

# Residences **4** RECOVERY

## Vermont Residents4Recovery Developer's Toolkit\*

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\*As knowledge grows, we will regularly update

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Amended:

## Summary of Toolkit

### **Goal:**

The goal of this toolkit is to provide general information to potential developers/owners/operators of recovery residences (RR) in Vermont to assist with the process of identifying appropriate sites, determining ownership/operator structures and on-going operational considerations.

### **Disclaimer:**

Information within this toolkit is stated from the best of our knowledge at the time of publication. The development of RR's in Vermont is a fast-evolving process. Downstreet offers this toolkit as informational only. We welcome on-going input from all sources regarding content and will continue to update as appropriate.

### **Audience:**

Individuals, developers, and communities who have an interest in developing RRs in Vermont communities. The toolkit is focused toward nonprofit developers and with that may at times need clarification for other audiences. Please reach out to your local nonprofit developer for support if needed. As well, feel free to reach out to us. Contact information is provided at the end of the document.

### **Table of Contents**

<a href="#">Pg. 3</a>	<a href="#">What is a Recovery Residence?</a>
<a href="#">Pg. 11</a>	<a href="#">What are the Standards for Recovery Residences in Vermont?</a>
<a href="#">Pg. 12</a>	<a href="#">Why Have Standards?</a>
<a href="#">Pg. 12</a>	<a href="#">Determination of Need in Vermont?</a>
<a href="#">Pg. 13</a>	<a href="#">Where Vermont is now from Prevention to Treatment?</a>
<a href="#">Pg. 13</a>	<a href="#">A Few Thoughts on Stigma</a>
<a href="#">Pg. 15</a>	<a href="#">Recovery Residence Building Design</a>
<a href="#">Pg. 16</a>	<a href="#">Recovery Residence Building Location</a>
<a href="#">Pg. 17</a>	<a href="#">Recovery Residence Local Zoning</a>
<a href="#">Pg. 18</a>	<a href="#">Recovery Residence Legislative Action on Zoning</a>
<a href="#">Pg. 18</a>	<a href="#">Ownership Options</a>
<a href="#">Pg. 19</a>	<a href="#">Capital Available for Purchase and/or Rehab</a>
<a href="#">Pg. 19</a>	<a href="#">Funding for Operating Budget/Rental Assistance</a>
<a href="#">Pg. 20</a>	<a href="#">Appendices</a>
<a href="#">Pg. 21</a>	<a href="#">Contact Information for Inquiries on Toolkit</a>

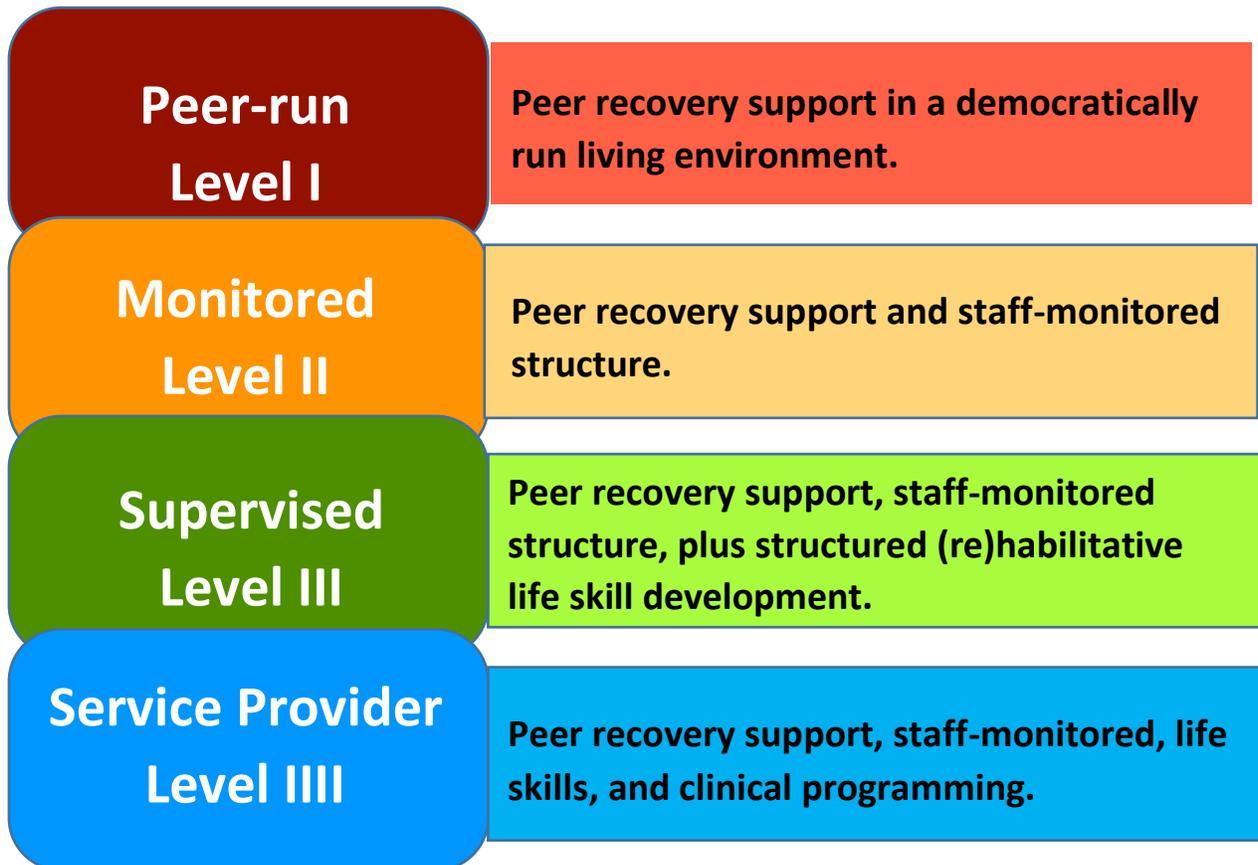
## What is a Recovery Residence?

Recovery Residence is synonymous with sober housing one type of recovery support service.

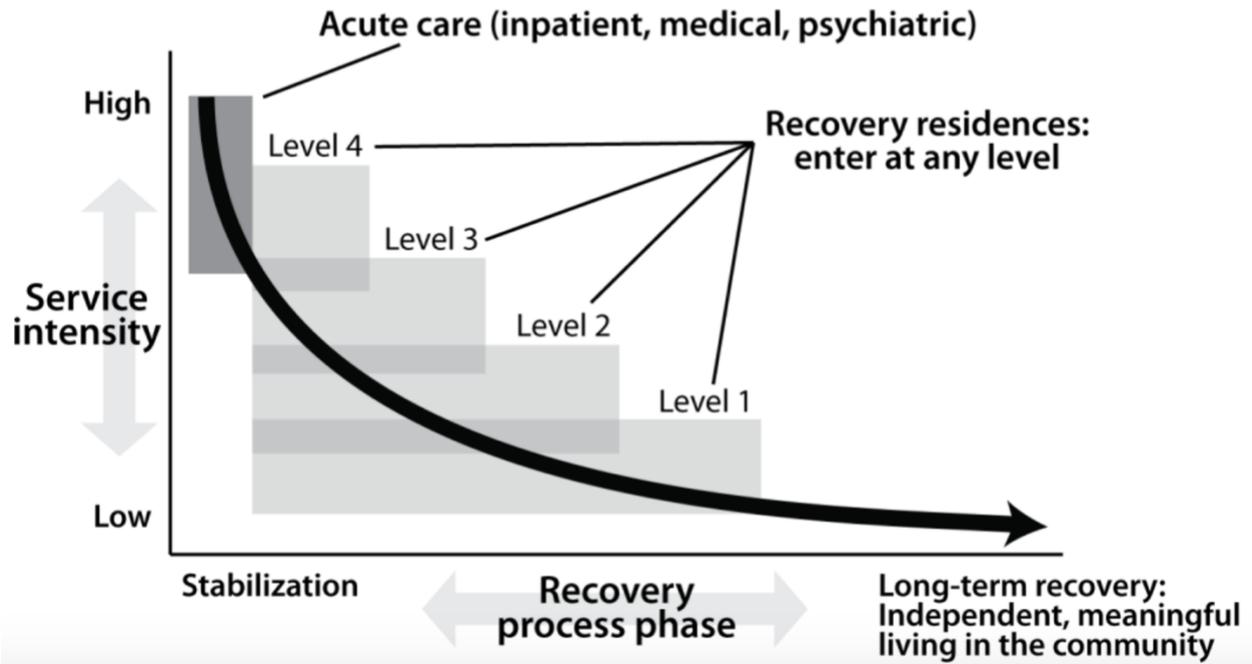
They provide a shared-living environment free from alcohol and illicit drug use, they center on peer support and connections that promote sustained recovery from substance use.

There are four distinct levels of RR's as defined by the National Alliance of Recovery Residences:

### NARR Levels Empower Choice



# Recovery Residences in the Continuum of Recovery



There are a number of providers of recovery residences in the state. Each one has a slightly different approach to house management and services often related to the needs of the population the house is serving. Some of the groups that may be familiar are Vermont Foundation of Recovery, Phoenix House RISE Program, and Oxford House. Below are some overviews of their mission and approach to house management and services:

## **1. Vermont Foundation of Recovery (VFOR) - Provides Level I RR** [www.vermontfoundationofrecovery.org](http://www.vermontfoundationofrecovery.org)

Our mission is *to create a network of Recovery Homes to help people suffering from addiction re-assimilate into society by supporting the transitions from addiction to recovery, to independent living.* A “Recovery Home” is many things. Fundamentally, a Recovery Home is a residential property where the members of the home agree to maintain a drug and alcohol-free environment. Additionally, we strive to create a family-like atmosphere in our homes—one where our members are nurtured and energized by others who share common experiences, struggles, values, and goals. Finally, we aim to structure our homes to provide varying degrees of supervision and autonomy, offering a variety of residences to meet the needs of individuals at varying stages of recovery.

Our first and foremost goal is to provide safe, stable, drug and alcohol-free housing to recovering alcoholics and drug addicts. We have found—in both our own experience and in the experience of countless others—that a substance-free home is vital to the success of individuals in early recovery. This experience is backed by research. A two-year study conducted by researchers at DePaul University found that individuals who entered sober housing after substance abuse treatment discharge “had significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates” compared with individuals who left treatment to a “usual-care condition (i.e., outpatient treatment or self-help groups).” *American Journal of Public Health*, Oct 2006; Vol. 96, pp1727–1729. Recovering alcoholics and addicts who have access to sober housing not only become healthy, they become productive and valued citizens.

Unfortunately, many people find that when they leave treatment they do not have a safe home to go to. This is often because roommates and other friends are still active users, or because the addict/alcoholic has burned bridges with sober family and friends. Regardless of the reason, the problem is the same—there is a tremendous need for sober housing. VFOR’s mission is to help satisfy that need.

While the primary purpose of our Recovery Homes is to provide a safe and clean-living environment, they offer much more than that. Our goal is to create a family environment in our homes, where the residents support one another in their recovery and cooperate to manage the household. Thus, the house members themselves are largely responsible for creating and maintaining the culture of each home. However, each of our Recovery Homes is managed by a VFOR staff member who helps select new members for the Home, moderates house meetings, enforce house policies, and generally mentors and supports all the house members in their transition to sobriety. Our house managers are all themselves recovering alcoholics or addicts with multiple years of stable sobriety who have completed training in sober house management and/or recovery coaching.

The house managers provide varying levels of oversight—and thus allow the members varying levels of independence—at the different Homes. Recovery is a lifelong process of growth and development, and people require different levels of guidance and support at different stages of their recovery. For example, we have found that individuals who are brand new to sobriety are more apt to thrive and less apt to relapse if they attend meetings regularly and abide by a curfew. Thus, our Homes in Waterbury and South Burlington are designed for individuals new to recovery and make such demands of its members. On the other hand, we intend to create homes which are designed for individuals with more time in sobriety, and thus allows members more discretion in constructing their own program of recovery. Our hope is that by sustaining and growing this model, VFOR will be able to provide an appropriate sober living environment to any person who desires one, regardless of their time and experience in sobriety.

## **Membership Policies of VFOR / VFOR Introduction Policy Snapshot (The first 30 days of membership)**

House Meeting: The House Meeting is mandatory throughout a member's stay with VFOR. If a member feels they need to miss a meeting, they can request the time off online at <http://vermontfoundationofrecovery.org/eto>

Requests will be heard on a case by case basis. Member's stature in the house is important and will be factored into the decision (ex. not behind on dues or any corrective action). A request does not guarantee approval.

The House Meeting is vital to communication, communal understanding, and character building.

First Recovery Meeting: All members are required to attend a recovery meeting within twenty-four (24) hours of move-in. The thirty-day (30) introduction period begins on the day of the first recovery meeting. If a member does not attend a recovery meeting within the first twenty-four (24) hours, membership could be discontinued.

Recovery Meetings: **For the first 30 days, members must attend a recovery meeting each day with personal documentation for each daily meeting.** Meetings must be on separate days (no doubling up). Some recovery meetings might include, but are not limited to, 12 step meetings, IOP, church, meeting with a sponsor, counselor and/or recovery coach. All recovery meetings need to be at least one hour in length to meet this obligation and members need to be at the meeting from start to finish. For the first 30 days, the house meeting can count as a recovery meeting.

*Recovery Meeting definition: Any meeting related to recovery, where a group of people (2 or more in the case of sponsors, counselors, and or recovery coaches) gather for an hour minimum, led by a facilitator and discuss recovery related topics.*

***A recovery meeting is not a medical examination, elective, or a check-up on physical well-being.***

**After the introduction period**, all VFOR house members must attend a minimum of four (4) recovery-related meetings each week and the house meeting does not count as a recovery related meeting.

Recovery Mentor: In the first 30 days, all members are expected to seek out and develop a relationship with a mentor figure. This may include but is not limited to a counselor, a recovery coach, and/or a 12-step sponsor. If you have another idea for a mentor, have it approved by the House Manager before counting them as a mentor. **You can only count using your mentor as a recovery meeting once per week.** After the 30-day introduction period members are expected to keep relationships with a recovery mentor. If for some reason a member ends their

relationship with the recovery mentor, members will need to inform the house manager. This member will then need to find a new recovery mentor.

Weekly Recovery Commitment (WRC): In the first 30 days of membership, members are expected to seek out and maintain a weekly recovery commitment. This may include, but is not limited to an IOP group, group meeting with a counselor, church, volunteering at a recovery center and/or a 12-step home group. If you have another idea about a WRC, have it approved by the House Manager prior to counting it as your weekly commitment. After the 30-day introduction period members are expected to keep a WRC. If for some reason a member decides to change a WRC, the member will need to inform the house manager. This member will then need to find a new WRC.

Work/Volunteering/Education: If a member does not have employment by the end of (2) two weeks they are expected to find volunteering or education. By the end of (2) two weeks, new members must provide documentation that work, volunteering and/or education has begun. **Once one of these has been established, 20 hours are the minimum hours expected. Please note that at any time VFOR may ask for documentation of your 20hrs.** If you have any questions about what is acceptable for work/volunteering/education, consult the House Manager. No professional practice on VFOR property.

Overnight Guest, Outings, Curfew: For the first 30 days a member cannot have a guest on VFOR property unless they are family or their Recovery Mentor. Each house member has a 10:30 pm curfew ongoing throughout their stay. If under supervision, the most stringent rules apply. Guests or nights out are not allowed for the first 30 days.

## **VFOR Medications & Drug Testing Policy**

Members of Vermont Foundation of Recovery can be on medication that is prescribed by a doctor:

- **If the medication is deemed abusive by VFOR. There can only be one-week prescriptions kept on the property at a time. The medication must be picked up weekly at a local pharmacy, clinic, or licensed provider and kept in a lockbox. Prescriptions would need to be filled on the day of member's house meeting, and the member is responsible for getting their med sheet signed by the pharmacist for each medication pick-up. Medication needs to be picked up in "blister packaging if available.**
- If the medication that is being picked up is prescribed PRN, but the member does not take their dose, they may keep it on them. However, members are not allowed to have more than a week's dose on them at any given time.
- If you are on any type of medically assisted treatment, a Release of Information (ROI) form must be filled out before becoming a member and presented upon arrival to ensure

that VFOR receives tests accordingly. If you are working with any type of lab, we need an ROI from them as well.

- If the house feels that any medication is being abused, sold, or used in any other way than prescribed, membership agreement will be discontinued.
- All members must sign consent forms/releases with a prescribing professional if on a controlled substance.
- **Disposing of medication needs to be done with a VFOR representative or then need a note from prescriber that the medication was disposed of by them – no exceptions. Do not throw away or flush medication. All changes in medication must be reported to House Manager or Vermont Foundation of Recovery Operations within 24 hours of any change. Failure to comply with these policies will result in a misuse of medication infraction and result in a CAC.**

Any medication the VFOR feels has a potential for abuse is subject to our *Abusive Medication Policy*. Provided is our most up-to-date *Abusive Medication* list. This list is not comprehensive and is subject to change at any time. Also, please note that any medication identified as a controlled substance by the DEA is considered abusive even if you don't see it listed here:

- ALL Barbiturates
- ALL Benzodiazepines
- ALL Narcotics/Opioids
- ALL Amphetamines
- ALL MAR or Maintenance Medications
- Sleep Medications: Ambien, Sonata, Lunesta, Seroquel, Trazadone etc.
- Non-Narcotic Pain Meds and others: Tramadol, Neurontin/Gabapentin, Lyrica/Pregabalin, Clonidine, Bupropion (Wellbutrin), Vivance, NyQuil, Flexeril.

Again, this is not a complete list and it's subject to change.

Drug Testing and Smoking: There are random drug and alcohol tests. If the results are positive, members will be asked to leave immediately.

- The member will have 2 hours to take the urinalysis and one cup of water.
  - If the member does not take the drug test within two hours, they may have to leave immediately; membership could be discontinued.
- A Breathalyzer must be taken immediately, if refused it will be treated as a positive test.
- If the member would like to contest positive results they are responsible for any costs related to confirmation. If the member contests the positive results, the sample will be submitted for specific substance identification.
  - Confirmation can take up to three (3) business days.
    - All members personal belongings may stay on the Vermont Foundation of Recovery property.
    - The member must be escorted by a VFOR Representative to retrieve any personal belongings.

- Member is still responsible for membership dues.
- If a house member refuses testing, this will count as a positive test and the member must leave immediately.

False Positives: These medications and foods are KNOWN to cause false positives: Albuterol (Inhaler), Kambucha, poppy seed bagels, poppy seed muffins, everything bagels with poppy seeds, any nasal spray, high caffeine content drinks (i.e. energy drinks), cooking with high alcohol content, ingesting foods with alcohol content, Nyquil, etc.

Our Medications Policy is very strict. If you choose to ingest these foods or meds, do so at your own risk. If you are subject to a false positive for one of these medications, you will need to leave the house and get it confirmed with our lab partner at your own expense. If any of these does cause a false positive, the member will still be subjected to a behavioral contract and possibly have their membership discontinued.

**If a member knows another member is using or has used/drank and doesn't bring this information to the House Manager or Mentor, they can be at risk for having their membership discontinued.**

***\*\*This is the introduction snapshot of VFOR policies only. All members are accountable for following all VFOR policies, always. If you would like an updated list of VFOR policies, please ask your house manager. These policies will need to be met to get off the introduction period. Failure to follow through with any of these policies in the first 30 days will lead to a continued introduction period until terms are met or membership could be discontinued. \*\****

## **2. Phoenix House of New England - Provides Level III RR** [www.phoenixhouse.org](http://www.phoenixhouse.org)

Phoenix House New England, founded in 1967, is one of the region's premier nonprofit substance abuse treatment agencies, annually serving nearly 4,000 individuals at more than 20 programs and facilities throughout New England. The majority of our programs are accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities, a nationally recognized standard of excellence. In Vermont, Phoenix House offers transitional living and recovery support services to adults throughout the state. RISE (Recovery in an Independent, Sober Environment) provides three- to 12-month community living experiences at five sites statewide.

Provided through ADAP, Alcohol and Drug Abuse Programs, administered by Vermont's Department of Health, qualified Vermonters may access long-term treatment provided at the Residential Program in Dublin, New Hampshire.

Phoenix House works in close collaboration with the Department of Corrections to provide a broad spectrum of substance abuse treatment services, including both outpatient and on-site treatment at more than 18 of Vermont's correctional facilities statewide.

Residential treatment for female offenders is provided at our Tapestry program in Brattleboro, a community for up to 33 women furloughed from the Vermont Department of Corrections while they complete their sentences. The emphasis is on gender-specific therapy, development of skills leading to economic independence, family reintegration, and preparation for reentry into the residents' home communities. Tapestry, accredited by CARF, the Commission on the Accreditation of Rehabilitation Facilities, a nationally recognized standard of excellence, complies with federal regulations as established by [PREA](#).

For additional information about these services, please call 1-888-671-9392.

### **3. South Barre RISE Program – Provides Level III RR**

[www.phoenixhouse.org/locations/vermont/phoenix-house-rise-mens-program-barre/](http://www.phoenixhouse.org/locations/vermont/phoenix-house-rise-mens-program-barre/)

*“Stay strong in recovery from drug or alcohol addiction with a supportive, caring community that will help keep you on track.”*

Phoenix House RISE (Recovery in an Independent, Sober Environment) in Barre is a 3-12-month sober living program for men in early recovery from substance use disorder. An integral part of a recovery-oriented system of care, RISE is based on the belief that people who experience a repeated pattern of drug or alcohol addiction should spend additional time in a stable, supportive environment to reinforce sobriety and increase the chances of a successful, sustained recovery. RISE features weekly recovery groups and self-help meetings. All clients are expected to pay a modest weekly rent.

### **4. Oxford House –Provides Level 1 RR**

[www.oxfordhouse.org/](http://www.oxfordhouse.org/)

#### **Purpose of Oxford House**

Oxford House is a concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug-free home. Parallel to this concept lies the organizational structure of Oxford House, Inc. This publicly supported, non-profit 501(c)3 corporation is the umbrella organization which provides the network connecting all Oxford Houses and allocates resources to duplicate the Oxford House concept where needs arise.

The number of residents in a House may range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. Oxford Houses flourish in metropolitan areas such as New York City and Washington D.C. and thrive in such diverse

communities as Hawaii, Washington State, Canada, and Australia; but they all abide by the basic criteria.

Each House represents a remarkably effective and low-cost method of preventing relapse. This was the purpose of the first Oxford House established in 1975, and this purpose is served, day by day, house after house, in each of over 2000 houses in the United States today.

### **The Oxford House Network - A Self-Run Structure:**

Three or more Oxford Houses within a 100-mile radius comprise an Oxford House Chapter. A representative of each House in the Chapter meets with the others on a monthly basis, to exchange information, to seek resolution of problems in a particular House, and to express that Chapter's vote on larger issues.

The World Council is comprised of 12 members: 9 of which presently live in an Oxford House, and 3 alumni. Members are elected each year at the Oxford House World Convention. The primary mission of the Oxford House World Council is to facilitate adherence to Oxford House Traditions' concept and system of operations, by providing effective means of communication and mission focus between the various organizational structures of Oxford House as a whole. In carrying out its mission, the Council always keeps a focus on the expansion of the network of individual Oxford Houses, to provide all recovering alcoholics and drug addictions the opportunity to develop comfortable sobriety without relapse.

The Board of Directors maintains the sole right to Charter, and to revoke the Charter of, individual Oxford Houses and exercises authority over the policies and officers of Oxford House, Inc. In this way, Oxford House, Inc. remains responsive to the needs of the population it serves.

### **What are the Standards for Recovery Residences in Vermont?**

Until very recently, the answer to this question was none existent, nothing specific in Vermont. That said, most providers have chosen to follow national standards. In the fall of 2018, VTARR which is the Vermont affiliate of NARR (National Alliance of Recovery Residences) formed. VTARR has adopted the most recent standards issued by NARR. In April, VTARR's first Executive Director will begin setting up a certification process for RRs that we expect to implement in late 2019.

So, who is VTARR? **Mission:** *The Vermont Alliance of Recovery Residences' mission is to support those in recovery from Substance Use Disorders (SUD) by improving access to Recovery Residences through established standards, a fair and transparent certification process, community engagement, education, technical assistance, research, and advocacy.*

**Current Standards adopted by VTARR are in appendix A & G.**

## Why Have Standards?

### Purpose of the Standards

- **Quality Assurance**
- **Educate, Guide, and Communicate**
- **Quantify – Measurable**
- **Operational Framework**
- **Systemic Definition and Alignment**



### Benefits of The Standards and Certification:

- **Provides a needed framework for operators to conduct a safe, viable community**
- **Is attractive to those we serve – Residents, Families, Referents**
- **Community and Resource – Teach, Mentor, and Educate**
- **Links to (Evidence Based) Practice**
- **Provides Ethical Guidance**

## Determination of Need in Vermont

In the fall of 2018, a report was commissioned to determine the need for RR's across the state. The report and executive summary links are below:

### ***Housing: A Critical Link to Recovery – Executive Summary***

[https://www.dropbox.com/s/o1ntkqstf1f445s/Housing\\_A%20Critical%20Link%20to%20Recovery\\_Report%20-%20Executive%20Summary.pdf?dl=0](https://www.dropbox.com/s/o1ntkqstf1f445s/Housing_A%20Critical%20Link%20to%20Recovery_Report%20-%20Executive%20Summary.pdf?dl=0)

### ***Housing: A Critical Link to Recovery – Full Report***

<https://www.dropbox.com/s/browldxxw32ahmr/Housing%20-%20A%20Critical%20Link%20to%20Recovery%20Report.pdf?dl=0>

A few key things to note. The report focuses on level I RR need. For perspective, this report is looking at what is really the most immediate need. There will be needs that are not identified in the report but are certainly important and quantifiable. The report is a starting point for the expansion of the RR network across Vermont.

In addition to looking at the need for additional recovery residences; the report looks at the availability of appropriate housing stock, identifies conditions for success, challenges, priority communities, and sub-groups of need (men, women, women with children).

## Where Vermont is Now from Prevention to Treatment?



National and Vermont Perspective on the  
Opioid Crisis and Substance Misuse  
February 25, 2019

 VERMONT  
DEPARTMENT OF HEALTH

Mark A. Levine, MD, Commissioner

**See full PowerPoint in appendix H.**

## A Few Thoughts on Stigma

Below are some great slides from a presentation given to Downstreet's staff. You can bring the full presentation to your community by reaching out to Ed Baker, [arcedbaker@gmail.com](mailto:arcedbaker@gmail.com).

**Stigma**  
*An attribute, behavior, or condition  
that is socially discrediting.*

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- ◆ Stigma is known to **decrease treatment** seeking behaviors
- ◆ Of an estimated **23 million** Americans with Substance Use Disorder, **only 10 % receive treatment.**





**“We must help everyone see that addiction is not a character flaw - it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.”**

**Vivek H. Murthy, M.D.**  
The 19th Surgeon General of the United States

## *Challenging*

### Perpetuates Stigma

Drug Abuser

Drug Abuse

Addict

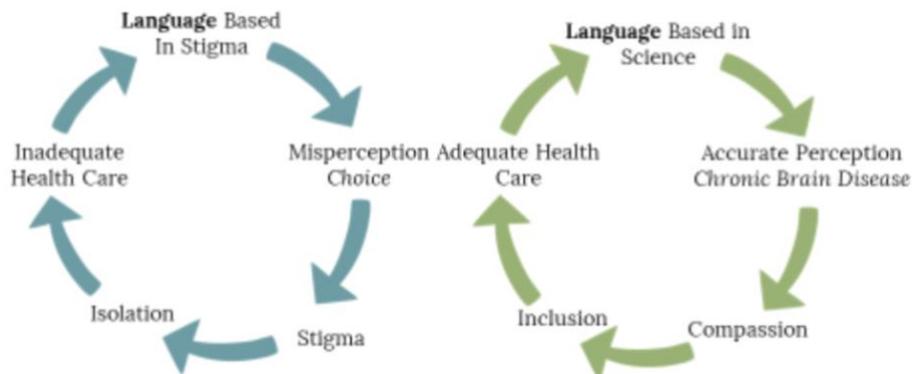
## *Stigma*

### Invites Compassion

Person w/ SUD

Drug Use

Person with  
Addiction



Stigma creates many challenges for people in recovery. We know that it plays a larger role in an individual's decisions to seek treatment. We also know that self-esteem and self-worth are critical components of recovery and stigma drains them both. A small step that can be taken in your communities is to focus on our words, our language. Words are powerful. They can not only transform our own perspectives but they can change whole communities. Use them wisely and with care toward people in recovery.

## Recovery Residence Building Design

**According to NARR/VTARR Standards, the following must be present in all RR:**

- a. Verification that the residence is in good repair, clean, and well maintained.
- b. Verification that furnishings are typical of those in single-family homes or apartments as opposed to institutional settings.
- c. Verification that entrances and exits are home-like vs. institutional or clinical.
- d. Verification of 50+ sq. ft per bed per sleeping room.
- e. Verification that there is a minimum of one sink, toilet, and shower per six residents.
- f. Verification that each resident has personal item storage.
- g. Verification that each resident has a food storage space.
- h. Verification that laundry services are accessible to all residents.
- i. Verification that all appliances are in safe, working condition.

Additionally;

- a. Verification that meeting space is large enough to accommodate all residents.
- a. Verification that a comfortable group area provides space for small group activities and socializing.
- b. Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.
- c. Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.

Lastly:

- a. The operator will attest that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.
- b. The operator will attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g. single family or other) OR provide

documentation from a government agency or credentialed inspector attesting to the property meeting health and safety standards.

- c. Verification that the residence has a safety inspection policy requiring periodic verification of
  - i. Functional smoke detectors in all bedroom spaces and elsewhere as code demands,
  - ii. Functional carbon monoxide detectors, if the residence has gas HVAC, hot water or appliances
  - iii. Functional fire extinguishers placed in plain sight and/or clearly marked locations,
  - iv. Regular, documented inspections of smoke detectors, carbon monoxide detectors, and fire extinguishers,
  - v. Fire and other emergency evacuation drills take place regularly and are

Note, there does not seem to be any reference to ADA requirements so our assumption is that because they are defined as single-family homes, ADA requirements do not apply. That said, we may want to try to include where we possible and understand from the local recovery center if there is a need for accessibility.

***See Site Visit Checklist in appendix I.***

## Recovery Residence Building Location

In general, rural residences provide higher or more comprehensive levels of support than other options because there are fewer support resources in the surrounding area. They may also be more closely linked with a faith-based community, treatment center or other supplemental support community.

Per the *Housing: A Critical Link to Recovery* report, there are Treatment Centers and/or Recovery Centers located in 12 Vermont communities: Barre (with the Treatment Center in Berlin), Bennington, Brattleboro, Burlington, Middlebury, Morrisville, Newport, Rutland, St. Albans, St. Johnsbury, South Burlington, and Springfield.

The Recovery House model calls for residents to live in large (4+ bedroom) single-family homes that have easy access to the HUB Treatment and Recovery Centers. Public transportation is an important condition supporting recovery for this population; one that should not be overlooked in siting Recovery Homes. Many of these individuals have either had their licenses revoked or cannot afford the cost of a car. With all of their daily commitments to treatment, counseling, and work, public transportation is a critical factor. Access to food shopping is another key locational requirement.

## Recovery Residence Local Zoning

With the state zoning defining RR's as single-family structures, local zoning will need to abide by this definition. That said, local zoning issues may well arise. Some advice from the NARR standards below may be helpful. As well, the VTARR certification will certainly be helpful in working with local municipalities. Our experience in Central Vermont included working with the town manager on several occasions, understanding the on-going zoning requirements, building support with select-board members by presenting early on and including people in recovery. The police chief and town manager actually visited another RR in Burlington and met with the staff and residents. That was incredibly helpful. We also encouraged town managers, police chiefs and other municipal leaders to reach out to communities with RR's and get input. The collaboration also included the service provider who was able to speak clearly about their policies and approaches to communities.

### Per NARR Standards:

Core Principle: Be a Good Neighbor

Be responsive to neighbor concerns

- a. Policies and procedures provide neighbors with the responsible person's contact information upon request.
- b. Policies and procedures that require the responsible person(s) to respond to neighbor's concerns.
- c. Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties.

Have courtesy rules

- a. Preemptive policies address common complaints regarding at least:
  - i. Smoking
  - ii. Loitering
  - iii. Lewd or offensive language
  - iv. Cleanliness of the property
- b. Parking courtesy rules are documented.

## Recovery Residence Legislative Action on Zoning and Definition (explain and status) – Part of Zoning Section

Per the *Housing: A Critical Link to Recovery* report:

**PERMITTING REQUIREMENTS:** At the moment there is nothing in Vermont law that recognizes RHs as any type of entity. The American's with Disabilities Act protects people in recovery and the Fair Housing Act says people with disabilities must be treated equally. It has been litigated at the federal level with an end result that RHs must be treated the same as a Single-Family Homes from a zoning standpoint.

Vermont legislative bills in process in 2019.

The first is H-0223 and it was reintroduced this session and is in House Human Services at this time. It relates to a bill that will require a tenant of a RR who violates the terms (sobriety mainly) of their tenancy to vacate the premises immediately.

H-0223 PDF link: <https://legiscan.com/VT/text/H0223/id/1904533/Vermont-2019-H0223-Introduced.pdf>

The second (H-0435 has not been reintroduced but Tom thinks we can add it on this session) relates to how RR is defined in zoning and will require municipalities to treat RR's as single-family homes under land-use bylaws. There is already federal precedent for this approach.

H-0435 PDF link: <https://legislature.vermont.gov/Documents/2020/Docs/BILLS/H-0435/H-0435%20As%20Introduced.pdf>

## Ownership Options

To lower capital outlay, providers may choose to rent property from a landlord who values long-term tenants and/or values supporting recovery. Others may choose to own the property.

There are four ownership scenarios:

- 1) Private landlord and lease to RR, this can be supported with an MOU from a non-profit
- 2) Housing non-profit ownership and lease to RR
- 3) RR ownership
- 4) Recovery center (or other non-profit) ownership with a lease to RR

Concerns regarding ownership and management include:

- 1) Capital investment – having the money upfront to purchase real estate
- 2) Operating costs – such as mechanical systems and building upkeep (roof, paint, etc.)

- 3) Maintenance upkeep & costs – the monthly expenses associated with running a house with 6+ residents
- 4) Future use of the building
- 5) Community support of rental vs. ownership

### Capital Available for Purchase and/or Rehab

Traditional housing funding (VHCB, VCDP, VHFA) is highly competitive and at this time not committed for the sole purpose of RR. If RR funds are dedicated it will make financing easier. That said, there has been an incredible amount of support from the three state AH funders and we believe there is a strong desire to fund RR. Developers should be in touch with them as ideas come together for development. Primarily their funding will apply to ownership options but there may be a role for them in a rental scenario as well. At this point, the funders are onboard to support the R4R Initiative but the mechanics are still in play. Additional sources include community RLF, HTF, service providers in the specific community, fundraising, philanthropic giving, faith-based giving etc.

### Funding for Operating Budget/Rental Assistance

In most cases, if not all, there will be a rental agreement in place that will be a master lease to the service provider. The service provider could be VFOR (Vermont Foundation of Recovery) or any of the other service providers in the state. In that scenario, the operating budget is straight-forward. In cases where we can acquire project-based vouchers (this is under discussion) or they already exist in a building we are reconfiguring into a RR, then the operating budget will be a blend.

In cases where we are master leasing to the service provider, we certainly need to trust the ability of the provider to meet the rent each month. We are working with VFOR on their business model to ensure that it is sustainable for the long term. This work is happening through VTARR who is working on service provider sustainability.

Related to this, the scholarship fund for rental assistance is being piloted by VFOR. Essentially, this provides the first month's rent, more if needed. There is no expectation legally that the funds are repaid but it is very much a part of the recovery model to pay it back and pay it forward. We are looking at a substantial pool of funds that will be held and distributed by VTARR to certified RR's. The 4R initiative is the way that we will get legislative support and philanthropic and business support. The scholarship fund will essentially serve as the risk pool for landlords to ensure payment of rent.

## Appendices

- a. **National Alliance Recovery Residences (NARR)**  
[www.narronline.org](http://www.narronline.org)
- b. ***Housing: A Critical Link to Recovery – Executive Summary***  
[https://www.dropbox.com/s/o1ntkqstf1f445s/Housing\\_A%20Critical%20Link%20to%20Recovery\\_Report%20-%20Executive%20Summary.pdf?dl=0](https://www.dropbox.com/s/o1ntkqstf1f445s/Housing_A%20Critical%20Link%20to%20Recovery_Report%20-%20Executive%20Summary.pdf?dl=0)
- c. ***Housing: A Critical Link to Recovery – Full Report***  
<https://www.dropbox.com/s/browldxxw32ahmr/Housing%20-%20A%20Critical%20Link%20to%20Recovery%20Report.pdf?dl=0>
- d. **Words Matter: How Language Choice Can Reduce Stigma (pdf)**  
<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf>
- e. **American Hospital Association: Behavioral Health-Combating Stigma**  
[https://www.aha.org/2017-12-11-behavioral-health-combating-stigma?utm\\_source=mailchimp&utm\\_campaign=03001ec7e1f0&utm\\_medium=page](https://www.aha.org/2017-12-11-behavioral-health-combating-stigma?utm_source=mailchimp&utm_campaign=03001ec7e1f0&utm_medium=page)
- f. **Vermont Alliance of Recovery Residences (VTARR)'s Domains, Core Principles, & Standards for Recovery Residences (based on the National Alliance of Recovery Residences (NARR))**  
<https://www.dropbox.com/s/fnsh05bnoq31sgr/VTARR%20-%20RR%20Domains%2C%20Core%20Principles%2C%20%26%20Standards.pdf?dl=0>
- g. **Mark Levine, MD, Commissioner of Health - PowerPoint of Dept. of Health's Outlook on SUD**  
<https://www.dropbox.com/s/yt3poyw1iq1fqw2/Mark%20Levine%2C%20MD%2C%20Commissioner%20of%20Health%20-%20PowerPoint%20of%20Dept.%20of%20Health%27s%20Outlook%20on%20SUD.pdf?dl=0>
- h. **Site Visit Checklist (excel spreadsheet)**  
<https://www.dropbox.com/s/fpugiu6gwec6pt/Site%20Visit%20Checklist.xls?dl=0>
- i. **List of Vermont Housing Groups as listed by Vermont Housing & Conservation Board (VHCB)**  
<https://vhcb.org/links#vthsg>

## Contact Information for Inquiries on Toolkit

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