



Housing First and Recovery Housing Cal ICH Guidance

January 2025

Housing First is an evidence-based model that uses housing as a tool, rather than a reward, for recovery and centers on providing or connecting people experiencing homelessness to permanent housing as quickly as possible. The Housing First requirements apply to all housing and housing-based services funded, implemented, or administered by the State.

Recovery housing programs refer to sober living facilities that require participant sobriety to receive services such as housing. Housing First requirements also apply to recovery housing programs, with some nuances for implementing Housing First in specific programs funded by the California Department of Corrections and Rehabilitation (CDCR). Given the nature of these programs, there are many questions about how to effectively implement recovery housing within a Housing First model.

The California Interagency Council on Homelessness (Cal ICH) is the lead entity for coordinating state efforts to prevent and end homelessness. Cal ICH was originally created to oversee the state's adoption and implementation of its Housing First law.¹ This guidance provides clarification on how state-funded recovery housing settings must comply with 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.” This can include, but is not limited to, abstinence-based recovery. Additionally, **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.²

Recovery housing is defined similarly by the U.S. Department of Housing and Urban Development (HUD) as “a housing model that uses substance use-specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence. Recovery Housing might not be in conflict with Housing First, a system-wide approach that removes barriers whenever possible and that addresses the housing needs of people at all stages of recovery, **so long as entry into the program is based on the choice of the program participant.**”³ [Emphasis added.]

¹ [Welfare and Institutions Code \(WIC\) Section 8256](#)

² [WIC Section 8256\(c\)\(3\)](#)

³ [Recovery Housing Policy Brief, 2015, HUD Exchange.](#)

RECOVERY HOUSING WITHIN HOUSING FIRST

State-funded programs that address homelessness can fund recovery housing and other sober living settings so long as they are an eligible use of funding and also comply with the state's Housing First core components, including voluntary and client-driven participation in these settings. The state's Housing First law, along with the eleven core components it requires, can be found in the California Welfare and Institutions Code Section 8255.⁴

Housing First is an 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.⁵ HUD strongly encourages Continuums of Care to adopt a Housing First model systemwide to address the housing needs of people at all stages of recovery.⁶

State agencies and departments administering state programs with the purpose of providing housing or housing-based services to people experiencing or at risk of homelessness must adopt the core components of Housing First into their program guidelines and regulations. These Housing First requirements apply to recovery housing programs and settings. One exception is the set of recovery housing programs administered by CDCR (Returning Home Well Program, the Specialized Treatment for Optimized Programming Program, and the Long-Term Offender Reentry Recovery Program), which are required to meet additional requirements listed in statute in place of incorporating Housing First core components 5, 6, and 7. (See the section *Additional Nuances for Justice-Involved Recovery Housing* for more information).

As recovery housing settings may focus on abstinence-based approaches to address a participant's recovery, this approach is not necessarily mutually exclusive with Housing First core components and the harm reduction practices it emphasizes. 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. Additionally, harm reduction strategies, including motivational interviewing, client-centered counseling, trauma-informed care, and other strategies that help people take steps to reduce the risk of their existing behaviors, can be used in recovery housing settings.

To comply with Housing First, recovery housing programs must emphasize participant choice and treatment that is tailored to participant needs in order to be most effective. Unless they are court-ordered, participants should not be required to enter or accept a referral to a recovery housing program. Recovery housing programs must also

⁴ [WIC Section 8255](#)

⁵ [WIC Section 8255\(d\)](#)

⁶ [Recovery Housing Policy Brief, 2015, HUD Exchange.](#)

incorporate the other Housing First core components to minimize barriers to entry, prevent returns to homelessness, and services that meet individual needs.

Sobriety Requirements in Recovery Housing

Recovery housing settings may include sober-living facilities, however the decision to pursue sobriety and participate in the program must be made by the participant. As participant-choice is crucial to the Housing First model and successfully exiting homelessness, a variety of housing options should be available for all stages of recovery. Some people prefer abstinence-focused housing provided by recovery housing programs, however there should be options available for those who continue to use substances or who decide abstinence no longer works for them. Abstinence-focused recovery housing must not be required or the only choice for people experiencing homelessness.

A housing program also must not evict or remove a participant from housing or shelter settings solely for use of alcohol or drugs, without other program violations. Instead, service providers must use evidence-based harm reduction techniques to prevent participation from engaging in actions that may lead to violation of the program requirements. Evidence-based models are those where research has shown significant positive outcomes, such as motivational interviewing, client-centered counseling, and trauma-informed care. If the needs of the participant do not align with the goals of recovery housing, program administrators must connect them to more appropriate housing options. (See the section *Provide a Variety of Housing Options* for more information).

Court-Mandated Sobriety Requirements

People who have been involved in local or state criminal justice systems are more likely to experience homelessness than the general public. Sobriety may be a condition of court-ordered probation or parole supervision requirement for people exiting jail or prison. This requirement is unrelated to the housing environment in which a person chooses to live. Therefore, it is the expectation that probation officers or parole agents will engage with individuals about their sobriety, and not rely on housing service providers to do so.

Additional Nuances for Justice-Involved Recovery Housing

Recovery housing settings are required to comply with the Housing First statute (WIC Section 8255). However, recovery housing programs administered by CDCR (Returning Home Well Program, the Specialized Treatment for Optimized Programming Program, and the Long-Term Offender Reentry Recovery Program) are exempt from incorporating Housing First core components 5, 6, and 7 in their program guidelines and regulations (WIC Section 8256). Instead, CDCR is required to ensure that recovery housing programs meet the following additional requirements:⁷

⁷ [WIC Section 8256\(c\)\(1\)](#)

1. Program participants sign an agreement outlining roles and responsibilities of the participant and the program administrator. Violations of the agreement do not automatically result in removal from the program.
2. Efforts to link participants to alternative housing options, such as interim or permanent housing, are documented. If a participant leaves the program either voluntarily or is discharged or removed, the program administrator must provide assistance in accessing other housing and services options.
3. The program administrator shall offer program participants who inform the program administrator that they are leaving with navigation services to permanent housing, connection to alternative housing providers, access to supportive services, intake into a local coordinated entry system, or a warm hand off to housing navigation service providers.
4. The program administrators track and report annually the housing outcomes of every participant served.
5. The department makes every effort to ensure that exits to homelessness are rare.

Any state-funded recovery housing programs that are not within these three CDCR programs must follow all core components of Housing First and do not have to comply with these additional requirements.

BEST PRACTICES FOR IMPLEMENTING RECOVERY HOUSING CONSISTENTLY WITH HOUSING FIRST

Provide a Variety of Housing Options

As a person seeks recovery options, it is crucial for a variety of housing settings to be available so that they understand the services available and can choose the options that are right for them. Communities should strive for a “no wrong door” approach where people can go to the agencies available to them and be directed to the right resources without being turned away or having to start over at multiple agencies. Providers should build a network in their community to know the available resources 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.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) facilitated a dialogue on the intersection of recovery housing programs and Housing First.⁸ The following are strategies to support communities in creating a continuum of services that may include recovery housing:

- **Create connections and networks between recovery housing settings and other programs.** Collaboration between programs using a variety of models allows for people to be navigated to the setting that best meets their needs and may

⁸ [The Intersection of Recovery Housing & Housing First— A Dialogue on Collaboration and Partnership, 2023, SAMHSA.](#)

allow opportunities to pool funding, enhance coordinated care, and allow flexible services. 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.

Housing First supports the goal of allowing participants to choose the recovery options that are most effective for them. SAMHSA offers best practices for recovery housing programs,⁹ some of which have been summarized below.

Use Recovery-Centered Approaches

A recovery-centered approach should allow a person to address their substance use as well as provide resources to address physical and mental health, make social connections, and have safe and stable housing. Per SAMHSA¹⁰, the four major aspects that recovery programs should promote are:

- **Health** – Participants create a life of recovery by managing their substance use or overcoming it. Participants are supported to create informed, healthy choices that promote their physical and emotional wellbeing.
- **Home** – The housing offered is a stable and safe place to live. Having secure housing allows is associated with greater successful outcomes for those returning from treatment and institutions.
- **Purpose** – Participants are encouraged, but not required, to participate in meaningful daily activities, such as working, going to school, or volunteering. Recovery housing programs can create environments where residents share mutual aid, reciprocal responsibilities, and leadership roles.
- **Community** – The program supports community building and social networks that provide support. Support and guidance of a community can help a participant develop healthy coping skills and self-efficacy, and further sustain recovery.

Create Appropriate Screening and Selection Practices

⁹ [Best Practices for Recovery Housing, 2023, SAMHSA.](#)

¹⁰ [Best Practices for Recovery Housing, 2023, SAMHSA.](#)

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

- **Placement** – A participant who wants to be in a recovery housing program should apply and go through an interview process where both parties can determine if the program is a right fit. Resident placement should be predicated upon individual needs, goals, and choice.
- **Referral Process** – Organizations and entities that refer people to recovery housing programs 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.

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, and who may have challenges finding and engaging with supportive housing programs.¹¹

Recovery housing programs should ensure that they promote equity and can serve underrepresented communities competently. SAMHSA recommends that staff and residents receive education on cultural competence and cultural humility to support each resident's unique background and situation.

Establish and Share Program Policies

SAMHSA recommends that recovery housing programs have clearly written policies that are provided and explained to new participants by program staff. Programs can establish a handbook that provides 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.

Use of Evidence-Based Practices

There are several evidence-based practices that can be implemented to make recovery housing more effective.

- **Nationally recognized standards** – Connect people to recovery housing options with nationally recognized standards. The National Alliance for Recovery Residences (NARR) lists standards for four levels of recovery housing settings that are nationally recognized that vary in their intensity of staffing, governance, and recovery support services.¹²

¹¹ [The Intersection of Recovery Housing & Housing First— A Dialogue on Collaboration and Partnership, 2023. SAMHSA.](#)

¹² Standards. N.d. National Alliance for Recovery Residences

- Level 1: Peer-run: Maintains recovery-supportive culture and community using house rules and peer accountability; democratically governed by residents.
- Level 2: Monitored: Serves specific high need populations with lower intensity recovery support services and skills development, senior residents are appointed to serve as head of the household.
- Level 3: Supervised: Provides more intense support and structured programs including peer-based and other recovery support services and life skills development; staff are supervised, trained, and credentialed.
- Level 4: Clinical: Uses a social and medical model, including peer-based recovery support, recovery support services, life skills development, and offers clinical addiction treatment.
- **Outpatient treatment** – SAMHSA recommends that recovery housing providers offer resources to help residents access and remain in outpatient treatment. Outpatient treatment in combination with recovery housing options can allow participants to be more likely to meet their recovery and employment goals.
- **Supportive services** – SAMHSA recommends recovery housing providers share the resources within the community for healthcare, employment, social services, and other services.
- **Medication policies** – SAMHSA recommends that providers do not have barriers for participants that use prescribed medications. The use of prescribed medication to address behavioral and physical health conditions can be crucial to a person's recovery, this includes medications for substance use disorders and whole-person approaches that use medication therapy beside counseling and other supports. Programs can take measures to ensure proper administration of medication and avoid misuse.

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.

CAL ICH'S ROLE IN IMPLEMENTING HOUSING FIRST

Cal ICH is charged with working with state departments and agencies to ensure proper compliance with Housing First statute. Cal ICH also provides a variety of resources to state and local partners regarding effective Housing First implementation. If there are any questions about Housing First, please email calich@bcsh.ca.gov.

FURTHER GUIDANCE AND RESOURCES

[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.

[HUD – Recovery Housing Policy Brief](#)

The Policy Brief provides guidance on the expectations for HUD-funded recovery housing programs to strengthen performance and improve outcomes. This brief may be used by programs who serve people with substance use disorders to make changes to their programs and create standards to align with the guidance in this brief.

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

This document outlines eleven best practices for the implementation and operation of recovery housing programs. 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 models; creating a “no wrong door” Continuum of Care; exploring financing strategies, including Medicaid waivers; and facilitating harm reduction.

APPENDICES

Appendix A: Housing First Law

Appendix B: Recovery Housing Requirements for CDCR Programs

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.

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(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.

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