

ASSEMBLY THIRD READING

AB 1556 (Haney)

As Amended May 22, 2026

Majority vote

SUMMARY

Creates a definition of "recovery residence" and establishes requirements for recovery residences to receive state funding.

Major Provisions

- 1) Defines "recovery residence" to mean housing in a residence that serves individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure or does not provide licensable services, for individuals who are experiencing, or who are at risk of experiencing, homelessness and who opt into a drug-free environment. Provides that a recovery residence may include, but is not limited to, residential dwellings commonly referred to as "sober living homes," "sober living environments," or "unlicensed alcohol- and drug-free residences.
- 2) Requires a recovery residence to satisfy the following requirements to qualify for state funding:
 - a) Satisfies the core components of Housing First;
 - b) Uses substance use-specific, peer support, and physical design features that support individuals and families on a path to recovery from substance use disorders;
 - c) Emphasizes abstinence;
 - d) Offers tenants permanent or interim housing.
 - e) Provide treatment and nonclinical services that are participant driven and tailored to participant needs and facilitates voluntary access and linkages to licensed treatment providers and services. Provides that recovery residences are not authorized to provide clinical treatment services unless it is separately licensed or certified pursuant to applicable state law;
 - f) Requires residency to be initiated by the tenant/program participant and their family and the resident/program participant or their family to be offered at least one harm-reduction housing placement option, unless participation in recovery housing is court ordered;
 - g) Does not require the harm-reduction housing placement option and the recovery residence to be available for move in at the same time;
 - h) Provides that relapse, unless there is another lease violation, is not grounds for eviction from recovery housing and requires residents receive relapse support, consistent with the return-to-use policy;
 - i) Require that the residence supports, and not prevent or restrict, a resident's access to, or use of, medications prescribed for behavioral or physical health conditions, including, but

not limited to, medications prescribed for the treatment of mental health conditions and substance use disorders, including, but not limited to, alcohol use disorder and opioid use disorder;

- j) Provides that a residence shall not directly provide or prescribe medications for the treatment of mental health conditions or substance use disorders unless the entity operating the residence is separately licensed or certified by the State Department of Health Care Services or another applicable licensing authority;
- k) Requires the residence to provide emergency preparedness and overdose prevention and response training to staff and residents and makes overdose reversal medication available and readily accessible to staff and residents onsite; and
- l) Requires the residence to have consent and confidentiality protections for its residents consistent with applicable state and federal law.
- m) The residence to adopt and maintain a written return to use policy that is approved by an organization currently recognized as an affiliate of the National Alliance for Recovery Residences (NARR) for consistency with NARR best practices. Requires the return to use policy to include the following:
 - i. A clear articulation of the recovery housing's policy on the possession and use of alcohol, cannabis, and other controlled substances;
 - ii. Contact information for treatment providers, mutual aid supports, and recovery coaches that can be contacted for additional support;
 - iii. An explanation that the residence's standard response to a resident's return to substance use will not be punitive in nature;
 - iv. An explanation of the steps the residence will take to address a resident's return to use; and
 - v. An explanation of actions by the resident that may result in eviction or discharge, including, but not limited to, the possession or use of alcohol, cannabis, or any other controlled substance or repeated program violations.
- n) Provides an explanation of the following to a tenant:
 - i. If a tenant of a permanent recovery residence or permanent supportive housing is no longer interested in living in the residence or housing, or is at risk of eviction for violating the return-to-use policy, the residence shall allow the resident to reside in the residence until the operator secures the tenant another permanent housing placement option operated with harm-reduction principles that is also permanent housing and provides a comparable level of supportive services;
 - ii. If the tenant rejects the offer of a housing placement option the operator may evict the tenant; and

- iii. If an unlawful detainer proceeding is initiated for an alleged violation of a lease provision agreement or program requirement, the facility operator shall submit documentation of the alleged lease violation to the local grantor of state funds.
- o) Provides an explanation of the following to a tenant:
- iv. If a tenant of interim housing is no longer interested in living in the residence or housing, or is at risk of eviction for violating the return-to-use policy, the residence shall allow the resident to reside in the residence until the operator secures the tenant another interim housing operated with harm-reduction principles that is also interim housing and provides a comparable level of supportive services;
 - v. If the tenant rejects the offer of a housing placement option the operator may evict the tenant; and
 - vi. If an unlawful detainer proceeding is initiated for an alleged violation of a lease provision agreement or program requirement, the facility operator shall submit documentation of the alleged lease violation to the local grantor of state funds.
- 3) Provides that for purposes of state and federal housing law, including, but not limited to, the federal Fair Housing Act and the federal Americans with Disabilities Act, a recovery residence is a housing provider and not a treatment facility solely on the basis of providing nonclinical services.

COMMENTS

Housing First: Housing First is an evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on connecting people experiencing homelessness to permanent housing as quickly as possible. Housing First is not housing only – people are offered services including mental health support, job training, and substance use treatment that are essential for maintaining long-term stability and preventing returns to homelessness. These supportive services are offered to support people with housing stability and individual well-being, but participation is not required, as services have been found to be more effective when a person chooses to engage. Housing First is a bipartisan, evidence-based approach that was first adopted as federal policy during the George W. Bush Administration. Various studies support the efficacy of Housing First as a policy that ends homelessness. Evidence from a systematic review of 26 studies indicates that Housing First programs decreased homelessness by 88% and improved housing stability by 41%, compared to programs that require treatment first as a condition of housing. Clients in stable housing experienced a better quality of life and showed reduced hospitalization and emergency department use. Three major studies of the Pathways to Housing program – one of the first Housing First programs in the U.S. – found that Housing First programs were more successful in reducing homelessness than abstinence-based programs. Seventy-nine percent of participants remained stably housed at the end of six months in Housing First programs, compared to 27% in the control group. After two years, Housing First participants spent almost no time experiencing homelessness, while participants in the city's residential treatment program spent on average 25% of their time experiencing homelessness. Participants in the Housing First model obtained housing earlier, remained stably housed after 24 months, and reported higher perceived choice than participants in abstinence-based programs. After five years, 88% of Pathways to Housing participants remained housed, compared to only

47% of the residents in the control group. In 2016, the Denver Supportive Housing Social Impact Bond Initiative (Denver SIB), found that people who had experienced long-term homelessness, who struggled with mental health and substance use and who received supportive housing coupled with Housing First over treatment first spent significantly more time in housing. Most participants stayed housed over the long term, with 86% remaining housed for over one year, 81% for two years, and 77% for three years. Denver SIB also demonstrated that stable, supportive housing can decrease police interactions and arrests and disrupt the homelessness-jail cycle. Denver SIB participants experienced a 34% reduction in police contacts, 40% reduction in arrests, 30% reduction in unique jail stays, and a 27% reduction in total jail days.

Recovery Housing: Under existing law, "recovery housing" or "sober living homes" are residential dwellings that provide cooperative living in a residential dwelling that support an individual's personal recovery from a substance use disorder. These homes are not licensed by DHCS or any other state or local government. Recovery housing, as currently defined under existing law, is not required to comply with Housing First requirements, although some elect to do so. This bill would define recovery residence as a residence that serves individuals experiencing, or who are at risk of experiencing, homelessness and who opt into a drug-free environment. The residence must satisfy the core components of Housing First; use substance use-specific, peer support, and physical design features that support individuals and families on a path to recovery from substance use disorders; emphasize abstinence; and offer tenants permanent or temporary housing. Recovery residences must have a written policy on what actions are taken if a residence returns to substance use. If relapse occurs, residents must be offered the option to move to a harm-reduction modelled housing. If the resident chooses not to move into harm-reduction housing, then the housing operator may move forward with an eviction.

Federal Department of Housing and Urban Development (HUD) Guidance: In 2015 HUD provided guidance to CoCs regarding the expected and effective operation of the subset of HUD-funded recovery housing programs to strengthen performance and improve the achievement of outcomes by these programs. HUD stated its intent was not to require CoCs to fund recovery housing but rather, in deciding whether to fund recovery housing, to consider the local conditions, including the existing housing inventory, the need, and the preferences of people being served. HUD's guidance emphasized the need to provide people the option to choose either recovery housing or a harm-reduction model.

Housing First requires that housing providers follow landlord-tenant laws and that participants have a lease. HUD's guidance for recovery housing maintains this requirement and states that relapse should not be a reason for eviction, and if people are evicted for "behavior that substantially disrupts or impacts the welfare of the recovery community," individuals must be offered a harm-reduction option for housing. This is key to ensuring that people do not fall back into homelessness and waste valuable state and local resources.

California Interagency Council on Homelessness (Cal-ICH) Guidance: Cal-ICH, the state's lead entity for coordinating state efforts to prevent and end homelessness, has provided guidance on how recovery housing can comply with Housing First core principles.¹ The guidance, "Implementing Recovery Housing in Alignment with California Housing First Requirements" published in January 2025, outlines four key principles that offer a roadmap for Recovery

Housing Programs (RHP) serving people experiencing homelessness as they navigate the path to recovery and stable housing:

- 1) Alignment with Housing First: RHPs must meet the 11 core components of Housing First, including low-barrier access, voluntary services, tenant rights, and equitable screening and referral policies.
- 2) Person-Centered Care & Harm Reduction: RHPs ensure participants are at the center of their service plans and are referred to the housing and services options that meet their needs. RHPs must accommodate the use of medication-assisted treatment (MAT) and incorporate evidence-based practices such as motivational interviewing and trauma-informed care.
- 3) Participant Choice: Entry into RHPs must be voluntary (unless court-ordered). Programs must offer alternative housing options for individuals who decline or exit recovery housing.
- 4) Eviction for Relapse: Programs cannot remove participants solely for substance use. Instead, relapse support should be offered and transitions to other appropriate housing facilitated when necessary.

According to the Author

According to the author, "Although housing that does not require sobriety works for thousands of people who aren't yet ready to enter drug free housing, it doesn't work for everyone. There are thousands of people who want, and need, to live in a strictly sober living arrangement, but they can't access it because this type of housing is limited and hard to find. This causes people to live in housing that is not best suited for their sobriety journey and puts them at a higher risk of falling back into homelessness. AB 1556 aligns California policy with federal policy briefs by recognizing that drug free housing is a component of the housing first model and should get some statewide funding."

Arguments in Support

The Bay Area Council writes in support, "AB 1556 codifies key elements of the ICH guidance and establishes a clear framework for recovery housing providers to maintain drug-free environments while ensuring residents who return to use remain connected to housing. The bill requires recovery residences to develop a written Return to Use Policy, approved by the National Alliance for Recovery Residences (NARR), and agreed to by prospective residents, which would ensure all residents understand a recovery housing project's drug and alcohol policy, and steps the residence will take to address a return to use."

Arguments in Opposition

A coalition including the Corporation for Supportive Housing, Housing California, Housing is a Human Right – Orange County, the National Alliance to End Homelessness, Public Advocates, the Western Center on Law and Poverty, and Western Regional Advocacy Project opposes this bill unless amended stating that it is unnecessary to achieving the goal of offering people with substance abuse disorders with a choice of abstinence-based housing in their recovery. The coalition argues, this bill would undermine the state's Housing First laws and Cal-ICH guidance, while also allowing state homelessness funding to pay for practices proven to yield poor outcomes. The coalition argues that Housing First is the only evidence-based solution to homelessness. Study after study shows subsidized permanent housing, not preconditioned on participation in services or a program, along with person-centered, evidence-based intensive services, works to help people exit homelessness for good. The coalition is requesting

amendments to (1) include a cap on how much money awarded to each jurisdiction could be used for recovery housing programs of 10% of any state housing or homelessness program and compare costs and outcomes of this model to models following evidence-based harm reduction principles, (2) remove the "return to use" provisions, (3) to remove the ability of the state to fund transitional housing, and (4) include additional provisions to regarding tenant-landlord protections.

FISCAL COMMENTS

According to the Assembly Committee on Appropriations:

Estimated ongoing General Fund costs to the California Department of Social Services (CDSS) of approximately \$200,000 annually for one staff position to establish new mechanisms to track utilization of CDSS funding on recovery residence programs, provide formal guidance and technical assistance to grantees, and monitor compliance and data collection to track implementation and outcomes.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

VOTES

ASM HOUSING AND COMMUNITY DEVELOPMENT: 12-0-0

YES: Haney, Patterson, Ávila Farías, Caloza, Garcia, Kalra, Lee, Quirk-Silva, Ta, Tangipa, Wicks, Wilson

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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