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South Middlesex Opportunity Council
Sober Housing Program

1. Mission Statement:
The Sober Housing program of the South Middlesex Opportunity Council is safe and affordable housing with enriched supports, services and education and recovery-focused resources. The Sober Housing Program provides individualized services within a congregate setting utilizing a peer support model that provides the participant with the opportunity to build the skills necessary for successful community living. Sober Housing is a central component of SMOC’s housing continuum that serves individuals and families who are economically disadvantaged and/or possess behavioral, medical or educational deficits or disabilities. The successful deployment of a Housing Continuum is central to the values and mission of SMOC (see Values Statement – attachment #1). Through the Sober Housing model, participants learn skills that enable them to live improved, healthier lifestyles, with a goal of maximizing their economic opportunities, independence and capacity for self-sufficiency, which, in turn, benefits the community at large.

2. Introduction:
SMOC’s Sober Housing Program was started in 1989 to provide safe, supportive and affordable housing to participants in recovery from drug and alcohol abuse. The Sober Housing Program was designed to support recovery, promote self-sufficiency and facilitate the achievement of economic independence through formal and informal education in a setting that is economically viable for the participants and for housing and services providers. Educational activities take place both on-site and off-site. The Sober Housing Program is an important component of SMOC’s continuum of housing services, which ranges from 1st Step (early recovery) programs (including emergency shelters) through to transitional housing and complete independent living.

The 1980’s saw the beginning of a dramatic rise in homelessness of both single adults and families. There are many theories for rising homelessness, including decimation of affordable housing, rapid escalation in rents, de-institutionalization of psychiatric hospitals, the reduction in public benefits and the reduction in treatment services for addiction and mental health needs in Massachusetts and throughout the entire country. Lodging houses, which are the traditional form of housing for very low income people, have virtually disappeared in the Commonwealth.

At one time, many people who were homeless, or at risk of becoming homeless, would have been picked up by another system of care or support that today no longer exists or is inadequate to meet the demand. SMOC developed the Sober Housing program to meet the needs of a group of people that, while they still need support, services, education and skill development, do not need intensive services through psychiatric or substance abuse residential treatment. Sober Housing was designed to meet the needs of this particular niche of people who are coming from shelters, residential treatment programs and the community and can live relatively independently but who are not yet in a position to live without supports. The diminished landscape of services, combined with the reduction in housing opportunities, created a mandate for a fresh way to meet the needs of low-income people living in recovery who may have exhausted all personal resources.

SMOC’s Sober Housing Program addresses a critical gap in housing resources, health, education, life skills and other services for its participants. As a hybrid between traditional residential services and independent housing, it is far more cost effective than programs that have intensive staff support...
on site at all times, although there are some programs within the Sober Housing portfolio that have unique staffing patterns. This “Integrated Development Model” of services enriched housing assists people to transition more quickly to self sufficiency while it keeps costs down, thus making Sober Housing a programmatically appropriate and economically viable alternative to other residential programs.

SMOC’s Sober Housing Program is distinguished from other programs in several important respects. First, the depth and breadth of our comprehensive service system, including an array of critical housing options, and the large geographic area where these services are available, gives us the ability to design and manage a system of care that is ideally suited to meet the needs of this targeted population. Second, the Sober Housing Program’s philosophical foundation is the Peer Support Model, which uses the support and modeling of peers with similar past experiences to educate participants in skills for successful independent living, including personal accountability, personal budgeting and financial management, and skills for sober, healthy living. Third, self-determination and personal expectation guides the participant’s progress through the program’s increasing levels of independence, rather than the control exerted by intensive, expensive and inefficient systems traditionally designed to contain these participants. With its combination of resources, geographic coverage, service model and structure, SMOC’s Sober Housing Program is uniquely designed to provide an effective, resource-rich environment for its participants in a most economically viable and sustainable way.

In sum, the Supported Sober Housing model, as a component of the continuum of housing and care is a proven successful program model for a specific target group of people who are ready to begin the transition to independent living via this peer supported, congregate living environment. Participants of SMOC’s Sober Housing program create a culture of trust, establish and maintain individual dignity, develop responsibility, live as good neighbors and commit to a process of mutual expectation and accountability. All the while, they are engaged in educational programming and life skillsthat will lead them toward greater self-sufficiency and economic independence. SMOC’s Sober Housing Program model will continue to evolve and seek improvement, in conjunction with ongoing changes in best practices, resource and regulatory environments. Throughout these periods of continuing change, SMOC will remain a committed partner with program participants, funders, regulators, community members, elected and appointed officials, and other providers to develop and provide effective, efficient and viable service solutions to the individuals it serves.

3. Description of Program:

A. Overview
   The Sober Housing Program model is successful for four primary reasons. First, the program emphasizes the integration of education, life skills and services (social, behavioral, medical) to sustain recovery and secure and maintain permanent employment and housing. Second, the program model builds on the legal rights of people with disabilities to live in the community. Third, the program has positive economic impacts. Finally, the program is a good public health model.

   - Education, Life Skills, and Service Integration: The Sober Housing Program model has direct and indirect educational life skills components. Participants commit to living in a community and culture of continuous learning and personal growth. The program model is premised on the notion that the ability to learn skills for recovery is enhanced by educational and recovery-focused resources and activities in a safe, supported housing environment. Participants
commit to paying a program fee, which teaches economic literacy. Participants live in a congregate environment, which teaches socialization, healthy relationships, conflict resolution, mutual responsibility and accountability. Participants engage in education and treatment services where they learn basic skills of living sober. Participants have assigned chores where they learn about house keeping, maintaining property and cooking.

The assessment process and individualized self-sufficiency plans are the cornerstone of each participant’s education and life skills. The self-sufficiency plans are comprised of ten areas – each one is covered in the assessment and the goals and tasks to achieve those goals are delineated in the SSPs. The areas of the SSP are: housing, physical health, mental health, addiction, employment, education, income/ benefits, domestic violence and family/ support systems and legal issues. After needs are identified, participants are referred to, and linked with, such services as career counseling including job search and placement, adult education, housing supports and subsidies. Participants are referred to select medical and behavioral healthcare services as well as specialized services for domestic violence and sexual assault, veteran’s issues, specific primary health and education needs, HIV/AIDS, and legal services as needed. This service-enriched model provides safe, secure and recovery-based housing reinforced by program supports designed to maximize access to a continuum of educational and supportive social services. The program teaches and educates program participants how to succeed in their housing, pursue new economic opportunities and more fully participate in successful community life while living a sober lifestyle.

At its heart, the SMOC Sober Housing Program is about establishing goals and through learning, training, experience and educating oneself, to live independently, live healthy and pursue economic opportunity.

- **Legal Protection and Entitlement.** SMOC’s Sober Housing Program model is one that builds upon the fundamental right of persons with disabilities to live in the community of their choice. The program and housing designs are protected under well-established federal and state law. The values of basic human rights and economic justice prevail in the protection and rationale for providing service-enriched housing that both educates the participants and allows for the creation of safe, decent and affordable housing in any community. The “as right” protections afforded under the Fair Housing Act, the Americans with Disabilities Act, the Rehabilitation Act of 1973 and the Commonwealth’s Dover Amendment Zoning Enabling Act, all create a safe harbor and legal protection for the provision of this service-enriched housing. It is this legal premise that defines the protected framework to promote economic opportunity, which is also consistent with a justice system that insures the entitlement for all citizens to access housing of their choice without discrimination.

- **Positive Economic Impacts.** SMOC’s Sober Housing Program is an economically sustainable and viable program model. The model utilizes and leverages existing program resources to more effectively serve the targeted population. The SMOC program requires fewer subsidies and is more self-sustaining than traditional residential program models.

The SMOC Sober Housing Program has always utilized a blend of private and public resources that creates a positive economic multiplier effect including securing private financing, construction activity, associated development expenditures, purchase of equipment, furniture and property management job opportunities. The program model deliberately incorporates supportive social services that already exist within the community.
where the program is located so there is minimal need to generate resources to create new services and supports.

The Sober Housing Program is the centerpiece of the agency’s Continuum of Housing and Care. The program has expanded successfully because of this successful program design of housing development and integrated services. A modest program fee that is paid by all program participants supports the development and maintenance of the house. The fee structure has proven to be viable and is the economic foundation for program operations. It is also consistent with the model’s philosophical underpinnings of both accountability and responsibility.

- **Good Public Health model.** Extensive national research reveals that homelessness results from and causes poor physical and mental health. Although homelessness is a complex issue and people that are, or have been, homeless are a diverse population, at its core, can not be addressed without the development of housing that is affordable to those with very low incomes.

In sum, SMOC Sober Housing Program provides a programmatically successful and cost-effective policy response to meeting social and community needs while insuring a dignified vehicle to provide appropriate housing, supportive services and economic opportunity.

B. SMOC’s Continuum of Housing and Care:

SMOC’s Sober Housing is an essential component of the overall structure of SMOC’s Continuum of Housing and Care for single adults. The continuum spans services ranging from emergency shelter through to more permanent sober housing and independent, self-sufficient living. Participants also come to Sober Housing from residential treatment programs, the court system, hospitals and the community. Sober Housing is a critical component in the continuum for those participants who typically have exhausted all personal resources and lack skills to live completely on their own, but who do not require intensive, continual professional staff oversight. Over the past 15 years, SMOC has established an excellent track record of success through the continuum in general, and through the Sober Housing model in particular.

SMOC has been able to produce a housing continuum that can be easily replicated in diverse community settings. It is the expectation that, as participants become more successful, more educated and more stabilized in their pursuit of economic self-sufficiency, they will require an evolving menu of services and housing that reflects this growth. Programming and structure within Sober Housing is typically more demanding and intensive in the early stages of recovery. As participants move towards increased self-sufficiency, the program preserves the core requirements of the SMOC Sober Housing Program but has greater latitude in terms of modifying the structure and new or other program choices. These graduated progressions are also reflected in the different types of housing, costs and program independence. SMOC has specifically designed different housing structures and program milieus to accommodate an individual’s progression and experience along this housing continuum.

This extensive network of housing choices has produced an economy of scale and lowered operating costs so that a combination of grants and program fees make the program viable. The scale of development creates significant housing choices, geographical preferences and self-determined programming based on the individuals’ experience, skills and program needs. The development
model is replicable and financially viable in both the short and long term. SMOC’s more cost-effective and humane approach to providing economic opportunity through the creation of service-enriched housing is a desirable public policy and public health outcome. This supports the prudent utilization of discretionary public and private resources while also meeting the needs of the communities and residents that are served by this important housing model.

C. Integrated Development Model:

- **Production & Services.** SMOC’s Integrated Development Model intentionally combines production of affordable housing with supportive services to the program participants. The Integrated Development Model utilizes a creative blend of public (largely State and Federal grants and contracts) and private resources (banks, foundations and others) to produce service-enriched housing. The agency’s Sober Housing Program utilizes a resource strategy that allows SMOC to secure the necessary capital and financing for housing production, while simultaneously securing resources for the integrated educational and social services. In this way, SMOC is often the community developer and the service provider. This cost-effective development strategy makes the housing affordable for people with very limited resources and is attractive to policy makers and funding sources. SMOC’s Sober Housing Program is a dignified and respectful community response to that promotes economic opportunity and independence.

- **Financing.** SMOC creates new housing opportunities for this target population through private mortgages coupled with public financing, interest-free loans and capital grants that support a permanent funding structure which gives the agency the ability to react quickly to market forces. The financing formula is a secure investment to both private and public lenders. It also provides a valuable social services resource for the program participants and local communities. Given SMOC’s long history as a service provider and anti-poverty agency, the direct linkage of educational, life skills and supportive services with the housing units has proven to be an imaginative development model that works. SMOC has partnered with many different public agencies, private foundations and private lenders to create new service-enriched housing opportunities while attempting to fill a critical gap in the regional human social services and residential housing markets.

- **Participant Program Fees.** The funding structure allows the agency to charge an affordable program fee for participants. Payment of a weekly program fee is an important requirement for all program participants. This requirement serves dual purposes. The first is central to the education of the program participants, teaching the value and importance of the management of rental obligations in this program and in any future home, preparing participants for financial literacy required in independent living. The second purpose is that program fees provide operating support to offset the ongoing property management expenses. These include mortgage payments, insurance, utilities, maintenance and repairs, and funding for a reserve for capital repair expenditures. The Sober Housing Program has a successful and viable program fee collection history, which supports and preserves the affordability component of the program fee structure throughout the agency’s Continuum of Housing and Care.

D. The Peer Support Model

SMOC’s Sober Housing is based on a “peer support” model in which program participants make specific positive way-of-life commitments to themselves and each other in their congregate living
environment, holding themselves and each other accountable to sober living, keeping a safe environment, and following an individualized service plan. The social peer support teaches and reinforces the value of social networks. As stated earlier, many of the people that come through the shelter and Sober Housing continuum have exhausted all personal resources including the kindness and goodwill of family and friends. Many participants have poorly developed social skills. The peer support model within the Sober Housing program creates an environment where people learn, or re-learn, how to develop, meet and sustain personal expectations for growth and build a positive social network.

This model incorporates the long-standing success of the AA 12-Step Recovery model with a safe housing environment and the integration of specific services and supports. Similar to the 12-Step Recovery model, individuals move through various roles within the culture of a Sober House and within the entire Continuum. People in early recovery rely on the experience of people who are more established in recovery. Those with significant “clean time” act as mentors and leaders in the milieu, similar to the sponsor system within the 12-step model.

The peer support model recognizes that the house and its program elements are the key components that support the recovery process for participants. Peer support embodies trust, positive peer modeling, peer accountability, positive reinforcement of rules and order, pride in home environment and self-help models. These qualities function in the context of a strong infrastructure, rich services, meaningful and relevant education and economic support. Participants provide valuable feedback to each other regarding these expectations, reinforcing the strength of “peer support” in real-life living situations, thereby creating a self-regulating system.

E. House Structure

- **Criteria for Entry.** Not all who seek to enter the Sober Housing program are accepted. Criminal background/ CORI checks are conducted on all applicants and those who are registered sex offenders, convicted arsonists or those with serious violent felony histories are not eligible for participation. Applicants must also meet certain additional criteria in order to be eligible for admission into SMOC’s Sober Housing program. In general, criteria include 30 days of sobriety, a commitment to congregate, peer model living, engagement in the 12-Step Program, attendance at house meetings and adhering to house rules, including random drug testing/ urinalysis. Participants also agree to engage recommended individual and group counseling. In addition, the individual must demonstrate the ability to pay fees associated with housing expenses. Conditions for acceptance, continued participation, and ramifications for policy violations are reviewed with all applicant candidates prior to acceptance. These are delineated in the House Rules (see attachment #2) and other admissions-related documents. Participants must agree to these conditions, and consent in writing to abide by them, as a requirement for participation.

- **Resident House Manager.** Each of SMOC’s Sober Houses has formal oversight and support from a number of different resources. Within each house is a Resident House Manager (RHM) who functions as a peer leader and primary support to the house program participants (see attachment #3). The RHM is an individual who is clearly established in her or his recovery and who has demonstrated stable and successful community living skills and leadership qualities. All RHM’s receive ongoing training and supervision by experienced SMOC agency staff. The RHM is the primary liaison to the Housing Coordinator, Program Manager and Director of Housing on any significant house related matter.
The RHM has a number of duties and responsibilities in overseeing the house and the activities of its participants. A key role of the RHM is to instill in each resident the importance of adhering to house rules and living as a good neighbor. The RHM will work to resolve conflicts and mediate disagreements that arise in the house. Through modeling good negotiation, conflict resolution skills and educating participants, residents are taught how to live together successfully in a congregate living environment. The RHM is also responsible for the daily maintenance of the house including supervising the cleaning tasks, making work assignments, preparing a weekly summary of move-ins and move-outs, tracking inspection and maintenance requests and their completion and running weekly house meetings. Through the RHM’s supervision and management of the house, participants learn to follow through on assigned tasks, to be accountable for their participant duties and to hold their peers accountable for their obligations as well.

In addition to these tasks, the RHM observes participants’ involvement in their house activities. In the event of any problem or observation of concern, the RHM is able to immediately access and notify SMOC program management staff for assistance, support and intervention as necessary.

- **Program Manager.** A Program Manager (PM) is responsible for the initial screening of candidates being considered for entry into the Sober Housing Program (see attachment #4). Candidates who do not meet program criteria are referred to other appropriate services. For candidates who do meet program criteria, the PM conducts an initial assessment with the participant, reviewing the participant’s history of homelessness, substance abuse, commitment to sobriety, employment history, primary health status and other experiences and disabilities. The PM also does a brief initial screening of mental health needs and substance abuse issues, for formulating an appropriate service plan for recovery. If the client is accepted into the Sober Housing Program, the PM, together with the candidate, will develop an Individualized Service Plan (ISP). The ISP identifies problem areas, goals and concrete steps that can be taken to achieve goals (see attachment #5). Participants are also referred to SMOC’s Behavioral Health Services (BHS) or other community partner for further behavioral health assessment and treatment plan development. The PM will update the ISP periodically, as necessary, in conjunction with the participant’s performance and achievement of program goals and objectives as they develop skills for living in recovery.

- **Housing Coordinator.** Housing Coordinators (HC) are responsible for smooth housing and property operations, and ensure that property-related issues are resolved in a timely and effectively manner. Housing Coordinators report to the Sober Housing Program Director. (See attachment #5.)

- **On-going Participant Education and Case Management.** The PM, RHM and HC work closely together to manage, monitor and plan the participant’s ongoing participation in SMOC’s Sober Housing Program. This is achieved through the following mechanisms.

  a) **House meetings:** The RHM jointly runs house meetings with the PM or other SMOC personnel. These meetings serve a variety of functions. Weekly meetings provide a forum to discuss issues that arise in any communal living situation – chores, conflicts, respect, etc. They also provide the chance for regular peer support and feedback on each other’s recovery progress.
b) **Education, Life Skills, and Learning / Special Guests:** Professional guests with special subject matter expertise are regularly invited and attend house meetings to present on topics that are relevant to improving the life skills of the participants. These topics include economic literacy, benefits, health issues or information about a specific program.

c) **Role modeling:** The PM will work closely with the RHM to address conflicts and mediate disagreements, modeling good negotiation and conflict resolution skills. As mentioned earlier, participants learn through observation how to live together successfully in a congregate living environment.

d) **Observation of participant behavior:** The RHM is responsible for monitoring the behavior of participants, and notifying the PM when a program participant is inappropriate or otherwise indicating that there might be a concern such as relapse or depression. The PM will intervene directly to assess the particular need of the participant and help re-establish productive participation in his/her ISP including follow-up with specialized services if needed.

e) **Random Toxicology Screening:** As a condition for acceptance and residency, participants agree to be randomly screened for recent drug and alcohol use. This program component enforces program compliance and creates on-going stability in the house.

f) **Updated Self Sufficiency Plans (SSPs):** SMOC recognizes that a participant’s needs may change over time. These changes in needs are addressed through the updating of a participant’s SSP. People who are in early stages of recovery often need specific and intensive services which may differ markedly from the needs of those participants who have been sober for an extended period of time, have successfully achieved stable employment, reconnected with family and generated income. Over time, new participants ‘climb a learning curve’, learning and acquiring basic life and sober living skills. Once mastered, they move forward with learning and acquiring additional new skills that are necessary for healthier, higher functioning, more productive life-styles. As with any learning, personal growth continues throughout the process.

Participants can have setbacks or crises that may require enhanced services to help them maintain or regain their successes. SMOC’s wide array of educational and behavioral services is available for use on a flexible, as needed basis. The ISP can be modified, and various services can be accessed to meet the participant’s evolving personal needs and goals.

g) **Response to Relapses:** If a participant relapses, there are a number of options to help the participant re-establish his/her program in Sober Housing. The participant may be asked to:

- Leave the house for a brief or extended period of time, or may be asked to leave the program altogether.
- Return to a 1st step, early recovery service to demonstrate a renewed commitment to sobriety prior to re-entry into Sober Housing.
- Attend additional therapeutic and supportive meetings (e.g. AA).
- Participate in increased clinical counseling sessions.
- Comply with other measures to demonstrate a commitment to sober living and participation in his/her service plan.

The Self-Sufficiency Plan is the mechanism to determine the appropriate response.
Responses to relapses are managed on a case by case basis within a larger framework of participation expectations and requirements. Every effort is made to meet the participant’s own needs for recovery. *(See attachment #7).*

**F. Behavioral and Medical Healthcare Support**

The integration of clinical services (whether through SMOC’s own Behavioral Health Services or strategic partners) is an essential component of Sober Housing and the entire Housing Continuum. In addition to the basic screening for eligibility and general appropriateness and the assessment and development of an SSP that is completed by the Program Manager, all participants must have an intake/assessment with a clinician from SMOC’s Behavioral Health Services (BHS), or community partner behavioral health agency. Participants are assessed by a behavioral health clinician and scheduled to receive appropriate individual and/or group counseling. A menu of groups is available to ensure that each participant receives the correct and appropriate level of support. A medication evaluation may also be conducted where needed. Clinicians may also refer a participant to the Department of Mental Health for determination of eligibility for other services, including case management services, and help secure such services when eligible.

In addition to addressing behavioral health issues, SMOC works with primary health care providers to assure that participants’ medical needs are evaluated and addressed, and are coordinated with the behavioral healthcare program in which a participant may be participating. Referrals are made for medical services to appropriate medical professionals and other service providers in the community, as necessary.

**G. Access to Other Services, Educational Resources and Opportunities.**

Participants of the Sober Housing program engage in the “core” components of economic development, healthcare and housing and are also encouraged to take advantage of additional specialized opportunities and services based on their own identified needs and goals. Anyone living in SMOC’s Sober Housing can access a full range of necessary social services, educational classes and employment resources. These services include adult education, job counseling and job search assistance. Of particular significance is SMOC’s Metrowest Career Center, through which numerous participants of SMOC’s housing programs have found employment and moved on to independent living. In the Worcester area, SMOC works with Mass Rehabilitation.

Some participants may need particular medical, behavioral or other specialized social services to address specific needs or issues, including domestic violence and sexual assault services, veteran’s benefits, HIV/AIDS, legal issues, legal assistance and health services. Housing Coordinators/case managers also work with participants to ensure they are accessing, have applied for or are receiving all possible benefits (such as health insurance) and income supports.

**4. Summary**

SMOC’s Sober Housing program fills a critical need for permanent housing and education and life skills training for participants who have exhausted personal resources and been homeless, in the courts, in residential treatment or otherwise unable to live on their own. Created in response to an increase in homelessness in the 1980’s and the need to create housing that is safe, secure and
affordable, the Sober Housing program meets the needs of a target population that can benefit from support, education and structure while not requiring intensive residential treatment services.

The goal of SMOC’s highly integrated Sober Housing Program is to assist participants in recovery to develop skills for sober living, economic independence and self-sufficiency. This is achieved through an integrated development model that uses public and private funds to create housing that is sustainable through an affordable weekly service fee, combined with access to services to address behavioral, medical and social needs, and the tools to achieve economic independence. Participants learn and improve skills, maximize employability prospects and earnings, and learn how to sustain successful living in recovery in the community. SMOC’s goal is to assist adults to move completely through the housing continuum to independent living, supported and assisted with specific education, health, counseling and social service resources.

Participants who live in Sober Housing understand the expectations and rules of the program. Each makes a commitment to work on recovery and contribute to a safe and supportive living environment.

The Sober Housing program carefully coordinates and integrates many components into an individualized service program for each of its participants. These resources, coupled with peer support, education and safe housing, provide the best opportunity for adults living in recovery to achieve economic independency and self-sufficiency. SMOC will continue to complement its programs and services with new and creative service options designed to continually improve the outcomes of the participants and clients it serves.

**Case Examples**

*A Story from Framingham*

Gerry was 62 years old when she entered SMOC Sober Housing where she had been for over a year, having come from a 6-month residential treatment program. She had struggled for 15 years trying to stay sober and had been in and out of detox. Her addiction led to some serious health problems, which landed her in the hospital.

While in the Sober Housing program, Gerry made close friends and received a lot of help and support in her recovery. After more than a year, Gerry expressed an interest in having her own apartment and SMOC contacted the Framingham Housing Authority that had subsidized apartments available for the elderly. SMOC helped her fill out all the paperwork and wrote her a letter of recommendation. Gerry was accepted and now has been living in her own apartment for 2 months. Periodically, Gerry visits the staff to say hello, check in and just to tell us how happy and grateful she is to us and her sobriety.

*A Story from Marlborough*

Several years ago Brad came to the Marlboro Shelter. He had been abusing drugs for many years and had been in and out of prison for drug related crimes. He adjusted to the structure and rules at the shelter and began attending AA/NA daily. Brad began to thrive -- he helped out around the
shelter, diligently abided by all house rules and developed a positive attitude. He worked to save the $240 that he needed to move into SMOC Sober Housing in Marlboro.

Once in Sober Housing, Brad quickly became a role model to the other 26 residents. He encouraged people to prepare and eat meals together. This community activity helped develop a bond within the house and strengthened the peer relationships and support. Soon groups of residents began attending AA meetings together and speaking at the meetings together.

Brad began working as a painter but wanted a formal education. He was referred to and began working with the staff of the SMOC Mobile Resource Team (MRT). MRT provides vocational, educational, and job search assistance. With staff assistance, Brad began to fill out applications to local colleges. Brad was accepted and enrolled at Quinsigamond Community College where he decided to study Psychology and business. He also began taking odd jobs and built a solid reputation in the local community.

Brad was also able to develop healthy relationships and reconnect with his family. He began visiting his elderly mother on a weekly basis and built a solid relationship with his son, whom he had little contact with in previous years.

Once he achieved two years of clean and sober living, some college under his belt and a committed relationship, he began to think about moving on. Brad found an affordable apartment for himself, his partner and her 5-year-old daughter. He continued to work painting and taking cleaning jobs. Before long he had a good customer base and he expanded the business to add commercial painting.

He is now quite well known in the Marlborough/ Hudson area. He has a staff of 20 people and he and his partner recently bought a home in Marlboro.
SMOC’S MISSION
SMOC’s mission is to improve the quality of life of low-income and disadvantaged individuals and families by advocating for their needs and rights; providing services; educating the community; building a community of support; participating in coalitions with other advocates and searching for new resources and partnerships.

SMOC’S VISION
Organizing resources for social change and economic independence

SMOC’S VALUES
SMOC’s employees, volunteers and Board members work to effect social and economic change according to the following principles:

- **Respect for the dignity & value of every individual.**
  SMOC respects the dignity and inherent value in all individuals. We relate to each other, to community partners, and to clients with respect, kindness, sincerity, and compassion.

- **Appreciation for the value of diversity and an end to racism and discrimination.**
  SMOC embraces and values diversity. We strive to reflect the diversity of our clients and the communities we serve by providing employment, board, and volunteer opportunities. SMOC recognizes that racism is a critical barrier to social change and economic justice.

- **Freedom from violence including domestic violence and sexual assault.**
  SMOC believes every person has a right to be free from violence, including domestic violence and sexual assault, and is entitled to safety in their own homes and neighborhoods.

- **The right to housing and the abolishment of homelessness.**
  SMOC believes housing is a right, not a privilege and that homelessness should be abolished. Every person has a fundamental right to a decent, safe, healthy and stable home. We also believe that any person without a permanent, habitable housing situation is homeless.

- **The right to health care.**
  SMOC believes health care is a right and not a privilege. Every person has a fundamental right to quality, affordable and accessible health care.

- **Freedom from hunger.**
  SMOC believes that hunger is an early warning signal of poverty and when food is so plentiful in the United States, everyone should have enough nutritious food to eat.
• **The elimination of poverty.**
SMOC believes every person has a right to be free from poverty. SMOC believes that poverty reflects the declining number of jobs paying decent living wages, an increasingly inequitable distribution of wealth, continuing racial divisions and the absence of low-income people from the political resolution of the problem.

• **The right to work for a living wage.**
SMOC supports the right of all people to work, be employed and earn a living wage.

• **Easy access to social supports through co-location of social services.**
SMOC believes low-income and disadvantaged people are best served when services they rely on to meet complex human needs are integrated, concentrated, and co-located in their communities.

• **SMOC’s Employees are its greatest strength.**
SMOC recognizes its employees are its most valuable asset and values their contribution to the success of its mission. We also help and encourage our employees to realize their potential, individually and as a team, and recognize that each and every one can and does make a difference.
Attachment #2
SMOC Sober Housing
Sober House Rules

The SMOC Sober Housing Program seeks to create a safe environment where participants support each other in their pursuit of a healthy and sober lifestyle. To this end, participants of sober housing are required to adhere to the following rules to maintain residence in this program:

NO ALCOHOL, MARIJUANA OR OTHER UNAUTHORIZED SUBSTANCES
Possession or use of alcohol or any unauthorized substance is prohibited. Alcohol/drug testing may be administered to any client suspected of alcohol/drug use. Prescribed medications must be cleared through Sober Housing staff.

POSSESSION OF WEAPONS IS NOT ALLOWED. And will result in immediate discharge. SMOC works with local the police to enforce all laws

AA MEETINGS AND COUNSELING
Attendance at four to seven AA (or similar 12 step program) meetings weekly is mandatory for all residents. Residents will need to have an attendance card signed at meetings during the first ninety days of residency in sober housing. Beyond that time, it is up to the discretion of staff whether or not a resident is required to have a card signed. Individual or group counseling is also required of residents during the first year of participation in Sober Housing.

HOUSE MEETINGS
All participants are required to attend mandatory, weekly in-house meetings. Three unexcused absences (or being late) from the house meeting is grounds for termination from the program.

GUESTS / VISITORS
Guests are not allowed to remain on the premises over night and must leave by midnight during the week and by 1:00am on weekends. Participants are responsible for the actions of their guests. Strangers should never be let into the building. SMOC reserves the right to prohibit any guest who creates a problem in the house. Shelter guests are not allowed in sober housing. No one under the influence of drugs or alcohol is permitted into a Sober House at any time for any reason.

OVERNIGHT ABSENCES
Two overnights per week are permitted. Curfew is 12midnight during the week and 1:00am on weekends. House managers must be notified if you will be away from the premises for any period in excess of 24 hours. Any exceptions of this rule (vacations, hospitalization) must be pre-approved by staff. Residents are not permitted to work the 3rd shift unless approved by the housing coordinator. Returning to the house after midnight is considered an overnight, unless prior notice is given to the manager.

EMERGENCY CONTACT
Resident managers must be informed if a participant will be away overnight or longer. A telephone number must be left in case of emergency.

BE CONSIDERATE OF OTHER PARTICIPANTS
Socially acceptable behavior is expected from all participants. Intimate relationships between participants who live in the same residence is strongly discouraged and will result in one of the persons being asked to leave or move to another sober house. Excessive profanity, aggressive behavior, stealing or making other participants or guests uncomfortable is not allowed. Discriminatory remarks of any nature are not acceptable. Common courtesy should prevail. Respect the privacy of other participants.
BE CONSIDERATE OF NEIGHBORS
Participants are expected to live as good neighbors in the community. The property and grounds are to be kept clean and tidy. Loitering outside of the house is not permitted and noise level must be kept down, especially in the evening and early morning hours.

FURNITURE AND ROOM ALTERATIONS
All rooms are furnished with a twin bed and dresser. Participants who wish to bring their own furniture will be assessed a small fee for removal of the furnishings provided. Participants must not remove furniture from rooms without permission from staff. Rooms may be decorated according to personal preference. No major alterations are allowed.

SMOKING, COOKING AND HEATING DEVICES
Smoking will be in designated areas only. No hot plates, coffee makers or use of electric heaters in rooms.

BACKGROUND CHECKS/ CORI
SMOC conducts CORI/ criminal background checks on all applicants to the Sober Housing Program. Those with serious violent felony histories, registered sex offenders, or convicted arsonists are not eligible for participation.

ROOM MAINTENANCE
Residents are required to maintain sanitary conditions, keeping rooms clean. Periodic room inspections will be made with at least 24 hours advance notice. Any food kept in rooms must be stored in sealed containers. SMOC Housing reserves the right to perform room searches without notice upon suspicious behavior, to check for unauthorized medications, drugs, alcohol and/or weapons.

COMMON AREAS
Participants are required to clean the kitchen and bathroom areas after each use. Dishes, pots and pans, the sink, counter-tops and stove should be cleaned immediately after use.

HOUSE CHORES
Chores are assigned by the house manager and/or assistant managers. They are posted on each floor and are to be performed daily. Failure to perform chores will result in termination from the program.

PERSONAL PROPERTY
SMOC Sober Housing will not be responsible for any participant’s property left in the room upon their departure. Any property will be bagged, labeled, and placed in storage for 30 days, then discarded.

Former participants who wish to pick up property within the 30 day limit must make an appointment with SMOC Housing 24 hours in advance by calling (508) 879-6691. All property must then be picked up during that appointment.

SMOC and/or SMOC Non-Profit Housing Corp. are not responsible for loss or theft of personal property. Participants are encouraged to obtain renters insurance for the contents of their rooms.

PROGRAM FEE
The weekly program fee is due and payable on designated dates. There will be a $15.00 charge for bounced checks. Personal checks will no longer be accepted following receipt of a bounced check.

By signing below, the Client and Provider mutually agree to abide by the program rules outlined in this agreement with full understanding that failure to do so will result in the Client withdrawing from the program and vacating the unit immediately.

Participants Signature ___________________________ Date ____________________
Staff Signature ____________________________ Date ____________________
Attachment #3

Resident House Manager Job Description

1. The Sober House Manager is responsible for building security after 5:00 PM each weekday and on the weekend. If you need to be away from the building assign a participant to fill in for you until you return.

2. Respond immediately to neighbors’ concerns.

3. Facilitate weekly house meetings.

4. Attend monthly House Manager trainings.

5. Perform urine screens on a random basis.

6. Assign and supervise the daily completion of all house chores.

7. Keep a weekly summary of move-ins, move-outs, transfers, status of maintenance requests, copies of notices sent to each tenant for violation of house rules and submit to Coordinator. Report all maintenance requests to SMOC Housing.

8. Notify Housing Coordinator of any violation of building & sober housing rules. Recommend eviction for participants who are non-compliant. In case of emergency, the proper authorities should be contacted immediately.

9. Maintain room key inventory and coordinate all move-ins move-out, transfers with Housing Coordinator.

10. When a participant vacates a unit it is the responsibility of the Manager and participants to vacuum, clean and assess the unit for damage and needs. Anything other than cleaning should be called into maintenance. Participants who move out must turn keys over to the Managers. This is imperative.

11. Keep common area clean from debris and unwanted quests.

12. Monitor the building to ensure that all doors are kept secure and no unauthorized guests are allowed into the building.

13. Assist with special projects and additional assignments as needed.

I have read and fully understand the terms of my assignment as stated above. If I do not fulfill these responsibilities my position will be terminated and I will be charged the current rent for my room.

<table>
<thead>
<tr>
<th>House Manager</th>
<th>Property</th>
<th>Date</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Housing Coordinator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>
Attachment #4

Sober Housing Program Manager Job Description

The Sober Housing Program Manager oversees adult Sober Housing Program in a designated area. The Program Manager oversees operational and programmatic responsibilities on a daily basis.

Essential Functions:
- Complete comprehensive intake with all new referrals to designated units to determine applicant appropriateness and qualification for specific programs and to verify income.
- Work closely with Behavioral Health Services Integration Manager Care Manager to assure that applicants for Sober Housing receive a comprehensive assessment and that participants are engaged in behavioral health treatment on an individual and group basis as appropriate.
- Work as team member with Sober Housing Coordinator, Director of Housing Operations, BHS Integration Manager, and Shelter staff to ensure program stability and client progress.
- Conduct regular house meetings focusing on general house issues as well as maintenance and upkeep of the building.
- Act as a liaison to bring experts in for house meetings on various topics that provide education and information to participants (examples include budgeting, health, accessing benefits, etc.)
- Work with other team members to resolve conflict between participants and assist participants in gaining conflict resolution skills.
- Ensure that SMOC Housing is represented in all court proceedings in designated area.
- Refer participants to other SMOC programs and partner agencies for services and programs as appropriate.
- Ensure all participant files are accurate in accordance with contract requirements.
- Provide weekly supervision to the Administrative Housing Coordinator.
- Ensure appropriate communication of policies, procedures, and important operational information.
- Other work as required.

Qualifications: Bachelor’s degree or related experience. Previous experience working with the homeless or disadvantaged population. Knowledge of 12-step recovery program. This position requires an well-organized personable individual with excellent verbal and writing skills. Demonstrated ability to work with diverse groups in various settings a must. Ability to initiate tasks independently, as well as carry out assigned duties is required. Ability to communicate and deal effectively with participants, house managers and social service agencies. Must have vehicle and a valid Mass Driver’s license.

Organizational Relationship: Reports to Director of Housing Operations. Works closely with SMOC BHS, Shelters, other SMOC programs and community service and education partners.

Working Conditions: To be working out of multi sites.
Attachment #5

Sober Housing Coordinator/ Case Manager Job Description

Position Summary:
Oversee Sober Housing program serving the individuals in recovery from drug/alcohol abuse. Manage daily operational and programmatic responsibilities on a daily basis.

Essential Functions:
- Conduct initial intakes with all prospective clients. Screen for program appropriateness and make entry determination. Verify accuracy of information.
- Execute required paperwork at entry into the program. Calculate rent percentages as necessary.
- Monitor rent payments, execute re-payment agreements as necessary.
- Act as a point person for Sober Housing Participants to facilitate service delivery.
- Act as an agent for SMOC Housing in eviction proceedings.
- Work closely with SMOC Housing staff to keep them immediately aware of move-ins, move-outs, rent arrearage, payment plans, court agreements, maintenance issues, etc.
- Develop Individual Service Plan (ISP) with each participant that reflect each individual’s goals and needs.
- Refer participants for services and supports as needed and appropriate.
- Monitor participant’s progress and update ISP on a regular basis.
- Maintain client files in accordance with program requirements.
- Attend regular staff meetings.
- Work closely with SMOC Shelter Programs to ensure smooth transition for clients.
- Confront clients and conduct drug screens as substance abuse is suspected. Terminate participants from the program or develop re-entry plan as appropriate.
- Conduct regular house meetings.
- Supervise house managers in the various duties of their position.
- Work closely with Group Facilitator to monitor clients participation and to give feedback and suggestions for groups.
- Conduct outreach and marketing with detoxes, hospitals, etc.

Qualifications:
Bachelor’s degree in related field or related experience. Experience working with clients in recovery. Housing background and knowledge of local resources preferred. Ability to set appropriate limits and work well with a diverse population required.

Organizational Relationship:
Reports to Sober Housing Program Manager. Works closely with SMOC Housing Director of Program Operations.

Working Conditions:
Office is located on the second floor of a multi-use building. Position requires visits to multi-sites.
# Attachment #6
## Needs Assessment/Self Sufficiency Plan

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Date:</th>
<th>Staff Member:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Inputs</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>SMOC BHS psychosocial assessment</td>
<td>Attendance at AA/NA meetings, (90 mtgs. in 90 days w/signed card)</td>
<td>Abstinence from alcohol/drugs</td>
</tr>
<tr>
<td></td>
<td>SMOC BHS psycho educational groups</td>
<td>Group and/or individual counseling during the first year of residency.</td>
<td>Client will learn new skills for sober living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attendance at weekly House Meetings.</td>
<td>Management of Mental Health symptoms</td>
</tr>
<tr>
<td>Education</td>
<td>SMOC Metrowest Career Center</td>
<td>Attend Career Center workshops and training.</td>
<td>Improve vocational skills and/or work performance</td>
</tr>
<tr>
<td>Lack of or uneven work history</td>
<td>Mass Rehab</td>
<td>Explore interests/options for vocational training</td>
<td>Improve daily living and self-sufficiency skills</td>
</tr>
<tr>
<td>Lack of training or vocational education</td>
<td>Housing Consumer Education Center (HCEC)</td>
<td>Attend HCEC tenant education workshops</td>
<td></td>
</tr>
<tr>
<td>Issues with Activities of Daily Living</td>
<td></td>
<td>Attend Financial Literacy classes</td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td>Framingham Community Health Center</td>
<td>Schedule appointment for physical</td>
<td>Improve physical health</td>
</tr>
<tr>
<td>Lack of primary healthcare</td>
<td>MassHealth</td>
<td>Apply for MassHealth</td>
<td>Get insurance coverage</td>
</tr>
<tr>
<td>Lack health insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>SMOC MRT</td>
<td>Explore other housing options</td>
<td>Move on to more independent housing</td>
</tr>
<tr>
<td>Lack resources for independent living</td>
<td>Local Housing Authorities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participant Signature______________________ Staff Signature______________________
Attachment #7
SMOC Supportive Sober Housing
Relapse Policy

Substance abuse professionals recognizes that relapse is generally a part of the recovery process. The Program will assist those who relapse to access treatment as well as additional services and supports to be able to continue the recovery process. In addition, as the relapse of one participant can be damaging to the rest of the community, the Program will work to ensure the integrity and safety of the Sober House for all other participants.

As each person’s recovery process is unique, decisions will be made on a case-by-case basis by professional staff to maximize the opportunities for success and minimize the harm that is caused by a relapse. Participants who relapse must meet with the Housing Coordinator/Case Manager to develop and sign a relapse prevention plan and contract. The Housing Coordinator/Case Manager, in consultation with other staff and professionals, will review a relapse and its recommended correction plan taking into account the individual’s length of sobriety, adherence to Program rules and other factors relating to the individual’s recovery potential. Plans may include detox, significantly increased mandatory 12-step meetings, increased therapy, a return to shelter or some other action to assist the participant with her or his recovery process. If the participant violates or is non-compliant with the terms of the relapse agreement he/she may be asked to leave immediately.

No one under the influence of drugs or alcohol is permitted into a Sober House at any time for any reason.

Repeated relapses or abuse of the relapse policy may lead to program termination at the discretion of the Housing Coordinator in consultation with other staff.

Participants who relapse and leave the program are still responsible for adhering to the Sober Housing Personal Belongings rules and expectations.

I, ________________________________ have read and agree to the above Relapse Policy statement.

Participant Signature: ____________________ Date: ____________