



# Certified Recovery Residence Exit and Transfer Data

February 1, 2026

**In Accordance with Act 163, Section 4 (c).**

**Submitted to:** House Committee on Human Services  
House Committee on General and Housing  
Senate Committee on Health and Welfare  
Senate Committee on Economic Development, Housing and General  
Affairs

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## Key Takeaways

- Recovery residences reported 27 transfers in 2025; 100% of transfers were due to return to use.
- Recovery residences reported 30 exits in 2025. The reasons for exits were more varied, though return to use was the most frequent reason for exiting a recovery residence.

## Introduction

This report is submitted by the Department of Health, pursuant to Act 163 (2024).

Act 163 (2024) recognized the need for recovery residences to effectively maintain safe and supportive environments for residents and established a temporary exclusion to the landlord-tenant statute for recovery residences to exit or transfer a resident in certain circumstances (e.g., return to use, violent or threatening behavior).

Act 163 (2024) also requires recovery residences to report to the certifying body any exits or transfers and the asserted basis for exiting or transferring a resident as a measure of how recovery residences are utilizing the exclusion to landlord-tenant statute under Sec. 3 of Act 163 (2024). The Department is required to submit the data received by the certifying body.

This report contains the required recovery residence data on exits or transfers provided by the certifying body, the Vermont Alliance for Recovery Residences (VTARR), for January 1, 2025, to December 31, 2025.

The Vermont Alliance for Recovery Residences (VTARR) is the Vermont affiliate of the National Alliance for Recovery Residences (NARR). NARR has a rigorous, evidence-based standard for certifying recovery residences. NARR designates state-level affiliates to certify that individual homes uphold NARR's national standards, ensuring that certified homes provide effective and ethical care.

VTARR supports those in recovery from substance use disorder by improving access to recovery residences through established standards, a fair and transparent certification process, community engagement, education, and technical assistance.

Per VTARR, NARR certification is more than a credential. It is a living commitment to the highest standards in recovery housing. For families, residents, professionals, and government agencies, it is the gold standard for quality, safety, and ethical practice within sober living environments. The NARR standards are based on the social model of recovery, which supports recovery as a person-driven, life-long, and holistic process that emphasizes the interpersonal aspects of recovery and the need for mutual support.

As part of certification, recovery residence operators and personnel are required to sign the NARR Code of Ethics, as well as a list of attestations around governance, compliance, and safety. Operators are also required to post information about VTARR’s secondary complaint process and commit to their full participation in it. Through this process, residents and/or stakeholders who have exhausted the organization’s grievance process can ask VTARR to review their concern. The review is conducted by two independent individuals who may make a recommendation of action(s) to the VTARR Board of Directors.

The recovery organizations currently certified by VTARR are listed in Table 1 with their certification date. VTARR also certifies Good Samaritan Haven; however, it is a recovery-oriented shelter that provides a substance use recovery supportive environment for individuals experiencing houselessness and is excluded from this report. There is less than a full year of data for any recovery residence that became certified in 2025.

**Table 1: Recovery Organization List with Date Certified and Total Beds**

Recovery Organization	Date Certified	Total Beds*
<b>Ben's House (Kingdom Wellness Collaborative Company)</b>	April 2025	20
<b>Common Ground Recovery</b>	November 2025	3
<b>Jenna’s Promise (Rae of Hope, Beacon of Light, Bright Horizons)</b>	December 2021	16
<b>Paradise Recovery House (Turning Point Recovery Center of Bennington)</b>	April 2025	8
<b>Second Wind Foundation (Willow Grove &amp; Jack’s House)</b>	July 2019	10
<b>Turning Point Recovery Center of Springfield</b>	November 2024	7
<b>Vermont Foundation of Recovery</b>	July 2019	76

\*Bed count information from [2025 Report to the Legislature: Assessment of Recovery Residences](#).

Although the NARR standards that VTARR uses to certify recovery residences in Vermont do not include specific standards for exiting or transferring a resident, 9 V.S.A. § 4452(b) establishes criteria that certified recovery residences must meet to exit or transfer a resident.

9 V.S.A. § 4452(b) permits certified recovery residences to immediately exit or transfer a resident if it has an approved residential agreement, signed by the resident, that includes a

written exit and transfer policy, designated alternative housing arrangements, a substance use policy that exempts valid prescribed medications, and clear acknowledgment that violations of the substance use policy or acts of violence may result in immediate exit or transfer. In order to be exited or transferred, the resident must provide written consent to the agreement, reaffirmed after seven days, and have violated the substance use policy or engaged in acts threatening the health or safety of others. In addition, the recovery residence provides or arranges for a reengagement bed or other temporary alternative housing, holds a resident's possessions for at least 60 days in cases of permanent removal, and has established criteria for bed holding and return following temporary removal. In addition to the established NARR standards, VTARR requires certified recovery residences to meet these requirements, and the certified recovery residence's written exit and transfer policy must also be approved by VTARR.

## Report Definitions

**Certified Recovery Residence:** A shared living residence supporting individuals recovering from a substance use disorder that: (1) provides individuals with peer support and assistance accessing support services and community resources available to individuals recovering from substance use disorders; and (2) is certified by an organization approved by the Department of Health and that is either a Vermont affiliate of the National Alliance for Recovery Residences or another approved organization.

**Exit(s):** An individual no longer resides at the recovery residence.

**Recovery Organization(s):** An organization that manages one or more recovery residences.

**Reengagement Bed:** A bed that has been made available as part of Vermont's treatment system where residents may go to determine appropriate next steps in their recovery following a return to use where there is an expectation that the individual will return to the recovery residence. Similarly, some residences may have an alternative safe location, such as an apartment, for use by the resident while they regain stability.

**Self-Directed Relapse Plan:** A plan that is developed with the resident to identify where they plan to go in the event of a relapse (e.g., reengage in residential treatment, stay with a family member or friend that is deemed safe, or go to a local shelter).

**Transfer(s):** An individual left the recovery residence temporarily with the intent to return to the residence.

## Recovery Residence: Exit and Transfer Data

Table 2 shows the total number of exits and transfers by recovery organization due to relapse or violent or threatening behavior in calendar year 2025.

**Table 2: Number of Exits and Transfers by Recovery Organization in 2025**

Recovery Organization	Exit	Transfer	Total
Ben's House	1	0	1
Common Ground Recovery	0	0	0
Jenna's Promise	7	3	10
Paradise Recovery House	1	5	6
Second Wind Foundation	5	2	7
Turning Point of Springfield	0	0	0
Vermont Foundation of Recovery	16	17	33
<b>Total</b>	<b>30</b>	<b>27</b>	<b>57</b>

Table 3 summarizes the reasons for the exits or transfers. All transfers were due to return to use. The reasons for exits were more varied, though return to use was the most frequent reason for exiting a recovery residence.

**Table 3: Reasons for Exits by Recovery Organization in 2025**

Recovery Organization	Return to use	Violent or threatening behavior	Other	Total
Ben's House	0	1	0	1
Common Ground Recovery	0	0	0	0
Jenna's Promise	1	2	4	7
Paradise Recovery House	0	0	1	1
Second Wind Foundation	4	0	1	5
Turning Point of Springfield	0	0	0	0
Vermont Foundation of Recovery	8	5	3	16
<b>Total</b>	<b>13</b>	<b>8</b>	<b>9</b>	<b>30</b>

## Case Studies: Exits and Transfers

The following case studies provide context for some of the exits or transfers that occurred in calendar year 2025. These case studies are based on information provided by VTARR and were not independently assessed by the Department of Health.

1. Resident was found to have returned to use and agreed to go back to treatment. The recovery organization is holding the bed for the resident **anticipating return** after completing the treatment program. Result: Transfer
2. Resident admitted to using cocaine 20 minutes prior to arriving at the residence. This was validated by a positive urine analysis for cocaine. Staff discussed the circumstances surrounding the use, as well as what led up to use, and the next steps. Transportation was provided to the resident's Self-Directed Relapse Plans location. Result: Transfer
3. A staff member reported to leadership that the resident seemed to be having a mental health episode, or was under the influence, and was exhibiting erratic

behavior. Other residents felt unsafe and had called the police for assistance. The resident agreed to go to the local hospital and was later released and returned to the residence, but continued to scare other residents and exhibit concerning behaviors. Resident agreed to take advantage of the organization's alternate housing location, and while driving to the location, the individual kept making concerning statements, laughing randomly, and slapping their leg slightly aggressively. The individual was brought to a hospital out of concern for the individual's wellbeing and the individual **elected not to return to the residence**. Result: Exit

4. Resident reported that they would not be able to return to the residence because they were intoxicated. They told a staff member that they were done trying and were going to end it all. When asked what this meant, the resident said that they were going to kill themselves. A staff member called the police and EMS who were able to locate the individual and transport them to the hospital. The resident was later **exited to a hospital that discharged the person to an inpatient facility**. Result: Exit
5. At 4 a.m., a resident called the house manager, stating that a housemate was sitting cross-legged on the kitchen floor and passed out. The resident admitted to using and elected to use their Self-Directed Relapse Plan. During the car ride to the safety net location, the resident shared that they had bumped into an old friend at a store. They ended up using with the friend. **The recovery residence felt they were unable to meet this person's needs and asked the resident to make arrangements to leave**. Result: Exit
6. Residents reported that another resident was exhibiting threatening behaviors. The resident admitted to leadership that they said, "I'll stab you in the neck" to other residents. The resident who made the threat was brought to a stabilization location and, on the following day, to a friend's house as outlined in their Self-Directed Relapse Plan. The **individual exited** the program due to this event, medication infractions, unfulfilled financial obligations, and not completing introduction period requirements. Result: Exit