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Office of Behavioral Health

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Colorado Association of Recovery Residences “CARR”

**Standards for Recovery Residences
Respectfully Adopted by and Affiliated
with the
National Association of Recovery
Residences “NARR”**

Version 3.0

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Outline of the Standard

Domain 1 Administrative Operations

- Principle A. Operate with integrity: Standards 1-4
- Principle B. Uphold residents' rights: Standards 5 and 6
- Principle C. Create a culture of empowerment where residents engage in governance and leadership: Standards 7 and 8
- Principle D. Develop staff abilities to apply the Social Model: Standards 9-13

Domain 2 Physical Environment

- Principle E. Provide a home-like environment: Standards 14 and 15
- Principle F. Promote a safe and healthy environment: Standards 16-19

Domain 3 Recovery Support

- Principle G. Facilitate active recovery and recovery community engagement: Standards 20-25
- Principle H. Model prosocial behaviors and relationship enhancement skills: Standard 26
- Principle I. Cultivate the resident's sense of belonging and responsibility for community: Standards 27-29

Domain 4 Good Neighbor

- Principle J. Be a good neighbor: Standards 30 and 31

Domains, Core Principles and Standards

1 Administrative and Operational Domain				LEVELS			
				I	II	III	IV
A.	Core Principle: Operate with Integrity						
	1.	Use mission and vision as guides for decision making					
		a.	A written mission that reflects a commitment to those served and identifies the population served which, at a minimum, includes persons in recovery from a substance use disorder.	✓	✓	✓	✓
		b.	A vision statement that is consistent with CARR's core principles.	✓	✓	✓	✓
	2.	Adhere to legal and ethical codes and use best business practices					
		a.	Documentation of legal business entity (e.g. incorporation, LLC documents or business license).	✓	✓	✓	✓
		b.	Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support.	✓	✓	✓	✓
		c.	Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.	✓	✓	✓	✓
		d.	A statement attesting to compliance with nondiscriminatory state and federal requirements.	✓	✓	✓	✓
		e.	Operator attests that claims made in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following: <ul style="list-style-type: none"> False or misleading statements or unfounded claims or exaggerations; Testimonials that do not reflect the real opinion of the involved individual; Price claims that are misleading; Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or Misleading representation of outcomes. 	✓	✓	✓	✓
		f.	Policy and procedures that ensure that appropriate background checks (due diligence practices) are conducted for all staff who will have direct and regular interaction with residents.		R	R	✓
		g.	Policy and procedures that ensure the following conditions are met if the residence provider employs, contracts with or enters into a paid work agreement with residents: <ul style="list-style-type: none"> Paid work arrangements are completely voluntary. Residents do not suffer consequences for declining work. Residents who accept paid work are not treated more favorably than residents who do not. 	✓	✓	✓	✓

			<ul style="list-style-type: none"> All qualified residents are given equal opportunity for available work. Paid work for the operator or staff does not impair participating residents' progress towards their recovery goals. The paid work is treated the same as any other employment situation. Wages are commensurate with marketplace value and at least minimum wage. The arrangements are viewed by a majority of the residents as fair. Paid work does not confer special privileges on residents doing the work. Work relationships do not negatively affect the recovery environment or morale of the home. Unsatisfactory work relationships are terminated without recriminations that can impair recovery. 				
		h.	Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the operator may make agreements with residents with respect to payment of fees.	✓	✓	✓	✓
		i.	A policy and practice that provider has a code of ethics that is aligned with the CARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the recovery residence, to include owners, operators, staff and volunteers.	✓	✓	✓	✓
	3.	Be financially honest and forthright					
		a.	Prior to the initial acceptance of any funds, the operator must inform applicants of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.	✓	✓	✓	✓
		b.	Use of an accounting system which documents all resident financial transactions such as fees, payments and deposits. <ul style="list-style-type: none"> Ability to produce clear statements of a resident's financial dealings with the operator within reasonable timeframes. Accurate recording of all resident charges and payments. Payments made by 3rd party payers are noted 	✓	✓	✓	✓
		c.	A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement.	✓	✓	✓	✓
		d.	A policy and practice that residents be informed of payments from 3 rd party payers for any fees paid on their behalf.	✓	✓	✓	✓
	4.	Collect data for continuous quality improvement					
		a.	Policies and procedures regarding collection of resident's information. At a minimum data collection will <ul style="list-style-type: none"> Protect individual's identity. Be used for continuous quality improvement and 	✓	✓	✓	✓

			<ul style="list-style-type: none"> be part of day-to-day operations and regularly reviewed by staff and residents (where appropriate). 				
B.	Core Principle: Uphold Residents' Rights						
	5.	Communicate rights and requirements before agreements are signed					
		a.	Documentation of a process that requires a written agreement prior to committing to terms that includes the following: <ul style="list-style-type: none"> Resident rights Financial obligations, and agreements Services provided Recovery goals Relapse policies Policies regarding removal of personal property left in the residence 	✓	✓	✓	✓
	6.	Protect resident information					
		a.	Policies and procedures that keep residents' records secure, with access limited to authorized staff.	✓	✓	✓	✓
		b.	Policies and procedures that comply with applicable confidentiality laws.	✓	✓	✓	✓
		c.	Policies and procedures, including social media, protecting resident and community privacy and confidentiality.	✓	✓	✓	✓
C.	Core Principle: Create a culture of empowerment where residents engage in governance and leadership						
	7.	Involve residents in governance					
		a.	Evidence that some rules are made by the residents that the residents (not the staff) implement.	✓	✓	R	R
		b.	Grievance policy and procedures, including the right to take unresolved grievances to the operator's oversight organization.	✓	✓	✓	✓
		c.	Verification that written resident's rights and requirements (e.g. residence rules and grievance process) are posted or otherwise available in common areas.	✓	✓	✓	✓
		d.	Policies and procedures that promote resident-driven length of stay.	✓	✓	*	*
		e.	Evidence that residents have opportunities to be heard in the governance of the residence; however, decision making remains with the operator.		✓	✓	✓
	8.	Promote resident involvement in a developmental approach to recovery					
		a.	Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.		✓	✓	✓
		b.	Written responsibilities, role descriptions, guidelines and/or feedback for residence leaders.	R	✓	✓	✓
		c.	Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated.		✓	✓	✓

D. Core Principle: Develop Staff Abilities to Apply the Social Model							
	9.	Staff model and teach recovery skills and behaviors					
		a.	Evidence that management supports staff members maintaining self-care.		✓	✓	✓
		b.	Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.		✓	✓	✓
		c.	Evidence that staff are encouraged to have a network of support.		✓	✓	✓
		d.	Evidence that staff are expected to model genuineness, empathy, respect, support and unconditional positive regard.		✓	✓	✓
	10.	Ensure potential and current staff are trained or credentialed appropriate to the residence level					
		a.	Policies that value individuals chosen for leadership roles who are versed and trained in the Social Model of recovery and best practices of the profession.		✓	✓	✓
		b.	Policies and procedures for acceptance and verification of certification(s) when appropriate.		✓	✓	✓
		c.	Staffing plan that demonstrates continuous development for all staff.		R	✓	✓
	11.	Staff are culturally responsive and competent					
		a.	Policies and procedures that serve the priority population, which at a minimum include persons in recovery from substance use but may also include other demographic criteria.		✓	✓	✓
		b.	Cultural responsiveness and competence training or certification are provided.		✓	✓	✓
	12.	All staff positions are guided by written job descriptions that reflect recovery					
		a.	Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.		✓	✓	✓
		b.	Job descriptions require staff to facilitate access to local community-based resources.		✓	✓	✓
		c.	Job descriptions include staff responsibilities, eligibility, and knowledge, skills and abilities needed to deliver services. Ideally, eligibility to deliver services includes lived experience recovering from substance use disorders and the ability to reflect recovery principles.		✓	✓	✓
	13.	Provide Social Model-Oriented Supervision of Staff					
		a.	Policies and procedures for ongoing performance development of staff appropriate to staff roles and residence level.		✓	✓	✓
		b.	Evidence that management and supervisory staff acknowledge staff achievements and professional development.		R	✓	✓
		c.	Evidence that supervisors (including top management) create a positive, productive work environment for staff.		✓	✓	✓

2. Physical Environment Domain				LEVELS			
				I	II	III	IV
E.	Core Principle: Provide a Home-like Environment						
	14.	The residence is comfortable, inviting, and meets residents' needs					
		a.	Verification that the residence is in good repair, clean, and well maintained	✓	✓	✓	✓
		b.	Verification that furnishings are typical of those in single family homes or apartments as opposed to institutional settings.	✓	✓	✓	✓
		c.	Verification that entrances and exits are home-like vs. institutional or clinical.	✓	✓	✓	✓
		d.	Verification of 50+ sq. ft per bed per sleeping room.	✓	✓	✓	✓
		e.	Verification that there is a minimum of one sink, toilet and shower per six residents.	✓	✓	✓	✓
		f.	Verification that each resident has personal item storage.	✓	✓	✓	✓
		g.	Verification that each resident has food storage space.	✓	✓	✓	✓
		h.	Verification that laundry services are accessible to all residents.	✓	✓	✓	✓
		i.	Verification that all appliances are in safe, working condition.	✓	✓	✓	✓
	15.	The living space is conducive to building community					
		a.	Verification that a meeting space is large enough to accommodate all residents.	✓	✓	✓	✓
		b.	Verification that a comfortable group area provides space for small group activities and socializing	✓	✓	✓	✓
		c.	Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.	✓	✓	✓	✓
		d.	Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.	✓	✓	✓	✓
F.	Core Principle: Promote a Safe and Healthy Environment						
	16.	Provide an alcohol and illicit drug free environment					
		a.	Policy prohibits the use of alcohol and/or illicit drug use or seeking.	✓	✓	✓	✓
		b.	Policy lists prohibited items and states procedures for associated searches by staff	✓	✓	✓	✓
		c.	Policy and procedures for drug screening and/or toxicology protocols.	✓	✓	✓	✓
		d.	Policy and procedures that address residents' prescription and non-prescription medication usage and storage consistent with the residence's level and with relevant state law.	✓	✓	✓	✓
		e.	Policies and procedures that encourage residents to take responsibility for their own and other residents' safety and health.	✓	✓	✓	✓

	17.	Promote Home Safety					
		a.	Operator will attest that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.	✓	✓	✓	✓
		b.	Operator will attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g. single family or other) OR provide documentation from a government agency or credentialed inspector attesting to the property meeting health and safety standards.	✓	✓	✓	✓
		c.	Verification that the residence has a safety inspection policy requiring periodic verification of <ul style="list-style-type: none"> • Functional smoke detectors in all bedroom spaces and elsewhere as code demands, • Functional carbon monoxide detectors, if residence has gas HVAC, hot water or appliances • Functional fire extinguishers placed in plain sight and/or clearly marked locations, • Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers, • Fire and other emergency evacuation drills take place regularly and are documented (not required for Level I Residences). 	✓	✓	✓	✓
	18.	Promote Health					
		a.	Policy regarding smoke-free living environment and/or designated smoking area outside of the residence.	✓	✓	✓	✓
		b.	Policy regarding exposure to bodily fluids and contagious disease.	✓	✓	✓	✓
	19.	Plan for emergencies including intoxication, withdrawal and overdose					
		a.	Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.	✓	✓	✓	✓
		b.	Documentation that emergency contact information is collected from residents.	✓	✓	✓	✓
		c.	Documentation that residents are oriented to emergency procedures.	✓	✓	✓	✓
		d.	Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.	✓	✓	✓	✓

3 Recovery Support Domain				LEVELS			
				I	II	III	IV
G.	Core Principle: Facilitate Active Recovery and Recovery Community Engagement						
	20.	Promote meaningful activities					
		a.	Documentation that residents are encouraged to do at least one of the following: <ul style="list-style-type: none"> • Work, go to school, or volunteer outside of the residence (Level 1, 2 and some 3s) • Participate in mutual aid or caregiving (All Levels) • Participate in social, physical or creative activities (All Levels) • Participate in daily or weekly community activities (All Levels) • Participate in daily or weekly programming (Level 3's and 4's) 	✓	✓	✓	✓
	21.	Engage residents in recovery planning and development of recovery capital					
		a.	Evidence that each resident develops and participates in individualized recovery planning that includes an exit plan/strategy	✓	✓	✓	✓
		b.	Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.	✓	✓	✓	✓
		c.	Written criteria and guidelines explain expectations for peer leadership and mentoring roles.	✓	✓	✓	✓
	22.	Promote access to community supports					
		a.	Resource directories, written or electronic, are made available to residents.	✓	✓	✓	✓
		b.	Staff and/or resident leaders educate residents about local community-based resources.	✓	✓	✓	✓
	23.	Provide mutually beneficial peer recovery support					
		a.	A weekly schedule details recovery support services, events and activities.		✓	✓	✓
		b.	Evidence that resident-to resident peer support is facilitated: <ul style="list-style-type: none"> • Evidence that residents are taught to think of themselves as peer supporters for others in recovery • Evidence that residents are encouraged to practice peer support interactions with other residents. 	✓	✓	✓	✓
	24.	Provide recovery support and life skills development services					
		a.	Provide structured scheduled, curriculum-driven, and/or otherwise defined support services and life skills development. Trained staff (peer and clinical) provide learning opportunities.			✓	✓
		b.	Ongoing performance support and training are provided for staff.			✓	✓
	25.	Provide clinical services in accordance with state law					
		a.	Evidence that the program's weekly schedule includes clinical Services.			*	✓

H. Core Principle: Model Prosocial Behaviors and Relationship Enhancement Skills								
	26.	Maintain a respectful environment						
		a.	Evidence that staff and residents model genuineness, empathy and positive regard.	R	✓	✓	✓	
		b.	Evidence that trauma informed or resilience-promoting practices are a priority.	R	R	✓	✓	
		c.	Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building.	✓	✓	✓	✓	
I. Core Principle: Cultivate the Resident's Sense of Belonging and Responsibility for Community								
	27.	Sustain a “functionally equivalent family” within the residence by meeting at least 50% of the following:						
		a.	Residents are involved in food preparation.	✓	✓	✓	✓	
		b.	Residents have a voice in determining with whom they live.	✓	✓	✓	✓	
		c.	Residents help maintain and clean the home (chores, etc.).	✓	✓	✓	✓	
		d.	Residents share in household expenses.	✓	✓	✓	✓	
		e.	Community or residence meetings are held at least once a week.	✓	✓	✓	✓	
		f.	Residents have access to common areas of the home.	✓	✓	✓	✓	
	28.	Foster ethical, peer-based mutually supportive relationships among residents and staff						
		a.	Engagement in informal activities is encouraged.	✓	✓	✓	✓	
		b.	Engagement in formal activities is required.			✓	✓	
		c.	Community gatherings, recreational events and/or other social activities occur periodically.	✓	✓	✓	✓	
		d.	Transition (e.g. entry, phase movement and exit) rituals promote residents' sense of belonging and confer progressive status and increasing opportunities within the recovery living environment and community.	✓	✓	✓	✓	
	29.	Connect residents to the local community						
		a.	Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.	✓	✓	✓	✓	
		b.	Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors.	R	✓	✓	✓	
		c.	Residents attend mutual aid meetings or equivalent support services in the community.	R	✓	✓	✓	
		d.	Documentation that residents are formally linked with the community such as job search, education, family services, health and/or housing programs.	R	✓	✓	✓	
		e.	Documentation that resident and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services.	R	✓	✓	✓	
		f.	Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community	✓	✓	✓	✓	

4. Good Neighbor Domain				LEVELS			
				I	II	III	IV
J.	Core Principle: Be a Good Neighbor						
	30.	Be responsive to neighbor concerns					
		a.	Policies and procedures provide neighbors with the responsible person's contact information upon request.	✓	✓	✓	✓
		b.	Policies and procedures that require the responsible person(s) to respond to neighbor's concerns.	✓	✓	✓	✓
		c.	Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties.	✓	✓	✓	✓
	31.	Have courtesy rules					
		a.	Preemptive policies address common complaints regarding at least: <ul style="list-style-type: none"> • Smoking • Loitering • Lewd or offensive language • Cleanliness of the property 	✓	✓	✓	✓
		b.	Parking courtesy rules are documented.	✓	✓	✓	✓

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	Democratically run Manual or P&P	<ul style="list-style-type: none"> House manager or senior resident Policy and Procedures 	<ul style="list-style-type: none"> Organizational hierarchy Administrative oversight for service providers Policy and Procedures Licensing varies from state to state 	Overseen organizational hierarchy Clinical and administrative supervision Policy and Procedures Licensing varies from state to state
	SERVICES	Drug Screening House meetings Self-help meetings encouraged	<ul style="list-style-type: none"> House rules provide structure Peer run groups Drug Screening House meetings Involvement in self-help and/or treatment services 	<ul style="list-style-type: none"> Life skill development emphasis Clinical services utilized in outside community Service hours provided in house 	Clinical services and programming are provided in house Life skill development
	RESIDENCE	Generally single family residences	<ul style="list-style-type: none"> Primarily single family residences Possibly apartments or other dwelling types 	Varies – all types of residential settings	All types – often a step down phase within care continuum of a treatment center May be a more institutional in environment
	STAFF	No paid positions within the residence Perhaps an overseeing officer	<ul style="list-style-type: none"> At least 1 compensated position 	<ul style="list-style-type: none"> Facility manager Certified staff or case managers 	Credentialed staff

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