

# Recovery Residence Data Manual

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## Purpose

This document provides specifications for data that must be collected by operators of Recovery Residences in Vermont and reported to the Vermont Alliance of Recovery Residences, or other designee approved by the Department, and the Vermont Department of Health. The data is used to monitor the services provided by recovery residences, compliance with certification standards and grant requirements, and to provide summary data to funders to show the outcomes and utilization of recovery residence programming.

## Originating Office

Vermont Department of Health  
Division of Substance Use  
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Please contact [AHS.VDHDSU@vermont.gov](mailto:AHS.VDHDSU@vermont.gov) with questions about the contents of this document.

## Revision History

| Date       | Version | Revision Summary                                                                | Author           |
|------------|---------|---------------------------------------------------------------------------------|------------------|
| 7/16/2026  | 1.0     | Version 1.0 finalized by VDH                                                    | Danielle Mauldin |
| 10/13/2026 | 1.1     | Updated to correct RecCap assessment score range to ‘-100 to 100’ from ‘0-100’. | Danielle Mauldin |

## Table of Contents

|                                     |    |
|-------------------------------------|----|
| Recovery Residence Data Manual..... | 1  |
| Purpose.....                        | 1  |
| Originating Office.....             | 1  |
| Revision History.....               | 1  |
| Table of Contents .....             | 2  |
| Background.....                     | 3  |
| Act 103 (S.157) .....               | 3  |
| Definitions and Acronyms.....       | 3  |
| Data Elements.....                  | 5  |
| Organization Data .....             | 5  |
| Intake Data.....                    | 5  |
| Temporary Exit Data .....           | 10 |
| Departure Data .....                | 11 |
| Calculated Fields .....             | 16 |
| Process.....                        | 17 |
| Roles and responsibilities.....     | 17 |
| Data collection .....               | 17 |
| Reporting.....                      | 18 |
| Additional Information.....         | 18 |
| Data Element Summary.....           | 19 |

## Background

### Act 103 (S.157)

Effective July 1, 2026, [Act 103 \(S.157\)](#) An act relating to recovery residence certification requires the Vermont Department of Health's Division of Substance Use Programs to assume responsibility for recovery residence services in the State.

**Section 5(a)(1) of the Act requires the Department of Health to:**

Set forth data collection standards and reporting requirements for certified recovery residences, including data elements and frequency, exit and transfer data, and requirements for annual reporting from the Department to the General Assembly that measure the program's effectiveness.

This manual includes the data collection standards and reporting requirements for recovery residences in the State starting July 1, 2026.

## Definitions and Acronyms

**Recovery residence**

A shared home like living residence supporting residents recovering from a substance use disorder that provides residents with peer support, assistance accessing support services, and other community resources related to substance use disorder.

**Department**

The Vermont Department of Health

**Designee**

An organization that has a current, binding legal agreement with the Department and to which the Department has delegated authority and oversight for Recovery Residence certification.

**Certified recovery residence**

A recovery residence that has current certification through Vermont Alliance for Recovery Residences (VTARR) or another designee approved by the Department.

**Resident**

A “**Resident**” is a person who completed the intake process and has a signed Residential Agreement with a recovery residence. A person is not a resident if they have only completed the application process without completing intake and signing a Residential Agreement or have been placed on a waiting list.

**Unique identifier**

A distinct identification number assigned to each resident to ensure records can be reliably identified within the recovery residence organization.

**Intake**

Formal entry into the recovery residence program.

**Temporary exit**

A planned exit from the program with intent to return and complete the program.

**Departure**

An exit from the program without intent to return. A departure may be planned (e.g., a transition from the program to housing in the community) or unplanned (e.g., exit due to non-compliance with house rules).

**Rec Cap**

Rec Cap is an assessment measuring recovery capital across eight primary domains. VTARR-certified recovery residences will perform Rec Cap assessments and report Overall Recovery Capital scores for each resident. For questions about Rec Cap requirements, please contact VTARR at [info@vtarr.org](mailto:info@vtarr.org)

**Substance Use Disorder**

The definition of substance use disorder included in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

**DSM** Diagnostic and Statistical Manual of Mental Disorders

**DSU** Vermont Department of Health, Division of Substance Use Programs

**MOUD** Medications to treat opioid use disorder

**OP/IOP** Outpatient or Intensive Outpatient

**RSP** Recovery Safety Plan

**SUD** Substance Use Disorder

**VDH** Vermont Department of Health

**VTARR** Vermont Alliance for Recovery Residences

## Data Elements

Recovery residences will submit a record for each person who **departs** the recovery residence. The data elements that make up each person-level record and the organizational data that must accompany the record are included in this section.

All fields are required unless otherwise specified.

### Organization Data

Whenever a resident departure is reported it must include the following organization-level data:

1. **Recovery residence organization**

The name of the recovery residence organization from which the person departed.

2. **Residence name**

The name of the specific residence at the organization from which the person departed. In some cases, the recovery residence organization and residence name may be the same (e.g., an organization has only one residence location of the same name).

3. **Recovery residence unique identifier (optional)**

Unique identifier assigned to each resident by the recovery residence. The structure of the unique identifier may vary by organization. *This is an optional field.*

### Intake Data

Whenever a resident departure is reported it must include the following intake data:

4. **Application date**

The date the resident applied to the program, associated with this departure. Formatted MMDDYYYY.

5. **Intake date**

The date the resident entered the program, associated with this departure. Formatted MMDDYYYY.

- Must be on or after the application date.

## 6. Town prior to intake

The name of the town the resident was living or staying in prior to entering the residence.

- Please specify if town is located outside of Vermont.

## 7. Return service status

Whether the resident has previously received recovery residence services, from the reporting recovery residence organization or elsewhere, in the past.

| Values for return service status |
|----------------------------------|
| Yes                              |
| No                               |
| Unknown                          |

## 8. Primary substance

Residents preferred substance prior to entering recovery.

| Values for primary substance |
|------------------------------|
| Opioids                      |
| Alcohol                      |
| Stimulants                   |
| Cannabis                     |
| Other (please specify)       |

## 9. Secondary substance

The second substance the resident would have chosen prior to entering recovery, if the preferred substance was not available.

- If there is no secondary substance to report, then “None” should be selected.

| Values for secondary substance |
|--------------------------------|
| Opioids                        |
| Alcohol                        |
| Stimulants                     |
| Cannabis                       |
| Other (please specify)         |
| None                           |

## 10. Co-occurring SUD and mental health

If the resident has current self-reported mental health issues at time of intake.

- This includes any type of current mental health issue, either treated or untreated.

| Values for co-occurring SUD and mental health |
|-----------------------------------------------|
| Yes                                           |
| No                                            |
| Unknown                                       |

## 11. Co-occurring SUD and physical health

If the resident has current self-reported physical health issues at time of intake.

- This includes everything from illness and infection to chronic conditions, such as diabetes, to physical disabilities or injuries.

| Values for co-occurring SUD and physical health |
|-------------------------------------------------|
| Yes                                             |
| No                                              |
| Unknown                                         |

## 12. Employment status

Resident employment status at time of intake.

| Values for employment status                                                             |
|------------------------------------------------------------------------------------------|
| Disabled                                                                                 |
| Full time<br><i>Working 35 hours or more each week.</i>                                  |
| Homemaker                                                                                |
| Part time<br><i>Working fewer than 35 hours per week.</i>                                |
| Student                                                                                  |
| Unemployed<br><i>Looking for work during the past 30 days or on a layoff from a job.</i> |
| Volunteer                                                                                |
| Other (please specify)                                                                   |

## 13. Referral source

Describes the person or agency referring the resident to the recovery residence.

- When there are multiple referrals, report the primary one other than "Self-referral".

| Values for referral source                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Community Partner (please specify)<br><i>Referral from a community organization or any federal, state or local agency within the broader community (e.g., shelters, faith-based organizations, etc.).</i> |
| Department of Corrections                                                                                                                                                                                 |
| Family                                                                                                                                                                                                    |
| MOUD Provider                                                                                                                                                                                             |
| Outpatient or Intensive Outpatient (OP/IOP) Provider                                                                                                                                                      |
| Other Recovery Residence                                                                                                                                                                                  |
| Recovery Service or Coach<br><i>Referral from a Recovery Center, Peer Recovery Support (e.g., Recovery Coach) or Support Group.</i>                                                                       |
| Residential SUD Treatment                                                                                                                                                                                 |
| Self-referral                                                                                                                                                                                             |
| Vermont Helplink                                                                                                                                                                                          |
| Other (please specify)                                                                                                                                                                                    |

#### 14. Medications to treat opioid use disorder (MOUD)

Describes if the resident is receiving MOUD with methadone, buprenorphine, naltrexone or other medications to treat opioid use disorder at the time the resident entered the program.

| Values for MOUD |
|-----------------|
| Yes             |
| No              |
| Unknown         |

#### 15. Resident age

The age of the resident at intake formatted as a whole number.

#### 16. Resident gender

The resident's gender, as defined by the resident.

- Report "Other Gender" category for any resident-reported gender identity other than "Male" or "Female".

| Values for resident gender |
|----------------------------|
| Female                     |
| Male                       |
| Other Identity             |

## 17. Criminal justice involvement

Resident criminal justice involvement status at time of intake.

| Values for criminal justice involvement                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------|
| Pre-trial<br><i>Resident is currently awaiting trial.</i>                                                                         |
| Treatment Court<br><i>Resident is involved in a court-ordered treatment program.</i>                                              |
| Probation<br><i>Resident is involved in court-ordered probation/supervision.</i>                                                  |
| Parole<br><i>Resident is involved in a mandated period of conditional, supervised release.</i>                                    |
| Furlough<br><i>Resident is involved in a temporary period of release from a correctional facility.</i>                            |
| Diversion<br><i>Resident is involved in a diversion (pre-trial/post-arrest) program requiring stay at the recovery residence.</i> |
| Not Involved                                                                                                                      |
| Other (please specify)                                                                                                            |

## 18. Pregnancy status

Resident pregnancy status at the time of intake.

| Values for pregnancy status |
|-----------------------------|
| Yes                         |
| No                          |
| Unknown                     |
| Not applicable (N/A)        |

## 19. Parenting minor children

If the resident is parenting children under the age of 18, as defined by the resident.

| Values for parenting minor children |
|-------------------------------------|
| Yes                                 |
| No                                  |

## 20. Children housed at recovery residence

The number of children under age 18 that were housed with the parent formatted as a whole number.

## 21. Rec Cap score

The Overall Recovery Capital score of the Rec Cap assessment, if completed at intake, formatted as a number from –100 to 100.

- Report "N/A" if not applicable (i.e., Rec Cap assessment not completed at intake).
- For questions about Rec Cap, please contact VTARR at [info@vtarr.org](mailto:info@vtarr.org)

## 22. Rec Cap date

The date of the intake Rec Cap assessment, if applicable, formatted MMDDYYYY.

## Temporary Exit Data

Whenever a resident departure is reported it must include the following temporary exit data:

## 23. Temporary exit status

The number of times the resident temporarily exited the program during their stay formatted as a whole number.

- A temporary exit is a planned exit from the program with intent to return and complete the program.
- If the resident was not temporarily exited during the program, report "0".

## 24. Temporary exit location

The location where the resident stayed during their *most recent* temporary exit.

- Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).

| Values for temporary exit location                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Location identified in Recovery Safety Plan (RSP)<br><i>Resident is temporarily exited to a supportive location, e.g., with family or friends, as identified in their RSP.</i> |
| Recovery residence-associated bed or apartment<br><i>Resident is temporarily exited to a respite space facilitated by the recovery residence.</i>                              |
| Reengagement bed<br><i>Resident is temporarily exited to a VDH-funded reengagement (i.e., stabilization) bed.</i>                                                              |
| Unknown                                                                                                                                                                        |
| Other (please specify)                                                                                                                                                         |
| N/A                                                                                                                                                                            |

## 25. Temporary exit reason

The reason for the resident's *most recent* temporary exit.

- If there are multiple reasons, select the primary reason.
- Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).

| Values for temporary exit reason                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exhibited violent or threatening behavior<br><i>Behaviors involving physical force intended to hurt, damage, or kill someone or something and/or intentional behavior which would cause fear of injury or harm, leading to their removal from the residence.</i>                                                                                                                               |
| Legal (e.g. criminal activity, incarceration)<br><i>The resident was involved in criminal activity and/or detained or sentenced to jail or prison, resulting in their exit from the residence.</i>                                                                                                                                                                                             |
| Non-compliance with house rules<br><i>The resident consistently failed to follow established rules and expectations of the residence, such as curfews, substance use policies, or participation in recovery programming.</i>                                                                                                                                                                   |
| Not participating in the program<br><i>The resident is not actively participating in required components of the program.</i>                                                                                                                                                                                                                                                                   |
| Return to use<br><i>The resident is using alcohol, illicit drugs, or medications without a valid prescription, resulting in their departure from the residence. This could include voluntary departure or a policy-based departure due to relapse. Residents with a valid prescription for medically assisted treatment shall not be removed under this section, even if suspected misuse.</i> |
| Other (please specify)                                                                                                                                                                                                                                                                                                                                                                         |
| N/A                                                                                                                                                                                                                                                                                                                                                                                            |

## Departure Data

Whenever a resident departure is reported it must include the following departure data:

### 26. Final departure date

The date of resident departure from the program formatted MMDDYYYY.

- Departure date must be on or after the intake date.

### 27. Final departure reason

The reason for resident departure from the program.

| Values for final departure reason                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Death</p> <p><i>The resident passed away while still enrolled in the recovery residence program.</i></p>                                                                                                                                                                                                                                                                                               |
| <p>Decided to leave</p> <p><i>The resident made the decision to exit the residence voluntarily, outside of any structured program completion or housing transition.</i></p>                                                                                                                                                                                                                               |
| <p>Did not return from temporary exit</p> <p><i>The resident left with the intention to return (e.g., used Recovery Safety Plan, reengagement bed, etc.) and did not return from temporary exit.</i></p>                                                                                                                                                                                                  |
| <p>Exhibited violent or threatening behavior</p> <p><i>Behaviors involving physical force intended to hurt, damage, or kill someone or something and/or intentional behavior which would cause fear of injury or harm, leading to their removal from the residence.</i></p>                                                                                                                               |
| <p>Legal (e.g. criminal activity, incarceration)</p> <p><i>The resident was involved in criminal activity and/or detained or sentenced to jail or prison, resulting in their exit from the residence.</i></p>                                                                                                                                                                                             |
| <p>Left to seek a higher level of SUD, mental health, or medical care</p> <p><i>The resident departed the residence to seek additional substance use, mental health, or physical health needs that could not be addressed while in the recovery home.</i></p>                                                                                                                                             |
| <p>Non-compliance with house rules</p> <p><i>The resident consistently failed to follow established rules and expectations of the residence, such as curfews, substance use policies, or participation in recovery programming.</i></p>                                                                                                                                                                   |
| <p>Not participating in the program</p> <p><i>The resident is not actively participating in required components of the program.</i></p>                                                                                                                                                                                                                                                                   |
| <p>Overdose</p> <p><i>The resident experienced a drug overdose that led to their departure from the residence. This event can include use of harm reduction tools such as Naloxone.</i></p>                                                                                                                                                                                                               |
| <p>Return to use</p> <p><i>The resident is using alcohol, illicit drugs, or medications without a valid prescription, resulting in their departure from the residence. This could include voluntary departure or a policy-based departure due to relapse. Residents with a valid prescription for medically assisted treatment shall not be removed under this section, even if suspected misuse.</i></p> |
| <p>Transition to housing</p> <p><i>The resident successfully completed the program or reached a stage in their recovery where they moved to stable, independent housing outside the recovery residence.</i></p>                                                                                                                                                                                           |
| <p>Asked to leave for another reason (please specify)</p>                                                                                                                                                                                                                                                                                                                                                 |
| <p>Other (please specify)</p>                                                                                                                                                                                                                                                                                                                                                                             |

## 28. Town at departure

The name of the town the resident plans to live in or stay in after leaving the recovery residence.

- Please specify if town is located outside of Vermont.

## 29. Employment status

Resident employment status at the time of departure.

| Values for employment status                                                             |
|------------------------------------------------------------------------------------------|
| Disabled                                                                                 |
| Full time<br><i>Working 35 hours or more each week.</i>                                  |
| Homemaker                                                                                |
| Part time<br><i>Working fewer than 35 hours per week.</i>                                |
| Student                                                                                  |
| Unemployed<br><i>Looking for work during the past 30 days or on a layoff from a job.</i> |
| Volunteer                                                                                |
| Other (please specify)                                                                   |

## 30. Housing status

Resident housing status at time of departure.

| Values for housing status                                                                                  |
|------------------------------------------------------------------------------------------------------------|
| Homeless (unsheltered)<br><i>Resident has no fixed address and is not departing to a shelter.</i>          |
| Other Recovery Residence<br><i>Transfer to another recovery residence.</i>                                 |
| Permanent Housing<br><i>Stable independent or dependent housing outside of the recovery residence.</i>     |
| Shelter                                                                                                    |
| Temporary Housing<br><i>Transitory independent or dependent housing outside of the recovery residence.</i> |
| Unknown                                                                                                    |
| With friends/family                                                                                        |
| Other (please specify)                                                                                     |

### 31. Health insurance status

Resident health insurance status at the time of departure.

| Values for health insurance status |
|------------------------------------|
| Medicaid                           |
| Medicare                           |
| Other Insurance                    |
| No Insurance                       |
| Unknown                            |

### 32. Clinical services or referrals to care

The clinical services the resident received, or was referred elsewhere to receive, while the resident was staying at the recovery residence.

- This includes substance use, mental health and physical health care.
- Select the combination that best applies.

| Values for clinical services or referrals to care          |
|------------------------------------------------------------|
| Substance use treatment only                               |
| Mental health treatment only                               |
| Physical health treatment only                             |
| Substance use and mental health treatment                  |
| Substance use and physical health treatment                |
| Mental health and physical health treatment                |
| Substance use, mental health and physical health treatment |
| None                                                       |
| Other (please specify)                                     |

### 33. Continued SUD treatment services

If the resident is receiving continued SUD treatment at the time they leave the recovery residence.

| Values for continued SUD treatment services |
|---------------------------------------------|
| Yes                                         |
| No                                          |
| Unknown                                     |

### 34. Connection to recovery support services

If the resident was connected to recovery support services at departure as defined by the resident.

| Values for connection to recovery support services |
|----------------------------------------------------|
| Yes                                                |
| No                                                 |
| Unknown                                            |

### 35. Positive relationships

Whether or not the resident reports they were able to create new and positive relationships while residing at the recovery residence as defined by the resident.

| Values for positive relationships |
|-----------------------------------|
| Yes                               |
| No                                |
| Unknown                           |

### 36. Employment services received

If the resident received employment services at any point during their stay.

- Employment services may differ between organizations. Examples include services offered through Hireability and the Vermont Department of Labor.

| Values for employment services received |
|-----------------------------------------|
| Yes                                     |
| No                                      |

### 37. Housing voucher received

If the resident received a housing voucher at any point during their stay.

| Values for housing voucher received |
|-------------------------------------|
| Yes                                 |
| No                                  |

### 38. Incentives received

If the resident received incentive(s) at any point during their stay.

- Incentives may differ between organizations.

| Values for incentives received |
|--------------------------------|
| Yes                            |
| No                             |

### 39. Rec Cap score

The Overall Recovery Capital score of the Rec Cap assessment, if completed at departure, formatted as a number from -100 to 100.

- Report on the *most recent* Rec Cap assessment score if not completed at departure.
- Report "N/A" if not applicable (i.e., Rec Cap assessment not completed during stay).
- For questions about Rec Cap, please contact VTARR at [info@vtarr.org](mailto:info@vtarr.org)

### 40. Rec Cap date

The date of the *most recent* Rec Cap assessment, if applicable, formatted MMDDYYYY.

## Calculated Fields

Whenever a resident departure is reported to DSU it should also include the following calculated fields:

### 41. Days from initial application to placement

This is a proxy measure for the wait time to enter the recovery residence. Based on the application and intake date reported, the days from initial application to placement should be measured and reported using the following formula:

**Intake date – application date = number of days from initial application to placement**

### 42. Length of stay

Based on the intake date and departure date reported, the resident's length of stay should be measured and reported using the following formula:

**Final departure date – intake date = length of stay**

## Process

### Roles and responsibilities

#### Recovery Residences (certified and non-certified)

- Will routinely collect the data elements outlined in this manual for each resident served.
- **Certified** recovery residences will provide a full record of every resident that departs the recovery residence to VTARR, or other designee approved by the Department, per the frequency defined by certification requirements.
- **Non-certified** recovery residences will provide a full record of every resident that departs the recovery residence to DSU per the frequency defined by grant or contract agreements.

#### VTARR, or other designee approved by the Department

- Will coordinate collection of required data elements from each **certified** recovery residence and regularly report resident departures to DSU per the frequency defined by grant or contract agreements.
- Will coordinate the use of Rec Cap as defined by certification requirements and provide technical assistance.

#### Vermont Department of Health, Division of Substance Use Programs

- Will collect the required data elements directly from each **non-certified** recovery residence per the frequency defined by grant or contract agreements.
- Will adhere to reporting requirements from the Department to the General Assembly.

### Data collection

All recovery residences will be required to routinely collect the data elements outlined in this manual for **each resident** served. The recovery residence will report data at the time of resident departure.

Data elements should not include any Personally Identifiable Information (PII) or Personal Health Information (PHI). Data must be transmitted through secure channels only.

## Reporting

Certified recovery residences must report all data elements to VTARR, or another certifying organization approved by the Department, per the frequency required by the grant or contract agreement or certification requirements.

For recovery residence organizations funded by DSU but without recovery residence certification, DSU will collect the required data elements directly from each non-certified recovery residence per the frequency defined by grant or contract agreements.

If changes are made to data at any point after it has been reported, the report must be resent with an indication that there has been an update.

Prior to reporting to VTARR or DSU, data should be assessed for quality using the following parameters:

| Quality Assessment | Definition                                                                                                                                   |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Accurate           | Data are free from errors                                                                                                                    |
| Complete           | All expected data elements are present                                                                                                       |
| Consistent         | Data satisfy the set of definitions or constraints that are outlined in this manual and are maintained in the same manner across each record |
| Reliable           | All individuals collecting data apply the same definitions or constraints to data elements across each record                                |
| Timely             | Data are available when required                                                                                                             |

VTARR will coordinate collection of required data elements from each certified recovery residence and regularly report resident departures to DSU per the frequency defined by grant or contract agreements.

## Additional Information

The data elements included in this manual are used to determine trends, provide reports to the legislature, press, and stakeholders, determine the effectiveness of programming, and support funding decisions. Provision of accurate and timely data is essential to informing the strategic initiatives undertaken by the State.

For more information, please contact [AHS.VDHDSU@vermont.gov](mailto:AHS.VDHDSU@vermont.gov)

## Data Element Summary

| Data Element                                                   | Definition                                                                                                                                                                                                                                             | Type             | Value(s)                                                       |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------|
| <b>Organization</b>                                            |                                                                                                                                                                                                                                                        |                  |                                                                |
| <b>Recovery residence organization</b>                         | The name of the recovery residence organization from which the person departed.                                                                                                                                                                        | Text             | Organization name                                              |
| <b>Residence name</b>                                          | The name of the specific residence at the organization from which the person departed. In some cases, the recovery residence organization and residence name may be the same (e.g., an organization has only one residence location of the same name). | Text             | Residence name                                                 |
| <b>Recovery residence unique identifier</b><br><i>optional</i> | Unique identifier assigned to each resident by the recovery residence. The structure of the unique identifier may vary by organization.                                                                                                                | Text             | Unique identifier                                              |
| <b>Intake</b>                                                  |                                                                                                                                                                                                                                                        |                  |                                                                |
| <b>Application date</b>                                        | The date the resident applied to the program, associated with this departure.                                                                                                                                                                          | Date             | MMDDYYYY                                                       |
| <b>Intake date</b>                                             | The date the resident entered the program, associated with this departure. Must be on or after the application date.                                                                                                                                   | Date             | MMDDYYYY                                                       |
| <b>Town prior to intake</b>                                    | The name of the town the resident was living or staying in prior to entering the residence.<br><br>Please specify if town is located outside of Vermont.                                                                                               | Text             | e.g., "Waterbury" or "Lebanon, NH"                             |
| <b>Return service status</b>                                   | Whether the resident has previously received recovery residence services, from the reporting recovery residence organization or elsewhere, in the past.                                                                                                | Text<br>(Choice) | Yes, No, Unknown                                               |
| <b>Primary substance</b>                                       | Residents preferred substance prior to entering recovery.                                                                                                                                                                                              | Text<br>(Choice) | Opioids, Alcohol, Stimulants, Cannabis, Other (please specify) |
| <b>Secondary substance</b>                                     | The second substance the resident would have chosen prior to entering                                                                                                                                                                                  | Text<br>(Choice) | Opioids, Alcohol, Stimulants, Cannabis, Other (please specify) |

|                                                        |                                                                                                                                                                                                                                      |               |                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | <p>recovery, if the preferred substance was not available.</p> <p>If there is no secondary substance to report, then “None” should be selected.</p>                                                                                  |               |                                                                                                                                                                                                                                                                                     |
| <b>Co-occurring SUD and mental health</b>              | <p>If the resident has current self-reported mental health issues at time of intake.</p> <p>This includes any type of current mental health issue, either treated or untreated.</p>                                                  | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                    |
| <b>Co-occurring SUD and physical health</b>            | <p>If the resident has current self-reported physical health issues at time of intake.</p> <p>This includes everything from illness and infection to chronic conditions, such as diabetes, to physical disabilities or injuries.</p> | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                    |
| <b>Employment status</b>                               | Resident employment status at time of intake.                                                                                                                                                                                        | Text (Choice) | Disabled, Full time, Homemaker, Part time, Student, Unemployed, Volunteer, Other (please specify)                                                                                                                                                                                   |
| <b>Referral source</b>                                 | <p>Describes the person or agency referring the resident to the recovery residence.</p> <p>When there are multiple referrals, report the primary one other than "Self-referral".</p>                                                 | Text (Choice) | Community Partner (please specify), Department of Corrections, Family, MOUD Provider, Outpatient or Intensive Outpatient (OP/IOP) Provider, Other Recovery Residence, Recovery Service or Coach, Residential SUD Treatment, Self-referral, Vermont Helplink, Other (please specify) |
| <b>Medications to treat opioid use disorder (MOUD)</b> | Describes if the resident is receiving MOUD with methadone, buprenorphine, naltrexone or other medications to treat opioid use disorder at the time the resident entered the program.                                                | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                    |

|                                              |                                                                                                                                                                                                                                                                                                             |               |                                                                                                          |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------|
| <b>Resident age</b>                          | The age of the resident at intake.                                                                                                                                                                                                                                                                          | Number        | Whole number                                                                                             |
| <b>Resident gender</b>                       | The resident's gender, as defined by the resident.<br><br>Report "Other Gender" category for any resident-reported gender identity other than "Male" or "Female".                                                                                                                                           | Text (Choice) | Female, Male, Other Identity                                                                             |
| <b>Criminal justice involvement</b>          | Resident criminal justice involvement status at time of intake.                                                                                                                                                                                                                                             | Text (Choice) | Pre-trial, Treatment Court, Probation, Parole, Furlough, Diversion, Not Involved, Other (please specify) |
| <b>Pregnancy status</b>                      | Resident pregnancy status at the time of intake.                                                                                                                                                                                                                                                            | Text (Choice) | Yes, No, Unknown, Not applicable (N/A)                                                                   |
| <b>Parenting minor children</b>              | If the resident is parenting children under the age of 18, as defined by the resident.                                                                                                                                                                                                                      | Text (Choice) | Yes, No                                                                                                  |
| <b>Children housed at recovery residence</b> | The number of children under age 18 that were housed with the parent.                                                                                                                                                                                                                                       | Number        | Whole number                                                                                             |
| <b>Rec Cap score*</b>                        | The Overall Recovery Capital score of the Rec Cap assessment, if completed at intake, formatted as a number from -100 to 100.<br><br>Report "N/A" if not applicable (i.e., Rec Cap assessment not completed at intake).                                                                                     | Number        | Number in range -100 to 100                                                                              |
| <b>Rec Cap date*</b>                         | The date of the intake Rec Cap assessment, if applicable.                                                                                                                                                                                                                                                   | Date          | MMDDYYYY                                                                                                 |
| <b>Temporary Exit</b>                        |                                                                                                                                                                                                                                                                                                             |               |                                                                                                          |
| <b>Temporary exit status</b>                 | The number of times the resident temporarily exited the program during their stay formatted as a whole number.<br><br>A temporary exit is a planned exit from the program with intent to return and complete the program.<br><br>If the resident was not temporarily exited during the program, report "0". | Number        | Whole number                                                                                             |

|                                |                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>Temporary exit location</b> | The location where the resident stayed during their <u>most recent</u> temporary exit.<br><br>Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program).                                            | Text (Choice) | Location identified in Recovery Safety Plan (RSP), Recovery residence-associated bed or apartment, Reengagement bed, Unknown, Other (please specify), N/A                                                                                                                                                                                                                                                                 |
| <b>Temporary exit reason</b>   | The reason for the resident's <u>most recent</u> temporary exit.<br><br>If there are multiple reasons, select the primary reason.<br><br>Report "N/A" if not applicable (i.e., the resident did not temporarily exit the program). | Text (Choice) | Exhibited violent or threatening behavior, Legal (e.g. criminal activity, incarceration), Non-compliance with house rules, Not participating in the program, Return to use, Other (please specify), N/A                                                                                                                                                                                                                   |
| <b>Departure</b>               |                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Final departure date</b>    | The date of resident departure from the program. Departure date must be on or after the intake date.                                                                                                                               | Date          | MMDDYYYY                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Final departure reason</b>  | The reason for resident departure from the program.                                                                                                                                                                                | Text (Choice) | Death, Decided to leave, Did not return from temporary exit, Exhibited violent or threatening behavior, Legal (e.g., criminal activity, incarceration), Left to seek a higher level of SUD, mental health, or medical care, Non-compliance with house rules, Not participating in the program, Overdose, Return to use, Transition to housing, Asked to leave for another reason (please specify), Other (please specify) |
| <b>Town at departure</b>       | The name of the town the resident plans to live in or stay in after leaving the recovery residence.                                                                                                                                | Text          | e.g., "Waterbury, VT"                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                |                                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                           |
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|                                                | Please specify if town is located outside of Vermont.                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                                                                                           |
| <b>Employment status</b>                       | Resident employment status at the time of departure.                                                                                                                                                                                                               | Text (Choice) | Disabled, Full time, Homemaker, Part time, Student, Unemployed, Volunteer, Other (please specify)                                                                                                                                                                                                                         |
| <b>Housing status</b>                          | Resident housing status at time of departure.                                                                                                                                                                                                                      | Text (Choice) | Homeless (unsheltered), Other Recovery Residence, Permanent Housing, Shelter, Temporary Housing, Unknown, With friends/family, Other (please specify)                                                                                                                                                                     |
| <b>Health insurance status</b>                 | Resident health insurance status at the time of departure.                                                                                                                                                                                                         | Text (Choice) | Medicaid, Medicare, Other Insurance, No Insurance, Unknown                                                                                                                                                                                                                                                                |
| <b>Clinical services or referrals to care</b>  | The clinical services the resident received, or was referred elsewhere to receive, while the resident was staying at the recovery residence. This includes substance use, mental health and physical health care.<br><br>Select the combination that best applies. | Text (Choice) | Substance use treatment only, Mental health treatment only, Physical health treatment only, Substance use and mental health treatment, Substance use and physical health treatment, Mental health and physical health treatment, Substance use, mental health and physical health treatment, None, Other (please specify) |
| <b>Continued SUD treatment services</b>        | If the resident is receiving continued SUD treatment at the time they leave the recovery residence.                                                                                                                                                                | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                                                          |
| <b>Connection to recovery support services</b> | If the resident was connected to recovery support services at departure as defined by the resident.                                                                                                                                                                | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                                                          |
| <b>Positive relationships</b>                  | Whether or not the resident reports they were able to create new and positive relationships while residing at                                                                                                                                                      | Text (Choice) | Yes, No, Unknown                                                                                                                                                                                                                                                                                                          |

|                                                   |                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------|
|                                                   | the recovery residence as defined by the resident.                                                                                                                                                                                                                                                                           |               |                                                                                       |
| <b>Employment services received</b>               | If the resident received employment services at any point during their stay.<br><br>Employment services may differ between organizations. Examples include services offered through Hireability and the Vermont Department of Labor.                                                                                         | Text (Choice) | Yes, No                                                                               |
| <b>Housing voucher received</b>                   | If the resident received a housing voucher at any point during their stay.                                                                                                                                                                                                                                                   | Text (Choice) | Yes, No                                                                               |
| <b>Incentives received</b>                        | If the resident received incentive(s) at any point during their stay.<br><br>Incentives may differ between organizations.                                                                                                                                                                                                    | Text (Choice) | Yes, No                                                                               |
| <b>Rec Cap score*</b>                             | The Overall Recovery Capital score of the Rec Cap assessment, if completed at departure, formatted as a number from -100 to 100.<br><br>Report on the <u>most recent</u> Rec Cap assessment score if not completed at departure.<br><br>Report "N/A" if not applicable (i.e., Rec Cap assessment not completed during stay). | Number        | Number in range -100 to 100                                                           |
| <b>Rec Cap date*</b>                              | The date of the most recent Rec Cap assessment, if applicable.                                                                                                                                                                                                                                                               | Date          | MMDDYYYY                                                                              |
| <b>Calculated Fields</b>                          |                                                                                                                                                                                                                                                                                                                              |               |                                                                                       |
| <b>Days from initial application to placement</b> | Based on the application and intake date reported, the days from initial application to placement should be measured and reported.<br><br>This is a proxy measure for the wait time to enter the recovery residence.                                                                                                         | Formula       | Intake date – application date = number of days from initial application to placement |
| <b>Length of stay</b>                             | Based on the intake date and departure date reported, the resident's length of stay should be measured and reported.                                                                                                                                                                                                         | Formula       | Final departure date – intake date = length of stay                                   |

\* For questions about Rec Cap, please contact VTARR at [info@vtarr.org](mailto:info@vtarr.org)