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Recovery Housing and Substance Use Disorder October 2020

For individuals in recovery from alcohol or other drug use disorders, one of the essential components for sustaining health is a safe, stable, and supportive living environment. Recovery housing is a type of living arrangement that is specifically designed to complement and afford the recovering person a safe, healthy, and substance-free living environment. These supportive living environments are commonly known as recovery homes or recovery housing and have become a catchall name for a variety of very specific housing models with very specific functions and goals.

Recovery housing is known by various names, including “recovery housing”, “recovery homes”, “recovery residence” “transitional housing,” and “sober living environment (SLE)”. While each has a unique and specific purpose and goal, these designations are used interchangeably when referencing the various types of recovery housing. The use of these multiple names has created confusion among the general public and policy makers, and current variations in recovery housing definitions, language, and understanding pose challenges to efforts to advance it as vital service in the SUD continuum of care.

The federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledges the importance of having an array of housing alternatives that can meet the needs of an individual as they progress in their recovery. However, its definition uses the labels interchangeably even though it identified four levels of recovery housing:

“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 connection 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...”



SAMHSA identifies four levels of care provided by recovery housing, ranging from nonclinical recovery housing to clinical and often licensed treatment:

Level 4 homes are the highest level of intensity. Level 4 homes require clinical oversight or monitoring, with paid, licensed/credentialed staff and administrative support. They provide on-site clinical services, mutual support groups, life skills training, and peer recovery support services. These are highly structured facilities which in many ways resemble residential treatment programs.

Level 3 homes have a moderately structured daily schedule and life skills supports, with paid house managers, administrative support, and peer recovery support service providers. They have regular community/house meetings, and link with mutual support groups and clinical services in the community.

Level 2 homes, which SAMHSA refers to as “sober living homes,” provide a semi-structured, peer accountable and supportive living environment, with resident house managers often compensated by free or reduced fees. They have community/house meetings, peer recovery supports, and encourage outside mutual support groups and clinical services.

Level 1 homes are *not* licensed facilities nor treatment programs but homes that through lease/rental agreements and/or subleases prohibit smoking/use of drugs indoors and in common areas if in a multi unit apartment building. Occupancy of the homes are subject to local housing laws/code enforcement and must operate under the state’s fair housing laws.

SAMHSA also acknowledges the important role of medications for addiction treatment (MAT), even for individuals who reside in recovery housing that is “drug free”. However, it also assumes that *all* recovery homes provide some level of service or beyond a mutually-supportive sober living environment. While this may be true for higher-intensity levels of recovery housing, it is not the case for all recovery homes, some of which are housing and fall under the category of landlord/tenant or sublease.

SAMHSA’s three levels of recovery housing - particularly levels 2 and 3 - often have a formal or business relationship with outpatient treatment programs or providers. This arrangement has created a loophole that opens up this type of arrangement to exploitation, fraud and abuse. In California outpatient treatment programs are not required to be licensed or certified by the state, which has created an opportunity to take advantage of vulnerable patients without accountability. Because outpatient programs are unregulated and combined with the state’s policy of no regulation for recovery housing of six and under occupants, crafty operators have been able to exploit these gaps to their advantage. setting up “homes” and trucking people to unlicensed outpatient treatment. They have been a source of fraud and have exploited



individuals, their insurance plans and the state's publicly subsidized treatment system. These recovery home operators have been the subject of increasing scrutiny and negative press, as they are engaged in insurance fraud, patient brokering, and other unscrupulous practices that put profits over patients.

Unfortunately, the wide net cast by these adverse reactions has negatively impacted Level 1 recovery homes, which most closely resemble the traditional model of recovery housing in which individuals share a home with other individuals who want to live together in an effort to stay sober and provide mutual recovery support.

Siting Recovery Homes/Six and Under Protections

This situation has led to a couple of adverse reactions: roadblocks erected by municipalities to restrict the location of recovery homes in residential neighborhoods; and legislation introduced by lawmakers to impose restrictions on and require greater accountability for recovery housing.

The same confusion is evident in the California Code of Law, where the different names for recovery housing, sometimes without reference to a specific level of housing recovery, are strewn across several California codes.

As defined in the California Health and Safety Code: *"A person who lives in a recovery residence,...who pursues his or her own personal recovery goals, supports the recovery efforts of the other residents of the home in which he or she lives, or performs household duties that benefit the recovering family, is not an employee where the activities being performed are for the primary benefit of the persons residing in the home."*

These homes have no on-site paid staff or formal programming. They are usually democratically run, with peer community accountability and support. Successful recovery homes of this type are not about treatment planning, but about creating a supportive community of equals. They may choose to enter into a contractual relationship with counties for the benefit of their residents who are referred from treatment, in which case they are voluntarily subject to county regulations and accountability. But otherwise they are not required to be registered or certified.

CAADPE was successful in 2019 in advocating for changes in state law that now require all treatment to be provided at the licensed site (AB 3162, Friedman). Under this new law, treatment can only be provided at the site which has the license, thus ending the practice of housing people in six-bed-and-under homes and transporting people to an outpatient treatment program that may or may not be licensed and then marketing the program as "residential treatment."



California's Housing First Law

In addition to the obstacles presented above, there is another barrier faced by recovery homes. On the public sector side of the service system, advocates are seeking to establish safe recovery housing environments for individuals who are homeless or at risk of homelessness, but they are facing a potential obstacle to their success. The "Housing First" approach to addressing homelessness that has taken hold at the Department of Housing and Urban Development emphasizes housing as the precursor to supportive services. This can potentially work for some chronically homeless individuals, but there is no requirement for abstinence from alcohol and/or illegal drugs. This means that some housing communities turn out not to be safe, sober living environments for people in recovery. Recovery advocates are looking into whether federal housing dollars can be used to establish safe and peer-supportive living environments.

At issue in California are provisions of the state's Housing First law that do not allow any restrictions on participation in a Reentry or Recovery Home for individuals being released from incarceration, even though these homes are an integral part of a post-release SUD continuum of care. To address this problem, AB 83, recently signed into law by the Governor, amends Section 8256 of the Welfare & Institutions Code to continue for two years an exemption from Housing First requirements for recovery homes under CDCR's post-release housing provisions. Specifically, the new provisions define recovery housing specifically for individuals transitioning from prisons to their home as "...sober living facilities and programs that provide housing in an abstinence-focused and peer-supported community if participation is voluntary, unless that participation is pursuant to a court order or is a condition of release for individuals under the jurisdiction of a county probation department or the Department of Corrections and Rehabilitation."

In addition, the Legislature included in AB 83 a CAADPE recommendation that requires reentry and recovery housing programs to counsel each participant on the roles and responsibilities of both the participant and the recovery home, and further requires these homes to assist individuals to find more appropriate housing alternatives if they are unable or unwilling to accept these responsibilities.

During the two-year exemption period the state's Housing and Homelessness Coordinating Council that oversees implementation of the Housing First law must collaborate with stakeholders and CDCR to adopt guidelines and regulations for recovery homes vis-a-vis the Housing First law, in order to resolve the conflict between Housing First requirements and appropriate housing for individuals who are recovering from SUD.

CAADPE recognizes that there is not a "one size fits all" model of supportive housing but seeks to ensure that individuals who want to continue their recovery in a supportive, abstinence-based living environment have the ability to do so.



CAADPE RECOMMENDATIONS FOR ADDRESSING RECOVERY HOME INCONSISTENCIES AND INCOMPATIBILITIES IN STATE LAW:

1. Recommend statewide distinct definitions for the various modes of transitional housing/ housing/sober living .
2. Advocate that the statewide definitions be adopted by California and the state code be changed accordingly, to explicitly exempt from the troublesome provisions of Housing First those recovery homes that receive funding from the state.
3. Require licensing of outpatient SUD treatment facilities

