

ASSEMBLY THIRD READING

AB 1779 (Daly)

As Amended May 16, 2019

Majority vote

SUMMARY:

Requires the Department of Health Care Services (DHCS) to adopt as minimum standards for operating recovery housing, the Best Practices for Operating Recovery Housing (BPORH), once they are distributed by the United States Department of Health and Human Services. BPORH would be the minimum requirements for counties seeking to offer recovery housing using state funding. Requires, that until the BPORH are distributed, DHCS to adopt the most recent standards approved by the National Alliance for Recovery Residences (NARR) as the minimum standard for receiving state funding for recovery residence housing.

COMMENTS:

Unlicensed recover residences/sober living homes. A recovery residence/sober living home is a residence for people in recovery from substance abuse. It may serve as support for individuals undergoing treatment but it does not provide treatment or care, whether medical or personal (as in an assisted living facility). The state laws and licensing requirements that govern treatment and care facilities do not currently include sober living homes. Therefore, the state does not keep any list of registered sober living homes, conduct inspections of sober living homes, or perform any of the other activities associated with licensing facilities. A sober living home may be completely self-governed or have formal on-site management, but in the latter case, the managers' duties relate to the administration of the house rather than the tenants or their recovery (as in "case management"). The tenants of a sober living home pay rent and abide by house rules, which always include maintenance of sobriety and participation in a self-help program. Multiple studies have shown the effectiveness of this kind of environment as a support for people transitioning out of drug or alcohol treatment. The effectiveness of sober living as one component of a person's successful recovery program is not controversial. The California Research Bureau estimates that there are at least 12,000 sober living beds in the state to serve an eligible population of between 25,000 and 35,000 individuals.

Senate Health Committee informational hearing. On January 31, 2018, the Senate Health Committee held an informational hearing to examine the substance use disorder (SUD) treatment system with a focus on treatment and services; insurance coverage; patient referrals; and, the state's regulation and oversight of the system. The hearing provided an overview of recent issues that have affected the state regarding unscrupulous facility operators, and gave an opportunity for state regulators to highlight efforts they have undertaken to combat the exploitation of the SUD system. The goal of the hearing was to examine the issues and to seek strategies and policies that will prevent unscrupulous individuals from exploiting the various industries that are supposed to help treat those with SUDs, as well as to recognize federal and state protections for those with disabilities, and to ensure that policies are not enacted, either at the local or state level, that will limit the number of treatment options for those who need them.

According to the Author:

Recovery residences are one stop along a lengthy process for people seeking to emerge from drug or alcohol addiction. However, unlike licensed Residential Treatment Facilities, which are

subject to licensure by the state, recovery residences are private apartments or houses that are not licensed or regulated. Despite the growing death toll from opioid and alcohol abuse and addiction, California lacks a uniform set of standards to guide individuals and their loved ones in identifying safe, reliable housing accommodations that will be conducive to recovery. This bill will enable California to provide accurate and up-to-date information that will protect individuals and families seeking recovery housing. By adopting best practices including minimum standards for recovery residents, California will take a significant step towards increasing the number of residences that are safe for people in recovery and for the communities where they are located.

Arguments in Support:

NARR states that several states including Florida, Massachusetts, Pennsylvania, Rhode Island, and Indiana have adopted laws similar to those proposed in this bill. This bill offers protection for consumers, and addresses legitimate community concerns about poorly managed and overcrowded properties. This bill ensures that state funds will only be spent on recovery housing that meets national best practice standards and is subject to oversight. NARR concludes by stating that this bill offers consumer and public protections without compromising the fair housing rights of disabled individuals. This bill provides third-party oversight by recovery housing experts, ensuring compliance with standards that offers both consumers and community members a resource to address their complaints.

Arguments in Opposition:

Advocates for Responsible Treatment (ART) states the vast majority of residential addiction recovery housing in the state of California are not cooperative living environments. It is commercial enterprise posing as a residential use. Thus, the intent of this bill is to provide a gloss of respectability to a highly profitable business model for which industry is seeking concessions, privileges, and revenue. Recovering addicts, active in recovery and receiving treatment in commercial zones are living dependently in unlicensed residences that provide the same services for which the state requires licenses for other protected classes under the Community Care Act. The Legislature has had evidence of the need for licensing of commercial operations since September 4, 2012 when the California Senate Office of Oversight and Outcomes published "Rogue Rehabs: State failed to police drug and alcohol homes, with deadly results." ART concludes that under no circumstances should the legislature give yet another third party certification veneer of respectability away in exchange for helping certifying agencies make money. To protect recovering addicts from ongoing abuse and fraud, the legislature must bring the entire industry up to an appropriate standard; instead of this bill, it is critical that the State of California license recovery residence.

FISCAL COMMENTS:

According to the Assembly Appropriations Committee, unknown, likely minor one-time administrative costs to DHCS to adopt a standard. Ongoing costs, likely in the hundreds of thousands of dollars, to post information and develop information-sharing protocols with certifying entities, and collect and report on complaints

VOTES:**ASM HEALTH: 15-0-0**

YES: Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Limón, McCarty, Nazarian, Ramos, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 13-0-5

YES: Gonzalez, Bloom, Bonta, Calderon, Carrillo, Chau, Eggman, Gabriel, Eduardo Garcia, Maienschein, Petrie-Norris, Quirk, Robert Rivas

ABS, ABST OR NV: Bigelow, Brough, Diep, Fong, Obernolte

UPDATED:

VERSION: May 16, 2019

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