
**Report to
The Vermont Legislature**

**Recovery Residence Certification Program
2025 Report to the Legislature**

In Accordance with Act 163, Section 1 (c)

**Submitted to: House Committee on Human Services
 Senate Committee on Health and Welfare**

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Report Date: January 17, 2025

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Introduction

This report is submitted by the Department of Health (Department) pursuant to Act 163 (2024), which requires that the Department, in consultation with State agencies and community partners, develop and recommend a certification program and corresponding draft legislation for recovery residences operating in the State that choose to obtain certification.

Accordingly, this report includes recommendations for a recovery residence certification program and draft legislation from the Department, while also noting areas of divergence among the stakeholders who were consulted for this report.

In developing these recommendations, the Department invited participation from the following stakeholders:

- Vermont Alliance of Recovery Residences (VTARR)
- Vermont Foundation of Recovery (VFOR)
- Second Wind Foundation
- Good Samaritan Foundation
- Jenna’s Promise
- Dismas House
- Northeast Kingdom Community Action*
- First Step Recovery House*
- Springfield Supported Housing
- Vermont Legal Aid
- End Homelessness Vermont*
- Vermonter’s For Criminal Justice Reform
- Vermont Substance Use Treatment Coordinators (VSUTC)
- Preferred Provider Network
- Vermont Recovery Center Network
- Recovery Partners of Vermont
- Department of Corrections*
- Department of Mental Health*
- Department of Vermont Health Access

*The asterisk indicates entities that were invited to participate but did not attend meetings and did not provide any written feedback.

While there were many areas of consensus, largely focused on the adoption of the Vermont Alliance of Recovery Residences (VTARR) standards¹, not everyone indicated support for all aspects of the recommendations. In this report, the Department makes clear the areas of consensus among stakeholders and the areas in which there were diverse perspectives.

¹ Because the Vermont Alliance of Residences (VTARR) is the Vermont affiliate of National Alliance of Recovery Residences (NARR), “VTARR standards” and “NARR standards” are used interchangeably throughout this report.

The recommended standards reflect the Department's desire to balance the, at times, competing priorities of (1) establishing and maintaining a robust and well-functioning system of recovery residences that protects the health and safety of all residents and (2) the rights of each individual, especially those who experience a return to substance use while living in a recovery residence. The Department identified areas in which stakeholder perspectives differed. Further explanations of stakeholder perspectives are included in the appendices of this report.

The Department recommends the following be included in legislation:

- (1) The Department be given statutory authority through rulemaking to establish the regulations for the effective operations and programming of certified recovery residences, including that the Department be given the following expressed statutory authority through rulemaking:
 - to select the certifying body for recovery residences;
 - to require certified recovery residences to have established grievance policies and procedures that include minimum standards established by the Department;
 - to establish the minimum requirements for the certifying body when responding to a resident grievance;
 - to establish an appeal process for certification denials;
 - to establish the minimum standards for recovery residences service delivery policies and procedures (e.g., resident rights, smoking policy, infection control, program financial agreements related to resident fees, drug testing policies, and medication policies including policies on the use of MOUD).

- (2) Additional circumstances in which a recovery residence may exit or transfer a resident (e.g., theft, actions that put other residents and staff at risk).

Rulemaking is recommended both because it will afford stakeholders significant opportunity for engagement, while also accommodating the anticipated need for regulatory flexibility given the evolving needs of those who utilize recovery residences.

Overview of Current Recovery Residence Certification Program

Background

A recovery residence, also known as a recovery house, is a sober living environment that includes recovery services and supports to assist residents in their recovery from substance use disorders (SUD). There is no universal definition of recovery residence, no federal regulation or certification requirements, and no national directory of recovery housing locations. There are many models of recovery housing and variation in state regulation of recovery housing programs. Act 163 (2024) 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.²

² ACT 163 Section 1 (d) [ACT163 As Enacted.pdf](#)

The National Alliance of Recovery Residences (NARR), founded in 2011, provides standards and a framework for the levels of support offered by recovery residences.³ NARR has affiliates in over 30 states and certifies over 6,500 homes nationwide.

The Vermont Alliance of Recovery Residences (VTARR) is the Vermont affiliate of NARR and currently serves as a certifying body for Vermont recovery residences. Certification is not required for a recovery residence to operate in Vermont. VTARR receives funding from the Vermont Department of Health and through certification fees paid by recovery residences.⁴ As of the writing of this report, there are four organizations in Vermont with thirteen (13) recovery residences certified through VTARR. VTARR certification requires that operators demonstrate adherence to the national standards. Recovery residences demonstrate compliance with the standards through submission of extensive documentation, annual onsite inspections, participation in various trainings, and responsiveness to concerns and/or grievances.

Funding

Funding for development, implementation, and ongoing operations of recovery residences varies. At present, the Department funds twelve of the thirteen VTARR certified recovery residences through four umbrella organizations.⁵ These Department funds are a mixture of federal demonstration grant dollars, Vermont state general fund, Opioid Settlement funds, and Medicaid investment dollars. Some recovery housing operators also receive revenue from resident fees, private donations, corporate donations, business income, other grants, and foundation dollars.

Ashworth et al. reports that nationally, the majority of funding for recovery residences comes from resident fees and government funding, with rural areas having a higher dependence on government funding.⁶

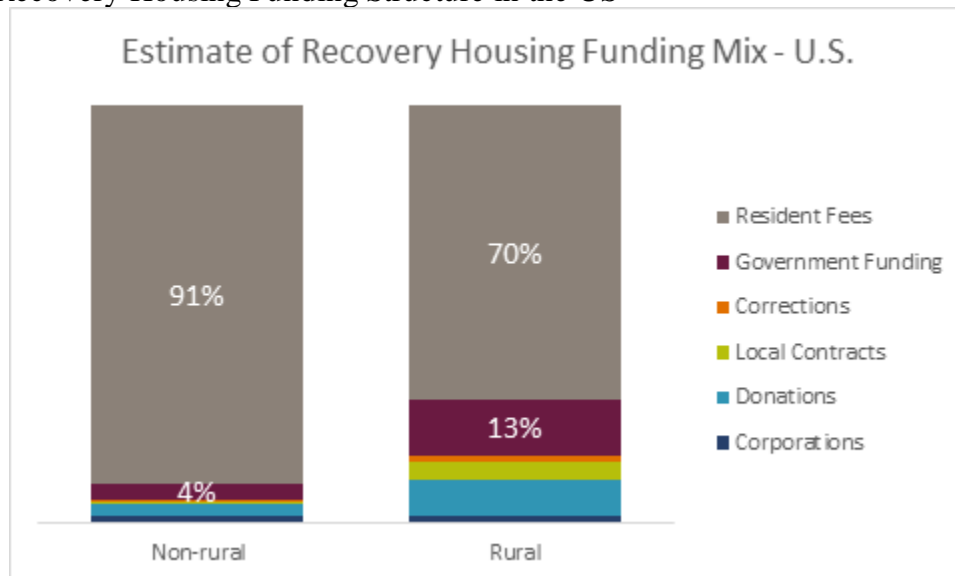
³ <https://narronline.org/standards/>

⁴ [Vermont Alliance for Recovery Residences \(VTARR\) | Resources for Recovery Homes and the People Who Stay There](#)

⁵ The only VTARR certified recovery residence the Department does not fund is Springfield Turning Point Recovery Centers home. They have not requested funding from the Department and did not respond to the Request For Proposal the Department issued. Currently, the Department has no unallocated funds.

⁶ Madison Ashworth, Robin Thompson, Ernest Fletcher, Grace L. Clancy & David Johnson (2022) Financial landscape of recovery housing in the United States, *Journal of Addictive Diseases*, 40:4, 538-541, DOI: 10.1080/10550887.2022.2036575

Graph 1: Recovery Housing Funding Structure in the US⁷



Models from Other States

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) collected information from member states regarding recovery residence operators, oversight, and funding mechanisms. These data showed significant variation in how states approached funding of recovery residences and related services. While some states, like Montana and Florida, provided no funding for recovery residences, others, like Nevada, paid a daily room and board rate for recovery residences when individuals were engaged with outpatient treatment services covered by Medicaid or private insurance.

States that provide funding in some form for recovery residences also differed in whether funding was provided directly by the state or through managed care companies or county level government. States also differed in approaches to certification of recovery residences, with some states certifying residences working with their state NARR affiliates and some working with the Oxford House organization, which has its own standards.⁸

The variation in other states’ involvement, oversight and funding of recovery residences, as well as Vermont’s small population, makes extrapolation of other states’ approaches to Vermont challenging. Accordingly, no single model has been identified as ideal for Vermont.

The Department sees value in investing in the development of additional recovery residences to address inequities in geographic access and access for target populations (e.g. women’s residences). The Department also supports investments in funding for vouchers to support

⁷ *ibid.*

⁸ <https://nasadad.org/> and <https://www.oxfordhouse.org/resources/oxford-house-manual>

residence membership dues for individuals in the early stages of recovery who may not have stable income or employment. A funding mechanism for vouchers would further support operations for recovery residence operators thereby strengthening and stabilizing the recovery residence system in the State. The Department sees value in diversifying the funding portfolio for recovery residences to support sustainability of the system, thereby allowing further expansion of recovery residences and increased support for resident vouchers.

Barriers to Availability of Recovery Housing

Stakeholders identified the lack of stable and predictable funding as a barrier to the further development and operation of recovery residences in Vermont.⁹

Additionally, recovery residence operators identified difficulty in legally removing residents who pose a health, safety, or other risk to fellow residents as a barrier to the development and availability of recovery housing in Vermont. To address this, the legislature enacted a temporary exemption to the requirements in 9 V.S.A. § 4452 (Vermont's landlord-tenant law) for recovery residences while also developing an alternative process to exit individuals whose behavior may endanger others in the residence.¹⁰

While the implications of this new regulatory flexibility will not be fully understood for several more months, as of the writing of this report, only one operator has completed the necessary steps outlined in the legislation to qualify for the exemption.¹¹ Operators have indicated that the current exemption language does not fully address the operators' concerns about their ability to remove individuals who pose a risk to the recovery residence community. While the current language allows for immediate removal when individuals violate the substance use policy or engage in acts of violence, operators expressed that there are other activities, including illegal ones such as theft, which are not included. In contrast, two stakeholders who provided input, indicated support for more robust landlord-tenant protections for residents of recovery residences. See appendices for their detailed comments.

Short of a permanent full exemption for certified recovery residences from the landlord-tenant law, the Department sees value in the Legislature further defining the circumstances in which an exemption from landlord-tenant law may be permitted for recovery residences to include other acts that put residents and staff at risk, such as theft.

⁹ The Department, in collaboration with the Agency of Human Services and the Department of Vermont Health Access has applied for and received approval from the Centers for Medicare and Medicaid Services (CMS) to develop a benefit for Vermont Medicaid beneficiaries for coverage of Recovery Support Services (RSS). While this benefit will not cover recovery housing itself, it offers an opportunity to cover the recovery support services provided within recovery housing.

¹⁰ [ACT163 \(2024\) Sec. 3.9 V.S.A. § 4452](#)

¹¹ Pursuant to Act 163 (2024), the Department will not receive the exit or transfer of a resident by recovery residences from the certifying body, until January 15, 2025. An assessment of the exiting data will be conducted pending receipt of that data.

Enhancing Vermont’s Recovery Residence Certification Program

In this section, the Department provides a framework for a sustainable, accessible, and effective recovery residence system, including recommendations where appropriate. This was developed in consultation with the stakeholders listed in Appendix A. While there was broad consensus on many aspects of the design of a future recovery residence system, there were also some notable disagreements. The Department has reflected those different positions in this report to provide clarity to the legislature as they consider these varying policy positions.

Certifying Body

Prior to 2019, Vermont lacked any form of oversight or encouragement of best practices for recovery residences. In response, Recovery Vermont, the Vermont Foundation of Recovery, and community stakeholders collaborated to establish a voluntary certification system based on the National Alliance of Recovery Residences (NARR). The group’s primary objective was to embrace best practices and draw attention to the critical need for these recovery resources in Vermont’s overall substance use disorder system of care. VTARR was founded as a result of this work and has since, with funding from the Department, improved the recovery residence system through the establishment of standards, a fair and transparent voluntary certification process, community engagement, education, and technical assistance.

Accordingly, the Department recommends that VTARR remain the certifying body. The Department also recommends that the Department be given statutory authority to select the certifying body for recovery residences. This approach will foster continued support for the current certifying body while providing the Department with the ability to authorize a new certifying body should that need arise (e.g. due to business closure, performance issues etc.).

Certification Fees

Current VTARR certification fees are two hundred and fifty dollars (\$250) per residence.¹² While these fees are not sufficient to fully fund the operations of VTARR, funding from the Department further subsidizes the organization. The Department recommends that the certifying body set the certification fees and the fee structure for recovery residences. The Department recommends that any changes to certification fees should be considered with the goal of balancing the need for sustaining the operations of the certifying organization and the affordability and feasibility of the fee structure for recovery residences. VTARR provided the rationale for inclusion of a per-bed fee in their certification fee structure, indicating that NARR requires affiliates to pay a per-bed fee as a part of affiliation. In addition, in their interactions with affiliates in other states, most have incorporated a per-bed fee into their certification structures. Additionally, VTARR indicated that most vendors for bed management and data collection systems also use a per-bed structure. For the purpose of alignment, future fee structures should also consider a per-bed fee. The Department will work with VTARR as they develop the fee structure.

Grievance and Review Process for Resident Complaints – Exclusive of Landlord Tenant

At present, VTARR requires that all certified residences have a grievance policy and procedure. Additionally, VTARR requires that residents are expected to engage with residence grievance procedures prior to submitting a complaint to VTARR. The Department agrees with VTARR’s

¹² [VTARR-CERT-APPLICATION-AND-REQUIREMENTS.pdf](#)

current requirements and recommends that the Department be granted the rulemaking authority via statute, to require certified recovery residences to have established grievance policies and procedures that include the minimum standards:

- Method by which grievances are submitted (e.g., in writing) and to whom grievances must be submitted
- Timeframe by which the residence must respond to the grievance
- Method by which grievances are responded to (e.g., in writing)
- Process for appeal of the outcome of the grievance to the certifying body

The Department also recommends that the Department be granted the rulemaking authority via statute, to establish the requirements for the certifying body when responding to a grievance. The minimum standards shall include:

- Method by which grievances are submitted (e.g., in writing) and to whom grievances must be submitted
- Timeframe by which the certifying body must respond to the grievance
- Method by which grievances are responded to (e.g., in writing)
- Data and record keeping requirements for grievances
- Reporting requirements on grievances to the Department
- Process for appeal of the outcome of the grievance to the Department

Appeal Process for Denials of Certification – Exclusive of Landlord Tenant


The Department recommends that the Department be granted the rulemaking authority via statute, to establish an appeal process for denials of certification. A recovery residence denied certification would be eligible to appeal the decision in accordance with 18 V.S.A. § 128(a). These appeals would be governed by Vermont Rule of Civil Procedure 74 and other applicable laws.

Certification Levels

All recovery residences offer alcohol and illicit substance-free living environments and utilize a social model recovery approach. They are differentiated by the intensity of staffing, governance, and recovery support services. Below, Table 1: NARR Recovery Residence Levels of Support and Standards identifies the four (4) levels of recovery residence support.¹³ The Department continues to endorse this model of certification levels.

¹³ [Standards | National Alliance for Recovery Residences](#)

Table 1: NARR Recovery Residence Levels of Support and Standards

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	<ul style="list-style-type: none"> • Democratically run • Manual or P&P 	<ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures 	<ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state 	<ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	<ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged 	<ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services 	<ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house 	<ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development
	RESIDENCE	<ul style="list-style-type: none"> • Generally single family residences 	<ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types 	<ul style="list-style-type: none"> • Varies – all types of residential settings 	<ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	<ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer 	<ul style="list-style-type: none"> • At least 1 compensated position 	<ul style="list-style-type: none"> • Facility manager • Certified staff or case managers 	<ul style="list-style-type: none"> • Credentialed staff

Eligibility Requirements for Recovery Residence Levels

The NARR standards are the only nationally recognized standards for recovery housing. The NARR standards provide guidance for certifying recovery residences as effective and safe environments that support individuals’ recovery goals. The NARR standards outline the requirements for certification at the four levels of recovery residences.¹⁴ In addition to these standards for residences, the NARR code of ethics outlines the ethical practices required for the owners, operators, staff and volunteers of recovery residences. For levels requiring credentialed or licensed staff, all state and federal regulations for credentialing of staff must be followed. All staff and volunteers must be trained in the standards and code of ethics, and compensated staff must receive regular supervision and performance evaluation per written organizational policies. The Department endorses the NARR standards for recovery residences, which include criteria for each level of recovery residence certification,

¹⁴ [NARR Standard 3.0 \(narronline.org\)](http://narronline.org)

The Substance Abuse and Mental Health Services Administration (SAMHSA) identifies 11 best practices that provide an overarching framework that improves upon and extends the foundational policy and practice work that has guided the development of recovery housing to date. SAMHSA recommends that recovery house operators, stakeholders, and states and jurisdictions use these best practices as a guide when enacting policies and designing programs to provide the greatest support for recovery, safety, and quality of life for individuals living in recovery housing.¹⁵ The Department endorses these best practices.

Best Practice 1	Be Recovery-Centered
Best Practice 2	Promote Person-Centered, Individualized and Strengths-Based Approaches
Best Practice 3	Incorporate the Principles of the Social Model Approach
Best Practice 4	Promote Equity and Ensure Cultural Competence
Best Practice 5	Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
Best Practice 6	Integrate Co-Occurring and Trauma-Informed Approaches
Best Practice 7	Establish a Clear Operational Definition
Best Practice 8	Establish and Share Written Policies, Procedures and Resident Expectations
Best Practice 9	Importance of Certification
Best Practice 10	Promote the Use of Evidence-Based Practices
Best Practice 11	Evaluate Program Effectiveness

Data Collection

Data collection and analysis can be an integral component of understanding the impacts and outcomes of recovery residence services on the individuals they serve. The requirements regarding what data should be collected by residences is most appropriately informed by several factors including the utility of the data in informing outcome assessments, privacy of the residents, the administrative burden on operators, and the feasibility of the data element to be collected and reported by operators. Accordingly, the Department recommends requiring operators to collect the following data for the purposes of understanding resident outcomes:

- Intake date
- Prior history of recovery residence services
- Primary substance of choice at intake
- Secondary substance of choice at intake, as applicable
- Employment status at intake and exit
- Referral source
- Resident age
- Resident gender
- Criminal justice involvement at intake
- Pregnancy status at intake
- Exit date

¹⁵ [Best Practices for Recovery Housing \(samhsa.gov\)](https://www.samhsa.gov/best-practices-recovery-housing)

- Exit reason
- Housing type at departure from recovery residence

Written stakeholder feedback was largely silent on specifics related to data collection. Of the one stakeholder who provided specific feedback on data collection, applicability of the landlord tenant laws was the focus of the feedback, and the stakeholder advocated for the inclusion of data collection specific to the adherence to landlord-tenant laws.

Service Delivery Policies and Procedures – Excluding Landlord-Tenant

In accordance with SAMHSA guidelines, recovery residences should have clearly written and easy to read policies, procedures, and resident expectations.¹⁶ To avoid ambiguity, SAMHSA recommends that standards and guidelines are clearly explained and provided in writing to each new resident by a house staff member or designated senior peer at the time of orientation. The Department recommends that recovery residences should establish and make available to residents a handbook designed to help ease the transition into the home and ensure residents understand the recovery house rules and their rights.

The Department also recommends that additional community input through the rulemaking process be included in the development of the required policies and procedures. The Department recommends that recovery residences shall have the following policies and procedures:

- Resident rights shall include the following, at a minimum:
 - Freedom from abuse and neglect
 - Freedom from forced or coerced labor
 - Privacy of physical health and behavioral health records
 - Freedom to manage their own finances
 - Freedom to have family supports
 - Freedom from unethical patient brokers
 - A process to submit and resolve grievances
 - A home-like setting
 - Access to resources to increase recovery capital
- Smoking policy shall include the following, at a minimum:
 - Identification of allowability of the use of tobacco products
 - Resident requirements if the use of tobacco products is allowed
- Infection control shall include the following, at a minimum:
 - Hand hygiene
 - Resident laundry
 - Handling of potential infectious materials
 - Resident responsibilities
- Other Policies and Procedures (for Services)
 - Program Financial Agreement shall include the following at a minimum:

¹⁶ *ibid*

- Recovery residence weekly/monthly fees detailing what is included in such fees and due dates of fees
- Admission or other non-recurring fees
- Refund policies (if applicable)
- Late fees
- Allowable payment methods
- Drug Testing policies shall include, at a minimum:
 - Mechanism for drug testing
 - Sample collection protocols
 - Purpose of drug testing within the recovery residence program
 - Drug testing requirements, including ad-hoc testing
 - Payment for drug testing
- Medication policies shall include at a minimum:
 - Resident requirements for safe storage of medications
 - Resident use of medications for opioid use disorder (MOUD)

Resident Discharge Policies

Stakeholders had divergent input regarding resident discharge policies. Much of the input was general support for the current VTARR certification and oversight process, and the imperative that recovery residences have flexibility and the ability to act swiftly to exit individuals who put other residents at risk. These stakeholders identified that risk to others in recovery residences goes beyond violation of house substance use policies or acts of violence, such as other illegal activities such as theft and that recovery residences differ in their nature and purpose from private housing. They emphasized the need for recovery residence operators to act when one individual threatens the well-being of others. Other stakeholders advocated for requiring policies that align with landlord tenant laws and reflect that residents should be considered tenants and operators considered landlords. Still other input reflected the opinion that the issue of landlord-tenant laws and recovery residences should be addressed separately from recovery residence certification.

Stakeholder input was silent on the issue of the length of time, if any, that a bed should be held in the case of a temporary exit of a resident. While some stakeholders advocated for a “safety net” for individuals exited from a recovery residence, there was no input on the number of days a “safety net” should be provided, what a “safety net” would consist of, or the entity or funding proposed to provide it. For the purposes of certification, a balance between the purpose and scope of recovery housing, the stability of the recovery residences and the goal to ensure Vermonters are housed must be considered. The Department recommends that beds be held in recovery residences for seven (7) days for individuals who are temporarily exited from the program. This balances the need for individuals to return to the recovery residence after having stabilized with treatment, recovery or other programming with the need for recovery residence operators to have reliable funding for their beds and stable peer milieus.

Stakeholders were also largely silent on the issue of resident use of legally prescribed medications. The Department received one comment that acknowledged that patient-centered care would support individuals who use medications for opioid use disorder (MOUD), or not, as a part

of their path to recovery. While MOUD is widely recognized as an evidence-based practice, as are other pharmaceutical treatments for substance use, mental health and physical health conditions, the Department recognizes that individual pathways to recovery vary and may or may not include the use of pharmaceuticals. In addition, some federal funding streams for recovery residence services require programs receiving funding to ensure access to MOUD. The Department recommends that the certifying body require certified homes to have policies and procedures that allow for the use of legally prescribed medications and safe storage of such medications on site.

In considering certification requirements, it is imperative that the balance between the rights of the individual and the rights of the other residents be considered. For example, in temporary or permanent removal from a recovery residence, what may be considered for the good of the individual may be in direct conflict with the good of the other residents. It must also be considered how recovery residences exist and interact within the larger substance use system of care. Recovery residences are, at their core, substance use disorder programming, providing recovery supports and services within a peer-to-peer residential setting. These programs offer recovery support and individuals voluntarily engage with the offered programming. The lack of availability of recovery residence beds is a barrier to people entering and remaining in recovery. Recovery residence operators state that the potential inability to legally remove individuals from residences (i.e., if the exemption for recovery residences in 9 V.S.A. § 4452 is repealed) poses a barrier to expansion of recovery housing in Vermont.

The Department recognizes the need for data on temporary or permanent exits from certified recovery residences in order to understand the scale of the issue.¹⁷ The Department recommends the following minimum data set to be reported by operators to the certifying body for aggregation and submission to the Department:

- Name of Recovery Residence
- Date of admission
- Date of incident
- Type of incident
- Incident outcome

Ultimately, the Department recommends that the current exemption in 9 V.S.A. § 4452 remain in place at least until July 1, 2026 (as currently written) while a data-informed examination of the issue is undertaken.

Noncertified Recovery Residences

This report primarily addresses aspects of a system of certified recovery residences. Certification yields a number of benefits to operators and the individuals they serve, and the Department supports the goal to improve service quality through increased certification. However, it is not clear that requiring certification is necessary for effective service delivery, and mandating certification may ultimately reduce the availability of recovery residences in Vermont. Therefore, the Department does not recommend that certification be mandatory, but instead incentivized, as described below.

¹⁷ Pursuant to Act 163 (2024), the Department will not receive the exit or transfer of a resident by recovery residences from the certifying body, until January 15, 2025. An assessment of the exiting data will be conducted pending receipt of that data.

Engagement with Noncertified Recovery Residences

Engagement with noncertified recovery residences will be imperative to understand their reluctance to become certified, and to identify strategies for moving them into the system of certified recovery residences. This engagement should include outreach and education by the Department and by certified recovery house operators regarding the benefits of certification (e.g. financial, performance, etc.).

Incentives will also be helpful in pulling residences into the certification system. Incentives can include state funding and/or regulatory flexibility that corresponds to the increased oversight and performance requirements.

Finally, Act 163 (2024) requires the Department to recommend an appropriate term for a non-certified recovery residence. To facilitate transparency and clarity, the Department recommends that these be referred to as a “sober living homes,” preserving the Certified Recovery Residence title for those that are certified.

Conclusion

While the Department sought to balance the sometimes-competing priorities to establish and maintain a system of recovery residences that protects the health and safety of all residents with the rights of each individual, not all stakeholders indicated support for all aspects of the preceding recommendations. The Department sought to reflect those areas where stakeholder perspectives differed.

The Department recommends legislation that includes granting rulemaking authority to the Department, via statute to establish the regulations for the effective operations and programming of certified recovery residences. Rulemaking is recommended both because it will afford stakeholders additional opportunities to engage in the development of regulations, while also accommodating the anticipated need for regulatory changes over time given the evolving needs of those who utilize recovery residences.

Draft Legislation

The Department recommends the following be included in legislation:

- (1) The Department be given statutory authority through rulemaking to establish the regulations for the effective operations and programming of certified recovery residences, including that the Department be given the following expressed statutory authority through rulemaking:
 - to select the certifying body for recovery residences;
 - to require certified recovery residences to have established grievance policies and procedures that include minimum standards established by the Department;
 - to establish the minimum requirements for the certifying body when responding to a resident grievance;
 - to establish an appeal process for certification denials;
 - to establish the minimum standards for recovery residences service delivery policies and procedures (e.g., resident rights, smoking policy, infection control,

program financial agreements related to resident fees, drug testing policies, and medication policies including policies on the use of MOUD).

- (2) Additional circumstances in which a recovery residence may exit or transfer a resident (e.g., theft, actions that put other residents and staff at risk).

Appendix A:

The Department reached out to the following stakeholders for engagement, participation, input and comment:

- VTARR
- Vermont Foundation of Recovery (VFOR)
- Second Wind Foundation
- Jenna’s Promise
- Vermont Legal Aid
- End Homelessness Vermont
- Vermonter’s For Criminal Justice Reform
- Vermont Substance Use Treatment Coordinators (VSUTC)
- Preferred Provider Network
- Vermont Recovery Center Network
- Recovery Partners of Vermont
- Department of Corrections
- Department of Mental Health
- Department of Vermont Health Access

Appendix B: Written Stakeholder Input on the Recovery Residences Certification Program (Sec. 1, Act 163)

The following contain written stakeholder input received via email from September 18, 2024 – October 4, 2024 on the Recovery Residences Certification Program Recommendation pursuant to Section 1 of Act 163.

Stakeholder Name and Affiliation: Yvette Vermette-Stevens, Executive Director of BAART Behavioral Health Services -Berlin

Date: 9/27/24

Written Input:

I would like to voice my support for implementing VTARR standards. I encourage increased accountability and holding houses to a baseline of standards that need to be meet. I believe this will also help to increase the number of people willing to go to recovery based living, and increase the number of houses available. This is a valuable resource for our state if managed correctly.

Stakeholder Name and Affiliation: Tom Dalton, Executive Director of Vermonters for Criminal Justice

Date: 10/1/24

Written Input:

Housing is foundational to recovery. Vermont is experiencing an acute housing shortage. High rent makes even small apartments out of reach for those without significant resources. In this context, recovery residences are playing an important role in meeting the housing needs of people with substance use disorder. At the same time, we should recognize and acknowledge that a

housing model that involves groups of unrelated people in early recovery living together is an inherently high-risk model. For best outcomes, Vermont should move away from temporary congregate living models for people in early recovery and move toward increased access to permanent, supported housing in individual apartments.

Living in a recovery residence is stressful. There is stress associated with navigating new relationships and personalities; trying to keep up with weekly rent payments; trying to comply with a variety of house rules, obligations and requirements; managing the cravings and compulsions of early recovery; and coping with a lack of housing security that can easily result in a sudden return to homelessness or incarceration. We should also recognize and acknowledge that recovery residences are not able to provide a consistently sober environment. Those who live in recovery residences often report that substance use is taking place in the residence.

Relapse is a normal part of the recovery process, for most people, and we need a system that can respond to relapse in a way that maintains engagement with the person who relapses, limits the length and severity of the relapse, and avoids dangerous interruptions in safe and supported housing. Everyone who lives in a recovery residence is at risk for relapse, and until we have a system in place that is designed to keep everyone in the house safe—especially when they struggle—no one in the house is truly safe. This is why the recovery stabilization program under development by the Vermont Department of Health is so important. We need to protect vulnerable tenants from sudden eviction to unsafe settings, especially when they are most at risk. In recognition of a significant power differential between landlords and tenants, and in recognition of the serious harm that is often experienced by individuals who are forced to leave their homes, Vermont law provides standard due process protections and judicial oversight in eviction proceedings. Tenants in recovery residences are among the most vulnerable tenants in Vermont. Their legal rights as tenants provide important safeguards for them, just as with other Vermont tenants, and their rights should be respected and protected.

1. Applicability of Landlord/Tenant Law: It is well settled law in Vermont that recovery residence operators are landlords and recovery residence residents are tenants. This has been affirmed by the Vermont Legislature, Vermont Legal Aid and others. Terms like “resident fees” or “member dues” obfuscate the landlord/tenant relationship and prevent tenants from understanding or exercising their important legal rights. The Department of Health’s recommended certification program under Act 163 should require recovery residence landlords to use plainly understandable language like “rent” (rather than misleading terms like resident fees or member dues) and “lease” or “rental agreement” (rather than member agreement). Landlords should be required to affirm the existence of a landlord/tenant relationship in lease agreements and affirmatively educate tenants about their tenant status and tenant rights under Vermont law. Finally, landlords should be required to demonstrate a consistent pattern of compliance with Vermont landlord/tenant statutes to qualify for and maintain certification.

This is especially important because some currently certified recovery residences have engaged in a long-standing pattern of knowingly violating state law by wrongfully evicting tenants without judicial process. This has resulted in serious harm to tenants including homelessness, incarceration, sexual assault, drug relapse and overdose.

Recommendations:

- Require use of plainly understandable language like “landlord,” “tenant,” “lease” and “rent,” rather than misleading terms like resident fees, member dues or member agreement

- Require landlords to affirm the existence of a landlord/tenant relationship in their lease agreements and affirmatively educate tenants about their tenant status and tenant rights under Vermont law
- Require landlords to demonstrate a consistent pattern of compliance with Vermont landlord/tenant statutes to qualify for and maintain certification

2. Independence, Meaningful Oversight and Accountability: Because the stakes for recovery residence tenants are so high, we need a certification body that provides effective oversight, holds certified recovery residences accountable, and is viewed by community stakeholders as credible and independent. To date, Vermont Alliance of Recovery Residences (VTARR) has not consistently met this standard. For example, NARR standards require recovery residences to comply with all state and federal laws. VTARR purports to provide oversight of certified recovery residences and to enforce NARR standards. VTARR has not taken effective action to hold certified recovery residences accountable for their unlawful wrongful eviction practices and has allowed landlords who repeatedly violate state law to maintain their certification. VTARR has consistently represented the interests of recovery residence landlords and has often resisted efforts to provide meaningful protections for recovery residence tenants. VTARR has, in effect, operated as a trade group for recovery residence landlords. VTARR has not demonstrated a commitment to protecting tenants who are subjected to wrongful eviction or to holding landlords accountable for the harm they have caused to vulnerable tenants. Given this context, the Department of Health should consider seeking a more impartial, effective and independent oversight and certification body, or put strong safeguards in place to ensure that VTARR provides meaningful oversight and accountability for recovery residence landlords.

Recommendation:

- Put safeguards in place to ensure that the certification body provides meaningful oversight and accountability for recovery residence landlords who violate tenant rights and put tenants at risk

3. Enhanced Monitoring and Data Collection: Given the systematic violation of state landlord/tenant laws by certified recovery residence landlords with the at least tacit approval of VTARR, the lack of meaningful oversight by VTARR, and the serious harm to tenants that has often resulted, the Department of Health should recommend enhanced monitoring and detailed data collection related to tenant retention in recovery housing, compliance with landlord/tenant law and related exemptions, and health outcomes following interruptions or terminations in residency. This should include gathering information from tenants (rather than relying solely on information reported by landlords).

Recommendation:

- Require enhanced monitoring and detailed data collection related to tenant retention in recovery housing, compliance with landlord/tenant law and related exemptions, and health outcomes following interruptions or terminations in residency
- Require mandatory review of each interruption or termination in residency
- Gather information directly from tenants and community providers (rather than relying solely on information provided by landlords)

4. Roles and Responsibilities: We need recovery residences to focus on addressing the community need they are best positioned to fill: providing accessible and stable housing for

people in early recovery from substance use disorder. Some recovery residences improperly represent themselves as programs and impose requirements related to treatment and recovery on tenants. Often, this occurs without the recovery residence conducting a clinical assessment or developing a treatment plan. Most recovery residences do not have staff with the qualifications necessary to conduct clinical assessments or engage in treatment planning. Recovery residences often act without complying with standards relating to professional licensure, confidentiality, record-keeping, informed consent, continuing education, duty of care and professional liability. For recovery residence tenants, there are often already “to many cooks in the kitchen.” Many have multiple and conflicting treatment and recovery requirements imposed on them by treatment courts, probation/parole officers, MOUD treatment providers, outpatient treatment providers and more. The Department of Health recommendations should re-focus recovery residences on providing safe and stable housing and require the certification body to hold landlords accountable for practicing outside the scope of their qualifications, certification level and role as recovery residence operators.

Recommendations:

- Require the certification body to educate certified recovery residence landlords about appropriate practices consistent with their qualifications, certification level and role
- Require the certification body to monitor the practices of recovery residence operators related to professional regulation, confidentiality and safeguarding of protected health information, record-keeping, informed consent and related topics, and take corrective action as appropriate

5. Diversity of Operators/Improved Access: Currently, Vermont Foundation of Recovery (VFOR) operates most of the certified recovery residences in Vermont. For tenants who have been evicted from a VFOR residence, had a bad experience with VFOR or who have been told that they are not eligible to return to a VFOR residence, this lack of options among residence operators can be harmful.

Recommendations:

- The Department of Health should prioritize use of new funding and initiatives to develop a diversity of recovery residence operators to facilitate improved access

Stakeholder Name and Affiliation: Candace Gale, Director of Community Relations for the Vermont Foundation of Recovery

Date: 10/2/24

Written Input:

Good Afternoon, my name is Candace Gale, and I’m the Director of Community Relations for the Vermont Foundation of Recovery. Today, I’m here to talk to you about the urgent need for Vermont to adopt a state certification process for recovery residences that aligns with the existing VTARR certification, which follows the National Alliance for Recovery Residences (NARR) standards.

Prior to 2019, Vermont’s recovery residences operated with little to no oversight, leaving gaps in the quality and consistency of support for individuals in recovery. Recognizing this, our Executive Director, David Riegel, and Director of Operations, Andrew Gonyea, sought to raise the bar for recovery residences by aligning with NARR. This decision has transformed Vermont’s recovery landscape, ensuring that recovery homes adhere to national standards that promote both

safety and long-term recovery.

At the Vermont Foundation of Recovery, we have seen firsthand how important these standards are. Our participation in the NARR annual conference is part of our ongoing commitment to maintaining excellence in our recovery homes. Through this conference, we adopt best practices and ensure our homes provide appropriate referrals for individuals needing medication-assisted treatment (MAT). While we do not provide MAT services directly, we recognize the importance of connecting individuals to appropriate clinical care, such as treatment programs and stabilization beds, when they need them. Recovery residences like ours focus on creating a stable, supportive environment for individuals in early recovery, where structure and community are key. The nature of a recovery residence is different from private housing. Individuals in recovery share living spaces like kitchens and common areas, meaning that one person's behavior can deeply affect everyone in the home. Recovery homes are structured settings where individuals need to feel safe and supported in order to focus on their recovery journey. This is why not everyone is always a good fit for this environment. While we must have the ability to remove residents for active use or violent behavior, it goes beyond that—if a resident is stealing from others, refusing to participate in household responsibilities, or making others uncomfortable, it disrupts the entire home's stability. The ripple effect of one person's behavior can jeopardize the recovery of everyone in the household.

A critical aspect of maintaining this safety and structure is giving operators the authority to take immediate action when a resident's behavior threatens the well-being of others. Without this flexibility, the stability of the home is compromised. Involving law enforcement should not always be necessary, as it can re-traumatize residents or lead to criminal charges that further harm the individual being removed. Operators need the ability to swiftly and safely address these situations to protect the entire home.

Annual site visits, another key component of the NARR process, allow for continuous feedback and improvement, ensuring that our homes maintain the highest standards of care. This is why adopting the VTARR certification process at the state level is so crucial—it ensures consistency, accountability, and flexibility for operators to keep recovery residences safe and effective.

By fully embracing the NARR standards as implemented by VTARR, Vermont can ensure that its recovery residences operate under a robust, nationally recognized framework that prioritizes safety, structure, and long-term recovery. These standards not only provide the consistency and accountability necessary to maintain high-quality care, but they also give operators the flexibility to make immediate decisions when the well-being of residents is at risk. VTARR's adoption of these standards has already proven effective in creating supportive, stable environments for individuals in recovery, and it's critical that we continue to build on this foundation at the state level.

I urge you today to support this initiative and adopt a state certification process that follows VTARR's standards, ensuring that recovery residences across Vermont continue to offer safe, structured, and effective pathways to recovery for those who need it most. Thank you.

Stakeholder Name and Affiliation: Jeffrey Moreau, Executive Director of Vermont Alliance for Recovery Residences (VTARR)

Date: 10/6/2024

Written Input:

I am currently at the National Alliance for Recovery Residences (NARR) Conference, and a few things have come up related to your legislative work that I wanted to share.

Regarding "voluntary certification," which we fully support, I learned that requiring certification could potentially violate Fair Housing laws. Additionally, as we've discussed previously, some homes do not meet the necessary standards, practices, and/or operate under the social model of recovery on which these standards are built. It was helpful to receive confirmation about the importance of keeping certification voluntary in Vermont.

This raises the question of how we can differentiate certified operators from others, which I know you are exploring. I spoke with the CEO of NARR, who suggested using the terms "sober living homes" or "shared living homes." As you know, the latter is often framed within the mental health context as shared supportive living, so I recommend using "sober living home" for those who are not certified.

Regarding certification fees, we currently charge a flat rate of \$250 per home. However, most affiliates have transitioned to a per-bed fee, as it better aligns with the dues paid to NARR and other vendors. If we adopt this change, we would need to set the fee at \$50-\$60 per bed, which would represent a modest increase for most of our operators in Vermont.

Finally, we had some very productive discussions around affiliates and their relationships with various state partners. One thing I don't think I've asked recently is, "What would DSU like to see VTARR do differently or add to our work?" Your feedback would be invaluable as we begin to develop our work plan for FY 2025.

I hope you find this information useful, and I look forward to your feedback or any other questions you would like me to ask while I am with colleagues from NARR and operators around the Country.

Stakeholder Name and Affiliation: Wendy Morgan, Special Assistant to Executive Director of Vermont Legal Aid (VLA)

Date: 10/7/2024

Written Input:

Thank you for the informational meeting you held on September 26. I think we all appreciated being able to get your overview of the program you are in the process of implementing.

As I think I noted, I was involved in extensive stakeholder discussions several years ago which unfortunately were not able to be adopted into law. We were able to reach agreement on many things, and I would hope they would be incorporated into the final program you develop.

My main concern with the VTARR approach, at least at that point in time, was that VTARR would have requirements, such as have a discharge procedure, but there were no VTARR minimum requirements for the procedure. I hope that you intend to include minimum requirements for any VTARR standards which do not set them out explicitly.

Unfortunately, there is no longer a person on VLA staff who regularly works with recovery residences, so I am not able to provide you with specific recommendations for each of the areas that might need specificity beyond what VTARR requires. Some of the areas that were discussed in the past include: duty of care owed to tenants, protections for the resident, use of medically assisted treatment, content of the rental agreements, processes for temporary removal of the resident (including a “safety net”) and for terminating the tenancy. If it would be helpful to have later drafts of the legislation, I’d be happy to supply them.

Once you have developed proposed requirements, I hope I would be able to get you feedback on what is developed. I regret that I do not have greater capacity at this time to provide you with detail beyond past draft legislation and a summary of the provisions most, but not all, stakeholders agreed to.

We look forward to reviewing your proposed regulations.

Appendix C: Meeting Minutes for the Vermont Recovery Residences Certification Program Stakeholder Session

Meeting Details

Name:	Vermont Recovery Residences Certification Program (Act 163, Section 1) Stakeholder Session
Date:	Thursday, September 26, 2024
Time:	1:30 – 2:30PM EST
Location:	Microsoft Teams
Attendees:	<p>Non-State Attendees:</p> <ul style="list-style-type: none"> • Jeff Moreau, Executive Director – Vermont Alliance for Recovery Residences (VTARR) • Candace Gale, Director of Community Relations – Vermont Foundation of Recovery (VFOR) • Karl Coleman, Jack’s House & Recovery Coach – Second Wind Foundation • Peter Mallery, President – Second Wind Foundation • Jenna Collins, Shelter Manager – Good Samaritan Haven • Luke Rackers, Director of Administration – Good Samaritan Haven • Daniel Franklin, Co-Executive Director – Jenna’s Promise • Ashley Earle, Peer Support Specialist – Jenna’s Promise • Gregory Tatro, Co-Executive Director – Jenna’s Promise • Lex Arthers, Admin Manager – Jenna’s Promise • Jim Curran, Executive Director – Dismas House

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- Lee Trapeni, Executive Director – Springfield Supported Housing Project
 - Michelle Carey, Executive Director – Preferred Provider Network: Habit Opco - West Lebanon
 - Samantha Rhoads, Executive Director – Preferred Provider Network: Lund
 - Will Towne, Chief Operating Officer – Preferred Provider Network: Spectrum Youth and Family Services
 - John Pacheco, Co-Executive Director – Preferred Provider Network: Treatment Associates
 - Kevin Hamel, Executive Director – Preferred Provider Network: Valley Vista
 - Rick Distefano, Chief Operating Officer – Preferred Provider Network: Valley Vista
 - Christina Plazek, Executive Director – Preferred Provider Network: BAART Behavioral Health Services – Newport/St. Johnsbury
 - Yvette Vermette-Stevens, Executive Director – Preferred Provider Network: BAART Behavioral Health Services – Berlin
 - Bianca Blaikner, Executive Director – Preferred Provider Network: Howard Center - Chittenden Clinic
 - Danielle Cayton, Executive Director – Preferred Provider Network: Clara Martin Center
 - Bob Purvis, Executive Director – Vermont Recovery Center Network (RSOs): Turning Point Center of Central Vermont
 - Emma Stewart, Executive Director – Vermont Recovery Center Network (RSOs): Turning Point of Windham County
 - Elias Burgess, Program Director – Vermont Recovery Center Network (RSOs): Turning Point of Windham County
 - Lila Bennett, Executive Director – Vermont Recovery Center Network (RSOs): Journey to Recovery Community Center
 - Margae Diamond, Executive Director – Vermont Recovery Center Network (RSOs): Turning Point Recovery Center of Bennington
 - Tracie Hauck, Executive Director – Vermont Recovery Center Network (RSOs): Turning Point Center Rutland
 - Gary De Carolis, Executive Director – Recovery Partners of Vermont (RPV)
 - Wendy Morgan, Special Assistant to the Executive Director – Vermont Legal Aide
 - Tom Dalton, Executive Director – Vermonter's For Criminal Justice Reform (VCJR)

State:

- Megan Mitchell – VDH-DSU
 - Lisabeth Sanderson – VDH-DSU
 - Natalie Weill – VDH
 - Michael Rappaport – DVHA
 - Lisa Setrakian – Guidehouse
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- Shubs Giroti – Guidehouse
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Meeting Minutes¹⁸

Agenda:

1. **Welcome and Introductions**
2. **Recommendation Considerations and Requirements:**
 - a. Review slides outlining considerations and requirements for the certification program recommendation from the Act 163, Section 1 legislation
3. **Stakeholder Input:**
 - a. Provide each organizational representative in attendance time (approximately ~3 minutes) to provide input
 - b. The meeting will then be opened for additional attendees to provide input
4. **Review of Instructions to Provide Written Input**

Notes:

Recommendation Considerations and Requirements

- Megan Mitchell (VDH-DSU) provided an overview of the legislation considerations and requirements and shared the slides.

Stakeholder Input by Organizational Representative – verbal comments shared by stakeholders are paraphrased below:

- Vermont Alliance for Recovery Residences (VTARR) (Jeff Moreau)
 - VTARR embraces the NARR standards as best practices that have been consulted by the White House, SAMHSA, and other thought leaders. They continue to add new standards and evolve as they have grown.
 - VTARR has put together materials to help homes manage medically assisted treatment (MAT).
 - VTARR knows the importance of not discriminating against those who choose this recovery option.
 - Being a part of NARR brings a lot to Vermont.
 - Certification is a voluntary process. VTARR wants to work very closely with anyone who wants to be certified.
 - Need to be cautious of not pushing certification too closely, because there are some instances where the program does not fit with the social model of recovery and some program practices may not fit with the standards.
 - Examples:

¹⁸ Verbal comments shared by stakeholders are paraphrased. The Department is happy to share the transcript of the engagement session to the Committees, upon request.

- VTARR had a home that wanted to be certified but did not allow medically assisted treatment and wanted to maintain its abstinence-based focus. VTARR would not be able to certify such an organization
- As a system that has grown over the years, VTARR has embraced harm reduction. There are some homes that have a zero-tolerance policy for return to use and do not have the same guardrails and extra supports that a certified home would provide. VTARR would not be comfortable certifying these homes based on the national standards.
- Recovery Partners of Vermont (Gary DeCarolis)
 - Thankful for the opportunity to speak related to the development of standards.
 - The proposed standards are in large part taken from National Alliance of Recovery Residences (NARR) standards, and having read through them, Recovery Partners of Vermont are in full support of adopting the national standards. They were impressed with how the standards came to fruition:
 - The standards have been put together with input from major regional housing organizations, providers representing all four levels of support, and nationally recognized recovery support stakeholders.
 - The VTARR standards incorporate the collaborative elements of recovery and were built by those with lived experience, not by an external accreditation body. Resident wellness is at the forefront of the standards, and they follow what their Recovery Centers have had for years which has been built and refined by those who manage and use them.
 - The Recovery Centers' standards have made a huge positive impact on the quality and supports that we provide across Vermont. They expect that the proposed Recovery Residence standards will have the same impact.
- Vermont Substance Use Treatment Coordinators (VSUTC) Coordinators (Bianca Blaikner)
 - Having Recovery Residences as part of the continuum of care is very necessary.
 - Having overseen 90 beds for 5 years, VSUTC feels strongly about VTARR certification which aligns with the certification Phoenix House was aligned to.
 - The standards build accountability for Recovery Residences which ensures VSUTC is supporting the folks in the community as best as possible, so this is a great direction to go.
- Vermont Legal Aid (Wendy Morgan)
 - Would like to respond in writing to specific things [legislative requirements] Megan raised.
 - Vermont Legal Aid has had concerns in the past but have not been closely monitoring any of this in the last couple years. National standards often say you

need a grievance policy, but the standards do not mandate what the policy is. When working on the standards years ago, Wendy and others working on it had questions on the kinds of details for the department to consider as part of the grievance process.

- They hope for an opportunity to provide input once they have that language.
- End Homelessness Vermont
 - No response.
- Vermonters for Criminal Justice Reform
 - No response.
- Vermont Foundation of Recovery (Candace Gale)
 - There is a need for Vermont to adopt a state certification process in alignment with VTARR. One that follows NARR standards.
 - Prior to 2019, Vermont's Recovery Residences operated with little to no oversight which left gaps in quality and consistency. Recognizing this, VFOR's Executive Directors sought to raise the bar to align with NARR, and it has transformed the recovery landscape adhering to national standards. They promote safety and long-term recovery. At VFOR, they have seen how important these standards are.
 - Participation in their annual conference maintains excellence as they adopt best practices and use appropriate referrals.
 - While Medicaid assisted treatment is not offered by VFOR, they recognize the importance of linking individuals to that care to provide a stable environment for those in recovery.
 - Recovery homes differ from independent housing because they share common areas, so people's behaviour can affect everyone.
 - Not everyone is a good fit for this type of environment.
 - Recovery homes need the ability to remove someone in instances where someone steals, someone makes someone uncomfortable, or someone is violent.
 - Recovery Homes need to have the opportunity to take immediate action to not compromise the stability of the home. They do not always need law enforcement, but operators need the ability to address issues swiftly and safely.
 - Annual site visits are a key component of the NARR process and VFOR ensures constant feedback that allow for high standards.
 - VTARR at the state level is crucial for consistency, accountability, and to remain safe and effective.
 - By fully embracing NARR standards, Vermont can ensure Recovery Residences operate under a nationally recognized framework.
 - VFOR supports an initiative that follows VTARR standards to ensure Recovery Residences across Vermont have safe pathways to recovery for those who need it

most.

- Jenna's Promise (Lex Arthers)
 - Jenna's Promise supports the adoption of a state certification process that follows the existing certification process through VTARR in alignment with the national standards. National certification standards should ensure sustainability and growth across Vermont.
 - Early recovery folks need a positive atmosphere, structure, and accountability to instill new habits. This is a way to repair the harm caused by addiction and give people the tools they need to have a fulfilling life.
 - Recovery organizations are the backbone that provide tool support and resources for individuals.
 - Vermont needs to scale these services, and this necessitates community support. Also need help for those who return to active use. Recovery Residences alone cannot accommodate every way in which the system is lacking.
 - Landlord tenant law is also an issue that needs to be handled separately from the standards.
 - Please adopt a certification process that follows existing VTARR and national standards.
- Dismas House (Jim Curran)
 - Indicated they were just observing today.
- Springfield Supportive Housing (Lee Trapini)
 - They are the lead agency for coordinated entry in the district, and all their clients come from a master list in homelessness.
 - They believe housing is a right, and removing housing instability will help them with their ongoing needs including substance use. Springfield Supported Housing has 5 units and scattered sites of master lease units which are fully set up as stand-alone apartments people can enter with just the clothes on their back.
 - They have looked at combining 5 units under 1 roof to go through NARR certification, but location has always been the issue as it is hard to find a place.
 - Springfield Supported Housing is requesting the Department of Health to consider using some funding to support programming that will continue to allow them to serve a huge number of households.
 - Given their role in the community they will continue to serve this population either way, but they would like to be able to continue to provide services with the Department of Health's support.
- Kingdom Recovery Center
 - No response.

- Turning Point Springfield
 - No response.
- Turning Point Central Vermont (Bob Purvis)
 - They were mainly observing, but they provided definitive support for VTARR implementation for certification.
 - They believe landlord-tenant issues are serious but should be dealt with separately.
- Turning Point Windham
 - No response.
- Turning Point Chittenden
 - No response.
- Turning Point Addison
 - No response.
- Turning Point Franklin
 - No response.
- Journey to Recovery (Lila Bennett)
 - They expressed support for the state to adopt the certification process that already exists through VTARR. They want to support NARR standards that have been used successfully. As they have been looking to open a certified Recovery Residence, working with VTARR will give them a strong foundation to work with.
 - NARR standards are proven, working, and they want to continue using them.
- North Central Vermont Recovery Center
 - No response.
- Turning Point Rutland
 - No response.
- Counselling Service of Addison County
 - No response.
- Healthcare and Rehabilitation Services of Southeastern VT
 - No response.
- Lamoille Health Partners
 - No response.

- Spectrum Health
 - No response.
- University of Vermont Medical Center
 - No response.
- West Ridge Center for Addiction Recovery
 - No response.
- Northeast Kingdom Human Services
 - No response.
- United Counselling Services
 - No response.
- Recovery House
 - No response.
- Rutland Mental Health
 - No response.
- Northwestern Counselling and Support Services
 - No response.
- Treatment Associates (John Pacheco)
 - They feel torn. They think that if there are parts of programs that can remain unique, that could be good because that's what attracts residents to it. They do not want to argue for homogeneity of programs.
 - There is a caveat for medically assisted treatment. If doing patient-centred care in Vermont, then patient-centred care would be about letting residents choose what to engage in, MAT or not.
 - This should be available to all Vermonters.
- Valley Vista (Kevin Hamel)
 - More of an observer.
 - They are in support of local agencies and in support of national standards through Vermont for current Recovery Residences and any new Recovery Residences to build the same playing field for everybody.
- Howard Center
 - No response.
- Elevate (formerly Washington County Service Bureau)

- No response.
- Clara Martin Center (Danielle Cayton)
 - They are in support of broadly recognized certification standards for the health of shared clients and community members, especially as they look to the expansion of peer recovery in the state.
 - There are a lot of opportunities for healthy, good oversight over an important resource in the community.
- Turning Point Recovery Center of Bennington
 - *Margae Diamond shared the following in the Teams Chat: “Bennington TPC is observing today. We do support VTAAR/NAAR standards. Our first recovery house is coming online Q1 2025. In preparing we have leaned on VTAAR and VFOR to best practices and policy creation.”*

Stakeholder Input (Open Floor)

- Karl Coleman, Peer Support Specialist at Second Wind Foundation
 - Having lived in a recovery home and helping in the operations of two homes, it has been a blessing to have VTARR and Jeff Moreau be a part of the structure they have laid out for residences. This movement will be beneficial, especially as it mirrors what has already been happening in their recovery homes.
 - Residents have been supportive, and VTARR is giving them the opportunity for their voices to be heard if they don't feel comfortable coming to the managers in the homes, and it is important to have the structure whether it is foundational.
 - Second Wind Foundation has witnessed before where if recovery homes do not have this, it can get muddy.
 - There are lots of success stories and he is grateful to be a part of it.
- Jenna Collins, Shelter Manager at Good Samaritans Recovery Oriented Shelter
 - Their shelter is a brainchild from a year ago, and in that time, they have created a program and policy that aligns with NARR and VTARR standards.
 - They have a women's shelter and recovery residence, and the VTARR and NARR standards have helped adopt standards which are not only unique but has helped them make a difference. It also addresses how often homelessness and substance abuse go hand in hand.
 - State standards should align with existing national and VTARR standards to promote accountability and support.
- Gregory Tatro, Co-Executive Director at Jenna's Promise
 - It is important to establish a state certification process for Vermont's Recovery Residences. It should be part of existing VTARR and national standards. Certification provides a safe and supportive environment for people to rebuild their

- lives. It emphasizes structure, accountability, empathy, and care, and allows for that connection to happen in real time for people to develop new habits.
- Recovery is a larger journey of healing and personal growth. Recovery organizations play a crucial role to equip individuals with the tools they need for success.
 - Particularly considering the strain and fragmentation. They are providing support with the knowledge that there is a shortage of areas to go when people return to active use, so no simple solution can fully address the issue.
 - Comprehensive support across the continuum is important.
 - They support an adoption based on proven VTARR law. Jenna's Promise wants to build sustainable solutions for Vermont.

Note: Representatives from BAART Newport/St. Johnsbury, Habit OpCo West Lebanon, BAART Berlin, and Lund indicated in the Teams Chat that they will submit written responses.

Additional Information on Providing Written Input

- Megan Mitchell provided information on submitting written input no later than 10/4/24.