

No. 163. An act relating to the systemic evaluation of recovery residences and recovery communities.

(S.186)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. RECOMMENDATION; RECOVERY RESIDENCE

CERTIFICATION

(a) The Department of Health, in consultation with State agencies and community partners, shall develop and recommend a certification program for recovery residences operating in the State that choose to obtain certification.

The certification program shall incorporate those elements of the existing certification program operated by the Vermont Alliance for Recovery Residences. The recommended certification program shall also:

(1) identify an organization to serve as the certifying body for recovery residences in the State;

(2) propose certification fees for recovery residences;

(3) establish a grievance and review process for complaints pertaining to certified recovery residences;

(4) identify certification levels, which may include distinct staffing or administrative requirements, or both, to enable a recovery residence to provide more intensive or extensive services;

(5) identify eligibility requirements for each level of recovery residence certification, including:

(A) staff and administrative requirements for recovery residences, including staff training and supervision;

(B) compliance with industry best practices that support a safe, healthy, and effective recovery environment; and

(C) data collection requirements related to resident outcomes;

(6) establish the required policies and procedures regarding the provision of services by recovery residences, including policies and procedures related to:

(A) resident rights, including the following minimum standards for residential agreements:

(i) contents of initial resident agreements;

(ii) resident discharge policies;

(iii) length of time a bed shall be held for a resident who temporarily exits a recovery residence; and

(iv) criteria by which a resident can return to the recovery residence in the event of a temporary removal;

(B) resident use of legally prescribed medications; and

(C) promoting quality and positive outcomes for residents;

(7) recommend an appropriate term for a noncertified recovery residence; and

(8) identify minimum reporting requirements about recovery residences by the certifying body, including reports on the temporary and permanent

removal of residents, which the certifying body shall aggregate for regular submission to the Department.

(b) In developing the certification program recommendations required pursuant to this section, the Department shall consider:

(1) available funding streams to sustainably maintain and expand recovery residence services throughout the State;

(2) how to address barriers that limit the availability of recovery residences;

(3) recovery residence models used in other states and their applicability to Vermont; and

(4) how to engage noncertified recovery residences in the certification process.

(c) On or before January 15, 2025, the Department shall submit a written report describing its recommended recovery residence certification program and containing corresponding draft legislation to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

(d) As used in this section, “recovery residence” means a shared living residence supporting persons recovering from a substance use disorder that provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders.

Sec. 2. ASSESSMENT; GROWTH AND EVALUATION OF RECOVERY

RESIDENCES

(a) The Department of Health shall complete an assessment of certified and noncertified recovery residences in the State, which shall:

(1) create a comprehensive inventory of all recovery residences in Vermont, including assessments of proximity to employment, recovery, and other community resources;

(2) assess the current capacity, knowledge, and ability of recovery residences to inform data collection and improve outcomes for residents;

(3) assess recovery residences' potential for future data collection capacity; and

(4) assess the types of data systems currently in use in Vermont's recovery residences and defining the minimum core components of a data system.

(b) The Department may obtain technical assistance to complete the assessment required pursuant to subsection (a) of this section.

(c) On or before December 15, 2025, the Department shall submit the results of the assessment required pursuant to this section and any recommendations for legislative action to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

(d) As used in this section, "recovery residence" means a shared living residence supporting persons recovering from a substance use disorder that

provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders.

Sec. 3. 9 V.S.A. § 4452 is amended to read:

§ 4452. EXCLUSIONS

(a) Unless created to avoid the application of this chapter, this chapter does not apply to any of the following:

* * *

(b)(1) Notwithstanding subsections 4463(b) and 4467(b) and section 4468 of this chapter only, a recovery residence may immediately exit or transfer a resident if all of the following conditions are met:

(A) the recovery residence has developed and adopted a residential agreement:

(i) containing a written exit and transfer policy approved by the Vermont Alliance for Recovery Residences or another certifying organization approved by the Department of Health that:

(I) addresses the length of time that a bed will be held in the event of a temporary removal;

(II) establishes the criteria by which a resident can return to the recovery residence in the event of a temporary removal; and

(III) ensures a resident's possessions will be held not less than 60 days in the event of permanent removal;

(ii) designating alternative housing arrangements for the resident in the event of an exit or transfer, including contingency plans when alternative housing arrangements are not available;

(iii) describing the recovery residence's substance use policy, which shall exempt the use of a resident's valid prescription medication when used as prescribed; and

(iv) indicating that by signing a residential agreement, a resident acknowledges that the recovery residence may cause the resident to be immediately exited or transferred to alternative housing if the resident violates the recovery residence's substance use policy or engages in acts of violence that threaten the health or safety of other residents;

(B) the recovery residence has obtained the resident's written consent to its residential agreement, reaffirmed after seven days;

(C) the resident violated the substance use policy in the residential agreement or engaged in acts of violence that threatened the health or safety of other residents; and

(D) the recovery residence has provided or arranged for a stabilization bed or other alternative temporary housing.

(2) Relapse of a substance use disorder resulting in exiting a recovery residence shall not be deemed a cause of the resident's own homelessness for purposes of obtaining emergency housing.

(3) As used in this subsection, “recovery residence” means a shared living residence supporting persons recovering from a substance use disorder that:

(A) provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders; and

(B) is certified by an organization approved by the Department of Health and that is either a Vermont affiliate of the National Alliance for Recovery Residences or another approved organization.

Sec. 4. REPORT; RECOVERY RESIDENCES’ EXIT AND TRANSFER

DATA

(a) On or before January 1, 2025 and 2026, a recovery residence shall report to the certifying body for the recovery residence any exit or transfer of a resident by the recovery residence in the previous year and the asserted basis for exiting or transferring the resident.

(b) On or before January 15, 2025 and 2026, the certifying body for a recovery residence shall report to the Department of Health the data received under subsection (a) of this section.

(c) On or before February 1, 2025 and 2026, the Department of Health shall submit the data received under subsection (b) of this section to the House Committees on General and Housing and on Human Services and the Senate

Committees on Economic Development, Housing and General Affairs and on Health and Welfare.

(d) The 2025 report shall contain preliminary data from the previous six months and the 2026 report shall contain data from the preceding year.

(e) As used in this section, “recovery residence” means a shared living residence supporting persons recovering from a substance use disorder that:

(1) provides tenants with peer support and assistance accessing support services and community resources available to persons recovering from substance use disorders; and

(2) is certified by an organization approved by the Department of Health and that is either a Vermont affiliate of the National Alliance for Recovery Residences or another approved organization.

Sec. 5. SUNSET; RECOVERY RESIDENCES; RESIDENTIAL AGREEMENT; REPORTING

(a) 9 V.S.A. § 4452(b) is repealed on July 1, 2026.

(b) Sec. 4 (report; recovery residences’ exit and transfer data) is repealed on July 1, 2026.

Sec. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2024.

Date Governor signed bill: June 6, 2024