

Current System	Governor's Proposal	Impact on Access, Cost, Outcomes	Evidence-Based Solution
Housing Supports (HS)	Expand Housing Supports and make it the only option for recovery housing in our state's continuum of care.	<ul style="list-style-type: none"> The Administration's recovery housing proposal would likely decimate capacity and access as smaller 8-18 bed homes would not be viable due to regulatory requirements. A complete conversion to Housing Supports would be more expensive with less effective patient outcomes, as there is no accountability to recovery for individuals receiving the benefit. Compare current recovery residence beds to current HS beds, everyone won't be able to convert. 	<p>1) Expand "presumptive eligibility" to include persons who are actively participating in a nonresidential treatment program and have been assessed with an unsafe recovery living environment.</p> <p>2) Create defined categories of housing settings based on individual needs.</p> <p>3) Expand Community Based settings to include certified recovery residences.</p>
Freestanding Room & Board	Fully eliminate this program by 2027	<ul style="list-style-type: none"> Diminish access by eliminating a program that is by all accounts successful in terms of patient outcomes. Rural and outstate communities would be unfairly punished, as the program was created to address their needs. 	Address the root problem that led to the proliferation of freestanding room and board providers in the metro — the need for supportive environments paired with treatment.
Provider Funded Housing Vouchers and Provider-Owned Lodging	<p>1) Eliminate (as violating AKS)</p> <p>2) Create a workgroup to study what other states are doing</p>	<p>This proposal for a working group will likely waste time, waste money, and harm lives. We need only to review the lack of results from past agency "workgroups" and efforts to "find solutions" for recovery residences in MN.</p> <ul style="list-style-type: none"> Sober home scan (requested 2 sessions ago) 2022 sober home workgroup (late report) 	<p>1) Look to NARR & SAMSHA for best practices. Look to Washington State, Michigan, Colorado, and Virginia as successful examples.</p> <p>2) Pursue an 1115 Waiver to make access to recovery housing a Medicaid benefit.</p>
Recovery Residences are not certified	Create and implement an agency led certification system.	This is a point of common ground. Certification is the cornerstone upon which many good ideas can be built.	<p>1) Adopt NARR and SAMSHA standards.</p> <p>2) Access to public dollars should be linked to certification on the residence side and engagement in treatment on the individual side.</p>