

Office of Ombudsman for Mental Health and Developmental Disabilities: Statement in Support of HF 287 Regarding Sober Homes

The Minnesota Legislature has deemed the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) a health oversight agency as defined in the Code of Federal Regulations, title 45, section 162.501. We are charged under MN. Stat. §245.92 with promoting the highest attainable standards of treatment, competency, efficiency, and justice for persons receiving services for mental illness, developmental disabilities, chemical dependency/substance use disorder, and emotional disturbance. For years, we have had concerns about the vulnerability of our clients in unregulated sober home settings after receiving complaints alleging rights violations, treatment promised but not provided, abrupt discharge without cause or due process, lack of any meaningful grievance process, and substandard living conditions.

In 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidelines and best practices for recovery residences, or sober homes, based on ten guiding principles that are consistent with the recommendations of the National Alliance of Recovery Residences (NARR). OMHDD understands that the Minnesota Association of Sober Homes (MASH) has adopted the SAMSHA and NARR standards and is implementing them across its membership. However, not all recovery home owners/operators elect to be members of MASH and, thus, these standards are not uniformly enforceable statewide. OMHDD also has concerns about the potential for issues to emerge in a provider self-regulated industry. Moreover, beyond establishing minimum standards for all sober homes in Minnesota, OMHDD supports a study exploring whether additional client protections or sober home service standards are needed that may complement and clarify the SAMSHA guiding principles and best practices.

Though sober homes do not fall neatly under the scope of OMHDD as they are not licensed, registered, or certified by the Departments of Health or Human Services, it is not uncommon for clients, case managers, or family members to reach out to us with concerns as there is no other entity to turn to with authority to act on those concerns. The complaints we receive tend to fall into recurring categories. These include treatment services promised but not provided. We have also heard many

reports of clients being discharged abruptly, reportedly without cause or recourse, including discharge to the street or a shelter. OMHDD has major concerns for the health and safety of our clients in these situations, including but not limited to the potential for life-threatening relapse. The lack of both regulation and any statewide mechanism to address complaints has led to concerns regarding potentially predatory providers. Often, clients fear retaliation including discharge resulting in homelessness should they file a complaint or grievance identifying themselves as the complainant. Additionally, clients report arbitrary “house rules” with seemingly no parameters that would be a violation of clients’ rights in nearly all other service settings. Clients also report substandard living conditions that remain unaddressed even after notifying provider management but fearing retaliation if they complain too frequently or to those outside the sober home, including OMHDD.

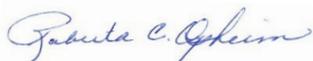
OMHDD has also received complaints regarding sober living homes affiliated with Department of Human Services’ licensed Substance Use Disorder (SUD) treatment programs. Among them, the potential for treatment issues, including those unrelated to relapse, to seep into and impact housing, up to and including immediate discharge. In one particularly troubling case, a client reported an Emergency Room doctor with a financial interest in the sober home threatened her with civil commitment if she did not voluntarily seek SUD treatment as recommended. When some interpersonal issues with her housemates emerged and she brought them forward attempting resolution, she reported that she was abruptly discharged from the sober home for “treatment noncompliance.”

OMHDD supports a robust continuum of services and support settings for clients receiving services for SUD. We are aware of sober housing providers commendably committed to filling a gap in the service system by creating sober living environments that support recovery. However, OMHDD maintains concerns regarding the lack of consumer protections in this unregulated industry given the reality that not all sober homes operate consistent with existing best practices.

Thank you for the opportunity to comment on this important issue affecting our clients in currently unregulated sober home settings. We are pleased to offer our complete support to HF 287 in the hopes that the information gleaned from such a study can lead to meaningful improvements in the SUD housing and service delivery system for both our clients and sober home providers dedicated to supporting clients’ recovery consistent with fair, equitable, and best practice standards.

Please contact me with any questions or requests for additional information.

Sincerely,



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