

Recovery Partners of Vermont



Vermont Certified Recovery Residences' Impact & Case Studies Report

Last year, the General Assembly appropriated state general funds as well as Opioid Abatement special funds to support the scaling of certified recovery residences in Vermont. This funding in the FY25 State Budget helped to bring **an additional 40 beds online since July 1st, 2024 through the startup of 4 new residences.**

Recovery Residence Social Impact

Certified recovery residences in Vermont served **226 people in 2024**

- **100%** of these guests received peer recovery coaching and were connected to a local recovery center for services and programming during their stay
- The average length of stay for residents across the system was **6 months**
- During this time, **142 people (63%)** gained meaningful employment
- **143 people** left their recovery residence in 2024. Of these, *at least 70* transitioned to a stable living environment*

***This metric is incomplete.** Unfortunately, we do not yet have accurate data for the number of people who transitioned from recovery housing to stable living environments, because operators do not always know where an individual goes when they voluntarily leave (this was not tracked prior to the passage of Act163 in 2024). There are other factors at play for why this metric is seemingly low:

- **How do we define “stable” housing?** Many members leave a recovery residence to move in with friends and family, and do not pay rent there. We would consider this stable, but currently, the data above only includes people who move into a rent or own situation.
 - We look forward to scaling up resources to better define and track exit data into the future.
- **Recovery statistics are generally “less impressive”** than other social services may be, because recovery is not linear. Studies report an average of five attempts to achieve long-term recovery. It is not uncommon for an individual to relapse, and until long-term recovery is achieved, those successful metrics cannot be accounted for.

Removals

There were **40 temporary and permanent removals** from certified recovery residences from July 1st to December 31st, 2024. Of these 40 exits, 27 were due to relapse and 13 were due to threatening or violent behavior. It is current practice for operators to work with every member to establish self-directed relapse plans. If a member cannot implement the safety plan they developed, a safety net is established by each operator. 19 individuals needed to access the safety net services of operators following a removal.

Recovery Residence Economic Impact

In addition to the social and emotional benefits that come with helping people realize the power they have to break free from their addiction, recovery residences also provide enormous economic benefits to the State of Vermont. The VT Department of Health recently contracted with the Fletcher Group to better understand the economic

impact of recovery residences in Vermont, and the cost of not scaling this resource. The study reports that “A recent analysis of the economic impact of **opioid use disorder in Vermont found that opioid use disorder and associated fatal opioid overdoses cost the state of Vermont \$2.42 billion in 2017.**” Around 22% of Vermont residents ages 12 and older met the criteria for a drug or alcohol use disorder in 2021. Recovery residences provide long-term cost savings.

You can find the Fletcher Group’s presentation on the Financial Landscape and Economic Impact of VTARR certified Recovery Residences [HERE](#). The presentation concludes that:

- The **total economic value of VTARR-certified organizations over 15 years is approximately \$610 million.**
- This value includes avoided criminal justice costs, avoided healthcare costs, avoided productivity costs, and other benefits in the form of reduced premature mortality and morbidity.

Economic Impact of Certified Vermont Recovery Residences

Variable	Output
Total Residents Served	3,750
Total Benefits	\$610,195,104
Total Costs*	\$62,054,967
Net Benefits	\$548,140,136
Return on Investment	\$8.83

*For this report, total costs include ALL operational costs of certified recovery residences, which are not all covered with state dollars. **If we were showing Return on Investment for state dollars only, the net benefit becomes \$608,965,104** (total benefits - \$1,200,000 Opioid special funds - \$30,000 general funds) for FY25.

Here is a narrative excerpt from the Fletcher Group report that explains the importance of this resource:

An important recovery support service for individuals with SUD is recovery housing, a housing model that provides safe, healthy, family-like substance free living environments for those seeking recovery from SUD. Recovery housing has been found to be associated with improved recovery related outcomes including reduced substance use, criminal justice involvement, anxiety, depression, and homelessness, and increased employment and income. Although the exact number of recovery residences in the United States (U.S.) is unknown, latest estimates suggest there are approximately 10,000 recovery residences in the U.S. As of November 2024, there were approximately 4 recovery housing organizations operating 14 recovery residences certified by Vermont Alliance of Recovery Residences (VTARR).

Case Studies & Testimonials

Anonymous Quote from Scholarship Recipient (funded through Opioid Settlement Funds in FY2025): “Thank you for helping me finance my next step toward sobriety AKA Freedom! It was the only way I could be where I am today.”
 –Member, VFOR’s Essex Men’s Recovery Home

Anonymous Story from The Turning Point of Springfield’s Recovery Home: One guest transitioned to our program from incarceration & residential treatment. As an older adult, this individual doubted their ability to “get the hang of this recovery thing.” Eight months later, they are an active volunteer at our recovery center and models recovery for the five other house guests. We’re proud to have this individual in the Springfield Recovery community!

Carrie’s Story, Vermont Foundation of Recovery: After years of heavy drinking, Carrie’s health deteriorated severely. She recalls, “My eyes started getting yellow, my stomach was bloated with fluid up to the bottom of my heart, and I

started having trouble breathing.” Doctors diagnosed her with cirrhosis of the liver and gave her a 16% chance of survival, prompting her family to gather at the hospital, fearing she wouldn’t make it through the night.

Determined to change, Carrie quit drinking on April 1, 2024 and spent two and a half weeks in the hospital. Upon discharge, she committed to sobriety and entered a two-week program at Valley Vista. However, upon completion, she found herself homeless with nowhere to go. That's when the Vermont Foundation of Recovery (VFOR) accepted her application.

Initially apprehensive about recovery, Carrie found immense support at The Barre Foundation recovery home and from VFOR, which operates the home: “I got a lot of support as a member of VFOR—I have not relapsed.” With their help, Carrie recently received a promotion at her job with ReSource and is preparing to move into VFOR's transitional apartment in Barre. This new living environment will offer her more independence while still receiving the benefits of VFOR membership. Reflecting on her progress, Carrie says, “Things are going incredibly well; I couldn’t have done it without the accountability, support, and security from VFOR. I was able to re-find myself.”

Throughout her recovery, Carrie’s youngest daughter, now 20, has been her rock, accompanying her to the ER and offering unwavering support. Their bond has strengthened, and Carrie cherishes having all four of her daughters back in her life. She shares, “When you come from a point where you think you’re going to die—it’s a gift every day when I wake up.”

Looking ahead, Carrie is determined to give back. She has a recovery coach through The Turning Point Center of Central Vermont and plans to become a recovery coach herself. She aims to regain her driver’s license, secure her own place and a car, and is enrolling in small business management courses through the Community College of Vermont, along with a computer certification class.

Josh’s Journey, From Member to Staff Member: Josh first came to VFOR after struggling with addiction that left him homeless for nearly 3 years. Living on the streets of Burlington, Josh hit rock bottom. Repeated stints in jail and rehab reinforced the cycle of despair until a pivotal moment in a solitary jail cell sparked a spiritual awakening. “I saw the path I was going down, and I didn’t like it,” Josh recalls. Determined to change, he committed himself to sobriety and the hard work of rebuilding his life.

When Josh joined VFOR, he found more than a place to live—he found a community that held him accountable while providing structure, routine, and the support needed to succeed. “The structure here is key,” Josh explains. “VFOR’s guidelines create discipline and give you the tools to recreate yourself. It’s not easy, but it’s worth it.”

Josh’s commitment to recovery didn’t go unnoticed. After transitioning to VFOR’s transitional apartments, an intermediary step for members moving toward independence, he was approached by VFOR’s Director of Operations with an opportunity to join the team. Josh is now the House Coordinator for two of VFOR’s men's recovery homes in Essex and helps others navigate the challenges he once faced, fostering accountability, structure, and fellowship within the homes.

Despite VFOR’s impact, Josh sees the challenges that remain. “There’s always a waiting list, at least 10 people deep, just for one house,” he says. The demand for recovery beds far exceeds availability, leaving many without the support they need. “VFOR is expanding rapidly, but we need more beds, more staff, and more resources to help everyone on that waiting list recreate their lives like I did.” Josh’s story is a testament to the life-changing work of VFOR and the critical need for more resources to expand its reach. “The goal is to help everyone who comes

through these doors,” he says. For him, success isn’t just about staying substance-free—it’s about rebuilding a life with purpose, accountability, and community. “I’ve seen it work, and I’m living proof.”

... While the following case studies are not typical success stories, we believe it is important to share some real-life stories from the ground in regards to why it is so important for operators to be able to remove an individual when necessary. Accountability is a core element of successful recovery, and while everyone involved in the recovery system holds the utmost respect and compassion for every individual’s circumstance, it can become detrimental to the overall health and stability of a home to have one individual acting in a way that threatens the successful recovery of others in any way. Below are some of those stories.

Good Samaritan Haven

We unfortunately had one guest who failed multiple urinalysis, and many of the individual’s housemates wrote formal grievances to staff alleging that this individual was trying to sell them drugs in the home. After being confronted about both the failed urinalysis and the written grievances, this individual became belligerent and angry. Unfortunately, they were not interested in our agreed upon Recurrence Plan, nor were they interested in going back to inpatient rehab. This individual was moved to another Good Samaritan Haven shelter site.

Springfield Transitional Housing Program

One individual returned to our home for a second time, and engaged well for about a month after signing our program contract. Then, we saw significant changes in behavior. This individual began to miss house meetings and did not follow contract requirements around engagement and check-ins. These requirements follow best practices for sustained recovery, which include community and accountability. Given the change in behavior we conducted an urinalysis, which came back positive for opiates. The individual then missed scheduled appointments with the clinic. Other house guests were upset and triggered by the aggressive behavior and non-participation house meetings and responsibilities. We let the individual know that they needed to go to treatment again to stabilize, and that their bed will be held for them until they are able to return. Unfortunately, they refused to leave the premises and quickly became violent and damaged property. All other residents had to be escorted off the premises by police. We offered to help find available treatment or temporary housing, but the individual refused, packed their car, and left. We do not know their whereabouts at this time.