Council meeting agenda

Metro
600 NE Grand Ave.
Portland, OR 97232-2736

Thursday, February 13, 2020 **5:30 PM** **Metro Regional Center, Council chamber**

Metro Council Public Hearing on Supportive Housing
Revised 2/11/20

If you wish to provide verbal testimony,
please sign up in person between 5:00-6:00pm

1. Call to Order and Roll Call (5:30pm)

2. Presentations

2.1 Regional Supportive Housing Measure 20-5367

Presenter(s): Paul Slyman, Metro

Attachments: Questions for Community Dialogues
HereTogether Regional Policy Framework

2.1.1 Public Hearing

3. Adjourn (9:00pm)

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ការគោរពសិទ្ធិពលរដ្ឋរបស់ ។ សំរាប់ព័ត៌មានអំពីកម្មវិធីសិទ្ធិពលរដ្ឋរបស់ Metro ឬដើម្បីទទួលពាក្យបណ្តឹងរើសអើងសូមចូលទស្សនាគេហទំព័រ www.oregonmetro.gov/civilrights។
បើលោកអ្នកត្រូវការអ្នកបកប្រែភាសានៅពេលអង្គប្រជុំសាធារណៈ សូមទូរស័ព្ទមកលេខ 503-797-1700 (ម៉ោង 8 ព្រឹកដល់ម៉ោង 5 ល្ងាច ថ្ងៃធ្វើការ) ប្រាំពីរថ្ងៃថ្ងៃធ្វើការ មុនថ្ងៃប្រជុំដើម្បីអាចឲ្យគេសម្រួលតាមសំណើរបស់លោកអ្នក ។

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February 2017

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Clackamas, Multnomah and Washington counties, and Vancouver, WA Channel 30 – Community Access Network *Web site*: www.tvctv.org *Ph*: 503-629-8534 Call or visit web site for program times.	**Portland** Channel 30 – Portland Community Media *Web site*: www.pcmtv.org *Ph*: 503-288-1515 Call or visit web site for program times.
Gresham Channel 30 - MCTV *Web site*: www.metroeast.org *Ph*: 503-491-7636 Call or visit web site for program times.	**Washington County and West Linn** Channel 30– TVC TV *Web site*: www.tvctv.org *Ph*: 503-629-8534 Call or visit web site for program times.
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Agenda Item Number 2.1

Regional Supportive Housing Measure

Presentations

Metro Council Public Hearing
Thursday, February 13, 2020
Metro Council Chamber

Metro

600 NE Grand Ave.
Portland, OR 97232-2736
oregonmetro.gov

Questions for Metro Community Dialogues on Supportive Housing: February 10-12, 2020

1. Outcomes. What top three changes would you hope could result in your community through this measure (Washington County/Clackamas County/East Multnomah County) and how will we know if we've been successful?

2. Accountability. What tools should be considered to allow for strong accountability to the public? (Oversight committee, performance measures, annual reports, etc.)

3. Measure creation. What are the top three issues to consider in the creation of this measure?

HERETOGETHER
advancing solutions for homelessness

Regional Policy Framework: Funding Priorities

Introduction

The HereTogether Coalition is pursuing a dedicated source of funding for homeless services and housing stability. The purpose of this document is to guide the creation, distribution, accountability, and oversight of supportive service funds we intend to be approved by voters at a future election.

We are guided by the belief that a safe, affordable home is the cornerstone on which all other success is built, and the stable foundation all members of our community need to thrive. We value a community where all of our neighbors have a safe, affordable place to call home, and recognize that the housing affordability and homelessness crisis in the Portland Metro region impacts all of us. This crisis requires collective and individual action from every person, business, elected official, and resident that calls the region home. We believe we can come together to fund solutions that match the scale and scope of the issue.

We recognize that communities of color have been directly impacted by a long list of systemic inequities and discriminatory policies that have caused higher rates of housing instability and homelessness among people of color. Communities of color are disproportionately represented in the housing affordability and homelessness crisis, thus our efforts emphasize the need to focus on equity.

We have come together as a coalition of business leaders, elected officials, service providers, advocates, faith communities, culturally-specific providers, and people with lived experience of homelessness and housing insecurity understanding that it will take all of us to meaningfully address the Portland Metro region's housing affordability and homeless crisis.

We understand that our housing affordability and homelessness crisis is an issue of scale because, as we know, our services do not yet match the scope of the crisis. We understand that thousands of our neighbors experiencing homelessness and extreme poverty want to improve their situations, but for lack of resources, in many cases, all they can do is get on long waiting lists. We want to ensure that supportive services are available when they can be most effective — not weeks or months in the future, but right away.

We believe we can maximize our region's historic, billion-dollar investment in sticks and bricks affordable housing construction and development by securing highly flexible funding to invest in proven, outcome-driven, client-centered solutions like case management, job training, addiction and recovery services, mental health support, rent assistance (both long- and short-term), homelessness prevention services, housing placement, and other tools people need to be successful.

While we anticipate the funds will be initially prioritized for those experiencing chronic homelessness, as well as those most at risk of losing their homes and entering chronic or long-term homelessness, we have kept our strategies broad with the hope that they can remain client-centered with a focus on equity. As our regional partners address and stabilize these populations with various housing options, we anticipate the funds will be reprioritized to support other populations affected by our housing affordability crisis from becoming homeless. In doing so, we believe those who have experienced chronic or sporadic homelessness, as well as our region's lowest-income residents who might be at risk of homelessness, will have the greatest opportunity to thrive in our community over the lifetime of the investment.

Our Unique Opportunity: Why we must act now

The Portland Metro region is facing a severe housing affordability and homelessness crisis, which endangers the health and safety of thousands of our unhoused neighbors. Homelessness is a deeply traumatic and dehumanizing experience that no person should have to endure, regardless of their circumstances. Many of our neighbors are one missed paycheck or one unexpected medical expense away from homelessness. Seniors, children, people of color, people who identify as LGBTQ+, women, persons with disabilities, youth exiting foster care, people with criminal records, victims of domestic violence, unaccompanied homeless youth, and people living with certain chronic health conditions are disproportionately represented in our homeless population and most at risk of chronic homelessness.

We know that homelessness and the need to house our neighbors is a top priority for residents of all three counties in the Portland Metropolitan area. Between 2016 and 2018 voters in the region overwhelmingly approved two affordable housing bonds worth nearly $1 billion, which will add more than 5,300 permanently affordable homes to our region. We now have a unique opportunity to capitalize on those victories and our community's priorities to enact measurable improvement on the lives of low-income residents in our region, and livability for everyone, while ensuring that for every one person this funding moves off the street, two more will not end up in similar predicaments.

We are seeking funds that will take these bond investments in affordable housing to the next level. The Portland Metro region already has a strong network of community members, nonprofit agencies, government bureaus, and faith communities working together to find creative solutions that support our neighbors experiencing homelessness and extreme poverty. We are aiming to increase funding for their service-based work at a scale that matches the need evident on our streets and in our community, is client-focused, and helps people who have experienced homelessness successfully transition to housing and remain in their homes. We recognize that funding supportive services will not be enough, and that in order for programs to reach the populations they are designed to serve, we must fund experienced, trained, frontline outreach programs to actively intervene and actively connect people to services. We recognize that the crisis is immediate, but scaling up will take time and therefore immediate needs in terms of prevention and safety from the streets, including providing safe shelter and public health options, will need to be immediately available.

Caseworkers, nonprofit providers, government agencies, and faith communities help thousands of our neighbors experiencing homelessness get into housing every year, while helping thousands more remain stably housed. We have done this in spite of the federal government dramatically cutting funding for affordable housing and homelessness services. Research demonstrates that the longer someone is experiencing homelessness the harder it is for them to regain stability.

Our Approach

We propose alleviating people's homelessness in our community by:

I. **Providing client-centered wraparound, highly flexible services, and creating genuine economic opportunity** for people who are currently experiencing homelessness and those populations most at risk of becoming homeless. These may include investing in a robust workforce of case managers who can help them navigate the existing systems and understand the services available to them, supporting with mental health and recovery services, providing rent assistance, helping those who are currently on the streets with street outreach programs that will transition people off the streets, job training, social security and benefits navigation and more.

II. **Constantly striving to work together and improve our systems** by aligning our work, cultivating public, private, faith community, and nonprofit partnerships, and funding proven and innovative programs and services.

III. **Transparency, Outcomes And Oversight**: We recognize that in order to earn and maintain community support, success will be based on critically recognized metrics that measure the results of the service provided and evidence that the communities disproportionately impacted are benefiting. We must establish a robust governance and oversight structure that is representative of diverse stakeholders, ensures that new revenue raised to fund these critical programs efficiently makes it to frontline service providers, is appropriately leveraged with existing service dollars, and is not used to replace existing funding. An official oversight entity must be legally empowered to track all revenue, evaluate program implementation, and take appropriate action to ensure outcomes match intentions. The regional oversight committee will have the power to approve or deny local implementation plans that do not meet this criteria. A new tax dedicated to these services will require periodic voter approval to be renewed.

**Please see our attached strategy document for more information.*

Our Desired Outcomes

We expect to reduce unsheltered and sheltered homeless populations by maximizing the potential of our region's new investments in affordable housing, to help those who are currently on the streets, and to help vulnerable residents succeed in remaining in their homes. To do this we will:

- Secure the stable, ongoing revenue necessary to reduce homelessness across our region, and prevent people from becoming homeless. The revenue mechanism should match the scale of the problem and should be flexible enough to meet the needs of individual people, and the changing realities of homelessness and poverty in our region so we can respond to needs for years to come.
- As our transitional housing and affordable housing stock expands, neighbors experiencing chronic homelessness are successfully, permanently housed because they received the help they needed. This will be tracked using annual research including the HUD Point in Time Count.
- Use additional funds secured to fully realize the value of existing capital construction dollars, and existing service investments across the community. We need region-wide systems to assess, inventory and integrate existing efforts while investing in proven solutions that combat chronic homelessness. We believe regional collaboration and innovation between local governments, culturally responsive and client-centered service providers, the faith community, nonprofits, and community-based organizations is a key way to measure our success and make an impact.
- Ensure that we are lowering the number of individuals experiencing long-term and new homelessness to prevent a net-negative effect. We must minimize the chance that people become homeless and minimize the amount of time they spend doubled up, couch surfing or on the streets if they do.
- Services should be client-centered, culturally-responsive, with demonstrated commitment to prioritizing equity with a focus on leading with race in service provision and outcomes.
- Grow and strengthen availability of services that promote education and access to justice for those most at risk of losing their homes.
- Once the funds are successfully secured, community-based oversight will oversee implementation of the principles outlined in this document.

Our Guiding Principles

- **Focus on equity and lead with race.** People in communities disproportionately impacted by homelessness must have a leadership role in shaping programs and services. In addition, we must improve outcomes through targeted investments and by expanding culturally specific and responsive services in all counties. When we directly address the barriers people of color face, we also remove barriers from other disadvantaged groups and create solutions that work for everyone. Leading with race begins the reversal of a long list of systems and policies that have caused disproportionate rates of housing instability and homelessness among people of color, including exclusionary zoning laws, overcharging for housing, disproportionate rates of evictions, fewer opportunities for home-ownership, gentrification, and persistent, significant disparities in economic opportunity.
- In order to **prioritize equitable outcomes**, we expect a robust racial equity lens, will be employed that outlines expected results, data collection and analysis, community engagement,

targeted strategies and approaches, implementation and accountability. County level oversight and planning boards shall adopt a racial equity plan to guide their work.

- We know that the only way to truly end homelessness is to make sure people are housed. Thus, funds raised from this measure will **prioritize getting people permanently housed**.
- Homelessness is a multi-dimensional problem which necessitates active, sustained **region-wide collaboration** among counties, cities, other public agencies, nonprofit, business and community partners.
- We will be **transparent** in our motives, work collectively to solve issues, and share our successes.
- Understanding that people who are homeless are experts in their own experience, we will **center their perspectives** and experiences whenever possible.
- We will be **provider-informed** in developing and adopting strategies for reducing homelessness using client-centered approaches and culturally responsive support.
- **Efficient and measurable outcomes**. We will require defined outcomes based on broadly recognized public metrics that measure the number of people currently experiencing homelessness in the region. This transparency and accountability is vital to maintain the long term support of voters and the community.
- We will **stay accountable to long-term impact** by requiring and supporting innovative and evidence-based programs and services with concurrent data analysis to evaluate progress toward stated goals, prioritizing equity, aligning systems and processes that ensure public accountability, and ensuring ongoing communication and feedback from individuals served to maximize the effectiveness of service delivery.

HERETOGETHER

STRATEGY

Provide client-centered wraparound, highly flexible services, and genuine economic opportunity

A. Expand case management and outreach services by:

1. Prioritizing permanent supportive housing services.
2. Expanding professionally trained, culturally appropriate street outreach programs to actively connect people who are chronically homeless with services and housing.
3. Expanding access to culturally responsive and appropriate service providers in all counties.
4. Increasing flexible funding streams to help people transition out of homelessness.
5. Address the immediate crisis at hand by helping those who are currently on the streets with outreach and basic survival support designed to help them move into housing and support services.
6. Use best practices, including assertive engagement, along with emerging research to place client need and experience at the center of solutions.

B. Expand clinical services by:

1. Improving access to behavioral health: mental health services and interventions, and addiction services to support people in crisis and people in recovery.
2. Expanding access to services and interventions for people with physical impairments and disabilities.

C. Increase access to income opportunities including:

1. Financial literacy, employment, job training and retention, education, peer support services and workplace supports.
2. Assisting individuals to access veterans benefits, Social Security, disability income, and other benefits.

D. Homeless prevention to include:

1. Rent assistance, displacement, eviction prevention services, education and legal services among other programs, for those most at risk of becoming homeless to prevent a net-negative effect, ensuring people can remain successfully housed.
2. Prevention services tailored to rural households.

E **Expand access to housing placements that are affordable and culturally appropriate to our community's most vulnerable, including:**

1. Maximize federal, state, and local housing programs and subsidies that meet the needs of individuals where they are.
2. Shelters, bridge/transitional housing placements, including for people exiting institutions, foster care, etc. so unsheltered homeless individuals are provided the option to sleep indoors.
3. Long-term housing subsidies for the elderly, those disproportionately at-risk of long-term homelessness, youth and people with disabilities.

Constantly strive to work together and improve our systems

F. Improve systems coordination, state, and regional alignment by:

1. Incentivizing regional coordination efforts, including data collection, and use metrics that measure the size of the region's sheltered and unsheltered homeless population.
2. Maximizing resources by leveraging existing local, state and federal service dollars and other investments and coordinate with other services (Medicaid, hospitals, jails, child welfare, aging services, etc.).
3. Encouraging innovation and collaboration with nonprofit, business, faith communities, government agencies, etc.

Transparency, outcomes and oversight

G. Be transparent, outcome-driven and allow for strong community oversight of the funds, program implementation and evaluation of outcomes.

1. Align systems and processes to ensure public accountability through data analysis and program evaluation and ongoing communication and feedback from individuals served to maximize the effectiveness of service delivery.
2. Use incentives, including matching or challenge grants and funding and other strategies, to ensure that existing community investments are increased and not reduced.
3. Employ a racial equity lens to prioritize equitable outcomes for communities that are overrepresented in our homeless population, are most-at-risk of chronic homelessness, and/or have been historically marginalized.

Materials following this page were distributed at the meeting.

Supportive housing

Potential 2020 ballot measure

CLIENT-CENTERED, WRAPAROUND, HIGHLY FLEXIBLE SERVICES

Expand case management and outreach services

Prioritize permanent supportive housing services

Expand culturally responsive and appropriate service providers

Increase flexible funding streams to help people transition out of homelessness

CLIENT-CENTERED, WRAPAROUND, HIGHLY FLEXIBLE SERVICES

Expand clinical services

Improve access to behavioral and mental health services and interventions

Improve access to addiction services to support people in crisis and people in recovery

Expand access to services and interventions for people with physical impairments and disabilities

CLIENT-CENTERED, WRAPAROUND, HIGHLY FLEXIBLE SERVICES

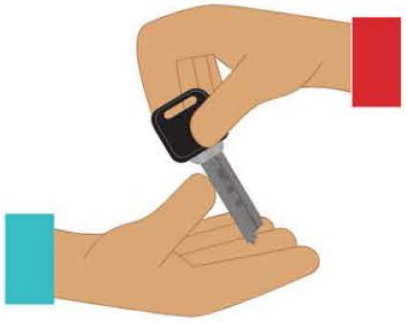
Increase access to income opportunities

Job trainings, workplace support, workshops on financial literacy, and other education

Assist individuals in accessing veterans benefits, Social Security, disability income, and other benefits

CLIENT-CENTERED, WRAPAROUND, HIGHLY FLEXIBLE SERVICES

Homeless prevention



Rent assistance,
eviction prevention services,
and legal services

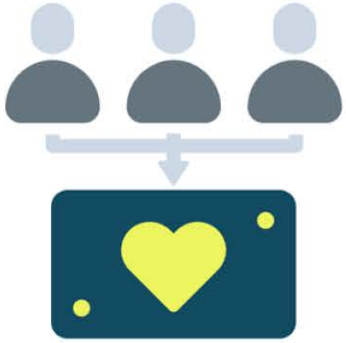
Prevention services tailored
to rural households

CLIENT-CENTERED, WRAPAROUND, HIGHLY FLEXIBLE SERVICES

Expand access to affordable and culturally appropriate housing placements

Maximize federal, state, and local housing programs and subsidies

Ensure people exiting institutions and foster care have shelters, bridge, and/or transitional housing placements



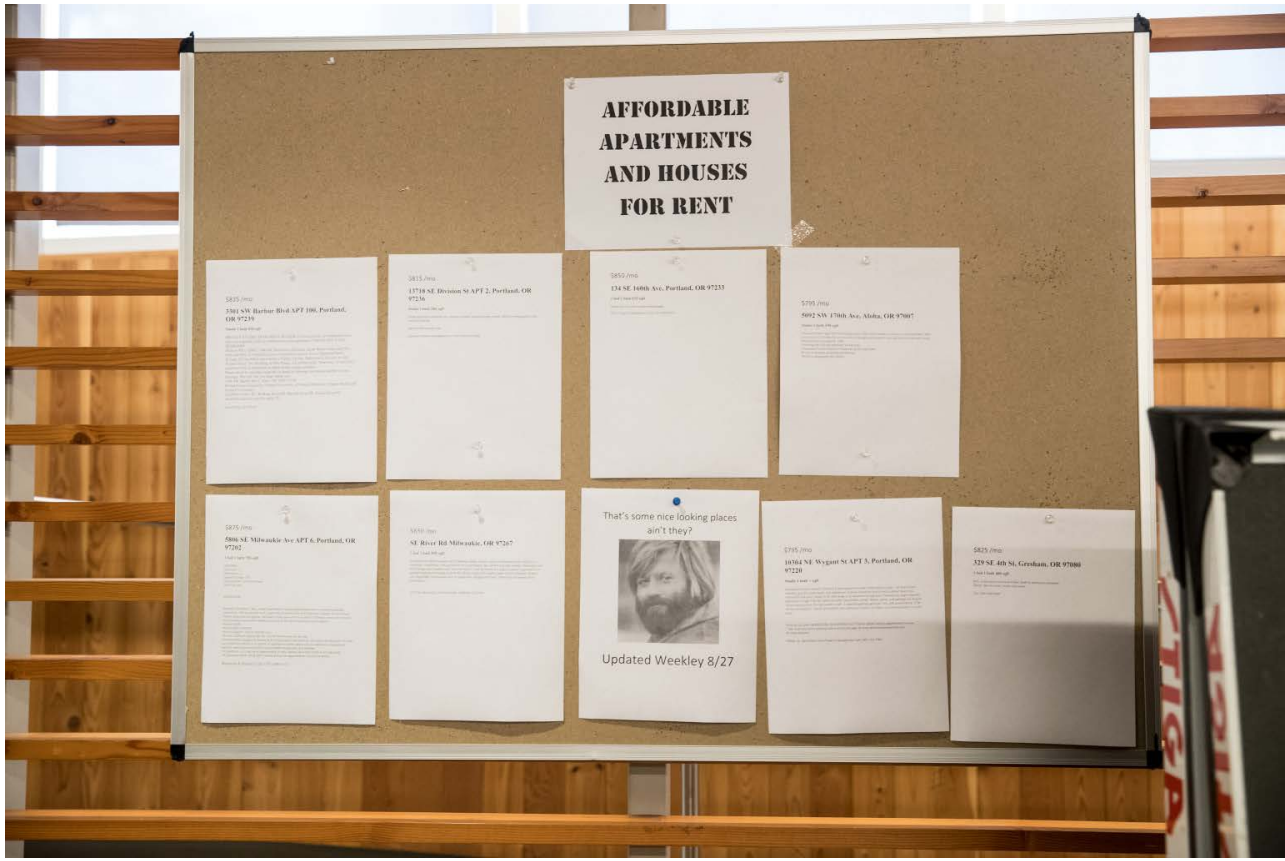
Provide long-term housing subsidies for the elderly, youth, and people with disabilities

Community engagement

- Three community forums, one each in Washington, Clackamas and Multnomah counties

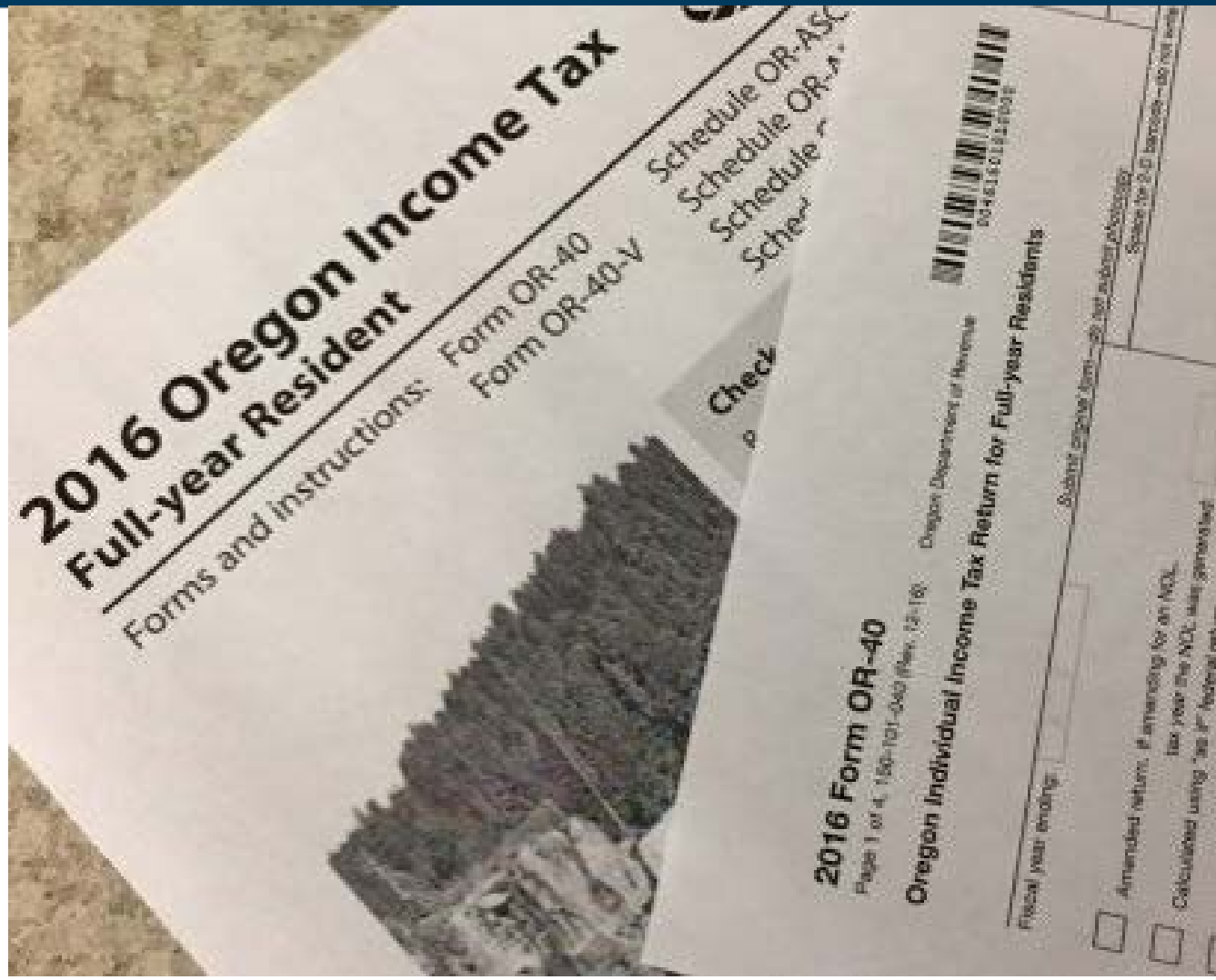
Outcomes

Community members wanted to see a program that can help permanently address homelessness in the region.



Revenue sources

Community members wanted a defined revenue source from the Metro Council.



Accountability

Ensuring the public understands the return for its investment. Maintaining the public trust.

Regional approach and efficiency

People are surface-level aware of the regional scope but more work must be done.

Overall

Widespread support for a solution, but a desire for more details.

Arts and conference centers
Garbage and recycling
Land and transportation
Oregon Zoo
Parks and nature

oregonmetro.gov

The Challenge of Homelessness in Oregon: What's To Be Done

HOW DID WE GET HERE? IT'S COMPLEX.

Inequality: Since the 1980s all annual US income held by 1 percent of Americans has risen to 18% of the total national income and 30% of the total national wealth, yet 50% of us can't meet our needs beyond one paycheck.

Law: To tell a homeless person, "you can't be in a public place" when that person has no other place to go in the city, has been ruled unconstitutional as cruel and unusual punishment.

Not enough public housing: U.S. Congress has reduced funding for HUD supported public housing from 8% in 1977 to 1.5% of the total current federal budget.

Not enough shelters: While the number of shelters has increased, it still doesn't meet constitutional requirements. The 2019 Point-in-Time count identified 2,037 people who were unsheltered, 1,459 people who were sleeping in emergency shelter, and 519 people in transitional housing. In all, the count found that 4,015 people met HUD's definition of homelessness.

More people with mental illness: The justice system and the Medicaid system for the homeless with mental illness are both broken.

Addictions have increased 48.4% since 2017: Current drug and alcohol treatments are inadequate due to lack of facilities and low reimbursements for professional services.

Domestic violence is no longer countenanced: What used to be hidden is now publicly condemned. As of 2019, 59% of adult female homeless in the Portland area reported experiencing domestic violence.

Tracking system systems are inadequate: The federal Homeless Management Information System (HMIS) is not adequately integrated with the social worker system, the medical system, the police system, or the available jobs and training system. Multnomah County's current system, (ServicePoint) is not broad enough. Additionally, the 911 (emergency) system is not coordinated with the 211 (non-emergency) system, confusing the users of each and creating financial inefficiencies.

Siloing (narrowly defined targets for grants) prevents effective responses. Because of government regulations, specialization of services, and competition among non-profits for resources, moneys for reducing homelessness are not being effectively allocated and used.

Private affordable housing construction lacks profit potential. Land costs and availability, rent limits, systems development charges, and increasing building code standards all have contributed to a current shortage in Oregon of 155,500 units of general housing.

What's to be Done?

1. Educate the public that homelessness is, foremost, an economic event, not a choice.
2. Prevent or lessen homelessness by anticipating it and acting to intercept those at risk.
3. Build permanent housing with supportive services (PSH).
4. Support Home Together's campaign for an annual Portland area tax for support services and operating costs.
5. Provide 24,000 more units of affordable housing in the Metro area.
6. Prioritize support services for homeless families and children.
7. Restore the rate of HUD housing funding to 7% of the Federal Budget, like it was in 1977.
8. Add 2,400 emergency shelter beds in the Metro area.
9. Sanction more homeless camps, each of moderate size, to better promote safety and ease of management.
10. Provide immediate sanitation facilities for all sanctioned camps, and public hygiene.
11. Close all unsanctioned campsites, consistent with ethical and legal constraints.
12. Eliminate the need for Public Sweeps of campsites.
13. Strengthen the Joint Office of Homeless Services.
14. Improve tracking of people experiencing homelessness, and of the housing and support services provided them.
15. Interrupt and improve the criminal justice system's response to homelessness.
16. Expand the use of Outreach Teams.
17. Accelerate the housing strategy mandated by the 2019 legislature.
18. Use church parking and volunteered commercial open spaces for car camping for people who are experiencing homelessness.
19. Improve and expand mental health services.
20. Adopt an annual progressive tax on net worth to adequately fund solutions to the housing and homelessness crises.
21. Create a statewide agency to oversee all efforts directed towards homelessness.
22. Accept personal responsibility for ending homelessness.

Homelessness by the Numbers:

UNDERSTANDING THE CRISIS

4,015 Number of people experiencing homelessness according to the PIT count in Portland-Multnomah County-Gresham in 2019	**38,000** Estimated true number of people experiencing homelessness, when considering doubled-up living situations (Washington, Multnomah, Clackamas)	**1,365** Number of publicly funded year-round emergency beds in Multnomah County in 2019	**2,037** Number of people experiencing unsheltered homelessness according to the 2019 Portland-Multnomah County-Gresham PIT
22% Increase in the number of people who were unsheltered in Multnomah County 2017–2019	**15,800** Estimated number of people experiencing homelessness in Oregon in 2019 PIT count	**2nd** Oregon's rank in the nation for rate per thousand of unsheltered people among all those experiencing homelessness in 2018	**92** Number of people experiencing homelessness who died on the street in 2018 in Multnomah County

HOUSING

50% Percentage of Portland rent-burdened by paying over 30% of income on rent	**$469,450** Median price for a Portland home in 2020	**2 -10 yrs** Waitlist time for subsidized housing at Portland Housing Authority	**29,000** Number of subsidized housing units needed in Portland area·	**155,000** Number of general housing units needed in Oregon because of underbuilding since 2000.
12,388 Number of housing units needed in Oregon for the chronically homeless	**1,300** Number of homes Portland's $258.4M bond measure will produce	**3,900** Number of homes Metro's $652.8M bond measure will produce	**>200** Number of unsanctioned camps in Portland	**$30,000** Estimated annual cost of homelessness per person (2017)
$15,000 Estimated annual cost to keep a low-income family from being homeless (2017)	**$17,000** Annual cost per person of providing Permanent Supportive Housing (2017)	**$72M** Yearly budget for the City of Portland and Multnomah County for the Joint Office of Homeless Services in 2020		

MENTAL HEALTH

44th
Oregon's national ranking on Mental Health America's 2018 list of effective mental health care (assessment of mental illness rates and access to treatment)

21%
Percentage of Oregonians who suffer from mental illness

71%
Percentage of total individuals experiencing homelessness in the HUD count who self-report as suffering from at least one disability in 2019

38%
Percentage of homeless individuals in Portland, Gresham, Multnomah who self-reported as suffering from mental illness in 2019

37%
Percentage of homeless individuals in Portland, Gresham, Multnomah who self-reported as suffering from substance abuse in 2019

52%
Percentage of all 2017 Portland Police arrests on persons experiencing homelessness

718
Number of arrested people experiencing homelessness who were sent to the State Psychiatric Hospital in 2018

$1,342
Daily cost per person committed to the Oregon State Hospital

SOCIAL SUPPORT

16%
Percentage of Oregonians who receive food assistance through SNAP, the current federal Food Stamp program

25%
Percentage of Oregonians on Medicaid (1,000,000 people)

$8.9 Billion
Oregon's annual budget for Medicaid in 2018

This pamphlet is a summary of a January 2020 Report, The Challenge of Homelessness in Oregon: What's To Be Done, prepared by Tuck Wilson, Doug Walta, John Gould and Steve Schell based on numerous reports, news stories and interviews over 3 years. Contact us to receive a copy of the full report.

John Gould: johngould@comcast.net
Steve Schell: steveschell@comcast.net
Doug Walta: douglas.walta@icloud.com

From: Victor Sin
To: Legislative Coordinator
Subject: FW: [External sender]RSVP - Testimony
Date: Monday, February 10, 2020 9:43:39 AM

For testimony

From: S [mailto:doodiesma@gmail.com]
Sent: Thursday, February 6, 2020 5:23 PM
To: Victor Sin
Subject: [External sender]RSVP

I am sending an RSVP, I would like to attend the Public Forum on Ending Homelessness, this Monday at the Beaverton library. And if it would be possible for me to have the opportunity to speak, that would be great! I am disabled with two young children (one whois disabled), we have been homeless several times. We were just homeless for 4 1/2 months up until moving into our apartment in May 2019 (9 months ago), and we will be homeless again in a little over 2 weeks from now because I was given a No Cause Eviction (after complaining about things needing repaired) . I have tried getting some help from my DHS- Self Sufficiency worker, as well as from Community Action. I am only told that I don't qualify for "this program or that program", and/or that other programs "have no funds"! As far as I know, Community Action is the one and only Continuum of Care for all of Wa. Co. and grant funds were just dispersed a few months ago.. So I don't know how none of the housing programs could be depleted of funding right now.. When I've called Community Connect in the past (the main screening/intake line, for ALL programs), I wasn't even asked many questions;it most definitely was NOT an actual screening for services! Therefore, I KNOW that I am not placed into the proper category in the main Homeless Information log (HIML?), which should be High Priority..And the Community Connect person did not give me a single referral to ANYWHERE. They only told me that there's "NO housing programs or any typeof rent assistance available right now", that Washington County "Only has TWO programs" and I don't qualify (I was homeless at that time also).. So, I have a big issue with the fact that there's ALLLLL these programs that supposedly exist to help people like me, yet when I try to get help, there is NONE...

From: Victor Sin
To: Legislative Coordinator
Subject: FW: [External sender]One more point,,Re: Ending homelessness
Date: Monday, February 10, 2020 9:42:59 AM

For testimony.

From: liz silverwolf [mailto:lizsilverwolf8@gmail.com]
Sent: Monday, February 10, 2020 9:42 AM
To: Victor Sin
Subject: [External sender]One more point,,Re: Ending homelessness

"No need to re-invent the wheel"

When I analyze and compare the homeless of today with the1970s elderly and disabled housing crisis,
those two populations are not that different for applying long-term, effective solutions.

the efforts of Keren Brown Wilson, PhD, set an example, and changed a paradigm,
that was followed by the rest of the USA.

It got out of hand and turned into a billion dollar industry.
(Yet our Seniors and Disabled aren't complaining...)

[They are starting to mirror our modern epedemic of loneliness and high suicide rate...
But that's for another Forum, ...
a different Agency]

https://academic.oup.com/gerontologist/article/47/suppl_1/8/614189

Thank you for tackling this homeless problem in Oregon.

Liz Silverwolf

On Mon, Feb 10, 2020, 8:49 AM liz silverwolf <lizsilverwolf8@gmail.com> wrote:

> https://www.google.com/amp/s/www.bbc.com/news/amp/uk-england-46891392
>
> On Fri, Feb 7, 2020, 7:12 PM liz silverwolf <lizsilverwolf8@gmail.com> wrote:
>
> > Plan to be there.
> > Monday, Bvtn library 6:30pm
> > Liz Silverwolf

From: Ethan Seltzer
To: Legislative Coordinator
Subject: [External sender]Homeless Services Measure
Date: Friday, February 07, 2020 5:51:54 PM

Greetings!

I read about the homeless services measure Metro is considering and have several questions:

-- What is the measure? There is only very vague language on your website. Please send me the draft measure. I am particularly interested in what the funds will go towards, how the funds will be distributed, to who, and how the results will be assessed. I am also interested in how the funds will be raised, but I suspect, based on what I've seen on line, that you don't currently know.

-- If there is currently no draft measure, then why the rush to get it on the ballot now? Why not do the work to create a really great program and bring it forward in November?

I do think that this is a regional issue and that Metro should pursue regional funding for services. I am concerned, however, that the details just aren't there to fill in all the blanks by the deadline for getting it on the May ballot, and certainly not by Feb 20.

Thanks!

Ethan
--
Ethan Seltzer
503-544-8228 c
seltzere@gmail.com

From: Angel Falconer
To: Legislative Coordinator
Subject: [External sender]My Support for the HereTogether May 2020 Ballot Measure
Date: Tuesday, February 11, 2020 11:01:00 AM

Dear Metro Council,

More and more of our neighbors are finding it harder and harder to find and stay in housing. Our region has taken big steps to increase housing supply, including Metro's landmark voter-approved affordable housing construction bond. However, we know that it will take more than supply to address the crisis. We need a corresponding comprehensive, region-wide plan to provide operating costs and services for the thousands of people who will benefit from those new affordable units.

That is why I have signed onto the HereTogether community coalition, and I join them in asking Metro to refer a measure to the May 19 ballot for voter approval of funds to provide supportive services, such as rent assistance, mental health care, substance use treatment, and children's and employment services.

Over the last year, HereTogether has convened a large and diverse group of service providers, business leaders, government officials, advocates, people with lived experience of homelessness, communities of color, healthcare providers, faith leaders, and other members of the community across the metro region to create a plan to meet the full scope of the crisis. This crisis is not unsolvable. We know there are proven strategies to help people who are experiencing homelessness or are at risk of losing their housing, and there are organizations across the region already doing this work. We just need to come together and commit to investing in those strategies at the scale necessary to match the crisis.

Please refer the HereTogether framework plan to the voters this May.

Thank you for all the work you do and your attention to this urgent crisis.

ANGEL FALCONER
she | her | hers
Council President
City of Milwaukie

From: Karen J
To: Legislative Coordinator
Subject: [External sender]2020 Homeless/Housing Services
Date: Tuesday, February 11, 2020 10:49:27 AM

The 2020 Homeless and Housing Services Measure should include:

--supported, affordable housing for people with mental and substance abuse disorders including wraparound services and life skills training;
--rent control and rent assistance;
--housing funds should be allocated to agencies with proven track records including positive outcomes and efficient use of funds;
--oversight, accountability and measured performance outcomes should be required with data shared with the public.

I have a 38 year-old son with schizophrenia who rents a room in a home. He receives $783/month disability benefits and pays $425 in rent – rent cost is 51% of his benefits. This results in $358 for food and any other necessities for the month. The home is mouse and roach infested and the landlord does not abide by Oregon Landlord-Tenant laws. While I am thankful that he does not live on the streets, as a person with mental illness, he is taken advantage of with food and other belongings constantly stolen. He needs supported housing but is unable to follow the rules and restrictions placed upon him in supported housing available to him; he was evicted from a home for people dually-diagnosed (mental illness and substance abuse).

Thank you,
Karen James
5088 SW Normandy Place
Beaverton, OR 97005

From: Kathryn Notson
To: Legislative Coordinator
Subject: [External sender]Housing bond
Date: Tuesday, February 11, 2020 11:57:41 AM

Metro's proposed housing bond only applies to homeless people with "problem issues." HUD & social service agencies who operate homeless shelters, classify homeless people into 13 "vulnerable" categories. These are homeless people with "problem issues."

People who are homeless due to the economic recession of 2009 ONLY, or who are enrolled in college full-time & working part-time minimum wage jobs, are NOT categorized as "vulnerable" according to HUD or the social service agencies operating homeless shelters. These homeless people don't have "problem issues" & don't require "supportive services" at all. They just need full-time permanent jobs so they can afford market rate rent. These homeless people are left behind. The social service agencies don't help them at all.

Yes, homeless people who abuse drugs, alcohol, & tobacco, have mental health issues, & have criminal backgrounds, all need "supportive services."

Disabled senior citizens need supportive MEDICAL services, too. Supposedly, Portland Adventist Health was going to build a facility for the indigent (poor) disabled senior citizens, but I don't know if they still plan to do so or not.

Unemployed senior citizens (50+ yrs. & older) who are NOT disabled don't have any full-time job training programs available to them through Worksource Oregon so they can financially support themselves independently. Experience Works is defunct in Oregon. Easter Seals took over that program. Easter Seals' Senior Community Service Employment Program working for non-profit organizations or government entities is only part-time, 20 hours per week, at most. A person's working hours can be reduced from 20 hours per week to 16 hours per week. It isn't available in Clackamas & Washington Counties. This program is inadequate for senior citizens who are their own financial support. This program will NOT get senior citizens out of homelessness.

Taxing the "wealthy" isn't going to solve the homeless issue. Raising property taxes won't help solve the homeless issue, either. Property taxes go up due to bond measures & people who own their own homes will be squeezed to pay property tax increases & they will become homeless, too, as a result of higher property taxes. Houses & apts. are far too expensive now.

No one is talking about helping homeless people obtain full-time permanent jobs in private industries so they can pay market rate rent. No one should pay any more than 25% of their gross or net income on rent or mortgage.

From: Nate Ember
To: Legislative Coordinator
Subject: [External sender]2020 homeless and housing services measure
Date: Tuesday, February 11, 2020 12:20:15 PM

Dear Metro Council,

I'm Nate Ember, an architect in Portland focused on innovation in the realm of housing affordability, as well as activism regionally including Clackamas County where I reside.

I am writing to express my support for the Metro Council to refer the homeless and housing services initiative HereTogether has put together to the May ballot. This initiative to address homelessness is important to me because it is both our duty and privilege as citizens to care for each other and recognize that so many folks are not adequately cared for in our economic and social systems.

I have worked with and personally sheltered houseless friends, and understand intimately how critical it is to quickly provide both housing and services to support the unique needs of every person who struggles to support themselves for a wide array of reasons; and I understand how limited current options and associated funding are.

I believe that in a few short years, we can truly implement a housing first approach for people that meets them where they are with personal help and a range of choices for types of housing from communal to independent depending on the social needs and desires for every individual who needs help caring for themselves, meeting their own needs, and finding safe and stable shelter.

I ask that you recognize that traditional institutional housing is not always the best choice for people, and that given the challenges many folks face because of racism, bigotry, systemic poverty, and other ongoing and unconscious biases and blindspots in our social system. New and unique means of delivering shelter and services must be explored, tested, and measured to ensure that all our best intentions meet the needs of real people right where they are.

Thank you for referring this important measure, which will improve the lives of so many of our neighbors who are experiencing or on the verge of experiencing homelessness. I very much appreciate everything you and your staff do to improve equity, correct historic inequality, and expand access to affordable housing. I know it takes dedication and working through a lot of resistance, but it is so necessary for our most vulnerable neighbors and our collective future.

Sincerely,
Nate Ember

--

Nate Ember, AIA
Architect, Principal
LEED AP Homes | ILFI-Cascadia

Ink:built Architecture
m| 503-975-4055
Inkbuiltdesign.com

From: Kate Anderly
To: Legislative Coordinator
Subject: [External sender]Supportive Housing Measure
Date: Tuesday, February 11, 2020 2:07:10 PM

To whom it may concern;
I am writing to express my support for the Metro Supportive Housing Measure.
Our community is facing a housing crisis. It is much bigger than the houseless people we see sleeping outside. It is folks that are choosing to pay rent instead of food or medicine, people working 2 and 3 jobs that still can't make ends meet, elderly folks on a fixed income that gets entirely eaten up by rent payments.
I run a food pantry at Lewis and Clark Montessori in Damascus and have gotten to know some of the single parents and seniors that are clients there. Many of them are living on a budget so thin that it wouldn't take much for them to lose the roof over their heads.
Those in the community that have what they need, and then some, should contribute to this cause through the Supportive Housing Measure. It would not greatly negatively affect their personal situation and could drastically improve the lives of thousands throughout the Metro area.
I know that some folks that do not support this measure are saying that it is not perfect and has been rushed. We need to take action to protect the most vulnerable in our community and this measure is a great start toward that end.
Thank you for your consideration.
--
Regards,
Kate Anderly
She/Her/Hers
Food Pantry Coordinator
Lewis and Clark Montessori Charter School

BIENESTAR
Making Housing a Home

February 11, 2020

To Metro Councilors:
I'm writing in support the referral by Metro government to the May ballot of a region-wide funding source to address and reduce or eliminate homelessness in our community. My organization, Bienestar, has worked with The Welcome Home Coalition and Here Together, along with other community partners, to support policy changes that address homelessness and housing insecurity in the Latinx community of Washington County and other communities, while also lifting up the voices of Latinx immigrant households in the policy process. Ten of Bienestar's *Promotores*, or resident leaders, attended the forum in the Beaverton library on Monday, February 10th, and also support the referral of the ballot measure.

Motivating my support for the ballot measure is the crying need for services across our region. While certainly the most visible need is in areas around downtown Portland, in Bienestar's community in Washington County there is also a growing crisis of homelessness. Stakeholders across the county recognize this, and it is visible in areas such as Hillsboro, Forest Grove and Cornelius, that historically were not communities that saw street-level homelessness. Bienestar also knows that in the Latinx community often families double or triple up in cramped apartments to avoid living on the streets, and also at times avoid conversations around needed mental and behavioral health needs for cultural reasons. There is not only a need to address visible homelessness, but also to support funding for culturally-specific services that will address immigrant and community of color populations where homelessness make take on a different appearance depending on culture and background. I am confident that this ballot measure will take that into account, and also address our region's growing commitment to racial equity.

Fundamentally, I agree with Here Together's premise that an incremental approach to the housing and homelessness crisis is no longer acceptable. For that reason, I urge Metro councilors to allow voters the option to support important new funding this May to address the homelessness crisis affecting our region.

Atentamente,

Nathan Teske

Nathan Teske
Executive Director
503.481.0529
nteske@bienestar-or.org

PO Box 665
Hillsboro OR 97123

From: Wufoo
To: Legislative Coordinator
Subject: [External sender]Submit testimony to Metro Council [#4]
Date: Tuesday, February 11, 2020 8:23:34 PM

Name *	Dana Weintraub
Email *	mrdanaweintraub@tutanota.com
Address	17124 SW Marty Ln Beaverton, OR 97003 United States

Your testimony

I fully back and would support any measure which would significantly address our region's spiralling houseless and homeless population.
In supposedly the world's wealthiest nation, to have more people living without a stable roof over their heads than prior to the Great Recession is reprehensible.
More funds need to be provided to support substance abuse treatment centers and more social workers to deal with the mentally ill individuals to get them off the streets.
In part, ultra-greedy investors have discovered even more ruthless ways to toss people out of their (apartment) housing just for the sake of jacking up rents to unreasonable levels.
Each and every one of you council-members must read, http://blackrosebooks.net/go/profile-35406/products/view/The+Rigged+Game%2C+Corporate+America+and+A+People+Betrayed/28368.

Thank you.

Is your testimony related to an item on an upcoming agenda? *	Yes

From: Ashley Coltin
To: Legislative Coordinator
Subject: [External sender]Comments for HereTogether Coalition
Date: Tuesday, February 11, 2020 8:58:55 PM

Dear HereTogether Coalition,

Thank you for your dedication to provide services to our houseless population. I understand that it will be a long, uphill battle to meet all the needs of our neighbors living on the streets and in camps.
While we engage in this long process, is there a way we can dedicate more resources to clean up all the trash left behind by homeless camps? The camp clean-up teams do a great job mitigating the camps themselves, and preventing them from becoming too established. However, the extent of the trash pouring down the hillsides of our freeways, cascading down the greenery of our once-beautiful city, and accumulating under bridges makes the city that so many of us came to love now unlivable.
I used to pride myself in where I chose to live. Now I have to put on blinders as I move throughout the city. I used to cross the river frequently to visit Forest Park and Washington Park. Now I do anything to avoid the terrible state of the 405 and I-5 corridors. I used to bike to work downtown with my child in a bike trailer. Now we drive because our bike route through inner SE feels so unsafe and extremely unpleasant with all the trash and camps. I've lived here for 15 years, most of those years working for the City of Portland, as a proud city employee. Now I'm sadly considering moving my family to the other side of the country because I'm so overwhelmed by the trash. I can tolerate camps...but the trash ruining our once beautiful city is disheartening.
I see camp cleanup crews regularly, but I feel we should have a constant fleet of vehicles and crews dedicated to trash pickup, beyond the camps, on an intensive daily schedule. Could this be a job source for those experiencing homelessness?
Please help to make our city beautiful again. Please help to make it livable for those of us who have been working hard to build a life here.

Thank You,
Ashley Colder
SE Portland

Sent from my iPhone

Chip Shields
4055 NE 9th Ave.
Portland, Or 97212

Chair Peterson and members of the Metro Council:

My name is Chip Shields. I am a resident of Northeast Portland.

I am writing to to urge you to vote “yes” on referring the measure to the voters for the May 2020 election. We can’t wait.

From working for the Youth Employment Institute to founding Better People, a NE Portland nonprofit living-wage employment and counseling program to representing N/NE Portland in the legislature, I have watched the region’s homeless problem continue to worsen over the last 20 years despite valiant efforts by housing advocates and social-service providers to solve it.

In those 20 years I have never seen a more comprehensive, best practices approach than the one thoughtfully devised by the HereTogether coalition. This measure truly is a once-in-a-lifetime chance to help more of our neighbors from sliding into the homeless cycle, while also offering a true hand up to those experiencing homeless today.

I am delighted to be volunteering on the HereTogether fundraising committee and will give the effort all I have to ensure it has the resources to communicate its message of hope to the electorate.

Thank you for your work on this measure. Your leadership will not be forgotten.

Regards,

Chip Shields

From: Wufoo
To: Legislative Coordinator
Subject: [External sender]Submit testimony to Metro Council [#5]
Date: Wednesday, February 12, 2020 11:41:28 AM

Name *	Ruth Feldman
Email *	ruthtenzerfeldman@gmail.com
Address	420 NW 11th Ave Unit 915 Portland, Oregon 97209 United States
Your testimony	I support your proposal to put on the ballot a measure to finance a multi-pronged approach to homelessness and poverty through a modest tax on high-income individuals, couples, and businesses. As a person who is involved with feeding low-income residents in Portland, I welcome your efforts. As an individual seeing unsheltered folks on our streets on a daily basis, I encourage you--is plead with you too strong a phrase?--to move forward on this proposal.
Is your testimony related to an item on an upcoming agenda? *	Yes

BRIDGE Housing

BUILDING SUSTAINING LEADING

BRIDGE HOUSING CORPORATION

BRIDGE PROPERTY MANAGEMENT COMPANY

BRIDGE ECONOMIC DEVELOPMENT CORPORATION

February 12, 2020

Metro Council
600 NE Grand Ave
Portland OR 97232-2736

Metro Council Members,

On behalf of BRIDGE Housing Corporation, I am writing in support of the 2020 supportive housing ballot measure.

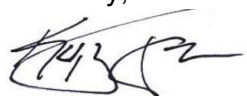
We offer the following testimony to be entered into the record at the Metro Council hearing on Thursday, February 13, 2020.

1) Part of the money generated by this measure should be prioritized to leverage the housing bond dollars, distributed accordingly amongst the 7 jurisdictions, and tied to the 30% AMI units. Many, if not all, jurisdictions are mandating permanent supportive housing (PSH) units. This new funding would allow owners and sponsors of affordable housing to make sure we are setting residents up for success by being able to create long-term, meaningful relationships with service providers who provide the desperately needed wrap-around services to those residents. PSH units cannot function as intended without ongoing operational support that pays for these types of services. This would also benefit the service agencies by providing reliable funding for their programs.

2) The income tax is preferable over the business tax, the latter of which could create unintended consequences to affordable housing projects. For example, the current Corporate Activity Tax (aka 'gross receipts tax') that went into effect on January 1, 2020 imposes a tax on Oregon businesses with more than $1 million of taxable commercial activity. The CAT applies to general contractors and subcontractors who are in contract with nonprofits and government agencies to build affordable housing. The CAT is being passed through to the project budgets, creating an undue burden that essentially allows us to build less affordable units.

Thank you for the opportunity to provide this testimony.

Sincerely,



Kurt Creager
Executive Vice President

600 CALIFORNIA STREET, SUITE 900, SAN FRANCISCO, CA 94108 TEL: 415.989.1111 FAX: 415.495.4898 BRIDGEHOUSING.COM
2202 30TH STREET, SAN DIEGO, CA 92104 TEL: 619.231.6300 FAX: 619.231.6301
1301 DOVE STREET, SUITE 920, NEWPORT BEACH, CA 92660 TEL: 949.229.7070 FAX: 949.274.7688
38 NW DAVIS STREET, SUITE 450, PORTLAND, OR 97209 TEL: 503.360.1828 FAX: 503.961.8897
1000 SECOND AVENUE, SUITE 1610, SEATTLE, WA 98104 TEL: 206.456-6100
BRIDGE HOUSING IS A NOT-FOR-PROFIT, PUBLIC-BENEFIT CORPORATION

From: Bianetth Valdez
To: Legislative Coordinator
Subject: [External sender]Testimony for Metro hearing
Date: Wednesday, February 12, 2020 4:25:33 PM

As an outreach worker working with homeless youth in Washington County, we know the importance of a safe place to be. At HomePlate Youth Services, we provide a safe environment of caring adult role models and assist our youth get the support they need to secure housing stability, such as meals, showers, laundry services, and employment and housing services.

Currently, we are not able to provide the necessary financial support for our youth who need to obtain secure housing, e.g first month's rent, security deposits, move-in costs. With a new source of revenue, we will be able to provide more long-term support for our most marginalized youth and continue to be a safe place for them to get their needs met.

Oregon is facing a housing crisis and we need to continue bringing ideas and solutions to the table. I do not want to witness our young houseless population crossover into the homeless adult population. Through research done by community partners, including Metro, HereTogether has identified it will take $250-300 million annually to address chronic homelessness. Incrementalism is no longer an acceptable strategy. We owe it to our neighbors and our community, and it is still within our reach to match the scale of the problem with this solution.

Thank you for your time and attention.

Bianetth Valdez
Outreach Coordinator (Bilingual)
HomePlate Youth Services
bianetth@homeplateyouth.org
503-320-8965
Hablo español
Pronouns:she/her/ella
FOLLOW: **@HomePlateDropIn**
LIKE: **www.facebook.com/homeplateyouth**

From: delphine.busch@molalla.net
To: Legislative Coordinator
Subject: [External sender]Metro hearings for bond issue for homeless services
Date: Wednesday, February 12, 2020 4:03:16 PM

Metro Regional Center, 600 NE Grand Ave, Portland

Please note that I cannot attend the meeting on Thursday, Feb 13, but I am 100% convinced that we MUST act now to end homelessness in the Metro area.
I think a bond measure that taxes high incomes rather than businesses has a better chance since the scare tactic of raising prices is not viable.
I also think that we must convince the voter that there is a lot in this “for them”. They know that we are after tax dollars and want to know what is in it for them.
Please get the message out that attractive streets, higher property values, less concern about our children playing outside and less concern for walking our own streets are values that are hard to put a price tag on, but so valuable none the less.
Please take time to research savings from
<!--[endif]-->thousands fewer police calls, and the benefit of having the police available when we really need them.
<!--[endif]-->Hospital calls for emergencies that are not emergencies
<!--[endif]-->Garbage pick up
<!--[endif]-->Children not being educated or undereducated because of homelessness
<!--[endif]-->Emotional trauma for people now and children for decades
<!--[endif]-->Stable homes that take children out of the path of learning only crime.
I am certain that you are aware of the gains made in Gresham and can use some of their statistics for your research.
When we get our chronic homeless off the streets then we need to work on truly affordable housing. I work with Refugee Women in SE Portland and my ladies making $13 an hour and working full time and even overtime cannot afford an apartment. It just isn’t right.

Thank You,

Delphine A. Busch
32240 S Ona Way
Molalla, OR 97038
delphine.busch@molalla.net
503-209-8480

From: [redacted]
To: Legislative Coordinator
Subject: [External sender]In concern for homeless housing.
Date: Wednesday, February 12, 2020 3:34:27 PM

Counties and cites and even states are concern on how to provide shelter for the homeless, especially during the winter. Some have considered building housing or converting an unused jail to house the homeless shelter. But what do we have in Multnomah county in abundance? There are empty buildings, form office buildings to empty grocery stores and warehouses. We could put together office portions or some kind of room divider to give some privacy to the individual or family groups. We could provide rubber mats or cots or they could provide their own sleeping surface. The city or county could provide a portable shows or use of the bathrooms already in the building. As incentives for the building owner the city or county or state could offer a tax break or what ever the municipalities could offer. Of course you would need to investigate the legal ramifications to implement such a direction.

I drive around all these buildings that have been sitting empty for years and just see what a unfortunate situation that people are freezing or living in inclement weather when we have the capability to solve this issue.

Thank you

[redacted] a concerned citizen, Please do not share my name with the public.

From: Action Team
To: Legislative Coordinator
Subject: [External sender]2020 Homeless & Housing Services
Date: Thursday, February 13, 2020 8:06:58 AM

To the Metro Council:

We are a team who collaboratively advocates for improved services for justice-involved persons with mental illness and their families.

The 2020 Homeless and Housing Services Measure should include:
--supported, affordable and low barrier housing for people with mental and substance abuse disorders including wraparound services and life skills training;
--allocating housing funds to agencies with proven track records including positive outcomes and efficient use of funds;
--rent assistance; culturally-appropriate housing;
--alternative ownership models such as afforded by community land trust; alternative types of housing such as tiny house villages, co-housing and respite centers;
--oversight, accountability and measured performance outcomes should be required with data shared with the public.

ReEntry & Mental Health Action Team
Karen James
Lori Lane
Kathie Nelson
Teri Robinson

From:	Mike Dudas
To:	Legislative Coordinator
Cc:	Diane Raptor
Subject:	[External sender]Re: Homeless Tax
Date:	Thursday, February 13, 2020 12:40:08 AM

> On Feb 12, 2020, at 11:58 PM, Mike Dudas <mike@nwautoacc.com> wrote:
>
> To: Metro council
>
>
> Unfortunately I am not able to attend the open hearing on this new proposed tax as a result I am writing to you with strong appeal
> In opposition to such a tax which is clearly unfair in its proposed application. Not only is the tax as proposed unfair, this tax would fail to achieve the
> Very objectives it was crafted to accomplish. The question that I have for the council is 1). has the council collected data on the homeless situation the metro is currently faced with. 2). How well is the council educated on drug addiction / rehabilitation. 3). Has the council gone into discovery as to why the homeless problem in Portland is considerably worse than other Metro communities around the rest of country considering a record low unemployment period at this time. 4).Who is responsible for creating this mess in what used to be a beautiful city. 5). Who is responsible for the
> Resolution to this problem that's created an open landfill and a potential public health hazard. Much to consider before rushing to judgement.To date I have not heard a comprehensive plan to solve this problem considering the questions above. Before solving such problems one must consider the root cause, I am not convinced there is a consensus of understanding on the council on the matter.
> I have personal experience on the matter of drug addiction and homelessness . You see my nephew was a heroin addict and lived on the streets of Portland for over five years. His story I am sure is not much different than many on the streets today. Our family tried to help him in many different ways no different than the general ways that your council is proposing as been reported. Professionals in the field of rehabilitation instructed our family after several failed rehabilitation attempts (6 to be exact) to stop enabling him with assistance. The patient will not respond to assistance unless they are the ones seeking assistance. Enabling was just a way to make the family feel as though they were helping a dear family member but in actuality we were just exacerbating the addiction and mental illness.Forcing an addict to rehabilitation is a colossal waste of time and resources with no desired outcome. If this is the councils plan which is what it appears it will result in abject failure.
> How did we arrive hear? Unfortunately its called tolerance ,for too long we have allowed the drug addicts to pan handling on the freeway ramps for their next fix. The word got out this was the place to be Portland made it easy to support your habit. I Know this, remember I have a nephew that lived in that environment for over five years he educated me with first hand knowledge. We are all motivated by incentive in the case of the drug addicted homeless situation these people were incentivized by tolerance. My fear is that incentivizing them by funding such programs as outlined by the Metro council will fuel the homeless addiction problem! Not solve it.Plain and simple just more tolerance will achieve the same result. I would strongly suggest that the council study the various actions taken by other communities around the country that netted a positive outcome for the community and those affected by drug addiction and mental illness.Doing the same thing expecting a different result is the definition of insanity.
> Unfortunately this has evolved into a very tragic and complex problem. There are no easy answers at this time I know I lived it! Unfortunately
> The hardest thing to do is to is the right thing to do. It's called tough love "stop enabling", " quit the tolerance" that is what the professionals say and my nephew is living proof of that today. He is a microcosm of the homeless drug addiction problem. His is a happy story but not because of the money we threw at the problem, that did not solve anything. It was because we finally listened to a professional instead of our heart and did the right thing.

Tough love isn’t easy but t works.
> I am also a little concerned about the process in which we now pass tax law. Placing the burden of tax liability on the shoulders of those making in excess of 125k a year was the only way that this bill gets passed, as this would be wildly unpopular if the tax liability was applied equally across the board and Metro knows it that is why this was crafted as such.That is the only way Metro gets this bill passed is to gather all the votes from those that have no tax liability therefore imposing the tax liability in a discriminatory manor.
> Feels a little like taxation without representation. If this bill is passed into law I will go into discovery of a coalition to legally challenge the discriminatory nature of this bill. As the passing of such tax law would set a future precedence for bills that would not pass do to their unpopularity among all voters,targeting only higher income brackets. I cant think of a single tax in the federal tax code that discriminates in this way.
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From: Wufoo
To: Legislative Coordinator
Subject: [External sender]Submit testimony to Metro Council [#8]
Date: Wednesday, February 12, 2020 8:43:21 PM

Name *	Brent Christensen
Email *	bnc0422@msn.com
Address	17292 SW Timber Crossing Ln Sherwood, Oregon 97140 United States

Your testimony

I am writing to add my voice against the 2020 Homeless and Housing Services Measure. I do not believe this is within the authority given to Metro and only adds a third form of government asking for money to accomplish the same goal two other forms of government have not been able to solve; namely the City of Portland and Multnomah County. I have watched the City of Portland throw money at the problem and the problem has only gotten worse. They use the same reasons posted on your website saying they will offer employment training, drug rehabilitation, etc, yet the problem has only grown worse. It is not working. Why?

I have spoken with a homeless man who moved to Oregon from Chicago because he was given a leaflet telling him he can get free services in Oregon. People in other states are encouraging others to come here for the free ride. He had no intention of getting a job or being a productive citizen. I have spoken with another homeless man who said he can get 11 meals a day in the City of Portland. There are plenty of services for those wanting to change and better their lives. The real problem is those who do not wish to change and better their lives. They are completely content with other people taking care of them. At some point tough love comes into play and I am at that point. I have compassion for those who are experiencing homelessness, but I have arrived at my breaking point. Everyone's answer is to spend more money. Why? So we can create a bunch of people who are dependent on the government? That is ridiculous and will never solve the problem. If people don't want to change, they will not change regardless of how much money we spend.

I have a responsibility to take care of my family and am tired of paying these taxes. You just asked for hundreds of millions of dollars to build affordable housing. Why do you need more? Metro is overstepping it bounds by continuing to ask for more money and setting itself up with too much power. It is time to stop. Enough is enough. I live on a budget and so should you.

Sincerely,
Brent Christensen

Is your testimony related to an item on an upcoming agenda? *	Yes

From: Diane Linn
To: Legislative Coordinator
Subject: [External sender]Support for Here Together
Date: Wednesday, February 12, 2020 5:21:31 PM

Please support the proposal to refer a measure to the ballot this Spring using the funding mechanism proposed by the Here Together coalition to fund severely needed homeless housing and services across the region. Proud Ground is an organization that provides permanently affordable homeownership. We recognize the critical needs to house people at the lowest end of the income spectrum. Thank you for your support. Diane Linn

--

Diane M. Linn
(she/her/hers)

Executive Director, Proud Ground
dianelinn@proudground.org | 503.493.0293 Ext 16
Facebook | Twitter | www.proudground.org
5288 N Interstate Ave | Portland, OR 97217

From: Diane Raptor
To: Legislative Coordinator; Mike Dudas
Subject: [External sender]Proposed Metro Homeless Tax
Date: Thursday, February 13, 2020 11:16:13 AM

Nellie Papsdorf/Interim Legislative and Engagement Coordinator -

Please include this in written testimony for tonight's Metro council meeting and share with the council prior.

Me and all of my family agree with Mr. Dudas' position as stated in his written testimony. Lawlessness, tolerance, and enabling policies on the part of our governing body have brought this situation to fruition while spending millions on bike lanes no one uses (but that's another story). The governing body should be alone responsible for this situation and correct it by reversing their sick "anything goes" policies and without sticking the bill on the already burdened taxpayers' backs, regardless of income. Corrective policy and fiscal responsibility needs to be the action. NOT a new tax, railroaded through a ballot measure for all to vote on but only applying to a certain group. Seems discriminatory.

To say the villagers are restless is an understatement. This now bleeds out to Washington and Clackamas counties. (Thank you, Multnomah County and now Metro?) They are furious with the denigration of their city and neighborhoods to begin with, and then trying to stick them with the bill to "fix it" (which it WILL NOT) is more than people are willing to take, along with the recent enormous property tax increases burdening families' budgets. Many of the hard working families and senior citizens in our neighborhood will need to move out of their

homes in to less expensive housing in the next year because of the property tax situation alone. Families being taxed out of their homes. Nice going.

These issues are not new, but as a result of the "new" way of thinking by the powers that be that seem think they know better than the rest of us. But they can't seriously be doing any thinking before acting, as is evident by the state of the city/county/state. With this current way of (not) thinking, we are taking a giant step backwards in our communities that will have horrific negative impacts. The mere fact those powers can't see the cause/effect of the policy they tout makes them woefully out of touch with reality.

The Metro plan is probably well intentioned, but this plan cannot work in our local world without corrective action being done first from the bottom up as to less lenient policies and laws. Not to mention giving back law enforcement to law enforcement. Once those changes are made, I predict this tax will not be needed. And that's 150,000,000 reasons I can think of to try policy change first. In the current situation, this tax will only enable more and more addicts to live for another high another day after being "saved" by rehab, and attract more homeless addicts to our city, which of course with the current line of thinking means more and more taxes to help the growing homeless population. You can STOP the insanity right here, right now and make a new start in the right direction.

Thank you for your time. I sincerely hope you make the correct decision and drop this ballot measure for additional taxation for "homeless programs" and consider more thoughtful, fiscally responsible solutions. The answer is NOT to throw more tax dollars at the situation without corrective policy and thinking by the governing bodies.

Serena Cruz
3728 NE 17th Ave.
Portland, Oregon 97212

February 12, 2020

Chair Peterson and members of the Metro Council:

Since I cannot join you to present testimony in person tomorrow night, I am submitting written testimony in support of the HereTogether ballot measure.

My name is Serena Cruz. I am a former Multnomah County Commissioner and currently work for a nonprofit healthcare provider primarily serving Washington and Yamhill counties. I am also a member of the METRO Affordable Housing Bond Oversight Committee.

I urge you to vote "yes" on referring the homeless and housing services HereTogether ballot measure to voters.

This measure is important to me because affordable housing is a health care issue. I work hard day-in and day-out to help people who can't afford private health insurance to get the healthcare they and their families need. All too often, people are pushed to the edge of homelessness because of the sky-high cost of health care. Our providers know that the stress, insecurity and mental health impacts of unstable housing create health problems for our patients. To be fully healthy, we need our patients and their families to have access to stable, safe and affordable housing. Everywhere in our region this type of housing is hard to find, and it is even harder to find it in Washington County.

This measure is also important to me because it will help to ensure the successful implementation of METRO's regional affordable housing bond. Supportive housing has long-served to make affordable housing options meaningful. By providing wrap-around services, homeless families and individuals can get what they need to stabilize their housing.

These solutions have been around for decades, even as long ago as I was an elected official (those are really the old days!), but the funding was not available or funds were available for a limited time in a limited geographical area. The need for a well-thought out regional approach to support our affordable housing development efforts is long overdue.

HereTogether has created an approach of funding best practices that will really help us as a region solve virtually all of our homeless crisis.

We must do better. The time is now. Don't wait.

Thank you for moving this critical measure to the voters.

Sincerely,

Serena Cruz

From: Wufoo
To: Legislative Coordinator
Subject: [External sender]Submit testimony to Metro Council [#6]
Date: Wednesday, February 12, 2020 7:42:59 PM

Name *	Richard Cummings
Email *	r.cummings70@yahoo.com
Address	16790 NW Argyle Way Portland, OR 97229 United States

Your testimony

Richard Davis Cummings
16790 NW Argyle Way
Portland, OR 97229

To Metro Council

Testimony Against: Regional Supportive Housing Measure

1. You are out of bounds, Metro's charter per https://www.oregonmetro.gov/metro-charter
• "operation of a solid waste disposal system
• operation of regional venues such as the Oregon Zoo, the Oregon Convention Center, Portland's Center for the Arts and the Portland Expo Center
• acquisition and management of a system of parks and natural areas
• development and delivery of regional research and data."
2. You are Targeting, discriminating against successful people. I work harder and more hours and have had the self-discipline needed to earn more. I already pay over $ 23,000 a year to the State of Oregon in Income taxes. Where does it end? I pay 9.9% now, the 4th highest rate in the USA. If Washington County does this and adds a point and maybe Kate Brown and the supermajority does, just think we could be number one. Your one percent will take Oregon to 3rd highest behind HI and CA. One more layer of Gov will take us to 2nd highest. Stop the madness.

3. I can move to Clark County and get a $25,000 a year Tax Break, a lot of us 10 percenters are doing just that I work at home as a Rep for a CA Headquartered Company. A person making 1/3 of what I make can buy my 1,500 sq. foot house, Oregon loses if you keep up this madness. We are mobile and I can declare economic asylum in WA and avoid this 3rd world State, with too many layers of government (and even get a driver's license that TSA will accept.)

4. Its Amateur Hour at Metro. You want to rush this measure on the May Ballot and ask the 90% to raise taxes on the 10%. That is really brave. You know a fairly tax distributed to all brackets measure voted on in November would fail. You just want to get into the housing area and expand your reach

like all politicians want to. You don't even have a plan on how to spend it responsibly and it's NOT your Charter to do this. It is easy to demonize people who have earned it, but we already are paying more, and paying all the Bonds and our County, City and State Government can also do this too. Tax payers in the top 10% already pay over 70% of income taxes! (Source IRS). Of course it will pass and more of us will more 20 miles north.

5. Why not make it a tax on White People who earn over $ 125,000 and make it two percent, after all they are evil! Call it a tax on White Privilege – that will pass easily, maybe even in November!

6. Lastly, it won't work. I know a lot firsthand about this problem, as my older brother was homeless for most of his short adult life. I used to try to find him on Burnside and give him money and try to get him to accept help. I spent a lot of time in his world trying. I then would find him in Golden Gate Park over the years, where he finally died of a heroin overdose in 2007. (google Peter S Cummings Golden Gate for The Kindest People Who Do Good Deeds)

7. Throwing money at homelessness is one big failure and "progressive" government keeps repeating the error. You are out of bounds, acting like cowards, and targeting those of us who already contribute the most. Grow up and stick to your charter refer the activists who convinced you to try this to the County and the Cities and the State. We don't need or want your pettiness.
Even my deceased homeless brother would say the same thing, even he knew wrong from right.

Is your testimony related to an item on an upcoming agenda? *	Yes

BRIDGE MEADOWS

503.953.1100
8502 N. Wayland Ave.
Portland, Oregon 97203
www.bridgemeadows.org

Building purposeful communities where children, families & elders flourish together.

Date: February 13, 2020

Re: Metro Council Hearing on Supportive Housing - February 13, 2020

Good Afternoon Chair Peterson and Members of the Metro Council,

My name is Renee Moseley. I am a Licensed Clinical Social Worker and the Associate Director of Bridge Meadows. Bridge Meadows builds purposeful communities where children currently and formerly in foster care, their forever families, and elders of modest means flourish together. We provide safe, affordable housing that helps interrupt the cycle of poverty, instability, and isolation that weakens communities over generations.

I am providing written testimony recommending that Metro Council:

1. Identifies ***foster youth*** as a priority population in need of supportive services to prevent homelessness. Without intervention up to 50% of the youth that age out of care may become homeless within 3 years of leaving care.

2. Allocates funding resources dedicated to supportive housing; specifically rental assistance, mental health and addiction.

Youth who leave foster care without a permanent family and home (termed "aging out of foster care"), are likely to experience homelessness, not graduate from high school and lack employment. Studies estimate that as many as 65% of youth aging out of foster care lack safe and affordable housing, and 20-50% of former foster youth experience homelessness. Children who are 8 years and older, part of a sibling set, and/or a person of color are often labeled "difficult to place" and therefore have difficulty obtaining permanency. Additionally, children of color are disproportionately affected by the foster care system.

Families providing permanency to foster youth are often grandparents or other kin on a fixed income, with little financial resources to provide adequate housing for their relative youth in foster care (often siblings). Rental assistance provides the opportunity for relative caregivers to afford permanent housing to care for foster youth.

Mental health services are crucial in addressing trauma, depression, emotional and behavioral challenges that impact foster families' abilities to remain intact. Onsite mental health services, provided within the housing environment, allows the opportunity to address these challenges and intervene real-time.

Thank you for the opportunity to provide testimony recommending foster youth as a priority population in addressing homelessness and the vital need of supportive housing services which provides foster youth the ability to successfully maintain permanent housing.

Sincerely,

Renee Moseley, LCSW
Associate Director

From: Breeauna Sagdal
To: Legislative Coordinator
Subject: [External sender]Metro Housing Bond
Date: Thursday, February 13, 2020 1:00:26 PM

Members of the committee,

My name is Breeauna Sagdal I'm a homeowner in incorporated Clackamas county, and running for Clackamas County Commissioners office. Reading through the housing bond proposal submitted a mere eight days ago, I'm finding it difficult to make any type of educated decision regarding this new bond. What I see is a proposal with mostly good intentions, but a document that otherwise lacks substantive information pertaining to how we will reach these goals. I also see the total price tag of between 250-300 million dollars, but no break down of who will pay this, which income bracket, if it will amount to a sales tax, or more property taxes, and how much each individual will owe per annum.

My concern is the lack of transparency that's already displayed within the proposal via funding mechanisms, and also the concern for housing affordability over affordable housing. While I agree with the need and the intent, I'm finding the action less then forthcoming. Allow me to give a recent example of loss to the market place;
Recently Boeing cut production on one plane, which had a butterfly effect on jobs at Precision Castparts (PCC) resulting in the loss of 150 good paying jobs and roughly 9 million dollars to our local economy. That's close to a million in lost taxes, and a new burden of 7.5 million to our over stretched unemployment fund.

Imagine, if you will, what will happen to housing in the next few years as the CAT tax takes full effect, and Cap and Trade (should any version pass). This along with other bills, that will surely pass this short session, such that will make transporting fuels within the state illegal, increase building costs, and remove the incentive for developers, and principle's to enter the market place or invest into new infrastructure. Should a new tax pass to help fund affordable housing, without first exploring options to increase housing affordability, seems not only short sided, but a recipe for disaster.

This new bond, if divided equally, would essentially cost the entire population of Portland metro, every man woman and child, roughly 100-125 dollars per year. That could be an additional 400 dollars per family, on top of the now 600 per family for CAP and TRADE, going into a recession where job loss is unavoidable. Can each metro family afford another 1,000 dollars in taxes, when the cost of living is skyrocketing, and the cost to even heat our homes is about to quadruple?

What is perhaps the most frustrating aspect of new taxes, is that we the public are always promised that only the wealthy and top "polluters" or industry will have to pay, yet the wealthy and top industry are always the first to get carve outs and exemptions as they have the financial means to pay lobbyist and create leverage for themselves that we, little people, don't

have. Take the recent carve out to timber barrons into consideration. Policy with the best intentions often effects those it's aimed to help in the most negative ways.

Another prime example is the opioid epidemic. Prior to OHA pulling the addiction and mental health contracts from large HMO/CCO providers, our rates of use were down and individuals were given the care needed through their main providers like Kaiser e.g. After those contracts were removed, HealthShare, and Medicaid recipients could no longer receive care in a consistent, cohesive manner. Over night clinics popped up to write scripts for suboxone, requiring individuals to check in every morning disrupting lives, and making access more difficult to life saving medication. Numbers began to grow again of use, and it's directly contributing to the homeless crisis. These contracts need to be restored, granting access to care for the most vulnerable. Having all care needs under one roof greatly increases cohesion of care, and reduces people falling through the cracks. This is only one, of several easy fixes, that would change the landscape over night, and not require a new bond measure.

I ask that you would please table this bond measure, until we the public are given ALL the information, and how this bond measure will be collected, from whom, and how much. I also want to find solutions to the homeless crisis, but I'm unwillingly to dive head first into a new bond measure without full and honest disclosure, knowing first how it will effect us all. Eight days is not enough time, nor is one committee hearing with public comment. Thank you very much for your time.

Sincerely,
Breeauna Sagdal

rights.

Breeauna-Lauren; House of Sagdal

In care of/ Zip Exempt/without D.C.

SEQUOIA
MENTAL HEALTH SERVICES, INC.

Testimony to the Metro Council

Permanent Supportive Housing Services

Good Evening, President Peterson and members of the Council. My name is Marcia Hille and I am the Executive Director of Sequoia Mental Health and Addictions in Beaverton. As a private, non-profit mental health and substance use organization, Sequoia provides a complex array of outpatient, community based, residential and housing services for adults, children and their families struggling with mental health and substance use disorders. The individuals we work with exhibit a wide array of diagnoses including schizophrenia, major depression, bipolar, post-traumatic stress disorder, schizo-affective disorder, attention deficit disorder and a substance use disorders.

As a community, the people Sequoia serves are disproportionally impacted by trauma, poverty, unemployment, homelessness and other health disparities. A significant number of our clients are also involved in other service systems that include criminal justice, juvenile justice, child welfare, developmental disabilities, vocational rehabilitation and aging and disabilities services. Many face a combination of mental health, substance use and physical health challenges

The reality is that the community mental health system is responsible for providing care for individuals facing the most severe behavioral health, physical health and environmental challenges. Providing care for these individuals becomes even more daunting because of the current housing crisis. It is the norm for me to find a homeless client sleeping by the front door to our clinic when I arrive for work each day. Of the 40 clients in our most intensive level of care for those with both mental health and substance use issues, half are currently homeless. Needless to say, without an individual's basic needs being met, it is extremely difficult for the client to make progress in their treatment.

The significant lack of affordable housing in the metro area is well documented and lead to the passage of the metro housing bond. However, the housing issue is even more complex for those struggling with a significant behavioral health concerns. Most of these individuals face numerous barriers to even obtaining housing due to a history that often includes evictions, criminal records and accumulated debt. Even when these barriers are overcome, many of the people we work with need additional supportive services to be successful in living more independently.

While the metro housing bond provides resources to build housing, it doesn't fund the supportive services necessary for those with the most complex needs in being successful. It is critical that funding for these critical services be identified to prevent the continued suffering of these individuals and reduce overall system costs

4585 SW 185th Avenue, Aloha, OR 97078 Phone: 503-591-9280 Fax: 503-848-2072

HereTogether was established by a coalition of service providers, business leaders, elected officials, and advocates to address this need. HereTogether has spent more than a year doing the research and building the coalition necessary to pass a new source of revenue essential for ending people's long term homelessness on the scale at which it's needed.

The HereTogether coalition is large and diverse, encompassing membership from all three counties in the Metro region, and including elected leaders, people with lived experience of homelessness, communities of color, service providers, healthcare, faith communities, the business community, and more.

Through research done by community partners, including Metro, HereTogether has identified it will take $250-300 million annually to address chronic homelessness. Incrementalism is no longer an acceptable strategy. We owe it to our neighbors and our community, and it is still within our reach to match the scale of the problem with this solution. The plan is for the money to go to counties to expand upon services they are already doing, while a portion will be spent through Metro to coordinate regional change.

I urge you to support placing this issue on the May ballot for consideration by the citizens of the metro region. Thank you for your time and your service for the citizens of the metro region.

From:	Celeste Goulding
To:	Legislative Coordinator
Cc:	Cole Merkel
Subject:	[External sender]Testimony for Feb 13th Metro Hearing
Date:	Thursday, February 13, 2020 1:22:12 PM

Hello Metro Council Commissioners,

I'm sorry that I'm unable to join you in person this evening, due to to the heavy demand and lack of staffing I'm unable to step away from our 4-night-per-week seasonal shelter this evening. Please see the article linked below that was recently published to learn about me. I want to be certain that a voice from Western Washington County is heard tonight, I hope that mine is not the only one. I'm Celeste Goulding and I direct two Severe Weather Shelters, one in Forest Grove and one in Cornelius under the name Winter Shelter of Forest Grove and Cornelius. This is my 5th year working with these to shelters, and one of the churches participating (United Church of Christ)'s 12th year participating in the Severe Weather Shelter System of Washington County. We are the only walk-in low barrier shelter in Washington County, we are born from church volunteers being willing to open their doors back in 2008 when the economic rescission started spiking the numbers of folks experiencing homelessness. We still operate on the back of volunteers and the good graces of local churches opening their doors and allowing us to operate inside, churches do not get adequate (if any) compensation for the wear and tear on their buildings, and the secondary trauma their staff and congregation is exposed to by becoming known as a shelter location and the increasing number of crisis situations caused by the prolonged stretches of houselessness people are experiencing. Our two shelters are a part of a 8 church system which comprises the Severe Weather Shelter system of Washington County. These 8 churches are the only walk-in shelter available in the county and are only open for 4 months of the year. To say the shelter system is inadequate is an understatement. The two shelters that I direct have not been able to receive any county or state support until last season (2018/2019), when the Washington County Housing and Homelessness Services Director worked with Community Action Organization (our CoC) to free up some funding specifically designated to Severe Weather Shelters. Last season and this season we have received our portion of that based on # of nights we are open. It's 76, we are open 76 nights which is 19 weeks, we rotate between two churches hosting Monday and Tuesday at United Church of Christ in Forest Grove and Wednesday and Thursday at Emanuel Lutheran in Cornelius. I have approx. $32,000 in county funding to support this endeavor. These 76 nights we will provide about 2,280 bed-stays to over 200 different individuals, these are the only nights people experiencing homelessness in Rural Washington County and the Western edge of the Metro Region have shelter as a viable option to them. We are the only shelter in the system that accepts families and the only one that accepts pets. We are sinking, while the need for us to stay strong grows. The lack of funding and systemic support leads to the bulk of sheltering in Forest Grove & Cornelius to fall to over-worked part-time employees coordinating various aspects, a number of EXTREMELY dedicated volunteers, Pacific Work-study students, and myself filling in a multitude of roles ranging from Grant Writer, to Development Director, to Case Manager, to Community Advocate, to Janitor. It's not

sustainable at best, and at worst it's detrimental, because it gives the illusion that a problem is being solved when it is being poorly band-aided at best.

There needs to be drastic measures taken at every level of government to increase flexible funding to allow service providers to meet the need that currently exists. Getting very basic in our recognition of needed services; adequate shelter & outreach funding, coordinated camp clean-ups, sanctioned temporary camps, safe park programs, restrooms, showers, free laundry, free or reduced-cost storage, medical outreach, needle exchanges, meal programs, community resource centers, mental health & addiction crisis teams. We need to develop business-city partnerships to provide property & resources, funding community organizers and housing specialists to move forward immediately actionable items while maintaining the need to begin development of low-cost Permanent Supportive Housing builds like cottage clusters, motel remodels, or RV parks. We need to recognize that we are in a housing crisis that is going to continue to roll into the worse humanitarian crisis since the formation of the United States. As we would react to any major disaster we need to react now, by quickly moving to alleviate immediate suffering, while working strategically to re-build as quickly as possible. Thank you for considering a measure to help secure some funding to assist in alleviating the pain being felt in this housing crisis. Please don't hesitate to reach out to me with any questions or concerns that my comments may have raised.

https://pamplinmedia.com/fgnt/36-news/450585-364711-for-homeless-shelter-director-personal-experience-drives-work

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Peace,
Celeste Goulding MSW
Shelter and Services Director
Winter Shelter of Forest Grove and Cornelius
503-985-8815
celeste.goulding@gmail.com

Shelter Opens November, 18th 2019--Closes March, 27th 2020

Your donations of time and resource make this shelter possible, thank you.

"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare." --Audre Lorde

"If I can't dance, I don't want to be in your revolution." --Emma Goldman

Anna Kurnizki:

Hello Metro Councilmembers and fellow Oregonians. My name is Anna and I am the Development Director at Community Warehouse. Here with me is Megan, our Communications Director. Community Warehouse is the only nonprofit furniture bank serving the Portland metro area. Our mission is to redistribute furniture and household items to neighbors in need. We believe no home in our community should be empty. More than 250 local nonprofit and government agencies as well as churches, schools, and clinics rely on Community Warehouse to provide furniture for their clients. We serve 60 families per week. So the first thing we want to acknowledge is there is amazing work being done every day to house and support our neighbors in need. AND, there is so much more to be done.

We are here in support of the ballot measure. We are also here to remind our community and our elected officials not to overlook furniture as one of the critical components to long-term housing stability. We all recognize that stable housing is a key determinant of positive health outcomes, but that presumes a furnished home, where someone has a bed to sleep, plates and silverware to eat a meal, a chair to sit in. Once an individual or family has received furniture, they are more likely to stay housed. They have more money to spend on other critical needs. They are more likely to spend time in their home, and to re-establish family and community ties. They feel “normal” and part of society. They live less in crisis mode.

It may seem obvious that people need furniture in their homes. But sometimes the most obvious things are the ones we take for granted. Currently, there is no public funding available - not from federal, state, county, or city funding streams - for Community Warehouse’s services. As the need for our services has increased more than 20% in the last 5 years alone, this has put a major strain on our ability to support ourselves with fundraising and fees for service that we are already deeply subsidizing.

Megan Smith:

Providing a full household of furniture to 60 families every week, frankly, takes money. We can't do it alone. And we can't run this program or other supportive services on the backs of underfunded agencies and we certainly cannot jeopardize these services for individuals and families who very much need stable, furnished homes.

We need all of us, our community, to put our money where our values are, and to trust and support the agencies who are doing this very hard, extremely meaningful, and life-changing work. There are so many important programs like Community Warehouse connecting people with services that help them succeed. We are one piece of a bigger puzzle - and there are many pieces to solving this puzzle of homelessness and housing insecurity. **We are already doing this work together.** We need this ballot measure to increase funding for supportive services to expand our ability, and all of our community partners' ability, to truly meet the whole needs of our neighbors most at risk

Just yesterday we got a call from a former client, a veteran, who moved from homelessness into housing with the support of Transition Projects and received furniture from Community Warehouse six months ago. His short-term assistance funding has ended and he cannot afford to live in his home anymore, so he was calling us to re-donate his furniture before he goes back on the street. This man has been stable in housing, so much so that he is planning for the reality of his assistance ending and thinking of giving back even as his own future is in jeopardy. There is just not enough funding for the longer-term housing subsidy he needs to stay housed.

Without funding for supportive services, agencies like Community Warehouse and Transition Projects do all we can with our collective resources but sometimes still cannot prevent homelessness. We need this ballot measure to succeed so our community can succeed. Thank you for the opportunity to share our story.

Cascade Policy Institute
OREGON

ERIC FRUITS, PH.D.
VICE PRESIDENT OF RESEARCH
503-928-6635
eric@cascadepolicy.org

VIA ELECTRONIC DELIVERY

February 13, 2020

Metro Council
600 NE Grand Ave.
Portland, OR 97232

Re: Metro Council Public Hearing on Supportive Housing

Dear President Peterson, Deputy President González, and Metro Councilors:

To call Metro's "Supportive Housing" measure half-baked would be too generous. With only 15 days until Metro must file its materials with county elections divisions, Metro still hasn't assembled the basic ingredients. Now, with less than four hours before the first—and likely only—public hearing on the measure, key information has not been provided to the public such as a draft of the resolution referring the measure to the ballot, a staff report on the resolution, or a draft ballot title, question, and summary.

Key details of the measure have not been disclosed to the public, including:

- **How much revenue is Metro seeking**: At the February 4, 2020, Metro Council work session Councilor Shirley Craddick asked if the range of $250 million to $350 million is "reasonable." No clear answer was provided.
- **How will revenues be generated**: Metro has indicated that it is considering an income tax on "high" incomes. At the work session, several councilors suggested they would be open to considering other taxes. For example, Councilor Craddick asked whether a business tax should be considered.

- **When will the tax go into effect**: At the work session, it was still an open question whether the tax would be retroactive to the beginning of this year or go into effect next year.
- **When does the tax expire**: So far, there has been no discussion of a sunset to the tax. If the objective is to "solve" homelessness, then once the problem is solved the tax should expire. If there is no sunset, the Metro Council is admitting this measure will not solve the problem in the foreseeable future.
- **Who will be subject to the tax**: Council President Lynn Peterson seems set on taxing "high" income earners. But, no one has addressed the issue of what income would be taxed. For example, it was only after the City of Portland's clumsily crafted "Arts Tax" was passed that the city discovered certain retirement income (e.g., PERS retirement income) is not taxable. This discovery required several revisions by the city council resulting in an "Arts Tax" that differed substantially from what was approved by voters.
- **Who will collect an income tax**: At the work session, it was noted that Metro has no experience collecting income taxes. There was some speculation that the Oregon Department of Revenue could collect the taxes on Metro's behalf. There was also speculation that the City of Portland could collect the taxes.
- **How will funds be distributed**: Councilor Christine Lewis asked a basic question, "How does this work?" Deputy Council President Juan Carlos González asked whether money would be geographically distributed in proportion to where the tax revenues were raised. Councilor González also asked which specific programs and services would be funded. HereTogether's Katrina Holland responded, "this exact question of what services are we going to focus on in this huge pool of giant need has been a sticky one … We are hoping to make those final decisions within the next two or three weeks." Council President Peterson indicated she had little idea of which "partners" would be eligible for funding from the tax revenues.
- **How will Metro ensure that funds remain with Metro's jurisdiction**: At the work session, Councilor Craig Dirksen indicated Metro has no authority to provide services outside of Metro's jurisdiction. If Metro tax dollars are funneled

to a wide variety of nonprofits and other "partners," Metro must make sure the services they deliver stay within Metro's jurisdiction.

- **How to measure success**: At the work session, Councilor Craddick asked, "How will we measure success? What will the voters see that's different today than it will be in 5 years? What's going to be different about having this money available? How will they recognize success?" HereTogether's Katrina Holland responded, "One of the tasks that we will have to engage in over the next several weeks is trying to figure out what the answer to that question will be."

With the information available at this time, it is clear that Metro is entirely unprepared to put together a ballot measure in the next 15 days that adequately and fairly serves its residents and taxpayers.

METRO'S TRANSITION TO A MONEY LAUNDERING ORGANIZATION

The Oregonian correctly noted in a February 9, 2020, editorial, "has no expertise in providing homeless services." Statements from Metro Council and staff at the February 4, 2020, work session confirm this assessment, for example:

- Paul Slyman, chief of staff to Lynn Peterson responded to a question from Council, "Lots of educating us—**we don't know these issues**, we don't know these terms very well."
- Councilor Dirksen opined, "while I appreciate that the coalition trusts Metro to administer government programs effectively, and with the appropriate equity lens, **it's clear to me that Metro does not have the expertise or experience, let alone the capacity**, to actually administer, to provide these services."

In a February 11, 2020, editorial, Pamplin Media characterized the measure as "a large leap from Metro's traditional domain." This is a large leap and a troubling one.

Metro has transitioned from providing land use and transportation planning to a fundraising machine for local governments and nonprofits, where money is collected from taxpayers, laundered through Metro, and distributed to favored constituencies.

- More than half of the revenues to be raised from the 2019 "Parks and Nature" bond will be passed out to local governments and nonprofits who could not raise these funds on their own.

- About one-third of the "T2020" transportation package will be handed over to TriMet to build the SW Corridor light rail line; much of the other money will be distributed to local governments throughout the region.
- Nearly all of the revenues raised from the 2018 "Affordable Housing" bond has or will pass through Metro to third parties.
- Based on the broad sketches of the "Supportive Housing" measure, nearly all of the money will be distributed to "partners," with HereTogether eyeing a lion's share.

Metro was never intended to be a revenue raising arm for third parties. For example, the Metro's charter (Chapter III, Section 14(1)) strictly limits Metro's expenditure of tax revenues.

> Except as provided in this section, **for the first fiscal year after this charter takes effect Metro may make no more than $12,500,000 in expenditures on a cash basis from taxes imposed and received by Metro and interest and other earnings on those taxes**. This expenditure limitation increases in each subsequent fiscal year by a percentage equal to (a) the rate of increase in the Consumer Price Index, All Items, for Portland-Vancouver (All Urban Consumers) as determined by the appropriate federal agency or (b) the most nearly equivalent index as determined by the Council if the index described in (a) is discontinued.

Metro's "large leap" with the measure is a giant jump away from voters' expectations and Metro's mission as intended by its charter. Metro must return to its focus on land use and transportation planning and leave homelessness to the agencies with expertise, experience, and capacity to address this issue.

UNRELIABLE REVENUE ESTIMATES

At the February 4, 2020, Metro Council work session, HereTogether's Mitch Hornecker indicated that an ECONorthwest study of revenues and spending would be available "next week." It is now "next week" and the study is not included in the online meeting materials for tonight's public hearing.

Based on estimates provided by ECONorthwest for the "T2020" transportation package, Metro Council should be skeptical of their revenue projections. In their T2020 estimates

it appears that ECONorthwest does not account for taxpayers' responses to additional or increased taxes. For example, their estimates assume a doubling of the tax rate will result in a doubling of revenues. This is simply not true, as demonstrated by Multnomah County's experience with the ITAX.

In May 2003, Multnomah County voters approved the ITAX, a temporary income tax for the years 2003, 2004, and 2005. The income tax rate was 1.25% on Oregon taxable income, after exemptions.

For the three years the ITAX was in effect, actual tax collections were approximately 8% lower than anticipated. Over that period, Multnomah County population *declined* by 0.4%, while population in the metropolitan region *grew* by 5.7% and state population *grew* by 3.6%. When the tax expired, Multnomah County population growth continued on its pre-ITAX trajectory. This is consistent with the theory that a portion of Multnomah County residents—especially those with high incomes—changed their county of residence to avoid the tax.

Metro's rush to get this measure to the ballot raises the risk of unreliable estimates of the revenues and costs of the program resulting in further erosion in voters' confidence in Metro's capacity and capabilities. Metro must abandon this poorly thought-out "supportive housing" measure and return to its original mission of transportation and land use planning.

Respectfully submitted,

Eric Fruits, Ph.D.

Office of Mayor Ted Wheeler
City of Portland

February 13, 2020

President Lynn Peterson
Metro Council
600 Grand Ave., Portland, OR 97232

Dear President Peterson and Members of Metro Council,

I applaud and fully support the work you are doing to bring a vitally important homeless services measure to the voters in May. Finding equitable solutions to the homelessness crisis in the City of Portland is one of my highest priorities. The homelessness crisis affects our entire region. We also know communities of color and the LGBTQ community experience disproportionate rates of homelessness. I strongly believe that to comprehensively address and alleviate homelessness, we must continue to listen and understand one another's ideas and perspectives. I also know that success in addressing the issue requires working in collaboration.

Alongside the groundwork laid by the Here Together coalition, your community engagement to inform the measure helps build understanding about the importance of scaling resources for addressing homelessness. Should voters pass the measure, the funds raised must prioritize getting people off the streets and moving them into safe, stable permanent housing. The measure should also integrate with the Portland Housing Bond and Metro Housing Bond and complement the capital investments being made to provide affordable housing and permanent supportive housing.

We must also focus on the all-important behavioral health needs of those in our community who are experiencing mental health crisis. While the City of Portland currently does not administer behavioral health funding, the lack of adequate funding for our community partners impacts Portlanders and many of the City's various functions.

I know there is still much work to be done, and I sincerely thank you for the work you are doing. Working together, we can make great strides in alleviating homelessness in the Portland region. I urge you to continue moving forward. Thank you for your consideration.

Ted Wheeler
Mayor, City of Portland

1221 SW Fourth Avenue, Suite 340 ♦ Portland, Oregon 97204
MayorWheeler@PortlandOregon.gov

My name is June Ehrlin, I live and work in Milwaukie Oregon, as a Homeless Youth Housing Specialist at Northwest Family Services, for youth under 25yrs in Clackamas county. I am writing to express my support for the Metro Council for the homeless and housing services initiative for the May ballot. This initiative to address homelessness is important to me because of the following:

Last year, in the Youth Homeless Program at NWFS, we served 120 people (inc children), that comprised of 68 households and we were only able to extend financial help to 20 households. Out of those numbers, only ONE household was over the income limit. However, the bulk of applicants not qualifying was for lack of income. One of the parameters of the funding and benchmark of success was recipient being self-sustaining going forward. I thought it best to give you a brief synapsis of some recipients that did receive the limited relief we could offer:

- Two parent working family of four, mother was rushed into emergency surgery for brain tumor. With several months of recovery, fell behind on everything, which included losing their transport and means to work.

- Young couple were refused by several apartments due to his background from when he was 16yrs. When we were to fund the deposit and first month, they were finally able to have a lease.

- High school girl 4 months from graduation, lost her mother and moved in with a grandparent who was unable to afford any extra expenses. We were able to pay her portion of rent each month until graduation.

- The same for another high schooler who had a long history of incarcerated parents, monthly room rental was able to stabilize him long enough to get his GED, and on his way to become a firefighter medic.

- Assisted three women and children out of domestic violence shelters, into their own apartment
- Assisted three young couples and one single pregnant woman, aged out of foster care, into their own apartment.
- One female from youth shelter, into an apartment with another homeless female.
- Six families, stabilized, bringing rent up to current after receiving eviction notices.
- Assisted another three families into their own apartment with assistance for deposit and or first month.

One of those recipients had been helped by us over a period of 3 years. During that time she had been placed on a waitlist for low income, and had become a certified CNA with help by the NW promise program, another of the many programs offered by NWFS. Her name came up on the waitlist just in time as they had been sleeping in the car for the previous week to the call. We were able to pay the move in costs and see her and her family of five, finally stably housed.

Keep in mind these are all households between the ages of 16 and 24 yrs old. Many not having a job, I work with all who are willing to find work or apprenticeships, to do a short course in basic budgeting and

find alternative solutions to their housing dilemma. This works in perhaps one third of those we were unable to fund.

In conclusion, as I continue this work at NWFS, it seems to be the lack of funding for both immediate transitional housing and further a larger access to subsidized housing.

Most all the families I worked with that were working, are working a full time job of 40 hours at minimum wage. That means their take home is around 1700 a month! Which not hard to do the math is NOT a liveable wage in this current economic and rental climate - it is barely enough to just pay rent. The 33% to housing on the 'pie' of financial counseling is completely out the window, however Maslows law of basic needs is still very relevant.

Thank you for referring this important measure, which will improve the lives of so many of our neighbors who are experiencing or on the verge of experiencing homelessness. Thank you for making time to hear from us.

June Ehrlin

Youth HomelessPrevention Specialist

503-309-2096 (cell) jehrlin@nwfs.org

6200 SE King Road Portland OR 97222

503 546-6377 (office) 503-546-9397 (fax)

A leading provider of services that reduce poverty,

and equip people with vital skills for a lifetime

Northwest Family Services

Bach Bros., LLC
5759 SE International Way
Portland, OR 97222

Telephone: (503) 653-9950
Fax: (503) 659-2643
Toll Free: (800) 875-9950

Testimony of Peter Bach
Owner/Partner of Bach Brothers LLC
Hobart Sales and Service
5759 SE International Way
Milwaukie, OR 97222

Chair Peterson and members of the Metro Council:

My name is Peter Bach. I am the owner of Bach Brothers-Hobart, a Clackamas County family-owned business that has been serving the region's food industry since 1966. I am writing to urge you to vote "yes" on referring the homeless and housing services HereTogether ballot measure for voter consideration on the May 2020 ballot.

This measure is important to me because I have seen the region's homeless problem grow worse and worse year after year for as long as I can remember. The region is becoming a region of the haves and the have-nots, and as a business owner I am willing to pay my fair share to help lift up all our homeless neighbors who have fallen on hard times or who have been chronically homeless because of addiction or mental illness. We can't wait to address this crisis as a community.

My children and I periodically purchase sleeping bags and we had them out to the homeless because I feel the need to do something to give back and teach my children the value of validation and empathy for our fellow human beings. However, to be able to join this way with our community in the HereTogether project I know I could do much more to address the root problem, instead of just a symptom.

Thank you for considering my testimony and thank you for moving this important measure to the voters for a vote this May. This effort is a once-in-a-lifetime chance to solve virtually all of our region's homeless crisis.

Sincerely,

Peter Bach
Owner
Bach Brothers LLC, DBA Hobart sales and Service

From: Brad Twiss
To: Legislative Coordinator
Subject: [External sender]Please refer homeless services initiative to May ballot
Date: Thursday, February 13, 2020 2:32:53 PM

My name is Brad Twiss, I am a real estate principal broker and owner of Neighbors Realty in Portland.

I am writing to express my support for the Metro Council to refer the homeless and housing services initiative Heretogether has put together for the May ballot.

We know that homelessness is a huge issue in our region and something that simply can't be ignored. More often than not, I find someone sleeping outside the front door of our office in the morning. I believe it is time to find creative solutions to provide services for these folks and that's why I support Here Together's efforts.

Thank you for your hard work and consideration of these issues.

Brad Twiss *(he/him)*
Owner, Principal Broker
4438 SE Hawthorne Blvd, Portland, Oregon 97215
971-221-6724 | workwithneighbors.com

HOUSING OREGON

February 13, 2020

Metro Council President Lynn Peterson
And Councilors
600 NE Grand Ave.
Portland, OR 97232

Dear Council President Peterson:

Housing Oregon is a membership-based statewide association of fifty affordable housing community development corporations (CDCs) committed to serving and supporting low-income Oregonians across the housing needs spectrum – from homeless to homeowner.

We are working towards a day when every Oregonian has a safe and healthy place to call home.

The proposed homelessness and housing services measure moves us towards that goal. We encourage you to refer the measure to the May 2020 ballot.

Housing Oregon is a member of the HereTogether Coalition and supports the goal of creating a dedicated source of funding for homeless services and housing stability. Having a safe, affordable home is the cornerstone on which all other success is built, and the stable foundation all members of our community need to thrive.

It is important that this measure leads with a racial equity lens recognizing communities of color have been directly impacted by a long list of systemic inequities and discriminatory policies that have caused higher rates of housing instability and homelessness among people of color. Communities of color are disproportionately represented in the housing affordability and homelessness crisis.

The proposed measure offers an opportunity to maximize our region's new investments in affordable housing construction and development by securing highly flexible funding to invest in

proven, outcome-driven, client-centered solutions like case management, job training, addiction and recovery services, mental health support, rent assistance (both long and short term), homelessness prevention services, housing placement, and other tools people need to be successful.

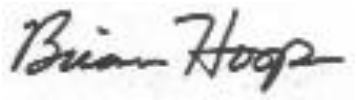
We support initially prioritizing funds to focus on those experiencing chronic homelessness, as well as those most at risk of losing their homes and entering chronic or long-term homelessness. It is important to keep strategies client-centered with a focus on equity. As these populations' needs are addressed and stabilized, we support reprioritizing funds to support other populations affected by our housing affordability crisis from becoming homeless.

The Portland Metro region is facing a severe housing affordability and homelessness crisis, which endangers the health and safety of thousands of our unhoused neighbors. Homelessness is a deeply traumatic and dehumanizing experience that no person should have to endure regardless of their circumstances. The crisis especially affects seniors, children, people of color, people who identify as LGBTQ+, women, persons with disabilities, youth exiting foster care, people with criminal records, victims of domestic violence, unaccompanied homeless youth, and people living with certain chronic health conditions, who are disproportionately represented in our homeless population and most at risk of chronic homelessness.

We are seeking funds that will take the recently approved Metro bond investments in affordable housing to the next level. Housing Oregon's members are part of numerous strong networks of community members, nonprofit agencies, government bureaus, and faith communities working together to find creative solutions that support our neighbors experiencing homelessness and extreme poverty.

We are ready to work with Metro in helping pass and hopefully implement this measure. Thank you for your attention to this issue.

Sincerely,



Brian Hoop
Director, Housing Oregon

---------- Forwarded message ---------
From: **Brian Cooper** <cooperb@ci.fairview.or.us>
Date: Thu, Feb 13, 2020 at 11:40 AM
Subject: Comments from the East County homeless tax measure forum
To: Shirley Craddick <Shirley.Craddick@oregonmetro.gov>, Lori Stegmann <lori.stegmann@multco.us>, Lynn.Peterson@oregonmetro.gov <Lynn.Peterson@oregonmetro.gov>
CC: Keith Kudrna <kudrnak@ci.fairview.or.us>, Nolan Young <youngn@ci.fairview.or.us>

Thank you for hosting an East County forum on the Tax measure. Unfortunately, I was unable to stay for the whole evening. But I do have some comments on what I have seen and read to date. I will preface this by stating that I understand the politics of this move and I doubt you will find too many people that will claim that Homelessness is not a problem. Which made the presentation a bit annoying for me, tugging at the heartstrings does nothing to soothe the unease of the price tag and the program. As I mentioned to someone last night. If throwing money at homelessness solved the problem, California would not have a homeless problem.

As Mayor, I was pleased to note that the vast majority of our residents would not qualify for the income range you were looking to tax.

A couple of things I felt were missing from the presentation. If I am your target audience.

- Why $300 million. What does this number signify?

- You showed us the NGO's that will most likely be the benefactors of this trove but didn't provide any information that they are even marginally successful at transitioning homeless to productive members of the community. Near as I have heard, our problem is growing, not shrinking. How long does it take, how much does it cost on average to help an homeless person
- We are left with no understanding of what the County and other municipalities are currently doing and spending, which leaves us with no basis on how $300 million additional funding will "fix" the problem. This may very well be a case of mismanagement of current spending and an additional $300 million isn't really going to help.
- Nowhere have I read where this measure intends to solve the actual "real" problem of illegal camping, Zombie RV's, Crime, drug use in light of the Supreme Court ruling that you need a place to send homeless people or they get to sleep on the streets.
- I am also very unclear who is responsible for what. Metro raises the money, I assume you turn it over the counties and the counties dole out the funds as they see fit. Who is in charge of the accountability, transparency and effective use of the funds. I saw no matrix of what will be considered successful.

Just my 2 cents. I have more, but this would be a great start, I suspect you probably have the answers to these questions so hopefully I will see them soon.

Brian Cooper, Mayor, City of Fairview
Kieth Kudnra, Fairview City Council

Sent: Friday, February 14, 2020 12:17 PM
To: Kyle Armstrong <Kyle.Armstrong@oregonmetro.gov>
Subject: [External sender]income tax for homeless services

The only fair way to apply this tax is to apply it to everyone, not to just the “filthy rich”

Sent from Mail for Windows 10

From: Thomas Karwaki
To: Legislative Coordinator
Subject: [External sender]Homeless and Housing Measure
Date: Thursday, February 13, 2020 6:37:58 PM

CAUTION: This email originated from an External source. Do not open links or attachments unless you know the content is safe.

Metro Council members,

While the purpose of this proposed measure may be laudable, there are serious problems with the proposed measure that suggest that the Metro Council would be well served to push it to the November 2020 ballot at the earliest.

The problems and issues that are to be addressed have been with the region for over one hundred and fifty years. The lack of decent housing in the Portland region has been the subject of many newspaper articles and editorials including those of Mr. Pittock. Yet the first press coverage of this proposed tax was less than ten days ago.

If the problem has been with the Metro Council since its inception, then why the sudden rush to put the largest tax measure in the history of the region to a vote in May 2020?

This rush to action has resulted in almost no public input or education on the issue and the measure (which is still not public).

The source of the revenues is not defined. Who will pay $250 million per year? The total economic impact of the revenues is unknown.

One very real impact of $250 million per year in additional taxes could be to increase the gentrification of the region and to push out seniors and others of modest income who own homes.

The purpose and use of the funds is equally undefined. While it is intended to be used for services to the homeless, these services are not clearly identified. The providers are not identified nor is the process for selecting vendors. No public information is available as to how the number $250 million was selected. Nor is there any rationale given as to what will be defined as success of the program or whether the tax will ever be reduced or have a sunset.

I urge the Metro Council to put this measure on the November 2020 ballot, and not the May 2020 ballot. Putting it on the November ballot will increase the public buy-in for this significant and important multi-jurisdictional effort.

Thomas Karwaki
7139 N. Macrum Ave
Portland OR 97203

Home Share Oregon Supports the Metro Housing Initiative

Incremental, partial, housing solutions are not working. Home Share Oregon is committed to scalable, sustainable, spectrum-wide solutions. We applaud Here Together for the scale of their effort. The urgent need for spectrum wide solutions to housing insecurity, severely housing cost-burdened households, episodic homelessness, and chronic homelessness is evident. The time to act is now. We hope Here Together and Metro will join us in bringing more families indoors.

Building affordable housing and permanent supportive housing is one element of the housing solution. As we have seen, building takes time and land is not getting any less expensive in our region. Right now about 5,000 individuals are estimated to be stuck living outside in our region. We cannot build 5,000 units, nor can we create 5,000 housing vouchers immediately. If we want our neighbors to come inside, temporary shelter must be part of the conversation.

We also need creative solutions to stretch our affordable housing dollars in the Metro region. Portland State University estimates that supporting only the severely housing cost-burdened in our region would require an investment of between $8.7 billion and $16.6 billion over 10 years. Home sharing could bring that cost down. Home Share Oregon believes that utilizing technology in partnership with social service agencies will create an option for home sharing that works. Rent and housing cost-burdened individuals and families will partner in safe, compatible, permanent, living arrangements. Home Share Oregon is under development now and will be available this spring at no cost to participants earning less that 60% of area median income. We hope that Metro will come alongside us to make rental assistance stretch even further by utilizing home sharing.

Humans need shelter. We are grateful to the leadership of Here Together and Metro for recognizing the urgent need, and hope to partner well and greatly reduce the housing crisis in our region.

Home Share Oregon: HomeShareOregon.org
Program Manager
Marissa Cade (503) 853-9352

Housing is a foundational human need. Without housing, health outcomes, family unity, future economic security, mental health stability, addiction recovery, gainful employment, and education outcomes all suffer. All people need housing. Individuals, youth, and families require housing to be successful. That is why Foster Homes of Healing supports the Metro bond for housing. Families and youth in our region are suffering from the impacts of housing insecurity and homelessness, sometimes for generations.

Families, youth, and former foster youth should be prioritized in the development of housing services in the metro region. The Department of Human Services in Oregon attributes one in three foster placements is due to insufficient housing. Preventing families from losing housing is a crucial consideration for the prevention of child welfare involvement and increased access to housing services for families in the Metro region should be a priority of this crucial funding.

In 2018 Oregon ranked first in the nation for the rate of homeless children and youth. As reported by the National Conference of State Legislatures, youths' history of child abuse or neglect and their experiences in foster care increase their risk of homelessness. In addition, as youth transition out of the foster care system, they often do not have steady incomes, stable credit or rental histories, bank accounts and references, or the knowledge to negotiate leases with prospective landlords, making it very difficult for young people to obtain housing. A shortage of affordable housing, being young parents, having no adults to help navigate this process and/or having a criminal record makes an already difficult search for housing nearly impossible. Foster youth are disproportionately disadvantaged in the pursuit of housing and every effort should be made to prioritize former foster youth as recipients for affordable housing, transitional housing, and permanent supportive housing, depending on the young person's need and eligibility.

Thank you for your support for families,

Marissa Cade

Foster Homes of Healing Coalition: fosterhomesofhealing.org

Metro Tax Initiative

My name- Rev. Lynne Smouse Lopez, 905 N Harbour #17, Portland, OR 97217.
I am the pastor of Ainsworth United Church of Christ which houses Ecumenical Ministries of Oregon's HIV Day Center. In addition, we have opened an extreme cold weather shelter for people with HIV. We are also a member of the Leaven Land and Housing Coalition and look forward to developing low income housing on our property or in our community.

For these reasons and personal ones, I am calling on the Metro Board to place this special tax on the ballot to provide desperately needed support services to help houseless people become houses and successfully stay in housing.

This is my personal story and reason to speak out:
My husband and I had to downsize twice since he retired, and so we "launched" our adult children. About 3 years ago our son was diagnosed with schizophrenia. He tries to hold his life together working part time and is in an "affordable" apartment which is not nearly affordable enough for him, so we have to help him pay rent. We also house him and his 7 yr. old daughter on the weeks he has her. We struggled for a long time to get him access to supportive services. It has been difficult not only to encourage him to utilize the services, but to find programs that could help him.

Our daughter who has struggled with emotional and mental health issues throughout her life has been houseless for two years. When she was in housing for a short time, she received no supportive services and then was evicted. She needs housing with wrap around support services desperately. She is a 25 year old woman who is bright, creative and personable. She also has addiction and severe emotional issues that make living without support impossible. My husband and I cannot do or provide what she needs.

These are just two of the many stories that are out there in our community and city. I see many others in the lives of those who access the Day Center. Please do not wait any longer to put this tax initiative on the ballot. These services are needed for our city, they are needed to save lives.

The Mental Health & Addiction
Certification Board of Oregon

National Overview of Recovery Housing Accreditation Legislation and Licensing

A Guide for Oregon Policymakers

Eric Martin, MAC, CADC III, PRC, CPS
Kristi McKinney, B.S., CADC II
Michael Razavi, MPH, CADC I, PRC, CPS
Van Burnham, IV, B. Accy., CRM

Consultant
Dave Sheridan, Executive Director, NARR
National Alliance of Recovery Residences

National Overview of Recovery Housing Accreditation, Legislation and Licensing

Eric Martin, MAC, CADC III, PRC, CPS, Kristi McKinney, B.S., CADC II, Van Burnham, IV, B. Accy., CRM, Michael Razavi, MPH, CADC I, PRC, CPS

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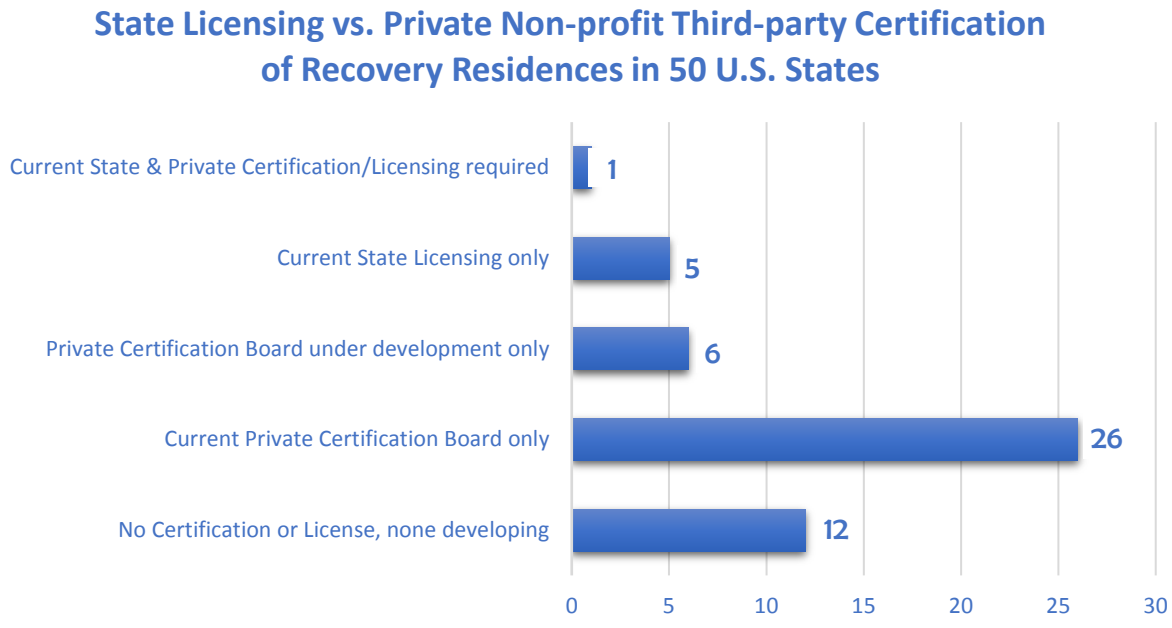
Appendices

Summary of Findings

Over the past five years there has been increasing concern regarding the unregulated market of "recovery residences" (sometimes referred to as alcohol and drug free transitional/supportive housing, sober living, sober housing, etc.). These concerns largely arise from national news stories regarding conflicts of interests between recovery residence operators and licensed SUD treatment programs involved in "patient brokering" practices to maximize insurance billing at the expense of quality client care. With an eye on regulating these recovery houses, more and more states are adopting standards to ameliorate the potential for client abuses and financial fraud.

In an effort to assess state policies on the accreditation and regulation of recovery residences, we reviewed "recovery residence" state administrative rules, accreditation and licensing in 50 U.S. states, including 2019-2020 proposed legislative bills.

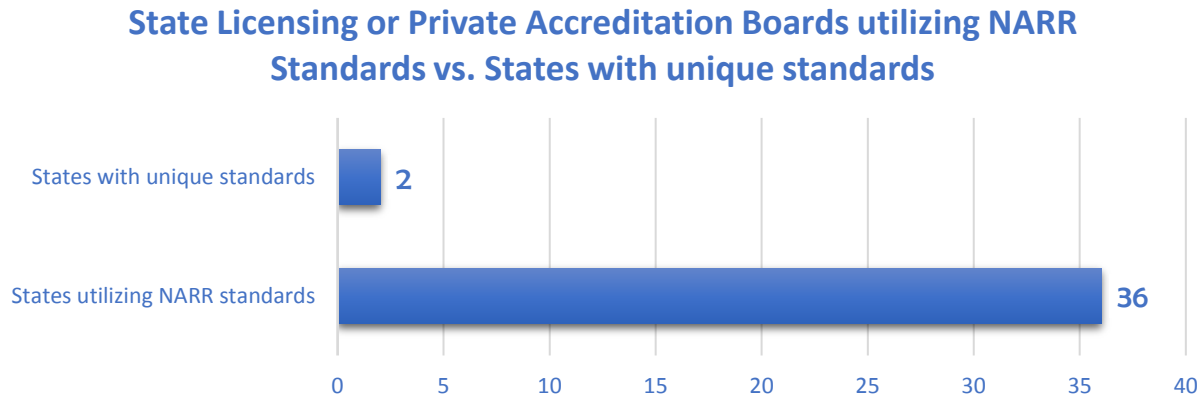
- 12 U.S. states have no accreditation/ regulations for recovery residences, nor any developing legislation or efforts towards accreditation.
- 26 U.S. states have private third-party accreditation of recovery residences through provider associations or private SUD professional certification boards.
- 6 U.S. states have private third-party accreditation of recovery residences that are under development and building collaborative relationships with NARR (the National Alliance of Recovery Residences).
- 5 U.S. states have licensing-only (sometimes referred to as registration or certification, with defined standards) through state governmental health or administrative divisions, of which three utilize NARR standards.
- 1 U.S. state has both private certification and state licensing of recovery residences.
- Additionally, two U.S. states with an existing private third-party accreditation board and a developing board, have proposed 2020 legislation for state licensing of recovery residences (*that has not yet passed*).



Major Finding #1: Most states (32 states) currently require or promote existing private third-party accreditation and/or are developing private third-party accreditation of recovery residences. Only six states currently have licensing of recovery residences.

Major Finding #2: Of states that require credentialing of recovery residences, most require certification/licensing of recovery residences to obtain public funds, or to obtain referrals from state licensed SUD treatment programs.

Major Finding #3: 36 U.S. states use or reference the NARR Standards as their template for recovery residence credentialing and/or are developing credentialing boards utilizing NARR standards. The NARR Standards are the most widely accepted recovery residence accreditation standards in the U.S. Two states, Wyoming and Arkansas have their own independent criteria for licensing of recovery residences.



Major Finding #4: SAMHSA has identified the NARR Recovery Residence Standards as a national best practice for credentialing levels of quality care within recovery residences, along with the Oxford House Model which is an EBP on NREPP. Moreover, SAMHSA has allocated grant funds to several technical assistance organizations to promote and facilitate NARR credentialing in states that do not currently credential recovery residences.

The SAMHSA Recovery Housing: Best Practices and Suggested Guidelines reports, "*To deliver the best care possible, recovery house operators should include to which level of care their facility delivers services to their residents. SAMHSA supports the levels of care, as identified by the National Alliance of Recovery Residences (NARR) and other stakeholder agencies depicted below, as these levels accurately reflect the basic structural blueprint of quality recovery housing and highlights the continuum of support ranging from nonclinical recovery housing to clinical and usually licensed treatment and highlights the continuum of support ranging from nonclinical recovery housing (Level 1 and II) to clinical and usually licensed treatment (Level III & IV).*"

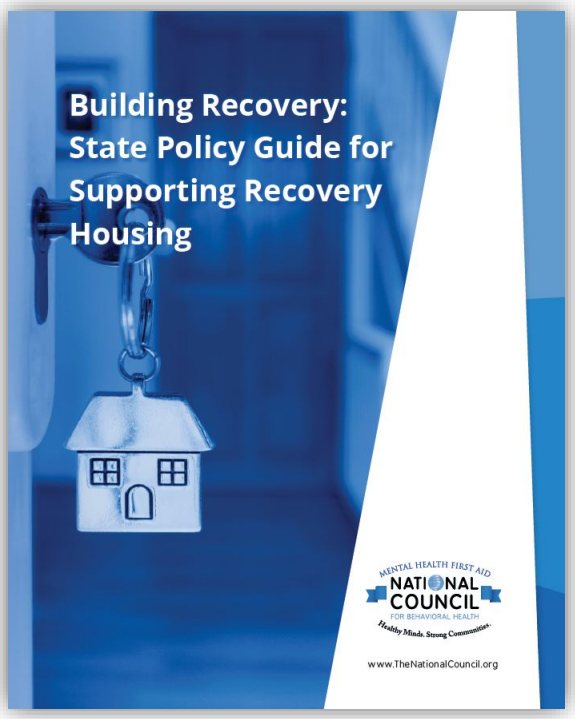
Major Finding #5: The greatest concern expressed by SAMHSA, the GAO, the media and state SSAs involves "patient brokering." SAMHSA reports their concerns regarding, "*…patient-brokering type practices, a broker or agent refers a person, who is either in active use or has relapsed after treatment, to an unethical treatment center for a financial fee or some other valuable kickback. In many instances, the*

brokered individual, who is already in sobriety after completing treatment, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment for a kickback. The unethical treatment center is then able to bill a third party payer for services rendered, which far exceed the kickback paid making this fraudulent business very lucrative. In other brokering type scenarios, people with an active substance use disorder are lured by inducements such as free travel, rent or drugs from around the country to seek treatment in another state or location. Once these individuals arrive at treatment they are then recruited to engage in the brokering process." - SAMHSA Recovery Housing: Best Practices and Suggested Guidelines

Major Finding #6: The National Council for Behavioral Health discourages states from licensing recovery residences and encourages states to work with local non-profit affiliates to certify recovery residences.

They report, "*The National Council urges states to collaborate with and support state NARR affiliates and Oxford Houses, as they can be crucial resources in implementing and tracking maintenance of these standards. State NARR affiliates are trained to ensure that local NARR recovery homes adhere to these standards and can be an invaluable resource for states to ensure that recovery housing operators are meeting these requirements. This can significantly reduce the oversight and administrative burden for states and their local governments and is consistent with how states approach quality assurance for other types of supportive housing."*

Major Finding #7: Most existing legislation and proposed legislation regarding recovery residences establishes accreditation requirements and regulations governing eligibility criteria (business license and liability insurance), the delivery of recovery residence services, resident health and safety, house inspections, zoning issues, resident rights, rental agreements and rental refunds, ADA protections including residents participating in Medication Assisted Treatment, ethics, "patient brokering", recovery residence exclusion criteria, resident exclusion criteria, criminal history prohibitions on recovery residence operators, compliance with fair housing regulations, availability of peer delivered services, and mechanisms for funding.



Overview of 50 U.S. states Recovery Housing Accreditation (licensure or certification), Legislation and proposed Legislation

State	Current Private Accreditation Board	Proposed Private Accreditation Board	Current State Licensing	Proposed State Licensing	Utilizing NARR Standards
Alabama	*No current private or state accreditation, and none under development.*				
Alaska	*No current private or state accreditation, and none under development.*				
Arizona	Ongoing private third-party certification		Annual license, requires ongoing private accreditation		**NARR**
Arkansas			State license for post-prison housing (includes recovery residences) only		
California	Private third-party certification only				**NARR**
Colorado	Private third-party certification only				**NARR**
Connecticut	Private third-party certification only				**NARR**
Delaware		Private third-party certification under development			**NARR**
Florida	Private third-party certification of homes and administrators only				**NARR**
Georgia	Private third-party certification only				**NARR**
Hawaii			State licensing only		**NARR** affiliation in progress
Idaho	*No current private or state accreditation, and none under development. Basic fire/safety inspection required.*				
Illinois	Private third-party certification of homes and administrators only				**NARR**
Indiana	Private third-party certification only				**NARR**
Iowa	*No current private or state accreditation, and none under development.*				
Kansas	*No current private or state accreditation, and none under development.*				
Kentucky		Proposed legislation supporting a private third-party certification board			**NARR** affiliation in progress
Louisiana	Private third-party certification only				**NARR**
Maine	Private third-party certification only				**NARR**
Maryland			State Licensing only		**NARR**
Massachusetts	Private third-party certification only				**NARR**
Michigan	Private third-party certification only				**NARR**

State	Current Private Accreditation Board	Proposed Private Accreditation Board	Current State Licensing	Proposed State Licensing	Utilizing NARR Standards
Minnesota	Private third-party certification only				**NARR**
Mississippi	*No current private or state accreditation, and none under development.*				
Missouri	Private third-party certification only				**NARR**
Montana	*No current private or state accreditation, and none under development.*				
Nebraska	*No current private or state accreditation, and none under development.*				
Nevada	*No current private or state accreditation, and none under development.*				
New Hampshire	Private third-party certification only				**NARR**
New Jersey	Private third-party certification only		No license, but requires Fire/safety inspection "Class F".		**NARR**
New Mexico	*No current private or state accreditation, and none under development.*				
New York		Private third-party certification under development		Proposed legislation for state licensing	**NARR** affiliation in progress
North Carolina	Private third-party certification only				**NARR**
North Dakota	*No current private or state accreditation, and none under development.*				
Ohio	Private third-party certification only				**NARR**
Oklahoma		Private third-party certification under development			**NARR** affiliation in progress
Oregon		Private third-party certification under development			**NARR** affiliation in progress
Pennsylvania	Private third-party certification only			Proposed legislation for state licensing	**NARR**
Rhode Island	Private third-party certification only				**NARR**
South Carolina	Private third-party certification only				**NARR**
South Dakota	*No current private or state accreditation, and none under development.*				
Tennessee	Private third-party certification only				**NARR**
Texas	Private third-party certification only				**NARR**
Utah			State licensing – NARR Standards only		**NARR**
Vermont	Private third-party certification only				**NARR**
Virginia	Private third-party certification only				**NARR**
Washington	Private third-party certification only				**NARR**
West Virginia	Private third-party certification only				**NARR**
Wisconsin		Private third-party certification under development			**NARR** affiliation in progress
Wyoming			State licensing only		

Detailed description of 50 U.S. states Recovery Housing Accreditation (licensure or certification), Legislation and proposed Legislation

Alabama

Non-profit Accreditation Board	No private third-party certification agency.
Legislation	None/unknown.
State Licensing	No licensing.

Alaska

Non-profit Accreditation Board	No private third-party certification agency.
Legislation	None/unknown.
State Licensing	No licensing.

Arizona

Non-profit Third Party Accreditation Board	Arizona Recovery Housing Association www.myazrha.org Certifies recovery homes. The Arizona Recovery Housing Association (AzRHA) is a statewide association of recovering housing providers dedicated to providing quality residential recovery services. AzRHA Certified housing providers in your area can be located using the search on the top of this page—choosing an AzRHA recovery housing provider means choosing a quality provider. AzRHA has members representing multiple Arizona cities and stakeholders representing the City of Mesa, Parole, Probation, Police Departments, and the Arizona Department of Corrections. Organizing, oversight, administration, relationship building, and meeting facilitation is provided by our Executive Committee- leaders in the community and our organization.
Legislation	Arizona - 36-2064 A. Notwithstanding any other provision of this article, a sober living home in this state that is certified by a certifying organization may operate in this state and receive referrals pursuant to section 36-2065. A sober living home certification is in lieu of licensure until the sober living home is licensed. A certified sober living home shall apply to the department for licensure within ninety days after the department's initial licensure rules are final. The department shall notify the certifying organization when the department's initial licensure rules are final. Certifying organization: means an organization that certifies homes as sober living homes and is affiliated with a national organization recognized by the department whose primary function is to improve access to and the quality of sober living residences through standards, education, research and advocacy. See Arizona Laws 36-2061. o Department: means the department of health services. See Arizona Laws 36-2021 o Sober living home: means any premises, place or building that provides alcohol-free or drug-free housing and that:(a) Promotes independent living and life skills development. See Arizona Laws 36-2061

B. In lieu of an initial on-site licensure survey and any annual on-site survey, the department shall issue a license to a sober living home that submits an application prescribed by the department and that meets the following requirements:
   - Is currently certified as a sober living home by a certifying organization.
   - Meets all department licensure requirements.

Arizona – 9-500.38

- A mandatory registration for all structured sober living homes to ensure that the residents of the home are living in a safe environment.
- A licensing fee of $500 plus $100 times the maximum number of residents of the proposed sober living home.
- A copy of the applicant's current certificate as a sober living home from a certifying organization.

Licensing Fee: $500.00
Per Bed Fee: $100

Arizona - CHAPTER 194
"SENATE BILL 1465"

Amending section 9-500.39, Arizona Revised Statutes; amending section 9-500.40, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 1; amending section 11-269.17, Arizona Revised Statutes; amending section 11-269.18, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 3; Amending title 36, chapter 18, Arizona Revised Statutes, by adding article 4; relating to sober living homes.

Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 9-500.39, Arizona Revised Statutes, is amended to read:

9-500.39. Limits on regulation of vacation rentals and short-term rentals; state preemption; definitions

A. A city or town may not prohibit vacation rentals or short-term rentals.

B. A city or town may not restrict the use of or regulate vacation rentals or short-term rentals based on their classification, use or occupancy. A city or town may regulate vacation rentals or short-term rentals for the following purposes:
   - Protection of the public's health and safety, including rules and regulations related to fire and building codes, health and sanitation, transportation or traffic control, solid or hazardous waste and pollution control, and designation of an emergency point of contact, if the city or town demonstrates that the rule or regulation is for the primary purpose of protecting the public's health and safety.
   - Adopting and enforcing residential use and zoning ordinances, including ordinances related to noise, protection of welfare, property maintenance and other nuisance issues, if the ordinance is applied in the same manner as other property classified under sections 42-12003 and 42-12004.
   - Limiting or prohibiting the use of a vacation rental or short-term rental for the purposes of housing sex offenders, operating or maintaining a structured sober living home, selling illegal drugs, liquor control or pornography, obscenity, nude or topless dancing and other adult-oriented businesses.

C. This section does not exempt an owner of a residential rental property, as defined in section 33-1901, from maintaining with the assessor of the county in which the property is located information required under title 33, chapter 17, article 1.

D. For the purposes of this section:
   - "Transient" has the same meaning prescribed in section 42-5070.
   - "Vacation rental" or "short-term rental" means any individually or collectively owned single-family or one-to-four-family house or dwelling unit or any unit or group of units in a condominium, cooperative or timeshare, that is also a transient public lodging establishment or owner-occupied residential home offered for transient use if the accommodations are not classified for property taxation under section 42-12001. Vacation rental and short-term rental do not include a unit that is used for any nonresidential use, including retail, restaurant, banquet space, event center or another similar use.

Sec. 2. Section 9-500.40, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 1, is amended to read:

9-500.40. Sober living homes; standards; definitions

A. A city or town may adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with disabilities act. If adopted, the standards for structured sober living homes may include:
   - A written notification from all structured sober living homes that includes:
   - The name, telephone number and address of the structured sober living home. A city or town may not disclose the address of a sober living home except to local law enforcement and emergency personnel. A sober living home's address is not a public record and is not subject to title 39, chapter 1, article 2.
   - The following information regarding the property:
   - The property owner's name, address and contact telephone number.
   - If the property is leased, a copy of the lease that states that the property will be used as a structured sober living home.
   - Supervision requirements in the structured sober living home for the residents during all hours of operation.
   - The establishment and maintenance of an operation plan that facilitates the rehabilitative process, including discharge planning, and that addresses the maintenance of the property and noise abatement consistent with local ordinances.

B. A city or town that adopts standards for structured sober living homes pursuant to subsection A of this section:
   - Shall require structured sober living homes to develop policies and procedures to allow individuals on medication-assisted treatment to continue to receive this treatment while living in the structured sober living home.
   - May exclude from regulation any structured sober living home that is subject to adequate oversight by another governmental entity or contractor.

C. For the purposes of this section:
   - "Medication-assisted treatment" has the same meaning prescribed in section 32-3201.01.
   - "Structured Sober living home" :
   - means any premises, place or building that provides alcohol-free or drug-free housing, and that:
   - Promotes independent living and life skill development. and provides structured
   - May provide activities that are directed primarily toward recovery from substance use disorders.
   - Provides a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home substance use disorders.
   - Does not include a private residence in which a related family member is required to receive outpatient behavioral health services for substance abuse or addiction treatment as a condition of continuing to reside in the family dwelling.
   - Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

Sec. 3. Section 11-269.17, Arizona Revised Statutes, is amended to read:

11-269.17. Limits on regulation of vacation rentals and short-term rentals; state preemption; definitions

A. A county may not prohibit vacation rentals or short-term rentals.

B. A county may not restrict the use of or regulate vacation rentals or short-term rentals based on their classification, use or occupancy. A county may regulate vacation rentals or short-term rentals for the following purposes:
   - Protection of the public's health and safety, including rules and regulations related to fire and building codes, health and sanitation, transportation or traffic control, solid or hazardous waste and pollution control, and designation of an emergency point of contact, if the county demonstrates that the rule or regulation is for the primary purpose of protecting the public's health and safety.
   - Adopting and enforcing residential use and zoning ordinances, including ordinances related to noise, protection of welfare, property maintenance and other nuisance issues, if the ordinance is applied in the same manner as other property classified under sections 42-12003 and 42-12004.

- Limiting or prohibiting the use of a vacation rental or short-term rental for the purposes of housing sex offenders, operating or maintaining a structured sober living home, selling illegal drugs, liquor control or pornography, obscenity, nude or topless dancing and other adult-oriented businesses.

C. This section does not exempt an owner of a residential rental property, as defined in section 33-1901, from maintaining with the assessor of the county in which the property is located information required under title 33, chapter 17, article 1.

D. For the purposes of this section:
- "Transient" has the same meaning prescribed in section 42-5070.
- "Vacation rental" or "short-term rental" means any individually or collectively owned single-family or one-to-four-family house or dwelling unit or any unit or group of units in a condominium, cooperative or timeshare, that is also a transient public lodging establishment or owner-occupied residential home offered for transient use if the accommodations are not classified for property taxation under section 42-12001. Vacation rental and short-term rental do not include a unit that is used for any nonresidential use, including retail, restaurant, banquet space, event center or another similar use.

Sec. 4. Section 11-269.18, Arizona Revised Statutes, as amended by Laws 2018, first special session, chapter 1, section 3, is amended to read: 11-269.18. Sober living homes; standards; definitions

A. A county may adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with disabilities act. If adopted, the standards for structured sober living homes may include:
- A written notification from all structured sober living homes that includes:
- The name, telephone number and address of the structured sober living home. A county may not disclose the address of a sober living home except to local law enforcement and emergency personnel. A sober living home's address is not a public record and is not subject to title 39, chapter 1, article 2.
- The following information regarding the property:
- The property owner's name, address and contact telephone number.
- If the property is leased, a copy of the lease that states that the property will be used as a structured sober living home.
- Supervision requirements in the structured sober living home for the residents during all hours of operation.
- The establishment and maintenance of an operation plan that facilitates the rehabilitative process, including discharge planning, and that addresses the maintenance of the property and noise abatement consistent with local ordinances.

B. A county that adopts standards for structured sober living homes pursuant to subsection A of this section:
- Shall require structured sober living homes to develop policies and procedures to allow individuals on medication-assisted treatment to continue to receive this treatment while living in the structured sober living home.
- May exclude from regulation any structured sober living home that is subject to adequate oversight by another governmental entity or contractor.

C. For the purposes of this section:
- "Medication-assisted treatment" has the same meaning prescribed in section 32-3201.01.
- "Structured Sober living home" :
- means any premises, place or building that provides alcohol-free or drug-free housing, and that:
- Promotes independent living and life skill development. and provides structured
- May provide activities that are directed primarily toward recovery from substance use disorders.
- Provides a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home substance use disorders.
- Does not include a private residence in which a related family member is required to receive outpatient behavioral health services for substance abuse or addiction treatment as a condition of continuing to reside in the family dwelling.

- Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

Sec. 5. Title 36, chapter 18, Arizona Revised Statutes, is amended by adding article 4, to read:

ARTICLE 4. SOBER LIVING HOMES

36-2061. Definitions: In this article, unless the context otherwise requires:

- "Certifying organization" means an organization that certifies homes as sober living homes and is affiliated with a national organization recognized by the department whose primary function is to improve access to and the quality of sober living residences through standards, education, research and advocacy.
- "Medication-assisted treatment" means the use of pharmacological medications that are approved by the United States food and drug administration, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.
- "Sober living home" means any premises, place or building that provides alcohol-free or drug-free housing and that:
- Promotes independent living and life skills development.
- May provide activities that are directed primarily toward recovery from substance use disorders.
- Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders.
- Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence.

36-2062. Licensure; standards; civil penalties; inspections; use of title

A. The director shall adopt rules to establish minimum standards and requirements for the licensure of sober living homes in this state necessary to ensure the public health, safety and welfare. The director may use the current standards adopted by any recognized national organization approved by the department as guidelines in prescribing the minimum standards and requirements under this subsection. The standards shall include:

- A requirement that each sober living home to develop policies and procedures to allow individuals who are on medication-assisted treatment to continue to receive this treatment while living in the sober living home.
- Consistent and fair practices for drug and alcohol testing, including frequency, that promote the residents' recovery.
- Policies and procedures for the residence to maintain an environment that promotes the safety of the surrounding neighborhood and the community at large.
- Policies and procedures for discharge planning of persons living in the residence that do not negatively impact the surrounding community.
- A good neighbor policy to address neighborhood concerns and complaints.
- A requirement that the operator of each sober living home have available for emergency personnel an up-to-date list of current medications and medical conditions of each person living in the home.
- A policy that ensures residents are informed of all sober living home rules, residency requirements and resident agreements.
- Policies and procedures for the management of all monies received and spent by the sober living home in accordance with standard accounting practices, including monies received from residents of the sober living home.
- A requirement that each sober living home post a statement of resident rights that includes the right to file a complaint about the residence or provider and information about how to file a complaint.
- Policies that promote recovery by requiring residents to participate in treatment, self-help groups or other recovery supports.
- Policies requiring abstinence from alcohol and illicit drugs.
- Procedures regarding the appropriate use and security of medication by a resident.
- Policies regarding the maintenance of sober living homes, including the installation of functioning smoke detectors, carbon monoxide detectors and fire extinguishers and compliance with local fire codes applicable to comparable dwellings occupied by single families.

- Policies and procedures that prohibit a sober living home owner, employee or administrator from requiring a resident to sign any document for the purpose of relinquishing the resident's public assistance benefits, including medical assistance benefits, cash assistance and supplemental nutrition assistance program benefits.
- Policies and procedures for managing complaints about sober living homes.
- Requirements for the notification of a family member or other emergency contact designated by a resident under certain circumstances, including death due to an overdose.

B. The licensure of a sober living home under this article is for one year. A person operating a sober living home in this state that has failed to attain or maintain licensure of the sober living home shall pay a civil penalty of up to one thousand dollars for each violation.

C. To receive and maintain licensure, a sober living home must comply with all federal, state and local laws, including the Americans with disabilities act of 1990.

D. A treatment facility that is licensed by the department for the treatment of substance use disorders and that has one or more sober living homes on the same campus as the facility's program shall obtain licensure for each sober living home pursuant to this article.

E. Once the director adopts the minimum standards as required in subsection A of this section, A person may not establish, conduct or maintain in this state a sober living home unless that person holds a current and valid license issued by the department or is certified as prescribed in section 36-2064. The license is valid only for the establishment, operation and maintenance of the sober living home. The licensee may not:

- Imply by advertising, directory listing or otherwise that the licensee is authorized to perform services more specialized or of a higher degree of care than is authorized by this article and the underlying rules for sober living homes.
- Transfer or assign the license. A license is valid only for the premises occupied by the sober living home at the time of its issuance.

36-2063. Fees; licensure; inspections; complaints; investigation; civil penalty; sanctions

A. The department shall establish fees for initial licensure and license renewal and a fee for the late payment of licensing fees that includes a grace period. The department shall deposit, pursuant to sections 35-146 and 35-147, ninety percent of the fees collected pursuant to this section in the health services licensing fund established by section 36-414 and ten percent of the fees collected pursuant to this section in the state general fund.

B. On a determination by the director that there is reasonable cause to believe a sober living home is not adhering to the licensing requirements of this article, the director and any duly designated employee or agent of the director may enter on and into the premises of any sober living home that is licensed or required to be licensed pursuant to this article at any reasonable time for the purpose of determining the state of compliance with this article, the rules adopted pursuant to this article and local fire ordinances or rules. Any application for licensure under this article constitutes permission for and complete acquiescence in any entry or inspection of the premises during the pendency of the application and, if licensed, during the term of the license. If an inspection reveals that the sober living home is not adhering to the licensing requirements established pursuant to this article, the director may take action authorized by this article. Any sober living home whose license has been suspended or revoked in accordance with this article is subject to inspection on application for relicensure or reinstatement of license.

C. The director may impose a civil penalty on a person that violates this article or the rules adopted pursuant to this article in an amount of not more than five hundred dollars for each violation. Each day that a violation occurs constitutes a separate violation. The director may issue a notice that includes the proposed amount of the civil penalty assessment. If a person requests a hearing to appeal an assessment, the director may not take further action to enforce and collect the assessment until the hearing process is complete. The director shall impose a civil penalty only for those days for which the violation has been documented by the department.

D. The department may impose sanctions and commence disciplinary actions against a licensed sober living home, including revoking the license. A license may not be suspended or revoked under this article without affording the licensee notice and an opportunity for a hearing as provided in title 41, chapter 6, article 10.

E. The department may contract with a third party to assist the department with licensure and inspections.

36-2064. Certified sober living homes

A. Notwithstanding any other provision of this article, a sober living home in this state that is certified by a certifying organization may operate in this state and receive referrals pursuant to section 36-2065. A sober living home certification is in lieu of licensure until the sober living home is licensed. A certified sober living home shall apply to the department for licensure within ninety days after the department's initial licensure rules are final. The department shall notify the certifying organization when the department's initial licensure rules are final.

B. In lieu of an initial on-site licensure survey and any annual on-site survey, the department shall issue a license to a sober living home that submits an application prescribed by the department and that meets the following requirements:

- Is currently certified as a sober living home by a certifying organization.
- Meets all department licensure requirements.

36-2065. State contracts; referrals. Beginning January 1, 2019:

- A state agency or a state-contracted vendor that directs substance abuse treatment shall refer a person only to a certified or licensed sober living home.
- Only a certified or licensed sober living home may be eligible for federal or state funding to deliver sober living home services in this state.
- Persons whose substance abuse treatment is funded with federal or state monies may be referred only to a certified or licensed sober living home.
- A state or county court shall give first consideration to a certified or licensed sober living home when making residential recommendations for individuals under its supervision.
- A health care institution that provides substance abuse treatment and that is licensed by the department shall refer a patient or client only to a certified or licensed sober living home.
- A behavioral health provider who is licensed pursuant to title 32, chapter 33 shall refer a patient or client only to a certified or licensed sober living home.

36-2066. Posting; confidential information. The department shall post on its public website the name and telephone number of each certified and licensed sober living home and shall update the list quarterly. The department may not disclose the address of a certified or licensed sober living home except to a local jurisdiction for zoning purposes, local law enforcement and emergency personnel. A sober living home's address is not a public record and is not subject to title 39, chapter 1, article 2.

36-2067. Department; annual report

A. Beginning January 2, 2020 and each January 2 thereafter, the department shall submit to the senate health and human services committee and the house of representatives health committee, or their successor committees, a report on licensed sober living homes in this state that includes:

- The number of licensed sober living homes in each city, town and county.
- The number of sober living homes that are licensed each year.
- The number of complaints against licensed sober living homes that the department investigates annually.
- The number of enforcement actions the department takes against licensed sober living homes annually.

B. The department shall provide a copy of the report submitted pursuant to subsection A of this section to the secretary of state.

Sec. 6. Department of health services; rulemaking; exemption

For the purposes of title 36, chapter 18, article 4, Arizona Revised Statutes, as added by this act, the department of health services is exempt from the rulemaking requirements of title 41, chapter 6, Arizona Revised Statutes, for two years after the effective date of this act.

Sec. 7. Conditional repeal; notice

A. Sections 9-500.40 and 11-269.18, Arizona Revised Statutes, as amended by this act, are repealed ninety days after the date that the director of the department of health services finalizes rules relating to the licensure of sober living homes pursuant to title 36, chapter 18, article 4, Arizona Revised Statutes, as added by this act.

B. The director of the department of health services shall notify in writing the director of the Arizona legislative council and each city, town and county in this state of the date the rules are finalized.

- APPROVED BY THE GOVERNOR APRIL 11, 2018.

	○ FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 11, 2018.
State Licensing	Annual licensing through the state, plus ongoing third party certification through AzRHA.

Arkansas

Non-profit Accreditation Board	No private third-party certification agency.
Legislation	Arkansas – AD 19-04 ○ The "post-incarceration" facility must provide peer support and structured living environment necessary for long-term recovery. The facility must have detailed procedures at the facility for operation by the residents. A resident's home or the home of a resident's family member will not be considered a Self-Governed Housing Facility. ○ License application fee is $250.00, Annual Renewal fee is $100.00. Should a proposed facility fail to be licensed the fee will not be returned. ○ https://www.dcc.arkansas.gov/images/uploads/policy/Post_Incarceration_Housing_Programs_Requirements_and_Licensure.pdf Application: $250.00 Annual Recertification: $100.00
State Licensing	State licensing for post-prison housing (references sober living homes).

California

Non-profit Accreditation Board	California Consortium of Addiction Programs and Professionals www.ccapp.us Application: $200 Annual Recertification: $200 Certifies recovery homes. CCAPP is a non-profit organization which serves as the principal voice for social model recovery programs throughout California. Its members include: recovery homes, sober living environments, neighborhood recovery centers and social detoxification programs. Services to members include advocacy for social model programs at the federal, state and local levels of government, as well as in the community. CCAPP's recovery housing history dates back to 1972. They provide quality training and technical assistance to programs and individuals, and currently certify several hundred California recovery residences.
Legislation	California – HB 2214 ○ CCAPP-NARR Certification required in order to receive public funds. ○ Must meet business license standards. ○ HB 2214 (to go into effect 1/1/2020) will require an approved certifying organization to maintain and post on its Internet Website a registry containing specified information of a residence that has been certified pursuant to these provisions, and would require the department to maintain and post on its Internet Website a registry that contains specified information regarding each residence and operator that has had its certification revoked. California – AB 1779 (has not passed) (2020) As amended, Daly. Recovery residences. ○ Existing law provides for the licensure and regulation by the State Department of Health Care Services of adult alcoholism and drug abuse recovery and treatment facilities for adults. Existing law defines a facility for those purposes to mean a premise, place, or building that provides residential nonmedical services to adults who are recovering from drug or alcohol abuse or who need drug or alcohol recovery treatment or detoxification services.

	○ This bill would establish, and require the department to adopt and implement, minimum standards for counties receiving public funding for recovery residences, as defined. The bill would also require a state affiliate of the National Alliance for Recovery Residences (NARR) to deny an application for, or deny or revoke the recognition, registration, or certification of, and require a county behavioral health department to terminate a contract with, a recovery residence under certain circumstances, including if the recovery residence fails to meet the minimum standards. The bill would also require a county behavioral health administrator that has documented evidence that a recovery residence under contract is not operating in compliance with NARR standards or a specified federal standard, as described, to report these findings to the department and to the NARR affiliate. By increasing the duties of county behavioral health administrators, the bill would impose a state-mandated local program. ○ The bill would require the department to report to the Legislature, on or before January 1, 2025, the number and types of complaints received by the county behavioral health department and the department, the status of complaints received, and the geographic concentration of reported complaints. The bill would also include legislative findings and declarations. ○ The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. ○ This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provision.
State Licensing	No licensing. Mandatory private third-party certification in order to contract with counties and receive public funds.

Colorado

Non-profit Accreditation Board	**Colorado Association of Recovery Residences** **Provider Application Fee:** $500 **Per House Credentialing Fee:** $200 (for-profit) & $50 (non-profit) **Optional Annual Membership Fee:** $600 which affords members renewal discounts Certifies recovery homes. The Colorado Association of Recovery Residences was formed in 2017 by a group of recovery residence providers to bring national best practices to Colorado, and to establish benchmarks by which consumers can identify superior residences operated in accordance with those practices.
Legislation	**Colorado – 21.500.2-4** ○ A recovery residence certifying body must ensure that each recovery residence that it certifies in Colorado, complies with The NARR Standard. ○ A recovery residence certifying body must maintain a website that contains; an approval from the Office of Behavioral Health as a recovery residence certifying body that is not time limited, with the exception that at the Office of Behavioral Health's discretion, an approval as a recovery residence certifying body may be revoked, denied, suspended, or modified.
State Licensing	No licensing. Certification is implemented by third party certification board.

Connecticut

Non-profit Accreditation Board	**Connecticut Alliance of Recovery Residences** www.ctrecoveryresidences.org **Provider Application Fee:** $300 **Per House Credentialing Fee:** $100 and $1/bed Certifies recovery homes. CTARR's mission is to support Connecticut recovery residences to practice and adhere to national standards while improving the availability and quality of recovery housing options for persons seeking and sustaining long term recovery. CTARR is a 501c3 nonprofit and its founding board members are from the addiction treatment and recovery communities who support the NARR Standard.

	In addition to inspection and certification, CTARR delivers Opioid Overdose Education and Naloxone Distribution (OEND) events and monthly recovery residence-specific training and education leading toward recovery residence operator certification. CTARR maintains a forum for exchanging best practices, solving problems, providing guidance and advocating for their members as well as those whom they serve.
Legislation	Connecticut – HB2015-R-0129 o HB2015-R-0129 considering mandatory third party certification o Current Rule: "Certified Sober Living Homes" are Sober Living Homes that are certified as recovery residences by an affiliate of the National Alliance for Recovery Residences (NARR) o An operator of a Certified Sober Living Home that voluntarily reports its certified status to DMHAS shall provide the number of beds available in the Sober Living Home at the time of its report and weekly thereafter. o List of Certified Sober Living Homes voluntarily provided to the Department of Mental Health and Addiction Services.
State Licensing	No licensing. Certification is implemented by third party certification board.

Delaware

Non-profit Accreditation Board	NARR reports that there is an affiliate accreditation board under development in Delaware.
Legislation	Delaware – HSS 15-043 Procurement Contracting o DSAMH will provide funding on a limited basis for start-up costs on a reimbursement basis. Delaware has used federal pass through funds to support the development and maintenance of Oxford Houses. o Procurement contracts reference requirements to meet NARR standards.
State Licensing	No licensing. Promotes and provides funding to Oxford Houses and houses meeting NARR standards. Private third-party certification board under development.

Florida

Non-profit Accreditation Board	Florida Association of Recovery Residences www.farronline.org Certifies recovery homes. The Florida Association of Recovery Residences (FARR) was founded in 2011 out of the need to evaluate and monitor quality of care in the rapidly growing field of addiction recovery related services throughout the state of Florida. It is the first association to develop and maintain a standards system for recovery residence programs in the state. o Our Philosophy: We believe in a high quality of care for chemically dependent individuals and other persons needing recovery residence services. We believe that this can best be achieved through the creation and maintenance of standards designed for that purpose. We further believe that all people have the right to recover in an atmosphere which meets their special needs as well as their basic needs for safety, dignity and respect. o Our Intent: To create, monitor, evaluate and improve standards and measures of quality for recovery residences in Florida; To Maintain a forum for exchanging ideas, solving problems and providing guidance; and to act as an advocate for our members as well as for those we serve. o Our Commitment: Commitment is the key to recovery, and we are committed to establishing quality standards to provide the most effective services and recovery care to meet the expanding needs of our members. Florida Certification Board www.flcertificationboard.org Application: $100 Annual Recertification: $100

	The Florida Certification Board (FCB) offers certification as Recovery Residence Administrator. FCB completed a role delineation study, exam blueprint and psychometric exam for Recovery Residence Administrators.
Legislation	Florida – 397.487 o State operated, state funded or state licensed treatment providers can only refer to certified homes. o Requires homes to have a "certified recovery residence administrator" and requires a newly-created certification for the administrator. o "Recovery residence" means a residential dwelling unit or other form of group housing that is offered or advertised through any means, including oral, written, electronic or printed means, by any person or entity as a residence that provides a peer-supported, alcohol Florida – SB1120 (has not passed) (2020) An act relating to substance abuse services; amending s. 397.4073, F.S.; specifying that certified recovery residence administrators and certain persons associated with certified recovery residences are subject to certain background screenings; requiring, rather than authorizing, the exemption from disqualification from employment for certain substance abuse service provider personnel; amending s. 397.487, F.S.; deleting a provision relating to background screenings for certain persons associated with applicant recovery residences; amending s. 397.4872, F.S.; deleting provisions relating to exemptions from disqualification for certain persons associated with recovery residences; amending s. 817.505, F.S.; revising provisions relating to payment practices exempt from prohibitions on patient brokering; amending ss. 397.4871 and 435.07, F.S.; conforming provisions to changes made by the act; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Paragraph (a) of subsection (1) and paragraph (b) of subsection (4) of section 397.4073, Florida Statutes, are amended to read: 397.4073 Background checks of service provider personnel.— (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND EXCEPTIONS.— (a) For all individuals screened on or after July 1, 2020 2019, background checks shall apply as follows: o All owners, directors, chief financial officers, and clinical supervisors of service providers are subject to level 2 background screening as provided under s. 408.809 and chapter 435. Inmate substance abuse programs operated directly or under contract with the Department of Corrections are exempt from this requirement. o All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under s. 408.809 and chapter 435. o All peer specialists who have direct contact with individuals receiving services are subject to level 2 background screening as provided under s. 408.809 and chapter 435. o All certified recovery residence owners, directors, chief financial officers, and certified recovery residence administrators are subject to level 2 background screening as provided under s. 408.809 and chapter 435. (4) EXEMPTIONS FROM DISQUALIFICATION.— o (b) Since rehabilitated substance abuse impaired persons are effective in the successful treatment and rehabilitation of individuals with substance use disorders, for service providers which treat adolescents 13 years of age and older, service provider personnel whose background checks indicate crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, and any related criminal attempt, solicitation, or conspiracy under s. 777.04, shall may be exempted from disqualification from employment pursuant to this paragraph. Section 2. Subsection (6) of section 397.487, Florida Statutes, is amended to read: By April 1, 2016, each credentialing entity shall submit a list to the department of all recovery residences and recovery residence administrators certified by the credentialing entity that hold a valid certificate of compliance. Thereafter, the credentialing entity must notify the department within 3 business days after a new recovery residence or recovery residence administrator is certified or a recovery residence or recovery residence administrator's certificate expires or is terminated. The department shall publish on its website a list of all recovery residences that hold a valid certificate of compliance. The department shall also publish on its website a list of all recovery residence administrators who hold a valid certificate

	of compliance. A recovery residence or recovery residence administrator shall be excluded from the list upon written request to the department by the listed individual or entity. Section 4. Paragraph (a) of subsection (3) of section 817.505, Florida Statutes, is amended to read: 817.505 Patient brokering prohibited; exceptions; penalties.— o (3) This section shall not apply to the following payment practices: o (a) Any discount, payment, waiver of payment, or payment: practice not prohibited by 42 U.S.C. s. 1320a-7b(b) 42 U.S.C. s. 1320a-7b(b)(3) or regulations promulgated adopted thereunder regardless of whether such discount, payment, waiver of payment, or payment practice involves items or services for which payment may be made in whole or in part under federal health care programs as defined in 42 U.S.C. s. 1320a-7b(f), as that definition exists on July 1, 2020. Section 5. Subsection (5) of section 397.4871, Florida Statutes, is amended to read: 397.4871 Recovery residence administrator certification.— o (5) All applicants are subject to level 2 background screening as provided under chapter 435. An applicant is ineligible, and a credentialing entity shall deny the application, if the applicant has been found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 408.809 or s. 435.04(2) unless the department has issued an exemption under s. 397.4073 or s. 435.07 s. 397.4872. In accordance with s. 435.04, the department shall notify the credentialing agency of the applicant's eligibility based on the results of his or her background screening. Section 6. Subsection (2) of section 435.07, Florida Statutes, is amended to read: 435.07 Exemptions from disqualification. Unless otherwise provided by law, the provisions of this section apply to exemptions from disqualification for disqualifying offenses revealed pursuant to background screenings required under this chapter, regardless of whether those disqualifying offenses are listed in this chapter or other laws. o (2) Persons employed, or applicants for employment, by treatment providers who treat adolescents 13 years of age and older who are disqualified from employment solely because of crimes under s. 796.07(2)(e), s. 810.02(4), s. 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or s. 893.147, or any related criminal attempt, solicitation, or conspiracy under s. 777.04, shall may be exempted from disqualification from employment pursuant to this chapter without application of the waiting period in subparagraph (1)(a)1. Section 7. This act shall take effect July 1, 2020.
State Licensing	No licensing. Third party certification of homes and house managers through two separate certification boards.

Georgia

Non-profit Accreditation Board	Georgia Association of Recovery Residences Membership/credentialing Fees: $575 (0-5 beds), $585 (6-10 beds), $610 (11-20 beds), $635 (21-30 beds), $660 (31-40 beds), $685 (41-50 beds), $735 (51-70 beds), $810 (71-100 beds) Certifies recovery homes. The Georgia Association of Recovery Residences (GARR) is a founding member of the National Alliance for Recovery Residences (NARR) and is one of the oldest recovery residence organizations. GARR was founded in 1987 out of the need to evaluate and monitor quality of care in the rapidly growing field of addiction recovery related services in the state of Georgia. It was the first association to develop and maintain a standards system for recovery residence programs in the state.
Legislation	Georgia –0111-8-19 o Recovery residences are sober living environments, meaning that residents are expected to abstain from alcohol and illegal drug use. Each credentialed recovery residence publishes policies on relapse sanctions and readmission criteria and other rules governing group living. Recovery residences may require abstinence from particular types of medications according to individual policy. o Recovery residences are guided by the NARR standards that established best practices for maintaining the safety and health of the residents, the local neighborhood, and the larger community. NARR-certified recovery residences meet standards addressing safety from an administrative, operational, property, and good neighbors' perspective. o Certification not required.

State Licensing	No licensing. Third party certification through the Georgia Association of Recovery Residences.

Hawaii

Non-profit Accreditation Board	No private third-party certification.
Legislation	Hawaii – HRS § 321-193.7 In 2014, the Hawaii legislature passed a law that creates a voluntary "clean and sober homes registry" and prohibits homes from advertising as "registered clean and sober homes" unless they are registered and in good standing with the health department. The health department shall establish procedures and standards by which homes will be allowed to be listed on the registry, including but not limited to: o Organizational and administrative standards; o Fiscal management standards; o Operation standards; o Recovery support standards; o Property standards; and o Good neighbor standards.
State Licensing	Registration (licensing) through the Hawaii Health Department. State SSA loosely uses NARR standards and is in communication with NARR.

Idaho

Non-profit Accreditation Board	No private third-party certification.
Legislation	Idaho – 16.07.20 700-799 o Certificate of occupancy from the local building authority utilizing the latest edition of the Uniform Building Code according to Section 39-4109, Idaho Code, with a determination of either a Group R-1, Congregate Residence of more than ten (10) persons or a Group R-3, Congregate Residence of ten (10) persons or less. o An Adult Staffed Safe and Sober Housing program must provide a certified home inspection in addition to the required fire inspection documentation. there must be documentation that any major health and safety issues identified in the certified home inspection have been corrected.
State Licensing	No licensing. Basic Fire/Safety inspection required.

Illinois

Non-profit Accreditation Board	Illinois Association of Extended Care www.iaecillinoisrecovery.org Membership Fee: $100 single site, $300 multiple sites Certifies recovery homes. The IAEC provides members the opportunity for networking with other extended care programs, recovery homes, professionals, social service agencies and programs, and state government officials. The IAEC offers to qualified individuals the certification: NCRS (National Certified Recovery Specialist). IAEC Represents Recovery Residences in the State of Illinois to the public and to the Department of Human Services, Office of Alcohol and Substance Abuse (DASA). The IAEC assists DASA in the development of policy and licensing of facilities. IAEC offers inspection to recovery residences. The IAEC holds monthly meetings of general membership. In accordance with IAEC BYLAWS, all

	Agencies/Organizations operating unlicensed recovery homes, sober living environments, or extended care facilities require an annual inspection to be conducted by IAEC.
Legislation	Illinois – 2060.509 o Essentially no regulations on recovery housing. Rather, the state licenses "recovery homes," (otherwise known as residential alcohol & drug treatment programs) but "sober homes" are not subject to the same requirements. Sober homes are what most people in the U.S. refer to as recovery homes or recovery housing. This is an example of how nomenclature can be different across states. o Recovery Home Managers shall hold certification as a National Certified Recovery Specialist (NCRS) as specified by the Association of Halfway House Alcoholism Programs of North America, Inc. (AHHAP), RR2 Box 415 Kerhonkson NY 12446, or receive such certification within two years after the date of employment. o Comply with all applicable zoning and local building ordinances and the provisions specified in Chapter 26 (Lodging or Rooming Houses) of the National Fire Protection Association's (NFPA) Life Safety Code of 2000 (no later amendments or editions included) for any building housing 16 or fewer residents and with the provisions specified in Chapter 29 (Existing Hotels and Dormitories) of the NFPA Life Safety Code of 2000 (no later amendments or editions included) for any building housing 17 or more residents. o Recovery Residence Registry located here: http://www.dhs.state.il.us/page.aspx?module=12&officetype=20
State Licensing	No licensing. Certification of recovery homes and recovery home administrators.

Indiana

Non-profit Accreditation Board	Indiana Affiliation of Recovery Residences www.inarr.org Application Fee: $845 Annual Fee: $845 Certifies recovery homes. The mission of Indiana Affiliation of Recovery Residences (INARR) is to set ethical standards for quality, safe and accountable recovery residences in Indiana, and to partner with other state and national associations in monitoring, evaluating and improving such standards.
Legislation	Indiana – SB 402 o "Recovery residence" means an abstinence-based living environment for individuals that promotes recovery from: (1) alcohol and (2) other drug abuse and related issues. o SB 402 states that recovery residences must be certified as meeting NARR standards as well as any other standards developed in regulation in order to receive reimbursement for services from any family and social services agency. o Certified residences are qualified to participant in a state-funded housing voucher program.
State Licensing	No licensing.

Iowa

Non-profit Accreditation Board	No private third-party certification.
Legislation	None/unknown.
State Licensing	No licensing.

Kansas

Non-profit	No private third-party certification.

Accreditation Board	
Legislation	None/unknown.
State Licensing	No licensing.

Kentucky

Non-profit Accreditation Board	No private third-party certification. Kentucky's SSA has been in contact with NARR discussing planned use of their standards and support in creation of a third-party NARR affiliate.
Legislation	Kentucky – HB134 (has not passed) (2020) AN ACT relating to the certification of sober living homes and declaring an emergency. Be it enacted by the General Assembly of the Commonwealth of Kentucky: SECTION 1. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS: o For the purpose of this section, "sober living home" means any place or building that provides alcohol-free or drug-free housing and that: o Promotes independent living and life skills development; o (b) Provides a supervised setting to a group of unrelated individuals who are recovering from substance use disorders or to a group of parents who are recovering from substance use disorders and their children; o (c) Does not provide any medical or clinical services or medication administration on-site, except for verification of abstinence from substance abuse; and o (d) May provide activities that are directed primarily toward recovery from substance use disorders. o (2) The Cabinet for Health and Family Services shall provide access to a certification program for sober living homes offered by an organization whose primary function is to improve access to and the quality of sober living homes through standards, education, research, and advocacy. o (3) The cabinet shall develop and make available on its Web site a directory of certified sober living homes. Sober living homes that are not certified shall not be included in the directory. The directory shall include notification that the certification of a sober living home does not imply that the cabinet has licensed or inspected the sober living home. o (4) The cabinet may promulgate administrative regulations to implement the requirements of this section. o (5) The cabinet shall submit a report to the Legislative Research Commission for referral to the appropriate committee or committees on the progress of providing access to the certification program for sober living homes and making the directory available on its Web site by December 1, 2020. Section 2. Whereas sober, safe, and healthy living environments that promote recovery from alcohol and other substance use disorders are in great need in the Commonwealth, an emergency is declared to exist, and this Act takes effect upon its passage and approval by the Governor or upon its otherwise becoming a law.
State Licensing	No licensing. HB 134 proposes certification of recovery homes by third party certification. Proposes that the state shall maintain a registry.

Louisiana

Non-profit Accreditation Board	Louisiana Association of Recovery Residences www.larronline.org Certifies recovery homes.
Legislation	None.
State Licensing	No licensing.

Maine

Non-profit Accreditation Board	Maine Association for Recovery Residences www.mainerecoveryresidences.com Application: $250 plus $1 for each bed Annual Recertification: $250 plus $1 for each bed Certifies recovery homes. The Maine Association for Recovery Residences (MARR) is a nonprofit organization that manages the ethical and safety standards for recovery residences in the State of Maine. We believe all people seeking recovery-based housing should have access to both a safe and accommodating residence where they can live a healthy and rewarding life. The primary mission of MARR is to promote this ethical and sustainable management of high-quality recovery residences throughout the State of Maine.
Legislation	Maine – 25 MRSA 2452 4. Exception. Notwithstanding chapter 314 and Title 10, chapter 1103, a recovery residence must be treated as a residence for a family if the recovery residence meets the following requirements: A. The recover residence must be certified based on criteria developed by a nationally recognized organization that supports persons recovering from substance use disorder; B. The recovery residence must have no more than 2 residents per bedroom; C. The recovery residence must have at least one full bathroom for every 6 residents; D. The recovery residence must meet the requirements of all adopted building codes and sections 2464 and 2468 applicable to a one-family or 2-family residence with regard to smoke detectors, carbon monoxide detectors and fire extinguishers; and E. If the recovery residence is located in a multiunit apartment building, the recovery residence must meet all state and local code requirements for the type of building in which the recovery residence is located. For the purposes of this subsection, "recovery residence" means a shared living residence for persons recovering from substance use disorder that is focused on peer support, provides to its residents an environment free of alcohol and illegal drugs and assists its residents by connecting the residents to support services or resources in the community that are available to persons recovering from substance use disorder. Maine - 17-A MRSA §1111-B Exemption from criminal liability for reporting a drug-related medical emergency or administering naloxone A person who in good faith seeks medical assistance for or administers naloxone hydrochloride to another person experiencing a drug-related overdose or who is experiencing a drug-related overdose and is in need of medical assistance may not be arrested or prosecuted for a violation of section 1107-A, 1108, 1111 or 1111-A or a violation of probation as authorized by chapter 49 if the grounds for arrest or prosecution are obtained as a result of the person's seeking medical assistance, administering naloxone hydrochloride or experiencing a drug-related overdose. Sec. 2. 22 MRSA §2353, sub-§1, is enacted to read: o "Recovery residence" means a shared living residence for individuals recovering from substance use disorder that is focused on peer support, provides to its residents an environment free of alcohol and illegal drugs and assists its residents by connecting the residents to support services or resources in the community that are available to persons recovering from substance use disorder. Sec. 3. 22 MRSA §2353, sub-§4-A is enacted to read: o A. Recovery residences; standing orders for naloxone hydrochloride. Acting under standing orders from a licensed health care professional authorized by law to prescribe naloxone hydrochloride, a recovery residence shall operate in accordance with rules adopted by the department and the provisions of this subsection. Notwithstanding any provision of law to the contrary, a recovery residence shall store and dispense naloxone hydrochloride and is not subject to the provisions of Title 32, chapter 117. The recovery residence shall store on site at least 2 units of naloxone hydrochloride for each floor of the recovery residence. o B. A recovery residence shall provide training in administration of naloxone hydrochloride that meets the protocols and criteria established by the department, and residents of the recovery residence, employees of the recovery residence and all other persons involved in the administration of a recovery residence shall successfully complete the training.

- C. A licensed health care professional authorized by law to prescribe naloxone hydrochloride shall distribute unit-of-use packages of naloxone hydrochloride and the medical supplies necessary to administer the naloxone hydrochloride to a recovery residence that has provided training described in paragraph B so that the recovery residence may possess and administer naloxone hydrochloride to an individual who appears to be experiencing a drug-related overdose. The department shall adopt rules to implement this subsection. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

Maine - Sec. 1. 5 MRSA §20001

An Act To Ensure the Quality of and Increase Access to Recovery Residences

Be it enacted by the People of the State of Maine as follows: Sec. 5 MRSA §20001, as amended by PL 2017, c. 407, Pt. A, §10, is further amended to read: §20001. Title This chapter may be known and cited as the "Maine Substance Use Disorder Prevention and, Treatment and Recovery Act."

Sec. 2. 5 MRSA §20002, sub-§1, as amended by PL 2017, c. 407, Pt. A, §11, is further amended to read:

- Integrated and comprehensive approach. To adopt an integrated approach to the problem of substance use disorder and to focus all the varied resources of the State on developing a comprehensive and effective range of substance use disorder prevention and, treatment and recovery activities and services;

Sec. 3. 5 MRSA §20002, sub-§2, as amended by PL 2017, c. 407, Pt. A, §12, is further amended to read: 2. Coordination of activities and services. To establish within the Department of Health and Human Services the responsibility for planning, developing, implementing, coordinating and evaluating all of the State's substance use disorder prevention and, treatment and recovery activities and services;

Sec. 4. 5 MRSA §20003, sub-§17-B is enacted to read: 17-B. Person recovering from substance use disorder. "Person recovering from substance use disorder" means a person with substance use disorder who is engaged in a process attempting to improve the person's health and wellness, live a self-directed life and reach the person's full potential.

Sec. 5. 5 MRSA §20003, sub-§19-A, as enacted by PL 2017, c. 460, Pt. G, §4, is amended to read: 19-A.

- Recovery support services. "Recovery support services" means services that recognize recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential, including, but not limited to, safe housing, transportation, peer mentoring and coaching and assistance with and access to employment services. "Recovery support services" may include services provided in an integrated medication-assisted treatment setting or, in a separate facility that is staffed by individuals in recovery and that provides services such as mentoring, education and resource provision or in a recovery residence.

Sec. 6. 5 MRSA §20003, sub-§§19-C and 19-D are enacted to read: 19-C.

- Recovery. "Recovery," as it pertains to substance use disorder, means a process of change through which individuals improve their health and wellness, live selfdirected lives and strive to reach their full potential. 19-D. Recovery residence. "Recovery residence" means a shared living residence for persons recovering from substance use disorder that is focused on peer support, provides to its residents an environment free of alcohol and illegal drugs and assists its residents by connecting the residents to support services or resources in the community that are available to persons recovering from substance use disorder.

Sec. 7. 5 MRSA §20005, sub-§1, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read: 1.

- State Government. Establish the overall plans, policies, objectives and priorities for all state substance use disorder prevention and, treatment and recovery functions, except the prevention of drug traffic and the State Employee Assistance Program established pursuant to Title 22, chapter 254-A;

Sec. 8. 5 MRSA §20005, sub-§5, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read: 5.

- Budget. Develop and submit to the Legislature by January 15th of the first year of each legislative biennium recommendations for continuing and supplemental allocations, deappropriations or reduced allocations and appropriations from all funding sources for all state substance use disorder programs. The department shall make final recommendations to the Governor before any substance use disorder funds are appropriated or deappropriated in the Governor's proposed budget. The department shall formulate all budgetary

recommendations for the Driver Education and Evaluation Programs with the advice, consultation and full participation of the chief executive officer of the Driver Education and Evaluation Programs. Notwithstanding any other provision of law, funding appropriated and allocated by the Legislature for the department for substance use disorder prevention and, treatment and recovery is restricted solely to that use and may not be used for other expenses of the department. By January 15th of each year, the commissioner or the commissioner's designee shall deliver a report of the budget and expenditures of the department for substance use disorder prevention and, treatment and recovery to the joint standing committees of the Legislature having jurisdiction over appropriations and financial affairs and human resource matters;

Sec. 9. 5 MRSA §20005, sub-§12, as amended by PL 2017, c. 407, Pt. A, §25, is further amended to read: 12.

- Rules. Adopt rules, in accordance with the Maine Administrative Procedure Act, necessary to carry out the purposes of this chapter and approve any rules adopted by state agencies for the purpose of implementing substance use disorder prevention or, treatment and recovery programs. All state agencies must comply with rules adopted by the department regarding uniform alcohol and other drug use contracting requirements, formats, schedules, data collection and reporting requirements;

Sec. 10. 5 MRSA §20005, sub-§20, as amended by PL 2005, c. 674, §1, is further amended to read: 20. Review policies. Review the full range of public policies and strategies existing in State Government to identify changes that would strengthen its response, identify policies that might discourage excessive consumption of alcohol and other drugs and generate new funding for alcohol and other drug services; and

Sec. 11. 5 MRSA §20005, sub-§21, as enacted by PL 2005, c. 674, §2, is amended to read: 21. List of banned performance-enhancing substances. Develop and maintain a list of banned performance-enhancing substances in accordance with Title 20-A, section 6621.; and

Sec. 12. 5 MRSA §20005, sub-§22 is enacted to read: 22. Certification of recovery residences. Establish by rule criteria for the certification of recovery residences. The criteria for the certification of recovery residences must be based on criteria for recovery residences developed by a nationally recognized organization that supports persons recovering from substance use disorder. Certification of a recovery residence pursuant to this subsection is voluntary. Rules adopted pursuant to this subsection are routine technical rules as defined in chapter 375, subchapter 2-A.

Sec. 13. 5 MRSA §20006-A, sub-§1, as amended by PL 2017, c. 407, Pt. A, §28, is further amended to read: 1. Alternatives. Propose alternatives to current substance use disorder prevention and, treatment and recovery programs and services;

Sec. 14. 5 MRSA §20006-A, sub-§2, as amended by PL 2017, c. 407, Pt. A, §29, is further amended to read:2. Investigate. Conduct investigations and studies of any substance use disorder prevention, treatment and recovery program or community service provider operating under the control of the department or providing treatment under this chapter through a contract with the department under section 20008 that are licensed pursuant to section 20024 or any facility funded in whole or in part by municipal, state or local funds, as necessary; and

Sec. 15. 5 MRSA §20009, first, as amended by PL 2017, c. 407, Pt. A, §32, is further amended to read: The department shall plan substance use disorder prevention and, treatment and recovery activities in the State and prepare and submit to the Legislature the following documents:

Sec. 16. 22 MRSA §3739, sub-§2, as amended by PL 2017, c. 407, Pt. A, §79, is further amended to read: G. One employee of the organizational unit of the department that provides programs and services for substance use disorder prevention and, treatment and recovery, appointed by the commissioner;

Sec. 17. 22-A MRSA §203, sub-§1, as amended by PL 2017, c. 407, Pt. A, §90, is further amended to read: F. Substance use disorder prevention and, treatment and recovery services.

Sec. 18. 22-A MRSA §206, sub-§8, as amended by PL 2017, c. 407, Pt. A, §91, is further amended to read: 8. Substance use disorder prevention, treatment and recovery. The commissioner shall administer and carry out the purposes of the Maine Substance Use Disorder Prevention and, Treatment and Recovery Act.

Sec. 19. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 5, Part 25, in the Part headnote, the words "substance use disorder prevention and treatment" are amended to read "substance use disorder prevention, treatment and recovery" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes.

	Sec. 20. Maine Revised Statutes headnote amended; revision clause. In the Maine Revised Statutes, Title 5, chapter 521, in the chapter headnote, the words "substance use disorder prevention and treatment" are amended to read "substance use disorder prevention, treatment and recovery" and the Revisor of Statutes shall implement this revision when updating, publishing or republishing the statutes. Sec. 21. Rental subsidies for certified recovery residences. The Maine State Housing Authority shall develop a pilot project to provide a short-term rental subsidy for a person recovering from substance use disorder, as defined in the Maine Revised Statutes, Title 5, section 20003, subsection 17-B, to reside in a recovery residence, as defined in Title 5, section 20003, subsection 19-D, certified pursuant to Title 5, section 20005, subsection 22 and that allows medication-assisted treatment. The Maine State Housing Authority may adopt rules to implement this section. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.
State Licensing	No licensing. Requires third party certification.

Maryland

Non-profit Accreditation Board	No private third-party certification.
Legislation	Maryland – H.B. 1411 The law require the Department of Health and Mental Hygiene to approve a credentialing entity to develop and administer a certification process for recovery residences; requiring the certification entity to establish specified requirements and processes, conduct a specified inspection, and issue a specified certificate of compliance; providing that a certificate of compliance is valid for 1 year; requiring, on or before November 1, 2017, the Department to publish on its Web site a list of each credentialing entity and its contact information; etc. The law references selection of a private entities to perform certification, but that has not been done. Certification will be performed according to NARR standards by the Maryland Behavioral Health Administration of the Department of Health and Mental Hygiene.
State Licensing	Licensing is implemented by the Maryland Behavioral Health Administration.

Massachusetts

Non-profit Accreditation Board	Massachusetts Alliance for Sober Housing www.mashsoberhousing.org Application/Annual Fees: (1-12 beds) $275, (13-20 beds) $375, (21-30 beds) $475, (31-40 beds) $575, (41-50 beds) $675, (51-60 beds) $775, (61-70 beds) $875, (71+ beds) $1,000 Inspection fee: $50 Certifies recovery homes. Effective September 1, 2016, state agencies and their vendors are only be able to refer clients to certified alcohol and drug-free housing. In accordance with this requirement, MASH serves as the primary agency for accountability of all certified homes in Massachusetts. Our organization also provides supervision and training for sober homes, and maintains a database of more than 170 MASH-certified sober homes.
Legislation	Massachusetts – H.1828 o ”Alcohol- and drug-free housing” means a residence, commonly known as a sober home, that provides or advertises as providing an alcohol- and drug-free environment for people recovering from substance use disorders; provided that ”alcohol and drug free housing” shall not include a halfway house, treatment unit or detoxification facility or any other facility licensed pursuant to section 7 of chapter 111E. o According to the law, a certified housing list is made available by the state and is updated bimonthly. The department has established a process for receiving complaints against certified homes and can result in removal of their certification. The law outlines certification criteria. o The voluntary nature of this law was the result of a study finding that mandatory licensure or equivalent regulations would violate the Fair Housing Act and ADA.
State Licensing	No licensing.

Michigan

Non-profit Accreditation Board	Michigan Association of Recovery Residences www.michiganarr.com Application: $300 one time application fee good for all houses, plus $300 for each additional home Annual Recertification: Certifies recovery homes. MARR's objectives are to: o Certify Michigan recovery residences to the NARR standards. o Publish a directory of certified recovery residences in Michigan. o Provide trainings in the NARR standards.
Legislation	Michigan – memo from SSA & OROSC (Office of Recovery Oriented Systems Care) o Medicaid Managed Specialty Supports and Services Concurrent 1915(h)/(c) Waiver FY 16. Recommends public funds go to MARR-NARR certified recovery houses. ☐ o After careful consideration of the options available, OROSC has come to the determination that the levels of recovery housing and standards identified by NARR most closely fit the vision of recovery housing for Michigan.
State Licensing	No licensing.

Minnesota

Non-profit Accreditation Board	Minnesota Association of Sober Homes www.mnsoberhomes.org/ Certifies recovery homes. The primary mission of the Minnesota Association of Sober Homes, Inc., is to promote the establishment, successful management and growth of high-quality community-based sober-living residences. All MASH member homes have been thoroughly inspected and found to provide a standard of living that goes beyond local regulated requirements. The house inspection includes health, life safety and management reviews that ensure each home lives up to the standards set forth by MASH.
Legislation	Minnesota – 254A.087 & 462.175 Definition: [254A.087] SOBER HOUSES. Subdivision 1. "Sober house" is defined as a cooperative living residence, a room and board residence, an apartment, or any other living accommodation that: o provides temporary housing to persons with alcohol or other drug dependency or abuse problems in exchange for compensation; o stipulates residents must abstain from using alcohol or drugs and meet other requirements as a condition of living in the residence; and o does not provide counseling or treatment services to the residents. Sober houses, as defined in section 254A.087, are subject to the requirements of this chapter and any lawful zoning, subdivision, building code, density, occupancy, or other real estate use law, ordinance, charter provision, or regulation adopted by a state or local unit of government to promote the public health, safety, and general welfare.
State Licensing	No licensing.

Mississippi

Non-profit Accreditation Board	No private third-party certification.
Legislation	Currently, there are no licensing regulations when it comes to running a sober living home in Mississippi. However, licensing laws are on the horizon. Early last year, the Scottsdale Independent reported of many sober living homes are getting away without a license due to the fact they aren't a "health care

	institution". Due to this, there are conversations about the necessity of a license in order to provide such accommodations to recovering people. Requires basic congregate living inspection. Provide proof of an initial successful Housing Quality Standards (HQS) inspection conducted by an HQS inspector; provide proof of a successful annual fire inspection.
State Licensing	No licensing.

Missouri

Non-profit Accreditation Board	Missouri Coalition of Recovery Support Providers www.mcrsp.org Certifies recovery homes. The Missouri Coalition of Recovery Support Providers (MCRSP) is responsible for accrediting recovery residences in Missouri. Having become an affiliate of the National Alliance of Recovery Residences (NARR) and adopting NARR approved standards, MCRSP has accredited 78 residences and more than 800 beds across the state.
Legislation	9 CSR 30-3.310 Recovery Support Programs o Recovery housing. Recovery housing is a direct service that provides supervised, short-term housing to individuals with substance use disorders or co-occurring mental and substance use disorders. o Recovery housing properties inspected and approved as meeting standards of a state/local/regional/national provider organization such as the National Association of Recovery Residences shall be exempt from requirements in paragraph (2)(G)4. of this rule. o Certification is required for a recovery support organization to obtain and maintain a contract with the department, to participate in department programs eligible for Medicaid reimbursement, and to serve individuals whose referral sources require the provider to be certified by the department Organizations accredited under standards of care for recovery support services by the National Association of Recovery Residences (NARR)
State Licensing	No licensing.

Montana

Non-profit Accreditation Board	No private third-party certification.
Legislation	Montana – 37.106.1491 Rules are for halfway houses not recovery residences. The single gender facility functions as a safe, alcohol and drug-free environment for individuals in early stages of recovery from substance use disorders or individuals who are transitioning to less intensive levels of treatment services and in need of such housing. To be licensed to provide community-based residential sober housing homes for individuals with substance use disorders ASAM Level III (essentially Residential Alcohol and Drug Treatment).
State Licensing	No licensing.

Nebraska

Non-profit Accreditation Board	No private third-party certification.
Legislation	None/unknown.
State Licensing	No licensing.

Nevada

Non-profit Accreditation Board	No private third-party certification.
Legislation	Nevada – 449.017 Sober living homes don't need a license, halfway and ¾ houses must complete ongoing licenses provided by the state's government.
State Licensing	No licensing.

New Hampshire

Non-profit Accreditation Board	New Hampshire Coalition on Recovery Residences www.nhcorr.org Certifies recovery homes. The New Hampshire Coalition of Recovery Residences certifies recovery homes that meet nationally recognized NARR quality standard for safety, recovery support, and ethical operation driven by the priority of resident well-being.
Legislation	New Hampshire – 48-A:11 The operator of any sober living facility shall request a license issued by the local city or town housing authority to operate. The license shall be valid for a period of one year and shall include the number of residents allowed to reside in the sober living facility and an emergency 24-hour contact phone number for a person responsible for the sober living facility. The license shall be posted and available for inspection upon request by the local inspecting authorities. New Hampshire – HB 311 (has not passed) (2020) New Section; Fire Marshal; Exemption for Recovery Houses. Amend RSA 153 by inserting after section 10-c the following new section: 153:10-d. Exemption for Recovery Houses. I. An owner or operator of a recovery house which is in compliance with rules adopted by the commissioner of health and human services under RSA 172-B:2, V for the voluntary registry for operators of recovery houses may apply to the state fire marshal and be granted an exemption under RSA 153:5, IV from requirements of the state fire code and local amendments, provided no exemption from such requirements shall be granted for the following: o A properly maintained electrical system. o A maintained heating system including a one-hour fire separation. o Maintained cooking appliances. o Street number of the recovery house posted and visible from the street. o No smoking within 10 feet of the building unless approved by the local fire department. o A written evacuation plan submitted to and approved by the local fire department. o Monthly evacuation drills must be conducted with documentation available for review onsite. o Basement living spaces shall have an exit directly to grade. o The facility shall have a minimum of 200 gross square feet per resident. o At least one escape window in each sleeping room. o Installed interconnected smoke and carbon monoxide alarms, electrically powered with battery backup, on each level and in each sleeping room; or, the installation of a complete fire alarm system. o Annual compliance inspection by the local fire department. o If the travel distance to an exit is greater than 75 feet, there shall be 2 remote means of egress from each floor. II. In this section, "recovery house"" means alcohol and drug free housing, or sober home, as defined in RSA 172-B:2, V and rules adopted thereunder by the commissioner of health and human services. Effective Date. This act shall take effect 60 days after its passage. New Hampshire – SB33 (has not passed) (2020) Alcoholism and Alcohol Abuse; Provision of Services; Acceptance Into Treatment; Alcohol and Drug Free Housing; Voluntary Registration Program. RSA 172-B:2, V is repealed and reenacted to read as follows:

	V.(a) The commissioner shall adopt rules, pursuant to RSA 541-A, relative to establishing and providing for the administration of a voluntary registration program for operators of recovery housing seeking registration in the state of New Hampshire. The rules developed for the administration of the registration program shall include: o A process for receiving complaints against recovery housing operators. o Documents to show the recovery house meets minimum safety and recovery standards to include, but not limited to health, building, zoning, and fire inspection reports, proof of insurance, resident agreement, emergency procedures, and policies and procedures addressing grievances, resident rights, non-discrimination, code of ethics, and medication administration. o Criteria by which the department may exclude a residence from the list if the frequency or severity of complaints received supports a determination that the recovery housing at issue does not provide an environment that appropriately supports recovery. (b) "Recovery housing" means a residence that provides a safe, healthy, family-like substance-free living environment that support individuals in recovery from addiction and are centered on peer support and a connection to services that promote long-term recovery; provided that "recovery housing" shall not include a halfway house or any other facility requiring a license pursuant to RSA 151. VII.(a) The commissioner or designee shall designate an entity to serve as the certifying body for a voluntary certification program for recovery residences based upon standards determined by the National Alliance for Recovery Residences (NARR) or a similar entity. The certifying body shall establish and implement a certification program for recovery residences that maintain nationally-recognized standards that: o Uphold industry best practices and support a safe, healthy, and effective recovery environment; o Evaluate the residence's ability to assist persons in achieving long-term recovery goals; o Protect residents of recovery residences against unreasonable and unfair practices in setting and collecting fee payments; and o Verify good standing with regard to local, state, and federal laws and any regulations and ordinances including, but not limited to, building, maximum occupancy, fire safety and sanitation codes. (b) The certifying body shall investigate complaints received by the department regarding non-compliance with NARR standards. The certifying body shall provide an annual report to the department, and shall report quarterly on any newly certified houses or houses that are out of compliance. The certifying body shall inform the department within 5 business days if a recovery house's certification is suspended or revoked. (c) The department shall identify certified recovery houses in good-standing on the registry created pursuant to paragraph V. (d) The department shall adopt rules, pursuant to RSA 541-A, relative to the process for certification and the requirements of this paragraph. VI. The department shall prepare, publish, and disseminate a list of [alcohol and drug free housing registered] recovery housing pursuant to paragraph V. A state agency or vendor with a state or federally funded contract that is providing treatment or recovery support services to a person shall not refer the person to [alcohol and drug free] recovery housing unless the [alcohol and drug free] recovery housing is registered pursuant to paragraph V. Nothing in this section shall prohibit a residence that is not registered from operating or advertising as [alcohol and drug free] recovery housing or from offering residence to individuals recovering from substance use disorders. 4 Effective Date. This act shall take effect upon its passage.
State Licensing	No licensing. Proposed legislation supports third party certification of recovery residences.

New Jersey

Non-profit Accreditation Board	New Jersey Alliance of Recovery Residences www.njarr.org Application: $200, plus $75 inspection fee

	Annual Recertification: $150, plus $75 inspection fee Certifies recovery homes. The New Jersey Alliance of Recovery Residences is committed to maintaining high quality standards for the recovery residences in the state of New Jersey. Accredited programs meet the high-level standards that assure a high caliber of service in addressing the needs of the addicted community. We are New Jersey's only NARR (National Alliance for Recovery Residences) accredited body.
Legislation	New Jersey - S-2377/A-3719 codified as N.J.S.A § C.18A:3B-70. o Addresses Collegiate Recovery: Law requires state colleges and universities that have 25% of their student body living on campus to provide a sober housing option by August 2019. "Substance abuse recovery housing programs" not defined. o Homes are licensed by the Department of Consumer Affairs (DCA) and subject to an inspection process. Must meet municipal code for single family home and have 10 or fewer residents including staff. o Pending legislation S948 and A3288 creates a voluntary certification program, based on NARR standards, to be administered by an independent organization designated by the Department of Health (DOH). The bill would require the DOH to use a portion of the moneys annually appropriated thereto to provide appropriate funds to the credentialing entity, on an annual basis, to enable the credentialing entity to fulfill its duties and responsibilities under the bill's provisions. New Jersey – SB 492 / A262 (has not passed) (2020) An Act concerning sober living home construction financing, designated as Steven Schmincke's Law, and supplementing P.L.1983, c.530 (C.55:14K-1 et seq.). Be It Enacted by the Senate and General Assembly of the State of New Jersey: 1. The Legislature finds and declares that: o The State of New Jersey has experienced approximately 1,300 drug-related deaths each year since 2012; o This unfortunate statistic has more than doubled the annual number of deaths resulting from motor vehicle accidents in recent years; o Many New Jersey residents who have lost a loved one to a drug-related death, such as the family of Steven Schmincke of Egg Harbor Township, believe that residency in a responsibly-managed sober living home could have prevented the tragedy; and o It is necessary and in the public interest for the Legislature to enact legislation enabling the New Jersey Housing and Mortgage Finance Agency to establish a program to finance the creation of quality sober-living facilities through the issuance of low- or zero-interest loans. 2. a. As used in this section: "Agency" means the New Jersey Housing and Mortgage Finance Agency established pursuant to section 4 of P.L.1983, c.530 (C.55:14K-4). "Executive director" means the Executive Director of the New Jersey Housing and Mortgage Finance Agency. "Project cost" means the sum total of all costs incurred in the development of a sober living home, which are approved by the agency as reasonable and necessary. Costs shall include, but are not necessarily limited to: o cost of land acquisition and any buildings thereon, o cost of site preparation, demolition, and development, o architect, engineer, legal, authority and other fees paid or payable in connection with the planning, execution, and financing of the project, o cost of necessary studies, surveys, plans, and permits, o insurance, interest, financing, tax and assessment costs and other operating and carrying costs during construction, o cost of construction, reconstruction, fixtures, and equipment related to the real property, o cost of land improvements, o necessary expenses in connection with initial occupancy of the project, o a reasonable profit or fee to the builder and developer, o an allowance established by the agency for working capital and contingency reserves, and reserves for any anticipated operating deficits during the first two years of occupancy, and o the cost of such other items, including tenant relocation, as the agency shall determine to be reasonable and necessary for the development of the project.

"Sober living home" means a halfway house, or other residential aftercare facility focused on recovery from opiate addiction, alcohol addiction, or other addictive substance.

b. The executive director shall establish a program to finance the project costs of sober-living facilities through the issuance of loans with interest rates as low as zero-percent. Loans shall be issued to program applicants who demonstrate that (1) project costs are responsible, (2) once established, the sober living home will be responsibly managed, and (3) other requirements established by the executive director are satisfied. Funding sources may include, but shall not be limited to the agency's "Transitional Housing Revolving Loan Program," and private donations.

3. The Executive Director of the New Jersey Housing and Mortgage Finance Agency, in consultation with the Commissioner of Human Services, shall promulgate rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), necessary to carry out the purposes of P.L. , c. (C.) (pending before the Legislature as this bill).

4. This act shall take effect immediately.

This bill, designated "Steven Schmincke's Law," facilitates sober living home construction financing.

The State of New Jersey has experienced approximately 1,300 drug-related deaths each year since 2012. This unfortunate statistic has more than doubled the annual number of deaths resulting from motor vehicle accidents in recent years. Many residents of the State who have recently lost a loved one to a drug-related death, such as the family of Steven Schmincke of Egg Harbor Township, believe that residency in a responsibly-managed sober living home could have prevented the tragedy. This legislation would enable the New Jersey Housing and Mortgage Finance Agency to establish a program to finance the creation of quality sober-living facilities through the issuance of low- or zero-interest loans.

Specifically, a sober living home is a halfway house, or other residential aftercare facility focused on recovery from an addiction to opiates, alcohol, or other addictive substances. Under the program, loans would be issued to program applicants who demonstrate that;

- project costs are responsible,
- once established, the sober living home will be responsibly managed, and
- other requirements established by the executive director are satisfied. Funding sources would include, but not be limited to the agency's "Transitional Housing Revolving Loan Program."

New Jersey – SB493 (has not passed) (2020)

Requires DOH to approve credentialing entity to develop and administer a voluntary recovery residence certification program.

An Act concerning the voluntary certification of recovery residences, and supplementing Title 26 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey:

1. As used in this act:
   - "Certificate of compliance" means a certificate, which is issued by the credentialing entity to a recovery residence, and which affirms that the recovery residence is in compliance with all requirements necessary for certification, and is authorized to hold itself out to the public as a certified recovery residence.
   - "Certified recovery residence" means a recovery residence that holds a valid certificate of compliance issued pursuant to this act.
   - "Certified recovery residence administrator" means a recovery residence administrator who holds a valid professional certification issued pursuant to this act.
   - "Credentialing entity" means a nonprofit organization, operating in New Jersey, which develops and administers professional certification programs, and which is approved by the department to develop and administer a recovery residence certification program in this State, in accordance with the provisions of this act.
   - "Department" means the Department of Health.
   - "Peer-managed facility" means a recovery residence that is not directly managed, on a day-to-day basis, by a recovery residence administrator, but which, instead, is self-managed, on a cooperative basis, by the residents in recovery who are renting rooms at the facility.
   - "Professional certification" means a certificate that is issued by the credentialing entity to a recovery residence administrator, and which affirms that the administrator is in compliance with all applicable professional certification requirements, and has been deemed to be capable of managing a certified recovery residence.
   - "Professionally-managed facility" means a recovery residence that is directly managed by a recovery residence administrator, and is not a peer-managed facility.

- "Recovery residence" means housing with a home-like atmosphere, which is available in either a professionally-managed facility or a peer-managed facility, and which provides a sober living environment and alcohol and drug free living accommodations to individuals with substance use disorders, or to individuals with co-occurring mental health and substance use disorders, but which does not provide clinical treatment services for mental health or substance use disorders. "Recovery residence" includes, but is not limited to, a facility that is commonly referred to as a sober living home.
- "Recovery residence administrator" means the owner or operator of a recovery residence, who is responsible for the overall management of the recovery residence, including, but not limited to, the supervision of residents and staff; and who does not reside in the recovery residence. "Recovery residence administrator" does not include the owner or operator of a recovery residence who manages the recovery residence while residing therein.
- "Recovery residence certification program" means the program established by the credentialing entity, pursuant to section 2 of this act, which provides for the voluntary certification of recovery residences, and the professional certification of recovery residence administrators.
- "Refer" means to inform a current or discharged patient, by any means or method, about the name, address, or other details of a recovery residence.
- "Substance use disorder" means a maladaptive pattern of alcohol or drug use that leads to clinically significant impairment or distress. "Substance use disorder" includes drug or alcohol abuse or drug or alcohol dependency, as confirmed by a clinical screening and assessment instrument.
- Within 120 days after the enactment of this act, the department shall approve a credentialing entity to develop and administer a recovery residence certification program in the State. The recovery residence certification program shall be developed in accordance with the provisions of this section; shall be consistent with applicable standards adopted by the National Alliance for Recovery Residences (NARR); and shall become operational within 180 days after the credentialing entity is approved by the department pursuant to this subsection.
- Using a portion of the moneys annually appropriated to the department for its purposes, the department shall provide appropriate funds to the credentialing entity, on an annual basis, to enable the credentialing entity to fulfill its duties and responsibilities under this section.

2. In developing and implementing a recovery residence certification program, the credentialing entity shall:

- establish requirements for the voluntary certification of recovery residences, and the annual recertification of certified recovery residences;
- establish requirements for the voluntary professional certification of recovery residence administrators, and the annual recertification of certified recovery residence administrators;
- establish criminal background check requirements for the administrators and employees of professionally-managed facilities, as deemed by the credentialing entity to be necessary;
- administer all aspects of the recovery residence certification program, and establish procedures as necessary to facilitate the application, certification, and annual recertification processes used in the program;
- engage in the on-site pre-certification inspection of recovery residences that apply for a certificate of compliance;
- issue a certificate of compliance to any recovery residence, upon application therefor; provided that the recovery residence is in compliance with the provisions of subsection d. of this section; has satisfactorily passed an on-site pre-certification inspection conducted pursuant to paragraph (5) of this subsection; and satisfies all additional requirements, established by the credentialing entity under paragraph (1) of this subsection, which are necessary for certification;
- issue a professional certification to any recovery residence administrator, upon application therefor; provided that the administrator satisfies all requirements, established by the credentialing entity under paragraph (2) of this subsection, which are necessary for professional certification;
- establish procedures and protocols for the regular monitoring and inspection of certified recovery residences, which procedures and protocols shall, at a minimum, require the credentialing entity to conduct at least one unannounced on-site inspection of each certified recovery residence, as a condition of annual recertification; and

	o establish an Internet website to provide information to the public about the recovery residence certification program. o c. (1) Within 180 days after the recovery residence certification program becomes operational, the credentialing entity shall publish, on the website established pursuant to paragraph (9) of subsection b. of this section, a list that provides contact information for all of the recovery residences that have been issued a certificate of compliance in accordance with program requirements. Immediately after the publication of the list, the credentialing entity shall notify the department that the list is publicly available. (2) The list of certified recovery residences that is published pursuant to this subsection shall not include the names or contact information of any individual residents of a recovery residence, but shall, instead, provide contact information only for the residence, itself, or for the owner of the residence, as deemed appropriate by the credentialing entity. At no point shall the credentialing entity disclose any personally identifying information about the residents of a recovery residence. (3) The credentialing entity shall regularly update the list of certified recovery residences that is published pursuant to this subsection, in order to ensure that the list reflects the most up-to-date certification information, and omits reference to recovery residences that have lost their certification. o d. A recovery residence shall not be eligible to obtain a certificate of compliance under this section, unless it is managed by a certified recovery residence administrator, or is a peer-managed facility. A recovery residence that is professionally managed by an uncertified recovery residence administrator shall remain ineligible to obtain a certificate of compliance until such time as the recovery residence administrator obtains professional certification pursuant to this act. For the purposes of expediency, the credentialing entity may consider an application for the professional certification of a recovery residence administrator at the same time as it is considering an application for certification of the recovery residence. o e. A certificate of compliance issued to a recovery residence, and a professional certification issued to a recovery residence administrator, shall each be valid for one year from the date of issuance. o f. (1) The credentialing entity may suspend, revoke, or refuse to renew the certificate of compliance issued to a certified recovery residence, if the credentialing entity finds that the certified recovery residence is not in compliance with the requirements established by the credentialing entity under paragraph (1) of subsection b. of this section, or, if the credentialing entity determines that the certified recovery residence is no longer in compliance with the requirements of subsection d. of this section. o (2) The credentialing entity may suspend, revoke, or refuse to renew the professional certification issued to a certified recovery residence administrator, if the credentialing entity finds that the certified recovery residence administrator is not in compliance with the requirements established by the credentialing entity under paragraph (2) of subsection b. of this section. 3. The department shall update its Internet website to reflect the department's approval of a credentialing entity pursuant to this act. The department's website shall identify the name and contact information of the credentialing entity, and shall include a hyperlink to the credentialing entity's Internet website, established in accordance with paragraph (9) of subsection b. of section 2 of this act. o b. Within 10 days after the department receives notice from the credentialing entity, pursuant to subsection c. of section 2 of this act, indicating that a list of certified recovery residences is available on the credentialing entity's website, the department shall take appropriate action to notify all health care practitioners and substance use disorder treatment providers in the State about the availability of the list, and the provisions of subsection c. of this section. o (1) After receiving notice, pursuant to subsection b. of this section, regarding the credentialing entity's publication of a list of certified recovery residences, a health care practitioner or substance use disorder treatment provider in this State shall be prohibited from referring a current or discharged patient to a recovery residence, unless: o (a) the recovery residence is included in the list of certified recovery residences that appears on the credentialing entity's website; or o (b) the recovery residence is owned or operated by a licensed or certified substance use disorder treatment provider, or by a wholly owned subsidiary thereof, regardless of whether the recovery residence is listed as a certified recovery residence on the credentialing entity's website.

- (2) Nothing in this subsection shall be deemed to require a health care practitioner or substance use disorder treatment provider to refer any patient to a recovery residence.

4. A person shall not advertise, represent, or imply to the public that a recovery residence is a certified recovery residence, unless the recovery residence has obtained a certificate of compliance pursuant to this act.

- b. A recovery residence administrator shall not advertise, represent, or imply to the public that the administrator is a certified recovery residence administrator, unless the administrator has obtained professional certification pursuant to this act.
- c. A person who violates the provisions of this section shall be subject to a civil penalty of up to $1,000 for each offense. In determining the amount of the civil penalty to be imposed pursuant to this subsection, the department shall consider the nature, number, and seriousness of the violations, as well as the ability of the violator to pay the penalty, and any other factors determined to be relevant.
- d. A civil penalty imposed pursuant to this section may be collected, with costs, in a summary proceeding initiated by the department pursuant to the "Penalty Enforcement Act of 1999," P.L.1999, c.274 (C.2A:58-10 et seq.). The Superior Court and the municipal court shall have jurisdiction to enforce the "Penalty Enforcement Act of 1999" in connection with this act.

5. A recovery residence, whether or not it holds a certificate of compliance issued pursuant to this act, shall not be considered to be a health care facility within the meaning of the "Health Care Facilities Planning Act," P.L.1971, c.136 (C.26:2H-1 et seq.), and shall be exempt from the provisions of P.L.1971, c.136 (C.26:2H-1 et seq.) and the rules and regulations adopted pursuant thereto.

- b. A recovery residence, whether or not it holds a certificate of compliance issued pursuant to this act, shall not be considered to be a substance use disorder treatment facility, and shall be exempt from the provisions of P.L.1970, c.334 (C.26:2G-21 et seq.), P.L.1975, c.305 (C.26:2B-7 et seq.), and the rules and regulations adopted pursuant thereto.
- c. A recovery residence that holds a valid certificate of compliance, issued pursuant to this act, shall not be considered to be a rooming or boarding house, and shall be exempt from the provisions of the "Rooming and Boarding House Act of 1979," P.L.1979, c.496 (C.55:13B-1 et seq.) and any rules and regulations adopted pursuant thereto. In addition, a certified recovery residence shall be exempt from any rules and regulations governing the operation or certification of recovery residences or sober living homes, which rules and regulations were adopted by the Department of Community Affairs, the Department of Health, or the Department of Human Services prior to the effective date of this act. This act shall supersede all other pre-existing rules and regulations on this issue.

6. This act shall take effect immediately.

STATEMENT

This bill would require the Department of Health (DOH), within 120 days after the bill's enactment, to approve a credentialing entity to develop and administer a voluntary certification program for recovery residences and recovery residence administrators in the State. "Recovery residence" is defined by the bill to mean housing with a home-like atmosphere, which is available in a professionally-managed facility (i.e., a facility that is directly managed by a recovery residence administrator) or in a peer-managed facility (i.e., a facility that is cooperatively self-managed by residents in recovery who are renting rooms at the facility), and which provides a sober living environment and alcohol and drug free living accommodations to individuals with substance use disorders, or to individuals with co-occurring mental health and substance use disorders, but which does not provide clinical treatment services for mental health or substance use disorders. The term would include, but not be limited to, facilities that are commonly referred to as sober living homes. "Recovery residence administrator" is defined as the owner or operator of a recovery residence who is responsible for the overall management of the recovery residence, including, but not limited to, the supervision of residents and staff; and who does not reside in the recovery residence.

The bill would require the DOH to use a portion of the moneys annually appropriated thereto to provide appropriate funds to the credentialing entity, on an annual basis, to enable the credentialing entity to fulfill its duties and responsibilities under the bill's provisions.

In developing the recovery residence certification program (which is to become operational within 180 days after the credentialing entity is approved by the department), the credentialing entity will be required to: (1) establish requirements for the voluntary certification of recovery residences and recovery residence administrators, and requirements for the annual recertification of certified recovery

	residences and certified recovery residence administrators; (2) establish criminal background check requirements for the administrators and employees of professionally-managed facilities (i.e., those facilities that are managed by a professional administrator, and are not peer-managed), as deemed by the credentialing entity to be necessary; (3) administer all aspects of the certification program, and establish procedures to facilitate the application, certification, and annual recertification processes; (4) engage in the on-site pre-certification inspection of recovery residences applying for certification; (5) establish procedures and protocols for the regular monitoring and inspection of certified recovery residences, which procedures and protocols must, at a minimum, require at least one unannounced on-site inspection of each certified recovery residence, as a condition of annual recertification; and (6) establish an Internet website to provide information to the public about the recovery residence certification program. The requirements adopted under the recovery residence certification program are to be consistent with applicable standards adopted by the National Alliance for Recovery Residences (NARR). The credentialing entity would be required to issue a certificate of compliance to any recovery residence, upon application therefor, provided that the residence satisfactorily passes a pre-certification inspection, complies with all other certification requirements established by the credentialing entity, and is either professionally managed by a certified recovery residence administrator, or is a peer-managed facility. "Peer-managed facility" is defined as any facility that is not directly managed by a recovery residence administrator, but which is self-managed, on a cooperative basis, by the residents in recovery who are renting rooms at the facility. A recovery residence that is professionally managed by an uncertified administrator will not be eligible to obtain a certificate of compliance, until such time as the recovery residence administrator obtains professional certification, as provided by the bill. The bill would specify that, for the purposes of expediency, the credentialing entity may consider an application for the professional certification of an administrator at the same time as it is considering an application for certification of the recovery residence. Under the bill's provisions, a person would be prohibited from advertising a recovery residence, or holding the residence out to the public, as a "certified recovery residence," unless the recovery residence has obtained a certificate of compliance from the credentialing entity. Similarly, a recovery residence administrator would be prohibited from advertising or holding himself or herself out to the public as a "certified recovery residence administrator," unless the administrator has obtained a professional certification from the credentialing entity. Any person who violates these provisions would be subject to a civil penalty of up to $1,000 for each offense. A certificate of compliance issued to a recovery residence, and a professional certification issued to a recovery residence administrator, would each be valid for a period of one year from the date of issuance. The credentialing entity would be authorized to suspend, revoke, or refuse to renew a certificate of compliance issued to a recovery residence, if it finds that the residence has violated any certification requirements; or that the residence, if professionally managed, is no longer being managed by a certified administrator. The credentialing entity would be authorized to suspend, revoke, or refuse to renew the professional certification issued to an administrator, if it finds that the administrator is not in compliance with the requirements necessary to maintain such certification. Within 180 days after the recovery residence certification program becomes operational, the credentialing entity will be required to publish, on its website, a list that provides contact information for all recovery residences that have obtained a certificate of compliance pursuant to the bill's provisions. The credentialing entity is to notify the DOH, immediately upon publication, that the list is publicly available. The bill would specify that the published list of certified recovery residences may not include the names or contact information of any individual residents of a recovery residence, but, instead, is to include contact information only for the residence, itself, or for the owner of the residence, as deemed appropriate by the credentialing entity. At no point would the credentialing entity be authorized to disclose any personally identifying information about the residents of a recovery residence. The credentialing entity would be required to regularly update the list of certified recovery residences that is published on its website, in order to ensure that the list reflects the most up-to-date certification information, and omits reference to recovery residences that have lost their certification.

	The DOH will similarly be required to update its website to reflect its approval of the credentialing entity, and to provide the public with the name and contact information of the credentialing entity, as well as a link to the entity's website. Upon the department's receipt of notice that the credentialing entity has published a list of certified recovery residences, the DOH would be required to notify all health care practitioners and substance use disorder treatment providers in the State about the availability of the list, and about the bill's requirements regarding professional referrals to recovery residences. In particular, with respect to such referrals, the bill provides that, following the receipt of notice regarding the list's availability, a health care practitioner or substance use disorder treatment provider will be prohibited from referring a patient to a recovery residence, unless the recovery residence is listed as a certified recovery residence on the credentialing entity's website; or the recovery residence - whether certified or not - is owned or operated by a licensed or certified substance use disorder treatment provider, or by a wholly owned subsidiary thereof. However, the bill would specify that nothing in its provisions may be deemed to require a health care practitioner or substance use disorder treatment provider to refer any patient to a recovery residence. The bill would specify that a recovery residence, whether certified or not, may not be considered to be either a health care facility within the meaning of the "Health Care Facilities Planning Act," P.L.1971, c.136 (C.26:2H-1 et seq.), or a substance use disorder treatment facility within the meaning of P.L.1970, c.334 (C.26:2G-21 et seq.), and P.L.1975, c.305 (C.26:2B-7 et seq.). The bill would further specify that any recovery residence that holds a valid certificate of compliance, issued under the bill's provisions, may not be considered to be a rooming or boarding house, and is to be exempted from the provisions of the "Rooming and Boarding House Act of 1979," P.L.1979, c.496 (C.55:13B-1 et seq.) and any rules or regulations adopted pursuant thereto. (Uncertified recovery residences would, however, still remain subject to applicable rooming and boarding house requirements.) In addition, a certified recovery residence will be exempt from any rules and regulations governing the operation or certification of recovery residences or sober living homes, which rules and regulations were adopted by the Department of Community Affairs, the Department of Health, or the Department of Human Services prior to the
State Licensing	No recovery residence license, only basic “Class F” license for rooming & boarding and Uniform Construction Code Regulations issued by the Department of Consumer Affairs. New legislation proposes that the state “approve” a third party certification board, and that certification should be voluntary.

New Mexico

Non-profit Accreditation Board	No private third-party certification.
Legislation	None/unknown.
State Licensing	No licensing.

New York

Non-profit Accreditation Board	NARR reports that there is an affiliate accreditor under development.
Legislation	New York – Assembly 4697 – (has not passed) (2020 Session) An owner, operator, or landlord may not hold themselves out to be or advertise to be a "sober living home" unless they are certified by, and remain in good standing with, the New York state office of alcoholism and substance abuse services. New York – Assembly Bill 6412 – (has not passed) (2020 Session)

Introduced by M. of A. SMITH -- read once and referred to the Committee on Alcoholism and Drug Abuse AN ACT to amend the general business law, the mental hygiene law and the social services law, in relation to the improvement and operation of sober living homes

The People of the State of New York, represented in Senate and Assembly, do enact as follows:
Section 1. Declaration of findings and legislative intent. The legislature hereby finds and declares that there is an urgent need to improve the operation of sober living homes. A sober living home is intended to provide affordable, drug and alcohol-free environments for persons who are enrolled in out-patient treatment or recovering from a drug or alcohol addiction. The mission of a sober living home is to promote recovery and allow individuals to become self-supporting. In order to meet this mission, residents must be afforded a safe, sanitary, and secure environment. The legislature further finds that far too many sober living home operators fail to provide the atmosphere necessary for residents. While there certainly are some well-run sober living homes that truly aim to assist those in recovery, many of these homes are often overcrowded, drug and alcohol infested, unsanitary, and incompetently managed. In order to ensure that appropriate living standards are being maintained, regulations pertaining to the operation of sober living homes must be established and enforced. The legislature further finds and declares that it is the intent of the legislature to prevent recidivism, injury, and death among persons seeking housing in a sober living home by establishing and enforcing operational standards. By ensuring that appropriate standards are established and enforced, communities which host a sober living home will also benefit. By authorizing the state to certify establishments meeting the criteria necessary to provide an appropriate environment, and allowing localities to inspect the establishment, safe and effective sober living homes can continue to improve people's lives.

§ 2. The general business law is amended by adding a new section 210 to read as follows:

§ 210. Sober living homes.
1. A "sober living home" shall mean a home that is operated, whether for profit or not, for transitional recovery purposes of individuals afflicted with alcohol or substance abuse dependencies. Such homes shall have, as its primary purpose, the reintegration of such afflicted persons into society with accompanying monitoring and support, and shall provide a safe, supportive, drug-free living environment. Homes established as "half-way houses or homes" and/or "recovery houses or homes" shall be included in this definition.
2. An owner, operator, or landlord, may not hold themselves out to be or advertise to be a "sober living home" unless they are certified by, and remain in good standing with, the New York state office of alcoholism and substance abuse services.
3. Any violation of this section shall result in a fine in the amount of ten thousand dollars.

§ 3. The mental hygiene law is amended by adding a new article 21 to read as follows:
ARTICLE 21 CERTIFICATION OF SOBER LIVING HOMES Section 21.01 Authority.
21.03 Definition.
21.05 Certification process.
21.07 Certification fee.
21.09 Revocation of certificates.
21.11 Inspections.
21.13 Violations.
21.15 Exclusivity of sober living home title.
21.17 Listing of certified sober living homes.
21.19 Toll-free hotline.
21.01 Authority.
The legislature hereby declares that alcoholism, substance abuse and chemical dependence pose major health and social problems for individuals. It has been proven that transitional living environments can help to prevent recidivism after an individual has ceased using alcohol, illegal substances and chemicals. The tragic, cumulative and often fatal consequences of recidivism can be prevented through the establishment of quality sober living homes. The legislature recognizes locally implemented transitional living programs as an effective avenue to avert recidivism. The primary goals of rehabilitation and recovery are to restore social, family, lifestyle, vocational, and economic supports by stabilizing an individual's physical and psychological functioning. By ensuring that sober living homes are offering the environment necessary for such success, positive treatment outcomes can be further attained. The state

	of New York and local governments have a responsibility to coordinate the delivery of alcoholism and substance abuse services, through the entire process of recovery. To accomplish these objectives, the legislature declares that the establishment of a program for certification of sober living homes will provide an integrated framework to further plan, oversee, and regulate the state's prevention and treatment network. In recognition of the growing trends and incidences of recidivism, this oversight allows the state to respond to the recovery needs of individuals suffering from alcoholism, substance abuse and chemical dependency. § 21.03 Definition. For the purposes of this section, a "sober living home" shall mean a home that is operated, whether for profit or not, for transitional recovery proposes of individuals afflicted with alcohol or substance abuse dependencies. Such homes shall have, as its primary purpose, the reintegration of such afflicted persons into society with accompanying monitoring and support, and shall provide a safe, supportive, drug-free living environment. Homes established as "half-way houses or homes" and/or "recovery houses or homes" shall be included in this definition. § 21.05 Certification process. 1. The office shall promulgate rules and regulations necessary for the implementation of a program for certification of sober living homes. Provided however, that any rules or regulations adopted must include a provision requiring an inspection of the proposed sober living home prior to the completion of the certification process. 2. In addition to any standards promulgated by the office, operators of sober living homes shall, at a minimum: o Operate in accordance with all federal, state, and local building codes and ordinances to the extent practicable in accordance with the Federal Fair Housing Act. o Be operated or managed by people with at least two years employment experience with people with substance abuse disorders. Operators may not have any prior felony convictions. o Be affiliated with a treatment program approved by the office of alcoholism and substance abuse services. o Establish and enforce a zero tolerance policy for alcoholism and substance abuse. o Provide furnished living spaces in accordance with all local zoning and housing standards. o Have an OASAS certified abuse counselor on staff who follows each individual's aftercare plan as well as assists each individual, as needed, in furthering their education, acquiring job training, and securing o employment so they can transition out of the sober living home. 3. Such certificate shall specify: o The name of the holder of the certificate. o The address to which the certificate applies. o The maximum number of persons to reside in the home. 4. Such certificate shall be publicly displayed at the home. 5. Certificates are non-transferable to new ownership or other locations. 6. Nothing in this section shall relieve certificate holders from complying with other provisions of this article, nor shall powers or duties of the office granted or imposed by other sections of this article be circumscribed by this section. Further, nothing in this section shall relieve certificate holders from complying with other applicable provisions of county law or regulation which do not violate this article. § 21.07 Certification fee. The office is hereby authorized to impose a reasonable fee to apply for a certificate. The office is also authorized to collect a biannual re-certification fee of five hundred dollars from applicants and holders of sober living home certificates in order to implement the certification process and oversee compliance therewith. Certification must be renewed every two years. One-half of the revenue generated by this fee shall be remitted to the county. The office shall have the authority to waive this fee at its discretion. § 21.09 Revocation of certificates. 1. The office shall have the authority to revoke a certificate if a sober living home ceases to meet the standards provided or with the provisions of any other applicable state or county law or regulation. The holder of the certificate shall be given at least thirty days written notice and the opportunity to be heard prior to revocation.

	2. The commissioner may immediately revoke a certificate if there are reasonable grounds to believe that the continued operation of the sober living home presents an immediate danger to residents of the home or the general public. Such action must be made in writing to the certificate holder, and may last no longer than thirty days, during which time the commissioner shall make a final determination after giving the certificate holder an opportunity to be heard. § 21.11 Inspections. The office shall, in coordination with the county department of community mental hygiene services, promulgate rules and regulations regarding the inspection of certified sober living homes in order to ensure that each home is in compliance with all applicable rules and regulations. § 21.13 Violations. Any certified sober living home that is found by the office to be in violation of any provision of this article or any other state, county, town, or village law or regulation may be fined. A fine may be imposed for each day that a sober living home remains in violation of this article or any other state or county law or regulation. The daily fine may not exceed one thousand dollars per day, and in no event may the total fine amount exceed five thousand dollars annually except for fines issued pursuant to section two hundred ten of the general business law. Such fine may be in lieu of, or in addition to, certificate revocation. One-half of any fines assessed shall be remitted to the county. § 21.15 Exclusivity of sober living home title. No owner, operator or landlord may hold a property out to be or advertise a property as a sober living home unless the property is certified by the office. § 21.17 Listing of certified sober living homes. The office shall maintain an online listing, available to the public, of all certified sober living homes which are in good standing. § 21.19 Toll-free hotline. The office shall establish a toll-free telephone line to receive and respond to complaints regarding sober living homes. § 4. Section 17 of the social services law is amended by adding a new subdivision (h-1) to read as follows: (h-1) ensure that all recipients of public assistance who reside in sober living homes, as defined by article twenty-one of the mental hygiene law, resid e in housing accommodations that are in compliance with all applicable building codes, ordinances and regulations of the municipality in which the housing accommodation is located. Reasonable accommodations from building codes, ordinances and regulations shall be made pursuant to the Federal Fair Housing Act. Upon discovery that such housing accommodation is not in compliance recipients shall be housed in emergency housing or other alternative temporary housing until such time as the initial housing accommodation in which such recipient or recipients resided is brought into compliance with all applicable building codes, ordinances and regulations of the county and the municipality in which such housing accommodation is located or until a suitable permanent housing accommodation is located, whichever occurs earlier; § 5. Subdivision 2 of section 143-b of the social services law, as added by chapter 997 of the laws of 1962, is amended to read as follows: Every public welfare official shall have power to and may withhold the payment of any such rent, or portion comprising rent in instances where the public welfare department makes room and board payments to a sober living home as defined by the mental hygiene law, in any case where he has knowledge that there exists or there is outstanding any violation of law in respect to the building containing the housing accommodations occupied by the person entitled to such assistance which is dangerous, hazardous or detrimental to life or health. A report of each such violation shall be made to the appropriate public welfare department by the appropriate department or agency having jurisdiction over violations. § 6. Severability. If any clause, sentence, paragraph or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph or part thereof directly involved in the controversy in which such judgment shall have been rendered. § 7. This act shall take effect one year after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made on or before such effective date.

New York – Assembly Bill 929 (has not passed) (2020 Session)

Introduced by M. of A. L. ROSENTHAL, DenDEKKER, CRESPO, DAVILA, BARRON, JONES -- Multi-Sponsored by -- M. of A. THIELE -- read once and referred to the Committee on Alcoholism and Drug Abuse AN ACT to amend the mental hygiene law, in relation to establishing the sober living task force; and providing for the repeal of such provisions upon expiration thereof The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The mental hygiene law is amended by adding a new section 19.04 to read as follows:
§ 19.04 Sober living task force.
1. Definitions. As used in this section:

- "Sober living residence" shall mean any residence located in New York state where the owner or operator of such residence holds the residence out to the public as an alcohol and drug free living environment for persons recovering from a chemical dependency, where no formal treatment services are provided on-site.
- "Sober living network" shall mean a group of independently operated and self-regulated sober living residences located in New York state which comply with the guidelines issued pursuant to this section.

2. The sober living task force is hereby created, which pursuant to the provisions of this section, shall establish best practice guidelines for sober living residences that illustrate the most appropriate and effective environment for persons recovering from a chemical dependency.
3. The task force shall utilize information collected from organizations and programs both in New York state and throughout the country to:

- Issue recommendations and guidelines establishing best practices for sober living residences to provide an alcohol and drug free sober living environment;
- Develop a plan to establish a statewide sober living network as defined in paragraph (b) of subdivision one of this section; and
- Identify barriers for individuals to access recovery services, residential treatment for chemical dependency and appropriate housing where individuals are provided an alcohol and drug free living environment.

4. The members of the task force shall include the commissioner of the office of alcoholism and substance abuse services or his or her designee; the commissioner of the office of mental health or his or her designee; the commissioner of the office of temporary and disability assistance or his or her designee; the commissioner of the office of homes and community renewal or his or her designee; one representative of the New York state local mental hygiene directors; at least two representatives of reputable owners or operators of a residence which currently provides alcohol and drug free housing for persons in recovery where no formal treatment services are provided on-site; at least two representatives of chemical dependence residential treatment providers licensed by the office; at least one representative who is not a provider of chemical dependence or mental health services and who represent non-governmental organizations, such as not-for-profit entities or other organizations concerned with the provision of housing and recovery services; and any other relevant agency or participant that is deemed appropriate. The commissioner shall be designated as the chairperson of such task force and shall select a vice-chairperson and a secretary. Prior to the first meeting of the task force, in consultation with the state agency members of such task force, the chairperson shall select up to eight additional members whom shall be representatives of local government agencies in New York state where the need for alcohol and drug free housing is most prevalent. The members of the council shall receive no compensation for their services but shall be reimbursed for expenses actually and necessarily incurred in the performance of their duties. No civil action shall be brought in any court against any member of the sober living task force for any act or omission necessary to the discharge of his or her duties as a member of the task force, except as provided herein. Such member may be liable for damages in any such action if he or she failed to act in good faith and exercise reasonable care. Any information obtained by a member of the task force while carrying out his or her limited duties as prescribed in subdivision three of this section shall only be utilized in their capacity as a member of the task force.
5. No later than December thirty-first in the year following the effective date of this section the task force shall provide a report to the temporary president of the senate, the minority leader of the senate, the speaker of the assembly, the minority leader of the assembly, and the chairman of the appropriate legislative committees. Such report shall include but not be limited to the best practices established for sober living residences; a description of the plan that establishes a statewide sober living network;

recommendations by the task force to reduce access barriers for individuals seeking residential treatment for chemical dependency; and recommendations for any other program or policy initiative the task force deems appropriate. The report shall be posted on the websites of the appropriate agencies.

§ 2. This act shall take effect on the thirtieth day after it shall have become a law and shall expire and be deemed repealed two years after such effective date.

New York – Assembly Bill 2681 (has not passed) (2020 Session)

Introduced by Sens. MAYER, BROOKS, LIU -- read twice and ordered printed, and when printed to be committed to the Committee on Alcoholism and Substance Abuse AN ACT to amend the mental hygiene law, in relation to establishing the sober living task force; and providing for the repeal of such provisions upon expiration thereof The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The mental hygiene law is amended by adding a new section 19.04 to read as follows:

§ 19.04 Sober living task force.

1. Definitions. As used in this section:
   - "Sober living residence" shall mean any residence located in New York state where the owner or operator of such residence holds the residence out to the public as an alcohol and drug free living environment for persons recovering from a chemical dependency, where no formal treatment services are provided on-site.
   - "Sober living network" shall mean a group of independently operated and self-regulated sober living residences located in New York state which comply with the guidelines issued pursuant to this section.

2. The sober living task force is hereby created, which pursuant to the provisions of this section, shall establish best practice guidelines for sober living residences that illustrate the most appropriate and effective environment for persons recovering from a chemical dependency.

3. The task force shall utilize information collected from organizations and programs both in New York state and throughout the country to:
   - Issue recommendations and guidelines establishing best practices for sober living residences to provide an alcohol and drug free sober living environment;
   - Develop a plan to establish a statewide sober living network as defined in paragraph (b) of subdivision one of this section; and
   - Identify barriers for individuals to access recovery services, residential treatment for chemical dependency and appropriate housing where individuals are provided an alcohol and drug free living environment.

4. The members of the task force shall include the commissioner of the office of alcoholism and substance abuse services or his or her designee; the commissioner of the office of mental health or his or her designee; the commissioner of the office of temporary and disability assistance or his or her designee; the commissioner of the office of homes and community renewal or his or her designee; one representative of the New York state local mental hygiene directors; at least two representatives of reputable owners or operators of a residence which currently provides alcohol and drug free housing for persons in recovery where no formal treatment services are provided on-site; at least two representatives of chemical dependence residential treatment providers licensed by the office; at least one representative who is not a provider of chemical dependence or mental health services and who represent non-governmental organizations, such as not-for-profit entities or other organizations concerned with the provision of housing and recovery services; and any other relevant agency or participant that is deemed appropriate. The commissioner shall be designated as the chairperson of such task force and shall select a vice-chairperson and a secretary. Prior to the first meeting of the task force, in consultation with the state agency members of such task force, the chairperson shall select up to eight additional members whom shall be representatives of local government agencies in New York state where the need for alcohol and drug free housing is most prevalent. The members of the council shall receive no compensation for their services but shall be reimbursed for expenses actually and necessarily incurred in the performance of their duties. No civil action shall be brought in any court against any member of the sober living task force for any act or omission necessary to the discharge of his or her duties as a member of the task force, except as provided herein. Such member may be liable for damages in any such action if he or she failed to act in good faith and exercise reasonable care. Any information obtained by a member of the task force while carrying out his or her limited duties as

	prescribed in subdivision three of this section shall only be utilized in their capacity as a member of the task force. 5. No later than December thirty-first in the year following the effective date of this section the task force shall provide a report to the temporary president of the senate, the minority leader of the senate, the speaker of the assembly, the minority leader of the assembly, and the chairman of the appropriate legislative committees. Such report shall include but not be limited to the best practices established for sober living residences; a description of the plan that establishes a statewide sober living network; recommendations by the task force to reduce access barriers for individuals seeking residential treatment for chemical dependency; and recommendations for any other program or policy initiative the task force deems appropriate. The report shall be posted on the websites of the appropriate agencies. § 2. This act shall take effect on the thirtieth day after it shall have become a law and shall expire and be deemed repealed two years after such effective date.
State Licensing	None.

North Carolina

Non-profit Accreditation Board	North Carolina Association of Recovery Residences www.recoveryresidencesofnorthcarolina.com Member dues: (1-20 beds) $150, (21-40 beds) $200, (41-60 beds) $300, (61+ beds) $400 Certifies recovery homes. "The North Carolina Association of Recovery Residences (NCARR) seeks to ensure a standard of excellence among its members thus becoming the trusted resource for both professionals looking to provide addiction recovery services and for persons in need of addiction recovery services to find each other wherever they are in the continuum of care."
Legislation	North Carolina – o Recently adopted NARR standards (certification not required by state) o Recovery Residences of the Carolinas certifies eight homes in North Carolina, and it organizes each into one of the four levels identified in this guide https://recoveryncsc.com/2017/02/22/rroc-members/
State Licensing	No licensing.

North Dakota

Non-profit Accreditation Board	No private third-party certification.
Legislation	None/unknown.
State Licensing	No licensing.

Ohio

Non-profit Accreditation Board	Ohio Recovery Housing www.ohiorecoveryhousing.org Member fees: (0-5 beds) $575, (6-10 beds) $585, (11-20 beds) $610, (21-30 beds) $635, (31-40 beds) $660, (41-50 beds) $685, (51-70 beds) $735, (71-100 beds) $810 Certifies recovery homes. Ohio Recovery Housing (ORH) is an organization dedicated to the development and operation of quality alcohol and drug-free living in a community of recovery for people with substance use disorders. An affiliate of the National Alliance for Recovery Residences, ORH supports our Associates in meeting the quality established by the NARR Standards. ORH was officially established on September 19, 2014 after years of work to organize recovery housing in Ohio. Ohio has always outspokenly valued the power of peers in recovery living together with a commitment to sobriety. The Association of Halfway House Alcoholism Programs (AHHAP) was

	founded in 1968 with leadership from Ohio. This organization merged with NARR in 2013. In the 1970s and 1980s, regional recovery housing organizations began to emerge across the United States. These organizations had an emphasis on standards and training, including the Ohio Alliance of Residential Recovery Services (OARRS) which began operating in Ohio.
Legislation	Ohio - ORC Sections: 340.01; 340.032; 340.033; and 340.034 ○ "Recovery housing" means housing for individuals recovering from drug addiction that provides an alcohol- and drug-free living environment, peer support, assistance with obtaining drug addiction services and other drug addiction recovery assistance. ○ Additional components of the law include: (a) recovery housing is a required element in local continuum of addiction care, (b) it establishes required protocols for recovery housing including "quality standards," (c) recovery homes cannot have time limits for residency and (d) residents are permitted to be on medication-assisted treatment and receive addiction treatment services while living in recovery homes. ○ State affiliates have found that new residences need 6-9 months to put written policies into practice. Ohio has allocated funds for recovery housing through grants to counties as well as to the state NARR affiliate, Ohio Recovery Housing. In addition, Ohio has established an online registry of certified recovery homes.
State Licensing	No licensing.

Oklahoma

Non-profit Accreditation	NARR has a contract with OK DMHSAS to form an affiliate, which will be launched in 2020, with some training already delivered. Will be voluntary certification using the NARR standard.
Legislation	None/unknown.
State Licensing	No licensing.

Oregon

Accreditation Board	The Mental Health and Addiction Certification Board of Oregon (MHACBO) www.MHACBO.org & www.OregonRecoveryResidences.org NARR reports that there is an affiliate accreditation board under development in Oregon. MHACBO is currently developing a relationship with NARR to begin credentialing of Recovery Residences utilizing the NARR 3.0 Standards. MHACBO is also developing a registry which will include information regarding MHACBO-NARR accreditation of recovery residences.
Legislation	Oregon – ORS 90.243 This law focuses on rental agreements between landlord and tenant. It requires the living quarters to be alcohol- or drug-free and requires tenants to participate in a recovery program. The landlord provides for the designated drug and alcohol-free housing dwelling units: (a) a drug- and alcohol-free environment, covering all tenants, employees, staff, agents of the landlord and guests; (b) monitoring of the tenants for compliance with the requirements described; (c) individual and group support for recovery; and (d) access to a specified program of recovery.
State Licensing	No licensing.

Pennsylvania

Non-profit Accreditation Board	Pennsylvania Association of Recovery Residences www.parronline.org Certifies recovery homes. Philadelphia Association of Recovery Residence (PARR) is a founding member of the National Alliance for Recovery Residences (NARR). PARR has been offering recovery residence certification since 2011.
Legislation	The Pennsylvania Department of Drug and Alcohol Programs (DDAP) is developing a licensure program for drug and alcohol recovery houses. DDAP is working to get this new program up and

	running by December 2019. Once the new licensing program is in place, recovery houses will be required to get a license if they: (1) Want to receive referrals from state agencies or state-funded facilities, or (2) Want to receive federal or state funding to deliver recovery house services.
State Licensing	No current license, "under development" as a result of HB119, 2018. See - https://www.ddap.pa.gov/Pages/Recovery-House-Licensing.aspx

Rhode Island

Non-profit Accreditation Board	Ocean State Coalition of Recovery Houses www.recoveryhousingri.com Certifies recovery homes. The agency responsible for the certification program in Rhode Island. RICARES understands that safe and affordable housing is a key part of Recovery Support Services. They are working to ensure all recovery houses meet the national certification standards.
Legislation	Rhode Island – 40.1-1-13 & BHDDH State Website o The Department of Behavioral Healthcare, developmental disabilities and hospitals shall have the following powers and duties:... (18) To certify recovery housing facilities directly or through a contracted entity as defined by department guidelines, which includes adherence to using National Alliance for Recovery Residences (NARR) standards. o In accordance with a schedule to be determined by the department, all referrals from state agencies or state-funded facilities shall be to certified houses, and only certified recovery housing facilities shall be eligible to receive state funding to deliver recovery housing services.
State Licensing	No licensing.

South Carolina

Non-profit Accreditation Board	South Carolina Alliance for Recovery Residences www.scarronline.org Certifies recovery homes. South Carolina Alliance for Recovery Residences (SC-ARR) is a 501(c)3 nonprofit and recovery community organization (RCO) serving recovery organizations within the state of South Carolina. As an affiliate of the National Alliance for Recovery Residences, SC-ARR is responsible for certifying recovery residences that meet the national standard. We are focused on bringing Standards, Credibility, Ethics and Excellence to South Carolina addiction recovery residences and addiction recovery communities.
Legislation	South Carolina – Discovery and Report Stage o Report sent to Legislature "Require Standards for Recovery Housing" in addition to a clear definition of what constitutes recovery housing. o Legislation should require that recovery housing meets national quality standards. The National Council recommends that legislation require that recovery homes meet quality standards established in 2011 by NARR.
State Licensing	No licensing.

South Dakota

Non-profit Accreditation Board	No private third-party certification.
Legislation	None/unknown.
State Licensing	No licensing.

Tennessee

Non-profit Accreditation Board	Tennessee Association of Recovery Residences www.tnarr.org Certifies recovery homes. TN-ARR is Tennessee's established housing resource for "Recovery Residences." We serve as an educational resource and conduit to Tennessee's proven long-term housing options where experience, safety, sobriety and accountability are primary. A sober-living environment is essential to long-term recovery. Living among others, whose healthy goals and habits are shared.
Legislation	Tennessee – HB 1929 Requires certification and signage that states the property is a recovery home; That the facility is not licensed or funded by the Tennessee Department of Mental Health and Substance Abuse Services; That the facility does not provide treatment services. Enables cities and towns to enact ordinances regarding sober living homes. Tennessee - §6-54-145 (a) As used in this section: (1) "Municipality" means an incorporated city or town, or a county with a metropolitan form of government; and (2) (A) "Sober living home" means any home classified as a "single family residence" under § 13-24-102 that provides alcohol-free or drug-free housing, promotes independent living, life skill development, and reintegration, and provides structured activities that are directed primarily toward a group of unrelated individuals who are recovering from drug or alcohol addiction and who may be receiving outpatient healthcare services for substance abuse or addiction treatment while living in the home; (B) "Sober living home" does not mean: (i) A home that is chartered by a 501(c)(3) nonprofit organization that: (a) Serves as an umbrella organization and organizes homes into chapters; and (b) Is governed by a council and board of directors that maintain the sole right to charter, and revoke the charter of, a home; (ii) A home that is an affiliate of a 501(c)(3) nonprofit organization located in this state that: (a) Pre-screens new affiliates; (b) Requires affiliates to adhere to a code of ethics; and (c) Requires affiliates to make an annual contribution based on the number of recovery residences; or (iii) A home or facility that is licensed or funded by the department of mental health and substance abuse services. (b) A municipality may adopt an ordinance requiring each sober living home to display in a prominent place within the sober living home, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating: NOTICE: THIS IS A SOBER LIVING HOME THAT PROVIDES HOUSING TO MEN AND/OR WOMEN WHO DO NOT REQUIRE MORE STRUCTURED TREATMENT ENVIRONMENTS. THIS HOME PROMOTES INDEPENDENT LIVING, LIFE SKILL DEVELOPMENT, AND REINTEGRATION. THIS HOME IS DESIGNED TO ASSIST MEN AND/OR WOMEN TO RECOVER FROM DRUG OR ALCOHOL ADDICTION. THIS HOME IS NOT LICENSED OR FUNDED BY THE TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AS IT IS PRIVATELY FUNDED AND DOES NOT PROVIDE TREATMENT SERVICES. IF YOU ARE IN NEED OF TREATMENT SERVICES, PLEASE CALL THE TENNESSEE REDLINE AT 1-800-889-9789. IF YOU WOULD LIKE ADDITIONAL INFORMATION REGARDING ADDITIONAL SUBSTANCE ABUSE SERVICES AND RESOURCES, INCLUDING SOBER LIVING OPTIONS, PLEASE VISIT THE TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WEBSITE AT . THIS IS A NOTICE POSTED PURSUANT TO [MUNICIPALITY CODE REFERENCE]. (c) A municipality shall display in the city hall or other building which houses the municipality's seat of local government, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating: PURSUANT TO TENNESSEE CODE ANNOTATED § 33-2-405, IT IS UNLAWFUL FOR A PERSON, PARTNERSHIP, ASSOCIATION, OR CORPORATION TO OWN OR OPERATE A SERVICE OR FACILITY THAT PROVIDES ALCOHOL AND DRUG ABUSE PREVENTION AND/OR TREATMENT WITHIN THE MEANING OF TITLE 33 OF THE TENNESSEE CODE ANNOTATED WITHOUT HAVING OBTAINED A LICENSE. A VIOLATION OF THIS REQUIREMENT IS A CLASS B MISDEMEANOR. EACH DAY OF OPERATION

	WITHOUT A LICENSE CONSTITUTES A SEPARATE OFFENSE. REPORT ANY SUSPECTED UNLICENSED ALCOHOL AND DRUG ABUSE PREVENTION AND/OR TREATMENT SERVICES TO THE TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES' OFFICE OF LICENSURE BY DIALING [WEST TENNESSEE LICENSURE OFFICE PHONE NUMBER; MIDDLE TENNESSEE LICENSURE OFFICE PHONE NUMBER; OR EAST TENNESSEE LICENSURE OFFICE PHONE NUMBER, AS APPLICABLE TO THE LOCATION OF THE MUNICIPALITY]. (d) If a municipality maintains a website, the notice required under subsection (c) must be placed prominently on the municipality's website. (e) A municipality may adopt an ordinance encouraging sober living homes to: (1) Become chartered by an organization described under (a)(2)(B)(i); or (2) Comply with the requirements for recovery residences prescribed by an organization described under subdivision (a)(2)(B)(ii). **Tennessee – HB550/SB0468 (has not passed)** SECTION 1. Tennessee Code Annotated, Title 56, Chapter 1, Part 1, is amended by adding the following new section: (a) The rate and premium for each policy of commercial general liability and property insurance must include a provision for appropriate reductions, as actuarially justified, but not to exceed five percent (5%) of the total cost of the rate or premium, for any operator of a sober living home that: (1) Is chartered under, affiliated with, or certified by an organization described in § 6-54-145(a)(2)(B)(i) or (ii); and (2) Meets any other criteria of the commissioner for qualification for a premium credit as established by rules promulgated under subsection (b). (b) The commissioner may promulgate rules in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, for purposes of carrying out this section. The commissioner shall collaborate with the department of mental health and substance abuse services for purposes of adopting rules under this subsection (b). (c) As used in this section, "sober living home" means any home classified as a "single family residence" under § 13-24-102 that provides alcohol-free or drug-free housing; promotes independent living, life skill development, and reintegration; and provides structured activities that are directed primarily toward a group of unrelated individuals who are recovering from drug or alcohol addiction and who may be receiving outpatient healthcare services for substance abuse or addiction treatment while living in the home. SECTION 2. This act shall take effect upon becoming a law for purposes of promulgating rules and carrying out any administrative duties necessary to effectuate the provisions and intent of this act, the public welfare requiring it. For all other purposes, this act shall take effect on July 1, 2019, the public welfare requiring it.
State Licensing	No state licensing. Requires third party certification.

Texas

Non-profit Accreditation Board	**Texas Recovery-oriented Housing Network** www.recoverypeople.org/trohn/ Certifies recovery homes. Texas Recovery Oriented Housing Network (TROHN) is a founding member of the National Alliance for Recovery Residences (NARR), providing certification, and is a division of SoberHood, a recovery community organizations based in Austin, Texas. TROHN's mission is to improve the availability and quality of recovery housing and support services.
Legislation	**Texas – HB 3969 (effective 09/01/2019)** Regulation of structured sober living homes. (a) a municipality by ordinance may adopt standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with disabilities act of 1990 Public funding only to certified sober living homes.
State Licensing	No licensing.

Utah

Non-profit Accreditation Board	Utah Association of Recovery Residences Appears to be inactive.
Legislation	Utah - Rule R501-18 & 62A-2-101(29) This rule establishes: (1) basic health and safety standards for recovery residences; and (2) minimum administration requirements. Certification is a partial indicator of public funding. The statute includes mandatory licensure for all but Oxford Houses and most NARR Level 1 residences.
Licensing	Yes, references NARR standards.

Vermont

Non-profit Accreditation Board	Vermont Alliance of Recovery Residences www.vtarr.org Certifies recovery homes. The Vermont Alliance for Recovery Residences (VTARR) is a state affiliate of the National Alliance for Recovery Residences. Our mission is to support those in recovery from Substance Use Disorders by improving access to Recovery Residences through established standards, a fair and transparent certification process, community engagement, education, technical assistance, research, and advocacy.
Legislation	Voluntary certification. No administrative rules in place.
State Licensing	No licensing.

Virginia

Non-profit Accreditation Board	Virginia Association of Recovery Residences www.varronline.org Certifies recovery homes. There are many Recovery Residences throughout Virginia. Many provide safe, ethical, and nurturing housing for the populations they serve. There are some, however; that do not. VARR approved houses demonstrate adherence to a rigorous set of standards. Compliance is affirmed through submission of extensive documentation, annual onsite inspections, participation in sponsored training, and events and responsiveness to all reported concerns and/or grievances. VARR approved houses demonstrate adherence to a rigorous set of standards that is produced at the National level through NARR.
Legislation	Virginia – HB2045 § 37.2-431.1. Certified recovery residences. A. As used in this section: "Certified recovery residence" means a recovery residence that has been certified by the Department. "Credentialing entity" means a nonprofit organization that develops and administers professional certification programs according to nationally recognized recovery housing standards. "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. No person shall advertise, represent, or otherwise imply to the public that a recovery residence or other housing facility is a certified recovery residence unless such recovery residence or other housing facility has been certified by the Department in accordance with regulations adopted by the Board. Such regulations may require accreditation by or membership in a credentialing agency as a condition of certification. C. The Department shall maintain a list of certified recovery residences on its website. D. The Department may institute civil proceedings in the name of the Commonwealth to enjoin any person from violating the provisions of this section and to

	recover a civil penalty of at least $200 but no more than $1,000 for each violation. Such proceedings shall be brought in the general district or circuit court for the county or city in which the violation occurred or where the defendant resides. Civil penalties assessed under this section shall be paid into the Behavioral Health and Developmental Services Trust Fund established in § 37.2-318.
State Licensing	No licensing.

Washington

Non-profit Accreditation Board	Washington Alliance for Quality Recovery Residences www.waqrr.org Certifies recovery homes. The Washington Alliance for Quality Recovery Residences was formed in 2017 to assist those in or seeking recovery and who need a safe, supportive and ethically operated residential environment as they begin their recovery journeys. The WAQRR provides certification of recovery residences. We are a diverse group of recovery housing providers who are committed to the power of community, integrity, and a common standard of quality.
Legislation	Washington - RCW 59.18.550 Drug and alcohol free housing—Program of recovery—Terms—Application of chapter. (1) For the purpose of this section, "drug and alcohol free housing" requires a rental agreement and means a dwelling in which: (a) Each of the dwelling units on the premises is occupied or held for occupancy by at least one tenant who is a recovering alcoholic or drug addict and is participating in a program of recovery; (b) The landlord is a nonprofit corporation incorporated under Title 24 RCW, a corporation for profit incorporated under Title 23B RCW, or a housing authority created under chapter 35.82 RCW, and is providing federally assisted housing as defined in chapter 59.28 RCW; (c) The landlord provides: (i) A drug and alcohol free environment, covering all tenants, employees, staff, agents of the landlord, and guests; (ii) An employee who monitors the tenants for compliance with the requirements of (d) of this subsection; (iii) Individual and group support for recovery; and (iv) Access to a specified program of recovery; and (d) The rental agreement is in writing and includes the following provisions: (i) The tenant may not use, possess, or share alcohol, illegal drugs, controlled substances, or prescription drugs without a medical prescription, either on or off the premises; (ii) The tenant may not allow the tenant's guests to use, possess, or share alcohol, illegal drugs, controlled substances, or prescription drugs without a medical prescription, on the premises; (iii) The tenant must participate in a program of recovery, which specific program is described in the rental agreement; (iv) On at least a quarterly basis the tenant must provide written verification from the tenant's program of recovery that the tenant is participating in the program of recovery and the tenant has not used alcohol or illegal drugs; (v) The landlord has the right to require the tenant to take a urine analysis test regarding drug or alcohol usage, at the landlord's discretion and expense; and (vi) The landlord has the right to terminate the tenant's tenancy by delivering a three-day notice to terminate with one day to comply, if a tenant living in drug and alcohol free housing uses, possesses, or shares alcohol, illegal drugs, controlled substances, or prescription drugs without a medical prescription. (2) For the purpose of this section, "program of recovery" means a verifiable program of counseling and rehabilitation treatment services, including a written plan, to assist recovering alcoholics or drug addicts to recover from their addiction to alcohol or illegal drugs while living in drug and alcohol free housing. A "program of recovery" includes Alcoholics Anonymous, Narcotics Anonymous, and similar programs. (3) If a tenant living for less than two years in drug and alcohol free housing uses, possesses, or shares alcohol, illegal drugs, controlled substances, or prescription drugs without a medical prescription, the landlord may deliver a written notice to the tenant terminating the tenancy for cause as provided in this subsection. The notice must specify the acts constituting the drug or alcohol

violation and must state that the rental agreement terminates in not less than three days after delivery of the notice, at a specified date and time. The notice must also state that the tenant can cure the drug or alcohol violation by a change in conduct or otherwise within one day after delivery of the notice. If the tenant cures the violation within the one-day period, the rental agreement does not terminate. If the tenant does not cure the violation within the one-day period, the rental agreement terminates as provided in the notice. If substantially the same act that constituted a prior drug or alcohol violation of which notice was given reoccurs within six months, the landlord may terminate the rental agreement upon at least three days' written notice specifying the violation and the date and time of termination of the rental agreement. The tenant does not have a right to cure this subsequent violation.
(4) Notwithstanding subsections (1), (2), and (3) of this section, federally assisted housing that is occupied on other than a transient basis by persons who are required to abstain from possession or use of alcohol or drugs as a condition of occupancy and who pay for the use of the housing on a periodic basis, without regard to whether the payment is characterized as rent, program fees, or other fees, costs, or charges, are covered by this chapter unless the living arrangement is exempt under RCW 59.18.040.

Washington – HB1528 (engrossed 2019)
AN ACT Relating to recovery support services; reenacting and1 amending RCW 71.24.385; adding new sections to chapter 41.05 RCW;2 adding a new section to chapter 71.24 RCW; creating new sections; and3 4 providing expiration dates.
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:5 NEW SECTION. Sec. 1. (1) The legislature finds that substance6 use disorder is a disease impacting the whole family and the whole society and requires a system of care that includes prevention, treatment, and recovery services that support and strengthen impacted individuals, families, and the community at large. (2) The legislature further finds that access to quality recovery housing is crucial for helping individuals remain in recovery from substance use disorder beyond treatment. Furthermore, recovery housing serves to preserve the state's financial investment in a person's treatment. Without access to quality recovery housing, individuals are much less likely to recover from substance use16 disorder and more likely to face continued issues that impact their well-being, their families, and their communities. These issues include death by overdose or other substance use disorder-related medical complications; higher health care costs; high use of emergency departments and public health care systems; higher risk for involvement with law enforcement and incarceration; and an inability to obtain and maintain employment. These challenges are compounded by an overall lack of affordable housing nationwide. (3) The legislature recognizes that recovery is a long-term4 process and requires a comprehensive approach. Recognizing the potential for fraudulent and unethical recovery housing operators,6 this act is designed to address the quality of recovery housing in7 8 the state of Washington. NEW SECTION. Sec. 2. A new section is added to chapter 41.059 RCW 10 to read as follows: (1) The authority shall establish and maintain a registry of approved recovery residences. The authority may contract with a nationally recognized recovery residence certification organization13 based in Washington to establish and maintain the registry. (2) The authority or the contracted entity described in subsection (1) of this section shall determine that a recovery residence is approved for inclusion in the registry if the recovery residence has been certified by a nationally recognized recovery residence certification organization based in Washington that is approved by the authority or if the recovery residence is a chapter of a national recovery residence organization with peer-run homes that is approved by the authority as meeting the following standards in its certification process: (a) Peers are required to be involved in the governance of the recovery residence; (b) Recovery support is integrated into the daily activities; (c) The recovery residence must be maintained as a home-like environment that promotes healthy recovery; (d) Resident activities are promoted within the recovery residence and in the community through work, education, community engagement, or other activities; and (e) The recovery residence maintains an environment free from alcohol and illicit drugs. (3) Nothing in this section requires that a recovery residence become certified by the certifying organization approved by the authority in subsection (2) of this section or be included in the registry, unless the recovery residence decides to participate in the recovery residence program activities established in this chapter. (4) For the purposes of this section, "recovery residence" means a home-like environment that promotes healthy recovery from a substance use disorder and supports persons recovering from a substance use disorder through the use of peer recovery support.4 NEW SECTION. Sec. 3. A new section is added to chapter 41.055

	RCW to read as follows: (1) Subject to the availability of amounts appropriated for this specific purpose, the authority shall contract with the nationally recognized recovery residence organization based in Washington that is approved by the authority in section of this act to provide technical assistance to recovery residences actively seeking certification. The technical assistance shall include, but not be limited to: (a) New manager training; (b) Assistance preparing facility operations documents and policies; and (c) Support for working with residents on medication-assisted treatment. (2) This section expires July 1, 2025. NEW SECTION. Sec. 4. A new section is added to chapter 41.0520 RCW to read as follows: (1) The authority shall establish a revolving fund for loans to operators of new recovery residences or existing recovery residences actively seeking certification and registration under section 2 of this act. Approved uses of the funds include, but are not limited to:(a) Facility modifications necessary to achieve certification; and (b) Operating start-up costs, including rent or mortgage payments, security deposits, salaries for on-site staff, and minimal maintenance costs. (2) This section expires July 1, 2025. NEW SECTION. Sec. 5. A new section is added to chapter 71.2432 RCW 33 to read as follows: Beginning January 1, 2023, a licensed or certified service34 provider may not refer a client who is appropriate for housing in a recovery residence, to support the client's recovery from a substance use disorder, to a recovery residence that is not included in the registry of approved recovery residences maintained by the authority under section 2 of this act. This section does not otherwise limit the discharge or referral options available for a person in recovery from a substance use disorder to any other appropriate placements or services. Sec. 6. RCW 71.24.385 and 2018 c 201 s 4023 and 2018 c 175 s 66 7 are each reenacted and amended to read as follows: (1) Within funds appropriated by the legislature for this8 purpose, behavioral health organizations shall develop the means to serve the needs of people: (a) With mental disorders residing within the boundaries of their regional service area. Elements of the program may include:(i) Crisis diversion services; (ii) Evaluation and treatment and community hospital beds;(iii)Residential treatment; (iv) Programs for intensive community treatment;(v) Outpatient services, including family support;(vi) Peer support services; (vii)Community support services; (viii) Resource management services; and (ix) Supported housing and supported employment services. (b) With substance use disorders and their families, people incapacitated by alcohol or other psychoactive chemicals, and intoxicated people. (i) Elements of the program shall include, but not necessarily be limited to, a continuum of substance use disorder treatment services that includes: (A) Withdrawal management; (B) Residential treatment; and (C) Outpatient treatment. (ii) The program may include peer support, supported housing, supported employment, crisis diversion, ((or)) recovery support services, or technology-based recovery supports 33 . (iii) The authority may contract for the use of an approved substance use disorder treatment program or other individual or organization if the director considers this to be an effective and economical course to follow. (2)(a) The behavioral health organization shall have the flexibility, within the funds appropriated by the legislature for39 p. 4 2SHB 1528.SL this purpose and the terms of their contract, to design the mix of services that will be most effective within their service area of meeting the needs of people with behavioral health disorders and avoiding placement of such individuals at the state mental hospital. Behavioral health organizations are encouraged to maximize the use of evidence-based practices and alternative resources with the goal of substantially reducing and potentially eliminating the use of institutions for mental diseases. (b) The behavioral health organization may allow reimbursement to providers for services delivered through a partial hospitalization or intensive outpatient program. Such payment and services are distinct from the state's delivery of wraparound with intensive services under the T.R. v. Strange and McDermott, formerly the T.R. v. Dreyfus and Porter, settlement agreement. (3)(a) Treatment provided under this chapter must be purchased primarily through managed care contracts. (b) Consistent with RCW 71.24.580, services and funding provided through the criminal justice treatment account are intended to be exempted from managed care contracting. NEW SECTION. Sec. 7. If specific funding for the purposes of20 this act, referencing this act by bill or chapter number, is not provided by June 30, 2019, in the omnibus appropriations act, this act is null and void. Passed by the House April 18, 2019. Passed by the Senate April 16, 2019. Approved by the Governor May 7, 2019. Filed in Office of Secretary of State May 13, 2019.
State Licensing	No licensing.

West Virginia

Non-profit Accreditation Board	West Virginia Alliance of Recovery Residences www.wvarr.org Certifies recovery homes. The NARR Standards promote the delivery of quality recovery support services in community-based, residential recovery settings. WVARR will certify providers based on these nationally recognized guidelines to ensure availability of recovery oriented housing for all people seeking a life of recovery.
Legislation	West Virginia – HB2530 Bill to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §16-54-1, §16-54-2 and §16-54-3, all relating to regulation of recovery residences; providing voluntary certification procedures; providing voluntary inspection standards; providing requirements for the referral of persons; providing criminal penalties; providing for the payment of state funds to recovery residences.
State Licensing	No licensing.

Wisconsin

Non-profit Accreditation Board	NARR reports that there is an affiliate accreditor under development.
Legislation	Wisconsin – Assembly Bill 508/ SB467 (has not passed) (2020) This bill requires DHS to encourage the development, expansion, and quality control of networks of sober living residences and to allocate moneys to create a revolving loan fund for establishing sober living residences or a network of sober living residences or to award grants for purposes specified in the bill. This bill requires DHS to award grants to entities or groups that meet its qualifications to perform research projects on mental health issues and access to mental health services in rural areas of the state. Wisconsin – AB646/SB591 (has not passed) (2020) SECTION 1. 46.234 of the statutes is created to read: 46.234 Recovery residences; registration. (1) DEFINITION. In this section, "recovery residence" means a home-like, residential environment that promotes healthy recovery from a substance use disorder and supports persons recovering from a substance use disorder through the use of peer recovery support. (2) REGISTRATION. The department shall establish and maintain a registry of approved recovery residences. Subject to sub. (3), the department shall approve a recovery residence for inclusion in the registry if the recovery residence requests registration from the department and meets all of the following: o The recovery residence is certified by a nationally recognized recovery residence certification organization that is approved by the department or is a chapter of a national recovery residence organization that is approved by the department. o The certification organization or national organization under par. (a) requires the recovery residence to do all of the following to obtain or maintain certification or chapter status: o Operate with integrity, uphold residents' rights, create a culture of empowerment where residents engage in governance and leadership, and develop abilities to apply the social model form of recovery that focuses on learning from the experiences of peers who are also in recovery. o Provide a home-like, safe, and healthy environment. o Facilitate active recovery and recovery community engagement, model positive social behaviors and relationship enhancement skills, and cultivate residents' senses of belonging and responsibility toward community. o Maintain an environment in the residence free from alcohol and illicit drugs. o Have courtesy rules for residents and be responsive to concerns of neighbors to the residence.

	○ Display in the residence the code of ethics, grievance procedure, and grievance contact information. (3) ACCEPTANCE OF MEDICATION-ASSISTED TREATMENT. The department may not include a recovery residence in the registry if the recovery residence excludes any resident solely on the basis that the resident is participating in medication-assisted treatment. (4) REGISTRATION REQUIRED FOR REFERRALS OR FUNDING. A recovery residence is not required to register with the department unless the recovery residence seeks referrals under sub. (5) or state or federal funds passing through the state treasury. (5) REFERRALS. Upon request for referrals to recovery residences, the department shall provide a list of recovery residences that are included on the registry under sub. (2). The department may limit the list of registered recovery residences provided under this subsection based on the geographical and other preferences specified by the person requesting referrals. (6) USE OF REGISTERED DESIGNATION. A recovery residence may not use the designation of or hold itself out as "registered" or "state approved" unless the recovery residence is included in the registry under sub. (2). (7) INFORMATION REQUIRED. The recovery residence shall provide at the time of its request for registration for the purpose of inclusion on the registry all of the following information: ○ The name of any organization that has certified the recovery residence. ○ The name of any organization under which the recovery residence operates. ○ The address of the recovery residence. ○ The number of residents allowed to reside at the recovery residence. (8) REVOCATION OF REGISTRATION. The department shall revoke the registration of a recovery residence if the recovery residence ceases to be certified by or a chapter of an organization described under sub. (2) (a). The recovery residence shall notify the department as soon as practicable after the recovery residence ceases to be certified or have chapter status under sub. (2) (a).
State Licensing	Proposes state run registry, and third party certification.

Wyoming

Non-profit Accreditation Board	No private third-party certification.
Legislation	Wyoming – Chapter 7 Section 3. Supportive Transitional Drug-Free Housing Services. (a) Services must meet all applicable standards, Chapters 1, 2 and 4, Section 6, and Chapter 6, Section 15, Physical Plant, including the following service level requirements. (b) Description of Services. Supportive transitional drug-free housing services are non-clinically staffed, low intensity, peer-supported, life skills development living or housing environments. Supportive transitional housing services are independent facilities certified to provide supportive housing services with access to peer support, which include independent living skills development and stable functioning level in the community.
State Licensing (registration)	Yes.

Appendix 1

NARR Recovery Residence Standards 3.0

NARR Standard 3.0

Introduction

NARR was founded in 2011 by a group of organizations and individuals with vast experience in recovery housing from across the country. From the beginning, NARR has been committed to developing and maintaining a national standard for all levels of recovery housing. The term "recovery residence" denotes safe and healthy residential environments in which skills vital for sustaining recovery are learned and practiced in a home-like setting, based on Social Model principles. The Social Model is fundamental to all levels of recovery residences. Social Model philosophy promotes norms that reinforce healthy living skills and associated values, attitudes, and connection with self and community for sustaining recovery. NARR Standard 3.0 operationalizes the Social Model across four Domains, 10 Principles, 31 Standards and their individual rules. The Standard is tailored to each of NARR's four levels. Version 3 of the NARR Standard does not introduce any operational rules that are not already included in Version 2. Rather, it restates them in a more logical way that improves clarity and eliminates some redundant language.

Outline of the Standard

Domain 1 Administrative Operations

Principle A. Operate with integrity: Standards 1-4

Principle B. Uphold residents' rights: Standards 5 and 6

Principle C. Create a culture of empowerment where residents engage in governance and leadership: Standards 7 and 8

Principle D. Develop staff abilities to apply the Social Model: Standards 9-13

Domain 2 Physical Environment

Principle E. Provide a home-like environment: Standards 14 and 15

Principle F. Promote a safe and healthy environment: Standards 16-19

Domain 3 Recovery Support

Principle G. Facilitate active recovery and recovery community engagement: Standards 20-25

Principle H. Model prosocial behaviors and relationship enhancement skills: Standard 26

Principle I. Cultivate the resident's sense of belonging and responsibility for community: Standards 27-29

Domain 4 Good Neighbor

Principle J. Be a good neighbor: Standards 30 and 31

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1	Administrative and Operational Domain			LEVELS			
				I	II	III	IV
A.	**Core Principle: Operate with Integrity**						
	1.	**Use mission and vision as guides for decision making**					
		a.	A written mission that reflects a commitment to those served and identifies the population served which, at a minimum, includes persons in recovery from a substance use disorder.	✔	✔	✔	✔
		b.	A vision statement that is consistent with NARR's core principles.	✔	✔	✔	✔
	2.	**Adhere to legal and ethical codes and use best business practices**					
		a.	Documentation of legal business entity (e.g. incorporation, LLC documents or business license).	✔	✔	✔	✔
		b.	Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support.	✔	✔	✔	✔
		c.	Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.	✔	✔	✔	✔
		d.	A statement attesting to compliance with nondiscriminatory state and federal requirements.	✔	✔	✔	✔
		e.	Operator attests that claims made in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following: • False or misleading statements or unfounded claims or exaggerations; • Testimonials that do not reflect the real opinion of the involved individual; • Price claims that are misleading; • Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or • Misleading representation of outcomes.	✔	✔	✔	✔
		f.	Policy and procedures that ensure that appropriate background checks (due diligence practices) are conducted for all staff who will have direct and regular interaction with residents.		R	R	✔
		g.	Policy and procedures that ensure the following conditions are met if the residence provider employs, contracts with or enters into a paid work agreement with residents: • Paid work arrangements are completely voluntary. • Residents do not suffer consequences for declining work. • Residents who accept paid work are not treated more favorably than residents who do not.	✔	✔	✔	✔

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			• All qualified residents are given equal opportunity for available work. • Paid work for the operator or staff does not impair participating residents' progress towards their recovery goals. • The paid work is treated the same as any other employment situation. • Wages are commensurate with marketplace value and at least minimum wage. • The arrangements are viewed by a majority of the residents as fair. • Paid work does not confer special privileges on residents doing the work. • Work relationships do not negatively affect the recovery environment or morale of the home. • Unsatisfactory work relationships are terminated without recriminations that can impair recovery.				
		h.	Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the operator may make agreements with residents with respect to payment of fees.	✔	✔	✔	✔
		i.	A policy and practice that provider has a code of ethics that is aligned with the NARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the recovery residence, to include owners, operators, staff and volunteers.	✔	✔	✔	✔
	3.	**Be financially honest and forthright**					
		a.	Prior to the initial acceptance of any funds, the operator must inform applicants of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.	✔	✔	✔	✔
		b.	Use of an accounting system which documents all resident financial transactions such as fees, payments and deposits. • Ability to produce clear statements of a resident's financial dealings with the operator within reasonable timeframes. • Accurate recording of all resident charges and payments. • Payments made by 3rd party payers are noted	✔	✔	✔	✔
		c.	A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement.	✔	✔	✔	✔
		d.	A policy and practice that residents be informed of payments from 3rd party payers for any fees paid on their behalf.	✔	✔	✔	✔
	4.	**Collect data for continuous quality improvement**					
		a.	Policies and procedures regarding collection of resident's information. At a minimum data collection will • Protect individual's identity. • Be used for continuous quality improvement and	✔	✔	✔	✔

			• be part of day-to-day operations and regularly reviewed by staff and residents (where appropriate).				
B.	**Core Principle: Uphold Residents' Rights**						
	5.	**Communicate rights and requirements before agreements are signed**					
		a.	Documentation of a process that requires a written agreement prior to committing to terms that includes the following: • Resident rights • Financial obligations, and agreements • Services provided • Recovery goals • Relapse policies • Policies regarding removal of personal property left in the residence	✔	✔	✔	✔
	6.	**Protect resident information**					
		a.	Policies and procedures that keep residents' records secure, with access limited to authorized staff.	✔	✔	✔	✔
		b.	Policies and procedures that comply with applicable confidentiality laws.	✔	✔	✔	✔
		c.	Policies and procedures, including social media**,** protecting resident and community privacy and confidentiality.	✔	✔	✔	✔
C.	**Core Principle: Create a culture of empowerment where residents engage in governance and leadership**						
	7.	**Involve residents in governance**					
		a.	Evidence that some rules are made by the residents that the residents (not the staff) implement.	✔	✔	R	R
		b.	Grievance policy and procedures, including the right to take unresolved grievances to the operator's oversight organization.	✔	✔	✔	✔
		c.	Verification that written resident's rights and requirements (e.g. residence rules and grievance process) are posted or otherwise available in common areas.	✔	✔	✔	✔
		d.	Policies and procedures that promote resident-driven length of stay.	✔	✔	*	*
		e.	Evidence that residents have opportunities to be heard in the governance of the residence; however, decision making remains with the operator.		✔	✔	✔
	8.	**Promote resident involvement in a developmental approach to recovery**					
		a.	Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.		✔	✔	✔
		b.	Written responsibilities, role descriptions, guidelines and/or feedback for residence leaders.	R	✔	✔	✔
		c.	Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated.		✔	✔	✔

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D.	Core Principle: Develop Staff Abilities to Apply the Social Model						
	9.	**Staff model and teach recovery skills and behaviors**					
		a.	Evidence that management supports staff members maintaining self-care.		✔	✔	✔
		b.	Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.		✔	✔	✔
		c.	Evidence that staff are encouraged to have a network of support.		✔	✔	✔
		d.	Evidence that staff are expected to model genuineness, empathy, respect, support and unconditional positive regard.		✔	✔	✔
	10.	**Ensure potential and current staff are trained or credentialed appropriate to the residence level**					
		a.	Policies that value individuals chosen for leadership roles who are versed and trained in the Social Model of recovery and best practices of the profession.		✔	✔	✔
		b.	Policies and procedures for acceptance and verification of certification(s) when appropriate.		✔	✔	✔
		c.	Staffing plan that demonstrates continuous development for all staff.		R	✔	✔
	11.	**Staff are culturally responsive and competent**					
		a.	Policies and procedures that serve the priority population, which at a minimum include persons in recovery from substance use but may also include other demographic criteria.		✔	✔	✔
		b.	Cultural responsiveness and competence training or certification are provided.		✔	✔	✔
	12.	**All staff positions are guided by written job descriptions that reflect recovery**					
		a.	Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.		✔	✔	✔
		b.	Job descriptions require staff to facilitate access to local community-based resources.		✔	✔	✔
		c.	Job descriptions include staff responsibilities, eligibility, and knowledge, skills and abilities needed to deliver services. Ideally, eligibility to deliver services includes lived experience recovering from substance use disorders and the ability to reflect recovery principles.		✔	✔	✔
	13.	**Provide Social Model-Oriented Supervision of Staff**					
		a.	Policies and procedures for ongoing performance development of staff appropriate to staff roles and residence level.		✔	✔	✔
		b.	Evidence that management and supervisory staff acknowledge staff achievements and professional development.		R	✔	✔
		c.	Evidence that supervisors (including top management) create a positive, productive work environment for staff.		✔	✔	✔

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2.	Physical Environment Domain			LEVELS			
				I	II	III	IV
E.	**Core Principle: Provide a Home-like Environment**						
	14.	**The residence is comfortable, inviting, and meets residents' needs**					
		a.	Verification that the residence is in good repair, clean, and well maintained	✔	✔	✔	✔
		b.	Verification that furnishings are typical of those in single family homes or apartments as opposed to institutional settings.	✔	✔	✔	✔
		c.	Verification that entrances and exits are home-like vs. institutional or clinical.	✔	✔	✔	✔
		d.	Verification of 50+ sq. ft per bed per sleeping room.	✔	✔	✔	✔
		e.	Verification that there is a minimum of one sink, toilet and shower per six residents.	✔	✔	✔	✔
		f.	Verification that each resident has personal item storage.	✔	✔	✔	✔
		g.	Verification that each resident has food storage space.	✔	✔	✔	✔
		h.	Verification that laundry services are accessible to all residents.	✔	✔	✔	✔
		i.	Verification that all appliances are in safe, working condition.	✔	✔	✔	✔
	15.	**The living space is conducive to building community**					
		a.	Verification that a meeting space is large enough to accommodate all residents.	✔	✔	✔	✔
		b.	Verification that a comfortable group area provides space for small group activities and socializing	✔	✔	✔	✔
		c.	Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.	✔	✔	✔	✔
		d.	Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.	✔	✔	✔	✔
F.	**Core Principle: Promote a Safe and Healthy Environment**						
	16.	**Provide an alcohol and illicit drug free environment**					
		a.	Policy prohibits the use of alcohol and/or illicit drug use or seeking.	✔	✔	✔	✔
		b.	Policy lists prohibited items and states procedures for associated searches by staff	✔	✔	✔	✔
		c.	Policy and procedures for drug screening and/or toxicology protocols.	✔	✔	✔	✔
		d.	Policy and procedures that address residents' prescription and non-prescription medication usage and storage consistent with the residence's level and with relevant state law.	✔	✔	✔	✔
		e.	Policies and procedures that encourage residents to take responsibility for their own and other residents' safety and health.	✔	✔	✔	✔

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	17.	**Promote Home Safety**					
		a.	Operator will attest that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.	✔	✔	✔	✔
		b.	Operator will attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g. single family or other) OR provide documentation from a government agency or credentialed inspector attesting to the property meeting health and safety standards.	✔	✔	✔	✔
		c.	Verification that the residence has a safety inspection policy requiring periodic verification of • Functional smoke detectors in all bedroom spaces and elsewhere as code demands, • Functional carbon monoxide detectors, if residence has gas HVAC, hot water or appliances • Functional fire extinguishers placed in plain sight and/or clearly marked locations, • Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers, • Fire and other emergency evacuation drills take place regularly and are documented (not required for Level I Residences).	✔	✔	✔	✔
	18.	**Promote Health**					
		a.	Policy regarding smoke-free living environment and/or designated smoking area outside of the residence.	✔	✔	✔	✔
		b.	Policy regarding exposure to bodily fluids and contagious disease.	✔	✔	✔	✔
	19.	**Plan for emergencies including intoxication, withdrawal and overdose**					
		a.	Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.	✔	✔	✔	✔
		b.	Documentation that emergency contact information is collected from residents.	✔	✔	✔	✔
		c.	Documentation that residents are oriented to emergency procedures.	✔	✔	✔	✔
		d.	Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.	✔	✔	✔	✔

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3	Recovery Support Domain			LEVELS			
				I	II	III	IV
G.	**Core Principle: Facilitate Active Recovery and Recovery Community Engagement**						
	20.	**Promote meaningful activities**					
		a.	Documentation that residents are encouraged to do at least one of the following: • Work, go to school, or volunteer outside of the residence (Level 1, 2 and some 3s) • Participate in mutual aid or caregiving (All Levels) • Participate in social, physical or creative activities (All Levels) • Participate in daily or weekly community activities (All Levels) • Participate in daily or weekly programming (Level 3's and 4's)	✔	✔	✔	✔
	21.	**Engage residents in recovery planning and development of recovery capital**					
		a.	Evidence that each resident develops and participates in individualized recovery planning that includes an exit plan/strategy	✔	✔	✔	✔
		b.	Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.	✔	✔	✔	✔
		c.	Written criteria and guidelines explain expectations for peer leadership and mentoring roles.	✔	✔	✔	✔
	22.	**Promote access to community supports**					
		a.	Resource directories, written or electronic, are made available to residents.	✔	✔	✔	✔
		b.	Staff and/or resident leaders educate residents about local community-based resources.	✔	✔	✔	✔
	23.	**Provide mutually beneficial peer recovery support**					
		a.	A weekly schedule details recovery support services, events and activities.		✔	✔	✔
		b.	Evidence that resident-to resident peer support is facilitated: • Evidence that residents are taught to think of themselves as peer supporters for others in recovery • Evidence that residents are encouraged to practice peer support interactions with other residents.	✔	✔	✔	✔
	24.	**Provide recovery support and life skills development services**					
		a.	Provide structured scheduled, curriculum-driven, and/or otherwise defined support services and life skills development. Trained staff (peer and clinical) provide learning opportunities.			✔	✔
		b.	Ongoing performance support and training are provided for staff.			✔	✔
	25.	**Provide clinical services in accordance with state law**					
		a.	Evidence that the program's weekly schedule includes clinical			*	✔

			services.				
H.	**Core Principle: Model Prosocial Behaviors and Relationship Enhancement Skills**						
	26.	**Maintain a respectful environment**					
		a.	Evidence that staff and residents model genuineness, empathy and positive regard.	R	✔	✔	✔
		b.	Evidence that trauma informed or resilience-promoting practices are a priority.	R	R	✔	✔
		c.	Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building.	✔	✔	✔	✔
I.	**Core Principle: Cultivate the Resident's Sense of Belonging and Responsibility for Community**						
	27.	**Sustain a "functionally equivalent family" within the residence by meeting at least 50% of the following:**					
		a.	Residents are involved in food preparation.	✔	✔	✔	✔
		b.	Residents have a voice in determining with whom they live.	✔	✔	✔	✔
		c.	Residents help maintain and clean the home (chores, etc.).	✔	✔	✔	✔
		d.	Residents share in household expenses.	✔	✔	✔	✔
		e.	Community or residence meetings are held at least once a week.	✔	✔	✔	✔
		f.	Residents have access to common areas of the home.	✔	✔	✔	✔
	28.	**Foster ethical, peer-based mutually supportive relationships among residents and staff**					
		a.	Engagement in informal activities is encouraged.	✔	✔	✔	✔
		b.	Engagement in formal activities is required.			✔	✔
		c.	Community gatherings, recreational events and/or other social activities occur periodically.	✔	✔	✔	✔
		d.	Transition (e.g. entry, phase movement and exit) rituals promote residents' sense of belonging and confer progressive status and increasing opportunities within the recovery living environment and community.	✔	✔	✔	✔
	29.	**Connect residents to the local community**					
		a.	Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.	✔	✔	✔	✔
		b.	Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors.	R	✔	✔	✔
		c.	Residents attend mutual aid meetings or equivalent support services in the community.	R	✔	✔	✔
		d.	Documentation that residents are formally linked with the community such as job search, education, family services, health and/or housing programs.	R	✔	✔	✔
		e.	Documentation that resident and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services.	R	✔	✔	✔
		f	Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community	✔	✔	✔	✔

4.	Good Neighbor Domain			LEVELS			
				I	II	III	IV
J.	**Core Principle: Be a Good Neighbor**						
	30.	**Be responsive to neighbor concerns**					
		a.	Policies and procedures provide neighbors with the responsible person's contact information upon request.	✔	✔	✔	✔
		b.	Policies and procedures that require the responsible person(s) to respond to neighbor's concerns.	✔	✔	✔	✔
		c.	Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties.	✔	✔	✔	✔
	31.	**Have courtesy rules**					
		a.	Preemptive policies address common complaints regarding at least: • Smoking • Loitering • Lewd or offensive language • Cleanliness of the property	✔	✔	✔	✔
		b.	Parking courtesy rules are documented.	✔	✔	✔	✔

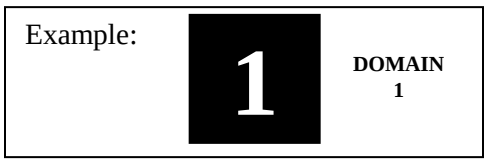
* = Standard may be subject to state requirement

✓ = Required
R = Recommended

Reference Guide

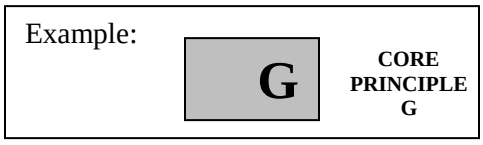
DOMAINS: Notice that there are four (4) **Domains**, the <u>major sections</u> of the document above labeled numerically 1-4: (These are the largest numbers on the document and are in white on a black background)

1. Administrative and Operational Domain
2. Physical Environment Domain
3. Recovery Support Domain
4. Good Neighbor Domain

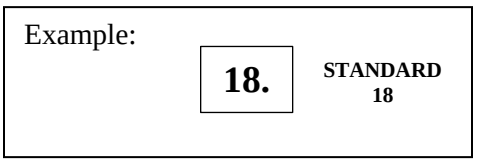


CORE PRINCIPLES: Under each of the **4 Domains** are ten (10) **Core Principles** labeled alphabetically with capital letters, A-J in black type with gray backgrounds:

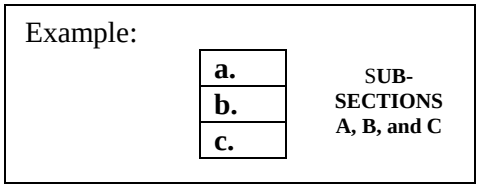
A Operate with Integrity
B Uphold Residents' Rights
C Create a Culture of Empowerment Where Residents Engage in Governance and Leadership
D Develop Staff Abilities to Apply the Social Model
E Provide a Home-like Environment
F Promote a Safe and Healthy Environment
G Facilitate Active Recovery and Recovery Community Engagement
H Model Prosocial Behaviors and Relationship Enhancement Skills
I Cultivate the Resident's Sense of Belonging and Responsibility for Community
J Be a Good Neighbor



STANDARDS: Under each of the **10 Core Principles** are the thirty-one (31) **Standards** labeled numerically from 1-31, in black print with white backgrounds.



SUBSECTIONS: And, finally, under each of the 31 Standards are indented subsections labeled alphabetically in lower-case letters from "a." to as many letters as were needed for each standard.



For quick references to NARR Standards, you may find abbreviations such as the following helpful, or you may find others using them and want to be sure you are understanding the references:

2, F,16. c.

"2, F,16. c." is just short-hand for saying, "We are referring to the Physical Environment Domain ("2"), Core Principle "F" ("Promote a Safe and Healthy Environment"), Standard "16." ("Provide an alcohol and illicit drug free environment"), and subsection "c." ("Policy and procedures for drug screening and/or toxicology protocols").

* = Standard may be subject to state requirement

✓ = Required
R = Recommended

TEST YOURSELF:

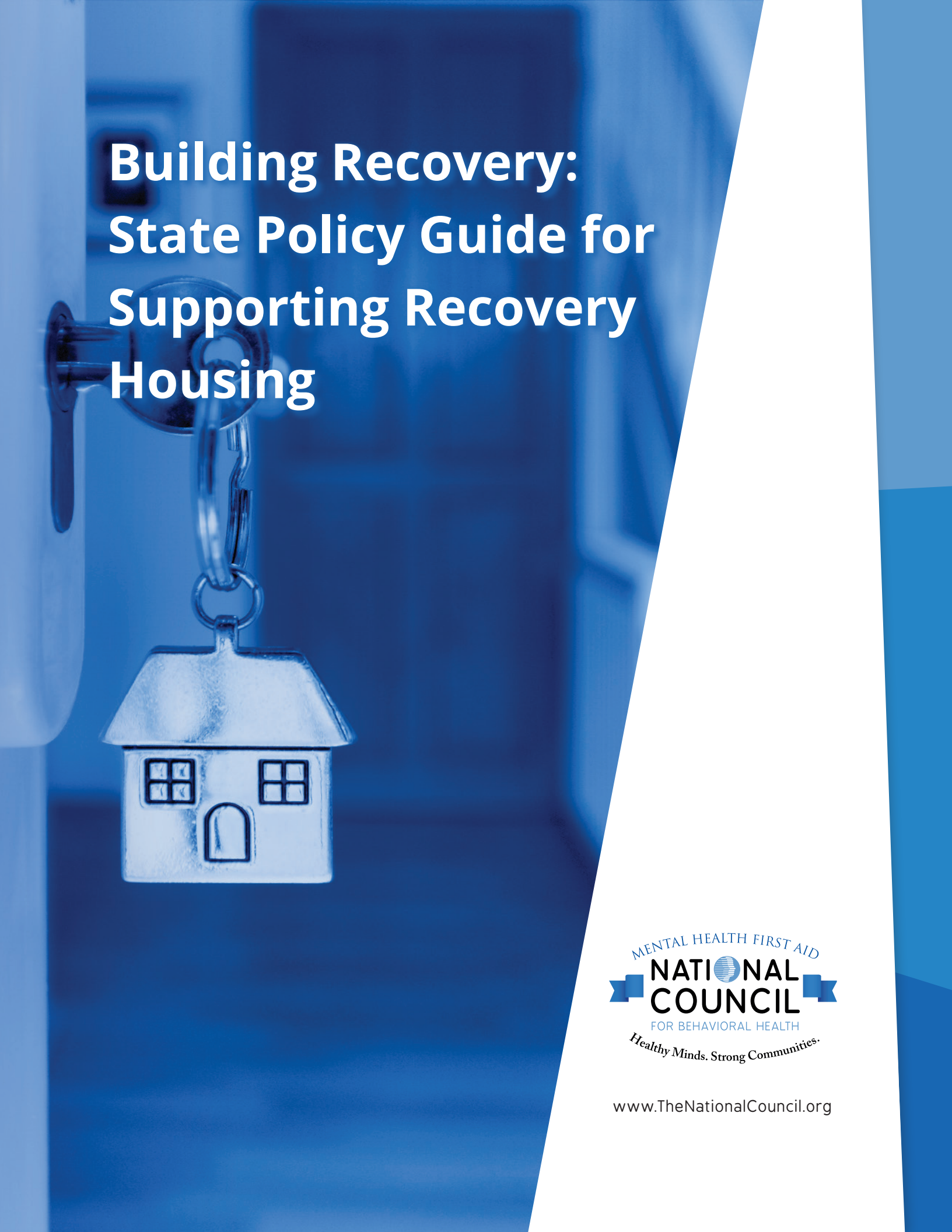
If you see a reference to “4, J,30. b.”, to what is it referring?

Your answer:

Appendix 2

Building Recovery: State Policy Guide for Supporting Recovery Housing

National Council for Behavioral Health



Building Recovery: State Policy Guide for Supporting Recovery Housing

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We would like to express our deep appreciation for the extensive knowledge and expertise the following individuals contributed to this toolkit:

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The National Council for Behavioral Health is pleased to present this toolkit in partnership with the National Alliance for Recovery Residences (NARR).

RECOVERY HOUSING TOOLKIT

EXECUTIVE SUMMARY

Over the past decade, and especially in the last two years, there has been growing awareness among both the public and policymakers about the devastating effects and costs of addiction in the United States. The Surgeon General released a landmark report on Facing Addiction in America (2016) and the President's Commission on Combating Drug Addiction and the Opioid Crisis (2017) made a series of wide-reaching policy recommendations on the federal level, emphasizing the urgency and commitment to this crisis. On every level of government and in the private sector, there are efforts under consideration to establish better policies and practices to prevent addiction and improve the treatment and outcomes for people in recovery.

The National Council for Behavioral Health and National Council partners are working to identify concrete policies and practices that policymakers can enact to strengthen the road to recovery. Those in the addiction field and recovery community have recognized that recovery housing is a central component of successful long-term recovery (National Council, 2017).

Since the 1970's, groups have established "recovery housing," which are residential environments that provide people in recovery a safe alcohol- and drug-free place to live as they transition back into the community. Recovery housing, recovery residences, recovery homes and sober living homes all refer to a range of alcohol- and drug-free housing models that create mutually-supportive communities where individuals improve their physical, mental, spiritual and social well-being and gain skills and resources to sustain their recovery. Recovery housing is a part of the larger continuum of housing, recovery support and treatment options available to individuals in recovery from addiction and helps them avoid addiction setbacks and move toward employment and healthy and fulfilling lives. Inpatient treatment programs may last as few as 12 days, but recovery from addiction is a lifelong process and for many, recovery housing is a linchpin helping people rebuild their lives through effective peer support, mutual accountability and clear social structures.

Recovery housing, recovery residences, recovery homes and sober living homes all refer to a range of alcohol- and drug-free housing models that create mutually-supportive communities where individuals improve their physical, mental, spiritual and social well-being and gain skills and resources to sustain their recovery.

Recovery housing often operates outside the traditional addiction treatment and supportive housing systems. Sometimes this is by choice, but it's also because the public sector has not broadly included this model in policies and resources. Because of this, and without codified recovery housing standards or protections, there have been inconsistencies in the quality of recovery housing, including substandard housing, insurance schemes and exploitative operators. Recent news reports have brought these inconsistencies and abuses to light and demonstrate how some so-called recovery homes manipulate weaknesses in the system and the people who are trying to achieve long-term recovery. These bad actors not only risk harming the reputation and investment in the vast majority of high quality, effective recovery housing throughout the United States, but also intentionally send people back into a terrible, often deadly, cycle of addiction.

In addition, media reports have brought important attention to the rules and regulations of recovery housing on both the federal and state level. In June 2016, Senators Elizabeth Warren (D-MA), Orrin Hatch (R-UT) and Marco Rubio (R-FL) sent a letter to the General Accounting Office (GAO) seeking a review of oversight of sober living homes.[1] In December of 2017, the House Energy, Ways and

1. GAO is expected to issue its report in Spring 2018.

Means Subcommittee held a hearing on "Examining Concerns of Patient Brokering and Addiction Treatment Fraud," highlighting the national attention to this issue and the real interest in common sense solutions to this threat to addiction treatment and recovery services.

Such attention presents an important opportunity to improve and expand recovery housing as an essential and effective approach to addiction treatment and recovery services. State and local governments have the chance to establish policies that build, sustain and create consistency around recovery housing and, thereby, improve the services and supports available to those in and seeking recovery from addiction. Currently, there are at least 10 states (Arizona (CH 287), Florida, Illinois, Indiana, Massachusetts, Ohio, Oregon, Pennsylvania, Rhode Island and Utah) that have enacted legislation to improve the quality of recovery housing, and other states have introduced legislation or regulation in 2018 (Arizona (SB 1465), California, Maryland, Maine and New Jersey). Still other localities, such as Prescott, AZ., and the City of Delray Beach, FL., have established regulations to strengthen protections for recovery housing.

THE NATIONAL COUNCIL RECOMMENDS THAT STATES SUPPORT EFFORTS TO:

1. **Adopt a common definition of recovery housing and establish a recovery housing certification program based on national standards;**
2. **Incentivize recovery housing operators to adhere to nationally-recognized quality standards; and**
3. **Expand investment in and technical assistance for recovery housing.**

To support such efforts, the National Council developed this toolkit, which addresses needs of policymakers and advocates when considering legislative and regulatory approaches. Expert guidance in the development of this toolkit was provided by the National Alliance for Recovery Residences (NARR), in partnership with the National Council. This resource provides strategies and tools as well as examples of policy language that addresses the role and contribution of recovery housing, standards of care for recovery housing and protections for people in recovery served by such residences. This is an emerging policy area as states are just beginning to explore best policies, practices and financing to ensure that people have access to the best recovery supports available.

There are three sections highlighted in this toolkit:

- Protecting Recovery Housing: Standards, Incentives and Investment
- Supporting Recovery Housing in Practice: Additional Quality and Access Considerations
- Resource Appendices, including:
  - Legislative Matrix
  - Recovery Housing Fact Sheet
  - Resource List
  - Assessment Questions for Action
  - Glossary of Key Terms

Each of the first two sections offer detailed action areas, including strategies, lessons learned and sample legislation based on states that have already moved ahead in this area. The final section includes a recovery housing fact sheet, an assessment questionnaire for states considering recovery housing legislation, a matrix of recent legislation and regulation, resource lists and examples of media stories.

SECTION I: PROTECTING RECOVERY HOUSING: STANDARDS, INCENTIVES AND INVESTMENT

> We recommend that states be given the ability to require certification under NARR (National Alliance for Recovery Residences) or similar standards, or other recognized programs such as Oxford House™ to protect the vulnerable residents living in sober homes.
>
> **Alan Johnson, Florida Chief Assistant to the State Attorney** (*December 2017, before the House Energy, Ways and Means Subcommittee hearing on Examining Concerns of Patient Brokering and Addiction Treatment Fraud)*

Although there are decades of research demonstrating the impact and cost-effectiveness of recovery housing, recent media stories have highlighted how an unregulated housing service has led to abuses of an already vulnerable population. As a first step, states and localities can establish basic protections that define what constitutes recovery housing and their standards of practice. These actions will empower state addiction services agencies to direct referrals towards high-quality recovery housing. In addition, they can strengthen safety protections and help people in recovery make better choices for longer term housing. This section offers strategies and tools that can address these system vulnerabilities. The National Council for Behavioral Health (National Council) recommends that states consider legislation or regulation that:

- Defines recovery housing
- Requires recovery homes are voluntarily certified as meeting national standards
- Incentivizes referrals and funding to certified recovery homes
- Expands public awareness of recovery housing
- Invests in the development and sustainability of certified recovery housing

DEFINE RECOVERY HOUSING

The National Council recommends that state and local policymakers first improve the quality of recovery housing by defining what constitutes recovery housing, which are also referred to as recovery residences, recovery homes, alcohol- and drug-free homes, three-quarter houses, sober living homes and Oxford House™. This will make it harder for homes to market themselves as recovery housing when they are not meeting these basic definitions. While recovery housing can vary widely in structure and implementation, core components that are central to a clear definition include:

- **A safe and supportive living environment** that prohibits residents' use of alcohol and illicit drugs on and off the premises.
- **Direct connection to peer support** and other recovery support services and, if needed, referral to clinical addiction services.

Recovery Housing and Other Supportive Housing Initiatives

Recovery housing fits along a continuum of supportive housing models, which also include Permanent Supportive Housing (PSH) and Housing First (HF) models. All supportive housing models include a housing intervention that combines affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as people with disabilities (United States Interagency Council on Homelessness).

Recovery housing, PSH and HF all value client choice, voluntary clinical services, permanency and harm reduction. Where they differ is that recovery housing requires an alcohol and drug-free living environment and may require residents to participate in recovery activities as a condition for residency. Despite sharing many essential characteristics, there is no federal housing assistance dedicated specifically to recovery housing, whereas PSH and HF models have received priority funding from the U.S. Department of Housing and Urban Development (HUD). In some circles, there has been a perception about conflicts in philosophy in these different models of support, but in reality, they each support a different subset of a vulnerable population and most conflicts reflect a shortage of overall funding rather than a conflict of philosophy.

Individuals may enter recovery housing as they transition between different levels of clinical treatment, as they enter the community following treatment, or they may enter housing independently. Recovery housing provides housing and peer support in a family-like environment for individuals who are working toward their recovery goals and can be a valuable resource for individuals with substance use disorders regardless of their treatment status or length of recovery. Recovery housing can help people access outpatient treatment and peer support services. The National Council and other advocates for recovery housing value a resident-driven length of stay over a program-determined length of stay.

Peer Support is a Key Component of Recovery Housing

Recovery housing is predicated on fostering peer support and the homes are often peer-led. This social model of recovery helps individuals relearn how to organize their lives, interact with others and participate in community-based recovery activities. In addition, recovery housing can connect residents to outpatient services and other recovery support services, as well as assist residents' efforts to access employment and health services.

RECOMMENDATION

The National Council recommends that states support efforts to adopt a definition of recovery housing that includes the core functions of recovery housing. Please note that the terms recovery homes, recovery residences, three-quarter houses, sober living homes, and Oxford House™ are all used to describe recovery housing.

The terms, "recovery housing" or "recovery homes" are recommended because they most closely reflect the values and structure outlined in the definitions.

Sample Definitions of Recovery Housing:

"Recovery housing" means housing for individuals recovering from drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services and other drug addiction recovery assistance.

— Ohio Recovery Housing Law; Ohio Revised Code 340.01

"Recovery residence" means a residential dwelling unit, or other form of group housing, that is offered or advertised through any means, including oral, written, electronic or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-free and drug-free living environment.

— Florida Recovery Housing Law; Section 397.487

Require Standards for Recovery Housing

In addition to a clear definition of what constitutes recovery housing,[2] policies and legislation should require that recovery housing meets national quality standards. The National Council recommends that legislation require that recovery homes meet quality standards established in 2011 by NARR, and/or the Oxford House Model™. As long-tested standards, they provide a clear and measurable baseline for residences and also reduce the administrative effort needed to create standards on the state or local level. In 2011, the Oxford House Recovery Home Model, used as a model for §2036, was listed on the National Registry of Evidence-based Programs and Practices [NREPP].[3] Florida, Indiana, Pennsylvania and Rhode Island have all passed legislation that specifically refers to the NARR and Oxford models. Other states, such as Ohio and California, reference national standards more generally to allow for the emergence of other research without having to change the code in the future. Florida recently expanded their recovery housing certification statute to also address specific fraudulent and abusive practices seen commonly in the state.

Recovery homes that can market themselves as meeting national standards, such as those offered by NARR or as Oxford Houses, demonstrate their value and as a strong counterpoint to neighborhood concerns about locating these homes within communities. The National Council urges states to collaborate with and support state NARR affiliates and Oxford Houses, as they can be crucial resources in implementing and tracking maintenance of these standards. State NARR affiliates are trained to ensure that local NARR recovery homes adhere to these standards and can be an invaluable resource for states to ensure that recovery housing operators are meeting these requirements. This can significantly reduce the oversight and administrative burden for states and their local governments and is consistent with how states approach quality assurance for other types of supportive housing.

RECOMMENDATION

The National Council recommends that states support efforts to reference nationally-recognized recovery housing quality standards in the establishment a recovery housing certification program.

Sample Definitions of Recovery Housing:

(14) Develop standards for services provided by residential care and supported housing for chronic addiction, when used as a recovery residence, to: (A) be certified through an entity approved by the division to ensure adherence to standards determined by the National Alliance for Recovery Residences (NARR) or a similar entity; and (B) meet other standards established by the division under 34 rules adopted under IC 4-22-2. 35 SECTION 3. IC 12-21-5-1.5, AS AME.

— Indiana Recovery Housing Law; SB 402

New recovery homes need time to meet requirements.

Ohio found that new recovery homes need six to nine months to put written standards into practice and the state NARR affiliate can support recovery homes with training and technical assistance during this "start-up" period. Notably, the state NARR affiliate in Ohio, Ohio Recovery Housing, receives state funding to provide ongoing technical assistance to recovery residences as they move through the certification process. Oxford House, Inc., grants charters to new Oxford Houses that require proof of competency within six months.

2. In 1988, the 1988 Federal Drug Abuse Act defined basic conditions for self-run, self-supported group recovery homes. (§2036 of PL 100-690 codified at 42 USC 300x-25).

3. On December 28, 2017, the Substance Abuse and Mental Health Services Administration suspended the registry in order to make improvements and to allow the newly-created National Mental Health and Substance Use Policy Lab to take over this responsibility. www.samhsa.gov/newsroom/press-announcements/201801110330.

What are the Core Components of Recovery Housing Standards?

NATIONAL ALLIANCE FOR RECOVERY RESIDENCES (NARR) STANDARDS

Established in 2011, NARR offers four levels of standards for recovery housing, with most homes meeting the level 1 or 2 standards. Levels 3 and 4 are more closely tied with higher-need residents and usually have credentialed individuals on staff. Individual standards are grouped across six domains including: organizational/administrative, fiscal, operation, recovery support, Good Neighbor, and property. At their most basic level, the NARR standards require:

- All recovery housing must have a clear mission and vision, with forthright legal and ethical codes. This includes requirements to be financially honest with prospective residents.
- All recovery housing must be recovery-oriented and prohibit the use of alcohol or illicit drugs.
- All recovery housing must have a role for peers to staff and govern the housing.
- All recovery housing must uphold residents' rights.

Oxford House™

Although the organization is structured differently, Oxford House has a long record of requiring its recovery housing to meet high-quality standards. Oxford House charters are authorized solely by Oxford House, Inc., the national umbrella organization, and all recovery housing must meet a set of standards to be chartered as such. The motto on the manual that all Oxford Houses must follow reads:

HOUSING, FELLOWSHIP, SELF-RELIANCE, SELF-RESPECT, FOR RECOVERING INDIVIDUALS

The Americans with Disabilities Act (ADA) and the Fair Housing Act do not prevent regulation of recovery homes.

States and localities worry that the **Fair Housing Act** and the **American with Disabilities Act** prevent regulation of recovery homes. This is not true. The Fair Housing Act and the ADA require states and local governments to make "reasonable accommodations" for people with disabilities, which includes people in recovery from substance use disorders. Yet, these laws do not prevent regulation of recovery housing as long as the law or regulation in question gives individuals in recovery an equal opportunity to use and enjoy the housing as non-disabled persons (HUD and DOJ, 2016). Further, Sally Friedman, legal director of Legal Action Center, has stated that when jurisdictions fail to enforce non-discriminatory housing codes or safety standards, they allow unsafe living conditions and foster "not-in-my-backyard" responses (Alcoholism & Drug Abuse Weekly, December 18, 2017).

INCENTIVIZE REFERRALS AND FUNDING TO CERTIFIED RECOVERY HOUSING

When states put clear definitions and references to national standards into statute or regulation, they add clarity to what is meant by recovery housing. This can help people in recovery and their families locate quality housing and support inpatient and outpatient treatment providers, courts and child welfare agencies looking to refer clients to high-quality recovery housing. However, voluntary standards by themselves are no guarantee of compliance or utilization. Despite this limitation, the National Council suggests that states start with voluntary standards as a first step and as a way to create the infrastructure before considering certification requirements. One approach that states have taken to strengthen these voluntary requirements is to make provider referral and/or access to funding contingent on certification of meeting national standards.

Referrals Must Use Certified Recovery Housing

Florida and Massachusetts have enacted legislation that requires state-licensed alcohol and drug treatment providers to only refer clients to recovery housing that meets nationally-recognized standards. Such statutory requirements incentivize recovery housing operators to improve their standards by following policies and procedures to meet national certification standards and simultaneously make it difficult for substandard housing operators to secure referrals and, thereby, funding for housing services.

In addition, the National Association of Addiction Treatment Providers (NAATP) released its Ethics Code 2.0 in late 2017, which is an effort to address ongoing concerns about some of the business practices of addiction service providers in the field. The NAATP Code of Ethics is part of a larger effort to address addiction treatment and recovery services integrity nationwide. NAATP will not admit members who do not abide by ethical marketing and billing principles, which include appropriate referral practices for treatment providers to refer to recovery support services.

RECOMMENDATION

The National Council recommends that states support efforts to incentivize the adoption of recovery housing quality standards by making the receipt of referrals dependent upon meeting recovery housing quality standards.

Referrals Must Meet Standards

A service provider licensed under this part may not make a referral of a prospective, current, or discharged patient to, or accept a referral of such a patient from, a recovery residence unless the recovery residence holds a valid certificate of compliance as provided in s. 397.487 and is actively managed by a certified recovery residence administrator as provided in s. 397.4871.
— Florida Substance Abuse Services Law; Section 397.487

(h) A state agency or vendor with a statewide contract that is providing treatment or services to a person, or a state agency or officer setting terms and conditions for the release, parole or discharge of a person from custody or treatment, shall not refer that person to alcohol and drug free housing and shall not otherwise include in such terms and conditions a referral to alcohol and drug free housing unless the alcohol and drug free housing is certified pursuant to this section. Nothing in this section shall prohibit a residence that has not received certification from operating or advertising as alcohol and drug free housing or from offering residence to persons recovering from substance use disorders.
— Massachusetts Sober Homes Law; H.1828

Where's the Money?

In addition to restricting referrals, several states have established policies or legislation to ensure that only recovery homes that meet national standards receive state or local funding. Indiana and Pennsylvania have enacted legislation that makes the receipt of state and local funds dependent on meeting certain quality standards. While not in legislation, Ohio has also made certification a requirement in order to receive grant funds from the state and many divisions of local government require the same to be granted local public funding. Since funding for recovery housing is very limited, this has been a useful incentive for recovery homes to improve the quality of their homes. Recovery housing operators are pursuing certification in record numbers as a way to diversify their funding sources.

EXPAND PUBLIC AWARENESS OF RECOVERY HOUSING

Recovery housing is poorly understood by the general public and even by many professionals in positions to make trusted referrals to recovery housing. States can enhance consumer protection by educating providers and the general public about what to expect in a quality recovery residence. States should also publicize the benefits of certified recovery residences. Having trusted resources, such as Single State Agencies (SSAs), provide consumer guidance on recovery housing makes it harder for non-certified residences to remain open.

In addition to providing information about recovery housing in general, states or state affiliates can provide access to registries of certified recovery homes. People in recovery, family members and even providers often struggle to find recovery housing in their area and may not understand what to expect in a high-quality recovery housing environment. Some states, like Massachusetts and Pennsylvania, require that state agencies keep a list or registry of certified recovery housing and update it regularly. In Massachusetts, this list is updated bimonthly and disseminated to state agencies, state-funded service providers, court officers and posted online. The state of Ohio invested in development and maintenance of a searchable database of certified recovery housing that is accessible to the general public on the Internet. In order to protect the privacy of recovery housing residents, these lists should not include exact addresses of homes.

RECOMMENDATION

The National Council recommends that states support efforts to incentivize the adoption of recovery housing quality standards by making the receipt of state and local funds dependent upon meeting recovery housing quality standards.

Recovery Housing Must Meet Standards to Receive Funds

Section 2316-A. Violations.

(a) Penalties — A person operating a drug and alcohol recovery house that is funded, in whole or in part, by the department or a Federal, other State or county agency, that has failed to attain or maintain licensure or certification of a drug and alcohol recovery house and has not been licensed or certified by the department shall pay a fine of up to $1,000 for each violation. — *Pennsylvania Recovery Housing Law; SB 446*

INCREASE DEDICATED FUNDING FOR RECOVERY HOUSING

The supply of addiction and recovery resources fall well short of meeting the demand presented by the growing number of individuals and families experiencing substance use disorders. Introducing a recovery housing certification program prior to understanding the status of recovery housing statewide could reduce already-scarce capacity. States can follow Ohio's model of conducting an environmental scan to determine the variability in recovery housing capacity, affordability, geographic distribution and populations served. Ohio was able to use the results of their 2013 Recovery Housing Environmental Scan to finance an expansion of overall system capacity and target resources to vulnerable subpopulations (women with children, individuals with co-occurring mental health disorders and justice-involved populations).

Recovery housing typically operates on a limited budget. Most residents must pay privately both for rent or an equal share of household expenses and for the services offered by the home; few insurance companies pay for recovery housing, and there are strict rules limiting people's ability to qualify for Social Security Disability Insurance (SSDI) around addiction.[4] In most states, Medicaid funds are not available for funding recovery housing or for any type of recovery support services and states are just beginning to recognize how long-term peer-led housing can be a transformative piece in the recovery puzzle.[5]

Recognizing that states confront significant budgetary constraints, the National Council recommends that states and local communities identify creative ways to fund recovery homes that meet national standards and restrict investments to low-quality programs. Key areas where states and localities may want to consider investment include:

- Using a portion of their Ryan White Care Act or Block Grant funds to provide funding for development of high quality recovery housing. In FY 2017, 13 states and the District of Columbia used federal pass-through funds in whole or in part to fund development of networks of Oxford Houses within their jurisdictions.[6]

RECOMMENDATION

The National Council recommends that states support efforts to engage in formal public communication efforts with the general public, people in recovery, and providers, and facilitate the creation of a public registry of certified recovery homes in the state, taking care to maintain the privacy of the exact locations of the homes and their residents. The registry should be updated in real time and include information regarding any available vacancies in a recovery residence.

State Agencies Can Publish and Update Housing Lists

(f) The bureau shall prepare, publish and disseminate a list of alcohol and drug free housing certified pursuant to this section; provided, however, that the list shall be updated bimonthly. The list shall be disseminated to the director of the division of drug rehabilitation and to each state agency or vendor with a statewide contract that provides substance use disorder treatment services. The commissioner of probation shall inform all district and superior court probation officers and the chief justice of the trial court shall inform all district and superior court judges on how to access the list. The list shall also be posted on the website established pursuant to section 18.

— Massachusetts Sober Homes Law; H.1828

Section 2315-A. Registry. The department shall create and maintain a registry on its publicly accessible Internet website of all licensed or certified drug and alcohol recovery houses within this Commonwealth, which shall be updated annually by the department.

— Pennsylvania Recovery Housing Law; SB 446

4. https://www.ssa.gov/policy/docs/rsnotes/rsn2001-02.html

5. CA's 1115 waiver does permit 'recovery residences' to be part of Medicaid, but counties wishing to utilize that benefit have to use non-Medicaid money to pay for it.

6. Federal pass-through funds [CFDA # 93.959] were used by the District of Columbia, Delaware, Hawaii ,Louisiana, New Jersey, North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Texas, Virginia, Washington and West Virginia to contract with Oxford House, Inc., to develop and maintain networks of Oxford Houses within their respective jurisdictions.

- Using general funding to authorize pilot programs to support training and peer-led efforts, especially with the heightened focus on the opioid epidemic (See Ohio Breakout Box).
- Applying for foundation or federal grants to support the peer-led services or the maintenance of the building structure in an effort to reduce costs for residents (See Ohio Breakout Box). Recently, some recovery homes have been able to use HUD Section 8 vouchers to help fund recovery housing.
- Partnering with quasi-public development and housing agencies such as MassHousing[7] (see footnote).

Recovery homes generally do not bill insurance or Medicaid

Most recovery homes do not provide any direct addiction services other than peer-led supports and connection to outpatient services. These homes are funded primarily through the rent or equal share of household expenses they receive from residents and are only occasionally supplemented with other funds like private donations and public and private grants. Drug testing should not be a meaningful source of income and, in fact, for most recovery housing, it's not a source of income at all. Much of the fraud identified in news reports involved insurance schemes in which fraudulent recovery housing operators receive kickbacks for referrals to inappropriate treatment. Clarification of the role of recovery homes and appropriate sources of funding may be an opening to reduce this abuse.

Ohio: Investing on Every Level

Ohio has one of the highest rates of drug overdose deaths in the country. In response, Ohio has pursued robust funding strategies that prioritize recovery housing:

- In Fiscal Years 2018-2019, Ohio has dedicated $3.5 million in state general revenue funding for recovery housing and $20 million in capital funds for recovery housing. This funding will support new homes, residents in recovery and the state NARR affiliate to provide technical assistance, training and to ensure that local recovery housing meets national quality standards.
- The state was awarded the (now discontinued) Access to Recovery Grant from SAMHSA to support these efforts.
- In addition, counties such as Cuyahoga and Trumbull County are providing rental stipends to new residents in local recovery housing to help individuals get settled in the sober-living environment, find employment and connect to the community in healthy, purposeful ways.
- Other counties, such as Hancock County, have purchased recovery homes directly (McClory, 2018).
- The Cuyahoga Land Bank allocates some of its portfolio for recovery housing.
- Ohio Housing Finance Agency included a set-aside for the development of recovery housing in the 2018 Qualified Allocation Plan.

7. www.masshousing.com

SECTION II: SUPPORTING RECOVERY HOUSING IN PRACTICE: ADDITIONAL QUALITY AND ACCESS CONSIDERATIONS

It is difficult to pinpoint how much recovery housing currently exists in the United States, but it is certainly not enough to meet demand. Although there is no inventory of recovery housing across the U.S., in terms of certified housing, NARR affiliates collectively support more than 25,000 individuals in 2,500 certified recovery houses. In 2017, Oxford Houses supported more than 18,000 beds within 2,300 homes and are located in 43 states. There are many more recovery homes that operate outside of these two nationally-recognized organizations. These homes often operate in isolation and states have an opportunity to account for all recovery housing operating in their states and provide supports and measures to ensure the quality and effectiveness of these homes. Efforts to improve the quality of recovery housing should:

- Identify opportunities for technical assistance and support
- Measure outcomes
- Ensure recovery housing is part of the continuum of care

IDENTIFY OPPORTUNITIES FOR TECHNICAL ASSISTANCE AND SUPPORT

Most recovery housing providers are small, independent operations with few resources and limited connections to state or national level organizations or even other recovery houses. Oxford Houses are a notable outlier and even these often operate in isolation from recovery housing operators outside of the Oxford network. As states consider implementing policies and practices that ensure all recovery homes meet quality standards, they can also incorporate strategies to offer technical assistance and support. Below are some potential areas where states can capitalize on existing networks or foster new organizations.

Build Connections

- **Connect with state-level organizations.** State-level organizations supporting the network of recovery homes can be an invaluable resource for state agencies, the media, the local homes themselves and people looking for recovery housing. NARR State Affiliates[8] or Oxford House, Inc. can help implement quality standard certification processes, track the number of recovery homes and provide needed technical assistance – activities that can reduce the administrative burden for state agencies.
- **Support the creation and operation of state-level organizations.** Currently, there are NARR affiliates in 28 states with emerging state affiliates in three other states. If your state is interested in establishing a NARR affiliate, the national organization can provide technical assistance for creating a state-level affiliate. Existing recovery organizations, behavioral health coalitions or even larger recovery housing networks can become a NARR affiliate. As state-level organizations, NARR affiliates keep track of recovery homes that are working to meet or maintain NARR standards. Oxford House, which operates nationally, can also support those who are interested in creating new homes.[9] It has statewide associations in over 30 states.

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8. In Ohio, recovery homes pay an annual fee (approximately $600) to the NARR State Affiliate to become certified. This fee helps to pay for the certification process.

9. Oxford House charters are authorized solely by Oxford House, Inc., the national umbrella organization. An Oxford House charter requires that all Oxford House groups must be single gender, accommodate a minimum of six individuals, be democratically self-run following the practices and procedures of the Oxford House Manual©, be self-supporting and pay all their bills on time and immediately expel any resident who drinks alcohol or uses illicit drugs. There is no cost for an Oxford House charter and there are no dues or fees for a group to operate an Oxford House.

- **Support partnerships between recovery homes and other recovery support providers.** States, Oxford Houses and/or NARR affiliates could also provide technical assistance to help establish partnerships between recovery homes and other recovery support providers, like recovery community organization or statewide recovery coaching networks – places where residents of recovery homes can receive the support services they need. Recovery homes have traditionally lacked connections to other community-based recovery services and resources, but residents could benefit greatly from such collaboration.

Provide Technical Assistance

- **Provide technical assistance for recovery housing.** States need to increase their investment in training and technical assistance for recovery housing operators. Across the country and within local communities, there are few opportunities for recovery housing operators to connect, share challenges and learn best practices from each other. Providing training and technical assistance are important to help recovery housing providers, who may be unfamiliar at first with the existence of quality standards, develop structures to adhere to them. Oxford House and NARR affiliates are uniquely qualified to provide technical assistance to operators on the best practices for recovery housing across different types and models and link operators to a statewide recovery housing network.
- **Prepare for the NARR quality standards.** As states institute requirements for recovery homes to meet quality standards, homes that are not already affiliated with national organizations, such as Oxford House or NARR, need significant support to upgrade their operations. These needs range from meeting financial management protocols to collecting the proper outcomes data to creating a healthy recovery home environment.
- **Invest in continuous quality improvement.** It takes a lot to operate a recovery home, especially one that must meet a set of high certification standards. Once recovery homes are certified, continued training is a critical element to ensure these standards are followed and can include house management and risk management. States should assist in facilitating ongoing training for house managers, risk management for recovery housing operators and peer recovery coaching for interested residents. NARR affiliates could further provide technical assistance to recovery housing operators, staff and residents not currently affiliated with NARR. States can also support the collection of a uniform set of data variables for use in quality improvement efforts.

RECOMMENDATION

The National Council recommends that states support efforts to invest in training and technical assistance opportunities for recovery housing operators and staff. Training can be offered through the state's Oxford House™, NARR affiliate, or someone who has been trained in nationally recognized certification standards. This will ensure that any training or technical assistance is based on widely accepted research and standards in the operation of recovery homes.

DID YOU KNOW...

Several states, such as Florida and Arizona, have included special requirements for house managers of recovery residences. While the National Council and NARR highly recommend investing in more training and technical assistance for house managers and/or peer leaders, states must ensure they have the capacity to regulate or enforce these additional requirements or risk reducing the overall capacity of recovery housing and delaying the certification process.

MEASURE OUTCOMES

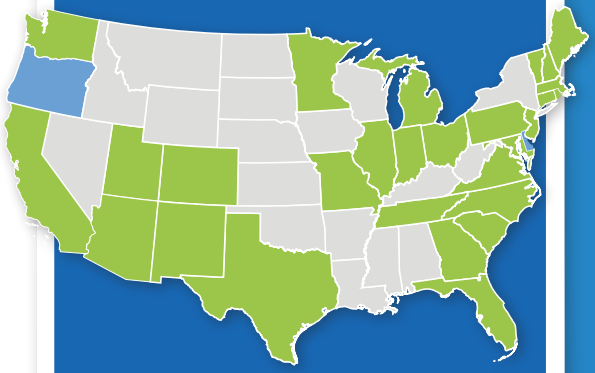
Research indicates that recovery housing provides individuals with substance use disorders a greater chance of achieving long-term recovery than those who do not live in recovery-oriented environments (Polcin et al, 2010). Social support is a key component of recovery homes and has been shown to directly affect outcomes and help support continuous, long-term recovery. Over the last 30 years, Oxford House has been extensively evaluated and has shown impressive outcomes for individuals living in these recovery homes, including significantly lower substance use and incarceration rates and higher monthly incomes (Jason, 2006). Further, research has found that these homes are cost-effective and have a high return on their investment (Lo et al, 2007).

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires states to use the National Outcome Measures (NOMs) to receive Block Grant and discretionary funding. While the NOMs vary in how the measures are applied, the National Council recommends that states include recovery housing efforts within its data collection efforts to gain a better picture of long-term treatment and recovery for people with addiction disorders. As states employ tools to increase the quality of recovery housing, they should include recovery homes in their outcomes measurement efforts. Possible outcome measures include:

- Change in employment or education status
- Change in earnings
- Housing stability (Do residents move on to living on their own after leaving recovery homes?)
- Criminal justice involvement
- Admissions and readmissions to treatment
- Recovery free from substances (over time)
- Social connectedness (Do residents connect with family, including custody? Do residents engage in communities? Does emotional well-being improve?)
- Civic engagement
- Access to needed physical and behavioral health services

RECOMMENDATION

The National Council recommends that states support efforts to establish sustainable resources and a NARR affiliate organization or Oxford House to operationalize the recovery housing quality standard certification process. Having an Oxford House presence and an operational NARR affiliate will help states ensure quality, affordable housing for residents, ensure public and resident safety and allow states to track resident outcomes. The state of Ohio provided funds to start a NARR affiliate and administer the standards. The NARR affiliate is currently housed in the Ohio Council of Behavioral Health and Family Services Providers.



- Ohio funded development of an outcomes database intended to support quality improvement efforts for recovery housing that meet the national quality standards. It also tells the story of who is accessing recovery housing and the resulting quality of their recovery.

In addition, states or local organizations may be able to secure private foundation or research funding to track outcomes. Oxford House tracks outcomes for its programs and has participated in multiple research studies across the country, and in particular, is in partnership with DePaul University to conduct outcome research.

ENSURE RECOVERY HOUSING IS PART OF THE CONTINUUM OF CARE

State, county and/or local authorities fund and directly provide addiction services to individuals seeking support for substance use disorders (SUDs). It is important to ensure adequate funding is dedicated to recovery support services to help individuals gain recovery capital — peer support networks, employment, education and other resources that increase an individual's ability to achieve and maintain a life in recovery. Unfortunately, recovery support services, including recovery housing, are often left out of addiction resources that are allocated at the state and local levels. To our current knowledge, only Ohio has stipulated in law that recovery housing is part of the continuum of care for people with substance use disorders. Currently in its initial year, to receive state funds, local boards must demonstrate that there are certified recovery homes in their region. Whatever the local service delivery system, making recovery housing a required element of the continuum of care will ensure that recovery housing is planned and financially supported as a necessary resource. It also highlights the need for ethical practices and a creating a supportive living environment for people in recovery.

> "Recovery homes are required to be available under Ohio law, along with ambulatory and sub-acute detoxification, non-intensive and intensive outpatient services, medication-assisted treatment, peer support and residential services. It's not an option not to have recovery homes available."
>
> **Precia Stuby, Executive Director of the Hancock County ADAMHS Board** *(McCory, 2018).*

RECOMMENDATION

Recommendation: The National Council recommends that states support efforts to make recovery housing a highlighted element of the continuum of care for individuals with substance use disorders in every local community.

Recovery Housing as a Required Part of the Continuum of Care

(A) Establish, to the extent resources are available, a community-based continuum of care that includes all of the following as essential elements... [listing of required prevention, outreach, outpatient and inpatient services]

(8) At least all of the following recovery supports: (a) Peer support; (b) A wide range of housing and support services, **including recovery housing;** (c) Employment, vocational, and educational opportunities; (d) Assistance with social, personal, and living skills; (e) Multiple paths to recovery such as twelve-step approaches and parent advocacy connection; (f) Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports.

— Ohio Recovery Housing Law; Ohio Revised Code 340.032

SECTION III: SAMPLE LEGISLATIVE LANGUAGE

Throughout this toolkit, the National Council has offered examples of current state legislation, regulations or enacted laws that have addressed particular areas in improving the quality of and access to recovery residences. To date, no statute fully addresses all of our recommended components of a "model" policy on recovery housing and several state laws are not fully implemented. This is a work in progress and to facilitate further advocacy and adoption, the toolkit includes a full matrix, including a summary of legislation and links to the full text of the laws in Appendix A.

Drawing from legislative language from Florida, Indiana, Ohio, Pennsylvania and Massachusetts, the National Council compiled sample legislation to address the core policy recommendations of this toolkit. While we have made our best effort to use the best principles offered in actual legislation, we have made the following changes for consistency and readability:

1. Different states refer to substance use disorders with a variety of terms, such as drug and alcohol abuse, substance abuse, drug addiction, opioid addiction and others. In the Sample Legislative Language, the National Council has changed all language to read substance use disorders, which is the preferred term by recovery advocates and researchers. Whenever possible, legislation should use this terminology, with the recognition that some states will need to use different language to avoid having to change other sections of the statute.

2. State and local legislation may refer to recovery housing as recovery homes, recovery residences, sober-living homes, drug and alcohol-free homes or community residences. For clarity, the National Council recommends using the term recovery housing whenever possible.

3. In some cases, language does not exist to address the full spectrum of policies needed in this arena.

4. While this language focuses on recovery housing legislation and regulations, recovery housing should be considered as part of a larger effort to improve prevention and treatment of substance use disorders. States and localities should conduct an environmental scan to better understand the recovery housing capacity and geographic availability, populations served, affordability and populations served.[10]

Strategic Considerations Ahead of Policy Initiatives

- Assess the environment (media attention, public officials making it a priority, zoning problems, existing networks of recovery housing - both formal and informal).
- Identify allies (NARR affiliate, Oxford House, champions, advocates).
- Assess the readiness of state agencies to prioritize both broader issues around substance use disorders and recovery housing.
- Prioritize solutions and incremental opportunities.
- Identify examples from other jurisdictions and need for adaptation to local need.
- Seek support and assistance from NARR, Oxford House and the National Council for Behavioral Health.

10. Paquette, K., Green, N., Sepahi, L., Thom, K., & Winn, L. (June 2013). Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan. Center for Social Inclusion, New York, NY, and The Ohio Council of Behavioral Health & Family Service Providers, Columbus, OH. Retrieved from: http://mha.ohio.gov/Portals/0/assets/Supports/Housing/OhioRecoveryHousingJune2013.pdf

RECOVERY HOUSING ACT

(Sample Legislative Language)

Recommendation/Section	Sample Language
Introduction	Addiction is a major health problem that affects multiple service systems and leads to profound harm to the individuals suffering from this disorder and their families, including: impairment, death, chronic addiction, vehicular casualties, acute and chronic diseases resulting in increased health care costs, loss of employment, disruption in educational attainment, ruined credit, housing instability and homelessness, divorce, separation of parents and children, crime, and overcrowded prisons and jails. Addiction is a disease impacting the whole family and the whole society and requires a system of care that includes prevention, intervention, clinical treatment, and recovery services that support and strengthen the individual, families, and the community at large. Recognizing that recovery is a long-term process and requires a broader approach, this section is designed to address the regulation and funding of recovery housing in the state of {name of state}.
A clear definition of recovery housing that includes the core functions of recovery housing and references nationally recognized standards such as NARR and Oxford House.	Definition: Recovery housing is housing that provides a living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery including: continued sobriety, improved individual health, residential stability, and positive community involvement. Definition and Standards: "Recovery housing" means housing for individuals recovering from substance use disorders that provides an alcohol- and drug-free living environment, peer support, assistance with obtaining drug addiction services, other addiction recovery assistance, and is certified to ensure adherence to nationally recognized standards. Standards: As such, the Department of {state's regulatory agency for behavioral health services} shall develop standards for services provided by residential care and supported housing for people with substance use disorders, when used as a recovery residence, to: (A) be certified through an entity approved by the division to ensure adherence to standards determined by the National Alliance for Recovery Residences (NARR) or Oxford House and (B) meet other standards established by the division.

Recommendation/Section	Sample Language
Enforcement of recovery housing quality standards by making the receipt of referrals and/or state and local funds dependent upon meeting recovery housing quality standards.	Referral: A state agency or vendor with a statewide contract that is providing treatment or services to a person or a state agency or officer setting terms and conditions for the release, parole, or discharge of a person from custody or treatment, shall not refer that person to recovery housing and shall not otherwise include in such terms and conditions a referral to recovery housing unless the recovery housing is certified pursuant to this section. Nothing in this section shall prohibit a residence that has not received certification from operating or advertising as recovery housing or from offering residence to persons recovering from substance use disorders. Receipt of State Funds: Recovery house owners who wish to receive state funds and referrals from licensed drug and alcohol treatment service providers will be required to become certified either through the NARR national standards or by registering as an Oxford House. A person operating recovery housing that is funded, in whole or in part, by the department or a federal, other state, or county agency, that has failed to attain or maintain licensure or certification of a recovery home and has not been licensed or certified by the department shall pay a fine of up to $1,000 for each violation.
Support for NARR affiliate organization to operationalize the recovery housing quality certification process.	The state of {name of state} shall allocate $XX to {name of organization} to maintain and track the recovery housing quality certification process and provide technical assistance and training for recovery housing operators in their continuous quality improvement efforts to meet the national standards. {name of organization} shall provide an annual report to the state behavioral health agency, and will report quarterly on any newly certified homes or homes that no longer meet the standards.[11]
Data collection requirements as part of the certification process.	As part of the certification process of recovery homes, the affiliate shall collect outcome data as specified to meet the National Outcome Measures (NOMs) as required by the Substance Abuse and Mental Health Services Administration (SAMHSA). The state department of behavioral health shall use its discretion on which measures should apply to recovery housing. The state shall allocate $XX in grant funds to the state affiliate to support the collection of this data.

11. Funding should be sufficient to ensure quality tracking of homes, outcomes measurement and adequate technical assistance. Exact amounts may vary by region.

Recommendation/Section	Sample Language
Inclusion of recovery housing as a highlighted element of the continuum of care for individuals with substance use disorders in every local community.	The array of addiction services and recovery supports for all levels of substance use and co-occurring disorders...to be included in a community-based continuum of care established under that section shall include all of the following as essential elements: (1) Prevention and wellness management services; (2) Outreach and engagement activities; (3) Assessment services; (4) Care coordination; (5) Residential services; (6) A wide range of intensive and non-intensive outpatient services; (7) Where appropriate, at least the following inpatient services: (a) Psychiatric care, (b) Medically managed alcohol or drug treatment; (8) At least all of the following recovery supports: (a) Peer support; (b) Recovery housing; (c) Employment, vocational, and educational opportunities; (d) Assistance with social, personal, and living skills; (e) Multiple paths to recovery such as 12-step approaches and parent advocacy connection; (f) Support, assistance, consultation, and education for families, friends, and persons receiving addiction services, mental health services, and recovery supports; and (9) Any additional elements the state determines are necessary to establish the community-based continuum of care.
Requirements to make a regularly updated registry of NARR certified recovery housing and Oxford Houses available to the public.	The bureau shall prepare, publish, and disseminate a registry of alcohol- and drug-free housing certified pursuant to this section; provided, however, that the registry shall be updated at least bimonthly. The registry shall be disseminated to the director of each state agency or vendor with a statewide contract that provides substance use disorder treatment services. The bureau may also establish an active, searchable database that can be updated in real-time. The commissioner of probation shall inform all district and superior court probation officers and the chief justice of the trial court shall inform all district and superior court judges how to access the registry. The registry shall also be posted on the website and shall maintain the privacy of the residences and their residents.
Allocation of resources to cover ongoing recovery housing costs and to support recovery homes' efforts to meet NARR standards or apply to become Oxford homes as well as training and technical assistance for recovery housing operators.	The state of {name of state} shall allocate XX percentage of its Substance Abuse Prevention and Treatment Block Grant (SAPT BG) [and/or] State Targeted Response to the Opioid Crisis (Opioid STR) funds to cover and to support recovery homes to be certified either through the NARR national standards or by registering as an Oxford House. In addition, the state will dedicate $XX to fund training and technical assistance for recovery housing operators. The state will also invest $XX toward recovery housing capital and operating expenses. Or The state of {name of state} will allocate $XX to support recovery housing initiatives.

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LEGISLATIVE MATRIX

The following legislative matrix provides an overview of existing and pending legislation specific to recovery housing.

Note legislation on this topic is evolving quickly across all states. This matrix is may not encompass all recovery housing legislation and/or the most updated version of legislation. Additionally, some measures described below are under review for possible violations of the Fair Housing Act.

Current Statute: Section 1: Certification Not Required to Operate

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Riverside County CA (2016)	County Ordinance 348.4835	**"Sober Living Home"** defined as "A dwelling or similar facility not requiring a State license for a group living arrangement for persons recovering from alcoholism or drug addiction where the facility provides no onsite care, services or supervision."	No	Not referenced	Not referenced	A Sober Living Home shall be considered a residential use of property, permitted in any zone where other housing is permitted. A Sober Living Home shall comply with development standards applicable to the zone. A Sober Living Home shall demonstrate characteristics including zero tolerance for alcohol and illicit drugs, policy with respect to alcohol and drugs, no on-site services with a list of examples, must maintain certified status with a recognized nonprofit (which must be a member of or affiliated with a national standards organization), or has a sober living home certificate from the state regulator (nonexistent currently and at time of passage), must comply with federal, state and local laws, as well as fire and building code regulations.	Does not address the legal status of residences not certified in accordance with this law. The state regulator-issued sober living home certificate does not currently exist.
Florida (2017)	Law; Section 397.487	**"Recovery residence"** means a residential dwelling unit or other form of group housing that is offered or advertised through any means, including oral, written, electronic or printed means, by any person or entity as a residence that provides a peer-supported, alcohol-	No	Yes, State operated, state funded or state licensed treatment providers can only refer to certified homes.	Not referenced	Created a voluntary recovery residence certification program based on NARR standards. Licensed treatment providers are required to refer to certified recovery residences. This statute closed an earlier referral loophole which stated that certification was not required for referral to recovery residences operated by treatment provider. Requires homes to have a "certified recovery residence administrator" and requires a newly-created certification for the administrator. **Related Statute:** Florida is the first state to also address fraud and abuse affecting recovery housing (see enacted HB 807). These provisions expand the definitions of patient brokering, deceptive and fraudulent marketing and other abuses and enhance the criminal penalties associated with these practices. Related statutes/resources: ◆ Section 397.4871 Certified Recovery Residence Administrators ◆ HB 807: Addressing patient brokering and fraudulent marketing issues. ◆ Report on patient brokering and fraudulent marketing issues	A temporary loophole allowed some treatment providers to continue operating substandard recovery residences. While there are continued reports of unregistered homes operating in the state, Florida's NARR affiliate (FARR) has successfully certified recovery residences that represent a capacity of over 4,600 beds (as of February 2018). There are also reports of large scale substandard operators leaving the state and setting up in nearby areas (Georgia, Carolina, Tennessee and Texas).

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Hawaii (2014)	Law; HRS § 321-193.7	**"Voluntary Clean and Sober Homes"** not defined.	No, however an unregistered home cannot advertise as a "registered clean and sober home."	Not referenced	Not referenced	Creates a voluntary "clean and sober homes registry" and prohibits homes from advertising as "registered clean and sober homes" unless they are registered and in good standing with the health department. The health department shall establish procedures and standards by which homes will be allowed to be listed on the registry, including but not limited to: (1) Organizational and administrative standards; (2) Fiscal management standards; (3) Operation standards; (4) Recovery support standards; (5) Property standards; and (6) Good neighbor standards.	
Illinois (2003)	Regulation; Section 2060.509	Illinois has two distinct definitions of (licensed) recovery home and sober home as this regulation predates the NARR national standards.	No, the state licenses "recovery homes," but "sober homes" are not subject to the same requirements.	Not referenced	Not referenced	This regulation predates the NARR quality standards. What Illinois calls "recovery homes" are licensed residential programs as opposed to "sober homes". This is an example of how nomenclature can be different across states.	This regulation does not address recovery housing quality standards.
Indiana (2017)	Law: SB 402	**"Recovery residence"** means an abstinence-based living environment for individuals that promotes recovery from: (1) alcohol and (2) other drug abuse and related issues.	No	Yes	Yes, recovery residences that receive funding from the family and social services agency must meet state standards.	SB 402 states that recovery residences must be certified as meeting NARR standards as well as any other standards developed in regulation in order to receive reimbursement for services from the family and social services agency.	Companion legislation allocates funds for certification and training programs mandated by the law. Certified residences are qualified to participant in a state-funded housing voucher program called RecoveryWorks.
Massachusetts (2014)	Law: H.1828	**"Alcohol- and drug-free housing"** means a residence, commonly known as a **sober home**, that provides or advertises as providing an alcohol- and drug-free environment for people recovering from substance use disorders; provided that "alcohol and drug free housing" shall not include a halfway house, treatment unit or detoxification facility or any other facility licensed pursuant to section 7 of chapter 111E.	No	Yes, state-funded or state-operated treatment providers and re-entry agencies can only refer to certified homes.	Not referenced	According to the law, a certified housing list is made available by the state and is updated bimonthly. The department has established a process for receiving complaints against certified homes and can result in removal of their certification. The law outlines certification criteria.	The voluntary nature of this law was the result of a study finding that mandatory licensure or equivalent regulations would violate the Fair Housing Act and ADA.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Maryland (2016)	Law: HB-1411	**"Recovery residence"** means a service that a service that provides alcohol-free and illicit drug-free housing to individuals with substance-related disorders or addictive disorders or co-occurring mental health and substance-related disorders or addictive disorders and that does not include clinical treatment.	No	Yes, but only for state-funded placements.	Yes	The law require the Department of Health and Mental Hygiene to approve a credentialing entity to develop and administer a certification process for recovery residences; requiring the certification entity to establish specified requirements and processes, conduct a specified inspection, and issue a specified certificate of compliance; providing that a certificate of compliance is valid for 1 year; requiring, on or before November 1, 2017, the Department to publish on its Web site a list of each credentialing entity and its contact information; etc.	The law references selection of a private entities to perform certification, but that has not been done. Certification will be performed according to NARR standards by the Maryland Behavioral Health Administration of the Department of Health and Mental Hygiene.
Ohio (2014)	Law: Enrolled HB 483; See ORC Sections: 340.01; 340.032; 340.033; and 340.034	**"Recovery housing"** means housing for individuals recovering from drug addiction that provides an alcohol- and drug-free living environment, peer support, assistance with obtaining drug addiction services and other drug addiction recovery assistance.	No	No	No, however state and local entities have required certification for receipt of grants.	Additional components of the law include: (a) recovery housing is a required element in local continuum of addiction care, (b) it establishes required protocols for recovery housing including "quality standards," (c) recovery homes cannot have time limits for residency and (d) residents are permitted to be on medication-assisted treatment and receive addiction treatment services while living in recovery homes.	State affiliates have found that new residences need 6-9 months to put written policies into practice. Ohio has allocated funds for recovery housing through grants to counties as well as to the state NARR affiliate, Ohio Recovery Housing. In addition, Ohio has established an online registry of certified recovery homes.
Oregon (2015)	Law: ORS 90.243 (2015)	Not defined	Not referenced	Not referenced	Not referenced	This law focuses on rental agreements between landlord and tenant. It requires the living quarters to be alcohol- or drug-free and requires tenants to participate in a recovery program. The landlord provides for the designated drug and alcohol-free housing dwelling units: (a) a drug- and alcohol-free environment, covering all tenants, employees, staff, agents of the landlord and guests; (b) monitoring of the tenants for compliance with the requirements described; (c) individual and group support for recovery; and (d) access to a specified program of recovery.	
New Jersey (2015)	Law: S-2377/A-3719 codified as N.J.S.A § C.18A:3B-70.	**"Substance abuse recovery housing programs"** not defined.	N/a (this law concerns collegiate recovery housing)	N/a (this law concerns collegiate recovery housing)	N/a (this law concerns collegiate recovery housing)	Law requires state colleges and universities that have 25% of their student body living on campus to provide a sober housing option by August 2019.	
Pennsylvania (2017)	Law: SB 446. Enacted into law as Act 59 on 12/19/17.	**"Drug and alcohol recovery house"** means housing for individuals recovering from drug or alcohol addiction, which provides those individuals with a safe and supportive drug- and alcohol-free environment that may include peer support and other recovery support services.	No, law gives state the option to establish a licensure or certification process for drug and alcohol recovery houses.	Yes, all referrals from state agencies or state-funded facilities shall be to licensed or certified drug and alcohol recovery houses.	Yes, only licensed or certified drug and alcohol recovery houses may be eligible to receive federal or state funding to deliver drug and alcohol recovery housing services.	The bill enumerates a number of required standards and prohibited practices for drug and alcohol homes, many of which are duplicative of NARR quality standards. State shall create and maintain a registry of all certified drug and alcohol recovery houses to be updated annually.	Original bill text included specific reference NARR standards. Pennsylvania has instituted a $1,000 fine for failure to comply with the law.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Rhode Island (2016)	Law: RI Gen. L. § 40.1-1-13 (18)	Not defined	No	Yes	Yes	The Department of Behavioral Healthcare, developmental disabilities and hospitals shall have the following powers and duties:... (18) To certify recovery housing facilities directly or through a contracted entity as defined by department guidelines, which includes adherence to using National Alliance for Recovery Residences (NARR) standards. In accordance with a schedule to be determined by the department, all referrals from state agencies or state-funded facilities shall be to certified houses, and only certified recovery housing facilities shall be eligible to receive state funding to deliver recovery housing services.	

Current Statute: Section 2: Certification Required to Operate

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Costa Mesa, California	Ordinances 14-13, 17-05, 17-06	**"Group home"** – a facility that is being used as a supportive living environment for persons who are considered handicapped under state or federal law. A group home operated by a single operator or service provider (whether licensed or unlicensed) constitutes a single facility, whether the facility occupies one or more dwelling units. Group homes shall not include the following: (1) residential care facilities; (2) any group home that operates as a single housekeeping unit [see note 2].	Yes Requirements vary depending on residential zone and number of residents.	n/a	n/a	Mandatory Supplemental Use Permit or Conditional Use Permit (CUP) for any recovery-oriented housing. All recovery housing units, and housing operators, must be permitted (separate processes), with $1,550 CUP fee for dwellings of more than six residents; CUPs are discretionary. See description and notes: ◆ 650 ft. spacing requirement from any state-licensed residential facility (regardless of type) or from another subject residence. ◆ Operating standards set in the ordinance, and require operators to implement rules in areas including relapse policy, drug testing policy, good neighbor, notification of neighbors. ◆ Discharged residents to be returned to place of origin at operator's expense. ◆ Addresses of permitted residences are public information. ◆ Background checks and Live Scans for all residence operators and officers of provider entity, at operator's expense. Additional requirements are being imposed in the permitting process, outside of the enabling legislation, including: ◆ Maximum of two out-of-state residents at any one time ◆ Indemnification: if the city is sued on the basis of granting approval, provider will pay city's defense costs.	1. These ordinances are currently the subject of two federal lawsuits. 2. To date no applicant has been granted the single housekeeping unit exemption, despite several applications requesting the exemption.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Delray Beach, Florida (2017)	ORDINANCE NO. 25-17	A **"Community Residence"** is a residential living arrangement for four to 10 unrelated individuals with disabilities living as a single functional family in a single dwelling unit who are in need of the mutual support furnished by other residents of the community residence as well as the support services, if any, provided by the staff of the community residence. Residents may be self-governing or supervised by a sponsoring entity or its staff, which provides habilitative or rehabilitative services, related to the residents' disabilities. A community residence seeks to emulate a biological family to normalize its residents and integrate them into the surrounding community. Its primary purpose is to provide shelter in a family–like environment; treatment is incidental as in any home. Supportive interrelationships between residents are an essential component. A community residence shall be considered a residential use of property for purposes of all zoning, building and property maintenance codes. The term does not include any other group living arrangement for unrelated individuals who are not disabled nor residential facilities for prison pre–parolees or sex offenders. Community residences include, but are not limited to, those residences that comport with this definition that are licensed by the Florida Agency for Persons with Disabilities, the Florida Department of Elderly Affairs, the Florida Agency for Health Care Administration and the Florida Department of Children and Families, and functional family sober living arrangements also known as recovery residences certified by the state's designated credentialing entity established under Section 397.487 of the Florida Statutes.	Yes, for 4 or more residents	Not referenced	Not referenced	Except as required by state law, a community residence shall be allowed as a permitted use in all four central business district sub-districts if it (1) would be located at least 660 linear feet from the closest existing community residence as measured from the nearest property line of the proposed community residence to the nearest property line of the existing community residence along legal pedestrian right of ways and (2) the operator or applicant is licensed or certified by the State of Florida to operate the proposed community residence, has certification from an appropriate national accrediting agency or has been recognized or sanctioned by congress to operate the proposed community residence. Except as required by state law, a conditional use permit must be obtained for any community residence that does not meet both criteria (1) and (2).	This ordinance addresses the regulation of recovery homes by addressing zoning issues. A comparable law (Costa Mesa, California) is currently the subject of two federal fair housing lawsuits.
Prescott, Arizona (2017)	Law: Ch 4-11, Structured Sober Living Homes	**"Structured sober living home"** means any community residence for people in recovery from drug and/or alcohol addiction that provides alcohol-free and drug-free housing that promotes independent living and life skill development and provides structured activities directed primarily toward recovering from substance use disorders in a staff-supervised setting. The residents of a structured sober living home may receive outpatient behavioral health services for substance abuse and/or addiction treatment while living in the home. The primary function of a structured sober living home is residential; it does not provide any treatment services on-site.	Yes	No	No	The code requires all sober living homes to obtain a license to operate within the city. In order to become licensed, sober living homes must meet specified standards (code does not specifically refer to NARR or Oxford House standards), including a certified house manager and a "good neighbor policy." The city will offer the certification and appears to be responsible for implementation of the law.	See notes on HB 2107 on the next page.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Arizona (2016)	Law: HB 2107	**"Structured sober living home"** means any premises, place or building that provides alcohol-free or drug-free housing, promotes independent living and life skill development and provides structured activities that are directed primarily toward recovery from substance use disorders in a supervised setting to a group of unrelated individuals who are recovering from drug or alcohol addiction and who are receiving outpatient behavioral health services for substance abuse or addiction treatment while living in the home.	Yes, allows localities to issue this requirement.	Yes, allows localities to issue this requirement.	Yes, allows localities to issue this requirement.	A city or town may adopt by ordinance standards for structured sober living homes that comply with state and federal fair housing laws and the Americans with Disabilities Act (ADA). If adopted, the standards for structured sober living homes may include: 1. A written notification from all structured sober living homes that includes: (a) The name and address of the structured sober living home. (b) The following information regarding the property: (i) The property owner's name, address and contact telephone number. (ii) If the property is leased, a copy of the lease that states that the property will be used as a structured sober living home. 2. Supervision requirements in the structured sober living home for the residents during all hours of operation. 3. Establishment and maintenance of an operation plan that facilitates the rehabilitative process, including discharge planning, and that addresses the maintenance of the property and noise abatement consistent with local ordinances.	Arizona created this state-level legislation to address zoning concerns in a specific municipality. However, at least two municipalities with similar measures are currently subject to federal fair housing lawsuits. As a result, local government laws enacted following this legislation may violate federal fair housing laws.
New Jersey (2017)	Enacted Regulations; Title 5 Chapter 27; Amendments to Rooming and Boarding Act (See Department of Community Affairs final ruling)	"Cooperative sober living residences" means a residential setting that serves solely as a home for individuals who are recovering from drug or alcohol addiction and is intended to provide an environment where the residents can support each other's sobriety and recovery.	Yes	Not referenced	Not referenced	Homes are licensed by the Department of Consumer Affairs (DCA) and subject to an inspection process. Must meet municipal code for single family home and have 10 or fewer residents including staff. Must have at least one resident staff person. Staff can be onsite and their numbers/hours can be determined by owner. Includes a list of requirements and prohibitions including: residence may not provide transport, laundry, food. Programmatic activities are limited. Drug/alcohol testing is optional.	The definition, operating requirements and enforcement rules were enacted administratively, not via legislation. Pending legislation S948 and A3288 would define licensed cooperative sober living residences as beneficial uses, with implications for local zoning requirements that often reference such uses.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Utah (2017)	Law: UT Code §62A-2-101(29) and related statute SB 261.	**"Recovery residence"** means a home, residence or facility that meets at least two of the following requirements: (i) provides a supervised living environment for individuals recovering from a substance abuse disorder; (ii) provides a living environment in which more than half of the individuals in the residence are recovering from a substance abuse disorder; (iii) provides or arranges for residents to receive services related to their recovery from a substance abuse disorder, either on- or off-site; (iv) is held out as a living environment in which individuals recovering from substance abuse disorders live together to encourage continued Sobriety; (v) (A) receives public funding; or (B) is run as a business venture, either for-profit or not-for-profit. "Recovery residence" does not mean: (i) a residential treatment program; (ii) residential support; or (iii) a home, residence, or facility, in which: (A) residents, by their majority vote, establish, implement, and enforce policies governing the living environment, including the manner in which applications for residence are approved and the manner in which residents are expelled; (B) residents equitably share rent and housing- related expenses; and (C) a landlord, owner, or operator does not receive compensation, other than fair market rental income, for establishing, implementing, or enforcing policies governing the living environment.	Yes	Not referenced	Receipt of public funding is a partial indicator of status, but no requirement is in the statute.	The statute includes mandatory licensure for all but Oxford Houses and most NARR Level 1 residences. All operations are subject to local government approval; regulations are in statute, and does not refer to national standards. ***Related statute:*** S.B. 261 requires that the Utah Substance Use and Mental Health Advisory Council shall convene a workgroup to study the licensing and management of recovery residences, as defined in Section 62A-2-101.	The law also includes a description of what a recovery residence does not mean in its definition of the term, "recovery residence," which may dilute the efficacy or clarity of the legislation. Workgroup's findings have not been made public as of publication date. **2016** – U.S. District Court Judge Clark Waddoups ordered a temporary halt, while lawyers argue over new regulatory rules the state adopted in 2014.[1,2]

1. http://archive.sltrib.com/article.php?id=3462799&itype=CMSID

2. https://www.courthousenews.com/sober-living-homes-fight-utahs-hypocrisy/

Currently Proposed, File and/or Pending Legislation

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Federal	H.R.4684 (2017)	The term **"recovery housing"** means a family-like, shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.	No	Not referenced	Not referenced	Ensuring Access to Quality Sober Living Act of 2017 allocates funding to SAMHSA to publish best practices for operating recovery housing, based on — (A) the applicable domains, core principles, and standards of the National Alliance for Recovery Residences; and (B) input from other nationally accredited recovery housing entities and from stakeholders; (2) shall disseminate such best practices to the government of each State; and (3) may provide technical assistance to States seeking to adopt or implement such best practices.	Allocates $3 million to SAMHSA to support this mandate.
Arizona	Bill: SB 1465 (2018)	**"Sober living home"** means any premises, place or building that provides alcohol — free or drug — free housing and that: (a) promotes independent living and life skills development, (b) may provide activities that are directed primarily toward recovery from substance use disorders, (c) provides a supervised setting to a group of unrelated individuals who are recovery from substance use disorders, (d) does not provide any medical or clinical services or medication administration on-site, except for urinalysis testing.	Not yet determined, but currently yes.	Yes	Yes	The bill would establish a licensure process for sober living homes. To do this, the bill specifies that the Arizona Department of Health Services is required to contract with an approved certifying organization affiliated with an approved national organization to certify homes and address complaints. "Approved national organization" describes NARR. Certifying organization must be affiliated with the designated national organization. The bill enumerates a number of required standards for sober living homes, many of which are duplicative of NARR quality standards. State-licensed or funded addiction treatment providers would only be permitted to make referrals to certified homes. Courts are to first consider certified homes for referral. A list of certified sober living homes would be published online and updated quarterly. The AZ Department of Health Services would be required to report certain statistical information to the state annually. State may contract with third parties to perform some of the licensure functions on its behalf. Third party certification as provided in the text will be accepted in lieu of state licensure during a two-year transition/rulemaking period. Thereafter, certification will exempt the licensee from annual state site inspections.	If certification becomes mandatory, this could raise significant fair housing issues. (Enforcement of Utah's mandatory certification process is currently under injunction by a federal court.)

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
California	AB 2214: Drug and Alcohol Free Residences (2018)	**"Recovery residence"** is a residential property that is operated as a cooperative living arrangement to provide an alcohol and drug free environment for persons recovering from alcoholism or drug abuse, or both, who seek a living environment that supports personal recovery.	No	Yes, programs operated, funded or licensed by the state must refer only to certified residences, but gives some leeway for criminal justice and county	Not referenced	The bill would require the state's Department of Health Care Services to designate approved certifying organizations to, among other things, maintain an affiliation with a national organization recognized by the department; establish procedures to administer the application, certification, renewal and disciplinary processes for a drug and alcohol free residence; and investigate and enforce violations by a residence of the organization's code of conduct; Requires that standards must include certain subject areas; The bill would specify the information and documentation that an operator who seeks to have a residence certified is required to submit to an approved certifying organization. Requires a public directory of certified residences. If a residence is certified pursuant to this section, the activities at that residence shall be deemed a residential use of property and a use of property by a single family.	The public directory may not disclose the street addresses of certified residences.
California	SB 1228 (2018)	Bill applies to any "facility, residence, or dwelling **that provides substance use disorder continuum of care and is not a licensee**." "Substance use disorder continuum of care" means strategies and services designed to promote behavioral health, prevent alcohol and substance use disorders, treat alcohol and substance use disorders, and support recovery."	No	Yes, a licensee or an employee of a licensee shall not (a) ... refer a patient to a facility, residence, or dwelling that is not either a licensee or certified. (b) Engage in patient brokering. Also requires licensure or certification for referrals from specified alternative custody programs.	Not referenced	Certified entities must meet certain requirements specified in the statute, broadly consistent with NARR standards. CA Department of Health Care Services shall establish a program to approve organizations that certify facilities, residences, or dwellings which provide substance use disorder continuum of care, are not licensees, and meet the requirements set forth in the bill. (which are broadly consistent with NARR standards) Department may impose other requirements it deems "necessary for the best interests of individuals needing a substance use disorder continuum of care" Defines "patient brokering" as "directly or indirectly through the use of another person, entity, or technology, referring or recommending a patient or other individual to a provider of substance use disorder continuum of care in exchange, or anticipation of an exchange, for any economic benefit, including, but not limited to, a rebate, refund, commission, preference, patronage dividend, discount, or other item of value."	The bill also has extensive provisions for alternative sentencing programs, which do not directly impact recovery housing, except with respect to the restriction of referrals made through these programs to either licensed clinical facilities or certified recovery housing.
Connecticut	AB 5149 (2018)	**"Sober living home"** means an alcohol and drug-free residence where (1) unrelated adults who are recovering from a substance use disorder choose to live together in a supportive environment during their recovery, and (2) no formal substance use disorder treatment services are provided.	No, however an unregistered home cannot advertise as a "sober living home."	Not referenced	Not referenced	A sober living home may register with the Department of Mental Health and Addiction Services. The department shall establish criteria for the acceptance and revocation of a sober living home registration. Any residence that registers with the department as a sober living home and is occupied by at least one resident who has been diagnosed with opioid use disorder by a licensed health care professional shall, in order to maintain registration, (1) maintain a supply of opioid antagonists on the premises, and (2) provide training in the administration of opioid antagonists to all of its residents. No residence that does not register with the department as a sober living home may advertise or hold itself out as a sober living home in the state.	A number of other bills have been proposed, but failed, in recent sessions. Some included requirements that may have raised fair housing issues.

State or Locality	Law or Regulation	Definition of Recovery Housing	Certification required to operate?	Certification required for referral?	Certification required for funding?	Further Description	Notes
Maine	SP 618/LD 1682 and related bill SP 419	**"Recovery residence"** means a group residence providing an alcohol-free and drug-free environment for persons recovering from substance use disorders.	No	Not referenced	Yes, including expansion of an existing program to cover substance use disorders (SUDs).	This bill directs the Department of Health and Human Services to establish standards for recovery residences based on standards established by the National Alliance for Recovery Residences. It also authorizes the Bridging Rental Assistance Program to assist persons with substance use disorders involving opioids with housing placement in 8 recovery residences, including residences in which residents share rooms. Related bill: SP 491 This resolve establishes the Help Me Recover Fund within the Department of Health and Human Services to provide grants to persons being discharged from detoxification or residential treatment programs to use as a deposit and first month rent payment for housing in a recovery residence. To be eligible for a grant from the fund a person must be financially unable to provide a deposit and first month rent payment. The bill directs the department to enter into a contract with a nonprofit organization with experience in substance use disorder treatment or recovery to administer and make distributions from the fund.	Revisions to the Bill (SP 618/LD 1682) pending. This information reflects the revisions current as 2/9/2018.
New Jersey	A3607 (2018)	**"Recovery residence"** means housing with a home-like atmosphere, which is available in either a professionally-managed facility or a peer-managed facility, and which provides a sober living environment and alcohol and drug free living accommodations to individuals with substance use disorders, or to individuals with co-occurring mental health and substance use disorders, but which does not provide clinical treatment services for mental health or substance use disorders. "Recovery residence" includes, but is not limited to, a facility that is commonly referred to as a sober living home. **"Peer-managed facility"** means a recovery residence that is not directly managed, on a day-to-day basis, by a recovery residence administrator, but which, instead, is self-managed, on a cooperative basis, by the residents in recovery who are renting rooms at the facility.	No	Yes	Not referenced	Creates a voluntary certification program, based on NARR standards, to be administered by an independent organization designated by the Department of Health (DOH). The bill would require the DOH to use a portion of the moneys annually appropriated thereto to provide appropriate funds to the credentialing entity, on an annual basis, to enable the credentialing entity to fulfill its duties and responsibilities under the bill's provisions. A health care practitioner or substance use disorder treatment provider will be prohibited from referring a patient to a recovery residence, unless the recovery residence is listed as a certified recovery residence (licensed providers referring to housing they own are exempt). Requires that the residence and an individual administrator be certified under procedures to be developed as a result of this law. Exempts certified residences from the provisions of the Rooming and Boarding House Act of 1979, P.L.1979, c.496 (C.55:13B-1 et seq.) and any rules or regulations adopted pursuant thereto. A certified recovery residence will be exempt from any rules and regulations governing the operation or certification of recovery residences or sober living homes adopted by Department of Community Affairs, the Department of Health, or the Department of Human Services prior to the bill's effective date. This bill will effectively supersede all other pre-existing rules and regulations on this issue. In short, it would preempt the state's provisions adopted administratively in December 2017 and described above in this table.	

RECOVERY HOUSING: REAL SUPPORT FOR LONG TERM RECOVERY

Addiction Crisis Commands Priority Attention

Addiction leaves untold suffering – through lost jobs, broken relationships, encounters with the criminal justice system, higher health care costs and death.

- In 2014, nearly 21.5 million, or 8.1 percent of Americans over the age of 12 had a substance use disorder (SUD). It is important to realize that the negative effects of substance use not only impact the person with the SUD, but family members and friends as well.
- In 2016, there were more than 64,000 deaths from drug overdoses.
- Each year, there are 88,000 alcohol-related deaths.
- Use of tobacco, alcohol and illicit drugs costs our country more than **$740 billion** annually in crime, lost work productivity and health care costs.

What is Recovery?

- Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. Recovery does not have a singular consensus definition within the addiction field and recovery community. Other commonly accepted definitions of recovery include Hazelden Betty Ford's definition of recovery and scholar William White's definition.
- When positive changes and values become part of a voluntarily adopted lifestyle, it is called "being in recovery."

What is Recovery Housing?

- A range of housing models that create peer-led, mutually-supportive alcohol- and drug-free living communities where individuals improve their physical, mental, spiritual and social well-being and gain skills and resources to sustain their recovery.
- Recovery homes provide people in recovery a safe place to live as they work toward their recovery goals through support and mutual accountability.
- Recovery housing is part of the larger continuum of care for people with substance use disorders.

Why is Recovery Housing Important?

High quality recovery housing provides the longer term supports necessary to empower people in recovery to rebuild their lives and reconnect to the community at large.

- Initial inpatient treatment for addiction may last as few as 12 days. Long-term recovery takes different lengths of time for different people and some would say it takes a lifetime.
- Individuals with histories of addiction often lack essential recovery capital — the internal and external resources needed to help individuals initiate, stabilize and sustain long-term recovery — which inhibits their ability to secure safe, stable housing and employment.
- Without flexible, supportive, recovery-focused housing options, many people are more likely to return to using substances, leading to:
- Excessive use of emergency departments and public and private health care systems;
- Higher risk for involvement with law enforcement and incarceration;
- Inability to obtain and maintain employment; and
- Failure to build stable relationships.
- House managers or Oxford House™ residents are often trained in peer recovery support and can offer modeling for recovery to the individual in recovery.
- Recovery residences following best practices develop personalized recovery plans with each resident. These plans allow for goal-setting across all aspects of a person's life (health, family, employment, community, etc.). Progress toward recovery goals is guided by peer leaders or residence staff and is measured regularly. Requiring that all recovery housing residents have a personalized recovery plan is an essential tenet of the National Alliance for Recovery Residences (NARR) recovery housing quality standards.

Is Recovery Housing Effective?

- In the most extensively studied model — Oxford House™ — it has been shown that people who live in Oxford Houses have:
- Decreased substance use (31 percent compared to 65 percent)
- Reduced probability of relapse (22 percent compared to 47 percent)
- Lower rates of incarceration (3 percent compared to 9 percent)
- Higher incomes ($989 compared to $440)
- Increased employment (76 percent compared to 49 percent)
- Improved family functioning (30 percent of women regained custody of their children compared to 13 percent of those in normal living situations)
- Researchers have documented cost savings of $29,000 per person, when comparing residency in a peer-run Oxford House™ to returning to a community without recovery supports. This factors in the cost of substance use, illegal activity and incarceration that might occur.

How does Recovery Housing Affect Neighborhoods?

- More than 50 scientific studies have found that community residences for people with disabilities, including recovery residences, do not harm property values or marketability, neighborhood turnover or safety.

What can Policymakers do to Promote Quality Recovery Housing?

States can ensure that recovery homes are safe, accessible and part of the continuum of care through clear policies, including:

- Establish clear definitions and recovery housing certification based on nationally-recognized standards such as the National Alliance for Recovery Residences (NARR) quality standards and/or the charter conditions of Oxford House™.
- Require that substance use treatment providers only refer to recovery homes that meet NARR standards or adhere to Oxford House™ charters and require that only homes that meet these standards qualify for state and local public funding.
- Educate health care and housing providers and the public about the value of recovery homes.
- Establish a registry of recovery homes and Oxford Houses that meet the standards.
- Support efforts to provide training and technical assistance to recovery housing operators to meet and keep updated on NARR standards or comply with charter conditions of the Oxford House™ model.
- Invest in a NARR affiliate organization and/or Oxford House™ partner to operationalize the recovery housing quality standard certification process. Having an Oxford House™ presence and an operational NARR affiliate will help state ensure quality, affordable housing for residents, ensure public and resident safety and allow states to track resident outcomes.
- Establish voluntary quality measurement criteria for all recovery homes.

RESOURCES:

National Council Recovery Housing State Legislative Toolkit

National Alliance for Recovery Residences

Oxford House

National Council for Behavioral Health

APPENDIX
RECOVERY HOUSING STATE LEGISLATIVE TOOLKIT
RESOURCE LIST

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Association of Recovery Schools

Faces & Voices of Recovery

Facing Addiction with NCADD

Association of Recovery Community Organizations

National Alliance for Recovery Residences

National Council for Behavioral Health

National Association of Addiction Treatment Providers (NAATP)

Oxford House

Phoenix Multisport

Young People in Recovery

RECOVERY HOUSING STATE ACTION ASSESSMENT

These questions are for state level policymakers, coalitions, and recovery advocates to consider as they start any initiative to introduce legislation or regulations to improve access to and quality of recovery housing. They are not exhaustive, but offer a starting point for individuals and groups to consider.

- **What kinds of public attention to the general problems of addiction or specific to recovery housing have appeared recently?**
  - ☐ Stories in the media
  - ☐ Public hearings on the county or state level
  - ☐ Legislation

- **What state officials, such as the governor, state agencies or legislative leaders, are making addiction prevention, treatment and recovery a priority?**

- **What other addiction initiatives are underway that could reinforce your effort to introduce legislation or regulations toward improving the quality of and/or access to recovery housing?**

- **Who can lead a recovery housing initiative and make it a priority? This includes a "champion," as well as someone who can take on the day-to-day efforts.**

- **What existing partnerships and coalitions already exist to support a recovery housing initiative? Examples might include:**
  - ☐ Behavioral health coalitions
  - ☐ Regional/local recovery housing networks
  - ☐ Recovery community organizations
  - ☐ Treatment providers
  - ☐ Prevention groups
  - ☐ Law enforcement agencies
  - ☐ Insurance companies
  - ☐ Managed care organizations
  - ☐ Interfaith councils
  - ☐ Housing boards
  - ☐ Disability rights advocates
  - ☐ State government initiatives
  - ☐ Recovery and peer support coalitions
  - ☐ Family support groups

- **How does recovery housing capacity in your state compare to the need, in these respects:**
  - [ ] Geographic distribution
  - [ ] Support for at-risk and vulnerable populations
  - [ ] Quality
  - [ ] Affordability

- **What legislation or regulations are already in place regarding recovery housing? How would these existing policies help or hinder any effort to improve recovery housing in your state?**

- **Are there non-legislative or non-regulatory activities that can be started right away to improve access to or the quality of recovery housing in your state? For example, are there any upcoming opportunities to educate community stakeholders about the value of recovery housing and/or gain public support for recovery housing?**

- **What are the biggest challenges to moving forward to improve existing policies or introduce new legislation or regulations to improve recovery housing in your state?**

Glossary of Terms

Access to Recovery Grant Program was a discretionary grant program administered by SAMHSA that provided funds to states to provide individuals with vouchers to purchase treatment and recovery support services for substance use disorders at the provider of their choice. Several states used these funds for recovery housing. Grant funds are no longer available through this program.

The Americans with Disabilities Act (ADA) is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation and all public and private places that are open to the general public. The ADA requires states and local governments to make "reasonable modifications" for people with disabilities. The definition of disability in the ADA is inclusive of individuals in recovery from substance use disorders. While the ADA does not directly apply to housing, it is applicable to municipal services, which include local land use and zoning laws, policies and practices.

The Fair Housing Act (FHA) prohibits discrimination in the sale, rental and financing of dwellings and other housing-related transactions based on race, color, national origin, religion, sex, familial status and disability. The FHA also prohibits discrimination in the terms, conditions and privileges in the sale or rental of dwelling or provision of services in connection with a dwelling. The FHA prohibits state and local land use and zoning laws, policies and practices that discriminate based on a characteristic protected under the FHA. "Disability" is a protected class under the both the ADA and FHA and is defined to include people in recovery from substance use disorders. Prohibited practices as defined in the FHA include making unavailable or denying housing because of a protected characteristic (U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Justice (DOJ), 2016).

Housing First is a philosophical approach directed toward ending homelessness, first through permanent housing solutions, then addressing other health and wellness concerns of the individual tenant after the person or family is safely housed. Such housing typically does not have any sobriety requirements and does not insist on treatment before securing housing. Supportive services are voluntary and are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Medicaid is the public health insurance program for low-income and disabled populations. It is currently the largest source of funding for America's public mental health system and Medicaid continues to make up a growing share of the total spending on addiction treatment. People with addictions are not considered disabled for the purposes of Medicaid eligibility. Eligibility criteria and covered services vary by state.

National Alliance for Recovery Residences (NARR) is a nonprofit and recovery community organization that currently serves 28 state affiliate organizations. NARR affiliates collectively support more than 25,000 persons in recovery from addiction who are living in over 2,500 certified recovery residences throughout the United States. In 2011, NARR established quality standards for four levels of recovery housing.

National Outcome Measures (NOMs) are data outcome measures over 10 domains identified by SAMHSA that embody meaningful, real-life outcomes for people who are striving to attain and sustain recovery, build resilience and work, learn, live and participate fully in their communities. SAMHSA requires states to use NOMs to receive Block Grant and discretionary funding. The 10 domains are abstinence, employment/education, crime and criminal justice, stability in housing, access/capacity, retention, social connectedness, perception of care, cost-effectiveness and use of evidence-based practices.

Oxford House™ is a model of recovery housing that is democratically run, self-supporting and alcohol-and drug-free. Oxford House, Inc., is a nonprofit umbrella organization which oversees the network of all Oxford Houses, allocates resources to duplicate the Oxford House™ model and is the sole source for granting Oxford House™ charters at no charge and providing technical assistance where the need arises. In 2011, the Oxford House™ Recovery Home Model was listed on the National Registry of Evidence-based Programs and Practices. Oxford Houses have an extensive network of 2,300 houses spread across 43 states with a capacity of 18,000 beds.

Peer Support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer support providers offer emotional support, share knowledge, teach skills, provide practical assistance and connect people with resources, opportunities and communities of support. Peer support providers offer their unique lived experience with mental health conditions and/or substance use disorders to provide support.

Permanent Supportive Housing (PSH) provides service-enriched permanent housing for people with disabilities, including those in recovery from addiction, and generally includes individuals with serious forms of disability that prevent them from living independently. These individuals often have co-occurring disorders and the housing generally does not have sobriety requirements.

Reasonable Accommodation is a change, exception or adjustment to a rule, policy, practice or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces. The Fair Housing Act makes it unlawful for states and localities to refuse to make reasonable accommodations to rules, policies, practices or services, when such accommodations may be necessary to afford people with disabilities an equal opportunity to use and enjoy a dwelling (HUD and DOJ, 2016). Examples of common reasonable accommodation requests accepted for recovery housing include asking for a waiver of the cap on unrelated persons permitted to live in a dwelling and asking for the dwelling to be treated as single family use.

Recovery, as defined by SAMHSA, is a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential. Recovery is built on access to evidence-based clinical treatment and recovery support services for all populations. Recovery does not have a singular consensus definition within the addiction field and recovery community. Other commonly accepted definitions of recovery include Hazelden Betty Ford's definition of recovery as "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship," and scholar William White's definition that states, "Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life."

Recovery Capital refers to the quantity and quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction, including peer support networks, employment, education and other resources that increase an individual's ability to achieve and maintain a life in recovery.

Recovery housing, recovery homes, recovery residences, three-quarter homes and sober living homes all refer to a range of alcohol- and drug-free living environments that create mutually supportive communities driven by peer support where individuals improve their physical, mental, spiritual and social well-being and gain skills and resources to sustain their recovery. Terminology differs by region and by who is using the terms. Recovery housing is a part of the larger continuum of housing, recovery supports and treatment options available to individuals in recovery from addiction.

Ryan White Comprehensive AIDS Resources Emergency Act (Ryan White CARE Act) is federal legislation that created the Ryan White HIV/AIDS Program. It provides grants to states and territories to improve the quality, availability and organization of HIV health care and support services. Support services include residential substance use treatment services.

Social Security Disability Insurance (SSDI) is a social insurance program under which workers earn coverage for benefits by working and paying Social Security taxes on their earnings. The program provides benefits to disabled workers and their dependents and is intended to replace some of their lost income. People who are solely or primarily disabled by substance use disorders are not eligible for this benefit.

Social Security Income (SSI) is a benefits program under the Social Security Administration that provides a monthly income to individuals with limited income and resources who are disabled, blind or age 65 or older, and also includes children who are blind or disabled. People who are solely or primarily disabled by substance use disorders are not eligible for this benefit.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance behavioral health in the United States. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on communities in the United States.

Substance Abuse Prevention and Treatment Block Grant (SAPT BG) program provides funds to all 50 states, the District of Columbia and territories to prevent and treat substance abuse. SAMHSA administers the SAPT BG program.

Supportive Housing is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as people with disabilities as defined by the United States Interagency Council on Homelessness.

Appendix 3

Government Accounting Office Report to Congress:

SUD Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding

United States Government Accountability Office

Report to Congressional Requesters

March 2018

SUBSTANCE USE DISORDER

Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding

Accessible Version

GAO-18-315

March 2018

SUBSTANCE USE DISORDER

Information on Recovery Housing Prevalence, Selected States' Oversight, and Funding

GAO Highlights

Highlights of GAO-18-315, a report to congressional requesters

Why GAO Did This Study

Substance abuse and illicit drug use, including the use of heroin and the misuse of or dependence on alcohol and prescription opioids, is a growing problem in the United States. Individuals with SUD may face challenges in remaining drug- and alcohol-free. Recovery housing can offer safe, supportive, drug- and alcohol-free housing to help these individuals maintain their sobriety and can be an important resource for individuals recovering from SUD. However, the media has reported allegations about potentially fraudulent practices on the part of some recovery homes in some states.

GAO was asked to examine recovery housing in the United States. This report examines (1) what is known about the prevalence and characteristics of recovery housing across the United States; (2) investigations and actions selected states have undertaken to oversee such housing; and (3) SAMHSA funding for recovery housing, and how states have used this or any available state funding. GAO reviewed national and state data, federal funding guidance, and interviewed officials from SAMHSA, national associations, and five states—Florida, Massachusetts, Ohio, Texas, and Utah—selected based on rates of opioid overdose deaths, dependence on or abuse of alcohol and other drugs, and other

View GAO-18-315. For more information, contact Katherine M. Iritani at (202) 512-7114 or iritanik@gao.gov.

What GAO Found

Nationwide prevalence of recovery housing—peer-run or peer-managed drug- and alcohol-free supportive housing for individuals in recovery from substance use disorder (SUD)—is unknown, as complete data are not available. National organizations collect data on the prevalence and characteristics of recovery housing but only for a subset of recovery homes. For example, the National Alliance for Recovery Residences, a national nonprofit and recovery community organization that promotes quality standards for recovery housing, collects data only on recovery homes that seek certification by one of its 15 state affiliates that actively certify homes. The number of homes that are not certified by this organization is unknown.

Four of the five states that GAO reviewed—Florida, Massachusetts, Ohio, and Utah—have conducted, or are in the process of conducting, investigations of recovery housing activities in their states, and three of these four states have taken formal steps to enhance oversight. The fifth state, Texas, had not conducted any such investigations at the time of GAO's review. Fraudulent activities identified by state investigators included schemes in which recovery housing operators recruited individuals with SUD to specific recovery homes and treatment providers, who then billed patients' insurance for extensive and unnecessary drug testing for the purposes of profit. For example, officials from the Florida state attorney's office told GAO that SUD treatment providers were paying $300 to $500 or more per week to recovery housing operators for every patient they referred for treatment and were billing patients' insurance for hundreds of thousands of dollars in unnecessary drug testing over the course of several months. Some of these investigations have resulted in arrests and other actions, such as changes to insurance payment policies. Florida, Massachusetts, and Utah established state certification or licensure programs for recovery housing in 2014 and 2015 to formally increase oversight. The other two states in GAO's review—Ohio and Texas—had not passed such legislation but were providing training and technical assistance to recovery housing managers.

The Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS), administers two federal health care grants for SUD prevention and treatment that states may use to establish recovery homes and for related activities. First, under its Substance Abuse Prevention and Treatment block grant, SAMHSA makes at least $100,000 available annually to each state to provide loans to organizations seeking to establish recovery homes. Second, states have discretion to use SAMHSA funding available under a 2-year grant for 2017 and 2018 primarily for opioid use disorder treatment services, to establish recovery homes or for recovery housing-related activities. Of the five states GAO reviewed, only two, Texas and Ohio, have used any of their SAMHSA grant funds for these purposes. Four of the five states—Florida, Massachusetts, Ohio, and Texas—have also used state general revenue funds to establish additional recovery homes.

HHS had no comments on this report.

Contents

Tables

Abbreviations

HHS	Department of Health and Human Services
NARR	National Alliance for Recovery Residences
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
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March 22, 2018

Congressional Requesters

Substance abuse and illicit drug use, including the use of heroin and the misuse of alcohol and prescription opioids, is a growing problem in the United States. Individuals recovering from substance use disorder (SUD) may face challenges remaining alcohol- or drug-free. Recovery housing—peer-run or peer-managed supportive residences—can offer safe, supportive, stable living environments to help individuals recovering from SUD maintain an alcohol- and drug-free lifestyle. In addition, such housing can also help improve individuals' ability to work, their physical health, and their relationships with friends and family, and help them gain skills and resources to sustain their recovery. There are no federal laws or regulations governing the operation of recovery housing, and there is no federal agency responsible for overseeing recovery housing.[1] Within the Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA)—responsible for promoting SUD prevention, treatment, and recovery to reduce the impact of SUD on communities—makes some funding available to states to support recovery housing.

The media has reported allegations that some unscrupulous recovery housing operators and associated SUD treatment providers have engaged in fraudulent and misleading practices and exploited residents for the purposes of profit. In addition, at least two states—California and Florida—have conducted criminal investigations into recovery housing and recovery housing operators within their states. Following reported allegations, members of Congress have raised questions about the oversight of recovery housing.

You asked us to review federal and state oversight of recovery housing. This report examines

[1]Federal laws such as the Fair Housing Act prohibit discrimination on the basis of disability, which includes individuals in recovery from SUD. Recovery housing organizations have described cases in which cities or counties adopted new, or used existing, regulations to impose restrictions on recovery homes, only to be found in violation of the Fair Housing Act by federal or district courts.

1. what is known about the prevalence and characteristics of recovery housing across the United States;
2. any investigations and actions selected states have undertaken to oversee recovery housing; and
3. SAMHSA funding for recovery housing, and how selected states have used this or any available state funding.

To address these three objectives, we reviewed available information and interviewed officials from national organizations that provide or have missions related to recovery housing, state agencies and related entities in five selected states, and federal agencies. Specifically, we reviewed information and available documentation and interviewed officials from the National Alliance for Recovery Residences (NARR) and Oxford House, Inc. to obtain information on the prevalence and characteristics of recovery housing across the United States.[2] To obtain information on actions states have taken to investigate and oversee recovery housing and how they used federal and any available state funding to support such housing from fiscal year 2013 through fiscal year 2017, we also interviewed officials from five states we selected for review—Florida, Massachusetts, Ohio, Texas, and Utah. We identified the states that met at least three of the following criteria: (1) had high rates and numbers of opioid overdose deaths in 2015 (the most recent publicly-available information), (2) had high rates of dependence on or abuse of illicit drugs and alcohol in 2013-2014 (the most recent publicly-available information), (3) had an active NARR affiliate, (4) received certain SAMHSA funding for recovery services, and (5) were reported in the media or by other sources to have enacted legislation pertaining to the regulation or oversight of recovery housing.[3] We then selected five states from different areas of the country. In each state, we interviewed officials from the state substance abuse agency, the state Medicaid agency, the state Medicaid

[2]NARR is a national nonprofit and recovery community organization that aims to support individuals in recovery by improving their access to quality recovery residences through standards, support services, placement, education, research, and advocacy. Oxford House, Inc. is a national nonprofit corporation that serves as an umbrella organization to connect individual Oxford Houses and allocates resources to establish additional houses where needs arise.

[3]For our review, we considered states that received SAMHSA funding for recovery support services from fiscal year 2014 through April 2018, the most recent information available.

Fraud Control Unit, the state insurance department, and others.[4] For a complete list of state agencies and related state entities we interviewed, see appendix I. We also interviewed officials from two insurance companies operating in Florida. The results of our state analyses are intended to be illustrative and are not generalizable to all states. To obtain information on SAMHSA funding for recovery housing, we also reviewed available documentation and interviewed agency officials.

We conducted this performance audit from February 2017 to March 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Definitions of and terms for recovery housing can vary, and recovery housing may differ in the types of services offered and resident requirements. Alcohol- and drug-free housing for individuals recovering from SUD may be referred to as “recovery residences,” “sober homes,” or other terms. NARR has defined four levels of recovery housing (I through IV) based on the type and intensity of recovery support and staffing they offer, up to and including residential, or clinical, treatment centers.[5] For the purposes of this report, we use the term “recovery housing” to refer to peer-run, nonclinical living environments for individuals recovering from

[4]Medicaid Fraud Control Units, which are typically a part of state attorney general offices, investigate and prosecute Medicaid provider fraud as well as patient abuse or neglect in health care and related facilities. These units must be separate and distinct from state Medicaid agencies.

[5]NARR level I and II residences are primarily self-funded, peer-run, single family homes where residents have an open-ended length of stay; level II residences typically have a paid house manager or senior resident who oversees the house and its residents. Level III and IV residences are structured or semi-structured living environments with paid facility staff, such as case managers, to assist residents in developing treatment plans and may be licensed by the state if they offer clinical services (such as level IV residential treatment centers). Although the primary scope of our report is nonclinical recovery housing (i.e., levels I and II), the activities of some states in our review may include more structured facilities (i.e., levels III and IV).

SUD in general, and "recovery homes" to refer to specific homes.[6] These homes generally are not considered to be residential treatment centers, not eligible to be licensed providers for the purposes of billing private insurance or public programs—such as Medicaid and Medicare—and residents typically have to pay rent and other housing expenses themselves. Recovery home residents may separately undergo outpatient clinical SUD treatment, which is typically covered by health insurance. In addition, recovery homes may encourage residents to participate in mutual aid or self-help groups (e.g., 12-step programs such as Alcoholics Anonymous) and may require residents to submit to drug screenings to verify their sobriety.[7] Residents may be referred to recovery homes by treatment providers, the criminal justice system, or may voluntarily seek out such living environments.

In addition to SAMHSA, two national nonprofit organizations that have missions dedicated to recovery housing include NARR and Oxford House, Inc. NARR promotes standards for recovery housing, provides training and education to recovery housing operators and others, and conducts research and advocacy related to recovery housing to support individuals in recovery from SUD. As of January 2018, NARR's membership comprised 27 state affiliates that work to promote and support NARR's quality standards for recovery housing and other activities in their states. Of the 27 NARR affiliates, 15 were actively certifying recovery homes.[8] Oxford House, Inc. connects individual Oxford Houses across the United States and in other countries. Individual Oxford Houses, which operate under charters granted by Oxford House, Inc., are democratically run, self-supporting homes. According to the Oxford House manual and related documents, all Oxford Houses are rentals, and residents are responsible for sharing expenses, paying house bills on

[6]According to SAMHSA, peers are individuals who share the experiences of addiction and recovery. A peer in successful, stable recovery can provide emotional and other support to other individuals beginning the recovery process to help reduce the likelihood of relapse. Services provided by peers are typically distinguished from those provided by clinical or other providers, such as counselors or case managers, in professional treatment programs.

[7]According to NARR, recovery homes generally verify residents' sobriety using urine drug tests that can be purchased over the counter at retail pharmacies, such as CVS or Walgreens, or in bulk from various sellers.

[8]As of January 2018, the remaining 12 affiliates, which NARR considers to be "developing," support recovery homes in their states by providing information about recovery housing to the public and hearing complaints. NARR was also working to develop affiliates in 3 additional states.

time, and immediately evicting residents who drink or use illicit drugs while living in the house.[9] Oxford House, Inc. maintains a directory of houses on its website, and individuals can search this directory for vacancies by state. Oxford Houses align with NARR's definition of level I residences; that is, peer-run, self-funded, typically single family homes where residents have an open-ended length of stay.

SAMHSA and other organizations recognize recovery housing as an important step in SUD treatment and recovery. Research has shown positive outcomes of recovery housing on long-term sobriety, such as at 6-, 12-, and 18-month follow up.[10] However, according to SAMHSA and NARR officials, much of the available research on effectiveness of recovery housing focuses on the Oxford House population, and research on other types of recovery homes is limited.[11]

[9]Houses operate independently but must follow procedures laid out in the Oxford House manual and adhere to charter conditions. Residents are to hold regular house meetings at least weekly, and each house elects officers, including a president, treasurer, and secretary, on a rotating basis. Oxford House, Inc. provides houses with forms that residents can use to log house meetings and expenses. Eviction for drug use does not include individuals using medications prescribed for behavioral health conditions.

[10]See, for example, D. L. Polcin, R. Korcha, J. Bond, and G. Galloway, "What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here," *Journal of Psychoactive Drugs,* vol. 42, no. 4 (2010): 425-433.

[11]An official from Oxford House, Inc. told us that there have been more than 300 peer-reviewed studies conducted on the Oxford House program since 1991.

Nationwide Prevalence of Recovery Housing Is Unknown, but National Organizations Collect Data on the Number and Characteristics of a Subset of Recovery Homes

The nationwide prevalence of recovery housing is unknown because there are no comprehensive data regarding the number of recovery homes in the United States, although NARR and Oxford House, Inc. collect data on a subset of recovery homes across the United States. Specifically, NARR collects data only on recovery homes that seek certification from one of its 15 state affiliates that certify homes. However, NARR-certified homes may represent only a portion of existing recovery homes, as NARR does not know how many such homes are uncertified. As of January 2018, NARR reported that its affiliates had certified almost 2,000 recovery homes, which had the capacity to provide housing to over 25,000 individuals; NARR-certified recovery homes include recovery housing across all four NARR levels, including residential treatment centers that provide clinical services, which are outside the scope of our study.[12]

Oxford House, Inc. collects data annually on the prevalence and characteristics of Oxford Houses across the United States. In its 2017 annual report, Oxford House, Inc. reported that there were 2,287 Oxford Houses in 44 states that provided housing to a total of 18,025 individuals.[13] Of the total number of Oxford Houses in 2017, 71 percent served men and 29 percent served women, with the average resident aged 37 years. The Oxford House, Inc. report also provides information on other characteristics of Oxford House residents. For example, of the 18,025 Oxford House residents in 2017, Oxford House, Inc. reported the following:

[12]A NARR official told us that NARR level IV residences accounted for 2 percent of all NARR-certified homes and 3 percent of resident capacity as of January 2018.

[13]See Oxford House, Inc. *Annual Report, Fiscal Year 2017* (Silver Spring, Md.: 2018). According to officials from Oxford House, Inc., an average of about eight individuals reside in each house, and the average length of stay was about 8 months, according to the 2017 annual report.

- 79 percent were addicted to drugs and alcohol; 21 percent were addicted to alcohol only.
- 77 percent had been incarcerated.
- 68 percent had previously experienced homelessness.
- 12 percent were veterans.
- 87 percent were employed.
- 98 percent regularly attended 12-step meetings, such as Alcoholics Anonymous or Narcotics Anonymous.[14]
- 45 percent attended weekly outpatient counseling in addition to attending 12-step meetings
- Average length of sobriety was 13.4 months.[15]

Most States We Reviewed Have Investigated Potential Fraud Related to Recovery Housing and Taken Steps to Enhance Oversight

The five states we selected for review have taken actions to investigate and oversee recovery housing. Four of the five states have conducted law enforcement investigations of recovery homes in their states and some of these investigations have resulted in arrests and changes to public and private insurance policies. In addition to actions taken in response to state investigations, three of the five states in our review have also taken steps to formally enhance their oversight of recovery homes, and the other two states have taken other steps intended to increase consistency, accountability, and quality across recovery homes.

[14]Although Oxford House residents are not required to attend 12-step meetings, officials told us that residents generally go to about five meetings a week.

[15]Oxford House, Inc. officials said that the requirement that residents remain free from alcohol and illicit drugs does not include medication-assisted treatment for opioid addiction or prescribed medication for co-occurring mental health conditions. Medication-assisted treatment is an approach that combines behavioral therapy and the use of certain medications, such as methadone and naltrexone, to suppress withdrawal symptoms, control cravings, and prevent overdose.

Four of Five States Have Conducted Investigations of Recovery Housing

Officials from four of the five states we reviewed (Florida, Massachusetts, Ohio, and Utah) told us that since 2007, state agencies have conducted, or are in the process of conducting, law enforcement investigations of unscrupulous behavior and potential insurance fraud related to recovery housing, and outcomes of some of these investigations included criminal charges and changes to health insurance policies. An official from the fifth state, Texas, told us that the state had not conducted any recent law enforcement investigations related to recovery housing. This official, from the Texas Department of Insurance, told us that the department received two fraud reports in 2014 and 2016 related to recovery homes and that the state was unable to sufficiently corroborate the reports to begin investigations.

Across the four states, officials told us that potential insurance fraud may have relied on unscrupulous relationships between SUD treatment providers, including laboratories, and recovery housing operators, because recovery homes are not considered eligible providers for the purposes of billing health insurance. For example, treatment providers may form unscrupulous relationships with recovery housing operators who then recruit individuals with SUD in order to refer or require residents to see the specific SUD treatment providers.[16] This practice is known as patient brokering, for which recovery housing operators receive kickbacks such as cash or other remuneration from the treatment provider in exchange for patient referrals.[17] The extent of potential fraud differed across the four states, as discussed below.

[16]According to officials from the four states, in some cases treatment providers also owned recovery homes, rather than partnering with, and paying kickbacks to, other individuals who owned or operated the homes. In other cases, treatment providers, recovery homes, or laboratories partnered with each other in some combination for the purposes of referring patients and billing insurance.

[17]Kickbacks include remuneration, such as cash, paid or received to reward the referral of an individual for treatment or arrangement of items or services to be provided. The federal Anti-Kickback Statute prohibits the knowing and willful offer, payment, solicitation, or receipt of remuneration to induce or reward referrals or generate business reimbursable by federal health care programs, such as Medicaid and Medicare. 42 U.S.C. § 1320a-7b(b). Although the federal Anti-Kickback Statute does not apply to private insurance, some states have enacted state anti-kickback statutes that apply to private insurance.

Florida

Officials from several state agencies and related entities described investigations into fraud related to recovery housing in southeastern Florida as extensive, although the scope of the fraud within the industry is unknown.[18] In 2016, the state attorney for the 15th judicial circuit (Palm Beach County) convened a task force composed of law enforcement officials tasked with investigating and prosecuting individuals engaged in fraud and abuse in the SUD treatment and recovery housing industries.[19] The task force found that unscrupulous recovery housing operators or associated SUD treatment providers were luring individuals into recovery homes using deceptive marketing tactics.[20] Deceptive marketing practices included online or other materials that willfully misdirected individuals or their family members to recruiters with the goal of sending these individuals to specific treatment providers, in order to receive payments from those treatment providers for patient referrals. According to officials from the Florida state attorney's office, these individuals, often from out of state, were lured with promises of free airfare, rent, and other amenities to recover in southern Florida's beach climate. Recruiters brokered these individuals to SUD treatment providers, who then billed their private insurance plans for extensive and medically unnecessary urine drug

[18]An official with the state's NARR affiliate told us that the estimated scope of Florida's recovery housing fraud encompassed 110 (recovery or treatment) beds and $1 billion in fraudulent private insurance billing in 1 year.

[19]In 2016, the Florida legislature appropriated $275,000 to the state attorney for the 15th Judicial Circuit (Palm Beach County) to conduct a study to strengthen investigation and prosecution of criminal and regulatory violations within the substance abuse treatment industry. In response, the state attorney's office formed three task forces in 2016. In addition to the law enforcement task force, the other two task forces—composed of community and industry members, state agency officials, and other individuals—were charged with studying fraud in the recovery housing industry further and making recommendations for regulatory changes. Also in 2016, the state attorney empaneled a grand jury to investigate how state agencies were addressing the proliferation of fraud and abuse within the SUD treatment industry and to make appropriate recommendations on how these agencies could better perform their duties to ensure that vulnerable populations and communities are protected. In 2017, the state legislature appropriated $300,000 to the state attorney's office to continue its activities.

[20]Florida State Attorney, 15th Judicial Circuit, *Palm Beach County Sober Homes Task Force Report: Identification of Problems in the Substance Abuse Treatment and Recovery Residence Industries with Recommended Changes to Existing Laws and Regulations* (Palm Beach County, Fla.: January 2017).

testing and other services.[21] Officials from the Florida state attorney's office told us that SUD treatment providers were paying $300 to $500 or more per week to recovery housing operators or their staff members for every patient they referred for treatment. In addition, these officials cited one case in which a SUD treatment provider billed a patient's insurance for close to $700,000 for urine drug testing in a 7-month period. Officials from the state attorney's office noted that the recovery homes that the task force was investigating were not shared housing in the traditional, supportive sense, such as Oxford Houses, where residents equally share in the rent and division of chores, but rather existed as "warehouses" intended to exploit vulnerable individuals.

As a result of these investigations, as of December 2017, law enforcement agencies had charged more than 40 individuals primarily with patient brokering, with at least 13 of those charged being convicted and fined or sentenced to jail time, according to the state attorney's office.[22] In addition, the state enacted a law that strengthened penalties under Florida's patient brokering statute and gave the Florida Office of Statewide Prosecution, within the Florida Attorney General's Office, authority to investigate and prosecute patient brokering.[23]

[21]According to the American Society of Addiction Medicine's April 2017 consensus statement on appropriate use of drug testing in clinical addiction treatment, drug testing should be tailored to individual patients' needs and stages of addiction and recovery. For the purposes of verifying or ensuring that residents in recovery housing remain free from alcohol and illicit drugs, the consensus statement states that weekly testing may be appropriate using presumptive testing—that is, lower sensitivity tests, such as urine drug tests that can be purchased over the counter. The statement notes that more frequent or more sensitive testing (i.e., testing that takes place in a laboratory) is inappropriate and does not fit the standard of care. See American Society of Addiction Medicine. *Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine* (Rockville, Md.: April 5, 2017).

[22]As of January 2018, task force investigations were ongoing. In addition to task force investigations, an official from one insurance company operating in Florida we spoke with told us that the company began investigating claims for urine drug testing and other services in its individual and family plans after its fraud unit received a large number of referrals. This official told us that, as a result of its investigations, as well as its participation in the task force investigations, the company made changes to its drug testing policy, as well as changes to some of its data analytics processes to allow it to identify potentially fraudulent claims more quickly.

[23]The enacted law specifically denotes patient brokering as a crime, which the Office of Statewide Prosecution has the authority to investigate and prosecute. The law also added first and second degree felony charges for patient brokering, as well as established fines for all felony levels dependent upon the number of patients involved, and made fraudulent marketing a third-degree felony. See Ch. 2017-173, Laws of Fla.

Massachusetts

An official from the Massachusetts Medicaid Fraud Control Unit told us that the unit began investigating cases of Medicaid fraud in the state on the part of independent clinical laboratories associated with recovery homes in 2007. The unit found that, in some cases, the laboratories owned recovery homes and were self-referring residents for urine drug testing. In other cases, the laboratories were paying kickbacks to recovery homes for patient referrals for urine drug testing that was not medically necessary. According to the Medicaid Fraud Control Unit official, as a result of these investigations the state settled with nine laboratories between 2007 and 2015 for more than $40 million in restitution. In addition, the state enacted a law in 2014 prohibiting clinical laboratory self-referrals and revised its Medicaid regulations in 2013 to prohibit coverage of urine drug testing for the purposes of residential monitoring.[24]

Ohio

Ohio has also begun to investigate an instance of potential insurance fraud related to recovery housing, including patient brokering and excessive billing for urine drug testing. Officials from the Ohio Medicaid Fraud Control Unit told us that the unit began investigating a Medicaid SUD treatment provider for paying kickbacks to recovery homes in exchange for patient referrals, excessive billing for urine drug testing, and billing for services not rendered, based on an allegation the unit received in September 2016.[25] As of January 2018, the investigation was ongoing, and the Ohio Medicaid Fraud Control Unit had not yet taken legal or other action against any providers. Officials from other state agencies and related state entities, such as the state substance abuse agency and the state NARR affiliate, were not aware of any investigations of potential fraud on the part of recovery housing operators or associated treatment

[24]See Mass. Gen. Laws ch. 111D, §§ 8(17), 8A (2017); 130 CMR 404.411(b)(5). The 2014 law also imposed civil and criminal penalties for individuals violating the clinical self-referral rule, such as civil penalties ranging from $5,000 to $10,000 per violation, plus three times the amount of damages sustained, jail or imprisonment for up to 5 years, or a combination of both. See Mass. Gen. Laws ch. 111D, § 13 (2017).

[25]According to Ohio Medicaid Fraud Unit officials, this investigation is being conducted jointly with federal agencies, including the Department of Health and Human Services Office of Inspector General and the Federal Bureau of Investigation.

providers when we spoke with them and stated that this type of fraud was not widespread across the state.

Utah

In August 2017, officials from the Utah Insurance Department told us that the department is conducting ongoing investigations of private insurance fraud similar to the activities occurring in Florida, as a result of a large influx of complaints and referrals it received in 2015. These officials told us that the department has received complaints and allegations that SUD treatment providers are paying recruiters to bring individuals with SUD who are being released from jail to treatment facilities or recovery homes; billing private insurance for therapeutic services, such as group or equine therapy, that are not being provided, in addition to billing frequently for urine drug testing; and encouraging patients to use drugs prior to admission to qualify patients and bill their insurance for more intensive treatment. In addition, insurance department officials told us that they believed providers are enrolling individuals in private insurance plans without telling them and paying their premiums and copays. According to these officials, when doing so, providers may lie about patients' income status in order to qualify them for more generous plans. Officials found that providers were billing individual patients' insurance $15,000 to $20,000 a month for urine drug testing and other services. Officials noted that they suspect that the alleged fraud was primarily being carried out by SUD treatment providers and treatment facilities that also own recovery homes. Officials told us that the department has not been able to file charges against any treatment providers because it has been unable to collect the necessary evidence to do so. However, according to insurance department officials, the state legislature enacted legislation in 2016 that gives insurers and state regulatory agencies, such as the state insurance department and state licensing office, the authority to review patient records and investigate providers that bill insurers. This authority may help the insurance department and other state regulatory agencies better conduct investigations in the future.

Three States Have Established Oversight Programs, and Two States Are Taking Other Steps to Support Recovery Housing

In addition to actions taken in response to state investigations, three of the five states in our review—Florida, Massachusetts, and Utah—have taken steps to formally increase oversight of recovery housing by

establishing state certification or licensure programs. Florida enacted legislation in 2015 and Massachusetts enacted legislation in 2014 that established voluntary certification programs for recovery housing. Florida established a two-part program for both recovery homes and recovery housing administrators (i.e., individuals acting as recovery housing managers or operators). According to officials from the Florida state attorney's office and Massachusetts Medicaid Fraud Control Unit, their states established these programs in part as a result of state law enforcement investigations. In 2014, Utah enacted legislation to establish a mandatory licensure program for recovery housing. According to officials from the Utah substance abuse agency and the state licensing office, the state established its licensure program to, in part, protect residents' safety and prevent their exploitation and abuse.

Although state recovery housing programs in Florida and Massachusetts are voluntary and recovery homes and their administrators can operate without being certified, there are incentives for homes to become certified under these states' programs, as well as incentives to become licensed under Utah's program. Specifically, all three states require that certain providers refer patients only to recovery homes certified or licensed by their state program.[26] Thus, uncertified and unlicensed homes in Florida, Massachusetts, and Utah would be ineligible to receive patient referrals from certain treatment providers. Further, state officials told us that state agencies are taking steps to ensure providers are making appropriate referrals. For example, according to officials from the Florida substance abuse agency, treatment providers may refer patients to certified recovery homes managed by certified recovery home administrators only and must keep referral records. These officials also told us that the state substance abuse agency can investigate providers to ensure they are referring patients to certified homes and issue fines or revoke providers' licenses if the program finds providers are referring patients to uncertified homes. Recovery homes may also view certification as a way to demonstrate that they meet quality standards. For example, the official from the Massachusetts NARR affiliate told us that some residential treatment centers that are required to be licensed by the state are also seeking certification to demonstrate that they meet the NARR affiliate's quality standards.

[26]In Massachusetts, this requirement applies to referrals from state agencies and state-funded providers only. In Utah, this requirement applies to referrals from the criminal justice system, such as drug courts.

To become state-certified or licensed, recovery homes in Florida, Massachusetts, and Utah must meet certain program requirements—including staff training, documentation submissions (such as housing policies and code of ethics), and onsite inspections to demonstrate compliance with program standards—though specific requirements differ across the three states. For example, while all three state programs require recovery housing operators or staff to complete training, the number of hours and training topics differ. In addition, for recovery homes to be considered certified in Florida, they must have a certified recovery housing administrator. Similar to Florida's certification program for the homes, individuals seeking administrator certification must also meet certain program requirements, such as training in recovery residence operations and administration and legal, professional, and ethical responsibilities. Features of the state-established oversight programs may also differ across the three states, including program type, type of home eligible for certification or licensure, how states administer their programs, and initial fees. See table 1 for additional information on features of state-established oversight programs for recovery housing.

Table 1: Features of Three State-Established Oversight Programs for Recovery Housing

Program characteristic	Florida (Recovery homes)	Florida (Recovery housing administrators)	Massachusetts	Utah
Program type	**Voluntary certification**	**Voluntary certification**	**Voluntary certification**	**Mandatory licensure**
Length of certification or licensure	1 year	1 year	1 year	1 year
Type of recovery housing eligible for program, according to National Alliance for Recovery Residences (NARR) levels[a]	I, II, III, and IV	n/a	II[b]	II and III
Certifying or licensing body	Florida Association of Recovery Residences	Florida Certification Board	Massachusetts Alliance for Sober Housing[c]	Utah Department of Human Services, Office of Licensing
Initial fees[d]	$100 application fee plus $40 certification fee per bed for level I and II homes, and $55 certification fee per bed for level III and IV homes[e]	$100	$150 certification fee $50 inspection fee per home	$1,295

Program characteristic	Florida (Recovery homes)	Florida (Recovery housing administrators)	Massachusetts	Utah
Program type	**Voluntary certification**	**Voluntary certification**	**Voluntary certification**	**Mandatory licensure**
Year program was implemented	2015[f]	2016[f]	2017	2014
Number certified or licensed[g]	310[h]	344[h]	164	61

Legend: n/a = not applicable

Source: GAO review of state information. | GAO-18-315

Note: This table reflects information from three of the five states we reviewed that established oversight programs for recovery housing. The other two states we reviewed—Ohio and Texas—have not established such oversight programs, but the states' NARR affiliates may certify certain recovery homes in their states on a voluntary basis according to NARR standards. NARR is a national nonprofit and recovery community organization that promotes quality standards for recovery housing.

[a]NARR defined four levels of recovery housing (I through IV) based on type, intensity, and duration of recovery support and staffing they offer. NARR level I and II residences are primarily self-funded, peer-run, single family homes where residents have an open-ended length of stay. Level III and IV residences are structured or semi-structured living environments with paid facility staff, such as case managers, to assist residents in developing treatment plans and may be licensed by the state.

[b]According to officials from the Massachusetts substance abuse agency, facilities operating according to NARR levels III and IV are to be licensed by the state as residential treatment centers.

[c]According to the official from the Massachusetts Alliance for Sober Housing—the state NARR affiliate—while that entity administers the certification program on behalf of the state, another organization conducts the inspections required for certification.

[d]Fees reflect the initial amount that recovery homes and administrators must pay when they first apply for certification or licensure. They may be assessed a different fee when applying for recertification or license renewal.

[e]Certification fees are capped at $2,500 per location for level I and II homes and $3,500 per location for level III and IV homes.

[f]The implementation date is the year that officials from Florida Association of Recovery Residences and the Florida Certification Board told us they began certifying recovery homes and recovery housing administrators.

[g]Numbers of certified or licensed recovery homes and recovery housing administrators are as of December 31, 2017.

[h]In Florida, recovery homes must have certified recovery housing administrators to be certified. The number of certified homes differs from the number of certified recovery housing administrators because a certified recovery home must have one certified recovery housing administrator for every three locations.

State-established oversight programs in Florida, Massachusetts, and Utah also include processes to monitor certified or licensed recovery homes and take action when homes do not comply with program standards. For example, an official from the Florida Association of Recovery Residences—the state NARR affiliate and organization that certifies recovery homes in Florida—told us that the entity conducts random inspections to ensure that recovery homes maintain compliance with program standards. State-established oversight programs in the three states also have processes for investigating grievances filed against

certified or licensed recovery homes. Further, officials from certifying or licensing bodies in all three states—the Florida Association of Recovery Residences, Massachusetts Alliance for Sober Housing, and the Utah Office of Licensing—told us their organizations may take a range of actions when they receive complaints or identify homes that do not comply with program standards, from issuing recommendations for bringing homes into compliance to revoking certificates or licenses.[27] According to officials from the certifying body in Florida, the entity has revoked certificates of recovery homes that have acted egregiously or have been nonresponsive to corrective action plans. Officials from the certifying and licensing bodies in Massachusetts and Utah told us that these entities had not revoked certificates or licenses when we spoke to them for this review, but may have assisted homes with coming into compliance with certification standards or licensure requirements.

Officials from Ohio and Texas told us that their states had not established state oversight programs like those that exist in Florida, Massachusetts, and Utah, but their states had provided technical assistance and other resources to recovery homes that were intended to increase consistency, accountability, and quality:[28]

- Officials from the Ohio substance abuse agency told us that since 2013 the state has revised its regulatory code to define recovery housing and minimum requirements for such housing.[29] Officials also told us that the agency does not have authority to establish a state certification or licensure program for recovery housing. According to these officials, the state legislature wanted to ensure that Ohio's recovery housing community maintained its grassroots efforts and did not want a certification or licensure program to serve as a roadblock to establishing additional homes. However, officials from the Ohio substance abuse agency told us that the agency encourages recovery homes to seek certification by the state NARR affiliate—Ohio Recovery Housing—to demonstrate quality. In addition, these officials told us that the state substance abuse agency also provided start-up

[27]The Massachusetts Alliance for Sober Housing is the Massachusetts NARR affiliate.

[28]Although Ohio and Texas have not established state certification or licensure programs, both states have active NARR affiliates that certify recovery housing according to the NARR standards.

[29]Officials from the state substance abuse agency also told us that recovery homes must meet state, local, and county building codes and obtain certificates of occupancy.

funds for Ohio Recovery Housing and has continued to fund the affiliate for it to provide training and technical assistance, as well as to continue certifying recovery homes.[30] According to officials from Ohio Recovery Housing, the NARR affiliate regularly provides the state substance abuse agency with a list of newly-certified recovery homes, as well as updates on previously-certified homes, as part of ongoing efforts to develop a recovery housing locator under its contract with the agency.

- Officials from the Texas substance abuse agency noted that establishing a voluntary certification program, such as one that certifies homes according to NARR's quality standards, would be beneficial. However, the state legislature has not enacted any legislation establishing such a program to date. The agency is in the process of developing guidance for providers on where and how to refer their patients to recovery housing, which includes a recommendation to send patients to homes certified by the Texas NARR affiliate, but officials could not tell us when they expected the guidance to be finalized.

Certain SAMHSA Grant Funding Can Be Used for Recovery Housing, and Selected States Have Used SAMHSA and State Funding to Support Recovery Housing

SAMHSA provides some funding for states to establish recovery homes. Of the five states we reviewed, two used SAMHSA funding and four used state funding to help support recovery housing from fiscal year 2013 through fiscal year 2017.

[30]Officials from Ohio Recovery Housing told us that the state provided funding as part of its response to an examination of recovery housing in Ohio supported by the Ohio substance abuse agency and published in 2013 that made several recommendations to address the challenges and the lack of resources for recovery housing in the state. See K. Paquette, N. Greene, L. Sepahi, K. Thom, and L. Winn, *Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan* (Columbus, Ohio.: June 2013). According to officials from Ohio Recovery Housing, such steps have successfully expanded recovery housing networks in the state.

SAMHSA Provides Funding for Recovery Housing and Has Undertaken Other Initiatives to Support Recovery Housing

SAMHSA makes funding available to states for recovery housing through certain grant programs for SUD prevention and treatment. Specifically, under its Substance Abuse Prevention and Treatment block grant, which totaled approximately $1.9 billion in fiscal year 2017, SAMHSA makes at least $100,000 available annually to each state to provide loans for recovery housing.[31] States that choose to use this funding may provide up to $4,000 in loans to each group that requests to establish alcohol- and drug-free housing for individuals recovering from SUD.[32] The loan can be used for start-up costs such as security deposits and must be repaid within 2 years. Loans are to be made only to nonprofit entities that agree to requirements for the operation of the recovery homes outlined in the authorizing statute, namely that (1) the homes must prohibit the use of alcohol and illegal drugs; (2) the homes must expel residents who do not comply with this prohibition; (3) housing costs, such as rent and utilities, are to be paid by the residents; and (4) residents are to democratically establish policies to operate the homes.[33] According to SAMHSA officials, states are prohibited from using block grant funding other than the loan funding for recovery housing. However, the block grant application does not require states to provide a description of whether and how they will use the loan.

[31]See 42 U.S.C. § 300x-25; 45 C.F.R. § 96.129 (2017). The objective of SAMHSA's Substance Abuse Prevention and Treatment block grant is to help states plan, implement, and evaluate programs and activities related to preventing and treating SUD, such as providing information on prevention and treatment services and technical assistance to community-based agencies. The total block grant amount was the same in fiscal years 2017 and 2018.

[32]By statute, the purpose of this funding is to make loans for the cost of establishing programs for the provision of homes where groups of at least six individuals recovering from SUD may reside. States may directly establish the loan funding or contract with a private, nonprofit entity to manage it. Loans are to be repaid in monthly installments, and states are to assess penalties for failure to pay installments by dates specified in loan agreements.

[33]Oxford House, Inc. officials told us that as of January 2018, Oxford House, Inc. had contracts with 13 states and the District of Columbia to manage the loans available through the SAMHSA block grant and to provide outreach workers for technical assistance. Oxford House, Inc. gives the start-up funds that it receives from the state to individuals who are interested in starting Oxford Houses. Each house opens a bank account to repay the loan electronically.

SAMHSA has also made funding for recovery housing available under the agency's State Targeted Response to the Opioid Crisis grant (opioid grant), a 2-year grant program under which SAMHSA anticipated awarding up to $485 million for each of fiscal years 2017 and 2018.[34] The opioid grant is intended to supplement states' existing opioid prevention, treatment, and recovery support activities, and SAMHSA requires most of states' funding to be used for opioid use disorder treatment services, such as expanding access to clinically appropriate, evidence-based treatment. States may also use their opioid grant funding for recovery housing and recovery support services—which SAMHSA recognizes as part of the continuum of care—such as establishing recovery homes and providing peer mentoring.[35] (See the next section of this report for information on how states have used SAMHSA funding.)

In addition to providing funding, SAMHSA has undertaken other initiatives related to recovery housing, including an assessment of needs for certifying recovery housing in the future. In 2017, SAMHSA held two recovery housing meetings that covered topics including research on emerging best practices in recovery housing, state recovery housing programs, available funding for recovery housing, and challenges that state entities have experienced regulating recovery homes in their states. SAMHSA contracted with NARR at the end of fiscal year 2017 to provide technical assistance and training to recovery housing organizations, managers, and state officials on NARR's quality standards and certification process, including presentations at three to four national and regional SUD conferences, such as those held by the National Association of State Alcohol and Drug Abuse Directors and other

[34]The State Targeted Response to the Opioid Crisis grant was established by the 21st Century Cures Act. See Pub.L. No. 114-255 § 1003, 130 Stat. 1033, 1044-46 (2016). SAMHSA awarded the opioid grants to states and territories using a formula based on unmet need for opioid use disorder treatment and drug overdose deaths.

[35]According to SAMHSA, recovery support services include a full range of culturally and linguistically appropriate social, legal, and other services that assist individuals with SUD and their families. Recovery support services include employment assistance, education, housing, community treatment, illness management, and peer-operated services. There are other SAMHSA funds available for recovery support services that may help individuals access emergency or temporary housing but cannot be used to establish recovery homes. For example, SAMHSA's Access to Recovery grant, which SAMHSA officials said the agency is terminating April 30, 2018, provided funding to eligible states to carry out a voucher program for SUD recovery support services, such as peer coaching, transportation to medical treatment, and other services to help individuals improve life skills or find employment. The grant also provided vouchers for individuals to pay for emergency housing for up to 1 week and transitional housing for up to 6 months.

associations. NARR is also required to submit a final report to SAMHSA before the 1-year contract ends with recommendations for future needs for certifying recovery housing and establishing additional NARR state affiliates. SAMHSA officials told us that this is the agency's first contract with NARR, and SAMHSA plans to conduct an internal assessment at the end of fiscal year 2018 to determine next steps.

Selected States Have Used SAMHSA and State Funding for Recovery Housing

Two of the five states we reviewed used SAMHSA funding to help support recovery housing in their states from fiscal years 2013 through 2017, according to state officials. Texas was the only state in our review that used the loan funding available under SAMHSA's block grant. Officials from the Texas substance abuse agency told us that from fiscal years 2013 through 2017, the state used at least $150,000 of this funding annually to increase the number of Oxford Houses in the state and hire Oxford House outreach workers.[36] Texas and Ohio also used a portion of their SAMHSA opioid grant funding for recovery housing. For example, in fiscal year 2017, officials from Ohio's substance abuse agency told us that the state used $25,000 of its approximately $26 million in opioid grant funding to support and train recovery housing operators, with the goal of increasing the number of recovery homes that accept individuals who receive medication-assisted treatment. The other states we reviewed—Florida, Massachusetts, and Utah—did not opt to use the loan funding available under the SAMHSA block grant and did not use their SAMHSA opioid grant funding for recovery housing services, according to state officials.

Four of the five states in our review—Florida, Massachusetts, Ohio, and Texas—have used state funding to establish and support recovery housing and recovery housing-related activities. For example, officials from the Texas substance abuse agency told us that, since 2013, the state legislature has authorized at least $520,000 annually for recovery

[36]Officials from the Texas substance abuse agency told us that Texas contracts with Oxford House, Inc. to administer the loans and to hire outreach workers. Oxford House outreach workers assist individuals in finding recovery homes, negotiate leases, and help individuals or groups that want to open new homes apply for Oxford House charters. As of November 2, 2017, there were 215 Oxford Houses in Texas, according to officials from the Texas substance abuse agency, but they could not provide us with the total number of recovery homes in the state.

housing. In fiscal years 2015 through 2017, the state used this funding for personnel costs and related expenditures, such as hiring seven Oxford House outreach workers and establishing a state loan fund of $200,000 to supplement the SAMHSA loan funding to support the establishment of an additional 25 new Oxford Houses.[37] Officials from the Massachusetts substance abuse agency told us that the agency has received annual state appropriations in the amount of $500,000 since fiscal year 2015 to contract with the entities that inspect and certify recovery homes for the state certification program and to contract with the state NARR affiliate for technical assistance with developing recovery housing certification standards and supporting the certification process. State substance abuse agency officials from the fifth state, Utah, told us that the state did not use state funding to establish recovery homes during fiscal years 2013 through 2017.[38] See table 2 for states' use of SAMHSA and state funding for recovery housing activities.

Table 2: Selected States' Use of Federal and State Funding for Recovery Housing and Oversight Activities, Fiscal Years 2013 through 2017

State	Funding source	Fiscal Year (FY) 2013 (dollars)	FY 2014 (dollars)	FY 2015 (dollars)	FY 2016 (dollars)	FY 2017 (dollars)
Florida	State funding (Florida Association of Recovery Residences certification activities)	no funds received	no funds received	$100,000[a]	no funds received	$100,000[b]
Florida	State funding (Florida Certification Board certification activities)[c]	no funds received	100,000	no funds received	no funds received	n/a
Massachusetts	State funding (voluntary recovery housing certification program)[d]	no funds received	no funds received	500,000	500,000	500,000

[37]During this period, Texas also used these funds to provide $5,000 in stipends to help individuals recovering from SUD find housing. According to officials from the Texas substance abuse agency, the stipend is a one-time amount of about $150 per individual and is intended to help those individuals secure housing and employment to enable them to subsequently pay for their own housing. Officials noted that the substance abuse agency initially used funding from SAMHSA's Substance Abuse Prevention and Treatment block grant to provide the stipend, but the state legislature thought it was a good program and allocated money for it from state general funds.

[38]Although the state did not use any state funding to establish recovery homes, officials from the Utah substance abuse agency told us that Utah uses state funding for recovery support services, including housing assistance for individuals transitioning from the criminal justice system (e.g., drug courts or correctional facilities) to the community.

State	Funding source	Fiscal Year (FY) 2013 (dollars)	FY 2014 (dollars)	FY 2015 (dollars)	FY 2016 (dollars)	FY 2017 (dollars)
Ohio	Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis grant funding[e]	no funds received	no funds received	no funds received	no funds received	25,000
Ohio	State funding[f]	no funds received	no funds received	5,000,000	2,500,000	2,500,000
Ohio	Capital bond funding[g]	no funds received	no funds received	5,000,000	no funds received	no funds received
Texas	SAMHSA Substance Abuse Prevention and Treatment block grant loan funding	202,000	174,000	151,000	151,000	151,000
Texas	SAMHSA State Targeted Response to the Opioid Crisis grant funding[e]	no funds received	no funds received	no funds received	no funds received	418,635
Texas	State funding	n/a	620,000	620,000	520,000	520,000
Utah	SAMHSA funding	no funds received	no funds received	no funds received	no funds received	no funds received
Utah	State funding[h]	no funds received	no funds received	no funds received	no funds received	no funds received

Legend: — = The state did not receive funds that year.

Source: GAO based on information reported by selected states. | GAO-18-315

Note: This table reflects information provided by the five states we reviewed on their use of SAMHSA and state funding for recovery housing for fiscal years 2013 through 2017.

[a]This funding was used to develop the infrastructure needed to meet national standards for initial and ongoing recovery housing certification during fiscal years 2015 and 2016 for the state's voluntary certification program for recovery homes.

[b]This funding was used for the state's certification and training program.

[c]This funding was used to develop the certification program to measure the professional competence of recovery housing administrators under the state's voluntary certification program that called for the certification of both recovery homes and recovery housing administrators (e.g., managers or operators).

[d]This funding was used to cover expenses for the state's voluntary certification program that was established by state law in 2014. According to state officials, expenses included training for recovery housing owners and operators.

[e]SAMHSA State Targeted Response to the Opioid Crisis grant funding in this table refers to amounts that officials from state substance abuse agencies told us were used specifically for recovery housing. The opioid grant is 2-year grant for fiscal years 2017 and 2018 authorized under the 21st Century Cures Act and is intended to supplement existing opioid prevention, treatment, and recovery support activities. Of the $485 million available for each of the 2 years, most of the funding is to be used for opioid use disorder treatment services.

[f]The state may have used additional state funding for recovery support services that could include housing (e.g., rental assistance or transitional housing) but because amounts used specifically for recovery housing could not be separated from total amounts for support services or other types of

housing, according to officials from the state substance abuse agency, this information is not reflected in the above table.

[g]The Ohio capital bond funding was used for the purchase, renovation, or new construction of recovery homes. According to officials from the state substance abuse agency, the capital funds covered recovery housing projects for multiple units and increased recovery housing capacity in the state to more than 1,000 beds.

[h]Although the state did not use any state funding to establish recovery homes in our study period, officials from the state substance abuse agency told us that the state used a total of about $38,000 across all 5 years to assist individuals with substance use disorder who were on parole and at immediate risk for relapse as a result of their current housing situation to enter recovery housing.

Agency Comments

We provided a draft of this report to HHS. HHS did not have any comments.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Secretary of Health and Human Services, appropriate congressional committees, and other interested parties. In addition, the report will be available at no charge on the GAO website at http://www.gao.gov.

If you or your staff have any questions concerning this report, please contact Katherine M. Iritani, Director, Health Care at (202) 512-7114 or iritanik@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.

Katherine M. Iritani
Director, Health Care

List of Requesters

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate

The Honorable Trey Gowdy
Chairman
Committee on Oversight and Government Reform
House of Representatives

The Honorable Richard Blumenthal
United States Senate

The Honorable Dianne Feinstein
United States Senate

The Honorable Margaret Wood Hassan
United States Senate

The Honorable Tim Kaine
United States Senate
The Honorable John McCain
United States Senate

The Honorable Christopher S. Murphy
United States Senate

The Honorable Marco Rubio
United States Senate

The Honorable Elizabeth Warren
United States Senate

The Honorable Rob Bishop
House of Representatives

The Honorable Ken Calvert
House of Representatives

The Honorable Katherine M. Clark
House of Representatives

The Honorable Carlos Curbelo
House of Representatives

The Honorable Theodore E. Deutch
House of Representatives

The Honorable Lois Frankel
House of Representatives

The Honorable Alcee L. Hastings
House of Representatives

The Honorable Darrell Issa
House of Representatives

The Honorable William R. Keating
House of Representatives

The Honorable Mia Love
House of Representatives

The Honorable James P. McGovern
House of Representatives

The Honorable Seth Moulton
House of Representatives

The Honorable Dana Rohrbacher
House of Representatives

The Honorable Edward R. Royce
House of Representatives

The Honorable Chris Stewart
House of Representatives

The Honorable Frederica S. Wilson
House of Representatives

Appendix I: State Agencies and Related Entities GAO Interviewed

We interviewed officials from the following agencies and related entities in the five states we selected for review.

Florida

- Agency for Health Care Administration, Division of Medicaid
- Department of Children and Families, Substance Abuse and Mental Health Program
- Department of Financial Services, Division of Investigative and Forensic Services[a]
- Florida Association of Recovery Residences[b]
- Florida Certification Board
- Attorney General, Medicaid Fraud Control Unit and Office of Statewide Prosecution
- State Attorney, 15th Judicial Circuit (Palm Beach County)

Massachusetts

- Bureau of Substance Addiction Services, Massachusetts Department of Public Health
- Division of Insurance
- MassHealth (state Medicaid office)
- Massachusetts Alliance for Sober Housing[b]
- Medicaid Fraud Control Unit

Ohio

- Department of Insurance[c]
- Department of Medicaid
- Department of Mental Health and Addiction Services

- Attorney General, Health Care Fraud Section (includes the Medicaid Fraud Control Unit)
- Ohio Recovery Housing[b]

Texas

- Department of Insurance[c]
- Health and Human Services Commission, Mental Health and Substance Abuse Division
- Health and Human Services Commission, Medicaid and CHIP
- Medicaid Fraud Control Unit[c]
- Texas Recovery-Oriented Housing Network[b]

Utah

- Department of Health, Division of Medicaid and Health Financing[c]
- Department of Human Services, Division of Substance Abuse and Mental Health
- Department of Human Services, Office of Licensing
- Insurance Department
- Medicaid Fraud Control Unit
- Utah Association of Addiction Treatment Providers[b,d]

Source: GAO. | GAO-18-315

Notes:

[a]This division investigates potential insurance fraud in Florida.

[b]State affiliate of the National Alliance for Recovery Residences (NARR).

[c]This organization provided written responses to our queries.

[d]As of January 2018, NARR classified the Utah affiliate as "developing." Officials from the Utah Association of Addiction Treatment Providers told us that its recovery residence activities were conducted by one of the association's committees, and the committee was not actively certifying recovery houses in Utah according to the NARR standards.

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Katherine M. Iritani, (202) 512-7114 or iritanik@gao.gov

Staff Acknowledgments

In addition to the contact named above, Tom Conahan, Assistant Director; Shana R. Deitch, Analyst-in-Charge; Kristin Ekelund; and Carmen Rivera-Lowitt made key contributions to this report. Also contributing were Lori Achman, Jennie Apter, Colleen Candrl, and Emily Wilson.

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Appendix 4

SAMHSA Recovery Housing: Best Practices and Suggested Guidelines

RECOVERY HOUSING:

BEST PRACTICES AND SUGGESTED GUIDELINES

On October 24, 2018 the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities was signed into law by President Trump. Subtitle D, Ensuring Access to Quality Sober Living (SEC. 7031), of this law mandates that the Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, shall identify or facilitate the development of best practices for operating recovery housing. These best practices may include model laws for the implementation of suggested minimum standards that:

(1) consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment
(2) identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators

The SUPPORT legislation seeks to improve resident care for individuals suffering from a substance use disorder who are in need of supportive recovery-oriented transitional housing. The Administration has dedicated time, attention, and resources to ensuring that individuals with substance use disorders have access to lifesaving medications, treatments, and services in settings throughout the continuum of care, including recovery housing. This document is intended to serve as a guidance tool for states, governing bodies, treatment providers, recovery house operators, and other interested stakeholders to improve the health of their citizens related to substance use issues.

This report identifies ten specific areas, or guiding principles, that will assist states and federal policy makers in defining and understanding what comprises safe, effective, and legal recovery housing. National organizations have contributed significant and valuable work in developing policies, practices, and guidance to improve recovery housing as an integral model of care. The guiding principles in this document are meant to provide an overarching framework that builds upon and extends the foundational policy and practice work that had guided the development of recovery housing to date. SAMHSA recommends following these Ten Guiding Principles to guide recovery house operators, stakeholders and states in enacting laws designed to provide the greatest level of resident care and safety possible.

Recovery housing is an intervention that is specifically designed to address the recovering person's need for a safe and healthy living environment while supplying the requisite recovery and peer supports. The ten best practices and minimum standards are further described below in the following principles.

Ten Guiding Principles

1. Have a clear operational definition

All recovery housing should have a clear operational definition that accurately delineates the type of services offered and to what degree or intensity these services are provided. The SUPPORT legislation defined the term 'recovery housing' to describe a shared living environment free from alcohol and illicit drug use and centered upon peer supports and connection to services that promote sustained recovery from substance use disorders.

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) official definition of recovery housing is described below:

> *Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders.*

For purposes of this document, SAMHSA's official definition will serve as the benchmark from which to ascribe best practices and suggested minimum standards. The utilization of this definition is because it encompasses the basic tenets as set forth in the statute and it stipulates the inclusion of FDA approved pharmacological interventions for substance use disorders and other co-occurring conditions.

To deliver the best care possible, recovery house operators should include to which level of care their facility delivers services to their residents. SAMHSA supports the levels of care, as identified by the National Alliance of Recovery Residences (NARR) and other stakeholder agencies depicted below, as these levels accurately reflect the basic structural blueprint of quality recovery housing and highlights the continuum of support ranging from nonclinical recovery housing to clinical and usually licensed treatment and highlights the continuum of support ranging from nonclinical recovery housing (Level 1 and II) to clinical and usually licensed treatment (Level III & IV).

NARR Level	Typical Resident	On-site Staffing	Governance	On-site Supports
Level 1 **(e.g., Oxford Houses)**	Self-identifies as in recovery, some long-term, with peer-community accountability	No on-site paid staff, peer to peer support	Democratically run	On-site peer support and off-site mutual support groups and, as needed, outside clinical services
Level 2 **(e.g., sober living homes)**	Stable recovery but wish to have a more structured, peer-accountable and supportive living environment	Resident house manager(s) often compensated by free or reduced fees	Residents participate in governance in concert with staff/recovery residence operator	Community/house meetings, peer recovery supports including "buddy systems", outside mutual support groups and clinical services are available and encouraged
Level 3	Those who wish to have a moderately structured daily schedule and life skills supports	Paid house manager, administrative support, certified peer recovery support service provider	Resident participation varies; senior residents participate in residence management decisions; depending on the state, may be licensed; peer recovery support staff are supervised	Community/house meetings, peer recovery supports including "buddy systems". Linked with mutual support groups and clinical services in the community, peer or professional life skills training on-site, peer recovery support services
Level 4 **(e.g., therapeutic community)**	Require clinical oversight or monitoring, stays in these settings are typically briefer than in other levels	Paid, licensed/ credentialed staff and administrative support	Resident participation varies, organization authority hierarchy, clinical supervision	On-site clinical services, on-site mutual support group meetings, life skills training, peer recovery support services

Source: The National Alliance for Recovery Residences

2. Recognize that a substance use disorder is a chronic condition requiring a range of recovery supports:

The transition from active addiction into lasting recovery is often a difficult and emotionally trying journey for many people with a substance-use disorder. NIDA (2018) indicated that the relapse rates for substance-use disorders is approximately 40-60%, and that relapses could signify the necessity to reexamine a person's course of treatment, as relapses can be very dangerous and in many instances deadly. The first 12 months of this transitional period prior to the onset of sustained full remission, sometimes referred to as early recovery, is a crucial period during which people contend with raw core clinical issues such as family history, unresolved trauma, grief and loss, emotional immaturity, low frustration tolerance, and other factors that make them susceptible to relapse. However, Moos & Moos (2006) determined that individuals with more 'social capital' are more likely to show improved outcomes for short term remission. Therefore, recovery houses are uniquely qualified to assist individuals in all phases of recovery, especially those in early recovery, by furnishing social capital and recovery supports.

Communities support is a critical aspect of achieving and maintaining recovery. A support network comprising friends and family who are not abusing substances, peers with lived experience, trained recovery housing staff, clinical support, and access to community resources is essential to helping people maintain recovery. Community, camaraderie, empathy and guidance are necessary ingredients in helping somebody

remain on track as they navigate their way into a healthy lifestyle of recovery. This is true for individuals recently discharged from inpatient treatment, criminal justice custody, or people seeking a safe, drug free living environment conducive to recovery.

3. Recognize that co-occurring mental disorders often accompany substance-use disorders:

SAMHSA recommends that all recovery house operators and their designated staff should be informed about co-occurring disorders and the close association these ailments have with substance-use disorders. The 2018 National Survey on Drug Use and Health (NSDUH) produced by SAMHSA determined that 9.2 million adults live with a co-occurring mental and substance use disorder. The NSDUH also demonstrates that those with mental disorders, including serious mental illness, are more likely to engage in substance use; conversely, those with substance use disorders are also more likely to have a mental illness.

It is critical that recovery house operators, staff, and certified peers need to be informed as to how co-occurring disorders and resulting symptomology can contribute to increase a person's susceptibility for relapse. Furthermore, SAMHSA believes that all residents and staff should be instructed to treat each other with compassion and understanding regardless of mental health status.

4. Assess applicant (potential resident) needs and the appropriateness of the residence to meet these needs:

SAMHSA recommends that all resident referrals and placement decisions be predicated upon what gives the resident the best chance for obtaining lasting recovery. To help guide placement decisions, SAMHSA strongly encourages all clinically oriented recovery house programs to accurately assess each prospective resident according to their unique needs, strengths, challenges and current recovery capital. SAMHSA maintains that proper resident placement where an individual's needs and goals are appropriately matched to the facility including therapeutic services, recovery supports and the surrounding environment will help to ensure resident safety. To best achieve these ends, the assessment should include the prospective residence and important information about the person.

Resident assessment is an integral part of the comprehensive assessment that should be performed prior to referral and placement into a recovery house system of care. Whether the referent is a licensed clinician, concerned family member, criminal justice professional, or other stakeholder it is important to know and consider the relevant and pertinent information about a person before making impactful decisions regarding their chances for a successful recovery. Usually a licensed clinician obtains intimate knowledge of the resident throughout the therapeutic process.

State governing agencies, including law enforcement, are often important referral sources to recovery housing, it is necessary for these entities to be well versed about the

prospective program prior to referring a potential resident. Relevant information to be considered in determining the most appropriate setting includes:

- House Culture: such as permissiveness of unhealthy behaviors, degree of adherence to outside meeting attendance, general living environment including other peer's investment in recovery, etc.
- Level of Care: the type, nature and intensity of therapeutic services and recovery supports provided, ability to address specific needs.
- Utilization of certified or appropriately trained peers with relevant lived experience
- Geographic area, neighborhood or external surrounding environment of the recovery house
- Physical living environment
- Current residents: welcoming, committed to sobriety, are they mostly employed, supportive of one another
- Medication Assisted Treatment: does the operator or other house staff support the use of medication assisted treatment, is the use of this medication properly monitored, are the other residents in the house also supportive of MAT, are peers with MAT experience available for residents with severe opioid use disorder (OUD)
- Level of training and professionalism of house staff (e.g., co-occurring disorder, crisis interventions, etc.)
- Reputation regarding ethical business practices, including fraud and abuse of residents
- Relapse policy
- Availability of opioid-overdose reversal drugs

5. Promote and use evidence-based practices:

Given the critical importance of stable housing and community supports to attaining recovery, it is important to ensure that residents in recovery housing are afforded high-quality, evidence-based care. It is important to recognize that many in recovery housing will also need access to outpatient treatment. Polcin (2009) found significant improvements in abstinence and employment rates, as well as a reduction in the number of arrest rates for those residents who also participated in outpatient treatment for substance use disorder(s). Additionally, 76% of the residents that participated in this study remained domiciled in a recovery house for at least five months. For many, the combination of recovery housing with evidenced-based outpatient treatment is an efficacious model of care.

Medication Assisted Treatment (MAT) is a lifesaving evidence-based practice. MAT includes the use of FDA-approved medications for the treatment of opioid use disorders. Medication therapy in conjunction with counseling, behavioral therapies, and community recovery supports provide a whole-individual approach to the treatment of substance-use disorders. The National Academies of Science, Engineering, and Medicine (NASEM)

notes that medications for opioid use disorders save lives and cite the use of these medications as an integral strategy in addressing opioid misuse.

Peers and recovery coaches are other essential components that model the societal and fellowship aspects of recovery, and are fully endorsed by SAMHSA as integral components of recovery houses. Peer Support Recovery Services (PRSS) and recovery coaches have emerged as an efficacious intervention to help utilize lived experience to assist others in achieving and maintaining recovery. (Smelson et al, 2013; Tracey et al, 2011).

6. Written policies, procedures, and resident expectations

Recovery house operators should have clearly written and easy to read documentation for all standard operating procedures and policies. To avoid ambiguity, SAMHSA recommends that the standard operating procedures are clearly explained to each new resident by a house staff member or designated senior peer. It is also advisable for programs to establish a resident handbook to help ease transition and ensure compliance with house rules.

Each resident should sign the documents to verify comprehension; residents should be given a copy for future reference. The house should store the signed documents. The communication of these procedures should also be accompanied by an orientation process.

7. Ensures quality, integrity and resident safety:

SAMHSA is strongly recommending that all recovery houses adhere to ethical principles that place resident safety as the chief priority. SAMHSA believes that unethical practices must be acted upon very quickly. One emerging unethical issue is patient brokering. Patient brokering is a potentially life threatening form of healthcare /treatment fraud that involves using vulnerable people with a substance use disorder as a pawn or commodity to be traded.

In patient-brokering type practices, a broker or agent refers a person, who is either in active use or has relapsed after treatment, to an unethical treatment center for a financial fee or some other valuable kickback. In many instances, the brokered individual, who is already in sobriety after completing treatment, is enticed through financial inducements and/or free drugs to resume use by the brokering agent, who then refers this person back to treatment for a kickback. The unethical treatment center is then able to bill a third party payer for services rendered, which far exceed the kickback paid making this fraudulent business very lucrative. In other brokering type scenarios, people with an active substance use disorder are lured by inducements such as free travel, rent or drugs from around the country to seek treatment in another state or location. Once these individuals arrive at treatment they are then recruited to engage in the brokering process.

Recovery house operators should be well aware of the existence of these types of practices and should understand that these are unacceptable and unethical practices.

Program Certification

Program or recovery house certification or accreditation is one noted remedy to some of the problems stated above. States are advised to adopt a process of certification to assure program quality.

> In July 2017 the city of Delray Beach Florida required certification for all recovery residences housing 4 or more unrelated individuals. A year later after this rule was implemented the city of Delray Beach witnessed a significant 60% decline in overdoses from 635 to 245. The city of Delray Beach also saw another 48% decrease in overdoses for the most recent year since this ordinance became law.

In regards to the Fair Housing Act, it should be noted that in Bangarter v. Orem City Corp (1995) the court stated that the Fair Housing Amendments Act should not be viewed to preclude special restrictions on disabled or vulnerable people if the benefit of such restrictions for these populations clearly outweighs the burden of these restrictions. Therefore, certification of recovery residences should not be prohibited as a discriminatory practice if the certification is narrowly tailored to benefit the needs of vulnerable populations, and these benefits clearly outweigh whatever burdens are imposed by these rules.

It is standard clinical protocol for all treatment centers and recovery houses to require clients submit to random urine analyses and breathalyzers. In other situations clients or residents may be required to submit an additional sample if they are suspected of using or after returning to the treatment center after time spent in a potentially using type of environment. This protocol is designed to ensure safety by confirming people are sober, on track in their recovery and not in need of additional therapeutic interventions. Fair Health examined claims data based on Current Procedural Terminology (CPT) codes and determined that costs associated with laboratory testing have increased more than 900 percent between 2011 and 2014. This large increase is an indication that a standard clinical practice has been exploited for financial gain. SAMHSA panelists identified 3 key areas of concern for this unethical practice:

- Testing for quantitative amounts on negative samples
- Charging exorbitant fees over and above the standard costs for lab tests
- Excessive drug screenings during residential treatments (testing can also become excessive in some outpatient treatments)

Medication Policy:

According the NSDUH (2018) buprenorphine was the opioid with the highest rate of misuse by those with a prescription for it. The misuse of any medication in a sober living environment can have detrimental effects not just for the individual misusing but also for other members of the house. As such, the following strategies are recommended:

- Locking medication up and house staff providing medication at specified time to clients
- Medication counts with staff and resident
- Increase drug testing (if suspected of diversion)
- Communication between stakeholders, providers & staff (releases of information)
- Maintain proper documentation
- Monitor specific residents as needed
- Open discussion of medications (e.g., group topic, potential triggers, etc.)
- Daily dosing within a licensed facility

8. Learn and Practice Cultural Competence:

The concept of cultural competency is of extreme importance, as the disease of addiction does not discriminate along racial, cultural or socioeconomic lines.

The staff and peers who operate and work in recovery houses should treat all individuals with respect regardless of their personal backgrounds and beliefs. Staff should be trained to deal with individuals on a personal basis and respect different beliefs and backgrounds.

9. Maintain ongoing communication with interested parties and care specialists

Ongoing communication is another important aspect of clinical practice that recovery houses should implement as part of their operating procedures. Provided there is a signed release of confidential information, ongoing communication between the resident's referent, concerned loved one, treatment provider, former treatment provider, certified peer recovery coach and criminal justice professional, is essential to helping the resident stay on track with recovery. In certain vocational programs, it could also be advantageous to maintain contact with the person's place of employment. Listed below are some topics areas that could be covered during communication between stakeholders to improve the quality of resident care.

- Level of program adherence
- Resident behavior – potential relapse indictors
- Attendance concerns at treatment
- MAT dosage changes, take home doses
- Progress reports
- Psychotropic medication changes

- Employment status
- Referral decisions (especially following a relapse to help alleviate any brokering type activities)
- Drug testing
- Discharge planning
- Any social network concerns
- Relapse history

10. Evaluate program effectiveness and resident success:

As recovery houses become recognized as vital components in the continuum of care, it is important to properly assess how each house is ultimately performing in delivering quality resident care. SAMHSA recognizes that program evaluation may occur at varying levels depending on the size and scope of the recovery house; however, collecting data on measures such as abstinence from use; employment; criminal justice involvement; and social connectedness would greatly assist the home in gauging the effectiveness of services provided and would also enable these entities to utilize data to justify requests for state and federal funding.

CONCLUSION

SAMHSA strongly believes in the use of recovery housing as a key strategy to assist individuals living with substance use disorder in achieving and maintaining recovery. Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime of recovery. It is critical that these houses function with sound operating procedures which center on a safe, sober living environment in which individuals can gain access to community supports and therapeutic services to advance their recovery.

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February 13, 2020

Metro Council Members,

Thank you for the opportunity to testify today in support of Metro Council's referral of the homeless and housing services initiative that HereTogether has put together for the May ballot.

My name is Beth Epps, I am the Chief Community Solutions Officer for Cascadia Behavioral Healthcare. Cascadia provides an array of comprehensive behavioral health services to approximately 18,000 citizens, predominantly in the tri-County area.

Last year, Cascadia served over 1,500 individuals who either experienced homelessness or were at risk of experiencing homelessness. Our Street Outreach Team served 310 households, 70% of whom were identified as chronically homeless, and with housing supports, we were able to successfully place 95 households into housing. Our Housing Outreach Team supported 359 at risk households, 60% of whom were identified as chronically homeless. 90% of these households maintained their housing after 6 months and 84% maintained housing after 12 months. So we know that housing supports work.

We also know that the current resources are insufficient to tackle this problem. And, most importantly, we know that these are our community's most vulnerable members, who day in and day out are exposed to perilous conditions that result in trauma and suffering.

I'd like to share some examples of those we serve:

One participant- Bill- had been chronically homeless for 10 years, and experienced significant mental health and physical health issues. He had been completely disengaged from any professional support. Our team was able to get Bill into housing, where he has successfully remained for three years. Bill was enrolled in Cascadia's primary care clinic, and our team meets with him weekly so that he stays supported through his challenges.

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Another participant - Ann - also chronically homeless - has struggled with mental health and substance use challenges for years. Our team was able to access housing for Ann through one of Cascadia's supportive housing facilities, assist her in applying for social security benefits, and provide access to treatment supports. Ann now attends groups, wellness programming, and has secured part-time employment via a vocational counselor.

Our community needs transformative solutions, and while this initiative will not solve homelessness, it is a big step in the right direction.

As such, I am expressing Cascadia's strong support for this critical initiative, and want to thank you for showing the leadership to refer it to the May ballot. It will improve the lives of countless members of our community who struggle every day with the severe and complex consequences of chronic homelessness.

Again, thank you for your time and thank you for your work. It makes a difference.

Respectfully,

Beth Epps
Chief Community Solutions Officer
Cascadia Behavioral Healthcare

WASHINGTON COUNTY
OREGON

Thursday February 13, 2020

President Peterson and Metro Councilors
Metro Regional Government
600 NE Grand Avenue
Portland, OR 97232

Dear President Peterson and Metro Councilors,

Thank you for inviting me to testify. And thank you for taking up this important and timely issue. Having served on Metro Council for twelve years, I know well how important process and community engagement is for this organization. I feel I have a special understanding about the heavy lift the Council and staff are undertaking in order to get this critical funding measure on the May 2020 ballot.

Over the past year or so Washington County has worked closely with Clackamas and Multnomah Counties to help craft the proposal you are considering tonight. As know, we certainly didn't do that alone. The Here Together coalition has brought together 40+ organizations from the Metro region to weigh in on the homeless crisis in front of us.

Just like there isn't just one cause of homelessness, there isn't just one solution. That's why this funding opportunity is so critical – as it will help fund an array of services and programs that will help those who face multiple barriers to getting, and more importantly staying in, permanent housing.

As a region, we understand that the first step to solving the homeless crisis is to build more affordable housing. We passed the regional Affordable Housing Bond and are now on track to increase the housing stock. Now we need the next step, which is to provide behavioral health and addiction services as well as to provide job training and case workers.

We know that supportive housing programs cost about half as much as when our homeless neighbors faced with no other supportive service alternatives access emergency rooms, shelters, or come in contact with a law enforcement programs.

As a member of Here Together, and as one of the three implementing jurisdictions, I can pledge that Washington County wants to be a good partner as we move ahead to ensure we are serving those most in need.

Thank you for considering support of this important regional effort.

Sincerely,

Kathryn Harrington, Chair
Washington County Board of Commissioners

Board of County Commissioners
155 North First Avenue, Suite 300, MS 22, Hillsboro, OR 97124-3072
phone: (503) 846-8681 • fax: (503) 846-4545

1) What about a tax on rent above a set $ amount considered "reasonable" by legislation? The $ could go toward enforcement and low-income housing, while encouraging more reasonable rent. Rent control typically causes all properties to raise their rent by by the maximum amount every year.

2) What about per building quotas of low-income units / Section 8 units in each building, requiring each property to set aside a percentage of each building, say 5% of the units.

Ian Erickson
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oregon association of CLEAN WATER agencies