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**ORGANIZATION:** Vermont Foundation of Recovery and Recovery Partners of Vermont

**LOCATION:** Barre, VT

**SUBJECT:** Testimony in Support of S.157 Senate Health and Welfare Committee

Good afternoon, Madam Chair and members of the committee. My name is Candace Gale, and I am from Barre, Vermont. I serve as the Director of Community Relations for Vermont Foundation of Recovery, often referred to as VFOR.

VFOR operates ten certified recovery residences throughout Vermont. Our homes are certified by the Vermont Alliance for Recovery Residences and support individuals in early recovery from substance use disorder.

Thank you for the opportunity to be here today and for the thoughtful work the committee has done on S.157. I am here to speak in support of this bill and to explain why the language in S.157 is important for safety, recovery integrity, and the effective operation of certified recovery residences.

Recovery housing operates as a structured recovery program, not as a traditional rental arrangement. Recovery residences are not apartments and they are not shelters. They are peer-based environments built on shared agreements, accountability, and clear safety standards. Members enter voluntarily, with a clear understanding of recovery-based expectations that support both their own wellbeing and the wellbeing of others in the home.

Most members enter recovery housing at a very vulnerable moment. Approximately 62 percent of members enter recovery residences from unstable housing. When someone enters one of our homes, we do not simply hand them a key. We work with them from the beginning to develop an individualized safety net plan. This plan outlines supports, emergency contacts, re-engagement options, and next steps if challenges arise. This planning happens proactively, not after a crisis.

Recovery residences provide structure, peer accountability, and support during a critical transition. The average length of stay is about six months. These homes are designed to stabilize recovery and help people move forward, not to function as permanent housing.

I want to briefly explain why intervention is sometimes necessary, because this is often misunderstood.



In one example, a member entered a recovery residence after completing treatment and initially engaged fully. They worked, attended recovery meetings, and contributed positively to the home. Over time, their engagement changed. They stopped participating in required programming, repeatedly violated house agreements, and began taking belongings from other members. Eventually, their behavior escalated to intimidation that made others feel unsafe.

This was not about relapse alone. Recovery residences understand relapse as part of substance use disorder and respond with support whenever possible. This situation became about ongoing behavior that interfered with the recovery and safety of others.

In a shared recovery environment, disengagement does not happen in isolation. When one member repeatedly refuses to participate in programming or shared responsibilities, it erodes trust, weakens accountability, and destabilizes the culture of the home. Members in early recovery rely on consistency and predictability. When those elements break down, it increases fear and relapse risk for others who are still stabilizing.

The language in S.157 recognizes that timely intervention in these situations is protective, not punitive. It allows recovery residences to act when an individual's behavior poses a risk to the health and safety of others in the home.

Another example involves a member who entered recovery housing while actively unhoused and struggled with significant mental health challenges beyond what a recovery residence can safely support. Because a safety net plan was already in place, staff were able to respond quickly. The member was able to access a re-engagement bed through United Counseling Services while appropriate supports were coordinated.

When exits occur, certified recovery residences do not simply put people on the street. VFOR works with community partners to utilize re-engagement beds, stabilization beds, and other temporary housing options as appropriate. Importantly, relapse or exit from a recovery residence is not treated as the cause of someone's homelessness for purposes of accessing emergency housing.

S.157 reflects how recovery housing actually functions.

Recovery residences rely on shared membership agreements, not leases. Members enter with written consent to recovery-based expectations and safety standards. When a member repeatedly refuses to engage in programming, commits a crime, engages in theft, interferes with the recovery of others, or threatens health or safety, intervention becomes necessary to protect the rest of the community.



Certified recovery residences operate under clear standards, policies, and oversight. The language in S.157 supports these homes in remaining safe, structured, and effective for individuals who are ready to engage in recovery.

Recovery residences are one part of the continuum of care. They are not appropriate for everyone at every moment. S.157 helps ensure these homes can continue to serve the people they are designed for while maintaining safety, accountability, and recovery integrity.

Thank you for your time and your continued commitment to the health and wellbeing of Vermonters.