"Helping Vermonters recover from substance use disorder with support of safe recovery residences allowing individuals to focus on recovery and achieve long term recovery"

Vermont Recovery Housing Program Action Plan - Third Amendment

DRAFT July 2025

VERMONT
AGENCY OF COMMERCE & COMMUNITY DEVELOPMENT
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

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Definitions

Individual in recovery – is a person that is in the process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance use disorder, as defined by Substance Abuse and Mental Health Services Administration (SAMHSA) - the recurrent use of alcohol and/or drugs causing clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Mental Illness (SAMHSA) - is someone over the age of 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.[1]

Serious Emotional Disturbance (SAMHSA) – is someone under the age of 18 having a diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.[2]

Recovery Residence - means a safe, sober living environment that support persons recovering from a substance use disorder in a single-family home(s) or apartment that provides:

- peer support with the environment that prohibits the use of alcohol, use of prescription drugs in a manner other than as prescribed and other illegal substances.
- assistance accessing support services to persons recovering from substance use disorder.
- a residence certified by the Vermont affiliate of National Alliance for Recovery Residences and adheres to the national standards established by the Alliance or its successor in interest.
- or an individualized unit that meets the standards of the Agency of Human Services for supporting individuals with substance use disorders.

Level 1 – Peer Run recovery residence democratically run, drug screenings, self-help meetings encouraged house meetings, there is no paid position within the residence.

Level 2 – Monitored recovery residence with a formal operator and staff where the individuals in recovery are most likely working (employed). House rules provide structure, services are peer run groups and involvement with self-help treatment services.

Level 3 – Supervised recovery residence with formal oversight with a facility manager and certified staff or case managers available. Life skill development, clinical services utilized in outside community and services hours provided in house.

Level 4 – Service Provider Recovery Residence recovery residence with the highest degree of support and structure and is best for individuals new to recovery and may need clinical services and program, life skills development, credentialed staffing and may be a more institutional environment.

[1] The definition is from Substance Abuse and Mental Health Services Administration (SAMHSA)
[2] The definition is from SAMHSA

Program Summary

The Federal Register Notice No. FR-6225-N-01 as authorized under Section 8071 of the SUPPORT for Patients and Communities Act, entitled Pilot Program to Help Individuals in Recovery from a substance use disorder become stably housed, herein referred to as the Recovery Housing Program (RHP). The pilot program authorizes assistance to grantees (states) to provide stable, temporary housing to individuals in recovery from a substance use disorder. Federal Register Notice No. FR-6225-N-01 provides how the FY2020 allocation shall be used and administered. Federal Register Notice No. FR-6265-N-01 is the updated Notice to the Support Act to provide the instructions for submitting the Action Plans for FY2020 and 2021.

The State of Vermont's 2020 Recovery Housing Program Action Plan will guide the use of approximately $753,000 of the first allocation and $791,652 of the second allocation[3] in Recovery Housing Program (RHP) funding received by the State through the U.S. Department of Housing and Urban Development's Community Development Block Grant Program (CDBG) for the period July 1, 2021, through September 1, 2028. These funds are administered by the Agency of Commerce and Community Development (ACCD), Department of Housing and Community Development (DHCD) that administers the State's CDBG funding. There will be collaboration with the Agency of Human Services. A staff person from the Division of Substance Use (DSU) and a staff person from Department of Corrections (DOC) will participate in the review and selection process of the applications.

The first amendment incorporated the third allocation of $755,059 from FY22. The second amendment incorporated the fourth allocation of $991,106 from FY23. This Third amendment will incorporate the fifth allocation of $1,118,666 from FY24.

This plan identifies the State's priorities and needs for transitional housing for persons recovering from substance use disorder based on an extensive needs' assessment, and citizen and stakeholder input. It establishes goals for meeting the priority needs for the period of funding and reflects anticipated resources and outcomes.

The State will use RHP funding to provide safe and supportive transitional housing to persons recovering from substance use disorders through Recovery Residences (RR) that are certified recovery homes through the Vermont Alliance for Recovery Residences, the Vermont Affiliate of the National Alliance for Recovery Residences, or individualized units that meet the Agency of Human Services standards. Persons in recovery will have peer support, access to services, and integration into the community with the goal of moving to permanent, independent housing.

Vermont's Substance Use Epidemic

Vermont continues to struggle with the opioid addiction epidemic; however the state has seen improvement in mortality rates as of April 2025. Over the last three years, with new potent drugs to hit our streets, the Vermont Department of Health had seen increased involvement of xylazine and gabapentin in the fatal opioid overdoses. Narcan cannot help reverse the effects of xylazine, but it is still

[3] For purposes of expediency, the Action Plan will present both allocations pending receipt of the Federal Register specific to the second allocation.

recommended in suspected overdoses as it will reverse the effects of the opioid which the xylazine is mixed with.

According to an article in Seven Days in June 2023, Burlington Vermont overdose was up 250 percent by May 15, 2023, from the previous year.

In August 2023 over 90 organizations and 10 speakers came together at a substance addiction summit that focused on healing from substance addiction, community building and breaking down barriers to equitable access to substance use disorder treatment.

October 2023 a compassion fatigue podcast by Burlington firefighters and EMT was posted that included their struggles and challenges they are experiencing with the epidemic and request for additional community and state support to try something new to help individuals suffering from substance use addiction because more tools are needed to be able to make a difference. Due to the challenges Burlington launched a new overdose response and outreach pilot program in the fire department to act as a bridge to connect people to other, long-term services in the area. The program is being paid for with City Opioid Settlement Funds. They will collect data for 6 months to determine if the program will become permanent.

In 2024, the Fatal Opioid Overdoses Among Vermonters report showed that the number of opioid-related deaths decreased from 236 in 2023 to 183 in 2024, a 22% decrease.

Alcohol remains the number one drug of choice that individuals are struggling with. As of April 2025, the number of opioid-related accidental and undetermined deaths as well as the number of non-fatal emergency department visit rates for opioid overdoses were lower than the previous three-year average (2022-2024).

VDH has created the new Opioid Overdose Dashboard, updated monthly, for preliminary data on overdoses in 2025.

The state continues to hear the need for additional detox beds throughout the state to help stabilize individuals suffering from substance use disorders and try to get them to a point, so they are ready to enter treatment. This activity is currently not an eligible use of RHP funding.

The Department of Housing and Community Development recently completed the 2025 statewide Housing Needs Assessment which stated that "only 80 beds across the state remain certified by the Vermont Association of Recovery Residences…This total represents a significant decline from before the COVID-19 pandemic, when there were 211 beds across the state." The Needs Assessment also provided the 2023 Point-in-Time count data, reflecting that at least 233 Vermonters were homeless and suffering from chronic alcohol and/or drug abuse.

The Division of Substance Use (DSU) is also currently working on a needs assessment of their entire care system. Housing has been discussed in this process; with the high cost of housing in Vermont, limited affordable housing options, and corresponding rates of homelessness seen as potential contributors to substance use. These contributors can be a barrier to treatment access and other services. Lack of available recovery housing was identified by stakeholders as a gap in the substance use disorder continuum of services.

Opioid Newspaper Articles, Documented Data and Podcast:

- Seven Days June 14, 2023 - Vermont's Relapse: Efforts to Address Opioid Addiction Were Starting to Work. Then Potent New Street Drugs Arrived
- Vermont Digger June 25, 2023 - 55 Vermonters died from opioid overdoses through March this year, continuing upward trend
- Saint Albans Messenger August 15, 2023 - Substance addiction summit offers hope to victims and families
- Vermont Department of Health Monthly Opioid Morbidity and Mortality Report
- Compassion Fatigue Podcast – Burlington Firefighters and EMT
- Burlington launched a new overdose response and outreach pilot program

Vermont's Recovery Residency Needs

Downstreet Housing & Community Development received funding from Vermont Housing and Conservation Board (VHCB) to work with a consultant to conduct an assessment of the needs for recovery residences in Vermont. The study "HOUSING: A CRITICAL LINK TO RECOVERY, An Assessment of the Need for RECOVERY RESIDENCES in Vermont" was completed in February of 2019, ***Appendix A***.

According to the study done by Downstreet the State of Vermont has beds to meet the needs of only 2% of the state's recovery population. There are only 212 beds throughout the state to serve individuals in recovery, with the potential to serve 425 individuals annually. There are roughly 1,200 Vermonters annually that enter substance use disorder treatment. To adequality meet the demand 300 additional beds are needed statewide. The study found the highest unmet need was facilities for women in recovery with dependent children. The plan also identified the need for 34 more recovery residences (RR) outside Chittenden County that include outpatient treatment services. The study recommended the following locations and types of recovery residences needed in Vermont:

- Rutland City: one RR dedicated to men, and one dedicated to women and/or women with dependent children.
- St. Albans City: one RR dedicated to men and one dedicated to women and/or women with dependent children.
- Barre/ Berlin (Montpelier): one RR dedicated to women and/or women with dependent children.
- Burlington and/or South Burlington: one RR dedicated to women with dependent children.
- St. Johnsbury: One RR dedicated to women and/or women with dependent children.
- Morrisville: one RR dedicated to men.

The plan also outlined the need:

- to strengthen the delivery of wrap around services by strengthening the network of services providers that play a role with the recovery residence and its residents;
- to develop projects at a pace that ensures a strong seasoned and well-trained mentors, coaches, and case managers;
- to stress the importance of community and self-worthiness and belonging to the residents; to find sustainable funding to bridge the gap between operational costs and the limited capacity of most residents to cover that cost;

- to invest in community organizations and messaging aspects to manage expectations and build capacity and resiliency needed to address the inevitable setbacks residents of recovery residences will have; and
- to find ways to reduce capital risk associated with acquiring and substantially renovating properties as recovery residences that may need to change.

The Vermont Department of Health (VDH) – Division of Substance Use Programs (DSU) has published the State Health Improvement Plan for 2025-2030 the entire care system, which includes strategies on expanding recovery housing.

The following is current legislation recently approved by Vermont Legislature:

- S.186 An act relating to the systemic evaluation of recovery residences and recovery communities.
- H.72 An act relating to a harm-reduction criminal justice response to drug use.

The Agency of Commerce and Community Development (ACCD) – Department of Housing and Community Development (DHCD) worked with the Vermont Housing Finance Agency (VHFA) on the 5-year Housing Needs Assessment required by United States Department of Housing and Urban Development (HUD), which determined Recovery Housing as a need in the State.

The 2025 Housing Needs Assessment included data showing that substance use and substance use disorder affect Vermonters at a higher rate than the rest of the country on average. It also included a recommendation from Vermont's Council on Housing and Homelessness around increasing recovery housing as a homelessness prevention measure.

Vermont Recovery Advocacy

The **Vermont Association for Mental Health and Addiction Recovery (VAMHAR)** is a statewide information and advocacy organization that supports all paths to recovery from substance use disorder and mental health conditions. (https://vamhar.org/) VAMHAR supports the following Programs:

- **Recovery Vermont** trains Vermont's recovery workforce through the Vermont Recovery Coach Academy. It is the home of some of the most innovative Recovery Specialty Trainings in the country, including their recovery coaches in the Emergency Department and Family Recovery Coach trainings. It was one of the country's first training and certification programs. Recovery Vermont provides information services to certified recovery residences, advocates through awareness campaigns, trainings, and events, and works every day to end the stigma of SUD across Vermont and beyond. Recovery Vermont works to ensure that people in recovery have a robust workforce opportunity and a diverse network of supports to stay strong in their recovery. (https://recoveryvermont.org/)
- **Vermont Alcohol & Drug Information Center (VADIC)** is a program supported by a grant from the Vermont Department of Health, Division of Alcohol & Drug Abuse Programs that provides publications and resources that are free to all Vermonters. (https://vadic.org/)
- **Camp Daybreak** is a residential summer camp for Vermont Kids ages 8-11 with a range of social emotional and behavioral needs. (https://campdaybreak.org/)

Vermont Alliance for Recovery Residences (VTARR) was established out of a need to evaluate and monitor standards-based recovery support services provided in community residential settings throughout Vermont. A recovery residence is a shared living residence providing an environment free of alcohol and illicit drugs, as well as peer support and connection to resources, for persons recovering from substance use disorders. The organization supports those in recovery from alcohol dependence and substance use disorder by improving access to safe quality-based recovery residences through established standards, a fair and transparent certification process, community engagement, education, technical assistance, research, and advocacy.

The organization's Board of Directors sets the course of direction and employs a qualified Executive Director with expertise in substance use disorder and housing supports. Programming is centered around engaging with recovery residence owners and operators, the community, public officials, and treatment providers in the State of Vermont to: (a) increase and otherwise expand the availability and affordability of structured housing opportunities for individuals in recovery from substance use disorders; (b) provide organizational support and knowledge-based resources to the operators of recovery residences in Vermont; (c) assist the operators of Vermont recovery residences in their efforts to comply with standards, best practices and a code of ethics in regard to the delivery of residential recovery services, and all federal, state, and local laws and regulations that may be applicable to residential recovery residences; (d) ensure that high quality residential recovery housing options are available to those in the community who struggle with substance use disorders, including, without limitation, by inspecting and certifying such residences; and (e) assist in the promotion of greater awareness among the public about the need for, and effectiveness of, residential support and recovery services for individuals struggling with substance use disorder.

Initial and ongoing funding has been supported through the Federal Government via the State Opioid Response Grant managed by the State of Vermont's Health Department of Health and Substance Use Programs. VTARR is currently managing the State Opiod Abatement Fund in the amount of $325,000 to provide scholarships to assist individuals with their first month costs of entering a recovery residence. VTARR currently has less than 100 beds throughout the State of Vermont. There are new resources coming online in Rutland, Barre and Bennington in the near future.

Most programs are currently completely full. We have not seen this for years. There has been catastrophic growth in overdose deaths as we talk about the need for resources such as recovery residences. See the following news article that speaks to the increased number of opioid death: https://www.vermontpublic.org/vpr-news/2022-04-12/vermont-health-officials-confront-record-number-of-opioid-overdose-deaths

Below is a list of recovery residences certified through VTARR in Vermont. (https://www.vtarr.org/recovery-residences.php)

Community	Organization
Barre	Vermont Foundation of Recovery, Keith Avenue
Barre	Good Samaritan Haven
Bennington	Vermont Foundation of Recovery, Frederick Squire House

Community	Organization
Bennington	Turning Point Center of Bennington County, Paradise Recovery House
Derby	Kingdom Wellness Collaborative, Bens House
Essex	Vermont Foundation of Recovery, Fort Ethan Allen Men
Essex	Vermont Foundation of Recovery, Fort Ethan Allen Women
Johnson	Jenna's Promise, Rae of Hope
Morrisville	Vermont Foundation of Recovery, Maple Street
Rutland	Vermont Foundation of Recovery, North Main Street
Springfield	Turning Point Recovery Center of Springfield
St. Albans	Vermont Foundation of Recovery, Lake Street
St. Johnsbury	Vermont Foundation of Recovery, Elm Street
White River	Second Wind Foundation, Willow Grove
White River	Second Wind Foundation, Jacks House

Substance Misuse Prevention and Oversight and Advisory Council (SMPC) is a council established by 18 V.S.A § 4803. The Department of Health serves as the liaison between SMPC and the Governor's office. The purpose of SMPC is to improve state prevention policies and programs to improve the health outcomes of all Vermonters through a consolidated and holistic approach to substance misuse prevention that addresses all categories of substances. This Council provides advice to the Governor and General Assembly for improving prevention policies and programming throughout the State and to ensure that population prevention measures are at the forefront of all policy determination.

A cross-disciplinary workgroup of the Central Vermont Prevention Coalition is meeting regularly to address the lack of a short-term stabilization/respite resource for people seeking treatment and recovery for drug and alcohol use in our region and State. Currently, the only similar resource in the State is Act 1/Bridge in Chittenden County. The group's ultimate goal is to establish such a resource for Central Vermont with a vision for wider adoption across the entire State of Vermont. We envision a resource that is immediately available regardless of acuity that connects people with wrap-around services including mental health and post-respite plans for housing, treatment, recovery, and so on.

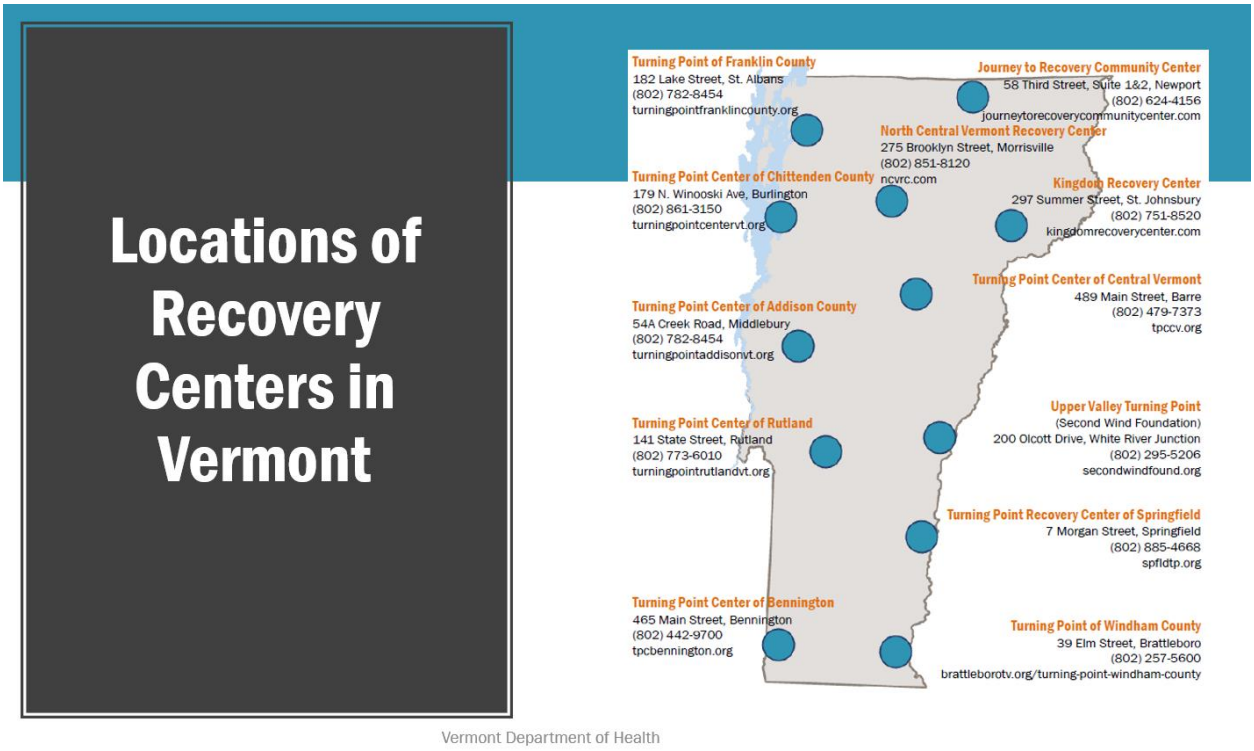
Recovery Partners of Vermont

Recovery Partners of Vermont (https://vtrecoverynetwork.org/) - now makes up all recovery centers, all certified recovery residences, and the Vermont Alliance for Recovery Residences. On July 1, 2021, the Vermont Recovery Network, made up of Vermont's Recovery Organizations, was faced with a huge challenge. The Executive Director left her position, and the state decided to pull all funds from the organization. What was going to happen? A new Executive Director was hired to either help close the organization or determine what were its next steps. After speaking with many of the Executive Directors of the Recovery Organizations, it was clear they wanted an organization to represent their interests moving forward. Thus became the birth of the Recovery Partners of Vermont. The new name of the organization and so much more, unfolded over the next 5 months. The direction of the Recovery Partners of Vermont quickly emerged. The leadership of the member Recovery Organization, nine in total, came up with specific tasks for the staff of the Recovery Partners of Vermont.

The Recovery Partners of Vermont mission is to support their member recovery organizations such that they can be world-class establishments empowering all Vermonters and their families who are in recovery from alcohol or other substance use disorders. They envision a recovery-oriented system of care that supports self-directed pathways to recovery by building on the strengths and resilience of individuals, families and communities.

Vermont Recovery Service Centers

Below are the twelve Service Centers in the Vermont Recovery Network throughout the state that assist individuals in recovery through peer support, sober recreation, and educational opportunities. Each center is an independent 501c3, many of whom have, or are exploring, recovery residences as part of their mission. Recovery Vermont partners with the centers and provides training for their staff. The challenge is there are communities where there are service centers but non-existent recovery residences.



Vermont Department of Health

Recovery Residences

Recovery Residences that provide peer support offers credibility and accountability through lived experience and has been proven as an important bridge between treatment and successful long-term recovery. The strength of recovery-focused housing is its ability to provide ongoing peer support while promoting sobriety in a natural home environment or medical facility depending on the number of residents, according to SAMSHA.

Research has shown that individuals with substance use disorder who utilize recovery residences demonstrate a greater chance of achieving long-term recovery than those who do not live in a recovery-oriented environment. Evidence demonstrates decreased substance use, reduced probability of relapse, lower rates of incarceration, increased employment, and improved family functioning. Further, VTARR

and NARR certification standards embrace evidence-based approaches including best practices established by Substance Abuse and Mental Health Services Administration (SAMHSA).

Vermont Foundation on Recovery (VFOR)

Vermont Foundation on Recovery (VFOR) mission is to create a network of Recovery Homes (clean and sober living homes) to help people suffering from substance use disorder, re-assimilate into society by supporting the transitions from active use to recovery, to independent living. VFOR currently has 56 beds across eight homes. Since VFOR's opening in 2014, 680 people have been served.

Currently VFOR charges $160 a week per person in Chittenden County, and $150 a week outside of Chittenden County, and $700/month per person for the transitional apartments. Membership dues do not fully cover VFOR's operational costs. Currently the organization budgets for about 36% of their revenues from membership dues paid by the individuals in recovery who live in the homes. A more sustainable solution for the organization would be if they only had to rely on 25% of their revenues coming from membership dues, due to the potential inability for individuals in recovery to pay.

VFOR is currently working with several communities in Vermont to create additional recovery residences and to increase bed capacity throughout the state. Individuals with substance use disorders can apply for VFOR housing at https://www.vfor.org/.

Below is a listing of current VFOR recovery residences.

Community	Location	Serves	Beds
Barre, VT	Keith Avenue	Women w/Children	10 beds
Essex, VT	Fort Ethan Allen, 2 Homes	Men & Women	14 beds Men & 8 beds Women
Morrisville, VT	Maple Street	Women	5 beds
Rutland, VT	North Main Street	Men	7 beds
St. Albans, VT	Lake Street	Men	8 beds
St. Johnsbury, VT	Elm Street	Men	6 beds
Bennington, VT	North Street	Women	8 beds
Coming Soon 2025			
Essex, VT	Fort Ethan Allen	Men & Women	2 beds Men & 8 beds Women
Addison County	TBD		

Dismas House

Dismas House is a supportive community for former prisoners transitioning from incarceration. Dismas provides transitional housing for formerly incarcerated people and recruits university students and international volunteers to live in the house. Living in community accomplishes the Dismas mission of reconciliation and continues the original Dismas model. Dismas offers homes for both men and women and programs are located in Burlington, Rutland and Hartford. Dismas is no longer VTARR certified.

Good Samaritan Haven

Good Samaritan Haven is a newly certified program by VTARR in Barre, VT. They received a preliminary certification as a new program. They run homeless shelters, but have created a recovery residences specific to those who are homeless and struggling with substance use disorder.

In 2023 the Good Samaritan Haven transitioned into a Recovery House, and today is home to folks who are committed to sober living. There are eight double occupancy rooms, and bath, shower, and laundry facilities are on site. Guests share a spacious living room, dining room, and kitchen and have some personal storage space. Guests must provide their own meals. Limited regular transportation to downtown Barre is provided daily.

Jenna's Promise Rae of Hope

Jenna's Promise Rae of Hope was created with the fundamental belief that people can recover from substance use disorder and trauma with the support of a positive community. The program currently has capacity for 6 women but is also working on expansion of access and transitional housing. At Rae of Hope, they ask that residents arrive with desire and motivation to embark on a holistic journey towards wellness. Their mission is to minimize barriers to success while empowering residents to create a network of support. The home offers a trauma informed, structured housing approach, utilizing mental health/substance use treatment, education/vocation, and community connections to support client-centered recovery in substance use disorder and psychological trauma.

Willow Grove

Willow Grove is a supportive transitional residence for women who are in the early stages of recovery from substance use disorder. Established in 2004, Willow Grove offers family-style, substance-free housing for residents who work or volunteer and pay a modest fee for the opportunity to share living quarters with others who are on the same path. The average length of stay is 6-12 months while the resident is actively engaged in all of his/her recovery plan goals. The goal of their transitional housing program is for residents to strengthen the foundation of their recovery and move toward independent, productive lives.

Jacks House

The Second Wind Foundation operates Jack's House a program that supports men with children., Jacks House opened in 2021, a supportive transitional residence for men who are in the early stages of recovery from substance use disorder. Jack's House offers family-style, substance-free housing for residents who work or volunteer and pay a modest fee for the opportunity to share living quarters with others on the same recovery path. The average length of stay is 6-12 months while the resident is actively engaged in all of his/ her recovery plan goals. The goal of the Jack's House program is for residents to strengthen the foundation of their recovery and move toward independent, productive lives.

Agency of Human Services (AHS)

Department of Corrections (DOC)

The Agency of Human Services - Department of Corrections has aligned its grant-funded housing portfolio with a theory of change that optimizes for Housing First and scattered site approaches while still maintaining some congregate settings throughout the state. Housing First is a permanent supportive housing model that has been identified by several federal institutions, including the Department of Housing and Urban Development (HUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Veterans Administration (VA), as a best practice in promoting housing stability among extremely vulnerable populations.

- Housing Model: facilitate permanent housing (short-long term rental assistance and link to vouchers) and integrate supportive services to participants that choose to engage toward their goals.
- Re-entry & Case Management Model: focus on the individuals and communities needs by providing the appropriate level of supervision based on risk, while having strong connections to probation and parole, mental health, substance use treatment, and supportive services. Utilizing restorative justice, harm-reduction and trauma informed principles.

For more information regarding DOC's transitional housing go to their website: https://doc.vermont.gov/content/transitional-housing.

Vermont Department of Health (VDH), Division of Substance Use Programs (DSU)

The Vermont Department of Health is Vermont's Single State Agency (SSA) who works with and administers funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). VDH leads public health efforts to advance the behavioral health of the state and to improve the lives of individuals living with mental and substance use disorders, and their families.

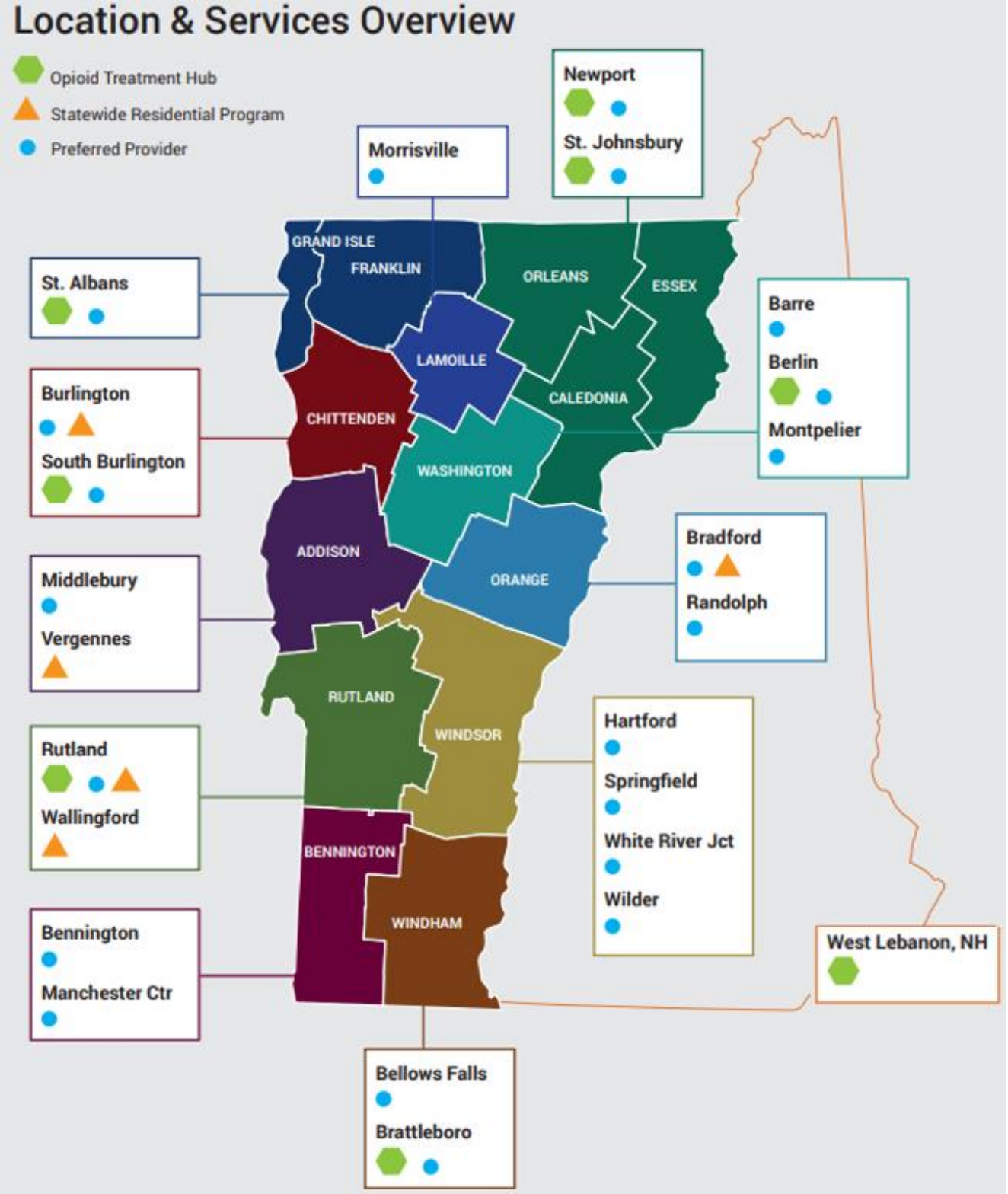
DSU supports a network of community partners to promote and deliver a wide range of substance misuse information, prevention, intervention, treatment and recovery programs and services. DSU funds services from school-based prevention services to the Care Alliance for Opioid Addiction, Hub & Spoke model of treatment and coordinates with professionals to support healthy lifestyles for Vermonters of all ages.

DSU funds the VT Helplink Alcohol & drug support center which provides free support and referral services that is accessible by phone or online to AIRS certified clinicians that are knowledgeable of Vermont's Recovery system.

AHS Hub & Spoke Opioid System

Vermont's Opioid Use Disorder Treatment System

Hub and Spoke is Vermont's system of Medication for Opioid Use Disorders, supporting people in recovery from opioid use disorder. There are ten Regional Hubs that offer daily support for patients with complex addictions, with the most recent Hub opened July 2025 in Bennington, VT. In over 75 local Spokes, there are doctors, nurses, and counselors offering ongoing addiction treatment fully integrated with general healthcare and wellness services. This framework efficiently deploys addictions expertise and helps expand access to opioid use disorder treatment for Vermonters.

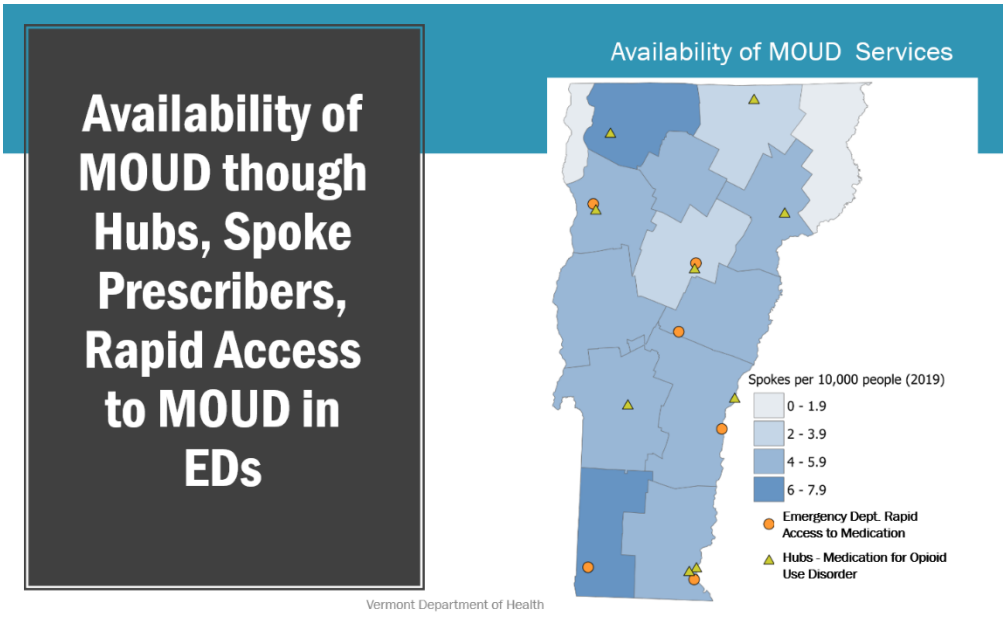

Location & Services Overview
Opioid Treatment Hub
Statewide Residential Program
Preferred Provider
Morrisville
Newport
St. Johnsbury
GRAND ISLE
FRANKLIN
ORLEANS
ESSEX
St. Albans
LAMOILLE
Barre
Berlin
Montpelier
Burlington
South Burlington
CHITTENDEN
CALEDONIA
WASHINGTON
ADDISON
ORANGE
Bradford
Randolph
Middlebury
Vergennes
RUTLAND
WINDSOR
Hartford
Springfield
White River Jct
Wilder
Rutland
Wallingford
BENNINGTON
WINDHAM
Bennington
Manchester Ctr
West Lebanon, NH
Bellows Falls
Brattleboro

Vermont Department of Health/Substance Use Program Preferred Providers

BAART Behavioral Health Services-Northeast Kingdom
BAART Behavioral Health Services-St Albans
BAART Behavioral Health Services-Central Vermont
Brattleboro Retreat
Central Vermont Substance Abuse Services
Clara Martin Center
Counseling Services of Addison County
Habit OpCo
Health Care & Rehabilitation Services of Southeastern VT
Howard Center-Hub
Howard Center-Outpatient
Lamoille Health Partners (Behavioral Health and Wellness Center)
Lund Family Center
NFI - Centerpoint
Northeast Kingdom Human Services
Northwestern Counseling Services
Recovery House/Grace House
Rutland Mental Health-Evergreen
Rutland Regional Medical Center - Westridge
Spectrum Youth and Family Services
Treatment Associates
United Counseling Services
University of Vermont Medical Center - Day One
Valley Vista-Bradford/Vergennes
Washington County Youth Services Bureau

Medication for Opioid Use Disorders (MOUD): The Evidence-Based Approach to Opioid Addiction

Medication for Opioid Use Disorders (MOUD) uses medication such as methadone and buprenorphine, as part of a comprehensive opioid use disorder treatment program that includes counseling. Medication for Opioid Use Disorder is not the only treatment for opioid addiction, but it is the most effective treatment for many people. It is supported by the American Medical Association, the American Academy of Addiction Psychiatry, and the American Society of Addiction Medicine. Federal regulations designate two settings where Medication for Opioid Use Disorder can take place, Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment (OBOT) settings. Vermont takes this structure as a starting point to strengthen and connect the elements to support people for recovery.



Hubs Offer Intensive Treatment for Complex Addictions

Hubs are Opioid Treatment Programs, with expanded services and strong connections to area Spokes. There are currently 9 Hubs in Vermont. Each Hub is the source for its area's most intensive opioid use disorder treatment options, provided by highly experienced staff.

- Hubs offer the treatment intensity and staff expertise that some people require at the beginning of their recovery, at points during their recovery, or all throughout their recovery.
- Hubs provide daily medication and therapeutic support.
- Patients receiving buprenorphine or vivitrol may move back and forth between Hub and Spoke settings over time, as their treatment needs change.
- Hubs offer all elements of Medication for Opioid Use Disorders, including assessment, medication dispensing, individual and group counseling and more.
- Additional Health Home supports are made available at Hubs through the staffing and payment model. These health home services include case management, care coordination, management of transitions of care, family support services, health promotion, and referral to community services.
- In addition to treating their own patients, Hubs offer trainings and consultation to the Spoke providers.

Spokes Provide Ongoing Treatment in Community Settings

Spokes are Office Based Opioid Treatment settings, located in communities across Vermont. At many Spokes, addictions care is integrated into general medical care, like treatment for other chronic diseases.

- The Spokes are mostly primary care or family medicine practices, and include obstetrics and gynecology practices, specialty outpatient addictions programs, and practices specializing in chronic pain.
- Prescribers in Spoke settings are physicians, nurse practitioners, and physician's assistants federally waivered to prescribe buprenorphine. They may also provide oral naltrexone or injectable Vivitrol.
- People with less complex needs may begin their treatment at a Spoke, other patients transition to a Spoke after beginning recovery in a Hub.
- Spoke care teams include one nurse and one licensed mental health or addictions counselor per 100 patients. These Spoke staff provide specialized nursing, counseling and care management to support patients in recovery, this staff assures team-based care and helps primary care providers balance MAT patient care with the needs of their full patient panel.

State Oversight, Supplemental Funding, Quality and Measurement Support

- The Hub & Spoke concept was first introduced by John Brooklyn, MD and the model was designed and operationalized by the State of Vermont through the Blueprint for Health, the Department of Vermont Health Access, and the Vermont Department of Health's Division of Substance Use Programs.
- The State of Vermont pays for Hub and Spoke services via Medicaid. The Hub programs bill a monthly bundled rate, and the Blueprint distributes funds to support Spoke staffing through its existing Community Health Team payment infrastructure.

- The State of Vermont provides oversight for the program, helping communities monitor treatment needs, waitlist length, average time to treatment, and program performance.
- The Blueprint for Health provides each Vermont community with a data profile showing Hub & Spoke patient demographic data and key program measures, to support data-driven quality improvement.

Evidence of Program Impact

- Access to treatment has grown since program inception, with more than 6000 people now participating.
- The Blueprint for Health uses claims and clinical data to evaluate program impact and program costs. The Blueprint is working with other state agencies to incorporate additional data, such as Corrections data, into its evaluation.
- A peer-reviewed article published in the journal Substance Abuse Treatment showed that health care costs for Vermonters receiving Medication for Opioid Use Disorders (MOUD) were lower than for Vermonters with opioid addition not receiving MOUD, even when including the substantial treatment costs. Individual and group counseling, and more.

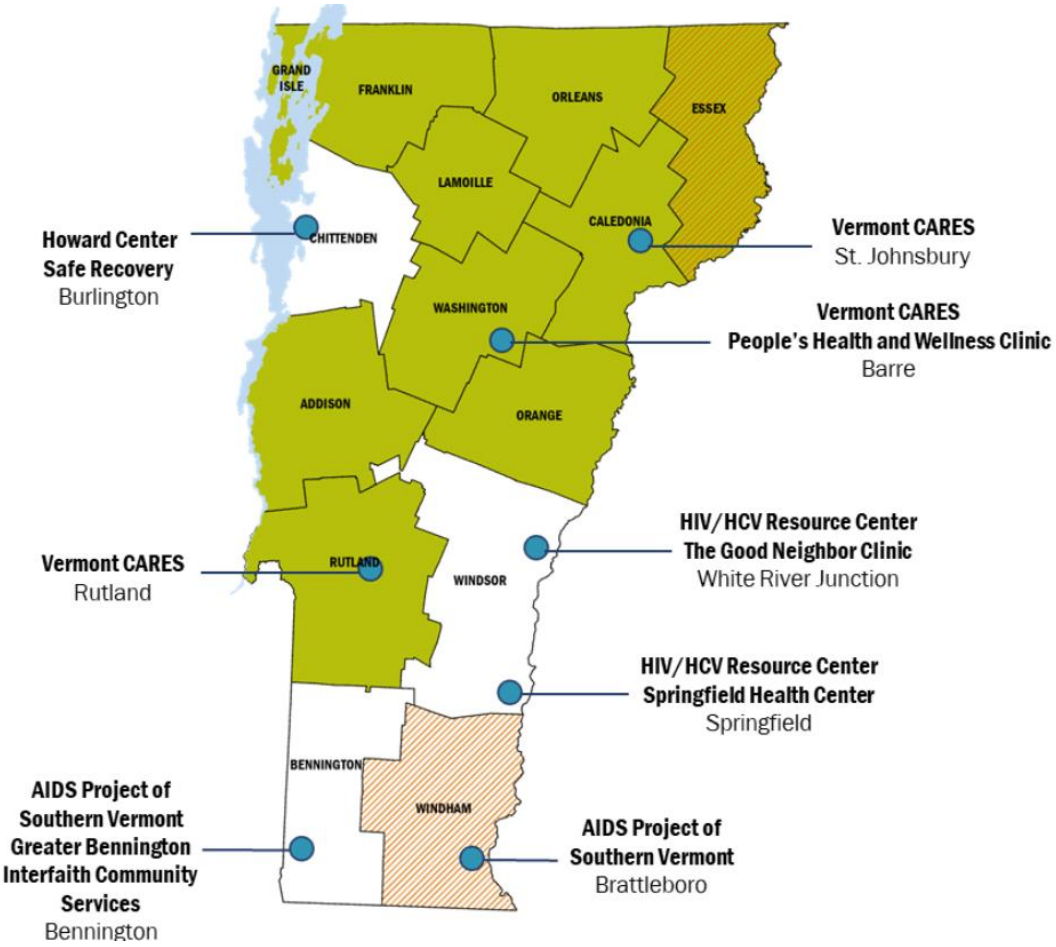
Vermont Harm Reduction Programs

Vermont CARES works for and with Vermonters affected by HIV/AIDS to promote wellbeing through a continuum of prevention, support, and advocacy services. VT CARES manages a syringe service program, provides testing for HIV and HEP C, has a new Prevention program called "Let me PrEP u" and has a mobile unit that travels around the state to be able to assist Vermonters with their services. (https://vtcares.org/)

AIDS Project of South Vermont is a regional AIDS service organization that provides direct services to people living with HIV/AIDS, and prevention services to those at high risk in Windham, Bennington, and southern Windsor counties. (http://www.aidsprojectsouthernvermont.org/)

Howard Center Safe Recovery Programs distributes free Fentanyl test strips and Narcan overdose reversal kits. The program also offers HIV and Hepatitis C testing, syringe exchange program, Hepatitis A and B vaccines, abscess and wound care, legal clinic, treatment options counseling and low barrier, and medication-assisted treatment (buprenorphine). (https://howardcenter.org/substance-use/needle-exchange-free-hiv-hepatitis-screening/)

HIV/HCV Resource Center distributes fentanyl test kits and Narcan/naloxone, provides services to persons living with HIV, offers HIV and Hepatitis C testing to persons in Orange and Windsor counties in Vermont. (http://www.h2rc.org/)



Co-occurring Disorders

It is important to note that many individuals with substance use disorders may also have challenges with multiple disorders. It is common for many to have mental health issues such as anxiety, eating disorders, mood-related disorders, trauma related issues, psychoses, along with alcohol or drug addiction. Sometimes these disorders are genetic. It is helpful for staffing of recovery residences to understand mental illness and substance use disorders behaviors and treatments. To be effective for the individual in recovery, the dual conditions should be treated at the same time.

Goals

Vermont's Recovery Housing Programs goals are to support:

- Levels 1, 2 & 3 Recovery Residences certified by VTARR.
- Individualized Units that meet AHS – DOC standards.
- Creation of Recovery Residences in service HUB areas where none exist.
- Recovery Residences with priority given to parents with children.
- Recovery Residences that include programs that have wrap around services for long term recovery that are onsite or in the vicinity of the home.
- Individuals will transition to permanent independent housing within two years of entry to the Recovery Residences

Access to Recovery Residences

The individuals accessing the recovery residences would be individuals that have reached a sober point where they are ready to start working with service providers on their journey to recovery. The recovery residence units developed from this funding source are done in conjunction with VTARR, AHS, VFOR along with wrap around support from service providers.

To see what is available for beds the individual should first contact VTARR at https://www.vtarr.org/recovery-residences.php. On that page, select a Recovery Residence in the area of interest in potentially applying to, it will bring up details about that program. To find out more information about the program selected, select the residence website which will bring them to the programs page and provide links to apply to access a bed. If assistance is needed with the application process individuals can work with their local service provider or contact the program of interest and they will walk individuals through the process.

Individuals can also call 211 to gain access to VFOR recovery residences listed on the "Substance Use Disorder Services" tab as well as on the resource search list. On the 2-1-1 site, you can search for resources by entering your zip code, a keyword of what you're looking for (i.e. Recovery, Recovery Centers, Recovery Residences), and it will pull up everything that is available. VFOR is listed in each zip code where a recovery residence exists.

VT Helplink is an additional free resource for Vermonters, providing confidential, non-judgmental support and referrals to treatment, recovery, and other services. VT Helplink Specialists can help individuals navigate Vermont's treatment and recovery system as well as assist individuals in finding a VFOR recovery residence in their community. To access VT Helplink, call 802.565.LINK or visit www.vthelplink.org and connect via live chat on the homepage.

Resources

Other Federal Resources

Although there is not a direct set aside of Vermont's regular Community Development Block Grant (CDBG) program annual funding for Recovery Housing Program (RHP) projects, they will be given preference due to meeting a housing need which is a higher priority in the State's Consolidated Plan.

Housing developers may be able to utilize the following federal funding sources when developing transitional housing Recovery Residences:

- NeighborWorks of America
- USDA Rural Development -community facility grants or low interest loans.
- Affordable Housing Program Federal Home Loan Bank of Boston (AHP)

State Resources

The Department of Corrections annually funds some transitional housing for persons coming out of incarceration that supports persons in recovery.

The Vermont Housing and Conservation Board has funding available to assist with transitional housing.

Some municipalities have revolving loan funds from previous HUD funding that may be available.

Efficiency Vermont is also a resource for housing developers to utilize to assist the recovery residence with any energy efficiency needs.

Administration Summary

DHCD will be the responsible agency for overall administration and will use existing staff to administer the Program. There will be collaboration with Vermont's Single State Agency (SSA), the Agency of Human Services/Department of Health. A staff person from the Division of Substance Use (DSU) and a staff person from Department of Corrections (DOC) will participate in the review and selection process of the applications.

Contact Person

Ann Karlene Kroll, Federal Programs Director
Agency of Commerce and Community Development
Department of Housing and Community Development -Vermont Community Development Program
1 National Life Drive
Montpelier VT 056201-0501

Email: AnnKarlene.Kroll@vermont.gov

Use of Funds - Methods of Distribution

Minimum $100,000 Maximum $2,000,000

Open to all communities in Vermont, including the states only entitlement community City of Burlington.

FY2020 Total Award	**$753,000**
-5% General Admin	$ 37,650
- 3% Technical Assistance	$ 22,590
Total amount to Grant Out	$692,760
FY2021 Total Award	**$791,652**
-5% General Admin	$ 39,583
- 3% Technical Assistance	$ 23,749
Total amount to Grant Out	$728,320
FY2022 Total Award	**$755,059**
-5% General Admin	$ 37,753
- 3% Technical Assistance	$ 22,651
Total amount to Grant Out	$694,655
FY2023 Total Award	**$991,106**
-5% General Admin	$ 49,555
- 3% Technical Assistance	$ 29,733
Total amount to Grant Out	$911,818
FY2024 Total Award	**$1,118,666**
-5% General Admin	$ 55,933
- 3% Technical Assistance	$ 33,559
Total amount to Grant Out	$1,029,174

Total available to grant to projects from FY20 & FY21 & FY22 & FY23 & FY24 allocations: $4,056,730.

Lease, Rent and Utilities activities are not limited to the 15% Public Service CAP.

30% Expended Within One Year of Executed HUD Grant Agreement

The 30% expended by date for FY20 and FY21 was January 17, 2023. The total amount needing to be expended for FY20 is $225,900 and FY21 is $237,496, totaling $463,396.

The 30% expended by date for FY22 is March 27, 2024, with $226,517.70 needing to be expended.

The 30% expended by date for FY23 is May 8, 2025, with $297,331.80 needing to be expended.

Use of Funds - Activities Carried Out Directly

Eligible Entities to Apply

All Vermont municipalities are eligible to apply for Recovery Housing Program funding.

National Objective

All projects must meet the Low- and Moderate-Income Limited Clientele national objective which requires at least 51% of the individuals served be at/or below 80% of area median income.

If a project serves individuals that meet the criteria below they are automatically are presumed Low- and Moderate-Income Limited Clientele:

- Persons that meet the federal poverty limits
- Persons insured by Medicaid
- Abused children
- Battered spouses
- Elderly persons (55 and older)
- Severely disabled persons
- Homeless persons
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers

The Slums and Blight (SB) and Urgent Need (UN) national objectives are not eligible.

Eligible Activities

- **Public Facility Improvements** - Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
- **Acquisition of Real Property** - For the purpose of providing stable, temporary housing to persons in recovery from a substance use disorder.
- **Lease, Rent & Utilities (only to LMI)** - associated costs on behalf of an individual in recovery from a substance use disorder for the purpose of providing stable, temporary housing. Payments must be made to the provider, such as the landlord or utility provider. Payments must NOT be made directly to individuals.
    - RHP cannot supplant funds that previously covered for an individual.
    - New or Expanded Service that have been above and beyond the last 12 months.
    - Assistance can be provided for up to 2 years or until the individual secures permanent housing, whichever is earlier.

- **Rehabilitation and Reconstruction**
    - Single Unit – publicly or privately owned residential building(s)
    - Multi-Unit up to 2 or more units - publicly or privately owned residential building(s)
    - Public Housing – owned or operated by a public housing authority.
- **Disposition of Real Property Acquisition -** Disposition through sale, lease, or donation of otherwise of real property acquired with RHP funds for the purpose of providing stable, temporary housing for individuals in recovery from a substance use disorder.
    - Legal documented surveys for transfer of Ownership
- **Clearance and Demolition** - Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites. Eligibility limited to projects where RHP funds are used only for the clearance and demolition.
- **Relocation** - Relocation payments and other assistance for permanently or temporarily displaced individuals and families in connection with activities using RHP funds.
- **New Construction** - Expansion of existing eligible activities to allow RHP funds to be used for new construction of housing. New construction of housing is subject to the same requirements that apply to rehabilitation activities.

Non-Eligible

- **Operational Costs**
- **Paying for staffing**
- **Planning**

Use of Funds - Evaluation and Criteria

Evaluation Process

The Pilot Recovery Housing Program (Dockets No. FR-6225-N-01 and FR-6265-N-01) funds shall be competitive and will ensure the eligible community development activities are met. The applications will be based on a system that measures the need, impact and feasibility of the proposed projects and will be scored using the scoring criteria below. RHP applications will be managed through DHCD's Web-based Application System known as GEARS. Applications are completed online and are submitted by municipalities.

DHCD staff will review each application for eligibility and completeness, before conducting a thorough analysis of each eligible applications and scoring them. AHS staff from DSU and DOC will also participate in the review and scoring process of the applications. DHCD staff will compile all the scoring of the applications by all the reviewers and will provide that documentation along with a recommendation to the Community Development Board. The CD Board reviews each application, analysis, compiled scores and makes funding recommendations to the ACCD Secretary on behalf of the Governor.

Criteria

The application must meet HUD's National Objective - Low- and Moderate-Income Limited Clientele.

Staff analyses of the applications are written based on Project Need, Project Impact and Project Feasibility. The selection criterion is as follows:

Scoring Criteria	Maximum Points
Project Need:	
Project response to documented need/issue	8
Project response to units near service hub and underserved by Recovery Residences	8
Project provides safe, healthy, and sober living environment	7
Design of program that provides holistic, wrap around services	7
Project response to units for parents with children	5
Project leverage of other resources	5
Total Need	**40**
Project Impact:	
Project LMI benefit	9
Readiness to proceed and obligate and expend funds within 4 months	7
Community support for recovery housing	4
Coordination with state, local or regional service providers	4
Demonstrated data collection for outcomes	4
Use of green, energy efficient, and sustainable construction methods	2
Total Impact	**30**
Project Feasibility:	
Project adheres and will be certified to VTARR standards or unit meets AHS recovery programs standards	8
Project long term viability (reserves, cash flow coverage)	6
Project includes trained recovery housing staff (peer to peer)	6
Demonstrated capacity and experience to carry out the project	5
Project cost effectiveness and reasonability	5
Total Feasibility	**30**
Total Score	**100**

Each project assisted shall develop and provide model documents for their marketing materials, financial management process for operator, recovery services provided and recovery plans. Residents should be provided policies and procedures for medication treatment, fair housing, financial management, residential agreement, residents household responsibility, drug screening, relapse plans, confidentially laws, and staffing/leadership plan. House rules are typically established by the residents, once established a copy should be provided to each resident.

Anticipated Outcomes

Vermont anticipates being able to serve 4 or 5 projects between $100,000-$500,000 each out of FY2020, FY2021 and FY2022 allocations. Projects assisted will be required to provide data on the following outcomes:

Outcome Measures	Vermont's Projections
Number of Transitional Housing Units Created	0
Number of Transitional Housing Units Rehabilitated	17
Number of Transitional Housing Beds Created	66
Number of individuals assisted with transitional housing.	85
Number of individuals assisted with transitional housing able to transition to permanent housing.	25
Number of individuals with children assisted with transitional housing.	10
Number of individuals with children assisted with transitional housing able to transition to permanent housing.	3

Expenditure Plan

The state has received two applications through its regular CDBG program that are eligible and meet the scoring criteria of the Recovery Housing Program, and through the allowability of the act both projects are included under Pre-Award/Pre-Agreement Cost. The state will start receiving additional applications for the Recovery Housing Program in late summer with a Board meeting in early fall to award the remaining funds.

The state fully anticipates being in compliance with the requirement of expending 30% of funds from one year of the date of grant agreement executed with HUD due to the majority of its RHP 2020 funding being allocated under Pre-Award/Pre-Agreement Costs.

The ACCD is currently tracking staff hours specific to RHP and will include those expenditures under Pre-Agreement Costs.

Citizen Participation Summary

In developing the plan DHCD followed the states Citizen Participation plan and consulted with a broad range of local, regional and state organizations.

It should be noted that the Recovery Housing Program has been included in the State's Consolidated Plan and discussed since the allocation was announced as in 2019. The RHP was also more fully discussed at this year's public hearing on April 5, 2021, where it was brought to our attention that the maximum award per project should be no less than $500,000. The reasoning was that it is so difficult to find all the funding sources to bring a project fruition that it takes so much time with smaller amounts. A larger amount can make a project more shovel-ready which is critical with a deadline to expend 30% of the funding within one year of signing the grant agreement with HUD.

The Draft Recovery Housing Plan was widely distributed by email to local, regional and state organizations and posted on the Agency's website on **May 25, 2021,** seeking comment through **June 11, 2021,** to obtain citizens' views about how the plan addresses the needs for transitional housing for people recovering from substance use disorder in the state.

Comments

Vermonters for Criminal Justice Reform

1. Please consider omitting stigmatizing language such as “addiction” (better to use substance use disorder), “misuse” (better to use use), “clean and sober” (better to say in recovery).
2. This document reflects the perspectives of sober house operators, but it does not appear that feedback from sober house tenants or their advocates (like Vermont Legal Aid or Vermonters for Criminal Justice Reform) was solicited or included prior to this draft.
3. The proposed legislation included in the draft report as an attachment (and referred to in the narrative) is controversial and has not been enacted by the legislature. It is not appropriate to include, especially without that context.
4. The report does not clearly explain that sober house/recovery residence operators are private landlords, residents are tenants, and both are governed by standard Vermont landlord/tenant law. The report should use standard language relating to landlords, tenants and lease agreements, and should acknowledge that tenants cannot legally be removed from the residence without a court eviction order (the report seems to imply otherwise).
5. Overall, the report does not seem consistent with the Theory of Change policy being implemented by the Vermont Department of Corrections.

ACCD Actions Taken or Comments

1. Modified the use of the word addiction to substance use disorder where appropriate. In some cases, the choice of the word’s addiction, misuse and clean and sober are specific to the Agency or Organizations referenced.
2. We have participated with the Intervention, Treatment and Recovery Committee which includes members that are in recovery, as well as conversations with many individuals that are in recovery from substance use disorder.
3. The proposed legislation is merely referenced to inform our HUD officials of what the state of Vermont is currently reviewing to support recovery housing.
4. All congregate housing will need to be certified by Vermont Alliance for Recovery Residences (VTARR) as such are required to have resident agreements and therefore do not fall under the landlord tenant law. For the protection of all the residents in the home our plan does require a relapse plan for the removal of individuals. The plan requires measures to avoid people being homeless.
5. This plan is to encompass all individuals in recovery not just those coming out of incarceration. In consultation with Department of Corrections (DOC), there is a need for both the Theory of Change policy housing and supportive congregate housing.

Northeastern Vermont Development Association

As the Regional Planning Commission and Regional Development Corporation for the Northeast Kingdom, NVDA has developed goals, policies and strategies related to housing, energy, and economic development, which have relevance to the Recovery Housing Program Action Plan. We offer the following comments:

1. We support DHCD in its efforts to address the need for appropriate, stable housing for Vermont residents recovering from substance abuse.
2. We support the inclusion in the scoring criteria of added points for energy efficient construction, as weatherization and improved energy efficiency of the housing stock is also a goal in our regional plan.
3. We support the change in the model for recovery residences from congregate housing to individualized units, as discussed on page 6 of the Action Plan. While this is evidently in the best interests of those in recovery, it is also in the best interests of hosting communities. The individualized units model would allow RRs to blend in with market rate units, and benefit from a location close to services, commercial, civic, and active recreational uses. In time, if the units no longer functioned as RRs, they would be available to general tenancy without the need for modification.
4. Keeping in mind that funding programs and needs change while the rental unit remains, we recommend against the placement of permanent easements on new or renovated RR housing units that restrict the use or income of tenants in perpetuity.
5. To forward our regional plan's goal of supporting economically integrated communities and avoiding concentrations of poverty, we suggest that the scoring criteria take neighborhood context into consideration when selecting projects, i.e., locations with an existing high concentration of subsidized units should be avoided when siting recovery residences. Based on the information included with the Action Plan, the location of recovery residences in stable and economically integrated neighborhoods is also in the best interests of those in recovery.

ACCD Actions Taken or Comments

1. No Comment
2. Not Comment
3. This plan is to encompass all individuals in recovery. In consultation with DOC, there is a need for both individualized units and supportive congregate housing.
4. Easements will depend upon the other funding sources generally and their federal requirements.
5. Our emphasis is on locations near service HUB's where there are service providers for substance use disorders.

Town of Colchester

The housing outlined in their response was for housing the homeless during the COVID19 pandemic in hotels which impacted their emergency services. The Town of Colchester feels recovery housing would require a very high level of municipal services.

ACCD Actions Taken or Comments

Recovery Housing Program funding has come to the State of Vermont as a result of the Opioid Fatalities. The funding is to provide housing for individuals in recovery from substance use disorder. The housing will have mandated standards of drug-free, sober environment to support the individuals to stay in

recovery and be active members of the community. The goal is for the individuals to move from transitional recovery housing to permanent stable housing.

Town of Shelburne

The housing outlined in their response below was for housing the homeless during the COVID19 pandemic in hotels which impacted their emergency services.

"Thanks for passing this along. Having given it a quick scan, my question is how and whether this all relates to the so-called temporary transitional housing that we have all been providing in what were previously tourism-related lodging establishments. It should be no secret that these locations have created skyrocketing numbers of calls for emergency services, exhausting our Police Department and Rescue Squad; and quite a few of these calls involve difficult circumstances and violence on a scale far beyond that which existed before this housing program. This is hardly limited to Shelburne; other area municipalities are experiencing similar, constant challenges.

Based on our experiences, we believe firmly that any existing or planned state programs for housing, recovery, or other similar matters must necessarily also include appropriate and necessary 24/7/365 oversight and management of these facilities and persons. These should not and cannot simply be left to municipalities to handle."

ACCD Actions Taken or Comments

Recovery Housing Program funding has come to the State of Vermont as a result of the Opioid Fatalities. The funding is to provide housing for individuals in recovery from substance use disorder. The housing will have mandated standards of drug-free, sober environment to support the individuals to stay in recovery and be active members of the community. The goal is for the individuals to move from transitional recovery housing to permanent stable housing.

Town of Milton

The Plan's eligible activities are reflective of the needs and appropriate strategic approaches to addressing the housing needs of those recovering from addiction. I support the Plan's list of parallel socioeconomic characteristics that will be used to presumably identify Low and Moderate-Income-Limited Clientele. I am especially supportive of the incorporation of holistic service strategies into the scoring system for projects because transportation, as one example, is important in a rural context to the viable effectiveness of a program serving this population.

Rural communities typically depend on neighboring regional nonprofit centers such as the Howard Center in Milton's local context, to assist those recovering from an addiction; and this makes transportation essential to accessing recovery services and other complementary services, particularly because there is limited public transit. Alternative transportation options also provide those recovering from an addiction with safe options to access services without risking encounters with law enforcement due to an expired driver's license or for other reasons.

The Federal 5311 program provides transportation services to LMI individuals, particularly the elderly, in order to access their doctor's appointments and other services. This program is particularly valuable in rural communities because of limited public transportation and because of the program's typical demand-response model. I wonder if a similar transportation model for those recovering from addiction specifically, could work as a holistic housing strategy in the future. Certainly, this plan leaves open enough room for such integrative housing projects to be considered.

ACCD Actions Taken or Comments

We recognize the challenges of transportation in a rural state such as Vermont. The Intervention, Treatment and Recovery Committee is currently discussing transportation issues for people in recovery and looking for ways to improve.

Vermont Legal Aid

See attached comments.

ACCD Actions Taken or Comments

1. Request for commitment to tenancy protections and Department of Corrections (DOC) involvement:
    a. The RHP action plan was drafted in consultation with DOC, and with Theory of Change principles in mind. DOC has further communicated that part of the Theory of Change is to provide multiple options for those seeking care. The RHP plan was drafted to provide for congregate housing that caters to individuals in need of specific care, as well as for individual units. After consultation with providers, it was determined that this congregate housing needs the ability to protect residents and maintain safe and supportive housing by removing residents who violate the terms of their stay. To mitigate effects of removal, the RHP plan requires that all participating recovery residences must have a plan in place with at least one alternative housing option for residents to ensure safe transitional shelter is available to any resident being removed.
2. Request to prioritize scattered site rather than congregate residences.
    a. RHP allows for both types of housing. The Towns listed in the report identified the areas with highest need at that point in time in the Housing; A Critical link to Recovery report. RHP is not excluding any location in the state. The RHP Action Plan goal is to develop units near service HUB areas. RHP is not putting any permanent easement restrictions on the recovery housing units which may allow for alternative use in the future.
3. Discussion of H. 211:
    a. At this time H. 211 has not been passed. The latest action in the Vermont House of Representatives on February 9, 2021. Further, the RHP plan requires that all participating recovery residences must have a plan in place with at least one alternative housing option for residents to ensure safe transitional shelter is available to any resident being removed.

St. Johnsbury Housing Committee

See attached comments.

ACCD Actions Taken or Comments

The RHP Action Plan goal is to develop units near service HUB areas. RHP is not putting any permanent easement restrictions on the recovery housing units, which would allow for future alternative use. RHP allows for both congregate housing and individual units to be developed. ACCD acknowledges the need for more affordable housing across Vermont. The RHP budget is limited and as such is concentrated on helping a particular group in need, versus generally addressing affordability.

Robert A. Oeser

See comments attached.

ACCD Actions Taken or Comments

The RHP action plan was drafted in consultation with DOC, and with Theory of Change principles in mind. DOC has further communicated that part of the Theory of Change is to provide multiple options for those seeking care. The RHP plan was drafted to provide for congregate housing that caters to individuals in need of specific care, as well as for individual units, to support a diversity of housing options. The RHP plan requires that all participating recovery residences must have a plan in place with at least one alternative housing option for residents to ensure safe transitional shelter is available to any resident being removed.

John S. Rogers

My name is John Rogers and I'm a member of the community in Bennington County. I run a 12-step program in Bennington (Celebrate Recovery, Bennington), sit on the local CoC, represent the county on the Vermont Coalition to End Homelessness and recently joined the board at VFor. I'm in longterm recovery and have been active in the recovery community in our small corner of the state. I know the former Executive Director at DownStreet and appreciate the study that was conducted in 2019 attempting to identify the need across the state. While I agree with most of what is proposed in the study I do think the 2015-16 SAMSHA used to project the number of beds needed is out of date and feel skipping Bennington Country as a place that needs Recovery Residence support is an oversight. From my analysis (attached) we are in need of 45-50 beds in Bennington County. Your draft action plan looks solid, the only correction I would have is to broad the geographic scope of the goal to include Bennington. Take a look at the attached we are getting some good traction in the community around Recovery Housing and with the necessary funding should be in a position to open two residences (1 men and 1 women/women w/kids) in 2022.

Thanks for the consideration.

ACCD Actions Taken or Comments

The Towns listed in the report identified the areas with highest need at that point in time in the Housing; A Critical link to Recovery report. RHP is not excluding any location in the state and is currently working with the Town of Bennington on two potential RHP projects.

Mike Cammock and I run River Valley Property Management, LLC

Good Afternoon Cindy,

My name is Mike Cammock and I run River Valley Property Management, LLC in Windsor, Vermont. I was just copied on an email relating to RHP funds for transitional housing programs in the State of Vermont.

I would be interested in talking with you more about what you are needing.

One of the properties we manage is a beautiful Vermont Inn that the owners are looking to stop operating as an Inn (mostly due to COVID-19). The primary goal has been to sell the property, but I would interested in finding out more about your program, as transitional housing could be a very productive use for this sort of property.

The property can be seen at www.snapdragoninn.com and is a beautiful heritage property. It is about 15 mins walk from Ascutney hospital (literally 2 mins drive).

I would be interested in finding out more about what you are needing in terms of transitional housing resources to see if this property could play a role.

Cheers,

ACCD Actions Taken or Comments

Referred Mike Cammock to VTARR and VFOR for additional action.

Tony Redington

See attached

ACCD Actions Taken or Comments

No comments.

Lila Bennett with Journey to Recovery Center in Newport

Reached out to us to discuss the need for Social Detox Housing in her area as well as the need for recovery housing.

ACCD Actions Taken or Comments

VCDP staff met with Lila to go over the Recovery Housing Program and coordinated a connection with VTARR and VFOR.

Third Amendment Comments

Second Amendment Comments

Jan Ohlsson

Asked by email Cindy, I was sent the draft of the recovery bed program to review….i did a quick read..and the one thing, I feel is missing, is a flow chart from the patient's point of view….
How does a person wanting to recover get into the program.? what I hear from a friend who works in Mental Health and reading on my part, the problem is also the patients are shunted from one place to another, cannot fill in the forms needed, etc. certainly there needs to be housing and services for recovery ….but the system has to also work from the patient's perspective, and with ease.

ACCD Actions Taken or Comments

VCDP staff added a section labeled "Persons in Recovery" to provide details on how to access recovery residence beds.

Sally Fluery
A former landlord that provided statement challenges of renting to individuals in recovery that relapse.

ACCD Actions Taken or Comments
There is current legislation proposed to identify the gaps for recovery residences and services.

Will Eberle
Sent email of support for plan as written.

ACCD Actions Taken or Comments
No action or comment

Partner Coordination

Since this was a new realm for DHCD, DHCD initially reached out to the Agency of Human Services (DSU formerly ADAP, DOC) and Downstreet to discuss their current programs and initiatives for transitional housing for persons that are recovering from substance use disorder.

VCDP staff also reached out to the Continuum of Care Program, Emergency Solutions program and HUD-VASH.

DHCD staff met with Vermont's affiliate of National Alliance for Recovery Residences (VTARR), Vermont Foundation on Recovery, Vermont CARES, to learn about their organization's and what their role is in recovery of substance use disorders.

DHCD staff met with the liaison from the Department of Health that coordinates the Governor's Substance Misuse Prevention and Oversight and Advisory Council (SMPC) to gain information on what that council is working on to assist with recovery of substance use disorders. The liaison for SMPC invited DHCD Staff to join the Intervention, Treatment, and Recovery Committee (ITR) monthly meetings that meets with SUD service providers, recovery residences providers, recovery advocacy groups, harm reduction programs, state agencies to look at the four priorities area identified by ITR as issues for persons in recovery 1) Housing, 2) Transportation, 3) Employment and 4) Residential Treatment. ITR will also be discussing cross cutting issues for persons in recovery such as access, childcare, communication, connection, COVID 19 and Stigma to address each priority identified.

DHCD staff communicated with Vermont Housing and Conservation Board (VHCB) staff regarding the use of HOPWA funds and how that program population is impacted by SUD. Vermont receives HOPWA awards every three years. The last award was in 2020 and was for $1.4 million for the period of March 1, 2021 – February 28, 2024. About $475,000 of the funding is expended per year. Vermont's state-wide competitive HOPWA award is administered through 4 partner organizations: VSHA and three AIDS Service Organizations (ASO's) – Vermont CARES, AIDS Project of Southern Vermont, and HIV/HRC Resource Center. VSHA administers approximately 30 tenant-based vouchers for low-income people with AIDS/HIV. The ASO's deliver HOPWA services in 3 categories: 1) Emergency Assistance to remain appropriately housed, including payments for mortgage, rent or utilities; 2) Permanent Housing Placement – provides assistance to clients with first month's rent and security deposits to allow them to obtain housing; and 3) Supportive Services – providing housing and other counseling to clients to help them remain appropriately housed. Although it is an eligible activity, Vermont does not utilize our HOPWA grant for permanent supportive housing or other housing development.

DHCD considered resources provided by the Agency of Human Services (OEO, DOC, DSU formerly ADAP), Downstreet, Substance Abuse and Mental Health Services Administration (SAMSHA's), Vermont affiliate of National Alliance for Recovery Residences and H.783 Bill currently before Vermont's General Assembly.

Monitoring

RHP Action Plan must follow ***State Bulletin #5 Policy for Grant Issuance and Monitoring*** which incorporates the provisions of the new "Uniform Guidance" issued by OMB.

RHP will take a risk-based monitoring approach that is based on such factors as size of award; first time receiving an award; complexity of project; staff turnover; past performance; outstanding or delinquent reports from other Programs; and one or more audit findings/internal control issues regarding program performance or compliance.

All grantees are monitored on a regular basis in accordance with program specific guidelines, as well as state and federal regulations. Monitoring of all programs includes desk review of requisitions and supporting back-up documentation; review of program reports; and audit reports. RHP monitoring will also include onsite reviews to interview program and administrative staff; and conduct onsite construction inspections, or virtual monitoring will be conducted.

All grantees shall ensure adequate Subrecipient Oversight Monitoring per the Uniform Guidance using the Subgrantee Financial Monitoring Worksheet that will be an award condition. Only a Municipal staff person can complete and be responsible for the subrecipient monitoring. All Subrecipients will complete a Subgrantee Financial Monitoring Worksheet that complies with Subrecipient Monitoring per the Uniform Guidance and upload the documentation to the Agency's on-line grants management system (GEARS).

Pre-Award/Pre-Agreement Costs

Grants Management conducts a Pre-Award Eligibility Determination and Risk Assessments on a project prior to an award to ensure no award is made to an ineligible organization and to mitigate any high-risk awards through special conditions in grant agreements and monitoring and reporting.

RHP funds can only pay for pre-award/pre-agreement costs of a project providing the environmental release has been issued for the project.

The Agency has been tracking expenditures for pre-award costs back to December 2, 2020, which correlates to an estimate of $700,000 in pre-award costs at the time of receipt of a Grant Agreement from HUD. $7,002 of the cost is for general administration and environmental review. The Agency intends on funding $692,760 from FY20 and $7,240 from FY21 to the following two projects:

City of Barre – Barre Recovery Residence

$500,000 of RHP funding will be granted to the City of Barre to be subgranted to Down Street Housing & Community Development for the purchase and rehabilitation of a historic building located at 31 Keith Ave, Barre, VT 05641. The building will be renovated into a transitional Recovery Housing residence that will serve women and women with families – many of whom have experienced domestic violence and are currently experiencing homelessness. The building will include 3 family units – two single person apartments and one group housing unit which can hold up to 4 families. There will be 6 direct beneficiaries at or below 50% AMI. Downstreet has partnered with Vermont Foundation of Recovery (VFOR) to staff and operate the program.

Town of Johnson – Jenna's Promise

$200,000 in RHP funding will be granted to the Town of Johnson to be subgranted to Jenna's Promise LLC for the rehabilitation and revitalization of a vacant building in downtown Johnson to be turned into a coffee shop and supportive housing for people in recovery from substance use disorder. The project also includes $300,000 of CDBG funding. The coffee shop will be located on the lower level of the building with the housing on the upper level. The project, Jenna's Sober Living, will run one building as essentially a Level I facility; it will be run with house rules and drug screening. Six bedrooms will house up to eight women in recovery, maintaining full occupancy of eight LMI individuals (women) over 5

years with turnover as needed. Income level projections are based on the likely income of those participating in recovery. Tenants will complete income surveys.

Pre-Award Costs for FY22

Town of Bennington – Squire Recovery Housing Project

$500,000 in RHP funding will be granted to the Town of Bennington to be subgranted to Shires Housing for the rehabilitation of 185 North Street in Downtown Bennington, VT. The historic property known as "Squire House" will provide 3 units of recovery housing with 6 bedrooms dedicated to women and women with dependent children. Shires will act as developer through a limited partnership and maintain the property through a long-term master lease agreement with the Mission City Church and VFOR.

Town of Bennington – Gage Street

$139,460 enhancement request is anticipated from the Town of Bennington to subgrant to Shires Housing for the rehabilitation of 612 Gage Street in Bennington, VT. The building will have two units with 9 total bedrooms dedicated to men in recovery, including one housing manager who will also be in recovery. Shires will own the property and act as property manager through the Limited Partnership. The building will be designed to meet the programmatic needs of the Turning Point Center as they enter into a long-term master lease with Shires. This grant originally requested $500,000 but only received $360,540 in RHP funds due to funding limitations at the time and bids have been received and additional funding is needed.

With only $55,194 remaining and the cost of construction being so high, we will likely utilize the remaining funding as bids are finalized with one of the existing awards.

Pre-Award Costs for FY23

Town of Bennington – Gage Street

In June 2023 this project was awarded an additional $500,000 to fill the funding gap due to increases construction costs. It received the remaining $55,194 in FY22 and $444,805 allocation out of FY23, bringing the project's total award to $1 million.

Town of Essex -- VFOR Essex Recovery Housing

In November 2021 the Town received an award of $360,540 in FY21 RHP funds to subgrant to Champlain Housing Trust (CHT) to acquire and renovate the property at 1005, 1006, 1007 Ethan Allen Avenue, Essex, VT 05452 to provide recovery housing in the Fort Ethan Allen neighborhood for individuals experiencing substance use disorder. This project will have 12 beds for men, 12 beds for women and 8 beds for men or women with children in recovery. In November 2023 this project was awarded an additional $300,000 to fill the remaining funding gap due to increased construction costs. It received $300,000 in FY23 funds bringing their total award to $660,540.

Pre-Award Costs for FY24

Hope Grove – St. Albans

Hope Grove Recovery Inc. has submitted an application requesting $748,200 to purchase the property located at 296 South Main Street, St. Albans, Vermont. The home will serve as a Level 3 Recovery House specifically for adult women in recovery, expected to house 6-8 women recovering from substance use disorder. VCDP staff are currently working with the project partners and anticipate making a funding award by late summer.

Program Income

If any Program Income is generated by a program served with RHP funds, all the generated program income received must be returned to the municipality and the municipality must return the program income funds to ACCD. ACCD will transfer any program income generated from a RHP grant to another open RHP grant. If all other RHP grants are closed it will be part of ACCD's regular CDBG program income and will be subject to regular CDBG program rules. Revolving Loan Funds are prohibited.

424 and 424B Forms

Appendix A - Housing: A Critical Link to Recovery, An Assessment of the Need for Recovery Residences In Vermont