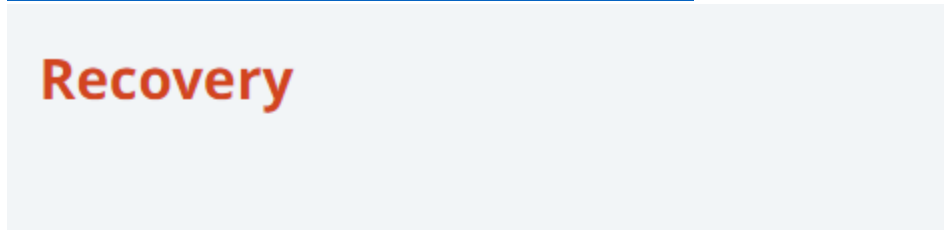


Recovery Residences SFY25 Reporting Instructions

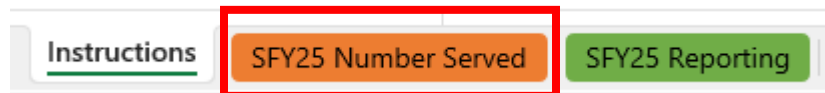
- 1) Download the excel file entitled "Recovery Residence Reporting FY25" from the DSU [Reporting Forms and Guidance Documents webpage](#)



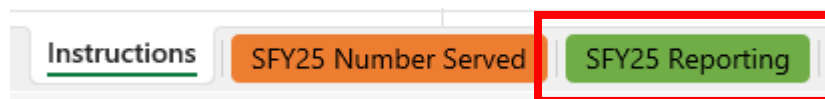
Recovery Housing Programs



- 2) Navigate to the **SFY25 Number Served** tab and complete the information for the appropriate quarter.



- 3) Navigate to the **FY25 Report** tab and provide a full record of everyone that DEPARTS the facility during the grant year (July 1 2024 - June 30 2025). Each entry (row) in the table will correspond to one client departure.



- 4) You will upload this spreadsheet (or a report containing the requested information) as your [Quarterly Grant Report via Alchemer](#). The submission deadlines are as follows:

SFY25 Quarterly Grant Reporting Submission Deadlines	
Quarter	Deadline for Alchemer Submission
Quarter 1 (Jul 1 2024 - Sep 30 2024)	October 15 th 2024
Quarter 2 (Oct 1 2024 - Dec 31 2024)	January 15 th 2025
Quarter 3 (Jan 1 2025 - Mar 31 2025)	April 15 th 2025

Quarter 4 (Apr 1 2025 - Jun 30 2025)	July 15th 2025
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- 5) Reporting will be **year-to-date**. Maintain the same worksheet for the full grant year, adding additional rows for clients as needed. For example, the Quarter 2 report will include information submitted from Quarter 1, the Quarter 3 report will include information submitted for Quarter 1 and Quarter 2, etc.
- 6) For additional information, see data input instructions for each field as outlined in the table below:

Data field	Input Instruction
Total unique people who received recovery residence service during the quarter	Enter the total number of unduplicated people served in the recovery residence for <u>each quarter</u> in SFY25. When reporting the total unique people who received recovery residence service during the quarter, you will be reporting for each quarter independently, rather than from the start of the Fiscal Year.
Total bed days for the quarter	<p>Enter the total number of bed days for each quarter in SFY25. A bed day is a day during which a person is occupying a bed and in which the person stays overnight (past midnight). To calculate the total bed days in a quarter, you need two key pieces of information:</p> <p>1) Number of Beds Occupied: How many beds are in use each day. 2) Time Period: The number of days in the quarter.</p> <p>If beds are consistently filled, multiply the number of occupied beds by the total number of days in the quarter. If occupancy fluctuates, sum the number of occupied beds for each day of the quarter.</p>
Narrative of successes	Use this space to report program successes experienced for each quarter in FY25
Narrative of challenges	Use this space to report program challenges experienced for each quarter in FY25
Recovery Residence Name/Location	Select the location from which the person departed.
RR Unique Identifier (Optional)	If the recovery residence assigns a unique identifier to each client, enter the residence-assigned unique identifier.
Intake Date	Add the date the person ENTERED the program associated with this departure.
Has this person received Recovery Residence	Please select if the client has previously received recovery residence services (from your location or elsewhere) from the dropdown.

Services here or elsewhere in the past?	
Prior to Recovery, the Primary Substance of Choice at Intake?	Enter the person's preferred substance prior to entering recovery
Prior to Recovery, Secondary Substance of Choice at Intake?	Record the substance the person would have chosen if the preferred substance wasn't available.
Employed at Intake?	Please enter the person's employment status at the time they entered the program associated with this departure.
Who Referred the Person to the Recovery Residence?	Select a referral source from the dropdown list -- when there are multiple referrals, please select the primary one other than "Self".
Client's Age at Intake	Please add the age of the client in whole numbers.
Client's Self-Reported Gender	Please select the person's gender from the dropdown (as defined by the client). Please use the "Other Gender" category for any self-reported gender identity other than male or female.
Criminal Justice Involvement at Intake?	Please select the person's criminal justice involvement status at the time person entered the program for this intake.
Pregnant at Intake?	Please select the person's pregnancy status at the time the person entered the program.
Is this Person Parenting Minor (Age <18) Children?	Please use the dropdown to record if the client is parenting children under the age of 18 (as defined by the client).
Number of Minor Children Housed With Parent at the Recovery Residence	Please enter the number of children under age 18 that were housed with the client.
Departure Date	Please enter the date the person departed from the program. <i>Departure date must be after the intake date.</i>

<p>Departure Reason</p>	<p>Select the reason the person left the program from the dropdown.</p> <p>Definitions</p> <p>Death: The resident passed away while still enrolled in the recovery residence program.</p> <p>Overdose: An amount of drug that is more than what should be taken at one time. This can include use of harm reduction tools such as Narcan. The resident experienced a drug overdose that either led to their exit from the residence .</p> <p>Returned to Use: 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 discharge due to relapse. Resident's with a valid prescription for medically assisted treatment shall not be removed under this section, even if suspected abuse.</p> <p>Exhibited Violent or Threatening Behavior: This involves 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.</p> <p>Noncompliance with House Rules: The resident consistently failed to follow established rules and expectations of the residence, such as curfews, substance use policies, or participation in recovery programming.</p> <p>Incarceration: The resident was detained or sentenced to jail or prison, resulting in their exit from the residence.</p> <p>Transition to Permanent Housing: The resident successfully completed the program or reached a stage in their recovery where they moved to stable, independent housing outside the recovery residence.</p> <p>Decided to Leave: The resident made the decision to exit the residence voluntarily, outside of any structured program completion or housing transition.</p> <p>Asked to Leave for Another Reason (enter in comments): The resident was asked to depart the residence for a reason not listed above; specific details should be provided in the comments column.</p> <p>Other (enter in comments): The resident departed the residence for reasons not covered in the listed categories. Further explanation should be entered in the comments column.</p>
<p>Employment Status at Departure?</p>	<p>Please select employment status at the time the person departed from the program from the dropdown.</p>
<p>Housing Type at Departure</p>	<p>Please select the type of housing the person is going to when they left this program from the dropdown.</p>
<p>What Health Insurance Does the Person Have at Departure</p>	<p>Please select the type of insurance the person has at the time of departure from the dropdown list.</p>

Was Person Connected to Recovery Supports and Services (as defined by client) at Departure	Please select if the person was connected to recovery supports (as defined by the client) from the dropdown.
Was Person Connected to Preferred Provider or Spoke Services at Departure	Please select if the person is receiving continued SUD treatment within the VT Preferred Provider system or at a spoke at the time they leave RH from the dropdown.
Has the person increased the number of positive relationships between intake and departure	Please indicate if the person was able to create new and positive relationships while they were residing at the residence.
Received Employment Services during stay - HireAbility, DOL	Did the person receive HireAbility services at any point during this stay?
Comments/Other	Enter information for any responses where "other" was selected
Housing Stage at Intake	Please select the housing stage at which the person entered Jenna's Promise Housing from the dropdown. This applies only to Jenna's Promise.
Stage 1 Housing (Rae of Hope) Date	Please enter the date the person entered or moved to this stage of housing. <i>This date must be between the intake and departure date.</i>
Stage 2 Housing (Beacon of Light) Date	Please enter the date the person entered or moved to this stage of housing. <i>This date must be between the intake and departure date.</i>
Stage 3 Housing (Bright Horizons Apartments) Date	Please enter the date the person entered or moved to this stage of housing. <i>This date must be between the intake and departure date.</i>
Stage 4 Housing Date	Please enter the date the person entered or moved to this stage of housing. <i>This date must be between the intake and departure date.</i>
Housing Stage at Departure	Please select the housing stage the person was at at the time of departure from the program.
Calculated Length of Stay	This field is auto populated