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

**Lori Criss**  
CEO, The Ohio Council of Behavioral Health & Family Services Providers

**Paul Molloy**  
Co-Founder and CEO, Oxford House, Inc.

**Steven G. Polin**  
The Law Office of Steven G. Polin

**Rachel Post**  
Senior Consultant, Health Management Associates

**David M. Sheridan**  
President, National Alliance for Recovery Residences

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

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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.

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

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).

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)
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.

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

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.
Require Standards for Recovery Housing

In addition to a clear definition of what constitutes recovery housing, 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]. 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/20180110330.
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, Massachusetts and Pennsylvania have all 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.
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. 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.

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.


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.

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
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 MassHousing7 (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.

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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 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. It has statewide associations in over 30 states.

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

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.

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.
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.

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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).

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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]

(B) 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.

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**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.

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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.
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<thead>
<tr>
<th>Recommendation/Section</th>
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<tr>
<td><strong>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.</strong></td>
<td><strong>Referral:</strong> 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.</td>
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<td><strong>Receipt of State Funds:</strong> 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.</td>
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<tr>
<td><strong>Support for NARR affiliate organization to operationalize the recovery housing quality certification process.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Data collection requirements as part of the certification process.</strong></td>
<td>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.</td>
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11. Funding should be sufficient to ensure quality tracking of homes, outcomes measurement and adequate technical assistance. Exact amounts may vary by region.
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<td>Inclusion of recovery housing as a highlighted element of the continuum of care for individuals with substance use disorders in every local community.</td>
<td>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.</td>
</tr>
<tr>
<td>Requirements to make a regularly updated registry of NARR certified recovery housing and Oxford Houses available to the public.</td>
<td>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.</td>
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<td>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.</td>
<td>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.</td>
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SECTION IV: REFERENCES


## 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

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<tr>
<th>State or Locality</th>
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<td>Riverside County CA (2016)</td>
<td>County Ordinance 348.4835</td>
<td>“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.”</td>
<td>No</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
<td>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.</td>
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<tr>
<td>Florida (2017)</td>
<td>Law; Section 397.487</td>
<td>“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-</td>
<td>No</td>
<td>Yes, State operated, state funded or state licensed treatment providers can only refer to certified homes.</td>
<td>Not referenced</td>
<td>Created a voluntary recovery residence certification program based on NARR standards. Licensed treatment providers are required to refer to certified 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).</td>
<td>A temporary loophole allowed some treatment providers to continue operating substandard recovery residences.</td>
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### Related Statute:
- Section 397.4871 Certified Recovery Residence Administrators
- HB 807: Addressing patient brokering and fraudulent marketing issues
- Report on patient brokering and fraudulent marketing issues
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<td>Hawaii (2014)</td>
<td>Law; HRS § 321-193.7</td>
<td>“Voluntary Clean and Sober Homes” not defined.</td>
<td>No, however an unregistered home cannot advertise as a “registered clean and sober home.”</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
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<td>Illinois (2003)</td>
<td>Regulation; Section 2060.509</td>
<td>Illinois has two distinct definitions of (licensed) recovery home and sober home as this regulation predates the NARR national standards.</td>
<td>No, the state licenses “recovery homes,” but “sober homes” are not subject to the same requirements.</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
<td>This regulation does not address recovery housing quality standards.</td>
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<tr>
<td>Indiana (2017)</td>
<td>Law: SB 402</td>
<td>“Recovery residence” means an abstinence-based living environment for individuals that promotes recovery from: (1) alcohol and (2) other drug abuse and related issues.</td>
<td>No</td>
<td>Yes</td>
<td>Yes, recovery residences that receive funding from the family and social services agency must meet state standards.</td>
<td>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.</td>
<td>Companion legislation allocates funds for certification and training programs mandated by the law. Certified residences are qualified to participate in a state-funded housing voucher program called RecoveryWorks.</td>
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<td>Massachusetts (2014)</td>
<td>Law; H.1828</td>
<td>“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.</td>
<td>No</td>
<td>Yes, state-funded or state-operated treatment providers and re-entry agencies can only refer to certified homes.</td>
<td>Not referenced</td>
<td>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.</td>
<td>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.</td>
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<td><strong>Maryland</strong></td>
<td>Law: HB-1411</td>
<td>“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.</td>
<td>No</td>
<td>Yes, but only for state-funded placements.</td>
<td>Yes</td>
<td>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.</td>
<td>The law references selection of a private entity to perform certification, but that has not been done.</td>
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<td><strong>Ohio</strong></td>
<td>Law: Enrolled HB 483; See ORC Sections: 340.01; 340.03; 340.033; and 340.034</td>
<td>“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.</td>
<td>No</td>
<td>No</td>
<td>No, however state and local entities have required certification for receipt of grants.</td>
<td>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.</td>
<td>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.</td>
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<tr>
<td><strong>Oregon</strong></td>
<td>Law: ORS 90.243 (2015)</td>
<td>Not defined</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
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<td><strong>New Jersey</strong></td>
<td>Law: S.2377/A.3719 codified as N.J.S.A 5 C 18A:3B-70. (2015)</td>
<td>“Substance abuse recovery housing programs” not defined.</td>
<td>N/a (this law concerns collegiate recovery housing)</td>
<td>N/a (this law concerns collegiate recovery housing)</td>
<td>N/a (this law concerns collegiate recovery housing)</td>
<td>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.</td>
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<td><strong>Pennsylvania</strong></td>
<td>Law: SB 446. Enacted into law as Act 59 on 12/19/17.</td>
<td>“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.</td>
<td>No</td>
<td>Yes, all referrals from state agencies or state-funded facilities shall be to licensed or certified drug and alcohol recovery houses.</td>
<td>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.</td>
<td>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.</td>
<td>Original bill text included specific reference NARR standards. Pennsylvania has instituted a $1,000 fine for failure to comply with the law.</td>
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<td>Rhode Island (2016)</td>
<td>Law: RI Gen. L. § 40.1-1-13 (18)</td>
<td>Not defined</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>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.</td>
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**Current Statute: Section 2: Certification Required to Operate**

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<td>Costa Mesa, California</td>
<td>Ordinances 14-13, 17-05, 17-06</td>
<td>“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].</td>
<td>Yes</td>
<td>n/a</td>
<td>n/a</td>
<td>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.</td>
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<td>Delray Beach, Florida (2017)</td>
<td>ORDINANCE NO. 25-17</td>
<td>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.</td>
<td>Yes, for 4 or more residents</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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).</td>
<td>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.</td>
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<tr>
<td>Prescott, Arizona (2017)</td>
<td>Law: Ch 4-11, Structured Sober Living Homes</td>
<td>“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.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>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.</td>
<td>See notes on HB 2107 on the next page.</td>
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<td>Arizona (2016)</td>
<td>Law: HB 2107</td>
<td>“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.</td>
<td>Yes, allows localities to issue this requirement.</td>
<td>Yes, allows localities to issue this requirement.</td>
<td>Yes, allows localities to issue this requirement.</td>
<td>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.</td>
<td>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.</td>
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<td>New Jersey (2017)</td>
<td>Enacted Regulations, Title 5 Chapter 27, Amendments to Rooming and Boarding Act (See Department of Community Affairs final ruling)</td>
<td>“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.</td>
<td>Yes</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
<td>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.</td>
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| 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 | **


## Currently Proposed, File and/or Pending Legislation

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<td>Federal</td>
<td>H.R.4684 (2017)</td>
<td>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.</td>
<td>No</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
<td>Allocates $3 million to SAMHSA to support this mandate.</td>
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<td>Arizona</td>
<td>Bill: SB 1465 (2018)</td>
<td>“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.</td>
<td>Not yet determined, but currently yes.</td>
<td>Yes</td>
<td>Yes</td>
<td>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.</td>
<td>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.)</td>
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<td>California</td>
<td>AB 2214: Drug and Alcohol Free Residences (2018)</td>
<td>“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.</td>
<td>No</td>
<td>Yes, programs operated, funded or licensed by the state must refer only to certified residences, but gives some leeway for criminal justice and county</td>
<td>Not referenced</td>
<td>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.</td>
<td>The public directory may not disclose the street addresses of certified residences.</td>
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<td>California</td>
<td>SB 1228 (2018)</td>
<td>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.”</td>
<td>No</td>
<td>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.</td>
<td>Not referenced</td>
<td>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.”</td>
<td>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.</td>
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<td>Connecticut</td>
<td>AB 5149 (2018)</td>
<td>“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.</td>
<td>No, however an unregistered home cannot advertise as a “sober living home.”</td>
<td>Not referenced</td>
<td>Not referenced</td>
<td>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.</td>
<td>A number of other bills have been proposed, but failed, in recent sessions. Some included requirements that may have raised fair housing issues.</td>
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<td>Maine</td>
<td>SP 618/LD 1682 and related bill SP 419</td>
<td>“Recovery residence” means a group residence providing an alcohol-free and drug-free environment for persons recovering from substance use disorders.</td>
<td>No</td>
<td>Not referenced</td>
<td>Yes, including expansion of an existing program to cover substance use disorders (SUDs).</td>
<td>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.</td>
<td>Revisions to the Bill (SP 618/LD 1682) pending. This information reflects the revisions current as 2/9/2018.</td>
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<td>New Jersey</td>
<td>A3607 (2018)</td>
<td>“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.</td>
<td>No</td>
<td>Yes</td>
<td>Not referenced</td>
<td>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.</td>
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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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<th><strong>FEDERAL POLICIES AND EFFORTS</strong></th>
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<td>President's Commission on Combating Drug Abuse and Opioid Crisis Final Report, November 1, 2017.</td>
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<td>The Anti-Drug Abuse Act of 1988 specifically included a section entitled “Group Homes for Substance Abusers” (§2036 of PL 100-690) to encourage the national development of self-run, self-supported recovery homes.</td>
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EXAMPLE OF STATE-LEVEL ACTIVITIES — OHIO


Combating the Opiate Crisis in Ohio (August 2017). Governor’s Cabinet Opiate Action Team.


RESEARCH STUDIES


MacKinnon, M (July 18, 2016). Risk of Relapse to Alcohol Drops after 5 years of Sobriety: Five years of abstinence reduces risk of relapse to that of general population. Psychology Today.


FACT SHEETS

Costs of Addiction, Face it Together.


NEWS STORIES (SAMPLE)


Orso, Anna. “Inside the fight to get recovery housing on Temple’s campus,” Billy Penn, October 4, 2017.


OP-EDS/LETTERS TO THE EDITOR


ORGANIZATIONS

Association of Recovery in Higher Education

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.