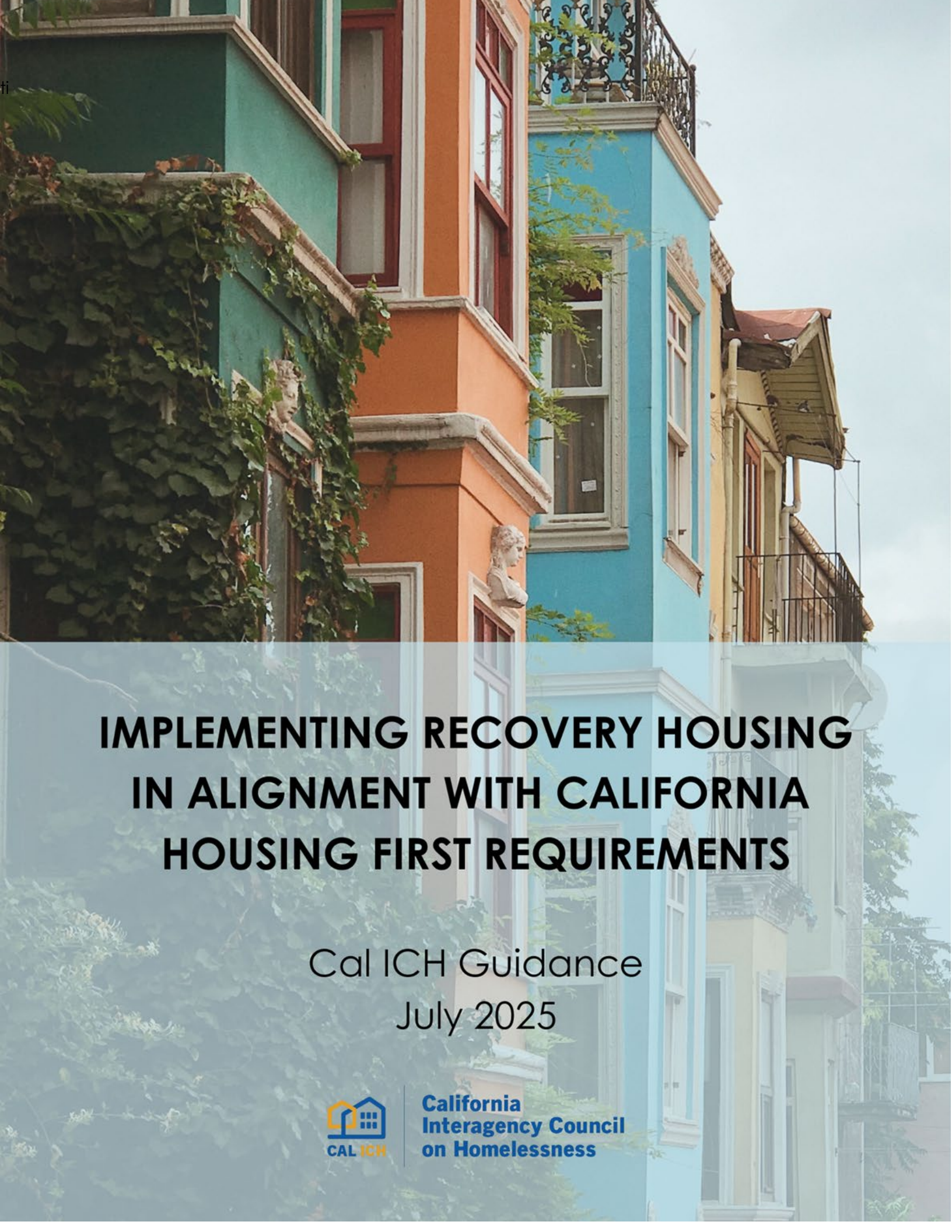




IMPLEMENTING RECOVERY HOUSING IN ALIGNMENT WITH CALIFORNIA HOUSING FIRST REQUIREMENTS

Cal ICH Guidance
July 2025



**California
Interagency Council
on Homelessness**

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California State Departments and Agencies

- Board of State and Community Corrections
- California Department of Corrections and Rehabilitation
- California Department of Healthcare Services
- California Department of Housing and Community Development
- California Department of Public Health
- California Department of Social Services

I: PURPOSE AND KEY PRINCIPLES

Purpose of this Guidance

The California Interagency Council on Homelessness (Cal ICH) is the lead entity for coordinating state efforts to prevent and end homelessness. In 2016, California passed legislation incorporating a set of Housing First core components into state funding and program requirements and creating the Council to oversee the state's implementation of the law (see Appendix A and [Welfare and Institutions Code \(WIC\) Sections 8255-8256](#)). According to the law, all programs with the purpose of providing housing and housing-based services to people experiencing or at risk of homelessness that are funded, implemented, or administered by the state are required to adopt the Housing First requirements, including state-funded Recovery Housing Programs (RHPs).

The homelessness response system must be equipped to support people in their recovery journey. RHPs are temporary or permanent living environments for participants focused on sobriety and abstinence. RHPs that receive state homelessness funding must comply with the state's Housing First law. Through this guidance, Cal ICH intends to support system leaders and program administrators operating state-funded RHPs to effectively operate recovery- and abstinence-focused programs and implement the required Housing First core components.

Cal ICH acknowledges that while this alignment is possible, it requires a thoughtful assessment of program models and policies, and purposeful engagement between homelessness response systems and the recovery housing administrators within their communities. Alignment with the state's Housing First law may require changes to RHP policies and procedures to ensure these programs are following best practices that maximize permanent housing retention, which is one of the primary goals of state homelessness funding. Cal ICH intends to provide support to local and state partners to implement Housing First approaches across all their programs, including in the administration of RHPs.

Key Principles within this Guidance

Housing First embraces evidence-based approaches to addressing homelessness that can be implemented across a multitude of housing and services models, including RHPs.

Key points from this guidance include:

- Housing First principles and practices, which are focused on connecting people experiencing homelessness as quickly as possible with housing options and supportive services to address their needs and goals, should be applied within all housing and services programs, including RHPs. All RHPs should align with the fundamental principles underpinning the implementation of California's Housing First core components, including:
 - Engaging with participants to understand their needs and goals.

- Referring people to housing and services options that meet their needs.
 - Ensuring people are voluntarily engaged in services.
 - Implementing person-centered service plans.
 - Ensuring that exits to homelessness are extremely rare and that people receive support to maintain housing in a setting that meets their needs.
- To comply with Housing First, RHPs must provide treatment and services that are participant-driven and tailored to participant needs. Unless participation in recovery housing is court-ordered, participants should not be required to enter or accept a referral to a RHP as a condition of accessing housing. In accepting a recovery housing placement, participants agree to follow program guidelines, including pursuing sobriety, if applicable. If a participant no longer feels recovery housing is right for them, providers must connect them to alternative housing options.
- To comply with Housing First, relapse must not be a cause for removal from an RHP. Programs must not remove participants due to relapse or substance use and providers are expected to offer relapse support to participants. If other program violations do occur, every effort must be made to connect the participant to another housing program that meets their needs, ensuring returns to homelessness are extremely rare.

Cal ICH's Role

As the state's lead entity on homelessness policy, Cal ICH is responsible for working with state departments, agencies, and partners to ensure effective implementation and compliance with California's Housing First law. This includes providing technical assistance, policy guidance, and oversight to promote alignment across programs that receive state homelessness funding, including RHPs.

Cal ICH is committed to advancing a statewide homelessness response system rooted in Housing First principles, where individuals have low-barrier access to housing and supportive services that reflect their goals, needs, and preferences, including access to recovery housing when voluntarily chosen.

This guidance reflects Cal ICH's role in supporting the field through collaboration, resources, and implementation support. Cal ICH recognizes that aligning recovery housing with Housing First may require new policies, staff training, and infrastructure, and stands ready to assist with these efforts. At the same time, programs receiving state funds are expected to demonstrate compliance, including maintaining policies that uphold participant choice, harm reduction, and housing stability.

Cal ICH may review program materials, documentation practices, and participant pathways to ensure fidelity to Housing First law. Programs that are found to be out of alignment may be subject to additional monitoring or technical assistance to support corrective action.

For questions about this guidance or California's Housing First requirements, please contact Cal ICH at calich@bcsh.ca.gov.

II: BACKGROUND ON CALIFORNIA HOUSING FIRST LAW AND RECOVERY HOUSING

Defining Key Terms

Aligning RHPs with California's Housing First law requires a shared understanding of language and key terminology.

Defining Housing First

"Housing First" refers to an evidence-based model that connects people experiencing homelessness to permanent housing as quickly as possible and to supportive services that help them pursue their goals.¹ Housing First focuses on lowering barriers to housing and engaging participants to choose services that meet their needs. Using these approaches, Housing First providers offer services as needed and requested on a voluntary basis and do not make housing contingent on participation in services. For people with substance use or behavioral health challenges, permanent housing and services are provided as a platform for seeking recovery rather than provided as a reward for having already achieved recovery.

California's Housing First law includes eleven core components that must be incorporated into state programs that fund, administer, or implement programs for the purpose of providing housing or housing-based services to people experiencing homelessness or at risk of homelessness. These core components are the minimum practices that programs must adopt in order to be in compliance with the law.

The Housing First law also includes requirements for any time-limited assistance, such as connecting participants leaving a time-limited program with other housing or services prior to their departure. Time-limited RHPs or other programs that require participants to leave after a specified period of time with no additional assistance in accessing other programs would not be consistent with Housing First. Additional requirements for time-limited programs serving youth are also included in the law.

For the complete statutory language, see Appendix A or [Welfare and Institutions Code \(WIC\) Sections 8255](#).

For Housing First approaches to be successful, they should be implemented systemwide: applied to permanent housing, temporary settings, and service provision programs. The implementation of the core components across these programs may differ, but programs should strive to implement them to the best of their abilities, including:

¹ [Welfare and Institutions Code \(WIC\) Section 8255](#)

- Engaging with participants to understand their needs and goals.
- Referring people to housing and services options that meet their needs.
- Ensuring people are voluntarily engaged in services.
- Implementing person-centered service plans.
- Ensuring that exits to homelessness are extremely rare and that people receive support to maintain housing in a setting that meets their needs.

For more information on the State's legal requirements for Housing First, see [Cal ICH's Guide to California's Housing First Law](#).

Defining Recovery Housing

As defined in California law, recovery housing refers to "sober living facilities and programs that provide housing in a recovery-focused and peer-supported community for people recovering from substance use issues."²

This can include, but is not limited to, sobriety and abstinence-based recovery. The Housing First law also states that participation in recovery housing settings is voluntary, unless that participation is pursuant to a court order or is a condition of release for individuals under the jurisdiction of a county probation department or the Department of Corrections and Rehabilitation (CDCR).

Specific RHPs administered by CDCR are exempt from adopting Housing First core components #5-7 but must comply with additional requirements in their place (see Table 1 below).

For the complete statutory language, see Appendix B or [Welfare and Institutions Code \(WIC\) Sections 8256](#).

Recovery housing settings may focus on abstinence-based approaches to support a participant's recovery. This approach is not necessarily mutually exclusive with the Housing First core components within state law. RHPs can include an emphasis on choice and self-determination; access to voluntary, individualized services and flexible supports; and a focus on housing stability and homelessness prevention.³ RHPs may be in compliance with Housing First, so long as:

- Entry into the program is based on the choice of the program participant. A participant can choose to enter a RHP at any stage of their recovery.
- The program actively uses person-centered services and uses evidence-based strategies, such as motivational interviewing and participant centered counseling, to engage with and understand participant goals and needs.

² [Welfare and Institutions Code \(WIC\) Section 8256 \(c\)\(3\)](#)

³ [Housing Supports Recovery and Well-Being: Definitions and Shared Values](#), U.S. Substance Abuse and Mental Health Services Administration.

- The program ensures that participants are voluntarily engaged in the sober living environment and into the services available.
- The threat of eviction cannot be used if a participant relapses and there are no other program violations. Providers must use evidence-based strategies to engage with participants and help them determine if recovery housing is right for them.
- Relapse is not a cause for removal from an RHP. Programs must not remove participants due to relapse or substance use and providers are expected to offer relapse support to participants. If other program or lease violations do occur, every effort must be made to connect the participant to another housing program that meets their needs, ensuring returns to homelessness are extremely rare.

California Housing First Core Components

California law provides eleven Housing First core components that must be adopted into state program requirements. A summary of each core component with its intended impact in RHPs is provided in Table 1 below:

Table 1: Summary of Housing First Core Components in State Law

	SUMMARY OF CORE COMPONENTS	INTENDED IMPACT IN RECOVERY HOUSING PROGRAMS
1	No requirements for sobriety, treatment, or service participation to be selected for a program.	RHPs do not require sobriety, treatment, service participation, or other conditions prior to entry in order for applicants to be selected for the program.
2	No rejections for financial or rental history, most criminal convictions, or lack of "housing readiness."	RHPs do not require "housing readiness" for applicants to be selected for a program and accept people regardless of financial or rental history and most criminal convictions.
3	Accept referrals from all areas of the homelessness response system utilized by vulnerable people experiencing homelessness.	People seeking recovery housing can be referred to RHPs regardless of their shelter status or the program referring them.
4	Service plans are participant-driven and supportive services emphasize engagement and problem solving.	RHPs use person-centered approaches to promote participation in services, such as allowing participants to identify their own goals.

SUMMARY OF CORE COMPONENTS	INTENDED IMPACT IN RECOVERY HOUSING PROGRAMS
5 No requirement to participate in services in order to receive or retain housing.	Participation in RHPs must be voluntary. Providers must engage participants and offer a variety of services, however participants are not required to accept those services as a condition of their housing. In order for participation in RHPs to be truly voluntary, RHPs should not be the only choice for people experiencing homelessness. Participants who have agreed to enter recovery housing are expected to follow program requirements. If participants no longer feel recovery housing is right for them, providers must connect them to alternative housing options.
6 Participants are provided a lease in permanent housing.	RHPs provide leases to participants that outline the rules and responsibilities of both the participant and program administrators and do not contain rules that would not otherwise be present in a standard lease in non-RHP housing. Leases are required for participants in permanent housing settings.
7 No evictions for drug or alcohol use, without other lease violations.	Relapse is not a cause for removal from an RHP. Programs must not remove participants due to relapse or substance use and providers are expected to offer relapse support to participants. Instead, service providers should use evidence-based techniques and participant-centered approaches to prevent participants from engaging in actions that may lead to further violation of program requirements.
8 Use coordinated entry system or process to prioritize people based on vulnerability criteria.	RHPs participate in local coordinated entry or other prioritization systems so that the most vulnerable people have the option to participate in sober living. Outcomes should be assessed regularly to ensure communities are equitably served.
9 Providers are trained in and use evidenced-based practices.	RHP providers engage participants with evidenced-based practices to design and participate in their own service plans. This includes building trust with evidenced based

SUMMARY OF CORE COMPONENTS	INTENDED IMPACT IN RECOVERY HOUSING PROGRAMS
	practices like motivational interviewing and participant-centered counseling.
10 Services use a harm-reduction philosophy to engage with participants.	RHP providers support participants with their recovery without judgement and, if necessary, engage with participants to choose other housing settings or recovery methods that fit their needs. RHPs should utilize harm reduction strategies when possible to prevent relapse or program violations. RHPs do not prohibit the use of medication-assisted treatment (MAT) for substance use.
11 Physical changes in units accommodate disabilities and promote health.	RHPs have options to accommodate a variety of participant housing needs, including those with disabilities.

Existing Statutory Requirements for Justice-Involved Recovery Housing

Specific RHPs administered by the California Department of Corrections and Rehabilitation (CDCR) are required to implement the Housing First core components—with the exception of components 5, 6, and 7—in their program guidelines and regulations. In their place, CDCR is required to ensure that RHPs meet the additional statutory requirements.⁴ For more information, see Appendix B or [Welfare and Institutions Code \(WIC\) Sections 8256](#).

III: REQUIREMENTS FOR IMPLEMENTING RECOVERY HOUSING CONSISTENTLY WITH HOUSING FIRST

State-funded programs that address homelessness are allowed to fund recovery housing and sober living programs so long as it is a permitted use of the funding source. When receiving state funding, RHPs must follow the state's Housing First core components and other applicable requirements of the Housing First law. Below are the key elements that these programs must include in order to be in compliance with Housing First law, including participant choice and participant-driven services, and eviction policies and practices.

Participant Choice and Participant-Driven Services

⁴ [WIC Section 5256 \(c\)\(1\)](#)

To comply with Housing First, RHPs must provide treatment and services that are participant-driven and tailored to participant needs. Unless participation in recovery housing is court-ordered, participants should not be required to enter or accept a referral to a RHP as a condition of accessing housing. In accepting a recovery housing placement, participants agree to follow program guidelines, including pursuing sobriety, if applicable. If a participant no longer feels recovery housing is right for them, providers must connect them to alternative housing options.

RHPs may include sobriety requirements, however the decision to pursue sobriety must be made by the participant. Abstinence-focused recovery housing must not be required or the only choice for people experiencing homelessness. People using substances or in recovery from substance use disorders have diverse needs, goals, and interests and should be provided with meaningful choice within the housing and services options available to them. This includes the choice to participate in recovery housing and sober living programs, programs with a focus on implementing harm reduction methods, or other programs (Core Component #5).

Choice is central to Housing First implementation in order to respect and value people's agency to decide the housing and services options that will work best for them in their recovery journey. Communities can implement the following practices to ensure participants can express their choice and determine the services that meet their needs:

- Providers utilize a harm reduction philosophy, including using nonjudgmental communication and offering education on avoiding risky behaviors and safer practices. Abstinence can be a strategy that fits within the spectrum of harm reduction approaches, so long as the participant is able to choose that as their preferred recovery method and change their mind when necessary. Abstinence or sobriety cannot be the only choice provided to someone seeking recovery (Core Component #4).⁵
- If a participant chooses to enter an RHP, providers must offer a meaningful connection to evidence-based treatment. Recovery housing providers must support participants with their recovery without judgment and, if necessary, engage with participants to choose other housing settings or recovery methods that fit their needs. RHPs must allow for the use of medication-assisted treatment (MAT), such as medications for opioid use disorder, and must not prohibit participants from utilizing MAT as part of their recovery. While RHPs are not expected to dispense or manage these medications unless clinically licensed to do so, they are expected to support participants' access to MAT and ensure coordination with appropriate healthcare providers (Core Component #10).^{6, 7}

⁵ [WIC Section 8255\(b\)\(4\)](#)

⁶ [Best Practices for Recovery Housing, 2023, U.S. Substance Abuse and Mental Health Services Administration.](#)

⁷ [WIC Section 8255\(b\)\(10\)](#)

- Participants who have agreed to enter RHPs are expected to follow program requirements. These requirements may include a participant's commitment to pursue sobriety. A participant can choose to enter a RHP at any stage of their recovery. If participants no longer feel a recovery housing model is right for them, providers must connect them to alternative housing options.
- Providers use participant-centered approaches to engage participants about their recovery options, including using participant-centered counseling, motivational interviewing, using trauma-informed care, and other strategies that help the participant to take steps to reduce the risk of their existing behaviors (Core Component #9).⁸
- As participant choice is crucial within Housing First approaches and for successfully exiting homelessness, a variety of housing options should be available for all stages of recovery. Programs should have a pathway to housing for participants who decide a recovery housing model no longer works for them.

Eviction Policies and Practices

To comply with Housing First, relapse must not be a cause for removal from an RHP. Programs must not remove participants due to relapse or substance use and providers are expected to offer relapse support to participants. If other program violations do occur, every effort must be made to connect the participant to another housing program that meets their needs, ensuring returns to homelessness are extremely rare.

Housing First practices emphasize preventing returns to homelessness whenever possible. For RHPs, this includes not removing participants solely for the use of alcohol or drugs. For many people, relapse is a part of recovery, and recovery can be more successful with stable housing.

In order for RHPs to meet California's Housing First requirements, they must not remove people solely for the use of alcohol or drugs. If participants no longer want to be in a recovery housing setting, programs should support participants to find alternative housing options. Alignment with the state's Housing First law may require RHPs to assess and make changes to their policies and procedures. Communities can implement the following practices to ensure that participants can continue to receive the services that meet their needs and do not return to homelessness:

- All RHPs should provide a program agreement that outlines the roles and responsibilities of both the participant and the program administrator. Participants should sign the program agreement upon entry to ensure individuals are aware of actions that could result in removal from the RHP. Participants in permanent housing must be provided a lease that includes all the rights and

⁸ [WIC Section 8255\(b\)\(9\)](#)

responsibilities of tenancy (Core Component #6).⁹ Leases can ensure individual rights of privacy, dignity, and respect; freedom from coercion and restraint; and uninterrupted access to the housing. The use of drugs or alcohol cannot result in removal from the program (Core Component #7).¹⁰

- If a participant relapses and expresses a desire to continue living in recovery housing, providers should offer a service plan to support them in avoiding risky behaviors or violating program requirements in the future. Providers should also connect participants to relapse support services or other evidence-based treatment options when requested.
- If a participant decides they would like to leave a recovery housing setting or if they are removed from the program for program violations beyond the use of alcohol or drugs, program administrators should connect them to alternative housing options that meet their needs. Communities should strive to have housing options available for all stages of recovery.
- In the case of program removal, RHPs should document their efforts to connect the participant to alternative housing options and ensure exits to homelessness are extremely rare.

IV: BEST PRACTICES FOR IMPLEMENTING RECOVERY HOUSING

This section provides both system-level and program-level best practices for communities to ensure RHPs can be effective and consistent with Housing First law. System-level best practices are intended to apply to a larger community (e.g. cities, counties, or Continuums of Care) in order to create a Housing First-centered homelessness response system. Program-level best practices are intended to be applied to individual programs to facilitate participant-driven care. Most of these best practices have been gathered from the [U.S. Substance Abuse and Mental Health Services Administration \(SAMHSA\) Best Practices for Recovery Housing](#).

System-Level Best Practice: Invest in a Variety of Housing Options

As people experiencing homelessness seek housing, services, and recovery options, a successful homelessness response system should include a variety of housing settings so participants can choose the options that are right for them.

Communities should strive to provide a variety of housing options for people in all stages of recovery. These housing options should be made available through a “no wrong door” approach where any homelessness program can easily direct participants to the right resources without being turned away or having to start over multiple times. Providers should build a network in their community to know the available resources

⁹ [WIC 8255\(b\)\(7\)](#)

¹⁰ [WIC Section 8255\(b\)\(7\)](#)

and help people navigate the system to obtain the types of services they need and want. This way, as people's needs evolve, so too can the type of services they are receiving to best meet those needs.

SAMHSA facilitated a dialogue on the intersection of RHPs and Housing First.¹¹ The following strategies can be implemented to create a continuum of services that include recovery housing that participants can choose from:

- *Create connections and networks between recovery housing settings and other housing settings:* Collaboration between programs using a variety of models allows for people to be navigated to the setting that best meets their needs and may allow opportunities to pool funding, enhance coordinated care, and allow flexible services. Additionally, communities should share resources for healthcare, employment, social services, and other services available to people in recovery. If someone's needs change while they are in a program, these connections can help provide referrals to more appropriate settings of care.
- *Create or expand an online technical assistance center for providers engaged in supportive housing work:* A technical assistance center can allow a central location for providers of recovery housing settings and other housing settings to obtain resources for recovery, collaborate and share best practices, communicate funding deadlines, and increase capacity for research related to recovery housing and Housing First.
- *Align system goals and priorities of funding agencies:* Funding can be specific to eligible uses, such as funding for direct mental health and substance use disorder treatment only or funding for housing services only. Systems within the community should be aligned in their goals and collaborate to allow funding to be flexible and tailored for supportive housing needs.

Program-Level Best Practice: Establish Participant-Centered Policies for Recovery Housing

A participant's needs must be at the center of the decisions made regarding their housing, including decisions to enter an RHP.

RHPs should implement program policies that comply with Housing First, including low barrier access and voluntary and participant-centered services, that can be updated whenever necessary. SAMHSA offers best practices for RHPs, some of which have been summarized below:¹²

- *Inform staff and participants of program policies:* SAMHSA recommends that RHPs have clearly written policies that are provided and explained to new participants by program staff. Programs can establish a handbook that provides

¹¹ [The Intersection of Recovery Housing & Housing First— A Dialogue on Collaboration and Partnership. 2023. U.S. Substance Abuse and Mental Health Services Administration.](#)

¹² [Best Practices for Recovery Housing. 2023. U.S. Substance Abuse and Mental Health Services Administration.](#)

the recovery housing guidelines and informs participants of their rights. Documents should be signed by participants to acknowledge that they understand the policies and their rights.

- *Create appropriate screening and selection policies:* Housing First screening and selection practices must promote low barrier access to housing and services, including accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services, and not reject applicants for a lack of “housing readiness” (Core component #1 and 2).¹³
 - Placement: A participant who wants to be in a RHP should apply and go through an interview process where both parties can determine if the program is a right fit. Resident placement should be decided by individual needs, goals, and choice.
 - Referral Process: Organizations and entities that refer people to RHPs should consider the credibility and supports available within these programs to determine if it is appropriate for a person. These considerations should include program certification, level of support offered, living environment, current residents, use of medications, how staff are trained, and ethical practices.
- *Evaluate program effectiveness:* SAMHSA recommends that recovery housing providers assess how each program is performing in the delivery of quality services, obtaining and assessing measures of sustained recovery, employment, criminal justice involvement, transition to permanent housing, social connectedness, and resident satisfaction.
- *Promote equity and ensure cultural competence:* People identifying as Black and African American, Native American and Indigenous, LGBTQIA+, and those in rural communities are groups disproportionately impacted by homelessness, substance use, and mental health conditions. These people may also have challenges finding and engaging with supportive housing programs.¹⁴ RHPs should adopt culturally responsive practices, recognizing the unique challenges faced by Black, Indigenous, LGBTQIA+ individuals, and other historically marginalized groups. Programs are encouraged to:
 - Partner with culturally specific providers and peer-led organizations.
 - Offer staff training in cultural humility, historical trauma, and implicit bias.
 - Create environments that affirm diverse identities and recovery narratives.
 - RHPs serving Tribal communities should integrate principles of Tribal sovereignty and culturally grounded healing practices, in partnership with Tribal governments where appropriate.

¹³ [WIC 8255 \(b\)\(1\) and \(2\)](#)

¹⁴ [The Intersection of Recovery Housing & Housing First— A Dialogue on Collaboration and Partnership, 2023, U.S. Substance Abuse and Mental Health Services Administration.](#)

V: FURTHER GUIDANCE AND RESOURCES

There are a variety of resources and tools that communities and RHPs can use to advance their alignment with Housing First and other best practices. A few resources are listed below.

[Cal ICH – Guide to California’s Housing First Law](#)

- This guide provides answers to frequently asked questions about the implementation of the state Housing First Law in state-funded programs.

[SAMHSA - Best Practices for Recovery Housing](#)

- This document outlines eleven best practices for the implementation and operation of RHPs. The best practices are intended to serve as a tool for states, governing bodies, providers, recovery house operators, and other interested partners to improve the health of their citizens, reduce incidence of overdose, and promote long-term recovery from substance use and co-occurring disorders.

[SAMHSA - The Intersection of Recovery Housing & Housing First — A Dialogue on Collaboration and Partnership](#)

- SAMHSA's Office of Recovery hosted the *Intersection of Recovery Housing & Housing First: A Dialogue on Collaboration and Partnership*, inviting a variety of service providers. Speakers provided information across various topics: providing a primer on recovery housing settings and Housing First approaches; creating a “no wrong door” Continuum of Care; exploring financing strategies, including Medicaid waivers; and facilitating harm reduction.

[SAMHSA - Housing Supports Recovery and Well-Being: Definitions and Shared Values](#)

- This document outlines the definition and characteristics of recovery housing and supportive housing, both of which can be methods to address recovery. The document also outlines the shared values between both housing settings.

[SAMHSA Advisory - Behavioral Health Services for People Who Are Homeless](#)

- This Advisory addresses fundamentals of how providers and administrators can effectively employ approaches to address the complex challenge of providing comprehensive, integrated, and trauma-informed treatment services to clients experiencing homelessness.

APPENDICES

Appendix A: Housing First Law

California Statute WIC Section 8255 (b) - (e)

(b) "Core components of Housing First" means all of the following:

- (1) Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
- (2) Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."
- (3) Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
- (4) Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- (5) Participation in services or program compliance is not a condition of permanent housing tenancy.
- (6) Tenants have a lease and all the rights and responsibilities of tenancy, as outlined in California's Civil, Health and Safety, and Government codes.
- (7) The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
- (8) In communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.
- (9) Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
- (10) Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.

(11) The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

(c) "Homeless" has the same definition as that term is defined in Section 91.5 of Title 24 of the Code of Federal Regulations.

(d) (1) "Housing First" means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on providing or connecting homeless people to permanent housing as quickly as possible. Housing First providers offer services as needed and requested on a voluntary basis and that do not make housing contingent on participation in services.

(2) (A) "Housing First" includes time-limited rental or services assistance, so long as the housing and service provider assists the recipient in accessing permanent housing and in securing longer term rental assistance, income assistance, or employment.

(B) For time-limited, supportive services programs serving homeless youth, programs should use a positive youth development model and be culturally competent to serve unaccompanied youth under 25 years of age. Providers should work with the youth to engage in family reunification efforts, where appropriate and when in the best interest of the youth. In the event of an eviction, programs shall make every effort, which shall be documented, to link tenants to other stable, safe, decent housing options. Exit to homelessness should be extremely rare, and only after a tenant refuses assistance with housing search, location, and move-in assistance.

(e) "State programs" means any programs a California state agency or department funds, implements, or administers for the purpose of providing housing or housing-based services to people experiencing homelessness or at risk of homelessness, with the exception of federally funded programs with requirements inconsistent with this chapter.

Appendix B: Recovery Housing Requirements for CDCR Programs

California Statute WIC Section 8256 (a) – (c) and (e)

(a) Except as provided in subdivision (c), agencies and departments administering state programs created on or after July 1, 2017, shall collaborate with the California Interagency Council on Homelessness to adopt guidelines and regulations to incorporate core components of Housing First.

(b) By July 1, 2019, except as otherwise provided in subdivision (c), agencies and departments administering state programs in existence prior to July 1, 2017, shall collaborate with the council to revise or adopt guidelines and regulations that incorporate the core components of Housing First, if the existing guidelines and regulations do not already incorporate the core components of Housing First.

(c) (1) For the Returning Home Well Program, the Specialized Treatment for Optimized Programming Program, and the Long-Term Offender Reentry Recovery Program, all of which are administered by the Department of Corrections and Rehabilitation, which fund recovery housing, as defined in paragraph (3), for parolees, as defined by Section 3000 of Title 15 of the California Code of Regulations, the Department of Corrections and Rehabilitation shall do all of the following:

(A) In coordination with the California Interagency Council on Homelessness, consult with the Legislature, the Business, Consumer Services and Housing Agency, the California Health and Human Services Agency, the United States Department of Housing and Urban Development, and other stakeholders to identify ways to improve the provision of housing to individuals who receive funding from that agency or department, consistent with the applicable requirements of state law.

(B) Comply with the core components of Housing First, other than those components described in paragraphs (5) to (7), inclusive, of subdivision (b) of Section 8255.

(C) Ensure that recovery housing programs meet the following requirements:

(i) A recovery housing program participant shall sign an agreement upon entry that outlines the roles and responsibilities of both the participant and the program administrator to ensure individuals are aware of actions that could result in removal from the recovery housing program. Violations of the agreement shall not automatically result in discharge from the recovery housing program.

(ii) Efforts to link program participants to alternative housing options, including interim sheltering, permanent housing, or transitional housing, shall be documented. If a recovery housing program participant chooses to stop living in a housing setting with a recovery focus, is discharged from the program, or is removed from housing, the program administrator shall offer assistance in accessing other housing and services options, including options

operated with harm-reduction principles, and identifying an alternative housing placement. This clause does not apply to an individual who leaves the program without notifying the program administrator.

(iii) The program administrator shall offer program participants who inform the program administrator that they are leaving the program one or more of the following:

- (I) Tenant housing navigation services to permanent housing.
- (II) Connections to alternative housing providers.
- (III) Access to supportive services.
- (IV) Intake into a locally-coordinated entry system.
- (V) Warm handoff to a partner homeless services provider offering housing navigation.

(iv) The recovery housing program administrator shall track and report annually, to the program's state funding source, the housing outcome for each program participant who is discharged, including, but not limited to, the following information:

- (I) The number of homeless individuals with a housing need served by the program funds that year, as well as the demographics of the population served.
- (II) Outcome data for all individuals served through program funds, including the type of housing that the individuals were connected to, the type of housing the individuals were exited to, the percent of housing exits that were successful, and exit types of unsuccessful housing exits.
- (v) The department shall make every effort to ensure that exits to homelessness are extremely rare.

(2) The Department of Corrections and Rehabilitation shall make efforts to reduce recidivism by offering participation to formerly incarcerated persons in recovery housing programs. Connections to safe and supportive housing is a critical priority for successful community reintegration.

(3) For purposes of this subdivision, "recovery housing" means sober living facilities and programs that provide housing in a recovery-focused and peer-supported community for people recovering from substance use issues. Participation is voluntary, unless that participation is pursuant to a court order or is a condition of release for individuals under the jurisdiction of a county probation department or the Department of Corrections and Rehabilitation.

(e) The Board of State and Community Corrections Adult Reentry Grant programs that fund recovery housing subject to this chapter shall apply the requirements of this chapter prospectively beginning July 1, 2022, through any new contracts or agreements.