

**Recovery Housing
Final CADFRH Taskforce Report
Submitted to Pennsylvania Department of Drug and Alcohol Programs
Provided by Certified Drug and Alcohol Recovery Housing Taskforce
July 18, 2016**

Focus of taskforce

DDAP asked the Pennsylvania Recovery Organization - Alliance (PRO-A) to convene a taskforce to develop and submit recommendations to DDAP on the certification of drug and alcohol recovery houses. The taskforce was asked to submit preliminary recommendations for DDAP's consideration. The scope of the recommendations were limited to those drug and alcohol recovery houses that elect to be certified to receive public monies or for referrals directly from treatment programs licensed by DDAP.

In addition to a definition for a certified alcohol and drug free recovery house (CADFRH), the Taskforce delivered physical plant standards, ethics code, and policy and procedure recommendations for certifying a CADFRH.

Additional recommendations from the chair include the following.

1. Persons in recovery from addiction are protected against discrimination as described within the Fair Housing Act of 1968, the Fair Housing Amendments Act of 1988 and the Americans with Disabilities Act of 1990. Efforts to regulate housing on the state, county or local level should apply evenly to all housing stock and not be limited to houses that have persons in recovery residing in them.
2. Education should be considered for local regulatory entities on the need to develop and enforce standards that apply to all similar housing stock in regard to safety and occupancy considerations evenly across housing stock within their purview and not limit such processes to focus on recovery housing.
3. We hear of the withholding of business licenses, occupancy permits and incorporation documents at the local level as a vehicle to discriminate against recovery houses in local communities. The Pennsylvania Department of Drug and Alcohol Programs (DDAP) should consider ways to reduce potential discrimination against persons in recovery that occur in this manner.
4. Concerns have been expressed about recovery house operators operating "under the radar" as cash businesses not paying taxes. These situations should be pursued by authorities in accordance with all applicable laws and regulations and are well beyond the scope of this taskforce.
5. The opiate epidemic has further pressured an already strained drug and alcohol service system. Funding that provides treatment and related services with clinical integrity should be considered and may well reduce the use of recovery housing stock as an alternative to treatment. Funding constraints for appropriate services may be at least in part be a factor in the proliferation of such houses.
6. In the process of reviewing our preliminary minimum policy and procedure requirements, the recommendation was made to insure all residents in voluntarily certified recovery houses are receiving proper services through case management services at the county level through the Single County Authority (SCA). This can only occur if our SCA system is properly funded to provide these case management services. Therefore, we recommend that additional funding be explored to provide these services.
7. Preliminary recommendations may require some operators to upgrade their houses and obtain additional training to comply with the voluntary certification standards. DDAP should consider funding in some manner to assist with this process. Taskforce members expressed concerns about the efficacy of this voluntary certification process without appropriate funding, as current resources are simply not sufficient to meet these needs.
8. DDAP clarified how confidentiality regulations relate to recovery houses at our November 2015 taskforce meeting. It is apparent that training on confidentiality regulations that is specific to recovery house operation should be considered as information is only protected under some circumstances. The kind of information that is protected within houses (e.g., whether residents are being provided services by

Behavioral Health Managed Care Organizations, case management services or peer support services) may need to be further clarified. House operators should be educated on these issues through a specifically developed confidentiality training.

- 9.** Referrals from DDAP licensed treatment centers should be only made to recovery houses that elect to be certified through this process in order to provide a minimum standard of recovery housing for persons within our system.
- 10.** Distinctions between licensed, clinical service and non-licensed, nonclinical recovery support and related services need to be clarified for recovery house operators in order to prevent confusion in this area.