential Treatment – expanding care

What is it?

Substance Use Disorder (SUD) residential treatment is a structured, 24/7, live-in program providing intensive, evidence-based care in a non-hospital, drug-free setting. Designed for individuals needing high-level support, it focuses on, medical detoxification, counseling, co-occurring services, and behavioral change to facilitate recovery.

High Intensity Medically Managed (3.7 ASAM)

24/7 nursing/medical care + high number of hours of clinical SUD treatment

High Intensity Clinically Managed (3.5 ASAM)

High number of hours of clinical SUD treatment

Low Intensity Clinically Managed (3.1 ASAM)

Moderate number of hours of clinical SUD treatment, employment services, recovery support and life skills training

Who does it serve?

Individuals in Vermont with Substance Use Disorder through assessment and evaluation that meet medical and clinical necessity

What are the key metrics?

- 99 active High Intensity Beds, 49 active low-intensity beds
- 1,500+ unique individuals served each year
- Average Length of Stay: High intensity 15 days, Low intensity 37 days (2024) anticipate 45+ for 2025
- 100% of individuals that complete treatment receive an aftercare plan that addresses housing needs
- 2024: Homelessness decreased between admission to discharge in all residential providers
- 2025: Valley Vista admitted 272 individuals as homeless. At discharge 208 (76%) were placed in a residential setting.
- Residential placements include in-state and out-of-state locations (e.g., NH, ME, NY, DE, CA, FL)

Expansion Efforts

- Reengagement services
- More than doubled the low-intensity bed capacity in December 2025, from 22 beds to 49,
- Seeks to add 3 additional low-intensity beds in Vergennes by close of FY26.

Focus: Recovery Residences



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Recovery Residences

What is it?

Act 163 defines a recovery residence as “a shared living residence supporting persons recovering from a substance use disorder that provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders.”

Funding supports:

- Recovery Residence bed capacity
- Connections to outpatient SUD treatment and co-occurring services
- Staffing
- Employment Services (e.g., HireAbility)
- Life skills training

Who does it serve?

Individuals in Vermont with Substance Use Disorder who are in recovery

What are the key metrics?

- As of January 2026, Vermont has 8 organizations supporting recovery residences, in 30 locations, totaling 155 beds
- 79 beds available for men (6 of the beds available for men serve men with children)
- 76 beds available for women (20 of the beds available for women serve women with children)

Policy Proposals and Expansion Efforts

FY27 Policy Proposals

- New beds proposed in the opioid settlement funding recommendations from Opioid Settlement Advisory Committee and Health Department – recommendation is \$1.2 million in new funding
- New funding available for recovery bed expansion through the Rural Health Transformation Grant, details forthcoming

Capacity Goal:

- Increase recovery housing capacity to a total of 400 beds statewide by 2030.

Focus: Recovery-Oriented Shelters



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Recovery-Oriented Shelters

What is it?

Good Samaritan Haven's Emergency Shelter Program serves hundreds of homeless neighbors each year. They currently operate facilities in Berlin, Barre, and Barre Town.

In 2021 they opened a 13-bed residence at 580 South Barre Road in Barre Town.

In 2023 this house transitioned into the first recovery-oriented shelter in Vermont, certified by the Vermont Alliance of Recovery Residences. It is shelter for individuals who are committed to sober living.

Who does it serve?

Individuals in Vermont experiencing homelessness with Substance Use Disorder who are in recovery

What are the key metrics?

- There are **8 double occupancy rooms**, and bath, shower, and laundry facilities are on site.
- Guests share a spacious living room, dining room, and kitchen and have some personal storage space.
- Guests must provide their own meals.
- Limited regular transportation to downtown Barre is provided daily.

Proposed Service Enhancements/Expansion Efforts

FY27 Goals:

- Embed Outreach and Engagement workers from substance use treatment providers in shelters
- Embed Recovery Coaches in shelters
- Expand Recovery-oriented shelter capacity to more areas of the state when appropriate (e.g., Burlington, Rutland, etc.)
- Continue to build strong connections between shelters, recovery housing and permanent housing options

Outreach and Engagement Services

- Outreach and Engagement workers employed by providers and funded through OSAC are coordinating directly with AHS Field Services on critical cases, particularly those involving homelessness (26 FTEs statewide)
- Outreach to engage **individuals in need of, but not receiving, substance use disorder treatment.**
- **Staffing** to increase motivation of and engagement with individuals with substance use disorder in community settings, such as police barracks, shelters, social service organizations, and elsewhere in the community.
- These positions are generally **not licensed individuals** providing clinical services but rather **building linkages to the wider treatment system.**
- Outreach and Engagement workers visit hotel/motel GA Emergency Housing sites and shelters today, as well as people living outdoors.

Key takeaways

- 1 Residential treatment very recently expanded, with enhanced entrance and exit supports
- 2 Commitment to continue to expand recovery shelters and housing, particularly recovery housing with more support (life skills, employment etc.)
- 3 Commitment to embed outreach and engagement workers as well as recovery coaches in shelters (in addition to where they are now in emergency departments, hotel/motels and street)

Thank you!

Let's stay in touch.

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