



# **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 houselessness.
- 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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