



Minnesota Association of Sober Homes
569 Selby Avenue, Saint Paul MN 55012

Minnesota Senate: S.F. 4399

Thank you, committee chair and members,

My name is William Lycan and I am the Executive Director of the Minnesota Association of Sober Homes (also known as MASH), a non profit dedicated to certifying, inspecting, training, and supporting sober housing in our state.

I would like to begin by stating that MASH supports Medications for Opioid Use Disorder (MOUD) and instructs homes on how to properly supervise and support such medications.

However, we are opposed to the unfunded mandate in SF 4399. A one size fits all approach to recovery will not work. If the state wishes to support medication capable sober housing, there are many better alternatives besides mandating another model out of existence. States such as Indiana, New Hampshire, and others have robust offerings for medication supportive housing through incentives and training. The language in the A1 amendment will give the field time to properly build medication capability.

medication capability includes:

- Verifying prescriptions
- Ensuring HIPAA compliance
- Suppressing medication diversion
- Counting medications
- Destigmatization training

It is absolutely critical that we all embrace a “yes and” approach to recovery. Every recovery journey is unique, with many variations in structure, faith, program, and medication.

Preserving the choice for an individual to reside in a home free from addictive substances is incredibly important. There is a need for more high quality sober housing capacity in Minnesota. Once this is addressed, there will be plentiful options for individuals utilizing addictive medications and for those who wish to be in an environment free from addictive medications. Some individuals may have a prescription medication as their drug of choice. They also deserve an environment that supports their recovery.

Moreover, the environmental scan on sober housing has not been carried out. Having data on medication usage in sober homes should be a prerequisite to any drastic legislation or mandate.

MASH has provided a one-pager that includes preliminary data that we have gathered from MASH affiliated organizations as well as a diagram illustrating the NARR levels of homes. I am happy to answer any questions you may have regarding that document.

Many NARR level 1 and 2 sober homes in Minnesota are not properly equipped or trained to effectively oversee addictive medications. Their quality may be compromised or they may end up having to close their doors. Any reduction in sober home beds in the state is a lethal danger that must be avoided. MASH is committed to and capable of ensuring that all sober homes in Minnesota have adequate training, oversight, and support.

We must embrace person centered practices that allow for consumer choice, small businesses to thrive, and for all recovery residents to have the support they need to thrive in recovery.

Thank you for your time,
Will Lycan
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