



## SOBER HOUSES

By: Katherine Dwyer, Associate Analyst

### ISSUE

This report provides information on “sober houses,” particularly their structure, government oversight in Connecticut, and funding. It is an update of [OLR Report 2009-R-0316](#).

### SUMMARY

Sober houses are residential facilities that provide a structured living situation for people who are in recovery from a substance abuse disorder. Connecticut Community for Addiction Recovery, an advocacy group, estimates there are about 240 sober houses in Connecticut.

Sober houses generally do not provide treatment, but rather a place where people in similar circumstances can support one another in sobriety. Because sober houses do not provide treatment, they are typically not subject to state regulation. And, because people with substance abuse disorders are covered by the Americans with Disabilities Act and the federal Fair Housing Act, state and local zoning and other requirements meant to regulate them are subject to challenge.

The Department of Mental Health and Addiction Services (DMHAS) currently certifies seventeen organizations to provide “supportive recovery housing services” (SRHS), a type of sober housing arrangement in which residents also receive case management assistance. In order to be certified, an organization must meet certain minimum standards and the homes must maintain certain minimum house rules. Certified organizations that provide SRHS receive reimbursement from DMHAS for the housing and case management services they provide to residents. DMHAS funds SRHS through a combination of federal grant money and state funds.

Connecticut and other states have proposed bills recently to define and regulate sober houses. None of the bills we found have been enacted.

## **GOVERNMENT OVERSIGHT**

Sober houses do not provide treatment; they provide a place where people can support one another in sobriety. They are not licensed by any state agency or subject to state regulation solely as sober houses (they may be subject to building and fire safety codes based on their size).

### ***State Oversight—Supported Recovery Housing Services Program***

Advanced Behavioral Health (ABH) serves as the administrative services organization for DMHAS' Behavioral Health Recovery Program, which provides eligible participants with alcohol and substance abuse recovery services. ABH contracts with certain qualified community, faith, and peer organizations to provide sober housing and case management through its SRHS program. Organizations that contract with ABH to provide SRHS receive reimbursement for each resident who receives housing and case management services. In order for the organization to be certified and receive this reimbursement, the SRHS must include certain components, such as:

1. a clean, safe, substance-free living environment in which (a) on-site case management services are available at least eight hours per day, five days per week and (b) on call staff are available 24 hours per day, seven days per week;
2. case management to help residents get substance use treatment, community-based recovery services, or both, for sustained recovery;
3. qualified staff with an understanding of (a) substance use disorders, (b) co-occurring substance use and mental health disorders, and (c) recovery principles;
4. mechanisms to use data to monitor and inform program management quality and improvement; and
5. commercial general liability insurance with minimum coverage of \$1 million per occurrence and \$3 million aggregate or a \$1 million general liability per occurrence and \$2 million general aggregate with a \$1 million umbrella ([ABH Request for Qualified Contractors](#)).

Residents in DMHAS-certified supported recovery housing must agree to follow several house rules, some of which include:

1. absolutely no alcohol or drug use on or off the premises (staff can request drug testing for residents, and discharge someone who refuses to comply);
2. no guests or visitors allowed in the house without staff consent;

3. clients may not borrow money from other clients or staff, and stealing anything results in immediate discharge;
4. clients must attend one weekly household meeting and at least (a) five self-help meetings per week during the first 30 days and (b) three self-help meetings per week during the second 30 days;
5. clients should begin looking for employment immediately and devote several hours per day to that search; and
6. clients must complete chores and adhere to the house curfew ([ABH SRHS Sample Forms](#)).

### **Local Government Oversight**

Local governments sometimes try to restrict the establishment or operation of sober houses through zoning and housing codes, but federal law limits their ability to do so. People in recovery from substance abuse disorders are considered disabled under the Americans with Disabilities Act and the federal Fair Housing Act, particularly its 1988 amendments. The latter law specifically prohibits discrimination in the sale or rental of housing, or to otherwise make unavailable or deny a dwelling to any buyer or renter because of a handicap. It requires governments to make “reasonable accommodations” to preclude such discrimination.

Nonetheless, some towns have tried to use zoning and other codes to restrict the establishment or operation of sober houses. For example, in 1997, West Haven’s fire district sought to require Oxford House-Jones Hill to install additional safety equipment, and the city sought to restrict its operation because seven unrelated adults lived there. The sober house’s owner eventually applied for a special use exception to the town’s zoning rules, which was denied. The U.S. District Court held that (1) the town had refused to make a reasonable accommodation, (2) the fire code the district sought to enforce disparately impacted the sober house’s residents (i.e., though neutral on its face, the code had a discriminatory effect), and (3) the city engaged in intentional discrimination against the residents.

On appeal, the appellate court upheld the reasonable accommodation and intentional discrimination rulings but overturned the disparate impact ruling as to the fire district. Both courts permitted the house to continue. (*Tsombanidis, et. al. v. West Haven, et al.*, 180 F. Supp. 2d 262 (2001), affirmed in part and overturned in part on appeal, 352 F.3d 565 (2003)).

### **PROPOSED LEGISLATION**

Over the past few years, bills to define and regulate sober houses have been introduced in several states, such as Connecticut, California, Florida,

Massachusetts, and New Jersey. None have been enacted, though the Massachusetts legislature may still take action on a current bill.

### ***Connecticut***

[HB 5243](#) (2010) required (1) a sober house's owner or residents to designate a manager to supervise the home and (2) the manager to provide notice to DMHAS of his or her appointment. The bill died in the Human Services Committee.

[Proposed HB 6278](#) (2015) required each sober house to (1) register as a business with the municipality in which it is located and the Department of Public Health and (2) have naloxone available on the premises for residents, all of whom have received training in administering the drug. (Naloxone is used to treat opioid overdoses.) The bill died in the Public Health Committee.

### ***Other States***

California [AB 2335](#) (2012) defined sober living homes and specifically exempted them from the state licensure requirements for alcohol and drug treatment facilities. The bill died in committee.

Florida [SB 582](#) (2014) required all sober houses to register with the state's Department of Children and Families and provided a criminal penalty for operating an unregistered sober house. The bill died in committee.

In New Jersey, two identical bills, [S2499](#) and [A3228](#) (2014), required sober living homes to provide certain notifications to next-of-kin when a patient was released from care. They also clarified the Department of Human Services' authority to regulate sober living homes. Neither bill was enacted into law.

Massachusetts [SB 1062](#) (2015) requires the Department of Public Health to adopt rules and regulations to regulate sober houses. The legislature has not yet taken action on the bill.

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