



SB838 Workgroup on Recovery Residences

Secretary of Health and Human Resources

Minutes – Meeting One

May 29, 2025; 10 a.m. – 12 p.m.

Patrick Henry Building, East Reading Room

1111 E Broad St, Richmond, VA 23219

Members Present: Hallie Pence, HHR; Senator VanValkenburg; Benjamin Carr, Caritas; Michael Coleman, Recovery Corps; Chrissy Chow, VAAP; Robert DeTriquet, VARR; Michael Feinmel, Henrico County; Patricia Godsey; Nicole Gore, DBHDS; Martin Hawes, Sally’s House; Alethea Lambert, DBHDS; Stacey Lawson, Fairfax Falls Church CSB; Joe Lerch, VACO; Honesty Liller, McShin; Jason Lowe, DMAS; Victor McKenzie, SAARA; Tony McDowell, OAA; Debbie Robinson, Oxford House; Jody Rogish, Henrico County; Candace Roney, DBHDS; Wesley Russ, City of Harrisonburg; Michael Sizemore, SAARA; Paul Stevens, Oxford House; Tiffani Wells, DBHDS; Charles Wilcox, VAAP

Welcome and Introductions

Hallie Pence, Executive Director, Right Help, Right Now

Executive Director Hallie Pence called the meeting to order at 10:06 AM and welcomed the workgroup members. She reviewed the pillars of the Governor’s *Right Help, Right Now* initiative and identified the ways in which the workgroup would align with and build off of its work. She highlighted the goals of the work group, which were to ensure that those in recovery have the best supports and resources available to them as well as to promote transparency in the credentialing and certification process.

Opening Remarks

Senator Schuyler VanValkenburg

Senator Schuyler VanValkenburg thanked the members for joining and provided insights on the history and intent of Senate Bill 838.



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Overview of SB838 Workgroup Charge, Workplan, and Subgroups

Executive Director Pence

Executive Director Pence reviewed the workgroup charge and workplan. She noted that the full workgroup will meet a total of three times. In between the full workgroup meetings, two subgroups will meet three times each to develop recommendations and report to the full workgroup for further consideration. One subgroup will focus on requirements for certification while the other will focus on state and local government oversight.

Background Review of Code and Regulatory Requirements for Recovery Residences & National Best Practices

Dev Nair, DBHDS Assistant Commissioner of the Division of Provider Services

Alethea Lambert DBHDS Director of the Office of Recovery Services

Alethea Lambert reviewed the current requirements in the Code of Virginia for the certification of recovery residences, Code changes effective July 1, 2025, and the new conditional certification timeline and process. Dev Nair provided an overview of the federal requirements affecting recovery residences, including the Fair Housing Act, Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and joint guidance from SAMHSA and HUD. Ms. Lambert then reviewed national best practice standards established by the National Association of Recovery Residences (NARR) and the American Society of Addiction Medicine (ASAM). She also shared case examples of how other states engage in oversight and certification of recovery residences.

Workgroup members requested additional information on practices in other states and noted a need for statewide communications on the legislative changes taking effect July 1, 2025.



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Stakeholder Perspective

Robert DeTriquet, Virginia Association of Recovery Residences (VARR)

Mr. Robert DeTriquet provided additional information on NARR standards and reviewed VARR's process for accrediting recovery residences in the Commonwealth. He presented data on the nearly 1,400 accredited beds in Virginia, including their funding sources and the services they provide. He then delivered an overview of peer support and the social model. Mr. DeTriquet concluded the presentation with a review of the data and metrics provided in the VARR annual report.

Public Comment

John Shinholser, founder of the McShin foundation, spoke on Richmond's history of sober community housing and its essential role in meeting people's needs. He emphasized the importance of clearly communicating changes and cautioned the workgroup be careful of creating requirements that would not be possible for smaller homes to meet. Mr. Shinholser also raised concerns regarding the language in SB838, namely the fact that it will establish a misdemeanor offense for operators who do not comply with state requirements.

Lived Experience Perspective

Ms. Lynda Clarke provided recommendations to the workgroup that were informed by her lived experience as a person in recovery with recovery residences. She emphasized the need to prioritize the safety of residents, to clearly define and educate residents on their rights, and to thoroughly explain how they can find information on the certification status of residences. Ms. Clarke recommended that the workgroup consider establishing minimum requirements for the physical residences, including number and location of exits, occupancy requirements that are gender informed, and exterior lighting. Ms. Clarke also recommended establishing requirements for staff to be experienced and trauma informed, as well as for residents to complete basic safety training. She noted a need for quality standards of service, including access to peer support, life skill development, support for food access, and meal planning.



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Group Discussion

Executive Director Pence led workgroup members in discussion. The following goals for the workgroup were identified by members:

- Distinguish between aspirational goals and minimum requirements when establishing a new certification process to ensure small operators continue to be supported.
- Ensure that the cost of implementation of new requirements to operators is assessed and considered by the workgroup.

Oversight & Standardization

- Enhance state oversight of credentialing entities that are relied upon in the state certification process.
- Require residences to establish standardized processes for residents to report grievances to the leadership of the residence.
- Establish a standardized process for residents to submit grievances to an external oversight authority, for the investigation of grievances, and for the publication of data on substantiated grievances.
- Establish and communicate a standardized process for members of the public to report residences that are operating illegally to an enforcement authority.
- Develop a standard protocol for individuals to be removed from a recovery residence.
- Identify minimum training standards for operators and staff that includes cultural competency and training in identification of human trafficking.
- Define data needed to monitor compliance with certification requirements, quality of residences, and a process for an oversight authority to collect, analyze, and act on the information.

Transparency & Communication

- Promote transparency and clarity on what the existing requirements for certification are in addition to developing new ones.
- Request for data that DBHDS is currently Code mandated to collect on recovery residences to be posted publicly.
- Distinguish what types of identifying information for recovery residences should be public (ex: recovery home addresses, conditional certification status).



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- Develop a communication strategy to improve public awareness of how to access information on the certification status of residences.
- Improve clarity and specificity of standards for state funding eligibility for recovery residences.
- Evaluate differences in how recovery residence models operate in the state (i.e. VARR, Oxford Homes) and alternative models operating nationally (ex: The National Sober Living Association).

Next Steps/Adjourn

Executive Director Pence provided closing remarks and noted that the slides, discussion questions, subgroup information, and future meeting dates will be shared with workgroup members via email. Executive Director Pence adjourned the meeting at 11:48 AM.



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CHAPTER 608

An Act to amend and reenact § 37.2-431.1 of the Code of Virginia, relating to Department of Behavioral Health and Developmental Services; recovery residences; certification required; penalty.

[S 838]

Approved April 2, 2025

Be it enacted by the General Assembly of Virginia:

1. That § 37.2-431.1 of the Code of Virginia is amended and reenacted as follows:

§ 37.2-431.1. Recovery residences.

A. As used in this section:

"Credentialing entity" means a nonprofit organization that develops and administers professional certification programs according to standards of the National Alliance for Recovery Residences or standards endorsed by Oxford House, Inc.

"Level of support" means the level of support and structure that a recovery residence provides to residents, as specified in the standards of the National Alliance for Recovery Residences (NARR).

"Recovery residence" means a housing facility that provides alcohol-free and illicit-drug-free housing to individuals with substance abuse disorders and individuals with co-occurring mental illnesses and substance abuse disorders that does not include clinical treatment services.

B. Every recovery residence shall disclose to each prospective resident its credentialing entity. If the credentialing entity is NARR, the recovery residence shall disclose the level of support provided by the recovery residence. If the credentialing entity is Oxford House, Inc., the recovery residence shall disclose that the recovery residence is self-governed and unstaffed.

C. No person shall operate a recovery residence or advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is certified by the Department unless such recovery residence or other housing facility has been certified by the Department in accordance with regulations adopted by the Board. Such regulations (i) may require accreditation by or membership in a credentialing agency as a condition of certification; (ii) shall require the recovery residence, as a condition of certification, to comply with any minimum square footage requirements related to beds and sleeping



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rooms established by the credentialing entity or the square footage requirements set forth in § [36-105.4](#), whichever is greater; and (iii) shall require recovery residences to report to the Department any death or serious injury that occurs in the recovery residence. The Department may issue a conditional certification to any recovery residence that has indicated an intent to receive accreditation by or membership in a credentialing agency when such accreditation or membership is a condition of certification. The maximum term of a conditional certification shall be six months. At the discretion of the Department, a conditional certification may be renewed for a period not to exceed three months if the provider is not able to demonstrate compliance with all certification regulations but demonstrates progress toward compliance. However, in no case shall the total period of conditional certification exceed nine successive months. Conditional certifications may be revoked for serious health and safety concerns. Violation of this subsection is a Class 1 misdemeanor.

D. The Department shall maintain a list of conditionally certified and a list of certified recovery residences on its website and shall provide (i) for each recovery residence included on such list, the credentialing entity; (ii) for recovery residences for which the National Alliance of Recovery Residences is the credentialing entity, the level of support provided by the recovery residence; and (iii) for recovery residences for which Oxford House, Inc., is the credentialing entity, a disclosure that the recovery residence is self-governed and unstaffed.

Workgroup enactment language: “2. That the Secretary of Health and Human Resources shall convene a work group to (i) analyze and make recommendations regarding the creation of a process through which the Department of Behavioral Health and Developmental Services (the Department) can provide oversight of all recovery residences in the Commonwealth and (ii) make recommendations to ensure transparency with the public and residents or potential residents of recovery residences regarding the certification of each recovery residence, including certification requirements, results, and inspections. Such work group shall develop credentialing guidelines to be implemented by the Department, including (a) a uniform set of certification criteria for all recovery residences; (b) protocols for the Department to define qualifications for indigent bed fees and payment and reimbursement to recovery residences for indigent bed fees; (c) protocols to ensure resident and patient choice in receiving treatment and that the recovery residence operator, the house manager, or anyone in leadership with the recovery residence is not determining the treatment received; (d) training and standards that recovery residence operators and house managers shall meet before becoming a certified recovery residence operator or a certified recovery house manager, including a verified period of participation in recovery; (e) a Residents' Bill of Rights, including a mandatory compliance requirement with such Residents' Bill of Rights by certified recovery residence operators and certified recovery house managers; (f) protocols for termination of residency; (g) uniform data collection for recovery residences with a transparent data platform; (h) establishment of a hotline for complaints involving or against recovery residences to facilitate investigations; (i) a process for investigation of complaints involving or against recovery residences to be conducted by the Department or the Department in coordination with the locality where the recovery residence is located and not the credentialing entity; (j) protocols for sanctions on recovery residences, including decertification when



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appropriate; (k) methods for localities to conduct fire, building, safety, and health inspections of recovery residences; and (l) other issues related to recovery residences and their operators as the work group shall deem appropriate. Such work group shall include representatives of the Department's Office of Recovery Services, Oxford House, Inc., the Virginia Association of Addiction Professionals, the VARR, representatives selected by the VACO and the VML, members of the community where the recovery residences are located, and other relevant stakeholders. The work group shall report its findings and recommendations to the General Assembly by November 1, 2025.”