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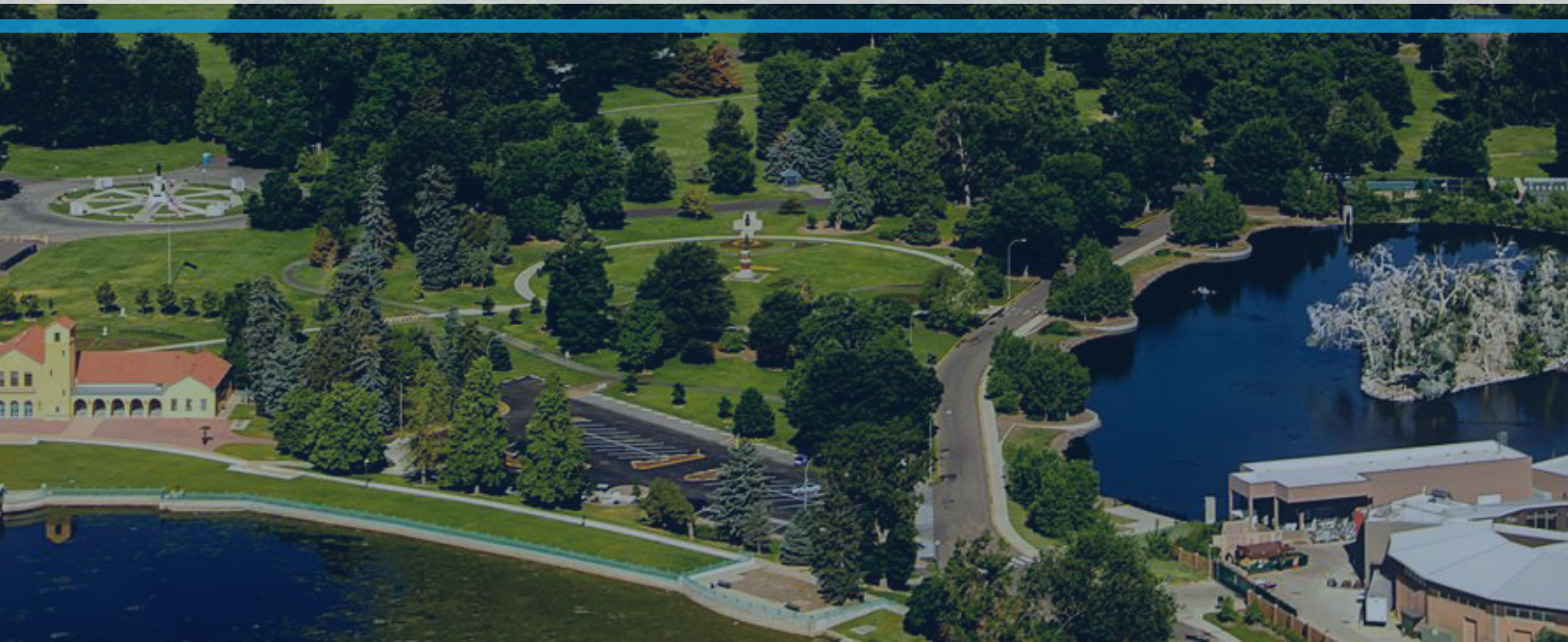
Colorado Agency for Recovery Residences Guidebook and Best Practices



COLORADO AGENCY FOR RECOVERY RESIDENCES GUIDEBOOK AND BEST PRACTICES

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Welcome to the CARR Best Practice Guide and Standards Toolkit

Dear Fellow Allies,

It is a privilege to lead the Colorado Agency for Recovery Residences (CARR), an iconic, purpose-driven, and diverse agency, and it is an exciting time to be taking the helm.

Listening to our affiliates, allies, partners, and employees, I am excited for the future we all share as we enter the next chapter. Together we are building upon solid foundations to expand our impact, increase our reach, and accelerate the services we offer and support.

One thing that has deeply impressed me is how our agency resides in the fabric of so many people's lives. The part we play in helping build better futures for the organizations we support, their clients, their families, and their communities is a source of pride and purpose for our agency.

This guidebook and best practices were developed in coordination with many organizations and individuals who aim to provide a helpful resource to recovery residence operators. We endeavor to provide you with valuable information and resources as you address the challenges you may face. While this guidebook is not comprehensive on each of these topics, we plan to update it periodically with new and relevant content.

CARR hopes you consider the information in the following pages. Please recognize that the advice given is not legal advice. If you are concerned about legal matters, please contact an attorney. You should also feel free to contact CARR anytime for information, short-term technical assistance, or support. We know stigma and discrimination cannot be eliminated overnight - the tools, strategies, and best practices in this guide are designed to help you as you address these issues over time. This work is part of the long haul, and CARR is here to assist in any way we can.

I invite you to learn more about our commitment to systemic change as we reimagine a more equitable landscape for recovery residences.

Thank you for inspiring us and for joining us in building CARR together to support all Colorado recovery residences.

Butch Lewis

Butch Lewis
Executive Director
Colorado Agency for Recovery Residences


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Recovery Residence Guidebook

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Introduction

This document guides persons interested in developing housing to provide a sober living environment for those in recovery from substance use disorders. Operators who wish to pursue local, state, or federal funding must adhere to the Colorado Agency for Recovery Residences (CARR) Standards.

This guide provides information, best practice guidance, and references available resources. However, this guide is only a starting point. This guide cannot include all the information and knowledge you will need to operate effective recovery housing. Using this guide is also not a guarantee of success or funding from state or federal funds or of certification by CARR. In addition to using this guide, you will also likely need to consult with experts such as accountants and attorneys.

Recovery housing is only one component of the continuum of care for people with substance use disorders. To be successful, you must develop relationships with other organizations that provide services and support. Before you start, ensure that you fully understand what is involved in creating, owning, and operating a recovery residence program.

Background

On May 23, 2019, House Bill 19-1009 was signed into law. This Bill, in part, directed the Behavioral Health Administration (BHA) to select a certifying body for recovery residences (sober living facilities, recovery residences, or sober homes). This certifying body is legislatively required to incorporate various standards into its certification process. All recovery residences that are not exempted are required to be certified by the certifying body in order to operate within Colorado. On February 7, 2020, the Colorado Agency for Recovery Residences (CARR) was commissioned and officially began serving as the BHA-designated certifying body for recovery residences. The scope of work with the state requires CARR to implement a certifying program for recovery residences, following the standards and requirements set forth in House Bill 19-2009, Section 2 (C.R.S. §25-1.5-108.5). CARR is required to ensure that each recovery residence that it certifies in Colorado complies with The National Alliance for Recovery Residences (NARR) Standard, Section 21.500.2, as outlined in the International Residential Code (2015), and other standards as approved by the CARR Board of Directors and the State of Colorado's Behavioral Health Administration.

Definition of Recovery Housing

Colorado Revised Statute C.R.S. §25-1.5-108.5(1)(a) As used in this document, "recovery residence," "sober living facility," or "sober home" means any premises, place, facility, or building that provides housing accommodation for individuals with a primary diagnosis of a substance use disorder that does all of the following:

- **(I)** Is free from alcohol and non-prescribed or illicit drugs;
- **(II)** Promotes independent living and life skill development; and
- **(III)** Provides structured activities and recovery support services primarily intended to promote recovery from substance use disorders.

A "recovery residence" does not include:

- **(I)** A private residence in which an individual related to the owner of the residence by blood, adoption, or marriage is required to abstain from substance use or receive behavioral health services for a substance use disorder as a condition of residing in residence;
- **(II)** The supportive residential community for individuals who are homeless operated under section 24-32-724 at the Fort Lyon property for the purpose of providing substance abuse supportive services, medical care, job training, and skill development for the residents;
- **(III)** A facility approved for residential treatment by the behavioral health administration in the department of human services; or
- **(IV)** Permanent supportive housing units incorporated into affordable housing developments.

In Colorado, there are four different levels of recovery housing. These levels of housing differ depending on the organizational structure of the house, as well as the level of support and services that are offered within the home:

Level I: Peer-led, democratically run homes that include community/house meetings, on-site and off-site support groups, and outside clinical services. No on-site paid staff. Generally, single-family residences.

Level II: These homes include a structured, peer-accountable, and highly supportive setting. Involvement in clinical treatment services is available and encouraged. Primarily single-family residences but can consist of other types of dwellings. This environment must include at least one staff position.

Level III: This highly structured setting offers supervised living and qualified staff connected to a larger, often clinical organization. Support services include life-skill development, such as budgeting and employment skills. Community providers may offer services on-site for residents. Peer support and recovery action planning are still the central focus of support.

Level IV: Adds a clinical service component; these programs usually fall under Colorado's regulatory laws for addiction treatment services and are typically licensed accordingly.

Levels of Recovery Housing

CARR Recognizes four levels of recovery housing. While Level IV treatment providers can certainly implement elements of the social model of recovery and may find information in this guide helpful, they must follow the requirements set under Colorado law for residential treatment providers. Therefore, the information in this guide is specifically aimed at Level I, II, and III recovery residence program operators.

Much of the information in this guide applies to all levels of recovery housing, but these levels differ in the following important ways. The chart below is a summary which provides an idea of how the Levels vary. Please refer to more detailed information in the following sections for additional guidance.

The Following Information Pertains to the Carr Levels of Recovery Housing:

Recovery Residence Levels of Support

Standards Criteria

	Level I – Peer Run	Level II – Monitored	Level III – Supervised	Level IV – Service Provider
Administration	• Democratically Run • Manual or Policy and Procedures	• House leader or senior resident • Policy and procedures	• Organizational hierarchy • Administration oversight for services provided • Policy and Procedures • Licensing may be required for some services	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and procedures • Licensing may be required for some services
Services	• Drug screening • House meetings • Self-help meetings encouraged	• House rules provide structure • Peer-run groups • Drug screening • House meetings • Involvement is self-help and treatment services	• Life skills development emphasis • Clinical services utilized outside the community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
Residence	• Generally single-family residence	• Primarily single-family residences • Possibly apartments or other dwelling type	• All types of residential use	• All types – often step-down phase within care continuum of treatment center • Maybe a more institutional environment
Staff	• Drug screening	• At least one compensated position	• Facility manager • Credentialed staff	• Credentialed staff

In addition to the guidance on the Levels provided, the following offers further explanation of how the different levels of support differ.

	Level I – Peer Run	Level II – Monitored	Level III – Supervised
Decisions About Residents Moving In	Residents take the lead in deciding who moves in with support from the operator.	The operator decides who moves in with support from residents.	The operator chooses who moves in.
Resident Selection	The home must have a process for ensuring residents are at a point in their recovery where they do not need a monitored environment and can help others. Before moving in, many homes require at least six months in recovery or a successful stay in a Level III or Level II recovery home.	Residents can live in a monitored home but do not have 24/7 staff support. While not required, many homes look for at least 30 days in recovery.	Residents may be very early in recovery but are not actively under the influence of alcohol or illicit substances. Recovery homes must have staff support in the house whenever residents are present.
Recovery Planning	Recovery planning typically focuses on maintaining long-term recovery. The resident sets their own goals, identifies strategies, and asks for help when needed to achieve goals or with setbacks. The recovery home checks in with residents monthly and is available if the resident requests additional support.	Recovery planning focuses on fully transitioning/sustaining long-term recovery. Recovery homes help residents develop skills such as identifying their own goals, thinking through strategies to meet those goals and making plans. Focus on life-skills development for implementing procedures and maintaining recovery. The recovery home meets with residents at least once weekly to check in on plans.	Recovery planning focuses on completing a treatment plan and/or maintaining positive outcomes achieved during treatment. Plan may be integrated with a treatment plan. Plan also includes life skills development, development of recovery capital, and making initial connections to social service programs and supports. The recovery home meets with residents at least weekly, with newer residents often needing more support.
Family-Oriented Environment	Residents are responsible for meals. Residents are responsible for house chores and basic maintenance. Residents decide if they would like additional rules, such as a curfew. Residents may come and go as they please. Residents may use common areas of the home (while being reasonable and considerate to housemates).	Residents are responsible for preparing meals, but operators may provide some food for those who may not have enough income to purchase their own food. Residents are responsible for house chores and basic maintenance. While there is a curfew in the home and a strategy to ensure it is upheld, residents come and go as they please. Residents may use common areas of the house at all times (while being reasonable and considerate to housemates).	Home may provide meals, but residents must have the ability to prepare their own or have snacks if they want. The house may have a larger commercial kitchen or larger dining area to accommodate all residents. Residents may be working and may leave to go to work or engage in job seeking. Newer residents are often asked to remain in the home or follow buddy or mentor systems.

Administrative and Operational Considerations

As a recovery housing operator, you will be operating a business and must ensure an appropriate business plan, budget, and organizational structure.

Create a Mission Statement

A well-defined mission statement will help you stay focused on developing your business plan. A mission statement will also help you communicate to your future residents and your community what you are accomplishing through the operation of the recovery house. Involve people in recovery and other community leaders as you seek to establish your mission statement.

Consider the following as you establish your mission statement:

- Why does your recovery house exist?
- Who does your recovery house seek to serve?
- How do you plan on serving your target audience?
- What is your role in your community?

Create a Vision Statement

Define what the long-term vision of your program is. You should be ambitious in defining your long-term goals. It is critical you set an inspirational and far reaching target in your vision statement that communicates your aspirations and motivates your residents.

Below are some of the main elements you should consider for an effective vision statement:

- Your vision statement should be forward-looking.
- Design your vision to be motivating and inspirational.
- Your vision should reflect your company's culture and core values.
- Defines your program's reason for existence and where it is heading.
- Aimed at bringing benefits and improvements to the future of your program.

Identifying Your Organization's Structure

You will want to determine your business' legal structure. You can form your organization as a for-profit or non-profit organization. If you decide to start the organization as a for-profit business, it can be legally constituted as a Sole Proprietor, Partnership, Limited Partnership, Limited Liability Company, C-Corporation, or S-Corporation. Definitions of these business structures are available through the IRS.

Many recovery residences are also structured as 501(c)(3) nonprofit corporations. If your organization is registered as a 501(c)(3) nonprofit corporation, you are expected to abide by Colorado's Revised Nonprofit Corporation Act. You are responsible for all legal expectations of operating as a nonprofit, including reporting, maintaining records, providing financial data, etc. Instructions or questions on becoming a charitable organization and responsible operations should be directed to the Colorado Attorney General's Office or Colorado Secretary of State.

Because the formation of your business has legal and tax implications, it is suggested that you consult with a qualified accountant or attorney to discuss these options and ensure that your organization is registered with the appropriate entities and is in compliance with all applicable laws and regulations.

State Registration

You will also be required to register your business with the Colorado Secretary of State, after which you will be issued state of Colorado incorporation documents. Contact the Colorado Secretary of State, Business Services Division, with any questions.

Employer Identification Number (EIN)

Once you have decided upon your legal structure, you can apply for an Employer Identification Number (EIN), a unique, nine-digit number assigned by the IRS to businesses. You can apply for your EIN online on the IRS website. The principal officer, general partner, grantor, owner, or trustee must have a valid Taxpayer Identification Number (Social Security Number, EIN, or Individual Taxpayer Identification Number) for the online application. The online process will issue you an EIN immediately.

Establish a Business Bank Account

Establish a bank account that is for your organization. Be sure to keep this bank account separate from your personal account. It is recommended to use this account only for official business related to your organization.

Establish Fiscal Policies

It is recommended that you consult with an accountant or an attorney to establish financial policies and procedures. These policies and practices will help you ensure that you appropriately track your income and expenses. These fiscal policies should also include internal controls to help protect you against potential fraud.

If you decide to operate as a non-profit, you should also have policies addressing conflict of interest, budgeting, and financial reporting. An accountant or attorney can help you develop these policies. The Colorado Nonprofit Association also has sample fiscal policies and documents that you can use as templates. You will also need an accounting system that allows you to implement the fiscal policies as designed. When designing your accounting system, ensure that you can quickly produce receipts for residents. You should also be able to make a resident statement of account upon request. An accountant can help you develop an appropriate system.

Insurance

You will need adequate insurance that protects the home, auto, and business from damages and protects you from liability generally. You will want to review your automobile insurance (if you are transporting residents), homeowner's insurance, general liability insurance, and worker's compensation insurance. In addition, you may want to consider whether you need to purchase health insurance for yourself or offer health insurance for your employees. Consult with an insurance agent to ensure that you have coverage for your insurance needs.

The following coverage amounts are the minimum requirements to contract with the Colorado State Judicial Districts. You will want to confirm these amounts with your individual contract at time of signing.

Insurance Requirements

A. Recovery residence operators shall obtain, and maintain at all times, insurance in the following kinds and amounts:

i. Workers' Compensation Insurance as required by state statute, and Employer's Liability Insurance covering all employees acting within the course and scope of their employment.

ii. Commercial General Liability Insurance written on an ISO occurrence form, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

- **a.** $1,000,000 each occurrence;
- **b.** $1,000,000 general aggregate;
- **c.** $1,000,000 products and completed operations aggregate; and
- **d.** $50,000 any one fire.

If any aggregate limit is reduced below $1,000,000 because of claims made or paid, the recovery residence operator shall immediately obtain additional insurance to restore the total aggregate limit and furnish to the Colorado Agency for Recovery Residences (CARR) a certificate or other document showing compliance with this provision that is satisfactory to CARR.

iii. Automobile Liability Insurance covers any auto used in performing duties by the recovery residence (including owned, hired, and non-owned autos) with a minimum limit of $1,000,000 for each accident combined single limit.

iv. Professional liability insurance with an aggregate limit of at least $1,000,000. For policies written on a claims-made basis, the policy shall include an endorsement, certificate, or other evidence that coverage extends two years beyond the performance period of the Agreement. The insurance policy shall not contain a sexual misconduct exclusion.

B. The above insurance policies shall include provisions preventing cancellation or non-renewal without at least 30 days prior notice to the recovery residence operator. The recovery residence operator shall notify CARR by certified mail, personal delivery with receipt, or email of any such imminent cancellation or non-renewal within seven (7) days after receiving such notice.

C. The recovery residence operator shall require all insurance policies in any way related to their certification and secured and maintained by the recovery residence operator to include clauses stating that each carrier shall waive all rights of recovery, under subrogation or otherwise, against CARR, the State of Colorado, its agencies, institutions, organizations, officers, agents, employees, and volunteers.

D. All policies evidencing the insurance coverage required hereunder shall be issued by insurance companies satisfactory to the State of Colorado.

E. The recovery residence operator shall provide certificates showing insurance coverage required during their certification period.

F. No later than 15 days before the expiration date of any such coverage, the recovery residence operator

shall deliver to CARR certificates of insurance evidencing renewals thereof. At any time during the term of their certification, CARR may request in writing, and the recovery residence operator shall thereupon, within ten days, supply to CARR evidence satisfactory to CARR of compliance with the provisions of the insurance requirement.

Develop a Business Plan

A well-written business plan helps you lay out your goals and track progress as your operation gets started. A well-written business plan can also help you demonstrate the benefit and value of your organization to potential funders. It can also help you avoid common mistakes.

The Small Business Administration has information and templates for creating a business plan. Below are some components key to recovery housing that can help you develop your business plan.

Perform a Market Analysis

A market analysis investigates the market size, considering both volume and value. The market analysis allows you to identify your target audience, what competition you may face, and the economic environment. A market analysis will help determine if the market is large enough to build a sustainable program.

The U.S. Chamber of Commerce has created an online market analysis guide for small businesses. https://www.uschamber.com/co/start/strategy/market-analysis-guide-for-business

When you perform your market analysis, you will likely need to talk to many community partners to understand the overall market. See the section later in this document on building partnerships for more information on potential partners for you to reach out to when conducting this analysis.

Determine Your Budget

One of the most challenging steps in establishing a recovery residence program is determining a budget. The following information is provided to help you get started but should not be considered a complete or comprehensive list. You will likely have additional considerations depending on your operations and community.

Determine Your Start-up Costs

There are many costs to consider when you are starting recovery housing. The list below will help you consider what costs you might account for to create your recovery residence program. What you need may vary depending on your target population and the specific support you will provide:

- Costs associated with acquiring the house
- Costs associated with property improvements
- Zoning, permits, and inspections
- Furniture
- Appliances
- Starting supplies (cleaning supplies, linens, toiletries, food)
- Office supplies (paper, pens, file folders, cabinets)
- Computer and software
- Printer
- Start-up costs for a bank account and checks
- Operator and/or staff training
- Reserve funds for initial vacancies
- Reserve funds for unexpected expenses

Determine Your Ongoing Costs

You will also have ongoing expenses associated with operating your recovery house. The list below is to help you consider expenses you may need to account for on an ongoing basis:

- Mortgage or rent payments
- Insurance payments
- Property and other taxes
- Bank and account fees
- Utilities (water, gas, electricity, internet, cable)
- Trash pick-up or removal
- Cleaning supplies
- Toiletries
- Office supplies
- Transportation costs
- Marketing and promotion costs
- Costs of any resident activities and house meetings
- Salaries for staff
- Funds set aside for a prudent reserve

Determining a Prudent Reserve

Operating recovery housing involves financial risk. You can help mitigate this risk by setting aside a specific monthly amount to develop a prudent funds reserve. This fund can be used as needed to make significant repairs or cover unanticipated maintenance that may be needed. Also consider that you may need a reserve for emergencies or other unexpected expenses.

Consider the following when determining how much to set aside regularly to cover high or unexpected costs:

- The condition of the property and when to replace or repair the driveway/parking lot, roof, windows, siding, etc.
- The condition of appliances and when to replace them
- The condition of the paint, flooring, and furniture and if they will need to be replaced or repaired
- The condition of the furnace, water heater, air conditioner, etc. and when they will need to be replaced or repaired
- How often you will have a vacancy and the expected duration of vacancy
- How often you will have a resident who will not be able to meet their financial obligation

Establish Your Operating Budget

Examine your total start-up costs, monthly maintenance costs, and potential revenue to determine if you have enough funds to establish and support a business. Establish a budget that is both a short-term budget and a long-term budget for major ongoing expenses.

Identify Revenue Sources

As an operator of an organization, you must closely manage your budget to ensure that you have enough revenue to cover your expenses. Funding opportunities for recovery housing are limited, and funding is not guaranteed. Many operators charge fees to residents to cover the costs of expenses. However, many people who need this recovery support are low-income and may be unable to afford a hefty fee. Each funder has its own requirements and process for your organization to receive funding. Understanding funders' expectations before program development can help save time, money, and frustration.

Possible funding opportunities may include:

- Fees paid by residents
- Colorado Managed Service Organizations (MSOs)
- Federal Home Loan Bank Affordable Housing Program (AHP)
- Private foundation grants or funds
- Donations (for eligible entities)

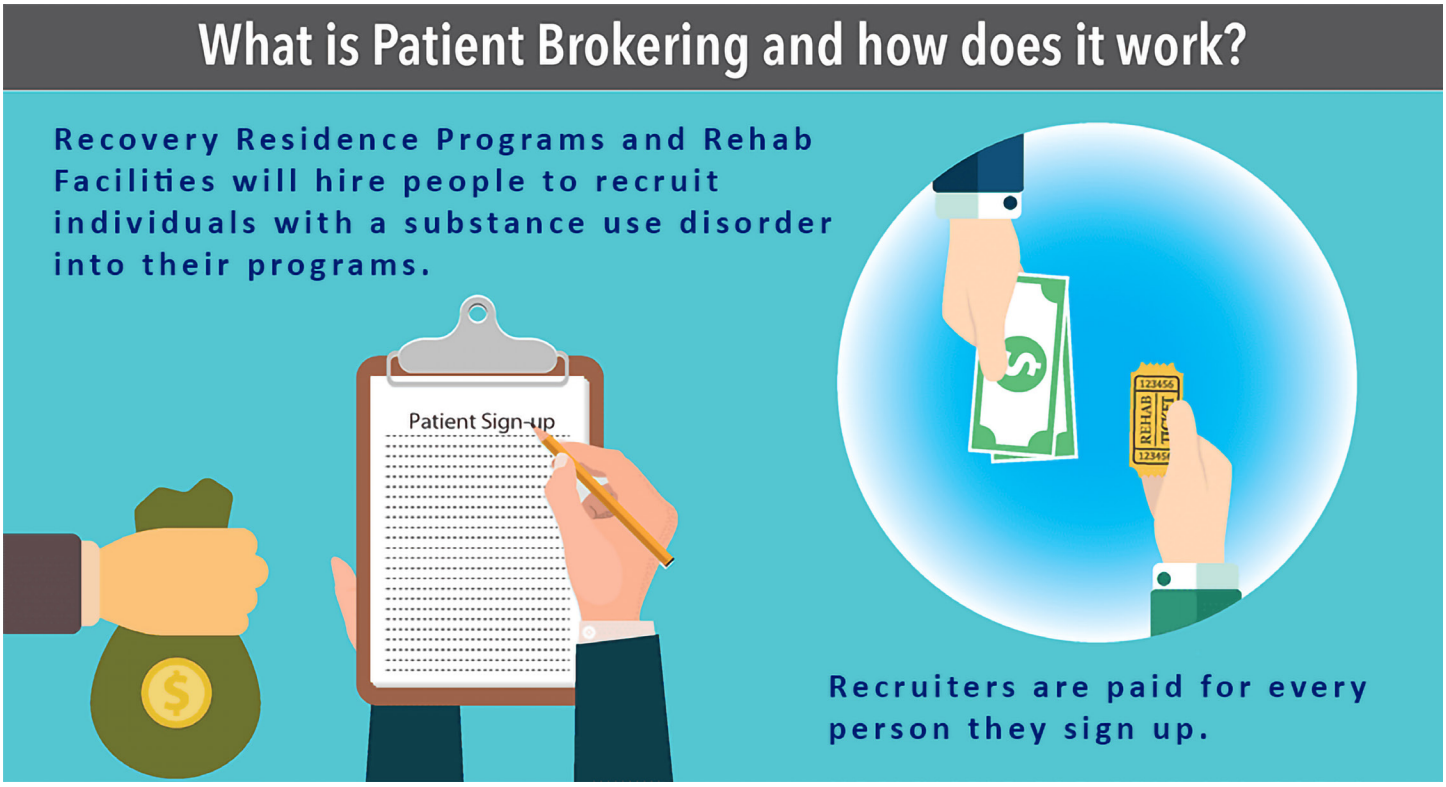
Additional funding opportunities may periodically be made available through the Colorado Behavioral Health Administration (BHA). You can be notified by signing up for the monthly e-Update newsletter.

Prohibition Against Patient Brokering

HB 19-1009, passed in September 2019, includes language which specifies that those who knowingly and willingly pay or receive kickbacks for referring an individual to a recovery home or clinical treatment facility may be fined or imprisoned. C.R.S.§25-1.5-108.5(5)(a).

Operators shall not participate directly or indirectly through the use of another person, entity, or technology, referring or recommending a resident or other individual to a provider in exchange, or anticipation of a business, for any economic benefit, including but not limited to, a rebate, refund, commission, preference, patronage dividend, discount, or other items of value.

Recovery housing may have multiple funding sources. As the recovery housing operator, it is essential that you understand how your operation is funded and if any public dollars are being provided to you. It is recommended that if you enter into any contracts or agreements where someone else is paying the fees for residents, you have such agreements reviewed by an attorney with expertise in healthcare fraud laws to ensure that you comply with laws regarding healthcare fraud, anti-kickbacks, and patient brokering.



Recovery Supports

While the business and organizational planning is often the most daunting part of starting a recovery house, you must also work to ensure that you are ready and able to establish an appropriate recovery culture in the home that provides an environment free from alcohol and illicit drug use, includes peer support, and provides connection to treatment and recovery supports in the community.

About the Social Model of Recovery

The social model of recovery is helpful for understanding the development of positive recovery environments. The social model approach is based on "mutual-help group strategies to create and facilitate a recovery environment, involving program participants in decision making and facility governance, using personal recovery experience as a way to help others, and emphasizing recovery as an interaction between the individual and their environment."[1] The following method of promoting recovery supports in recovery housing is based on the social model of recovery.

Creating an Environment Where Relapse Is Prevented

A significant component of recovery housing is maintaining an environment free of alcohol and illicit drug use. You must develop written policies that address key aspects designed to provide support to prevent relapse and ensure the environment is free from illicit drugs and alcohol. It is highly recommended that you have these policies reviewed by an attorney to ensure you are also in compliance with applicable Colorado laws.

Create a Code of Conduct That Promotes Relapse Prevention

Every recovery home should have a code of conduct to which all residents agree to adhere. The Code of Conduct is used to help set expectations for residents and staff and help ensure a positive living environment. The code of conduct is not a punitive tool for controlling resident behavior. Instead, the code of conduct provides structure and support and ensures mutual understanding. The Code of Conduct is a critical piece of the culture of the recovery home and addresses many aspects of such culture.

The Social Model of Recovery promotes an environment where residents actively participate in creating and promoting a positive recovery culture. Therefore, the Code of Conduct should be developed with the highest amount of participation from residents possible and written in a fashion that emphasizes resident choice and involvement. New recovery homes should work with people in recovery, ideally, people who have experience living in recovery housing, as they develop their Code of Conduct. The following are suggestions to get you started thinking about your Code of Conduct. You are encouraged to discuss it with your residents and make adjustments appropriate for your program and target population.

Important Note: Residents and operators can work together to make reasonable accommodations to the Code of Conduct to meet the individual medical, disability, or other related needs of a resident.

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220294/

Each recovery home is different. Residents are expected to play an active role in creating and maintaining the Code of Conduct. Therefore, each recovery home will have a different code of conduct appropriate for its living environment. The following are crucial elements for you and your residents to consider as you develop the Code of Conduct.

Include elements in your Code of Conduct that are appropriate for your target population and individual programming:

- Maintaining a drug and alcohol-free living environment
  - Residents agree not to use or possess illicit drugs or alcohol.
  - Searches of resident property (be sure to check with an attorney about permissions and appropriate practices).
  - Residents agree not to possess other items that may not be beneficial to a positive recovery environment.
  - Agreement to read, understand and uphold the home's policy on prescription and non-prescription medication.
- Relapse prevention
  - Residents agree to participate in required activities and other required recovery support activities.
  - Residents expected to support one another.
  - Residents agree to read, understand and uphold the home's policy on visitors and guests.
  - Residents agree to be home at a specific time and to use any tools provided to let others know where they are (such as sign in and out boards, phone based apps, calendars, or books).
  - Active engagement in Recovery and Recovery Planning.
  - Residents agree to seek employment, volunteer, and engage in service activities or educational opportunities.
  - Residents agree to engage in recovery planning and make progress towards their individual recovery goals.
  - Residents agree to implement the recommendations of their treatment providers and will follow up with treatment providers regarding clinical recommendations.
  - Residents will find and/or maintain a relationship with a sponsor or other mutual aid supporter.
  - Residents agree to be honest with treatment, health care, and dental professionals about their history of addiction.
- Establishing and maintaining a safe and healthy household
  - Residents agree to complete chores.
  - Residents agree only to store food in designated areas.
  - Residents agree to conduct general upkeep of the property and report issues as soon as they occur.
  - Residents agree if required appropriate hygiene and other health protocols such as handwashing, wearing masks in public, and additional cleaning.
  - Residents agree to not share personal information about others in the home with those who do not live in the home.
  - Residents agree to smoke only in designated areas (or the property is smoke-free, depending on your individual recovery residence policy).
- Establishing and maintaining community within the home
  - Residents agree to treat each other, staff, and volunteers with respect.
  - Residents agree to handle conflict appropriately.
  - Residents agree to ask for help when needed.

- Being a good neighbor
  - Address any potential neighborhood-specific issues such as parking and noise.
  - Residents agree to read and understand your home's policy addressing neighbor concerns.

Once you have determined the content of the Code of Conduct, add a signature line. Each resident should sign a copy of the code of conduct when they move in and be provided a copy for their records. A copy should also be made accessible in the common area of the home.

Changing Your Code of Conduct

As your organization grows and changes, you may find that you need to update or change your Code of Conduct. This is certainly appropriate, as the Code of Conduct should adapt to the community's changing needs. Any changes to the Code of Conduct should be discussed with residents to ensure understanding. Do not make changes without first ensuring there is a genuine understanding among current residents of the changes.

Policies for Upholding the Code of Conduct

Even in environments where everyone initially agrees to the Code of Conduct, there can be circumstances where people do not uphold the conduct to which they previously agreed. The following strategies can be used to monitor and document that residents are keeping the Code of Conduct:

- Appropriate drug testing policies that screen residents for illicit drug or alcohol use.
- Implement sign-in and sign-out logs to ensure residents respect curfew/ overnight pass rules.
- Implementing calendar sharing or using texting or other apps to ensure residents check in with someone about where they are going during the day.
- Implementing visitor logs to ensure residents are upholding policies regarding visitors.
- Checking the home to ensure chores are complete, and the environment is clean.
- Buddy or mentor systems where new residents are partnered with a senior resident to help them get to know the environment and the house.
- Frequent meetings with residents to discuss and document recovery plans and address any issues as they arise.
- Honest discussion during weekly house meetings to address issues as a community and discuss potential solutions.

If it is found that a resident fails to uphold the Code of Conduct, the house needs to have a plan for addressing this. This should include a discussion with the resident, with the resident and the operator agreeing on how the resident will follow the appropriate Code of Conduct in the future.

Strategies to Help Residents Develop Positive, Prosocial Relationships

One of the most beneficial aspects of living in recovery housing is the opportunity for residents to live together and support one another. In the social model of recovery, residents not only seek help but also provide support to one another as peers. Residents should care about one another, hold each other accountable in positive ways, and find ways to celebrate successes and help each other face challenges.

Recovery homes must have a formal strategy to help residents develop such relationships. Recovery homes might engage in the following systems to help promote positive relationships:

- Establish buddy or mentor systems where new residents are paired with those who have lived in the house longer. The buddy or mentor will help the resident meet others.
- Establish group mealtimes where residents cook and share meals with one another.
- Allow residents to plan group social activities based on the interests of those in the home, including picnics, movie nights, sports viewing parties, or other activities.
- Provide a safe environment where residents feel comfortable bringing up concerns and problems.
- Allow residents to choose their roommates.
- Establish rituals and routines where residents are recognized for their successes.
- Provide support group meetings where residents can discuss the surrender of attitudes and behaviors that promote addiction and embrace attitudes and behaviors that encourage hope, learning, growth, positive action, and uplifting others.
- Establish "Good Neighbor Policies" where residents engage in community service together. Design volunteer activities so teamwork is required and residents work together to accomplish the project.
- Ensure all residents have essential items such as food, clothing, and toiletries. Provide these items to residents who are low-income and cannot afford them. This provides residents security that their basic needs are met, so they can focus on positive development and build positive relationships.

The following strategies are provided by Level but can be applied across Levels as appropriate for the specific residence:

Level III Homes

- Level III homes may purchase food for residents. If meals are provided, ensure residents are able to eat together as a group. Explore setting aside a day once a week where residents can cook for one another, or small groups of residents can cook for one another.
- Ensure all staff, no matter their role, are trained on and understand the basics of the disease of addiction, recovery, and the social model of recovery. CARR offers free quarterly training on these topics.
- Provide resources and encourage any of your staff who are peers in recovery to have a support system and appropriately monitor their recovery.
- Ensure all staff, no matter their role, have training on appropriate boundaries between residents and staff.
- Encourage staff to attend social events and fun activities with residents and create a culture where residents feel safe sharing their challenges and successes.
- Provide training and resources for staff on creating trauma-informed approaches in recovery housing.
- Encourage residents to contact staff if they notice a resident who is struggling or may need additional help.
- Encourage residents to let staff know about successes that they or others in the house have achieved so residents can celebrate such achievements.
- Establish resident councils where residents can establish prosocial activities and strategies for the home.

Level II Homes

- Establish group mealtimes. While residents may not always be able to eat together due to work or other schedules, some homes have found success in establishing at least a weekly meal where everyone must be present.
- Provide house leader training on positive relationships and appropriate boundaries with residents.
- Encourage all residents to check in with one another, identify when other residents are struggling, and help them reach out for additional help or support when needed.
- Set aside time at house meetings for residents to share successes and challenges and learn from one another.
- Establish rituals to help residents celebrate successes with one another.
- Ask residents to bring ideas for social activities.
- Allow residents to decide who will complete what chores or allow residents to trade duties.
- Encourage residents to connect with community partners, learn about activities, and engage appropriately.

Level I Homes

- Establish mealtimes where everyone eats together. While residents may not always be able to eat meals together due to work or other schedules, many Level I homes rely on at least weekly meals together to encourage positive relationships. As the home is peer-run, residents can establish what days and times work for them and how meals will be prepared.
- Ensure house meetings happen at least weekly, where residents have space to give and receive support with challenges or successes.
- Support residents in their efforts to engage in fun, sober social support activities as a group.
- Allow residents to determine how chores are completed and who will do them.

Engage Residents in Resident Driven Recovery Planning

As a recovery housing operator implementing the social model of recovery, you will ensure residents have person-centered recovery plans. You must be prepared to support residents regardless of which pathway to recovery they choose. You must also establish a culture in your house that is supportive of residents and their chosen pathway to recovery. These pathways can include but are not limited to 12-step programs, peer recovery supports, medication-assisted treatment and/or faith-based recovery programs.

Resident-driven recovery plans are not treatment plans, but ways for residents to identify and achieve recovery goals.

Level II and Level III environments offer a high level of recovery planning support. Residents engage in an assessment process to help them determine areas of need. William White's recovery capital scale is a commonly used tool. Once residents identify areas of support needed, the home works with residents to determine action steps the resident can take. The recovery home follows up with the resident to ensure that the next steps were taken and help the resident with any barriers they may encounter. Residents may need more frequent meetings when they first move in and are getting established, but homes should meet with all residents at least weekly about their recovery plans.

Level I recovery environments are peer-driven. Residents should already have recovery plans established before moving in, and residents should be comfortable sharing their plans and supporting one another. Level I recovery homes check in with residents in the home to ensure they are available to assist residents with any barriers they may face and connect residents to needed services. Residents in recovery housing need to be open to providing accountability and support for each other on their plans. Residents should check in with one another at weekly house meetings to provide support and encouragement and help others identify when they need to ask for additional help.

There are many different ways for you and your residents to engage in this type of planning and support; you need to find a way that works for your home and your target population. Resources to help you include:

- SAMHSA Evidence Practice Resource Center
- Research on Recovery Housing
- Resources available through SAMHSA Partners for Recovery
- CARR's Best Practices for Preventing and Addressing Relapse in Recovery Housing
- William White Recovery Capital Scale

Decide How Prescribed Medications Will Be Handled in the Home

Recovery homes do not dispense, prescribe, or assist residents directly with their medications. Recovery home staff should never handle a resident's medication for them unless the staff has taken and passed the Qualified Medication Administration Personnel (QMAP) course. However, recovery residences do all they can to support the resident in taking their own medications as prescribed and keeping them secure. This includes medications that are prescribed as a part of medication-assisted treatment (MAT) or medication-assisted recovery (MAR). Recovery residence operators should be aware that under C.R.S. §25-1.5-108.5(2) a recovery residence operator receiving state money or providing services that are paid for by state programs shall not deny admission to persons who are participating in prescribed medication-assisted treatment, as defined in section C.R.S. §23-21-803. The three approved drugs for opioid disorder by the Federal Food and Drug Administration (FDA) at this time are Buprenorphine (Suboxone or Subutex), Methadone, and Naltrexone (Vivitrol).

Depending on the level of support offered in your home, you may implement various strategies to ensure that residents are appropriately managing their medications. At a minimum, your program's medication policy should address:

How all medications should be stored.

Any medications that may potentially be diverted should be kept in a locked location. In Level III homes, residents may be required to store medications in a locked room that only staff can open, with each resident having their own individual locked container inside the room. Residents in Level I and Level II homes should have a secure place to lock their medications. Other medications, including over-the-counter medications, should always be stored in appropriate locations, out of sight of other residents.

How the house will require residents to track their medications.

Residents should track prescription medications using medication logs. In Level III homes, staff can support residents by observing and helping residents complete their medication logs. In Level I and Level II homes, residents can complete their own medication logs and have these logs checked according to house policy.

What will happen if medications go missing.

House policies must be clear that residents are responsible for their own medication and must follow the home's policy. Recovery homes must ensure that residents have the tools and support to secure their medications. House policies should be clear with residents about what will happen if the home discovers that any medications are missing. In addition, CARR Standard 1.C.7.f requires a critical incident report be submitted to CARR. Refer to CARR standards for more information on critical incident reporting.

More information and best practice guidance on MAT in recovery housing can be found on the Colorado Agency for Recovery Residences website.

Develop a Resident Rights Statement

As a recovery housing operator, you will create a culture and environment in your home that is respectful of the rights of people in recovery and that supports recovery. Residents not only need to understand what is expected of them when they live in any recovery home, but they should also know what they can expect and how they can expect to be treated when living in your specific recovery home. At a minimum, residents have all the rights assured to them under the law. All recovery residences seeking to meet CARR certification should ensure resident rights are as consistent as possible with CARR standards. Operators may want to consult an attorney to draft rights and grievances procedures consistent with these standards.

Hold Regular House Meetings

All recovery homes should have house meetings that occur weekly. These meetings help residents stay connected. What you do at regular house meetings will vary on your home's size, target population, and what residents need at any given time. However, all house meetings should have time for residents to:

- Talk about their recovery plans. Share what goals that they are working on and what progress they are making.
- Share any successes that they have had and celebrate them.
- Share any concerns that they have with others and work out solutions.
- Get important reminders such as updates to policies and procedures, updates on available resources, and be reminded of critical information (such as safety plans).
- Check in with residents to ensure that they are engaging in agreed-upon community activities and meetings and engaging in employment or service hours agreements.

Consider the following strategies to help create a positive environment for house meetings:

- Have residents cook and share a meal before or after the meeting.
- Play an icebreaker game to help residents get to know one another better.
- Ensure the house meeting takes place in a comfortable place with room for everyone.
- Use a house meeting log to help keep track of residents attending house meetings and to record what they talked about and shared.
- Assign a resident to come up with a meditation, discussion question, or topic of the week for everyone to discuss the following week to help everyone get to know one another.
- For larger homes, consider allowing residents to have smaller house meetings as well, so there is enough time for residents to share and not be rushed. For example, a larger home can have house meetings by floor.
- In Level I homes, residents schedule and run the house meetings. In Level II and Level III homes, consider allowing more senior residents to lead portions of the meeting and discussion or create activities for the residents to do together at the house meeting.

Determine What Recovery Supports Will Be Available

Recovery residences must provide recovery supports within the home. Recovery houses do not offer treatment services, but they are expected to offer access to treatment services if the resident has a need and desire for treatment services.

Create a list of defined supports that your house will provide to residents. At a minimum, recovery houses provide:

- Peer support
- Resident-driven recovery planning
- Connection and referral to community resources
- House meetings
- An environment supportive of long-term recovery

Level III recovery residences are also required to have a weekly schedule of recovery support activities and formal life skills development activities. Your house may also provide transportation, food, employment connection services, recovery coaching or formal referrals, or other services and supports.

Develop a Plan for Addressing Disruptions to Recovery Should They Occur

Recovery homes must take proactive steps to prevent relapse within recovery housing. Recovery homes also need to be prepared to handle a relapse should one occur. Homes should take appropriate steps to ensure they have appropriate emergency and safety protocols, which are addressed later in this guide. Homes should also ensure they have a supply of Naloxone within the residence, that all staff and house managers are trained, and that all residents are offered an opportunity to be trained on its use. Free Naloxone kits are provided through CARR, and training is available in many communities through the local public health department. Refer to CARR standards for more information on critical incident reporting. CARR Standard 2.F.25.d states that all certified recovery residences must have current and nonexpired Narcan/Naloxone on each floor of residence and training on how to administer it.

The best time to discuss relapse is before it happens. The best practice is to work with residents individually when they move into the home on a plan for what will happen should they experience a relapse. This plan should be implemented after any immediate medical needs are addressed and include:

- Treatment providers, mutual aid supports, and recovery coaches that can be contacted for additional support of the resident.
- Next steps the home will take to address the relapse and expectations of the resident.
- A safe space where the resident can go and a person they can contact if they need to leave the home to support the health and safety of the other residents.

Recovery homes are encouraged to implement policies and practices that allow residents to remain in the home's program, if possible, after a relapse has occurred. Immediate termination of residency will likely result in further deterioration of their condition and put them at risk of death. Homes should consider the following when determining if a resident can remain in recovery housing:

- The circumstances of the relapse.
- Having the resident screened by a treatment provider if there is a need for further treatment services.
- Review relapse prevention plans and what changes can be made.
- If the home has the ability to provide additional needed supports based on review of the relapse prevention plan.
- If the resident remains interested in recovery and recovery housing.
- The impact of the relapse on other residents in the home.

If a resident determines they are no longer interested in recovery housing, the home must provide information on any available housing, treatment, or other community resources.

Emergency Response Plans

The safety and well-being of the resident who has experienced a relapse should be addressed immediately. Each occurrence should be evaluated and addressed. The home needs to:

- Have an emergency response plan to address potential overdose.
- Naloxone must be available in an accessible location on each residence floor.
- All staff and house managers must be trained on how to use Naloxone, and residents should be aware of the location and offered training.
- Emergency phone numbers should be posted in common locations of the house.
- Any resident who experiences a suspected overdose or seems to be in medical distress should be referred immediately for medical treatment.

Addressing Disruptions in Recovery as a Community

Recovery homes that implement the social model of recovery exist as a community. In addition to concern over the resident who has experienced a relapse, there is also a concern for the health, safety, and well-being of other residents in the house who are seeking to live in recovery. Homes can address concerns with other residents by ensuring physical safety and checking to ensure the home is free from alcohol or illicit substances. Homes can also discuss as a group and support one another. Homes should also review relapse prevention plans with all residents and allow adjustments based on new concerns. Recovery homes should also have partnerships in the community with providers of other services to connect residents who may need additional support. More detailed guidance on these strategies is available in the Best Practice Guidance For: Preventing and Addressing Relapse.

Work to Develop Residents into Leaders

The social model of recovery is one where experience in recovery is valued, and as residents grow in recovery housing, they develop into leaders. Mainly, this means that seasoned residents are encouraged to see themselves as examples for those who are newer to recovery and they understand the importance of modeling positive recovery behaviors for others.

Recovery homes can engage in the following strategies to help residents grow as leaders:

- Allow residents to lead portions of house meetings, morning meditations, or other meetings.
- Ask a resident to check on the daily house chores and remind others to complete them.
- Ask a resident to check in on everyone at curfew. Ask this resident to engage with others, ask how their day was, and what is going on with them.
- Have residents help others who are not working or who are on probation find service work or volunteer projects.
- Switch roles of residents regularly to allow everyone to grow in leadership.
- Have more senior residents take an active role in orientation for new residents, such as showing them around the house, explaining the house Code of Conduct, and answering questions.
- Allow residents to plan and organize informal social activities.

- Encourage residents to share their experiences and strategies with others and encourage them to give one another advice and support as peers.
- Establish a formal resident council and allow this council to have input on the recovery home's policies and goals. For newer homes, invite people in recovery and former residents of recovery housing to serve on a council.

Build Partnerships With Other Organizations

Recovery housing is one component of a continuum of care for people with substance use disorders. As a recovery house operator, you will be responsible for ensuring that if a resident needs treatment, recovery services, or other supports, you are able to connect that individual to those supports in the community.

You should become familiar with and develop partnerships with other organizations and community members. A great way to build partnerships with other organizations is to look for opportunities to become involved in the local recovery community, such as participating in local recovery coalitions or task forces. Participation in these groups will allow you to build relationships with your community and learn more about the resources available to help your residents.

Partners to consider include:

- Regional Managed Service Organizations (MSO)
- Recovery support organizations or groups
- Peer-run organizations
- Drug courts and re-entry task forces
- Departments of public health
- Substance abuse and/or mental health treatment providers
- Social service providers (child and family services offices, domestic violence groups, workforce development agencies, etc.)
- Workforce Development Programs (One-Stop Centers, Job Search Programs, Employment Readiness Programs, etc)
- Housing partners (local and statewide homeless task force, affordable housing advocates, fair housing advocates, etc.)
- Hospitals

Help Residents Plan For Moving Out

Residents in recovery housing may stay in housing as long as they uphold the terms of their resident agreement, uphold the Code of Conduct, and actively work on their individual recovery plans. However, residents will eventually want to move out of recovery housing.

The earlier you can start helping residents get prepared to move out, the better. The following are ongoing strategies you can implement to assist residents when it approaches time for them to move out:

- Assist residents in identifying any sources of debt that may prevent a resident from moving out of the recovery home, such as back utility bills.
- Work with residents on establishing a budget and saving money while living in recovery housing so they can afford potential moving expenses, such as the first month's rent or deposit. The Consumer

Financial Protection Bureau has a free resource: "Your Money, Your Goals" which can be used to help residents in this area.

- Ensure residents are notifying any relevant entities of their plans to move out, such as parole officers, drug courts, or child protective services case workers.
- Update residents' recovery and relapse prevention plans to ensure that they are connected to supports to help them once they move out.
- Provide the resident with a list of resources that are available to them in the community that they may need, such as rent and utility assistance, recovery support programs, food assistance programs, and others.
- Provide residents with a list of questions to ask future potential landlords such as, "Is trash pickup included? Is heat and/or electricity included?"
- Invite alums to come back to the home to share their successes with residents, see friends, and keep the connection to relationships that they built while living in the recovery home.

Physical Property

A significant component of the recovery environment is the physical property itself. There are many considerations when selecting a property that will become a recovery house; among them are the legal requirements surrounding whether or not the building you have chosen can be utilized for this purpose. It is highly suggested that you confirm that the potential location of your recovery house is appropriate before acquiring the property.

Identify an Appropriate Location

Items to be considered when identifying the property are:

- Is the neighborhood safe and drug-free?
- Is public transportation available nearby?
- What treatment and recovery services are in the area?
- Is the neighborhood well-maintained?
- How much parking is available for residents?
- Are there street parking restrictions?
- Is there outdoor space available and accessible for residents?
- What medical facilities are available?
- Are there spiritual/religious centers nearby?
- Is shopping convenient?
- Are there other community resources nearby?
- Are there employment opportunities available?

Recovery housing must meet all applicable zoning, building, and fire safety codes. Consult with your project architect, the local building code enforcement office, or a zoning attorney for advice on zoning requirements. You may also request a courtesy inspection from CARR if you have questions on a property.

Zoning

Consult with local zoning and housing departments to determine what type of building use is allowed in what zones. Zoning classifications vary by jurisdiction, so it is necessary to research restrictions in the community in which you are located. Be very clear about the zoning and/or building restrictions in the neighborhood(s) you plan to locate, and don't be afraid to ask questions.

Building Codes

The State of Colorado has no standard state building code. Codes are primarily adopted and enforced locally. Two state agencies adopt state minimum plumbing and electrical codes respectively. The State Architect adopts codes for all state-owned buildings and facilities. The Division of Fire Prevention and Control adopts and enforces codes for all public schools, junior colleges, and all licensed healthcare facilities statewide.

Local communities have codes specific to each jurisdiction that you must follow. Local communities have codes pertaining to occupancy, rooming house rules/ registration, and other regulations that may go beyond

state or federal laws. You should contact your local building code enforcement office to learn more about building codes that apply to your local community.

Meeting the CARR Quality Housing Criteria for Physical Property

All recovery housing in the State of Colorado must follow all zoning, building, fire safety, and health-related codes. The following additional requirements refer to the CARR Standards, which are required for certification. All recovery housing funded by the State of Colorado or MSO's must be certified by CARR, unless otherwise exempted by the State of Colorado.

Recovery housing operators need to ensure that the physical setup of the home allows all individuals adequate privacy and safety. The physical space should also contribute to establishing a positive recovery culture, be supportive of peer support interactions, and be home-like as opposed to institutional in nature.

The elements listed below are required for CARR certifications. However, CARR has created a reasonable accommodation process should your setting have difficulty meeting an individual component:

- Houses should have all elements of a typical home, such as a kitchen, dining room, laundry, living room, and bedrooms.
- The physical layout should be reasonable, so residents have the freedom to use the common areas as they wish and do not require residents to follow a strict schedule.
- No more than 16 adults (including staff who live on site) total living in a single-family structure. Documented accommodation may be considered by CARR. CARR reserves the right to evaluate all recovery residences in excess of 16 adults to ensure they are in compliance with the entirety of the criteria prior to approval.
- Recovery housing operated in an apartment-type structure must have a minimum of 450 square feet for an individual unit.
- A minimum of 50 square feet per bed per sleeping room.
- There must be at least one sink, one toilet and one shower per six residents.
- Each resident must have his/her/their own personal item storage space and food storage space in areas where they can access them at any time.

Ensure a Home-Like Environment

A major component of the social model of recovery is a physical environment that is safe, home-like, and encourages resident interaction and support. It is important that you set up the physical space and establish a house culture for the use of the space that promotes mutual respect and peer support interactions. To meet the CARR standards:

- If individuals share bedrooms, every reasonable effort should be made to ensure that residents have a choice in their roommate.
- Residents should have access to the common areas of the house at any time.
- There should be a clear policy about visitors and guests. Residents should have a reasonable expectation of having guests at reasonable hours while also allowing the operator to maintain appropriate occupancy of the home and the safety of the recovery environment.

You should also consider the following elements to create a home-like environment:

- Furniture in the home should be in good condition and appropriate for a home-like environment.

- All furniture should be used for its intended purpose.
- Residents should have their own key code or a key to the house.
- There should be enough space in the dining room and living room for all of the residents to gather.
- Social activities, games, and other materials should be provided to encourage residents to informally gather and build relationships.
- Decorations should encourage a home-like environment. Items such as rugs, picture frames, curtains, and ensuring walls are nicely painted are ways to create a welcoming environment.
- Ensure residents have needed supplies to live in the home, such as sheets, towels, cleaning supplies, toiletries, and other needed items. Keep the house stocked and contact local social service agencies if there is a resident with a particular need.

Staffing

If you are operating a Level III recovery house, you are required to have staff in residence at the recovery house. If you are operating a Level II recovery house, you are required to have a house leader, senior resident, or house parent. This person is typically a staff person but could also be the owner of the house acting as the house leader. While Level I houses are peer-run, the operator will have responsibilities related to maintaining the building, ensuring a positive home recovery environment, and being available for maintenance requests and emergencies.

Ensure Compliance With Labor and Tax Laws

It is highly suggested that you consult with an attorney to ensure that your house follows all state and federal labor and tax laws. If you are a nonprofit organization, you should also ensure that you are in compliance with charitable law regarding volunteers if you plan to use volunteers in your organization.

Determine Your Staffing Needs

In a previous section, you created a list of recovery supports that your recovery home would provide. For each listed recovery support, determine the following:

- Who will be responsible for ensuring that recovery supports are delivered?
- How many hours per week will be required to provide recovery support?
- Who will supervise this activity?

Examine this list to determine how many staff positions you need and if it is possible to fill the staff positions with the financial resources you have available.

Employment Practices

After determining your staffing needs, you should develop job descriptions and employment applications for potential employees.

Individuals who will work at your recovery house should complete an employment application and be thoroughly vetted prior to hiring. Essential elements of hiring practices include:

- Job descriptions - each employee should have a job description. This needs to include:
  - Position title
  - Whom the person reports to and supervisory obligations
  - Job duties
  - Purpose of the position
- Employment application. This application should ask questions that will help determine if the person is qualified for the job.
- Hiring protocol. This should include how the organization ensures that a person is qualified for a particular position. This protocol should include, at minimum, a review of the employment application, an employee interview, and checking employee references. You are required to follow all laws regarding background checks. See the section below regarding background checks.
- Staff training - Once individuals are hired, you should have a process for ensuring that all staff

understand organizational policies and procedures and receive other related training for their specific role in your organization.

- Staffing plan - Refer to the chart used initially to determine your staffing needs. This chart should help you plan to ensure that the services and supports you offer at your recovery house are appropriately staffed. You should also have a backup staffing plan in case there is a vacancy or if a staff person is unable to make it to work on any given day.

As you develop your employment policies and practices, keep in mind that recovery housing is meant to provide peer support and be resident-driven. You should ensure that your hiring and employment practices reflect that staff selections are made based on accepted recovery principles and that staff is expected to model established recovery principles to residents.

Background Checks

As required by federal, state, and local law, background checks should be conducted on all staff, including volunteers who may have direct regular interaction with residents. It is your responsibility as an organization to create a policy concerning background checks that complies with local, state, and federal laws. This includes federal laws that protect the applicant from discrimination based on race, national origin, sex, religion, disability, sexual orientation, genetic information, and age. The Equal Employment Opportunity Commission (EEOC) enforces these laws. You need to consider:

- If background checks are performed
  - Who is subject to background checks?
  - Which background checks will be performed?
  - How often will checks be performed?
  - How will the organization respond to the results of the background check?

It is highly recommended that you contact an attorney to assist you in understanding these laws as you develop and implement a standard policy on background checks.

Wages, Payroll, and Employer Taxes

Now that you will be an employer you will be responsible for processing payroll and accounting for taxes. Part of your staffing policy and procedure should include tracking work schedules and monitoring time so you can process payroll. Local Municipalities, State, and Federal Labor Laws set minimum wage. More information on the current minimum wage can be found at the Colorado Department of Labor and Employment. You can choose to pay hourly or a salary as long as the total amount paid divided by the total number of hours worked is equal to at least the minimum wage. Federal law requires you to pay overtime for time worked over 40 hours each work week for non-exempt employees. Contact the US Department of Labor or the Colorado Department of Labor and Employment with any questions.

Workers' compensation insurance provides wage replacement and medical benefits to employees injured in the course of employment. Contact the Colorado Department of Labor and Employment on workers' compensation to determine what amounts, if any, you are required to pay.

Taxes

As a business and employer, you are required by law to pay state and federal taxes in addition to personal income tax. Below is a brief list of the taxes you can expect to pay:

Federal:

- Federal Insurance Contributions Act (FICA): Social Security tax and Medicare tax
- Self-Employment Contributions Act (SECA): Social Security tax and Medicare tax for those individuals who work for themselves
- Federal Unemployment Tax Act (FUTA): A tax used to fund state workforce agencies
- Federal Corporate Income Tax if operating as a for-profit business (21% in 2022)

State:

- State Corporate Income Tax if operating as a for-profit business (4.55% in Colorado in 2022)
- Collected based on income, higher the income, the higher rate an individual pays in taxes

State Unemployment Insurance Taxes are funds used to pay employees who lose their job through no fault of their own. You are required to pay unemployment insurance taxes under The Colorado Employment Security Act (CESA) compensation law if you meet any of the following requirements:

- Have at least one employee in covered employment for some portion of a day in each of 20 different weeks within either the current or the preceding calendar year; or
- Paid wages of $1,500 or more to employees in covered employment in any calendar quarter within the current or the preceding calendar year.
- Employed domestic help in a private home and paid cash wages of $1,000 or more to one or more workers in any calendar quarter.
- Are a religious, educational, or charitable nonprofit organization that meets the description in the federal IRC 501 (c)(3) and employed four or more employees for some portion of a day in each of 20 different weeks during a calendar year.
- Acquired all or part of a Colorado trade, business, organization, or a substantial portion of the assets from a predecessor employer who is liable to pay UI premiums.
- Are a state agency, state-operated hospital or school of higher education, or a political subdivision of the State.
- Voluntarily elected to participate in the UI Program, and that voluntary election is approved.

Forms to complete:

- Colorado Employee Withholding Certificate Form DR 0004: Determines income bracket for Colorado taxes.
- IRS form W-4: Determines income bracket for federal taxes. A new form should be completed if marital status or number of dependents changes.
- I-9 form, Employment Eligibility Verification: Determines citizenship.
- IRS form 940 or 940-EZ: Pays FUTA

You can register your account, pay unemployment insurance taxes, and report wages paid to employees quarterly on the Colorado Department of Labor and Employment MyUI Employer website. Questions regarding this program can also be submitted via their website. You may also have to pay property taxes and any other taxes that are levied by your county or city.

Staffing Considerations by Level of Support

Recovery homes at different levels of support require different staffing needs. The particular structure of your staffing plan will vary depending on the size of your organization, your target population, and your specific program. Common considerations across all recovery homes include:

Level I: Residents must be able to contact the operator 24/7 in an emergency. The recovery home operator should meet with and get updates from the residents regularly. Recovery homes should have strategies in place to ensure the home remains free from alcohol and illicit drugs and to address any property maintenance issues. The operator should ensure a supply of Naloxone is properly placed and accessible on each floor of the house.

Level II: Recovery homes must be monitored. This means staff or an operator must also be available 24/7 in case of an emergency and to ensure that property maintenance issues are addressed. Additionally, there must be an identified person who:

- Checks in with residents daily to ensure that someone knows where all residents are throughout the day. This can include using sign-in and sign-out boards, keeping calendars, or using texting or other communication apps, so someone knows, in general, where residents are during the day.
- Has a regular presence in the home to ensure that the Code of Conduct is being upheld, including house chores.
- Performs regular safety checks to ensure Naloxone is present in the home on all levels, all safety equipment is in place and working appropriately, and any potential safety hazards are addressed in a timely manner.
- Is available if residents have questions or need support generally.
- Meets with residents on at least a weekly basis to discuss and document recovery plans.
- Orients new residents to the home and the program and helps them get acquainted with the environment.
- Explains all the policies, procedures, and guidelines to outgoing residents before someone moves out.
- Ensures that house meetings happen at least weekly.
- Is able to monitor residents for warning signs concerning relapse and is able to connect them to additional support as needed.

In smaller organizations with only one home, there may be only one or two people who perform these duties. In larger organizations with multiple properties, these duties may be split among multiple people, or a single person may perform the same duties across multiple properties. Recovery home operators can be flexible as long as these duties are addressed, and it is clear to residents whom they may contact for a given purpose.

Formal agreements are needed between the recovery home and any house managers. There are many allowable arrangements for staff based on your organization structure and the person's specific duties within the home. Contact a human resources expert or an attorney for guidance on how to best structure your employment agreements with your house managers.

Level III: Recovery homes have paid staff. There must be staff present whenever residents are present. Level III recovery homes must have staff available who can:

- Meet with newer residents frequently to ensure they are acclimating to the environment.
- Check-in with all residents on at least a weekly basis to discuss and document recovery plans.
- Ensure that the Code of Conduct is being implemented and are also available to address any issues with residents as soon as they occur.
- Perform regular safety checks to ensure Naloxone is present in the home and all safety equipment is in place and working appropriately.
- Run regular safety protocols to ensure all staff is aware of safety plans.
- Screen residents before move-in and explain all rules and policies prior to moving in.
- Ensure that staff meetings happen weekly.
- Engage in life skills development for residents, either by providing programming directly or partnering with other organizations in the community.
- Plan and engage residents in informal recovery support activities.
- Monitor residents with warning signs concerning relapse and communicate appropriately to any treatment providers or community partners to address potential issues.
- Assist residents in helping them connect to needed services, such as transportation, employment, food, and other services.

There is no requirement that staff receive specific training or certification prior to working in recovery housing. However, once hired, all staff should be informed about the social model of recovery, the disease of addiction, and the recovery process and be provided training specific to your recovery home. Reviews should occur with staff at least annually. Contact an expert in human resources to learn more about legal obligations as an employer, as well as best practice skills for supporting and training employees.

Staff Code of Conduct

The Staff Code of Conduct applies to paid Level II or Level III home staff. This Code of Conduct has similar considerations to the Resident Code of Conduct but should also address the following:

- Staff agree to respect the rights of residents.
- Staff agree not to engage in behaviors or actions that are discriminatory.
- Staff should maintain appropriate personal boundaries with residents, including, but not limited to, a prohibition on romantic relationships between staff and residents.
- Staff agree to maintain the confidentiality of residents and uphold the home's confidentiality policy.
- Staff should always model positive recovery principles and behaviors.

Recovery homes should have a plan in place in case a violation of the Staff Code of Conduct is noted. Residents should be informed of the Staff Code of Conduct and how they can comfortably bring up concerns about staff and have them appropriately addressed.

Developing Your Organization's Policies and Procedures

Written policies and procedures are necessary documents for your organization. These policies and procedures help you make consistent and appropriate decisions, as well as articulate culture, expectations, and resources to residents and your community. You should have these policies and procedures in place before the official establishment of your recovery house.

During the previous sections in this document, you developed protocols and made decisions concerning several policies, including your mission statement, fiscal policies, recovery planning policies, and relapse prevention and relapse planning protocols. There are also additional policies and procedures that you should create prior to opening your recovery house. It is essential that these policies be written and that everyone in your organization understand and follow them consistently.

Emergency and Disaster Prevention and Planning

Recovery homes must take appropriate steps to prevent and prepare for unexpected emergencies and disasters. For guidance on preventing and responding to a resident relapse, see the appropriate section of this guide.

This section mainly focuses on non-relapse related emergencies and disasters that may occur.

Your emergency and disaster prevention and planning policy should contain information on what steps you will take to prevent a potential disaster and how you will establish and maintain preparedness for a potential disaster.

Considerations for appropriate disaster prevention include:

- Developing a safety checklist that is reviewed at least monthly. This checklist should ensure all safety equipment is working and address any potential safety hazards. The Red Cross and Federal Emergency Management Agency have basic checklists designed for families that can get you started. Be sure your checklist includes checking that supplies for Naloxone are in the house and properly distributed.
- Ensuring your other policies and procedures, such as your Code of Conduct, require residents not to tamper with safety equipment, such as tampering with or removing smoke alarms.
- Ensuring your other policies and procedures, such as your Code of Conduct, require residents to take basic safety precautions, such as not using candles, storing items appropriately, and other general safety precautions.
- See additional guidance on required safety inspections.

Considerations for appropriate disaster prevention include:

- Ensuring you stock adequate supplies in case of an emergency.
- The Red Cross has a checklist for creating an emergency response kit.
- The Red Cross also has a checklist for stocking a basic first aid kit. Again, be sure you have supplies of Naloxone on hand. CARR will provide Naloxone upon request.
- Check these supplies whenever you perform your other safety checks.

- Become knowledgeable about disaster and emergency response organizations in your local community. Learn about what possible services they offer. Reach out to them and ask for advice on preparing for a potential disaster. Please take advantage of any training or educational resources they offer.
- Collect emergency contact information from each resident upon move-in. Ensure this information is accurate. Check with the resident periodically to ensure that the contact information is up to date.
- Post emergency response phone numbers in obvious locations around the house. Make sure this information is accurate. These phone numbers should include local emergency response, as well as a phone number of someone at the organization that should be contacted once it is safe to do so. There must be someone residents can contact 24/7 in case of an emergency.

Considerations for developing emergency and disaster response plans include:

- Create plans for different types of emergencies or disasters that may occur in your community. See guidance on preventing and addressing relapse. Other emergencies and disasters to consider include physical health emergencies, mental health emergencies, fires, floods, tornadoes, inability to drink or use water, prolonged power or heat outage, or damage to the building.
- Clearly write out your response plans.
- Make sure a written copy of these plans is available in the home in a common location.
- Educate residents upon move-in, as well as on a regular basis to ensure understanding. If you have a resident move into the home with a disability that requires assistance during an emergency, be sure to update your plans appropriately.

These policies should apply 24/7. You should also consider having a written policy and procedure to ensure that any safety equipment mentioned in the above policies is in good working order. This includes checking fire extinguishers, batteries in smoke/carbon monoxide detectors, and all other safety equipment on a frequent, scheduled basis. The checks of equipment should be documented and recorded.

More information on how to create a disaster plan is available at www.ready.gov.

Grievance Procedures

The social model of recovery promotes an environment where residents' rights are respected, and where residents have a formal way to express concerns. Residents who have a concern or a grievance must have a process to formally express their concerns and to have them addressed by the operator. The residents, staff, and operators are encouraged to work together to resolve any concerns informally before engaging in a formal grievance process. However, if the resident feels that the concern cannot be handled informally, he/she/they must be able to engage in an established formal process. This policy should outline the process by which a resident is able to bring forward a concern regarding the denial or abuse of any resident's rights, what you are committed to doing to address and respond to the concern, and how you will keep documents and records related to the concern. This policy should include clear timelines for both you and the resident related to grievances. Grievances must be allowed to be referred to a parent organization, if applicable. Names and contact information of such organizations should be provided with the grievance policy.

Residents must be able to submit a grievance to you in writing. There must be a clear process for filing a grievance, and the process must be communicated (both in oral and written form) to all residents in the home.

The information on how to submit a grievance must be accessible in a place where it is easily seen, and copies must be available to residents when requested. While grievances are not anonymous, they should be confidential. Grievances should record, in writing, the date, time, description of the incident, and any names of people involved. As an operator, you need to respond in writing to a resident letting him/her/them know you have received his/ her/their grievance, your plan for reviewing or investigating the grievance, your timetable for completing this review, and your contact information.

You should be able to complete your review or investigation and provide a written response within a reasonable timeframe. If this is not possible, you need to inform the resident and explain why the investigation cannot be completed within a reasonable timeframe. At your conclusion, you will need to provide appeal information to the resident should he/she/they be dissatisfied with your decision.

You must keep all written grievances records for at least three years. It is highly recommended that you contact an attorney to assist you in understanding these laws as you develop your policy.

Recovery housing in the State of Colorado is required to become certified by the state's designated certifying body. CARR has been designated as the certifying and regulating body in Colorado per Colo. Rev. Stat. §25-1.5-108.5. Residents in recovery residences have the right through CARR to submit a grievance against any recovery residence in the State of Colorado to CARR through the CARR website.

All recovery residences certified in the State of Colorado must have language to the effect of the below sample text in all grievance policies: *If a participant has not been able to reach a satisfactory conclusion to their grievance with staff, staff will provide contact information for the appropriate authority or governing body. Participants also have the right to file a grievance with the state's designated regulatory and certifying agency, the Colorado Agency for Recovery Residences (CARR).*

Neighbor Concerns

As a recovery house, you will be a part of your local neighborhood. You can avoid concerns from neighbors by having clear resident expectations that address neighborhood issues, such as parking, smoking, trash, noise, and language. See the previous section on the Resident Code of Conduct. However, you should be prepared if a neighbor has a concern and the neighbor attempts to contact you or one of your residents about his/her/their concern.

It is recommended that you develop a plan for how you would like these questions and concerns to be handled. Your good neighbor policies should include:

- The name and contact information of the person responsible for handling neighbor concerns.
- The amount of time a neighbor can expect to hear back from that person.
- How residents are expected to interact with neighbors who have concerns.

All neighbor concerns should be addressed promptly and professionally.

Resident Selection

There are laws that protect people in recovery from discrimination. If you would like to know more about these laws, you can receive summary information on federal fair housing law issues from CARR. Contact an attorney specializing in fair housing laws or the Americans with Disabilities Act if you need legal advice.

As an operator, you need clear policies around referrals and accepting new residents. All recovery homes need to have a process for resident selection that not only looks at eligibility for any applicable financial support but also ensures that the person understands the home's environment and expectations. Implementing the social model of recovery, homes rely on residents who move into the home to maintain a positive and healthy recovery environment. Potential residents must be willing to agree to participate in this environment, meaning that they will be expected to follow the Code of Conduct, participate in recovery supports, as well as be expected to interact with others and provide informal support.

Recovery homes must also be aware of and in compliance with all federal fair housing laws. Recovery homes should work with an attorney to ensure that they are collecting appropriate information from residents during the resident selection process and not collecting information that may be potentially discriminatory against residents.

It is critical that you match the level of support available in your home to the particular needs of your residents. While there is no prerequisite amount of time that a person needs in recovery in order to qualify to live in any specific level of recovery home, the amount of time in recovery does need to be considered, along with other factors.

In Level I homes, residents must demonstrate that they can live in recovery in a peer-supported environment. Many Level I recovery homes require at least six months in recovery or a successful stay in a Level III or Level II recovery home prior to moving in. Homes must ensure that the resident has already built sufficient recovery capital to not only receive support but provide it to others in the home.

Residents should already have experience identifying and working towards recovery goals and need little assistance in developing their recovery plans. Residents currently living in the recovery home should be taking the lead in making decisions on if a new resident is able to move into the home.

In Level II homes, residents must be able to demonstrate that they can live in an environment that is monitored but not staffed 24/7. Residents are able to agree to follow a Code of Conduct and participate in resident-led recovery planning efforts. Residents are able to live in the community and uphold a positive recovery environment. Residents must have some voice or say in the resident selection process, while the final determination may remain with the operator.

In Level III homes, residents may be very early in recovery but not actively under the influence of illicit drugs or alcohol. Residents who need medical monitoring or care should be referred to appropriate services. Residents may have the ability to make suggestions and influence the resident selection process, but the operator is responsible for implementing the process.

Homes also need strong nondiscrimination policies to ensure compliance with federal fair-housing and other non-discrimination laws.

If your home is unable to meet the needs of a particular resident, you must be able to make a responsible referral to appropriate services in the community, such as another recovery home, treatment center, housing program, or other social service agency.

If you are at a point where you have more requests for moving in than you have space available, develop a policy or procedure for a waitlist. Include in this policy how you will contact residents on the waitlist if a space becomes available and how long that person has to respond to your notification.

Confidentiality

Residents are entitled to a reasonable expectation of confidentiality. Recovery housing may have multiple funding sources. As a recovery housing operator, it is your responsibility to understand what requirements you have with your associated funding sources. If you or your organization provide treatment services, partner with treatment services providers, provide health care services, or partner with health care service providers, you may be subject to legal requirements regarding how resident information can be collected, stored, and shared.

All residents should feel safe and comfortable living in the home, participating in recovery activities, peer support, and working on their recovery goals. Your confidentiality policy should outline:

- What the house will do to ensure resident information is kept private. At a minimum, keep resident records in a locked cabinet with access restricted to designated individuals or on a password-protected computer.
- What expectations are for residents with regards to privacy and confidentiality.

If your house has agreements concerning releases of information with health care professionals, probation officers, or other service providers, ensure that you read these agreements carefully and that you have a confidentiality policy that is consistent with your agreements.

Requests for Maintenance

As a property owner or lessor, residents will likely have maintenance issues and requests. Having a good policy and procedure for residents to make these requests will save you time and resources and help residents understand how to report small requests before they become significant problems. You should:

- Tell residents whom to report maintenance requests to.
- Have a plan appropriate for addressing such requests.
- Ensure that any requests concerning rodents and bugs are addressed immediately. CARR Standard 2.F.24.d requires all recovery residence programs to have a rodent and bug infestation policy and procedures.

Build Your Policy and Procedures Manual

Now that you have developed your organization's policies, it is time to put them together in a common location. Having all your policies in one place will help you keep track of your policies and procedures and ensure they are on hand for easy reference. You must have a manual or handbook for residents with all policies and procedures that pertain to them and another manual for you as the operator and any staff members.

Policies and procedures you must include in your resident manual:

- Resident Evaluation/Application (CARR Standard – 1.A.2.j)
- Resident Agreement (CARR Standard – 1.A.3)
- Statement of Resident Rights (CARR Standard – 1.B.5.a.1)
- Grievance Policy (CARR Standard – 1.C.7.b)
- Medication Policy (CARR Standard – 2.F.16.d)
- Addressing Neighbor Concerns (CARR Standard – 4.J.36)
- Emergency Policy (CARR Standard – 2.F.25)
- Communicable Disease Policy (CARR Standard – 2.F.24.b)
- House Rules or Code of Conduct
- Paid Work Agreements (CARR Standard – 1.A.2.g)
- Drug Screening (CARR Standard – 2.F.16.c)
- Confidentiality Policy (CARR Standard – 1.B.6.a, 1.A.4.a)
- Nondiscrimination Policy (CARR Standard – 1.A.2.d)
- Mission Statement (CARR Standard – 1.A.1.a)
- Vision Statement (CARR Standard – 1.A.1.b)
- Relapse Policy (CARR Standard – 1.B.5.a.5)
- Discharge Policy (CARR Standard – 3.G.27.d)
- Rodent and Bug Infestation Policy (CARR Standard – 2.F.24.d)

Operators may also want to consider the following as part of the resident packet:

- Verification of income or statement of no income.
- Authorization to run a credit check, if required.
- Checklist of unit conditions before or at the time of occupancy.
- Procedures for requesting and making repairs, including request forms, completion forms, and/or time estimate forms.
- Procedures and/or forms related to notice of intent to enter or inspect premises.

The following policies pertain to the operators of the house. You may choose to have a separate manual for you as the operator and any staff that includes the policies listed above as well as the following:

- Fiscal policies
- Operating budget: Short-term (monthly) and long-term (three to ten year) budgets should be created to ensure sustainability and fiscal responsibility
- Building maintenance: This policy document should indicate the plan for upkeep and maintenance to ensure compliance with applicable laws. This policy may be created in collaboration with the operating budget to account for the management and operation of the housing, as well as unexpected replacement or maintenance items

- Resident records: homes must make every effort to keep resident information secure. The policy must include information about who has access
- Staffing policies and procedures

Refer to CARR standards for guidance on appropriate policies and procedures. You may also contact CARR for technical assistance or support if you need help developing a specific policy or procedure. Recovery residence operators are encouraged to review the CARR Physical Inspection and Document Review Checklist to ensure all policies and procedures are included in your documentation.

Resident Agreements

Once you have your business plan and budget, your property is prepared, plans for an effective recovery environment, and you have compiled all of your policies and procedures, you are prepared to put together your resident agreement. The resident agreement will likely refer to much of the information addressed earlier in this document.

Housing or resident agreements refer to written agreements between residents and owners/operators. The agreement must be in compliance with state and local Fair Housing Laws, and non-discrimination policies, and must be legally enforceable by both parties. It is not allowable to offer or require a waiver of these rights, either in written or verbal form. It is strongly advised that you use legal counsel to review your agreement and any requirements contained therein.

The resident agreement is a mutually agreed upon document, the primary purpose of which is to clearly put in writing the terms by which a recovery residence program agrees to provide a safe and clean space to the client. In return, the client agrees to pay program fees on time and live by the rules of the house. Below is a list of items that agreements for recovery homes should include, at a minimum:

- The name of the operator, the address of the property, and the name of the client.
- The length of the agreement.
- The list of recovery supports provided.
  - Including language that makes it clear that residents have opportunities to make informed choices about whom they engage with regarding recovery supports.
- Clear financial expectations.
  - Program Fees - How much the program fees are, when they are due, and what happens if payments are late.
  - Deposits - If a deposit was made, in what amount, when it was due, and when and how a resident can request his/her/their deposit back.
  - Intake Fees - If an intake fee is due to move into a recovery residence what is the amount.
  - Additional Fees - If the house charges fees for any other services, such as food, transportation, or utilities, these must be made clear. If fee changes are made after a resident moves in, amendments must be included to the agreement, and both the operator and resident must agree to the terms.
  - Refunds - It is required that you have a refund policy. If you do/or do not offer refunds, this should be made clear in your agreement and should be signed by the resident before they move in.
- Resident property - what happens if a resident leaves property in the home after the end of the agreement.
- Termination procedures.
  - When and how the operator may end the agreement and steps an individual can follow to request an appeal of the termination of residency.
  - When and how the resident may request to end the agreement.
- Consent to release information (if applicable).
- Statement of resident rights.
- House rules or resident expectations—these clearly outline what is expected of residents
- House policy on visitors.
- Grievance procedures.
- Change of terms - when and how the operator or resident may change the terms of the agreement.
- Signature and date of both the operator and the resident.

Orientation Process

While your resident agreement will contain much important information, you must also have a defined orientation plan which ensures that residents are informed of everything they need to know to live safely and comfortably in the home. You are responsible for ensuring that each resident fully understands all policies and procedures before moving into the home or making a payment to you. You should dedicate a significant amount of time when the resident moves in to ensure that he/she/they is aware of the following:

- The agreement and all the terms and conditions.
- Introductions to staff and other residents - ensuring residents know whom to go to if they have questions or need something.
- Tour of home - review of the condition of the property prior to move-in.
- All house rules - including rules on curfews, prohibited items in the home, house chores, etc.
- How the house maintains a drug and alcohol-free living environment.
- How medications should be stored and recorded, if applicable.
- Expectations around house meetings and other recovery activities.
- Confidentiality policies and expectations.
- Emergency and disaster procedures.
- An introduction to the neighborhood and any neighborhood rules (such as parking and public transportation if relevant).
- Collection of emergency contact information for the resident.
- Grievance policies and procedures.
- Relapse prevention protocol and relapse plan.
- Recovery planning expectations and goals.
- Requests for maintenance and repairs.
- Policy regarding visitors or guests.
- Where the resident manual is in the house.

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agency for recovery residences
CARR

Best Practices Guidance For:

Medication-Assisted Treatment and Recovery Housing

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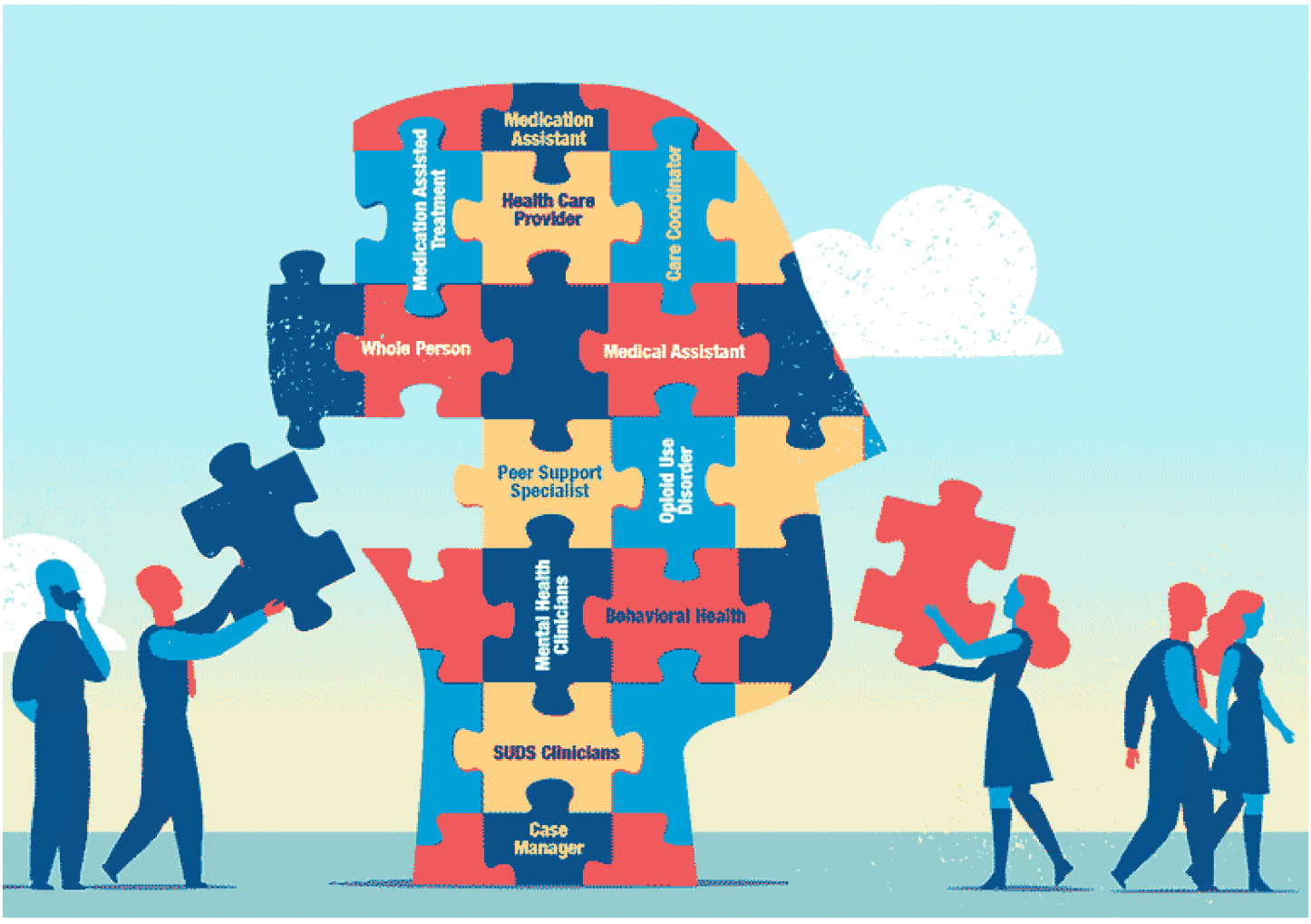


Introduction

Medication-Assisted Treatment (MAT) is a well established method for people with substance use disorders seeking recovery. MAT has been shown to significantly reduce illicit opioid use compared with nondrug approaches[1], and increased access to these therapies can reduce overdose fatalities.[2] MAT is considered an established best practice by the Substance Abuse and Mental Health Service Administration (SAMHSA).[3] However, MAT is often unavailable to those in need due to inadequate funding of treatment programs and a lack of qualified providers who can deliver these therapies.[4] In addition, recognizing MAT as a path to recovery has not always been widely supported by the entire recovery community. Often, people who used MAT have been left without the services and support they need to build recovery capital and succeed in recovery. Emerging research on the benefits of MAT, a changing culture in the recovery field, and a better understanding of fair housing and the rights of people with substance use disorders have recovery residence operators seeking more information about how they can successfully incorporate MAT into their quality programs.

Operators seek best practice guidance that allows them to:

- Ensure a safe environment that is free from alcohol and illicit drug use,
- Uphold the fair housing rights of their residents,
- Reduce stigma and provide support for all residents in recovery, and
- Provide high-quality recovery planning and relapse prevention for individuals who use MAT as a part of their pathway to recovery.

This best practice guide seeks to provide accurate information and best practice guidance. This guide is not intended to replace the advice of legal counsel. This guide is not intended to replace the Behavioral Health Administration (BHA), SAMHSA, Drug Enforcement Administration (DEA), or other regulatory requirements for clinical operation and controlled medication handling. All recovery residence program operators should consult with an attorney concerning their program and any questions about fair housing rights, reasonable accommodation, or other legal matters.

1 Richard P. Mattick et al., "Methadone Maintenance Therapy Versus No Opioid Replacement Therapy for Opioid Dependence," Cochrane Database of Systematic Reviews 3 (2009): CD002209, http://www.ncbi.nlm.nih.gov/pubmed/19588333; Sandra D. Comer et al., "Injectable, Sustained-Release Naltrexone for the Treatment of Opioid Dependence: A Randomized, Placebo-Controlled Trial," Archives of General Psychiatry 63, no. 2 (2006): 210–8, http://archpsyc.jamanetwork.com/article.aspx?articleid=209312; and Paul J. Fudala et al., "Office-Based Treatment of Opiate Addiction With a Sublingual-Tablet Formulation of Buprenorphine and Naloxone," New England Journal of Medicine 349, no. 10 (2003): 949–58, http://www.ncbi.nlm.nih.gov/pubmed/12954743.

2 Robert P. Schwartz et al., "Opioid Agonist Treatments and Heroin Overdose Deaths in Baltimore, Maryland, 1995-2009," American Journal of Public Health 103, no. 5 (2013): 917–22, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3670653.

3 Treatment Improvement Protocol, TIP 42, Substance Use Disorder Treatment for People with Co-Occuring Disorders Updated 2020, https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004

4 Hannah K. Knudsen, Paul M. Roman, and Carrie B. Oser, "Facilitating Factors and Barriers to the Use of Medications in Publicly Funded Addiction Treatment Organizations," Journal of Addiction Medicine 4, no. 2 (2010): 99–107, https://www.ncbi.nlm.nih.gov/pubmed/20835350.

MAT and Recovery

MAT has been demonstrated to be effective in assisting individuals with substance use disorders to find and sustain recovery. Research has shown that individuals who include MAT in their path to recovery can and do find long-term recovery. The most common MAT medications include Methadone, Buprenorphine, and Naltrexone, which are described further below. As research advances, we anticipate more medications and treatments will be emerging.

Some MAT medications are opioid based, such as Methadone and Buprenorphine. These medications fundamentally differ from short-acting opioids such as heroin and prescription painkillers. MAT medications help people with substance use disorders manage withdrawal symptoms, allowing them to disengage from drug-seeking and related behavior and more effectively participate in treatment and recovery services. There are also MAT medications that are not opioid-based, such as Naltrexone, which does not result in physical dependence.[1]

- **Agonist:** A medication to treat opioid use disorder that is opiate-based and binds with receptors in the brain instead of heroin or other opioids. A partial agonist medication also binds with opioid receptors, but not as strongly as a full agonist.
- **Antagonist:** A medication to treat opioid use disorder that blocks any euphoric or sedative effects of using opioids.

The US Food and Drug Administration (FDA) has approved several medications to treat opioid use disorder. The three FDA-approved medications for opioid use disorders at this time are Methadone, Buprenorphine, and Naltrexone. Each of them works differently in the brain. These medications are not interchangeable. The length and severity of a person's substance use history, past treatment experiences, and preferred treatment setting all affect medication decisions made by an individual and their prescribing physician. These three medications should be prescribed as part of a comprehensive treatment plan that includes counseling and participation in recovery support services.[2] **Note: Under C.R.S. §25-1.5-108.5(2), a recovery residence operator receiving state money or providing services that are paid for through state programs shall not deny admission to persons participating in prescribed medication-assisted treatment, as defined in section C.R.S. §23-21-803.**

- **Methadone** is a long-acting opioid agonist that reduces opioid craving and withdrawal while blunting or blocking the effects of opioids. Taken daily, it is available in liquid, powder, and diskette forms. Methadone targets the same neural receptors as heroin and other opioids. Methadone treatment aims to prevent opioid cravings. Studies have also shown that Methadone and Buprenorphine reduce the overall risk of death, including drug overdose, alcohol-related disease, suicide, and other causes. When taken as prescribed, Methadone is safe and effective. Methadone helps individuals achieve and sustain recovery and to reclaim active and meaningful lives. Methadone can be one component of a comprehensive treatment plan, which would include counseling and other behavioral health therapies to provide patients with a whole-person approach.[3]

1 American Psychiatric Association. (2006). Practice guideline for the treatment of patients with substance use disorders. 2nd edition. Arlington, VA: American Psychiatric Association. Available online at https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf

2 Lingford-Hughes AR, Welch S, Peters L, Nutt DJ. (2012). BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP. Journal of Psychopharmacology, 26(7):899-952.

3 https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/methadone

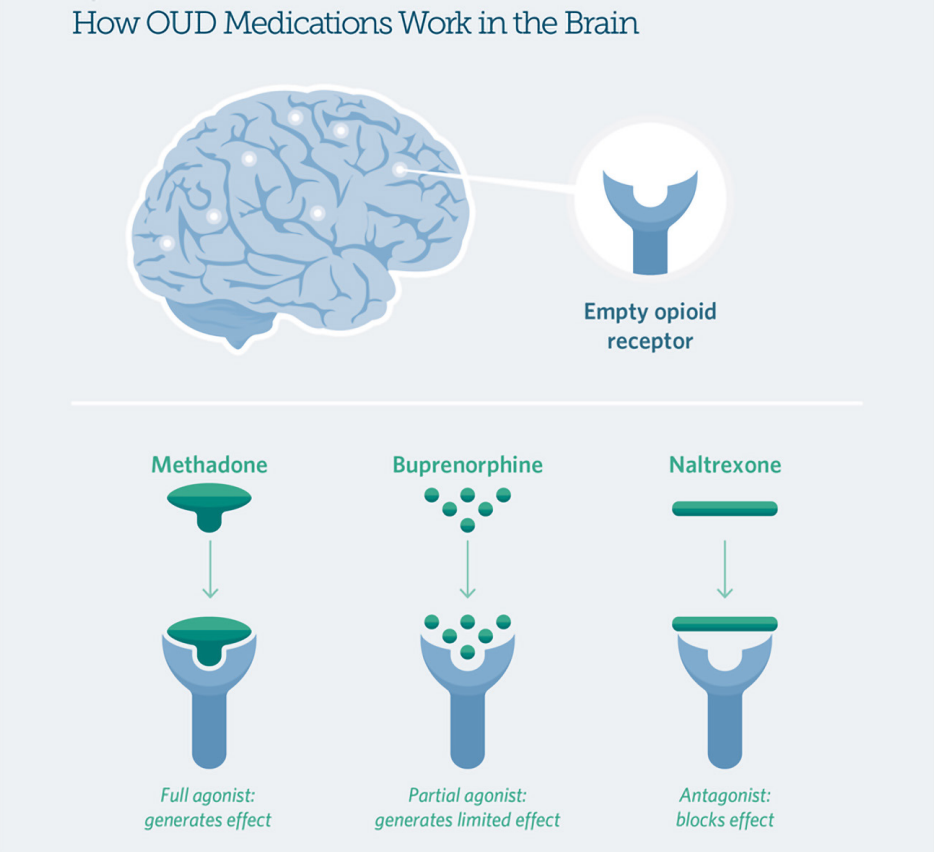
- **Buprenorphine:** (also known by the common brand name Subutex) is a partial agonist, which limits how much an opioid can stimulate the opioid receptor. However, Buprenorphine will only have increasing effects up to a specific dose, beyond which its effects will plateau. Because of this, it often may be less effective for individuals who are dependent on higher opioid doses. Many studies have supported the safety and effectiveness of Buprenorphine in treating opioid use disorder (OUD). Like methadone, many well-designed studies have shown that Buprenorphine reduces the risk of death from opioid overdose and other causes. Buprenorphine is the first medication to treat OUD that can be prescribed or dispensed in physician offices, significantly increasing access to treatment. Suboxone is most often prescribed by clinicians rather than Buprenorphine alone. It is a sublingual film that dissolves under the tongue with a combination of two medications – Buprenorphine and Naloxone. Suboxone is designed to diminish withdrawal symptoms and cravings. Suboxone is an opioid because it attaches to opioid receptors in the brain but it does not fully activate them. Suboxone is safer than other opioids like oxycodone or heroin since it is only a partial opioid.
- **Naltrexone:** (known by the common brand name Vivitrol) works differently than Methadone and Buprenorphine in treating OUD. It is an antagonist, meaning it binds to and blocks opioid receptors in the brain. If a person using Naltrexone begins to use opioids, Naltrexone blocks the euphoric and sedative effects. Naltrexone is available in a long-acting injectable format. It is important to note that Naltrexone can only be used with patients that have not used any opioids, including opioid-based medication, for at least 7-10 days. If administered before a person has wholly detoxed from opioids, Naltrexone can initiate severe withdrawal symptoms. This should not be confused with Naloxone (also known as Narcan), the short-acting opioid antagonist used to reverse an opioid overdose, commonly found in recovery residences and programs.

How Opioid Use Disorder Medications Works in the Brain

MAT consists of medication, treatment, and connection to recovery supports. The medications normalize brain chemistry so people can focus on counseling, participate in behavioral interventions, and receive recovery support services necessary to enter and sustain recovery.

People who use MAT as appropriately prescribed can and do live in residential recovery settings. People who use MAT as prescribed and monitored for appropriate dosage do not experience euphoria, sedation, or other functional impairments and do not meet diagnostic criteria for addiction. For example, there is no loss of volitional control associated with MAT prescribed drug use. One study examined 17,500 people with opioid use disorders from 2012 to 2014 and showed that MAT treatment could make a drastic difference. In this study, compared to those who received no MAT medication, deaths from overdose decreased by 38% in the group taking Buprenorphine, and deaths from overdose decreased by 59% in the group receiving Methadone.[1]

There is no specific length of time that a person can or should be using MAT medication. For some people, MAT could be indefinite. The decision of how long a person should be prescribed MAT is based on many individual factors. Individuals in recovery using MAT should be working with their doctor to determine what medications are appropriate and how long they need to take them based on their individual recovery goals and recovery needs.



1 Larochelle, et al. Medication for opioid use disorder after nonfatal opioid overdose and association with mortality. A cohort study(link is external). Annals of Internal Medicine. June 19, 2018, https://www.nih.gov/news-events/news-releases/methadone-buprenorphine-reduce-risk-death-after-opioid-overdose

MAT - MAR and Recovery Residences

There are administrative and procedural best practices that quality recovery residence operators should implement to ensure that they are meeting the needs of individuals who use MAT while also maintaining the integrity of their program and ensuring the health and safety of all residents.

The 3-Legged stool or Medication Assisted Recovery (MAR) model utilizes Medication, Psychosocial Services, and Recovery Support Services in collaboration with each other. MAR refers to using medication to assist a person in their recovery from a substance use disorder. Ideally, MAR, in best practice, combines the use of medications with counseling or behavioral therapies (psychosocial services) and recovery support services. **Medication** can help stabilize brain functioning and relieve cravings and withdrawal symptoms, allowing individuals to focus on their recovery process. **Psychosocial Services** help individuals address the underlying causes of addiction, while **Recovery Support Services** ensure that individuals have the support needed to learn how to live a life of recovery. Many opioid treatment programs are now trying to connect people to recovery support services because these supports have been found to be essential to sustain long-term recovery.[1]

Prescribed Medications in Recovery Residences

Recovery residences do not dispense, prescribe, or assist residents directly with their medications. Recovery residence staff should never handle a resident's medication for them unless the staff has taken and passed the Qualified Medication Administration Personnel (QMAP) course. However, recovery residences do all they can to support the resident in taking their own medications as prescribed and keeping medications secure. This includes medicines prescribed as a part of Medication-Assisted Treatment (MAT) or Medication-Assisted Recovery (MAR).

Depending on the level of support offered in your home, you may implement various strategies to ensure that residents are appropriately managing their medications. At a minimum, your house medication policy should address the following:

Medication Storage

Any medications that may potentially be diverted should be kept in a locked location. A single dose of Methadone taken accidentally by a resident can potentially be fatal, which increases the importance of storage in recovery residences. The BHA and SAMHSA have strict regulations on take-home requirements around Methadone medication. The chain of custody must be carefully controlled when applicable. CARR standard 2.F.16.d requires that all prescribed medications must be stored in a locked container. In Level III residences, residents may be required to store medicines in a locked room that only staff can open, with each resident having their own individual locked container inside the room. In Level II and Level I residences, residents should have a secure place to lock their medications. Other medications, including over-the-counter medicines, should always be stored in appropriate locations, out of sight of other residents. For technical assistance around the storage of MAT medications and guidance in a recovery residence program, please get in touch with CARR or the facilities that delivere or prescribe the opioid treatment.

1 Helping recovery residence adapt to support people with Medication Assisted Recovery. https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH_MAR-RH-Brief.pdf

Residents Medication Tracking

Residents should track their prescription medication consumption using a medication log. In Level III residences, staff can support residents by observing and helping residents complete their medication logs. In Level II and Level I residences, residents can complete their medication logs and have these logs checked according to house policy.

Missing Medications

Recovery residence policies must be clear that residents are responsible for their own medication and must follow the residence policy. Recovery residences need to be sure that residents have tools and support for securing their medications. Recovery residences should be clear with residents about what will happen if the recovery residence discovers that medications are missing. As of January 1, 2023, CARR Standard 1.C.7.f.2 requires all recovery residence programs to report any medication diversion or error. A medication error or medication diversion is defined in 2 CCR 502-1; 21.300.1 and 21.300.3(J). In addition, CARR standard 1.C.7.f.3 requires critical incident reports to be written or submitted in accordance with prescribed forms approved by the Behavioral Health Administration for CARR. This is not in lieu of other reporting mandated by state statute or federal guidelines. If a recovery residence is required to report any missing medication to the facility that delivered or prescribed the medications, these reports must still be filed.

Managing Stigma

There are many paths to recovery. Some people use MAT, and others do not. There is potential that residents who do not use MAT and do not understand the science behind it may see the use of MAT as a trigger and struggle in their recovery.

Best practice strategies to reduce stigma around MAT and help all residents in recovery include:

- If residents are concerned about being triggered by another resident's use of MAT, the house should discuss their fears and concerns and strategies for coping with them. Remind them that in recovery, there will be others around them who may use medications to assist with their addiction or other health conditions.
- Review plans for relapse prevention and encourage residents to be honest with feelings and needs.
- If residents who use MAT express feeling stigmatized or are experiencing a sense of push-back from other residents, staff should talk with them about their strategies for coping and work with them to find supportive resources (e.g., meetings, etc.).
- If a situation arises in the house where residents are feeling stigmatized or discriminated against for any reason, it is important to gather together and talk as a group. A healthy recovery environment's core features are peer support, respect, and mutual aid. For all of these open communication is crucial.

Preventing and Addressing Relapse

Recovery residences are focused on preventing relapse and strengthening recovery for all residents. All recovery residence operators should have comprehensive plans for preventing and addressing relapse and overdose, including having doses of Naloxone safely stored and ensuring staff, residents, and volunteers are trained in its use. CARR will supply all recovery residence programs in the State of Colorado with Naloxone

upon request. CARR standard 2.F.25.d requires all recovery residence programs to have Naloxone on each floor of a recovery residence.

In addition to the recovery planning and relapse prevention plans that recovery residence operators are already doing for all residents, best practice strategies for preventing and addressing relapse for people who use MAT include:

- Help residents develop life skills around working with and following the advice of their treatment provider and/or physician;
- If an operator notices a resident is exhibiting inappropriate behavior that may be due to the medication, provide the resident with advice and support on how to discuss these issues with their treatment provider;
- Develop relationships with the treatment provider, so the operator can share information and be a part of the care team for the person in recovery. Work with the treatment provider to ensure all appropriate release of information policies are followed; and
- Educate residents in the house and staff and volunteers of the signs of MAT misuse and overdose. If a resident has experienced a relapse or seems to be experiencing adverse side effects from a medication, he or she should immediately obtain medical attention.

Screening MAT Residents

Recovery residences may ask applicants questions in order to determine their ability to meet financial requirements, their history of substance use and recovery, and whether they otherwise meet the home's eligibility criteria. Screening procedures should be consistent, fair, and documented, and a residence may not accept or reject an applicant solely based on their use of MAT. Such exclusions violate the Federal Fair Housing Act and the Americans with Disabilities Act. Be sure to consult with an attorney before establishing and using screening procedures to ensure you are aware of all relevant federal and state laws and their implications.

MAT and Fair Housing

Some recovery residences may have formal or informal policies that exclude individuals taking certain medications from participating in their program or residing in their residences. Some operators may also formally or informally request or require that residents only use a specific type of medication. People using MAT as prescribed are considered individuals with a disability. Thus, they fall under the protected classes of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and the Fair Housing Act (FHA). Recovery residences are not qualified to make requests, requirements, or suggestions concerning recovery treatments validly prescribed by a physician or clinician. Recovery residence operators are required to make reasonable accommodations for people who use MAT.[1] Requiring a person to change their treatment plan to receive services violates the ADA. A person with a disability can't be denied access to services because of a medication prescribed to treat their disability. A person's medication is specific to the treatment of their disability. Attempting to deny someone access to goods and services because of a prescribed medication is discrimination based on a disability.[2]

1 SETTLEMENT AGREEMENT BETWEEN THE UNITED STATES OF AMERICA AND READY TO WORK, LLC UNDER THE AMERICANS WITH DISABILITIES ACT, DJ # 202-13-342

2 New England ADA Center: The ADA, Addiction and Recovery Frequently Asked Questions: https://ne-ada.s3.amazonaws.com/s3fs-public/FAQs%20for%20Web_0.pdf

CARR recognizes the full continuum of recovery options which can be applied in recovery residences so that people have the maximum number of choices and can live in an environment that best helps them reach their recovery goals. The quality standards for CARR require that operators develop an understanding of and comply with all local, state, and federal regulations. It is highly recommended that a recovery residence contact a legal expert to determine which laws apply to their operation and what accommodations they are required to provide.

Here are some general tips on how to screen and evaluate potential MAT residents:[1]

1. As with any applicant, your evaluation process should demonstrate that your residence can meet an individual's needs, whether you can support residents using medications or not.
2. The process should be consistent across all applicants and focus on questions that determine the applicant's 1) eligibility, such as substance use recovery history and priority population criteria, and 2) ability to meet the terms of the resident agreement, such as financial obligations and upholding house rules and expectations.
3. Avoid categorical exclusions based on the use of medications. Such exclusions may violate the Federal Fair Housing Act and/or the Americans with Disabilities Act.
4. Pre-acceptance conversations should engage applicants in a discussion about their recovery plans and willingness to abstain from alcohol and all illicit drugs as conditions of the environment. Not all individuals using medications to address opioid use want an abstinence-based recovery environment that permits opioid medications.
5. The applicant's recovery goals should align with the recovery residence's philosophy, services, and support offerings, regardless of their MAT status.
6. Residents practicing MAT are expected to engage in personal recovery programs, and to participate in residence activities, just like any other resident. Making this clear in the interview and acceptance process will avoid misunderstandings and help applicants understand community expectations.
7. Inform applicants that you may need them to permit you (or your designated staff) and their prescribing physician to communicate with each other. (Note: this may vary based on the Level of the recovery residence and whether the team is available to fill this role.) Both you and the physician will need signed releases from the applicant. Obtain a release from the applicant for that communication. Inform the applicant that you will verify with the physician that the same permission has been granted to him/her/them. You can find a sample consent form here at the National Library of Medicine (https://www.ncbi.nlm.nih.gov/books/NBK64250/). Consult an attorney for guidance on the releases.
8. Be clear about medication management and safekeeping policies.
9. If an applicant is not a good fit for your residence, offer referrals to other homes that might be more appropriate.

1 Helping recovery residence adapt to support people with Medication Assisted Recovery. https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH_MAR-RH-Brief.pdf

Some general sample resident screening questions:

1. Do you have a history of substance use issues? a. If so, what has your recovery journey been like (history of use, treatment, recovery)? b. If so, what recovery goals do you want to achieve while living in the recovery residence? c. To verify your abstinence from alcohol and illicit drugs, are you willing to submit a urine sample and are you willing to disclose what medications you are prescribed in order to rule out "false positives"?
2. Are you able to provide a copy of a government-issued ID verifying your name and age?
3. Are you willing to adhere to and hold others accountable to the "Recovery Residence Rules"?
4. Are you willing to participate in the required recovery activities?
5. Can you to manage basic activities of daily living (ADL) on your own, such as bathing, dressing, continence, eating, and evacuating the home during emergencies?
6. Can you manage instrumental activities of daily living (IADL) on your own, such as self-managing medications, finances, transportation, cooking, shopping, house cleaning, and laundry?
7. What is your criminal justice involvement history, including felony convictions or supervision status?
8. How will you pay your recovery residence fees and living expenses? Are you employed? Are you willing to work? What financial resources do you have?

Best Practices for Supporting Housing Choice

Clear Marketing and Communication

Ensure that all marketing materials clearly describe your recovery residence, what meetings are required, and what resident expectations are, both financial and behavioral. Educate and inform potential residents about your medication policy during the application process. Clear marketing of your program will allow residents to choose the best option for themselves. For more information on marketing standards see CARR Standard - 1.A.2.e)

Understand Other Recovery Residence Options

Some recovery residence operators manage multiple properties and allow residents to choose which one is most appropriate for them based on their needs. Not all operators can do this. Recovery Residence operators should develop relationships with other recovery residence options in the community so residents can be informed of multiple housing options and make the best choice possible for housing that will fully support their recovery.

Support Increase in Quality Recovery Residence Options

There is currently a shortage of recovery residence options, especially for specific at-risk populations such as people who identify as LGBTQ+, parents with children, and people who have a co-occurring mental illness. By supporting an increase in recovery residence options in the community, recovery residence operators are increasing the likelihood that people in recovery can find the best recovery residence that meets their individual needs.

Resources

The resources below provide further information on Medication Assisted Treatment, Recovery, and Recovery Housing.

- OpiRescue- A free smartphone app that helps first responders recognize overdoses, reverse them with Naloxone, and report them.
- CARR- Free Naloxone/Narcan for recovery residence programs
- Know Your Rights- rights for individuals on Medication-Assisted Treatment.
  - https://atforum.com/documents/Know_Your_Rights_Brochure_0110.pdf
- Community Care Behavioral Health Organization (2013). Supporting Recovery from Opioid Addiction: Community Best Practice Guidelines for Buprenorphine and Suboxone.
  - https://www.ccbh.com
- Kelch, B.P., & Piazza, N.J. (2011). Medication-assisted treatment: Overcoming individual resistance among members in groups whose membership consists of both users and nonusers of MAT: A clinical review. Journal of Groups in Addiction & Recovery (6), pp. 307-318.
- Legal Action Center (2009). Know Your Rights: Rights for Individuals on Medication-Assisted Treatment. HHS Publication No. (SMA) 09-4449. Rockville, MD: Center for Substance Abuse Treatment, SAMHSA.
- Legal Action Center (2016). Medication-Assisted Treatment for Opioid Addiction: Myths and Facts.
  - https://www.lac.org
- Northwest Frontier Addiction Technology Transfer Center: Addiction Messenger. Part 2: Medication-Assisted Treatment: Helping Patients Succeed.
- SAMHSA Medication-Assisted Treatment
  - https://www.samhsa.gov/medication-assisted-treatment.
- SAMHSA Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends
  - https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview
- Substance Abuse and Mental Health Services Administration. Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide. HHS Publication No. (SMA) 14-4892R. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.
- The Betty Ford Institute Consensus Panel (2007). What is recovery? A working definition from the Betty Ford Institute. Journal of Substance Abuse Treatment, 33, pp. 221-228.
- White, W.L. (2009). Long-term strategies to reduce the stigma attached to addiction, treatment, and recovery within the City of Philadelphia (with particular reference to medication-assisted treatment/ recovery). Philadelphia: Department of Behavioral Health and Mental Retardation Services; and (2012) Medication-assisted recovery from opioid addiction: Historical and contemporary perspectives Journal of Addictive Diseases,.31(3), 199-206.

COLORADO
agency for recovery residences
CARR

Best Practices Guidance For:

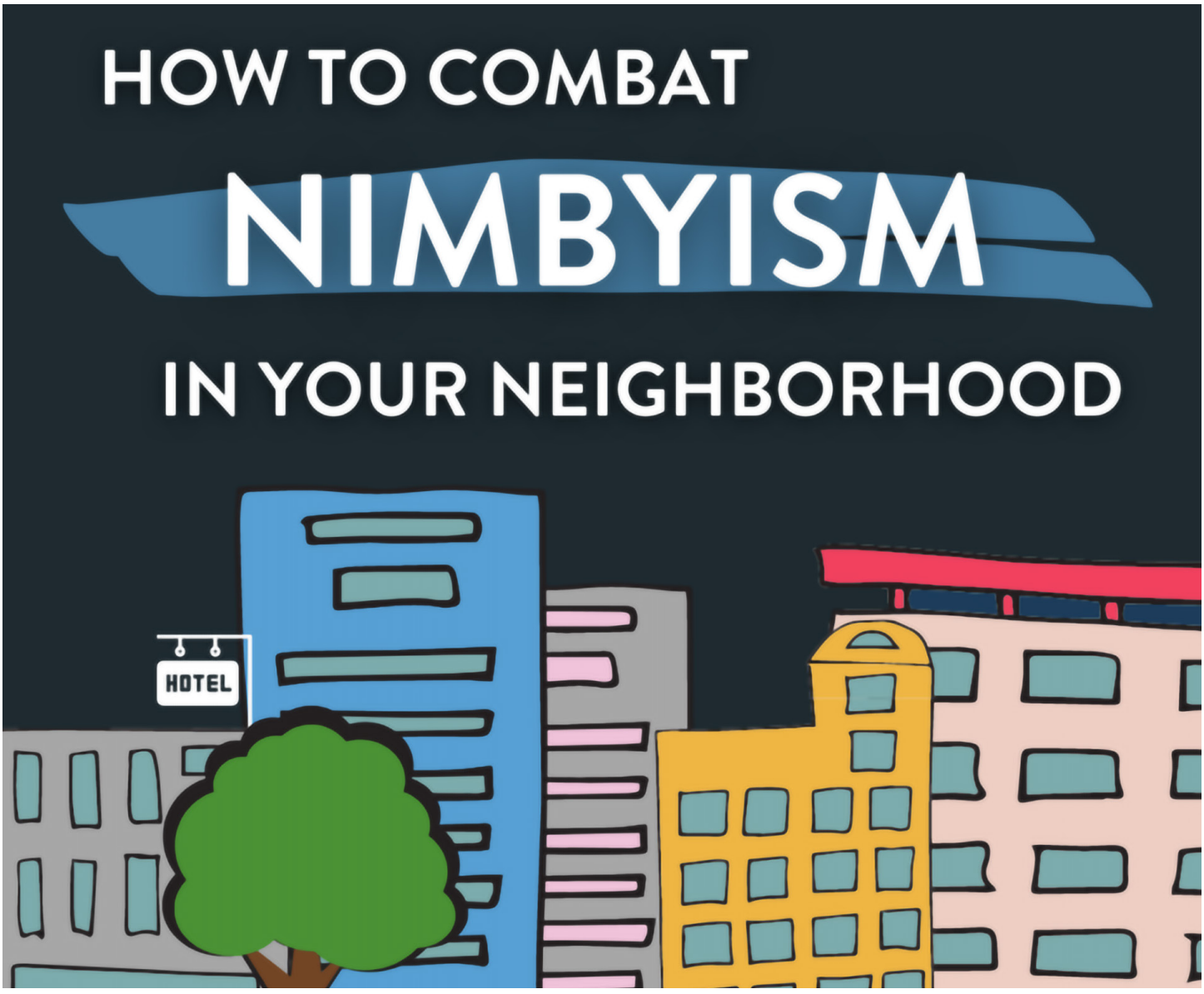
Addressing N.I.M.B.Y (Not in My Backyard)

Table of Contents

Introduction

The Colorado Agency for Recovery Residences (CARR) Best Practices for Addressing NIMBY toolkit was developed in coordination with many organizations and individuals with the shared goal to provide a helpful resource to recovery residence program operators. This toolkit provides information and resources as you address the challenges you may face if a surrounding community is not supportive of recovery residence programs. While this toolkit is not comprehensive of all the research on these topics, we plan to periodically update it with new and relevant content.

While CARR hopes you consider the information in the following toolkit, please recognize that this toolkit is not legal advice. If you are concerned about legal matters, please contact an attorney. You may also contact CARR anytime for information, short-term technical assistance, or support. We know that stigma and discrimination cannot be eliminated overnight - the tools, strategies, and best practices in this guide are designed to help you address these issues over time. This work is part of the long haul, and CARR is here to assist in any way we can.



Part One: Recovery Residences

Defining Recovery Residence

According to Colo. Rev. Stat. § 25-1.5-108.5, "Recovery Residence" means "housing for individuals recovering from a drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining drug addiction services, and other drug addiction recovery assistance."

Recovery Residences Are For

- Individuals who are actively seeking recovery
- Individuals who desire a safe and structured living environment with others who share the same goal of sobriety
- Individuals who desire to participate in supportive services or treatment services to further their sobriety
- Individuals at risk of homelessness because they are exiting treatment, incarceration, military duty, or are living in an environment that puts them at risk for using substances[1]

Colorado Agency for Recovery Residences (CARR)

CARR is the state-designated certifying and regulatory agency for recovery residences. CARR certifies recovery residences across the State of Colorado that meet the quality standards set by its board and which are approved by the State of Colorado. CARR standards aim to ensure the integrity and quality of recovery residence programs, services, and environments for people recovering from substance use. The State of Colorado and the CARR Board, Staff, and Associates recognize that recovery takes time and that residential support has many facets, ranging from residential treatment models to long-term recovery housing. CARR affirms the necessity of a continuum of care to address the total needs of people recovering from addiction adequately.

About CARR

If a recovery residence is CARR certified it is considered a CARR affiliate, and is required to meet the CARR Recovery Residence Quality Standards discussed in this Guidebook for Best Practices and found in detail at https://carrcolorado.org/standards/.

Contact Us:

Colorado Agency for Recovery Residences (CARR)
info@carrcolorado.org
(720) 764-7850

1 https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/housing-shelter

Part Two: Laws & How they Apply to You

In order to operate legally and ethically, a recovery residence program operator must understand and follow the law. Operating legally demonstrates to your community and residents that you are a trustworthy and ethical operator. The rights of individuals in recovery are outlined below and organized by applicable law. If you have questions or concerns on any legal matters, please contact an attorney or your local legal aid office.

The Fair Housing Act of 1968

The Fair Housing Act serves to address two primary purposes:

- To end housing discrimination
- To end housing segregation

The Fair Housing Act prohibits discrimination in housing based on:

- Race or color
- National Origin
- Religion
- Sex
- Familial status
- Disability

Why the Fair Housing Act Is Essential to Recovery Residence Programs

The Fair Housing Act protects recovery residence programs from discrimination. The Fair Housing Act protects persons with disabilities, which include impairments legally associated with alcoholism and substance misuse. The Fair Housing Act does not protect the right to participate in illegal substance use.

Communities may not prohibit a recovery residence from operating in their community simply because recovery housing is for people in recovery. However, the Fair Housing Act is a double edged sword and recovery residence programs must also follow all non-discriminatory laws and regulations in the local community.

The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act prohibits discrimination against people with disabilities in all areas of public life. The purpose of the ADA is to ensure that people with disabilities have the same rights and opportunities as others when they visit public places. Typically, a recovery residence is considered housing and not a place of public accommodation. However, if your organization operates other programs or services or it is in any way open to the public, the ADA may apply to your organization. An office, on-site or off, for example, would be considered a place of public accommodation.

If someone asks about how the ADA applies to recovery residences, you can tell them.

"A recovery residence is housing. It is not a place of public accommodation."

Zoning and Land Use Discrimination

Increasingly, zoning and land use discrimination have become a problem for recovery residence providers. The Fair Housing Act cannot prevent local zoning ordinances that:

- Create single-family districts.
- Preserve open space.
- Prevent overcrowding.
- Promote adequate access to public utilities.
- Ensure adequate parking.
- Prevent congestion and mitigate the effects of automobile and other traffic.
- Enforce health and safety regulations and other non-discriminatory laws designed to protect health and safety.
- Retain the historic character and attributes of the community and housing stock.

Most land-use plans separate distinct zones, so incompatible uses are geographically separated (think residential zones v. industrial zones). Local communities may pressure zoning and planning staff to impose more stringent obligations on recovery residence operators seeking variances or other zoning relief.

If an operator is being treated in this manner because the housing is intended for people with disabilities (substance-use disorders) it would be a violation of the Fair Housing Act and may be invalidated.

Strategies for Addressing Zoning or Land Use Discrimination

- Know how your municipality views you and what you do— this could mean inviting city officials into homes to learn about recovery residences.
- Limit signage in front of your recovery residence.
- Do the research and know the difference between local zoning codes and building codes.
- In most cases, a Fair Housing Act violation may be present if you're being treated differently than a single-family residence of related individuals in the same area.

Housing and Building Code

In conjunction with the CARR certification process, it is required for recovery residence operators to follow the local housing code if there is one. Contact your local government to find the applicable rules in your housing code, or search your municipality website for more information. CARR standards conform to the 2015 International Residential Code (IRC).

Reasonable Accommodation

A reasonable accommodation is when a person submits a request that a rule, policy, practice, or service be changed or modified to afford people with disabilities an equal opportunity within their housing. People living with disabilities can request a reasonable accommodation, as can a non-disabled person on behalf of a person with disabilities who resides with them or is legally associated with the person submitting the request, like a housing provider or a house leader.

Requesting Reasonable Accommodation

You may request reasonable accommodation from your local government. Reasonable accommodation can be requested orally, but it is best practice to submit a written request. The person submitting the request should sign and date the request and keep a copy of the request.

What is Reasonable?

- Does not cause an undue financial or administrative burden to the housing provider;
- Does not cause a fundamental change in the nature of the housing programs available;
- Will not cause harm or damage to others; and
- Is technologically possible.

To make a reasonable accommodation request, you must first know what specific policy, rule, or ordinance you would like a reasonable accommodation for and who has the authority to grant this request. Who you make a reasonable accommodation request to, will depend on whose policy or rule it is.

Steps to making a reasonable accommodation request:

- Figure out which policy, rule, or ordinance you wish to request a reasonable accommodation for.
- Find out who has the authority over this policy.
- Submit in writing (a letter, an email, etc.) to the appropriate office or department to request a reasonable accommodation.

Remember, it is best practice to submit a written reasonable accommodation request. Keep all documents relating to each reasonable accommodation request you make.

Sample information to include in a reasonable accommodation request letter:

- A clear statement of the request for reasonable accommodation.
- Who are you requesting reasonable accommodation for, and why.
- The specific policy, rule, or ordinance you would like reasonable accommodation for.
- Give a clear, reasonable timeline for when you would like to hear back.

Additional Guidance:

- Follow up with your reasonable accommodation request.
- Make sure your written request was received.
- Follow up after your deadline.
- Keep copies of all communication regarding your reasonable accommodation request.

Considering Reasonable Accommodations From Residents

As a housing provider, you are required to consider requests for reasonable accommodations from residents who request them. Best practice guidance regarding reasonable accommodation requests from individual residents is beyond the scope of this guide. If you have questions about a reasonable accommodation request made to your organization, consult legal counsel for your options or contact CARR for direction.

Tenant Law

Recovery residences are typically viewed as "programs" with "clients" rather than "rentals" with "tenants." Programs are typically exempt from Colorado Landlord - Tenant Law. Establishing a written agreement that clearly defines your recovery residence as a program is considered the best practice to protect you and your clients. Written agreements are a requirement of the CARR standard 1.B.5.a for all CARR certified recovery residence programs. Within this agreement, you have the opportunity to include a process by which the client and the recovery residence program can terminate the contract early. As part of the CARR certification, CARR Standard 3.G.27.d requires operators to have written criteria for discharge by the recovery residence program; the resident must be provided with a referral to treatments, other support services, or provided other housing options and recommendations for follow-up care. Having this language in your organization's policies and procedures will help you if you encounter a situation where a resident needs to be removed from the recovery residence for the safety of the other residents.

Part Three: The Facts About NIMBY

As you may already know, many communities do not welcome new recovery residences. People may generally recognize that recovery services do good work and are necessary for ending a substance use disorder epidemic. Still, they do not want to see these recovery services next door to their home, on their street, in their neighborhood, or possibly, in their community at all.

Provide Factual Information on Recovery Residences

Many communities become supportive of recovery housing efforts once they understand what it is and how it positively impacts communities. Neighbors often bring up the same concerns relating to recovery residences. The research on the following links can help you provide fact-driven information to combat those concerns. However, be prepared for an uphill battle in order to win over your skeptical neighbors.

MYTH	FACT
Recovery Housing will lower property values.	While there is no direct research on recovery housing and property values, data analysis concerning affordable housing found no relationship between affordable housing and property values.[1]
Crime rates will increase.	Peer-reviewed researchers found no difference in crime rates in neighborhoods surrounding recovery houses vs. neighborhoods with no recovery houses.[2]
Children will be exposed to drugs and drug use.	The addiction crisis has brought drug addiction into all our communities. Researchers found that people who live in recovery homes have lower incidents of drug use than people who return to communities after usual care.[3]
The house will look bad, making the neighborhood look bad.	While there is no research on the appearance of recovery homes, you can remind community members that a recovery residence will be subject to the same laws as all neighborhoods in the community and your commitment to having well-maintained policies.
Strangers will loiter in the neighborhood, or there will be drug deals in the residence.	Recovery residences, by definition, are an environment free of alcohol and illicit drug use. You can share your organization's specific policies and procedures concerning how you will ensure that you will maintain this drug-free environment.

1 Young. C., (2016). "There Doesn't Go the Neighborhood: Low-Income Housing Has No Impact on Nearby Home Values." https://www.trulia.com/research/low-income-housing/ ; NIMBY Assessment: Concern About Property Values. HUD Exchange. https://www.hudexchange.info/resources/nimbyassessment/?nimbyassessmentaction=sitecontrol.viewnimbysitecontrolconcernresponses

2 Deaner, J., Jason, L.A., Aase, D.M., & Mueller, D.G., (2009). The Relationship Between Neighborhood Criminal Behavior and Oxford Houses. There Communities, 30(1): 89-94.

3 Polcin, D. L., Korcha, R., Bond, J., & Galloway, G., (2010). What Did We Learn from Our Study on Sober Living Houses and Where Do We Go from Here?. J. Psychoactive Drugs, 42(4): 425-433.

Part Four: Developing a Community Outreach Plan

One of the most effective ways to build support for your recovery residence is to connect with the gatekeepers of your community. These people will support you and your efforts in the future. You should seek out the vital community groups in your area and reach out to them to establish a relationship.

When connecting with people in your community, remember that they may not know much about addiction or recovery. You may be asked repetitive and detailed questions about your organization and recovery residences. It is advised to give community members the benefit of the doubt. The questions they ask may sound offensive or promote the stigma you are working to eliminate, and sometimes these questions come from a place of complete misunderstanding. Remember that stigma is not eliminated in one day; this is just the beginning for many people.

Lastly, an outreach plan is vital before contacting the community groups listed below. Ask yourself:

- What are my organization's community-related goals?
- What does my organization need from my community?
- How does my organization benefit my community?
- What groups can help me achieve my organization's goals?
- In what order should I contact these groups?
- What are my talking points for each conversation?
- What questions should I be able to answer?

Develop a Relationship With Local Leaders

One of the first steps in gaining good faith within your community is to develop relationships with your local leaders. This step involves knowing your local and county-level leadership and setting times to meet with them or their staff. This is a time for you to explain addiction, recovery, recovery residences, and your specific organization. If you're unsure where to start, contact CARR, as we can connect you with operators who have successfully done this work with their own local leaders.

When meeting with local leaders, arrive with a plan. Bring with you the fact sheets outlined in Part Three of this toolkit. If you collect outcomes data, bring it with you and know how to explain it to the people you're meeting with. Bring photos of your house and stories from residents. These things can contribute to a better understanding of recovery residences and their place in your community.

Before arriving at the meeting, be sure you know:

- Whom am I meeting with?
- Why is it important that I meet with the person?
- What is the goal of this meeting?

You may only have a short time to present when you meet with community leaders. Be sure you are prepared to use this time effectively and efficiently to communicate your goals.

Partner With Other Community Organizations

Often, a vital piece to gaining community support involves collaborating with other organizations in your community that share similar missions or interests. As a collaborative, you can work to educate the community and eliminate the stigma of the groups your organizations represent. These collaborative groups already exist in some cases—call around and ask to join!

When considering whom to develop partnerships with, consider the goals you identified with your organization's leadership. Using that information, remember the following:

- What groups can help me achieve my organization's goals?
- In what order should I contact these groups?
- What are my talking points for each conversation?
- What questions should I be able to answer?

Suggested groups to partner with:

- Disability Groups
- Low-income Housing Groups
- Fair Housing Coalitions
- Recovery Community Organizations (RCO)
- Recovery Support Service Organizations (RSSO)
- Treatment Centers
- Other Recovery Housing Operators
- Churches

Door-To-Door Communications

In certain situations, door-to-door communication is valuable in gaining community support. Some providers have noted that meeting their neighborhood residents in person and in their homes have helped humanize addiction and gain support for their work. However, door-to-door communications can be a double-edged sword. If not carefully curated, door-to-door communications can harm your work as a recovery residence operator.

CARR recommends that this strategy only be used in circumstances where canvassers are trained to discuss complex and complicated issues in recovery residences. Feel free to contact CARR or your other community partners to determine if door-to-door communications are the correct strategy for you.

Questions to consider before going door-to-door:

- What are my goals in canvassing in my community?
- Is canvassing the best option for achieving said goals?
- What other options do I have for achieving said goals?
- How many doors am I planning to visit?
- Which doors will I knock on?
- Am I prepared to answer repetitive or detailed questions about my organization and recovery residence?
- Am I prepared to answer potentially offensive questions?
- Am I prepared to react appropriately to people who do not want my program in the community?

How to Speak to Reporters

Sometimes communicating with reporters concerning your recovery residence is inevitable. While this may feel daunting, CARR wants to empower recovery residence operators to speak confidently and effectively about their recovery houses.

What to consider when communicating with reporters:

- Do not say or write anything you do not want to be printed in a newspaper or online.
- Be sure to respect resident privacy—do not use names or stories you do not have permission to use.
- Prepare a written statement and talking points in advance. If you are uncomfortable having a detailed conversation, let the reporter know you would prefer to send a written statement instead.
- Do not be afraid to say you don't know the answer to a question. Let the reporter know you will follow up with them with accurate information. It is better to take more time and provide the proper response first rather than correct yourself in the future.
- Supplement your statement or interview with fact sheets and a link to your website.
- Provide the contact information and web address for CARR if they have general questions about recovery housing in Colorado or the quality of the standards recovery residence programs are required to maintain.

Scripted Answers to Common Questions Regarding Recovery Housing

The following are written scripts that you may utilize when speaking with concerned community members or decision-makers.

If someone asks you how the Fair Housing Act applies to recovery housing, you can tell them:

"The Fair Housing Act was created to address housing discrimination and housing segregation. It prohibits discrimination in housing based on race or color, national origin, religion, sex, familial status, and disability. As of 1998, people with substance use disorders fall under the 'disability' category. Thus, people living in recovery residences are protected from housing discrimination through the Fair Housing Act."

If someone asks about discrimination based on sex in recovery housing and fair housing, you can tell them:

"The Fair Housing Act prohibits housing providers from limiting access to their housing program based upon sex. However, the housing may be limited to one sex where, because of the physical limitations or configuration of the housing facility, personal privacy or personal safety considerations would make it inappropriate for the facility to be made available to members of both sexes".

Part Five: Strategies for Public Meetings

Be prepared for a request for a public hearing - Neighborhood groups or community members may attend any public meetings concerning your recovery house.

Is a Public Meeting Appropriate?

Confirm that a public hearing is appropriate. A prevalent tactic in blocking recovery residences is to take providers to public hearings and require them to advocate for their program in front of the community before zoning or funding is approved. Ensure that a public hearing is required for all housing types and variances. If the hearing is only required because you are operating housing that serves people in recovery (people with disabilities), this violates the Fair Housing Act. Just because a public hearing was requested does not mean it is necessarily required.

Request an Alternative to a Public Meeting

There are alternatives to large public meetings where opponents can come in large groups and advocate against a recovery residence.

- Request to meet with elected officials and the leadership of neighborhood organizations in a private meeting to respond to community concerns in a controlled atmosphere.
- Request that a city agency be designated to conduct mediation between operators and concerned citizens to seek common ground.
- Consider door-to-door communications with neighbors, where you visit each neighbor to introduce yourself and your program. Please refer to the previous section on Door-to-Door Communications for guidance.

Prepare for a Public Meeting

In some cases, a public hearing is required or cannot be avoided. It is best to ensure that you are prepared for a public hearing. Public Hearing formats are not typically dictated. CARR has developed strategies to assist your organization with the best design and way to conduct community meetings.

- Contact CARR
  - › Our staff is seasoned in public hearings and can educate and inform local communities about recovery residences and provide information and resources for communities. Even if you are not a current affiliate, CARR can attend a public hearing and provide general information about recovery residence programs, including information on laws about recovery residences, research on recovery residences and their impact, and answer questions about recovery residences. Do not hesitate to reach out to CARR and ask for support.
- Prepare testimony for hearing.
  - › Be sure to address the appropriate persons at the hearing.
  - › Include who you are, and why you are seeking to start a recovery residence.
  - › Include sample language above regarding fair housing and discrimination.
- Determine if it is appropriate to have people in recovery provide testimony.
  - › If appropriate, you can ask people in recovery in your community to provide testimony to support your efforts. This testimony can help demonstrate that real people in the community need access to recovery residences.

Sample Language for Potential Inclusion in Testimony

Below is some sample language for potential inclusion in testimony or to guide you, or people in recovery, when they are deciding what to include in their testimony.

"I am a person in long-term recovery, which means from a federal fair housing standpoint, I meet the definition of "disabled," a protected class with the right to fair housing choice and community integration."

"The family-like relationships I forged while living in the recovery residence gave me the type of recovery support I needed to live an alcohol and drug-free life, excel at my job, and become a better mother and daughter."

"I speak out today to ensure that the 20.6 million people (8% of the US population), like me, who have struggled with alcohol and drug use, have access to the resources they need, such as recovery residences, to start and sustain long-term recovery."

Conclusion

CARR hopes this toolkit serves as a useful resource for recovery residence operators facing NIMBY concerns in their communities. As always, please call CARR with questions concerning NIMBY and your community. You can refer to the resource guide below for more information.

Resource Guide

- Colorado Agency for Recovery Residences
  - https://carrcolorado.org/
- National Alliance of Recovery Residences
  - http://narronline.org/
- How to File a Housing Discrimination Charge
  - https://ccrd.colorado.gov/case-connect
- Colorado Department of Local Affairs, Fair Housing Resource:
  - https://cdola.colorado.gov/fair-housing-resources
- U.S. Department of Housing and Urban Development (Hud)
  - https://www.hud.gov/fairhousing
- U.S. Department of Justice, Fair Housing Division
  - https://www.justice.gov/crt/housing-and-civil-enforcement-section
- U.S. Department of Justice, Fair Housing Division
  - https://www.justice.gov/crt/housing-and-civil-enforcement-section
- Colorado Coalition on Homelessness
  - https://www.coloradocoalition.org/
- Legal Aid Office
  - https://www.coloradolegalservices.org/
- Faces and Voices of Recovery
  - https://facesandvoicesofrecovery.org/
- Advocates for Recovery
  - https://advocatesforrecovery.org/
- Colorado Revised Statutes Title 25. Health § 25-1.5-108

COLORADO
agency for recovery residences
CARR

Best Practices Guidance For:

LGBTQ+ Inclusion in Recovery Residences

Table of Contents

Introduction

The data is clear: lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people are overrepresented at every stage of the criminal justice system, starting with juvenile justice system involvement. They are arrested, incarcerated, and subjected to community supervision at significantly higher rates than straight and cisgender people. This is especially true for trans people and queer women. And while incarcerated, LGBTQ+ individuals are subject to particularly inhumane conditions and treatment.[1]

The Colorado Agency for Recovery Residences (CARR) Best Practice Guide for LGBTQ+ Inclusion in Recovery Residences was developed in coordination with many organizations and individuals with the shared goal to provide a helpful resource to recovery residence operators. Given the disparate impact of substance misuse experienced by members of the LGBTQ+ community and the high demand for a best practices resource on fostering inclusive housing for LGBTQ+ people in recovery, CARR has developed this guide.

This guide serves to provide you with helpful information and resources for providing safe, sober environments and recovery support for people in the LGBTQ+ community. CARR recognizes that there is currently very little information specifically for recovery residences for the LGBTQ+ community. We aim to periodically update this resource with new and relevant content to ensure that evolving best practices continue to be implemented in recovery houses across the state.

While CARR hopes you consider the information listed in the following toolkit, please recognize that the guidance herein is not legal advice. Please contact an attorney if you are concerned about legal matters. You may also feel free to contact CARR anytime for information, short-term technical assistance, or support. We know that stigma and discrimination cannot be eliminated overnight - the tools, strategies, and best practices in this guide are designed to help you address these issues over time. This work is a longer-term process, and CARR is here to assist in any way we can.

The LGBTQ+ community is diverse, and not every term will resonate with every individual. This is not a one-size-fits-all manual but rather guidance on suggested best practices. We want to make it clear that the client's preference always dictates terminology.

1 "Visualizing the unequal treatment of LGBTQ people in the criminal justice system" by Alexi Jones 2021 https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/

Definitions and Stigma

Language is important. The language we use to talk about addiction and recovery can sometimes be stigmatizing for people in recovery. In the same way, the language we use to talk about the LGBTQ+ community can also be outdated and stigmatizing. This section aims to empower readers to use appropriate language while providing information on stigmatizing words that we should remove from our vocabulary. However, we would like to reiterate that best practices for language for the LGBTQ+ community are ever evolving, and we encourage you to stay aware of and sensitive to this fact.

Definitions[1]

Lesbian: a term used to describe a woman who is emotionally, romantically, and/or sexually attracted to other women.

Gay: a term used to describe a person who is emotionally, romantically, and/or sexually attracted to members of the same gender; usually used in reference to a man emotionally, romantically, or sexually attracted to men.

Bisexual: a term used to describe a person who is emotionally, romantically, and/or sexually attracted to people of the same gender and those of another gender.

Transgender: an umbrella term for people who don't identify with the sex and/or gender they were assigned at birth.

Queer: an umbrella term used by some people to refer to the broader community of diverse sexualities; also, a specific identity used, particularly by younger individuals, to describe a sexuality that is not exclusively straight.

+: an additional portion of the acronym, LGBTQ, which purposefully acknowledges the variety of other sexes, sexualities, and gender identities within the broader community; see below for additional identities that often are referenced with this symbol.

Intersex: an umbrella term describing people born with reproductive or sexual anatomy and/or a chromosomal pattern that isn't neatly classified as typically 'male' or 'female'.

Asexual: a term used to describe a person who does not experience sexual attraction.

Aromantic: a term used to describe a person who does not experience romantic attraction.

Pansexual: a term used to describe a person who is emotionally, romantically, and/or sexually attracted to people, regardless of their gender identity.

Non-Binary: a term used to describe someone who does not identify with the gender they were assigned at birth and who does not identify with the terms, 'man' or 'woman'.

1 Adapted in part from: GLAAD Media Reference Guide, 10th edition. 2016. GLAAD. Available at: https://www.glaad.org/reference

Sex: a term, generally 'male' or 'female,' that someone is assigned at birth; this term is most often assigned based upon the external genitalia noted by a medical professional, though sex is comprised of multiple biological elements (i.e., external genitalia, internal reproductive organs, hormones, and secondary sex characteristics, and chromosomes).

Gender Identity: a term to describe someone's internal, deeply held sense of their own gender; unlike gender expression, this is not visible to others.

Gender Expression: a term to describe someone's external manifestations of their own gender, expressed through things like a person's name, pronouns, clothing, behavior, voice, bodily characteristics, etc.

Sexual Orientation: a term to describe someone's physical, romantic, and/or sexual attraction to other people.

Stigma

The LGBTQ+ community is statistically more likely to face several challenges, related to medical care, housing, employment, and more.[1] However, it should not be presumed that simply being a member of the LGBTQ+ community implies that an individual has encountered these specific challenges.

Below, we have provided some common examples of challenges that disproportionately affect the LGBTQ+ community as they perpetuate stigma. These common problems will help you understand the challenges some of your LGBTQ+ residents might have faced prior to arriving in your recovery home.

Misgendering and 'Deadnaming'

Misgendering refers to using the wrong gender identity and/or pronouns when referring to someone, and deadnaming refers to using a transgender person's birth name rather than their chosen name. Each of these creates concerns for the physical and mental safety of transgender people for several reasons, including that it can feel dehumanizing and devaluing, which is why it is critical to use someone's chosen name and pronouns.[2]

Lack of Access to Healthcare

Across the nation, the fear of discrimination in healthcare settings has resulted in greater health disparities within the LGBTQ+ communities.[3] Additionally, this issue can be exacerbated for other forms of discrimination (i.e. employment discrimination), which can limit access to affordable health insurance coverage.

1 "Discrimination Prevents LGBTQ People From Accessing Health Care." Available at: https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/

2 "Pronouns: A Resource." GLSEN. Available at: https://www.glsen.org/sites/default/files/GLSEN%20Pronouns%20Resource.pdf

3 Gates, Gary. 2014. "In U.S., LGBT More Likely Than Non-LGBT to be Uninsured." Gallup. Available at: https://news.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

Issues with Homelessness

There are a variety of reasons for the high risk of housing insecurity in LGBTQ+ communities, with the most reported reason being individuals having been forced from a familial home.[1] In comparison to straight and cisgender youth, LGBTQ+ youth have a 120% higher risk of reporting issues of homelessness, and additional research indicates that LGBTQ+ youth comprise up to 40% of total homeless youth populations.[2] Such challenges can, and often do, result in a long-term impact throughout adulthood.[3]

Housing Discrimination

Regarding housing discrimination, this can occur in a variety of different forms, including corporations, organizations, religious institutions, and/or private landlords refusing to rent to a LGBTQ+ person, deciding to not renew a lease because of one's sexuality or gender identity, and more. Currently, Colorado offers formal legal protections prohibiting discrimination on the basis of sexuality, gender identity, and gender expression.[4] On May 20, 2021, Colorado H.B. 21-1108 was signed into law expanding prohibitions against discrimination. The law calls out the need to protect all regardless of "disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, or ancestry" in all places of public accommodation, including schools.

Employment Discrimination

Some employers discriminate against members within LGBTQ+ communities, particularly those with intersectional identities. This limits access to a number of supports like stable housing and comprehensive health insurance.[5] Currently, the federal courts have issued a number of rulings that offer some protections to LGBTQ+ employees; however, the Supreme Court of the United States is currently reviewing whether or not to uphold such laws.[6]

Lack of Integrated Systems of Care

And finally, the factors listed above, as well as other factors not discussed here, can impact the availability of and access to integrated systems of care, which integrated systems of care can provide life-altering support for LGBTQ+ people who experience substance misuse. As such, discussions of these integrated services for the LGBTQ+ community is an area of growing area of importance.[7]

1 "Our Issue." True Colors United. Available at: https://truecolorsunited.org/our-issue/
2 "New Report on Youth Homeless Affirms that LGBTQ Youth Disproportionately Experience Homelessness." 2017. Human Rights Campaign. Available at: https://www.hrc.org/news/new-report-on-youth-homeless-affirms-that-lgbtq-youth-disproportionately-ex
3 "Consequences of Youth Homelessness." National Network for Youth. Available at: https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf
4 "Housing for LGBTQ People: What You Need to Know About Property Ownership and Discrimination." Human Rights Campaign. Available at: https://www.hud.gov/program_offices/fair_housing_equal_opp/housing_discrimination_and_persons_identifying_lgbtq
5 "A Workplace Divided: Understanding the Climate for LGBTQ Workers Nationwide." 2018. Human Rights Campaign. Available at: https://assets2.hrc.org/files/assets/resources/AWorkplaceDivided-2018.pdf?_ga=2.159838205.1122885376.1580929134-743051626.1579619140
6 "Know Your Rights." National Center for Transgender Equality. Available at: https://transequality.org/know-your-rights/employment-general
7 "Resources for Culturally Appropriate Integrated Services for LGBT Individuals." 2014. Center for Integrated Health Solutions. SAMHSA-HRSA. Dept. of Health and Human Services. U.S. Federal Government. Available at: https://www.samhsa.gov/sites/default/files/lgbtq-resources-national.pdf


Love is Love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Data

In addition to the discrimination and stigma that many LGBTQ+ people face, this community also reports a number of health disparities related to substance misuse. In this section, we have provided an overview of recent data that indicates the prevalence of substance misuse in the LGBTQ+ community, so that you can build your knowledge base to aid you in providing inclusive services to people of diverse genders and sexualities.

According to the 2015 National Survey on Drug Use and Health, lesbian, gay, and bisexual adults were over twice as likely to have used illicit drugs in the prior year compared to heterosexual respondents. Additionally, this survey also noted that prescription drug misuse for this subpopulation was around 10%, compared to 5% of heterosexual respondents. This data also noted that 18 to 25 year olds reported the highest prevalence of using these drugs in the previous year, and use by lesbian and bisexual women was slightly more prevalent than by gay and bisexual men.[1]

In relation to the transgender community, data from the 2015 U.S. Transgender Survey (i.e. the largest and most comprehensive survey of the transgender community) noted that 29% of respondents used illicit drugs and/or non-medical prescription drugs in the previous month, which is nearly three times the rate of the general U.S. population. Furthermore, transgender respondents working in the underground economy, when compared to respondents not working in the underground economy (for instance, sex work), reported markedly higher rates of binge drinking in the prior month (49% compared to 26%), using marijuana (60% compared to 24%), and using prescription drugs for non-medical use (26% to 6%).[2]

When considering the challenges facing LGBTQ+ youth, the data can presents even more alarming concerns. According to the CDC, over 75% of LGBTQ teens, by the end of high school, have tried alcohol, and over 20% have misused prescription medication.[3] This data, when taken into consideration with other data sets about LGBTQ+ teen experiences, suggests additional challenges, as LGBTQ+ teens are 1) twice as likely to be bullied, excluded, and/or assaulted at school and 2) 40% less likely to have an adult in their family whom they feel able to confide in. These experiences can contribute to other risk factors, such as behavioral health disorders (depression, anxiety, ADHD, etc.), trauma, and impulse control problems, which may then increase the likelihood of a LGBTQ+ teen misusing substances.[4]

And finally, Institute of Medicine of the National Academies' Committee on LGBTQ Health Issues and Research Gaps believe that a multi-factor model best explains the health disparities faced by the LGBTQ+ community. Rather than simply presuming that a minority stress model of public health explains these factors, they recommend a model that conceptualizes the importance of minority stress, life course, intersectionality, and social ecology to provide better research and care to the LGBTQ+ community.[5]

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1 "Substance Use and SUDs in LGBTQ* Populations." National Institute on Drug Abuse. NIH. U.S. Federal Government. Available at: https://nida.nih.gov/research-topics/substance-use-suds-in-lgbtq-populations#

2 "The Report of the 2015 U.S. Transgender Survey." 2015. National Center for Transgender Equality. Available: https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

3 "Preventing Substance Abuse Among LGBTQ Teens." Resource Page. Human Rights Campaign. Available at: https://www.hrc.org/resources/preventing-substance-abuse-among-lgbtq-teens

4 "Preventing Substance Abuse Among LGBTQ Teens." Full Report. Human Rights Campaign. Available at: https://assets2.hrc.org/files/assets/resources/YouthSubstanceAbuse-IssueBrief.pdf?_ga=2.102037379.361447345.1553547637-680092107.1553547637

5 "The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding." 2011. Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues, Research Gaps, and Opportunities. Institute of Medicine. NIH. U.S. Federal Government. Available at: https://www.ncbi.nlm.nih.gov/pubmed/22013611

Recovery Support Activities

Community Involvement

Community involvement and support is an often-overlooked beneficial activity. LGBTQ+ people in recovery have the opportunity to engage in community activities in a variety of ways. This may be in the form of volunteer work, community meetings and coalitions, or social groups organized within the community. These resources will often depend on where a resident lives; for example cities such as Denver, Fort Collins, or Boulder may have more options for involvement for residents than more rural environments. Visit the resource section of our guide to see what opportunities are available in your area.

SAMHSA's definition of recovery includes four components: Health, Home, Purpose, and Community. A stable and safe place to live is a fundamental need that many struggle to find. Good health involves managing our mental and bodily conditions by making healthy choices that support our physical and emotional well-being. Participating in society and conducting meaningful daily activities gives us a sense of purpose. Having relationships and social networks provides support, friendship, love, community, and connection. It is the combination of the four components that provide a reliable foundation for recovery. An interesting scientific experiment illustrates this point:

Early addiction research studies placed a rat alone in a small cage and then offered it a choice between water and heroin-laced water. A vast majority of the rats drank the heroin-water until they became addicted and overdosed. Researchers concluded that the chemical "hooks" of the drug caused the rats to be addicted. Later, Professor Bruce Alexander wondered whether the isolation of the rats was a factor in their drug use. Alexander designed what he dubbed "Rat Park", a vastly larger cage with 20 rats, plenty of food, entertainment, and room to mate and raise babies. The choice of water and heroin-water was also offered, and none of the rats in Rat Park chose the heroin-water. Even rats that had previously been addicted alone in a cage, ignored heroin in Rat Park. With connection and social stimulation, drug use disappeared.[1]

The same is true for people. Chronic isolation and disconnection can cause an individual to look for relief. We may seek temporary comfort in drugs or behaviors as an escape from difficult emotions. However, rather than a sustainable solution, such use or behaviors become a substitute for a full life.

LGBTQ+ Meetings

Depending on a resident's chosen path to recovery, they may choose to attend supportive meetings. In some areas, there may be LGBTQ+ recovery meetings for residents to attend. Have these conversations with your residents and work with your local networks to find what resources exist in your area. A great place to start may be through local pride coalitions. Please visit the resources section of this guide for an LGBTQ+ meeting finder.

1 Dr. Bruce K. Alexander December 1980 "Effect of Early and Later Colony Housing on Oral Ingestion of Morphine in Rates.1980 Pharmacology Biochemistry & Behavior, Vol 15. pp 571-576. Printer 1981

Local Pride Organizations

In addition to LGBTQ+ specific meetings, local pride organizations may also provide a variety of useful resources for your residents. While also advocating for the rights of LGBTQ+ people in your local community, these organizations can provide social support for your residents, which is proven to support a more positive self-esteem and a more resilient mental health.[1]

Peer Support

Peer support is a critical component of recovery environments like recovery residences. Peer support is an important element for people in recovery to receive relatable support from others who have similar lived experience. Peer support is an opportunity for one person who has struggled and succeeded to assist another person currently in a similar struggle. Because some aspects of an LGBTQ+ person's recovery may resonate best with another LGBTQ+ person who has a shared lived experience, it can be important to facilitate LGBTQ+ peer support. LGBTQ+ peers in recovery may have shared experiences in healthcare, familial relationships, romantic relationships, housing, etc. Please refer to the resources below for identifying LGBTQ+ specific recovery supports in your area.

1 McDonald, Kari. 2018. "Social Support and Mental Health in LGBTQ Adolescents: A Review of the Literature." Issues in Mental Health Nursing, vol. 39, no. 1. Available at: https://www.tandfonline.com/doi/abs/10.1080/01612840.2017.1398283?src=recsys&journalCode=imh n20

Integration in Housing Environments

As with all individuals coming into your recovery home, you want LGBTQ+ residents to feel safe and included. Historically, LGBTQ+ communities have faced and continue to face high levels of stigma in all residential settings. One of the biggest barriers recovery residences may face is the attitudes and biases of other residents in the recovery residence. All residents should be treated with the same level of respect and understanding. A core piece of this is not sharing personal information about residents with other residents. While a resident may choose to share aspects about their gender or sexuality with other residents, it is not the place of the recovery residences operator, staff, or other residents to share this information within or outside of the house.

No matter a resident's history or personal experiences, your recovery home should be a place of mutual respect and acceptance of people from varying backgrounds. If LGBTQ+ residents are feeling stigmatized or are experiencing a sense of push-back from other residents, staff should talk with them about their strategies for coping and work with them to find supportive resources and a solution they are comfortable with. If a situation arises in the house where residents are feeling stigmatized or discriminated against for any reason, it is important to discuss whether the target individual would be comfortable with a house meeting and then gather and talk as a group. Peer support, respect, and mutual aid are core features of a healthy recovery community.

Additionally, it is important to remember that language concerning and best practices for supporting the LGBTQ+ community can evolve quickly. As such, you are encouraged to remain open to feedback and to continue professional development to ensure that you have the most accurate and inclusive information to support your LGBTQ+ residents' integration into the housing environment.

Best Practices for LGBTQ+ Inclusion in Recovery Residences

Now that you have read through the entire Best Practices for LGBTQ+ Inclusion in Recovery Residences Guide, we have collected a list of best practices guidance informed by the previous sections in the guide.

Definitions: Review the Appropriate Language for Addressing the LGBTQ+ Community

As outlined in the Definitions and Stigma section of the guide, language is important and ever evolving. Just as you have worked to learn the appropriate terminology to talk about addiction and recovery, you should put in the same effort to learn the appropriate terminology to talk about the LGBTQ+ community. This should be an effort made by both the staff and residents of your recovery home.

Pronouns and Names: Address a Resident by the Pronouns and Name With Which They Identify and Keep Other Staff and Residents Accountable for Doing the Same.

An important piece of housing people in the LGBTQ community is addressing your residents with the correct pronouns. As identified earlier in this guide, gender identity is a person's internal, deeply held sense of their own gender that is not necessarily visible to others. As such, individuals may choose to identify by a particular set of pronouns. There are also many different variations of gender-neutral pronouns such as the variations of xe/xem or simply using they/ them, and some residents may use these pronouns, rather than pronouns like he/him or she/her. For transgender residents, it is important to use their preferred name as opposed to their birth name that may no longer use.

The best practice guidance is to provide the opportunity for all residents to provide their chosen name and pronouns on the application and/or intake forms.

1	Full Legal Name
2	Chosen name (i.e. the name that the person uses)
3	Chosen pronouns (i.e. the pronouns that someone self-identifies with)

Recovery Supports: Ensure That Residents Have the Opportunity for Appropriate Recovery Support Activities.

Some LGBTQ+ residents may want to engage in LGBTQ+ focused recovery support activities such as LGBTQ+ meetings or having an LGBTQ+ peer supporter. Have these conversations and work with your local networks to find out what resources exist in your area.

Inclusion in the Residence: Make Your Recovery Residence a Space of Safety and Inclusion for Every Resident That Comes Through the Door.

No matter the background or personal experiences of any resident in your recovery residence, ensure that you are creating a culture of inclusion and acceptance. People do not change their opinions overnight, but the staff at the recovery residences organization should take the lead in having conversations about accepting people for who they are regardless of their sex assigned at birth, gender identity/expression, sexuality, race, national origin, ability, or other protected classes.

It is also recommended that you remind your staff and residents that no one can or should be required to answer questions about one's sex or gender identity. Remember that just because someone is part of a certain identity group does not mean they need to answer questions or that they know everything about that identity group. If you are in need of additional information about an identity, it is recommended that you utilize one of the many resources available in this guidebook.

Affirming Gender Identities: Best Practice Is Allowing People to Utilize the Spaces That Affirm and Correspond to Their Gender Identity.

Residents entering gender-segregated housing should be allowed to use the facilities that correspond to their gender identity. For instance, a transgender woman should be allowed access to women's housing, and a transgender man should be allowed access to men's housing. For residents entering housing that is not gender-segregated, they should be asked what room assignments would be most comfortable and accommodating for their needs.

Identities Are Complex: Gender and Sexuality Are Just Two Parts of the Complex Identities That Make up Each Individual.

The guidance that has been outlined above should serve as a baseline for running more culturally competent housing. However, remember that every individual that enters your recovery residence is complex and as such should never be reduced only to their gender or sexuality.

Learning More Information: Continue Your Own Professional Development to Build Upon the Process of Learning How to Support LGBTQ+ People in Recovery.

Finally, you are also encouraged to continue your professional development regarding the best practices to support the needs of LGBTQ+ people in recovery. In the resources section below, there are a number of opportunities to stay up to date with best practices, current trends, and more. Many of the resources that we have provided below are accessible online, free of charge. In short, continue to develop yourself, your recovery environment, and the space for your residents.

Additional Resources

This section is intended to provide readers with additional resources for implementation of the best practices outlined in this guide. Each listing below is linked and as such, this guide is best utilized as an online resource.

National Resources

- LGBTQ+ Meeting Finder
  - https://www.gayandsober.org/meeting-finder-colorado
- Pride Institute
  - https://pride-institute.com/
- Trans Equality
  - https://transequality.org/issues/health-hiv
- The Trevor Project
  - https://www.thetrevorproject.org/education/
- Trans Lifeline
  - https://www.translifeline.org/about
- Pride Resource Center
  - https://prideresourcecenter.colostate.edu/resources/northern-colorado-fort-collins-resources/
- Gay & Lesbian Alliance Against Defamation (GLAAD)
  - https://www.glaad.org/
- Affordable Care Act (ACA) Enrollment Assistance for LGBT Communities - SAMHSA The Association of LGBTQ+ Psychiatrists
  - https://store.samhsa.gov/product/Affordable-Care-Act-ACA-Enrollment-Assistance-for-LGBT-Communities/PEP14-LGBTACAENROLL
- A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals - SAMHSA
  - https://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104
- Behavioral Health Equity – Lesbian, Gay, Bisexual, and Transgender (LGBT) - SAMHSA World
  - https://www.samhsa.gov/behavioral-health-equity/lgbt
- Professional Association of Transgender Health
  - https://www.wpath.org/
- A Brief History of Queer Experience with Addiction and Recovery
  - https://sfonline.barnard.edu/a-new-queer-agenda/a-brief-history-of-queer-experience-with-addiction-and-recovery/

Colorado Resources

- Colorado Naloxone Project
  - http://naloxoneproject.com
- Black Pride Colorado
  - https://blackpridedenver.com/
- The Center of Colfax
  - https://lgbtqcolorado.org/ - Engaging, Empowering, Enriching & Advancing the LGBTQ Community of Colorado.
- Colorado Name Change Project
  - https://www.namechangeproject.org/ - Information and forms on how to update your name and gender marker in the State of Colorado.
- Denver Pride
  - https://denverpride.org/ - Denver Pride is hosted by the Center on Colfax in mid-June each year, one the largest in the country.
- Out Boulder County
  - https://www.outboulder.org/ - Out Boulder County specializes in educating, advocating and providing services, programs, and support for Boulder County's Lesbian, Gay, Bisexual, Transgender, and Queer communities.
- Queer Asterisk*
  - https://queerasterisk.com/ - Providing queer-informed counseling services, educational trainings, and community programming.
- Transformative Freedom Fund
  - https://transformativefreedomfund.org/ - Supporting the authentic selves of transgender Coloradans by removing financial barriers to transition related healthcare.
- Transgender Center of the Rockies
  - https://www.transgendercenteroftherockies.org/ - Holistic Services Provided to the Colorado Trans Community.
- Trans Youth Education & Support
  - https://tyes-colorado.org/ - TYES empowers and supports families and caregivers of gender expansive youth by providing resources, education, outreach, and advocacy.
- YouthSeen
  - https://youthseen.org/ - "Our organization works with our communities and stands as a leader in our local Colorado area, and beyond, for establishing partnerships with groups who specifically tailor their resources, education and outreach to our youth and young BIPoC + LGBTQIA+ community. Youth Seen strives to highlight the intersections that many communities of color face when addressing social issues that impact families that identify under the umbrella of LGBTQI."

Northern Colorado Resources

- Eclectic of Norther Colorado
  - https://www.facebook.com/nocoeclectic/ - Transgender, Intersex and Gender Re-Defining support network for Northern Colorado.
- Fort Collins Trans Resource List
  - https://docs.google.com/document/d/16TI9qIJ5G1lu2Yr-TCtIIPcDRfSyTtmeYWvPL_rduBM/edit - Community-built database of trans and nonbinary inclusive healthcare providers, legal support, hair dressers, etc.
- NoCo LGBTQIA+ Space Facebook Page
  - https://www.facebook.com/groups/lgbtqfortcollins - An online space for LGBTQIA+ folks to connect with community, ask for recommendations, get support, and share events.
- Northern Colorado Health Network
  - https://coloradohealthnetwork.org/ - Provides services and resources to folks living with HIV in addition to other medical and social services, such as HIV testing.
- Northern Colorado Equality
  - https://www.nocoequality.org/ - Northern Colorado Equality seeks to empower the LGBTQIA+ community and our allies through activities, programs, services and education.
- NoCo SafeSpace
  - https://nocosafespace.com/ - LGBTQIA+ inclusivity training and consultations for Northern Colorado.
- OGLBT+
  - Older Gay Lesbian Bisexual Transgender social group who meets monthly through the senior center.
- PFLAG Fort Collins/Northern Colorado
  - https://pflagfortcollins.org/ - Parents and Families of Lesbian and Gays Chapter of Northern Colorado.
- R Bar & Lounge
  - https://www.facebook.com/therbarlounge/ - Fort Collins' ONLY alternative bar catering to the LGBTQ+ population.
- SPLASH Youth of Northern Colorado
  - https://splashnoco.org/ - Community-led youth groups for LGBTQIA+ youth of Northern Colorado.

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COLORADO
agency for recovery residences
CARR

Best Practices Guidance For:

Parents With Children Living in Recovery Residence

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Introduction

There is a universal need for safe, affordable housing that can support recovery. People seeking recovery housing often travel across the state to find safe, affordable housing options. The options for parents in recovery who seek housing that is supportive of their unique needs are even more limited options. An increased focus on the impacts of parental substance use on Colorado's child welfare, education, and health care systems has increased commitment from Colorado's communities to ensure that there is a full continuum of services and supports available for parents with substance use disorders seeking to live in long-term recovery. Family-friendly recovery housing is a critical component of this continuum of care.

This guide seeks to offer best practice guidance on how to provide high-quality family-friendly housing services, including:

- Ensuring a physically and emotionally safe environment for both parents and children.
- Assisting parents with navigating a complicated service system to connect parents and children to services and supports that are available in the community.
- Developing the administrative capacity to address legal issues, insurance, and other operational considerations.
- Creating a culture of recovery and peer support in a home that serves families and their children.

This guide is not intended to replace the advice of legal counsel. All recovery housing operators should consult with an attorney concerning their program, fair housing rights, or other legal matters.

Impact of Recovery Housing for Parents With Children

Research on recovery homes demonstrates documented positive effects for both children and families. Researchers found that in homes where children were allowed to live in the recovery residence with their parent, a positive effect was reported for residents on both substance use and recovery measures (Kim, Davis, Jason & Ferarri, 2006). Researchers also found that children being present in the home had a positive impact, not only on the parents of the children but also on other residents who did not have children living with them (d'Arlach, Olson, Ferrari, 2006). In a study that specifically examined men, researchers found that men who lived in recovery homes with children present had higher rates of long-term recovery as compared to men who lived in recovery homes where children were not present (Ortiz, Alvarez, Jason, Ferrai & Groh, 2009).

Allowing families to be together in recovery housing not only benefits the parents but also is a benefit to the children. One study of the Oxford House model (which is very similar to a peer-run, Level I recovery home) found that two years after entering the home, over 30% of the women who had lost custody of their children had regained custody of their children, compared to only 12.8% of women in a control group (Jason & Ferrari, 2010); reducing the impact of trauma associated with separation for both parents and their children. Mineau, Hunter, Callahan, Gelfman, and Bustos (2017) found that recovery housing can provide a safe, supportive, and stable environment for both parents and children.

Many of these positive outcomes have been attributed to the family-like environment created within the recovery home (Heslin, Hamilton, Singzon, 2010). In this type of environment, all residents feel a responsibility to create a positive environment when children are present in the home. A study of Oxford House residents found that 38% indicated that having children present in the home was a motivation to stay sober, and 24% believed that the children being present in the home led to an increased sense of personal growth (Legler, Chiaramonte, Patterson, Allis, Runion & Jason, 2012). Additionally, allowing children to live with their parents reduces trauma and negative impacts on children which result from being separated from their parents.

Recovery Housing for Parents With Children

There are administrative, procedural, and environmental best practices that quality recovery housing operators can implement to ensure that they are meeting the needs of parents and children and providing an environment supportive of the long-term recovery of all residents.

This best practice guidance is intended to be reviewed in coordination with the other quality standards and best practice recommendations that have been made by the National Alliance of Recovery Residences (NARR) and the Colorado Agency for Recovery Residences (CARR). The response to many of the considerations below will depend on the Level of recovery housing (peer-run, monitored, or supervised). As with all recovery residences, the recovery home should be clear about the level of support and services available in the recovery home to all potential residents, current residents, and community members.

This best practice guidance is also intended to be used in coordination with, not as a replacement to, any requirements for a particular funding source.

Administrative and Operational Capacity

Recovery housing that serves parents and their children carries additional administrative and operational concerns. The following are best practice recommendations regarding basic administration and operations of a recovery home that will serve parents and their children.

Clear Policies on What Ages and Genders of Children Will Be Accepted

Many considerations that follow will depend on what ages and genders of children will be permitted to live in the recovery housing. Recovery housing should have clear policies in place that describe:

- The occupancy of the recovery home and how this may impact how many children may live with parents.
- How old children may be.
- If children of a different gender than the target population may live in the recovery house.
- Operators should consult an attorney to ensure compliance with state and federal fair housing laws when creating these policies and procedures.

Budgeting

Ensure your budget considers additional items that children may need. When parents first enter recovery housing, they may not be able to provide these items for their children:

- Food
- Diapers
- Furniture
- Additional cleaning/laundry supplies and capacity
- Toys
- Child safety equipment
- Transportation for children
- Car seats for children
- Childproofing

Home Maintenance

Homes with children also experience more significant wear and tear, including carpets, walls, furniture, and appliances. Ensure the long-term budget considers increased costs of home maintenance.

House Occupancy

Consult with your local health, safety, and building code officials to ensure your home has an appropriate occupancy limit. The parent and any children living in the house may each individually count as occupants for occupancy limit purposes.

Bedroom Space

In addition to your total house occupancy, be sure that the bedrooms are large enough for the total number

of occupants. If parents and children share a bedroom be sure that there is enough storage space for personal items for both parents and children. CARR requires a minimum of 50 square feet **per person** in each bedroom.

Insurance

Check with your property and business insurance carrier to ensure that you have an appropriate type and amount of coverage for a home that serves parents and children.

Background Checks

Consult with a legal expert about any legally required background checks that must be performed on staff, volunteers, residents or others who will have regular contact with child residents. Develop a policy on background checks that is compliant with these laws. This policy should include:

- What background checks need to be performed.
- How the organization will use the results (for example, what offenses prohibit someone from employment or residency in the house).
- How often the organization will perform checks on current employees, volunteers, or residents.
- How you will inform residents about the background check policy.

Mandatory Reporter

Check with a legal expert about any legally required mandatory reporter training for any staff or volunteers. Develop a policy that ensures that this training is performed and documented.

Navigation of Complex Services and Systems in the Community

Parents in recovery often struggle to navigate a complex system in order to gain access to the services and support they need to live in recovery and provide for their children at the same time. A recovery house needs to both assist the parent in navigating this complex system and also assist in ensuring that children are connected to the services they need. The following are some best practices operators can implement to ensure that residents and families are connected to existing services.

Have a Specific Strategy in Place to Ensure the Needs of Children Are Met

In addition to connecting resident parents to treatment, recovery supports, and other social services; you also need to ensure that there is a process in place to ensure that resident children are connected to the resources they need. Strategies may vary depending on the level of support available in your home, but can include:

- Having a dedicated children's case manager whose role in the house is to specifically perform a needs assessment of children and work to address the identified needs independent of their parent.
- Ensuring that children have a case manager or other provider in the community who can serve in this role and develop a relationship with that person.
- Regularly checking in with families to specifically discuss and address any needs of children and assist as necessary with connecting children to the appropriate resources.

Develop a Relationship With Your Local Child Protective Services

Many parents in recovery may have open cases with child protective services. It is best practice that you develop a relationship with the child's case worker. The caseworker will help you understand what you need to do to help the parent manage custody and visitation and what rules and policies apply specifically to the individual child.

Connect to Prevention Resources

Even if a child does not have an open case with child protective services, the child will still need connections to preventative services and supports, such as child guidance.

Daycare Services

Finding affordable daycare services in the community can be challenging, but access to appropriate daycare services is essential for many families to achieve recovery, employment, and educational goals. You may contact the Colorado Child Care Assistance Program for Families, a division of the Colorado Department of Early Childhood, to inquire about any programs that may help with daycare. However, many of these programs are stringent, and residents may not be eligible. Check for resources that may exist in your local community to help you connect residents to appropriate daycare supports and services.

Youth Programming and Development

Youth living in recovery housing need access to appropriate youth development programs and activities. You should work with families to ensure youth are engaged with youth development and programming that meets their individual needs and interests.

Develop Positive Relationships With Schools

Children living in recovery housing may be of school age and need to attend school. If the parent identifies a need, your organization should develop a positive relationship with their school to ensure that you can support the parent in their efforts to participate in their child's education. Parents may also need your support to help ensure that their child is able to get to school and participate in all educational activities.

Maternal Opioid Misuse (MOM)s Program Connection

Colorado has regional MOM's programs that can assist you. These programs serve women who are currently pregnant. If you have pregnant women in your home, you should connect them to the MOM's program in your area.

(https://hcpf.colorado.gov/maternal-opioid-misuse-model)

Creation of a Culture of Recovery and Peer Support

One of the defining characteristics of recovery housing is the family-like environment and culture of peer support. Operators often find that having children in the home naturally helps to create more opportunities for informal interaction, family activities, and opportunities for residents to support each other and create a positive environment that helps both the parents, their children, and the other residents.

Develop a Family-Like Environment

As with adult-only recovery residences, it is important to create a family-like environment among residents. Having children living in the home creates more opportunities to create a functional family environment, with shared meals, informal activities, and opportunities for peer support.

Positive Parenting Culture

Having parents live together in a communal setting can create challenges when parents practice different parenting styles.

- Ensure that parents who are identified as needing formal parenting classes are connected to such resources.
- Have clear rules about what behaviors are acceptable or unacceptable when children are present, including rules about what media is appropriate for children.
- Have clear rules about activities that are appropriate for children to participate in and what are not.
- Have clear guidance on how other adults in the house should address the behavior of children. Residents should be encouraged to talk to the parent first and then with staff and not attempt to address potential issues concerning a child's behavior with the child directly.
- Allow residents to participate in positive parenting classes or other activities together.

Provide Training

Staff may need additional training to work with families and children. Training may include, but is not limited to:

- First Aid Training for children
- CPR training for children or babies
- Home safety training
- Training on the impact of substance use disorders on children
- Trauma-informed care and responses
- Children and youth substance use prevention
- Other workshops, conferences, and events with other child-caring agencies

Ensuring a Physically and Emotionally Safe Environment

Allowing parents to have their children live with them in the recovery home creates additional considerations when creating an environment that is both physically and emotionally safe. Recovery housing operators can implement strategies to help keep families and their children safe.

Relapse Planning and Prevention

Recovery houses that serve children need to be especially mindful of what would happen if a parent experiences a relapse. There must be robust policies that help prevent relapse and appropriately address relapse. Engage with each parent and ensure that there is an appropriate plan in place should the parent experience a relapse. Ensure that plans include a safe and supportive environment for the children and parents to enter should the parent need to exit the program due to a relapse.

Medications Storage and Handling

Ensure that all resident medications, including Medication Assisted Treatment medications as well as other prescription and over-the-counter medications, are kept in locations that are locked and secure. Ensure lockboxes containing medication are out of reach of children. Parents of children who need medications should be provided with a lockbox for the child's medication. Operators should have a detailed process for keeping track of all medications in the house. See best practices for Medication Assistance Treatment for further guidance on medication safe storage and handling.

Develop Policies Concerning Watching Children

Residents of recovery housing may not be aware of the criminal history or health status of other residents living in the home. Therefore, it is best practice to prohibit residents from having other residents watch children while their parents are not present in the home.

Prohibit Children From Being Alone in the Home

The house should have a written and enforced policy that prohibits children from being alone in the home.

Prohibit Children From Being Alone With Any Staff Member

Consider open door policies or policies where two staff members must be present at all times to ensure the safety of children. This also potentially protects your staff from certain liability.

Be Aware of Family Privacy

Another challenge of recovery housing for families is providing space for families to have privacy when needed. Each family should have its own room, even if space would allow for more residents. If possible, consider allowing older children to have their own room that is located near their parents.

Allow For Family Bonding Time

Ensure that families have time to be together and bond as a unit separate from the house.

Emergency and Disaster Plans Contain the Needs of Children

All recovery homes, regardless of the population served, should have clear emergency and disaster plans. Additional considerations and best practices for recovery housing serving families with children include:

- Ensure that parents understand that they are responsible for their children in the event of an emergency.
- Explain emergency plans to children in an age-appropriate manner.
- Contact your local fire department and ask about fire safety drills and protocols for homes with children. They may have materials or tools that you can use and provide.
- Connect with your local Red Cross. Some locations will come to recovery homes and do emergency disaster training for your residents and staff.
- Ensure that there is always someone at the home who is trained on how to respond in an emergency.

Smoking/Tobacco Policies

All recovery homes should ensure the indoor environment is smoke-free for health and fire safety reasons. In addition, homes that serve families and their children should consider:

- Requirements that all residents store cigarettes, lighters, and other tobacco products out of the reach of children.
- Purchase of cigarette disposal containers for the outdoors that prevent children from possibly handling used cigarette butts.

Incident Reporting

All recovery homes should have an incident policy that ensures that incidents are reported and responded to appropriately. Mandatory reporting requirements apply to many professions. Ensure that all staff members are aware of their mandatory reporting requirements related to their profession and credentials, and consult with legal and other experts to ensure that your incident review and reporting policies comply with these requirements. In addition, CARR Standard 1.C.7.f requires a critical incident report be submitted to CARR. Refer to CARR standards for more information on critical incident reporting.

Trauma-Informed Environment

Review all organizational policies, procedures, and practices to ensure the entire organization is trauma-informed and appropriately responsive.

Literature Review

Baker, P.L. & Carson, A., (1999). "I take care of my kids": Mothering practices of substance-abusing women. Gender and Society, 13(3), 347-36.

This piece explores the lives of mothers in recovery from substance misuse disorders through the context of a residential substance-misuse treatment program for women with children and pregnant women. Seventeen women were interviewed and observed, between the ages of 20-41 y/o. This would be an excellent resource from a resident perspective of what does and does not work in residential programs for women with families.

Bassuk, E.L., Buckner, J.C., Perloff, J.N., & Bassuk, S.S. (1998). Prevalence of mental health and substance use disorders among homeless and low-income housed mothers. American Journal of Psychiatry, 155, 1561-1564.

Although informative, this focuses on homeless and low-income housed mothers who also have substance misuse disorders and does not directly inform us on the practices involved in specific housing programs for this population.

Bassuk, E.L., Weinreb, L.F., Buckner, J.C., Browne, A., Salomon, A., & Bassuk, S.S., (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. Journal of the American Medical Association, 276, 640-646.

Bassuk et.al. details the lacking social and economic resources available to homeless and low-income mothers while simultaneously outlining the overwhelming presence of substance use disorders. This research could inform the reader more about co-occurring conditions faced by mothers with substance use disorders.

Brady, K.T., & Randall, C.L. (1999). Gender differences in substance use disorders. Psychiatric Clinics of North America 22(2):241-252.

This piece will be beneficial in understanding the prevalence of co-occurring conditions in women with substance use disorders. While there is not a direct connection to mothers, there is the indication that women's personal decision to seek treatment can be more difficult when faced with the broader responsibility of caretaking.

Brady, T.M., & Ashley, O.S., eds. (2005). Women in Substance Abuse Treatment: Results From the Alcohol and Drug Services Study (ADSS). DHHS Publication Np. (SMA) 04-3968. Analytic Series A-26. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

This report is extensive and completely comprehensive about the gender differences in substance use disorders. Chapter two outlines treatment programming for women with specific sections on child and prenatal care. Chapter five looks at the characteristics of substance misuse treatment facilities, outlining the comparisons and differences between women-only and mixed-gender facilities as well as between facilities with and without child care services.

Center for Substance Abuse Treatment. (2004). Substance abuse treatment and family therapy. Treatment Improvement Protocol (TIP) Series, No. 39. HHS Publication No (SMA) 15-4219. Rockville MD: Substance Abuse and Mental Health Services Administration.

This piece examines the complex role of families in treatment while calling for combined services for the whole family as a pathway to improving treatment effectiveness. While this piece has a strong focus on

family therapy for substance use disorders, it can be used as a rough outline for understanding how various family structures fit into a recovery housing environment.

Child Welfare Information Gateway. (2014, October). Parental substance use and the child welfare system. Retrieved from http.//www.childwelfare.gov/pubPDFs/parentalsubabuse.pdf

This report outlines the effect of parental substance misuse on children. The most relevant parts of this piece are the sections on Service Delivery Challenges and Innovative Prevention and Treatment Approaches. This child-specific report gives many positive examples of innovative programming for children with parents in recovery.

Conners, N.A., Bradley, R.H., Mansell, L.W., Liu, J.Y., Roberts, T.J., & Burgdorf, K. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. American Journal of Drug and Alcohol Abuse 30(1):85-100.

This study looks at the consequences of parental substance misuse on children, indicating that children whose parents have had substance use disorders have a high vulnerability for physical, academic, and social-emotional problems and will need long-term supportive services.

CSAT (Center for Substance Abuse and Treatment) (2001). Telling Their Stories: Reflections of the 11 Original Grantees That Piloted Residential Treatment for Women and Children for CSAT. DHHS Publication No. (SMA) 01-3529. Rockville MD: Substance Abuse and Mental Health Services Administration.

This report outlines the lives of substance misusing women with children in special treatment programs for women in this population. Chapter two informs the reader on the adaptations of treatment models for this group, while chapter four examines the administrative processes such as staffing, staff training, and retention.

Kroll, B., & Taylor, A. (2003) Parental Substance Misuse and Child Welfare. London: Jessica Kingsley.

This piece is effective in outlining both a parental and child perspective of parenting and substance use disorders. A considerable amount of research has been included concerning parenting techniques and child psychology.

Lander, L. Janie Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. Soc Work Public Health, 28(0), 194-205.

This report looks at the family context in substance use disorder development and the factors that positively and negatively influence treatment. More specifically, this piece examines the long-term outcomes that result from familial substance misuse. Includes insightful data tables that show the impact of SUDs on family life cycle stages.

Lundgren, L.M., Schilling, R.F., Fitzgerald, T, Davis, K., & Amodeo, M (2003). Parental status of women injection drug users and entry to methadone maintenance. Substance Use & Misuse 38(8): 1109-1131, 2003.

This article emphasizes the differences in parental status for methadone maintenance treatment entry, finding that women living with their children were significantly more likely to enter treatment than women who did not live with their children.

McMahon, T.J., Winkel, J.D., Suchman, N.E., & Luther, S.S. (2002). Drug dependence, parenting responsibilities and treatment history: Why doesn't mom go for help? Drug and Alcohol Dependence, 65, 105-114.

This study examines the likelihood of women with children pursuing treatment and the effectiveness of treatment for women with children.

Murphy, S., & Rosenbaum, M. (1999). Pregnant women on drugs: Combating stereotypes and stigma. New Brunswick, NJ: Rutgers University Press.

This book addresses the struggles faced by pregnant women with substance use disorders by framing their lives prior to pregnancy. They examine the societal pressures women face in planning out the "correct" timeline for life events, such as pregnancy, the ambivalent feelings about having and keeping their children, and how these impact the severity of substance misuse.

National Organization on Fetal Alcohol Syndrome. (2016). FASD: What the foster care system should know PDF. Retried from https://www.nofas.org/wp-content/uploads/2013/10/FASD-What-the-Foster-Care-System-Should-Know_2013.pdf

This fact sheet gives information on what the foster care system should know about Fetal Alcohol Spectrum Disorders and how this complicates the foster care system's traditional approach to children in foster care.

Office on Child Abuse and Neglect. (2008). Protecting children in families affected by substance use disorders PDF. Retrieved from https://www.childwelfare.gov/pubPDFs/substanceuse.pdf

This packet better informs the reader on the role of child protective services in supporting parents in treatment and recovery and supporting children of parents with substance use disorders. Chapter eight of this packet may give a better perspective of how recovery housing might collaborate with child protective services.

Raynor, P.A. (2013). An exploration of the factors influencing parental self-efficacy for parents recovering from substance use disorders using the social ecological frameworks. Journal of Addictions Nursing, 24(2) 91-99.

This piece examines the vital role that parental self-efficacy plays in familial outcomes, concluding that appropriate recovery and social supports are integral to successful familial outcomes.

Smith, D.K., Johnson, A.B., Pears, K.C., Fisher, P.A., & DeGarmo, D.S. (2007). Child maltreatment and foster care: Unpacking the effects of prenatal and postnatal parental substance use, Child Maltreatment, 12, 150-160.

This study analyzes the effects of prenatal and postnatal substance misuse on child maltreatment and foster care placement transitions. This study differs from many previous studies but remains a valuable resource to its readers.

Suchman, N.E. & Luher, S.S. (2000). Maternal addiction, child maladjustment, and socio- demographic risks: Implications for parenting behaviors. Addiction, 95(5), 1417-1428.

This piece examines how the potential determinants of maternal addiction, low socioeconomic status, and mothers' perceptions of their children's maladjustment correlate to their parenting. This should be good for recovery housing operators to understand the complex relationship between parenting and maintaining recovery.

Suchman, N.E., Pajulo, M., DeCoste, C., & Mayes, L., (2006). Parenting interventions for drug-dependent mothers and their young children: The case for an attachment-based approach. Family Relations 55(2), 211-226.

This study examines effective parenting styles for mothers with substance use disorders and their children. This would be a good piece to give guidance on potential programming in familial recovery housing.

Werner, D., Young, N.K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. Rockville, MD: Substance Abuse and Mental Health Services Administration.

This paper discusses the challenges and advantages of a family-centered treatment approach for women with substance use disorders, outlining the importance that relationships play for women in treatment and recovery. This paper is essential guidance for anyone working with women and families with a history of substance misuse.

Wilke, D.J., Kamata, A., & Cash, S.J. (2005). Modeling treatment motivation in substance- abusing women with children. Child Abuse and Neglect, 29(11), 1313-1323.

This study looks at children as a motivation to go to treatment for mothers. Unlike other studies, this one found that it should not be assumed that children serve as a primary motivation for mothers seeking treatment based on the negative influence of having to leave children behind or having children placed in foster care so they can attend treatment. This would obviously mean that familial recovery housing could have a special motivation for women who do not want to leave their children behind to maintain their recovery.

Wobie, K., Eyler, F.D., Conlon, M., Clarke, L., & Behnke, M. (1997). Women and children in residential treatment: Outcomes for mothers and their infants. Journal of Drug Issues. 27(3), 585-606.

This paper looks at the relationship between living arrangements for mothers and babies in residential treatment centers. It found that the earlier a mother and baby can be united in a treatment center, the better long-term outcomes exist for both of them. One could assume similar outcomes in a recovery housing environment, making this study essential to recovery housing operators.

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. (2006). Screening and assessment for family engagement, retention, and recovery (SAFERR). (HHS Publication No. SMA 08-4261). Rockville, MD: Substance Abuse and Mental Health Services Administration.

This resource breaks down the roles and responsibilities of the different systems involved in substance misuse and childcare while providing a long list of valuable resources that recovery housing operators can use within their own houses.

Zlotnick, C., Franchino, K., St. Claire, N., Cox, K., & St. John, M. (1996). The impact of outpatient drug services on abstinence among pregnant and parenting women. Journal of Substance Abuse Treatment 13(3), 195-202.

This study evaluated which service components are more effective for pregnant and parenting women, finding that drug-abstinent women were more likely to receive more services overall than those women who were not drug-abstinent.

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Best Practices Guidance For:

Preventing & Addressing Relapse

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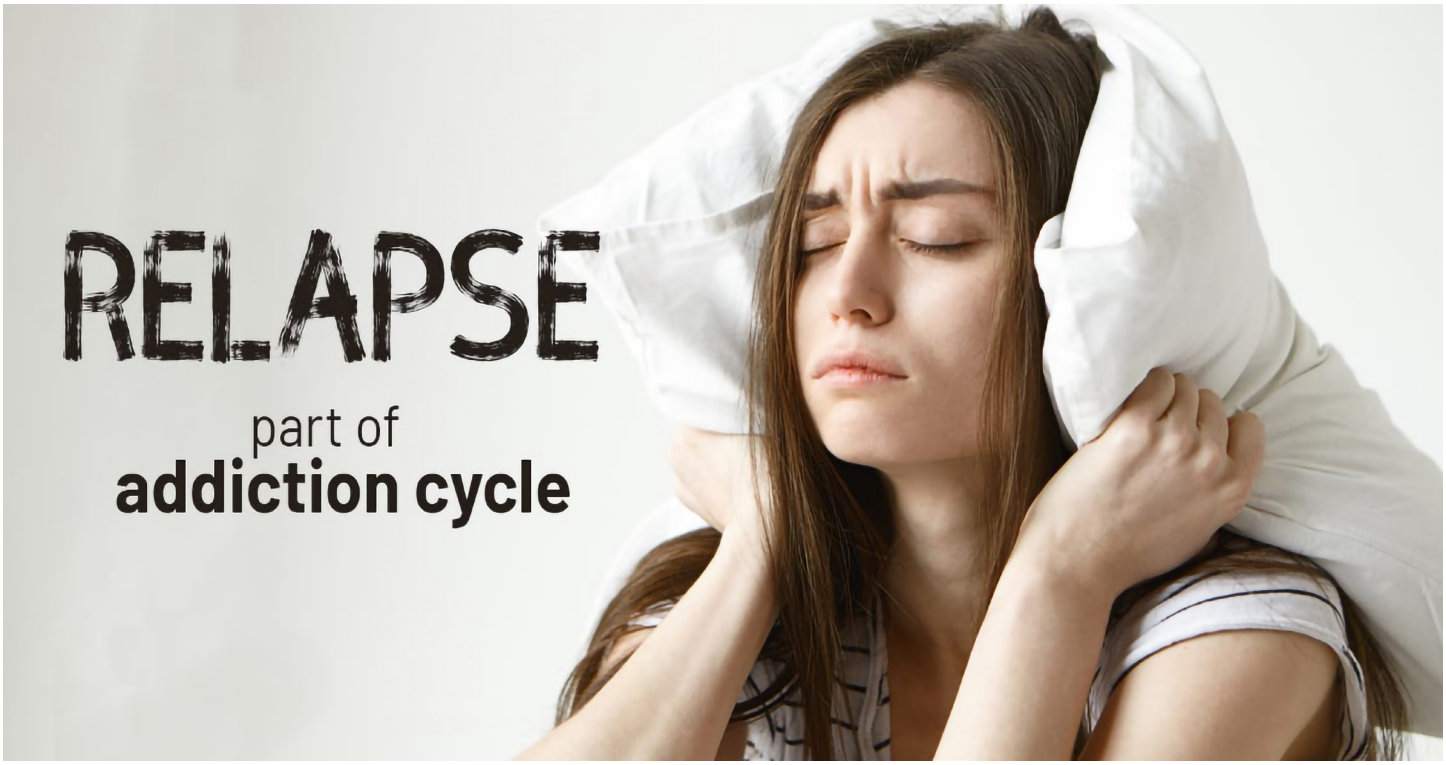
Introduction

Recovery residences program create living environments free from illicit drugs and alcohol and provide support that helps residents build the recovery capital needed to sustain long-term recovery. One of the most critical issues that recovery residence operators face is assisting residents in preventing relapse or addressing a relapse if it occurs. Operators of recovery residence programs should review this guidance alongside the quality standards and best practice recommendations made by the Colorado Agency for Recovery Residences (CARR) and any requirements for state or local funding.

While CARR hopes you consider the information contained in the following guidance, please recognize that the guidance is not legal advice. If you are concerned about legal matters, please contact an attorney or a legal aid office. You may also contact CARR anytime for information, short-term technical assistance, or support. CARR is here to assist in any way it can.

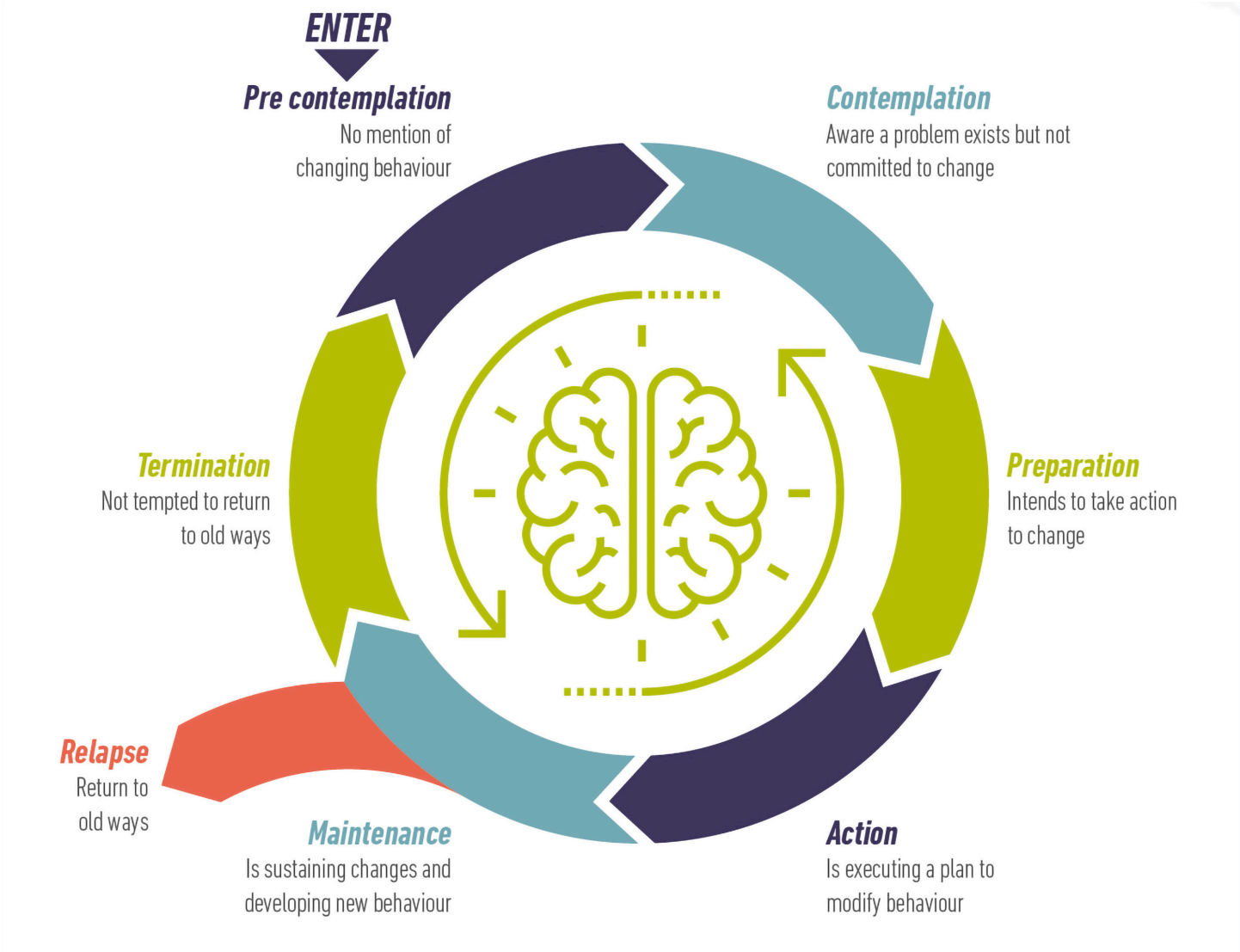


Defining Relapse

Discussing relapse in addiction is complicated because the definition of "relapse" is constantly evolving, and there is a lack of consensus on the operational definition of the term. This guidance uses the following definition which recognizes relapse as a dynamic process rather than as a single event:

> ***Relapse is a process that occurs within the individual. It manifests itself in a progressive pattern of behavior that reactivates the symptoms of a disease or creates related debilitating conditions in a person that had previously experienced remission from the illness.***[1]

It is important to note that relapse is a process. There are often thoughts, behaviors, and actions before a person uses illicit drugs or alcohol. A person may experience a one-time use that is an error in judgment due to extreme emotions or environmental triggers. Viewing relapse as a process requires that such incidents are evaluated using a person-centered approach to ensure safety, reduce trauma, allow residents to learn from the experience, and provide additional support to break the cycle of relapse.



1 Abrams, D.B., et al. (2003). Tobacco Dependence Treatment Handbook. New York: Guilford Press.

Strategies for Preventing Relapse

The core of relapse prevention is building quality relationships with and among people in recovery. The social model of recovery is an effective model for creating environments where such relationships can be established. The social model of recovery environments is physically safe and encourages prosocial interaction. The following are suggestions for recovery residence programs seeking to implement the social recovery model for relapse prevention.

Help Residents Develop Prosocial Relationships

One of the most beneficial aspects of living in a recovery residence is creating an environment where residents live together and support each other as a family. Residents also work to hold each other accountable in a positive and supportive way. Residents want to see each other succeed and are there to help each other with challenges. Strategies to help residents develop positive relationships with one another include:

- Using buddy or mentorship systems where residents who have lived in the residence longer support newer residents and get to know them.
- Setting group mealtimes where residents prepare and enjoy meals together.
- Have residents plan and execute social support activities such as picnics, movie nights, and other activities for the house.
- Encourage residents who notice another resident struggling to reach out, offer help, and offer support as a friend and peer. Residents should feel encouraged to tell someone if they feel a resident is struggling.
- Allow residents to identify ways to help each other celebrate their successes.
- Allow residents to play a role in setting and enforcing program rules that are supportive of recovery and hold all residents accountable.

Help Staff and Leaders Develop Positive Relationships With Residents

Recovery residence programs that offer a higher level of support have paid staff. Recovery residence programs at lower levels of support may not have paid staff, but residents or others are often seen as community leaders who fill many of the roles that paid staff fill at higher level of support programs. Recovery residence programs should ensure that staff and leaders model recovery principles and are available to help residents prevent relapse by:

- Ensuring that all staff, no matter their role, are trained on and understand the basics of the disease of addiction, recovery, and the social model of recovery.
- Ensuring that any staff who are peers have a support system and can monitor their own recovery.
- Providing training on culture and diversity for populations served by the recovery residence program.
- Requiring training on appropriate boundaries for staff and peer leaders.
- Encouraging staff and peer leaders to engage with residents informally, develop friendships, and create an environment where residents feel safe sharing information and challenges.
- Having staff practice engaging in active listening and motivational interviewing.

Ensure the Language Used Is Supportive of Recovery

Recovery residence programs that implement the social model create an environment where resident

experience is respected, and residents are held in continuous positive regard. One of the most powerful ways recovery residence programs can create this culture is by ensuring that the language they use is appropriate. Recovery residence programs can ensure their language is supportive of the social model by:

- Using a person's first language.
- Avoiding terms that promote stigma or negative perceptions of people with addiction or people in recovery.
- Providing training to all staff, volunteers, and residents on what language is expected and appropriate when talking about addiction and recovery.

Review the Code of Conduct

Every recovery residence program should have a Code of Conduct that all residents agree to adhere to. The Code of Conduct is often used to communicate expectations and create a harmonious living environment for residents. The Code of Conduct should contain a prohibition on the use or possession of alcohol or illicit drugs and be signed by the clients. **Recovery homes need to be careful that the Code of Conduct does not turn into a punitive tool used more for controlling resident behavior. Instead, the Code of Conduct should provide structure and support for residents.**

- Review each item and ensure that it is specifically related to providing a positive recovery environment.
- Ensure any consequences for violations of the Code of Conduct are not punitive but instead focused on providing additional support to prevent or break a potential cycle of relapse.
- Ask residents and successful alumni to contribute to the Code of Conduct. Ask them to share their feelings on how the Code of Conduct can prevent relapse.
- **Do not threaten immediate termination from residence for minor diversions from the Code of Conduct.** Instead, use conversation and support to learn why the resident is not engaging in appropriate activities.

Screen Residents for the Appropriate Level of Support

Recovery residence programs in Colorado offer different levels of support. CARR certifies four levels of support.[1] One way recovery residence programs can prevent relapse is by ensuring that potential residents are screened before entering the program to ensure that their level of support is appropriate for the resident.

Recovery residences should talk with potential residents and learn:

- The potential resident's experience in treatment and recovery.
- The potential resident's commitment to living in recovery.
- The potential resident's reasons and goals for living in recovery housing.
- What support will the resident need to sustain recovery.

The recovery residence program should consider this information and ensure that the residence can offer the support the resident needs. If the recovery residence program cannot provide the required support, the potential resident should be referred to an appropriate level of support or treatment.

Work With Residents Individually to Create a Recovery Plan That Includes Relapse Prevention

Recovery residence programs not only create supportive and safe environments but can also work with residents more directly to prevent relapse by working with them individually to develop a personalized recovery plan. Recovery plans help residents focus and achieve goals. These goals can be specific to recovery, such as attending meetings, finding a sponsor, or another type of mutual aid supporter. These goals can also support recovery even if not directly related, such as applying for a job or engaging in a certain number of sober social activities. Recovery residence programs can help residents include elements in their individualized recovery plans that can help them prevent relapse.

The recovery plan must be resident-driven, with the onus on the resident to identify their own goals and what support is needed for them. Each resident's strategy should focus on that resident's individual needs. The recovery plan also needs to support the resident's chosen recovery pathways, including Medication Assisted Recovery,[2] 12-step programs, Celebrate Recovery, and SMART Recovery.

The chart on the following page contains information on common considerations related to relapse, questions you can ask residents to help residents plan, as well as supports that can be offered to help prevent relapse.

1 CARR Recovery Residences Levels of Support, page 164.
2 See CARR Best Practice Guidance for: Medication-Assisted Treatment

Relapse Considerations	Questions to ask Residents	Strategies to Discuss
The Severity of Addiction A resident's addiction is a key indicator of potential relapse.	How long has the resident been in addiction About any previous experience in the treatment About any previous experience with abstinence or recovery	Offer more support for residents who have had a longer time in addiction, less successful treatment experiences, or multiple attempts to enter recovery. Examples include: • Buddy systems • Regular check-ins • Meetings • Discussions with a sponsor or mutual supporter
Motivation Residents with low motivation to live in recovery are at greater risk of experiencing a relapse.	About reasons why residents want to live in recovery About what they see as the positives of living in long-term recovery About their goals for living in recovery	Allow residents to identify their own goals and reasons for living in recovery. You can help residents by: • Connecting them to others in long-term recovery to share their successes • Helping them identify the positives of living in recovery • Assisting them in finding ways to have fun and enjoy living in recovery
Confidence Residents with low confidence, such as those who see themselves as "serial relapsers," are at risk of experiencing a relapse.	About any past attempts at living in recovery and what helped and did not help during those times About their perception of how prepared they are to face potential triggers About what they think their potential challenges are and how they plan to face those challenges	Assist residents in building confidence by: • Having them create a list of questions and concerns to ask and discuss • Allowing residents to share their fears and struggles with you and others in a safe environment • Connecting residents to peers in long-term recovery who have faced similar challenges to the ones residents identified • Asking residents to think about what they will do before, during, and after encountering a challenge in their recovery to develop positive coping skills
Physical and Mental Health Some residents may face physical and mental health issues in addition to addiction. Allowing these issues to go unaddressed may lead to a relapse.	About any physical health conditions that they may have About any mental health conditions, they may have About any dental or oral health conditions About their plans for addressing these conditions	You can help residents address physical, mental, or dental health issues by: • Connecting residents to appropriate health care or behavioral health care services in the community • Even if a resident does not have any identified issues, encourage the resident to have a preventative physical exam or wellness visit and visit the dentist for routine cleaning to establish healthful habits • Be aware of resources available to help residents sign up for health care programs • Discuss strategies for informing their health care provider that they are a person in long-term recovery
Social Supports and Recovery Capital Residents who have people in their lives that are supportive of their recovery are less likely to experience a relapse.	Ask about any potential positive social relationships that residents may have - The William White Recovery Capital Scale[1] is a valuable resource Ask residents if they have a sponsor or other type of mutual aid support	You can assist residents in building positive social support by: • Helping them find a sponsor or mutual aid supporter • Encouraging the resident to meet with peer supporters as well as any sponsor or mutual aid supporter regularly • Helping the resident identify sober social support activities, both formal and informal, that can help the resident build positive relationships that are supportive of recovery • Connecting the resident to employment or volunteer opportunities that interest them
Individual Factors People have their own experiences that can contribute to relapse.	Talk with residents about any people, places, and things that they feel may potentially lead to a relapse	Assist residents in addressing individual factors by: • Talking about what the resident will do before, during, and after they encounter an individual risk factor

1 http://www.williamwhitepapers.com/pr/Recovery%20Capital%20Scale.pdf

Support Residents as They Implement Their Plan

Once residents have individualized plans, it is best practice to check in with residents regularly to learn how the implementation is going. Best practice strategies for supporting residents in their own recovery plans include:

- Give residents specific tasks to help them implement the plan, such as going to a certain number of meetings or making a specific health care appointment.
- Set up regular meetings with residents to discuss their plans, ask residents how things are going, and see if residents have completed identified tasks.
- Set aside time at house meetings for residents to talk about their plans and to support one another.

Addressing Relapse With the Individual

When a relapse occurs with a resident, the situation requires the recovery residence program to consider the safety and well-being of the person who has experienced the deterioration, as well as the safety and well-being of the other residents living in the recovery program.

The following is best practice guidance for addressing this situation in recovery residence programs.

Individual Relapse Plans

The best time to discuss relapse is before it happens. The best practice is to work with residents individually when they move into the program on a plan for what will happen should they experience a relapse. CARR standard 3.G.27.a requires that all residents entering a recovery residence program have an individualized recovery plan. This plan should be implemented after any immediate medical needs are addressed and must include:

- Treatment providers, mutual aid supports, and recovery coaches that can be contacted for additional support of the resident.
- Next steps the recovery residence program will take to address the relapse and expectations of residents.
- A safe space the resident can go and a person they can contact if they need to leave home to support the health and safety of other residents.

Addressing the Relapse With the Resident

CARR encourages recovery residence programs to implement policies and practices that allow residents to remain in the residence's program, if possible after a relapse has occurred. Immediate termination of residency will likely result in further deterioration of their condition and even put them at risk of death.

The following are topics to consider when determining if a resident can remain in the recovery residence program:

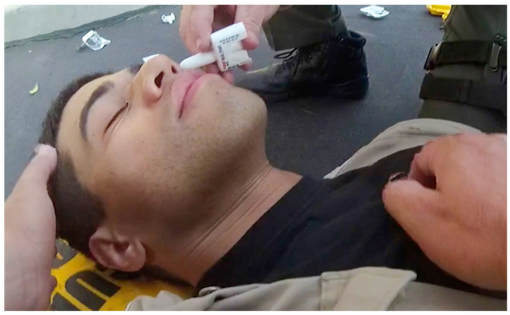
- The circumstances of the relapse.
- Having the resident screened and assessed by a properly trained individual to determine if there is a need for treatment services.
- Review the relapse prevention plan and what changes are needed.
- If the residence can provide any additional support needed based on the new relapse prevention plan.
- If the resident remains interested in recovery and participation in a recovery residence program.
- The impact of the relapse on the other residents in the residence. Consider hosting a meeting with residents and allow them to discuss if the person should be able to return with increased support and agreement to other terms or conditions.

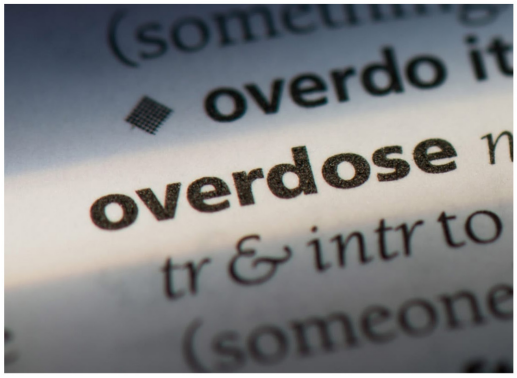
If a resident is determined to remain in the program, the program should work with the resident to re-evaluate their relapse prevention plan, adjust any goals, and increase support. Per CARR standard 3.G.27.d, if a resident is unable or no longer wishes to live in the recovery residence program, the resident must be provided with a referral to treatments, other support services, or provided other housing options and recommendations for follow-up care. The program's policies regarding termination of residency need to also consider applicable state and federal laws.

Emergency Response Plan

The safety and well-being of the resident who has experienced a relapse should be addressed immediately. Not every occurrence of a resident using alcohol or illicit drugs is cause for extreme alarm; however, each event does need to be evaluated and addressed.

- The recovery residence should have an emergency response plan to address a potential overdose. CARR Standards 1.B.5.a.5
- Naloxone needs to be available in an accessible location and in compliance with CARR Standard 2.F.25.d
- All residents, staff, and others should be offered training in how to administer Naloxone. CARR Standard 2.F.25.d
- Emergency phone numbers should be posted in common locations of the house. CARR Standard 2.F.25.a
- Any resident who experiences a suspected overdose or seems to be in medical distress should be referred immediately for medical treatment. CARR Standard 2.F.25.a





Keeping Other Residents Safe After a Relapse

When a relapse occurs, one of the most significant considerations of recovery residence program operators is the safety, health, and well-being of the other residents in the program. By definition, residents are there seeking to live in an environment of recovery. Operators can take the following steps to increase the safety of the program for other residents. Operators can improve safety by looking at the physical environment, raising awareness of relapse, and continuing relapse prevention efforts after a release. It is not only important that operators take action, but it is important that the other residents see and are aware of the actions the operator is taking and of the seriousness the operator places on making program improvements following the occurrence.

Physical Safety

- Take steps to ensure that the residence is free from alcohol and illicit drugs.
- Walk with residents through the property to identify any potential safety hazards.
- Ensure all locks, doors, and windows are working appropriately and that the residence is physically secure.
- Discuss residents' individual relapse prevention plans with them and connect any residents who need additional support to services or supports.

Increasing Awareness

Relapse is an ongoing concern. Relapse can manifest itself anytime and all residents should be aware of relapse warning signs for themselves and others. These warning signs can include reliving days of drug use and seeing drug use in a positive light, sudden changes in behavior, increased isolation, avoiding recovery activities, or expressing doubt in the recovery process. A recovery residence program can increase awareness by providing training to staff on how to identify warning signs.

- Discussing with residents what they should do if they notice warning signs in other residents.
- Discussing with residents and staff how to be aware of their own actions when others are struggling.
- Having honest conversations about the realities of relapse with residents.

Relapse Prevention Efforts After a Relapse

Staff and residents can work together to examine what was learned and how the residence can become a more robust recovery environment in the wake of a relapse. The social model of recovery values all experiences as opportunities to learn and gain knowledge in recovery. Allow residents to view the experience as an opportunity to learn and become stronger in their recovery.

- Open discussion about becoming more aware of when another resident may not be doing well or maybe struggling is essential.
- Discuss the importance of awareness of actions and inactions when witnessing someone struggling.
- Encourage residents to help residents who appear to be struggling, ask for help, and identify when help is needed.

Develop Partnerships in the Community

Sometimes, after a relapse, it is determined that the recovery residence program cannot provide the level of support needed for the resident and that the resident must be referred to a provider in the community who can provide a higher level of support. Recovery residence programs should develop relationships with treatment providers and recovery residence operators offering higher support levels. They can quickly and easily make referrals and ensure that residents have access to higher levels of support and treatment if needed. Recovery residence program operators should also be aware of crisis response services or transitional residences, where residents can stay short-term before being allowed to return to the residence.[1]

Recovery residence programs should carefully consider policies that require residents to automatically reenter treatment or attend treatment for a specific amount of time after experiencing a relapse. The resident may be clinically screened and, if determined not to be clinically in need of treatment, prevented from meeting such a requirement. Thus preventing them from returning to the recovery residence program. Any requirements for residents to undergo treatment should be based on the recommendation of a clinician or medical professional after a clinical assessment and assessed on an individual basis.

1 CARR Standard on discharge policy 3.G.27.d

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Best Practices Guidance For:

Supporting Residents Returning to the Community from Incarceration

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Introduction

The Colorado Agency for Recovery Residences (CARR) Best Practice Guide for Supporting Residents Returning to the Community from Incarceration was developed in coordination with many organizations and individuals with the shared goal to provide a helpful resource to recovery residence operators.

Recovery residences and the criminal justice system often intersect. According to the National Institute on Drug Abuse, "an estimated 65% of the United States prison population has an active SUD [substance use disorder]".[1] In many communities across Colorado, recovery residence programs work with local courts, jails, and prisons to house residents reentering the community following incarceration. This population of reentry residents in recovery housing faces many barriers and needs additional support to meet their basic needs and reconnect with their communities.

This guide provides helpful information and resources for providing safe, sober environments and recovery support for people reentering their community following incarceration. CARR plans to periodically update this resource with new and relevant content to ensure that evolving best practices continue to be implemented in recovery residences across the State.

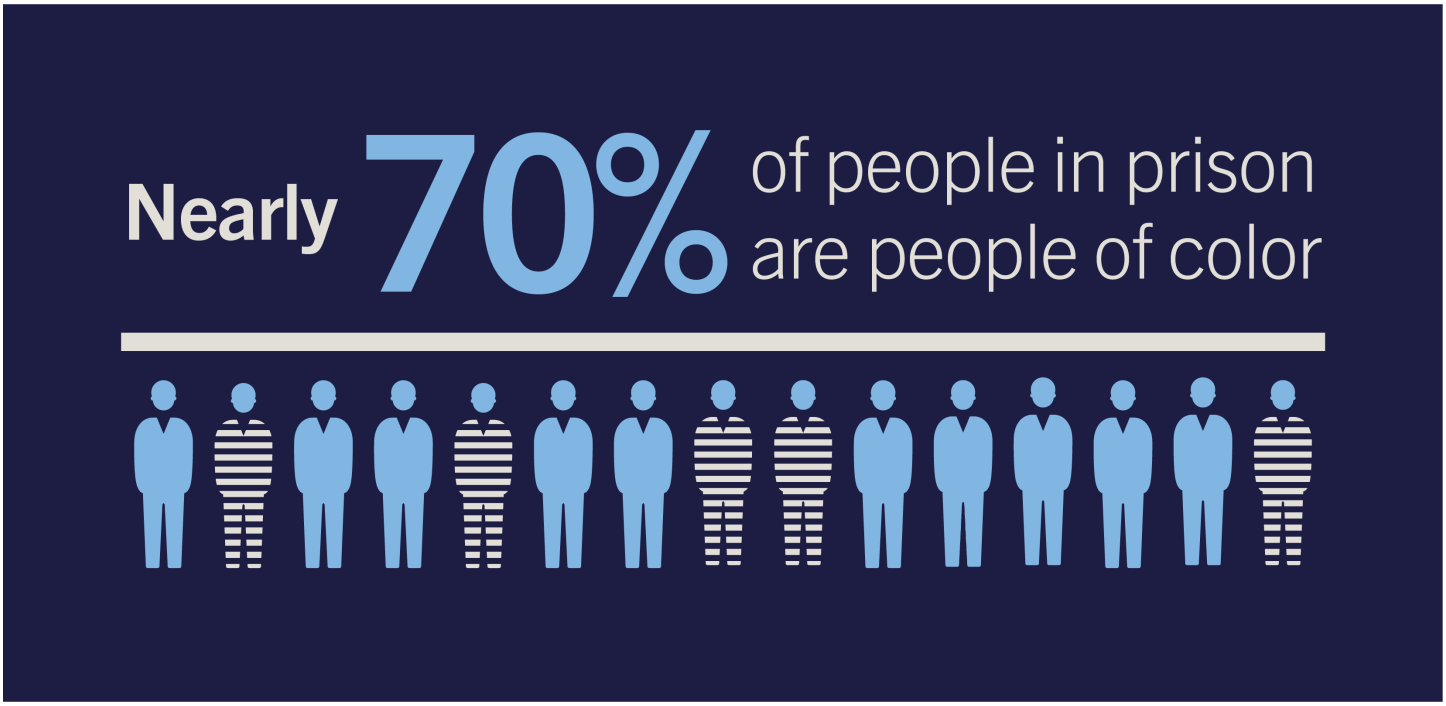
While CARR encourages you to consider the information listed in the following toolkit, please recognize that the guidance given is not legal advice. If you are concerned about legal matters, please contact your local legal aid office or an attorney. This document is intended to be reviewed in coordination with other quality standards and best practice recommendations that CARR has made. You may also to contact CARR anytime for information, short-term technical assistance, or support. We know that stigma and discrimination cannot be eliminated overnight - the tools, strategies, and best practices in this guide are designed to help you address these issues over time.

1 https://www.drugabuse.gov/publications/drugfacts/criminal-justice

Race and the Criminal Justice System

At the outset of this section, we feel it important to acknowledge the historical and systematic injustice against Black and Latinx people in the criminal justice system. While Black people make up only 5% of Colorado's population, roughly 17% of people in jail and 18% of people in prison in Colorado are Black.[1] Additionally, Black and Latinx people continue to face discrimination and barriers to accessing high-quality prevention, treatment, and recovery support services. We see this reflected in recovery residences today and recognize that it is an area that needs improvement.

The purpose of this guidance is to provide tools for operators to support residents who are currently or have previously interacted with the criminal justice system. CARR wants to ensure that recovery supports are available to these groups experiencing disenfranchisement. Our shared work in promoting and advancing racial equity goes beyond the scope of this best practice guidance document. However, we recognize the link between these issues and hope that this guide will be used in coordination with efforts to promote racial equity, recognizing the disproportionate impact the criminalization of addiction has on Black and Latinx people.



1 https://www.vera.org/downloads/pdfdownloads/state-incarceration-trends-colorado.pdf

Recovery Housing

According to Colorado Revised Statute §25-1.5-108.5, "recovery residence," "sober living facility," or "sober home" means any premises, place, facility, or building that provides housing accommodation for individuals with a primary diagnosis of a substance use disorder that:

- Is free from alcohol and non-prescribed or illicit drugs;
- Promotes independent living and life skill development; and
- Provides structured activities and recovery support services primarily intended to promote recovery from substance use disorders.

Recovery Housing is for:

- Individuals who are actively seeking recovery.
- Individuals who desire a safe and structured living environment with others who share the same goal of sobriety.
- Individuals who desire to participate in support or treatment services to further their sobriety.
- Individuals at risk of homelessness because they are exiting treatment, incarceration, military duty, or are living in an environment that puts them at risk for using substances.[1]

1 https://leg.colorado.gov/bills/hb19-1009

Recovery Residences and the Criminal Justice System – Understanding Common Barriers

Recovery residences intersect with the criminal justice system in a variety of ways. In many communities across Colorado, recovery residence programs work with local courts, jails, and prisons to provide housing for people recovering from substance use disorders returning to the community after incarceration or arrest. For recovery residences to best support residents reentering the community, it is critical first to understand the barriers faced by previously incarcerated individuals and how you can work within the system to manage these barriers.

Basic Needs – Operators will need to assess residents' basic needs reentering the community and ensure those needs are met. People exiting jail and prison are often without clothing, food, personal hygiene products, or money to purchase these basic needs. To assist residents with access to basic needs, build relationships with local food banks, clothing banks, or other charities in your community. Local faith-based organizations may also assist in helping you gather a supply of these items to have on hand for when residents first move into your residence and may not have these items.

Public Benefits and Student Loans

People with criminal records are often barred from accessing certain public benefits and student loans. Residents convicted of any drug offense, misdemeanor, or felony may not be eligible to receive federal financial aid for college-related expenses. However, people with criminal records in Colorado are not banned from accessing other public benefits such as the Supplemental Nutrition Assistance Program (SNAP).[1] You can help residents apply for benefits online at https://cdhs.colorado.gov/snap#apply.

Housing

Safe and affordable housing is a massive barrier to people returning to the community after interacting with the criminal justice system. Public housing is often the only option, as many private landlords limit renter eligibility. While recovery residence programs cater to people with many different convictions, the main barrier for potential residents is accessing these programs and finding safe and affordable environments after exiting a recovery residence program. As a recovery residence operator, be prepared to have residents with criminal convictions stay at the recovery residence longer than non justice involved residents, as it can be more challenging for individuals in reentry to find their next housing environment.

Employment

Similar to the barriers faced in housing environments, people returning to the community following arrest or incarceration face barriers to employment. Meaningful work that pays fair wages is critical to a person reentering the community. However, accessing and maintaining this kind of employment can be difficult. Recovery residences should be prepared that it may take a person with a criminal conviction a more extended amount of time to find employment, which may impact their ability to pay their rent at the recovery residence. Be prepared to assist the person with rent payments while they are seeking employment.

1 https://cdhs.colorado.gov/snap

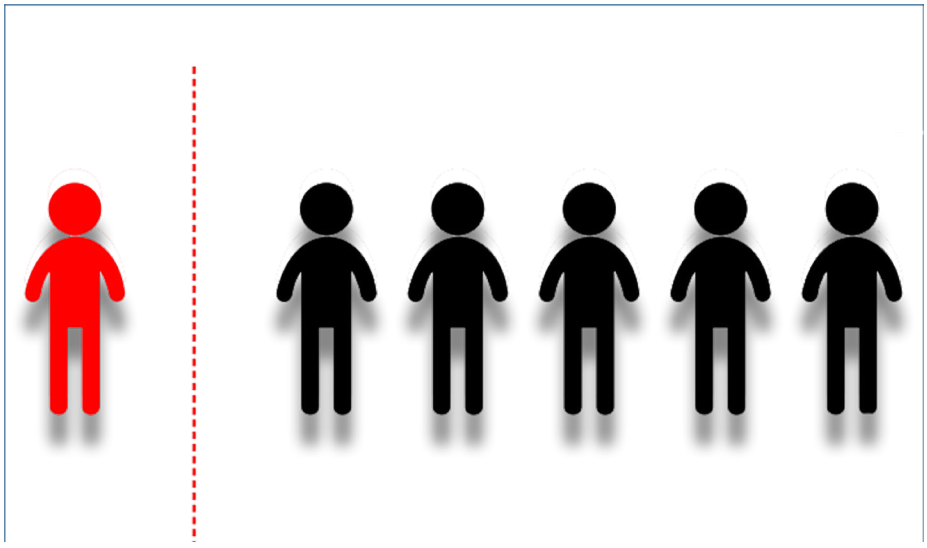
Recovery residences can build relationships with local employers, especially "second-chance" employers in your community. Second chance hiring is the act of employing formerly incarcerated individuals, people in recovery, or other applicants whose life choices and situations have disadvantaged them in obtaining stable employment. These relationships, where you can easily refer people for employment opportunities and help prepare them, make it easier for residents to find and maintain employment. Many second-chance employers exist throughout the state.[1] You can find a link to some of these employers in the resources section of this guide. Additionally, work with local staffing agencies in your area to identify potential employment opportunities for your residents. Operators have also noted that engaging with local employment training sites and having residents engage in local community service efforts supports those residents in learning working habits such as time management, reliability, working with others, etc.

Individuals with criminal records can have their records sealed, or expunged, to remove barriers to employment and occupational licensing. Although sealing and expungement are often used interchangeably, they are very different tools for removing obstacles. Expungement means to delete or destroy a criminal record, including an arrest record. This is only available in minimal circumstances, such as for juvenile records or survivors of human trafficking. Sealing, however, is more widely available and will hide the criminal record from the public view.

Stigma

As operators of recovery residences know, people in recovery often face stigma from their communities. This stigma is often compounded for people in recovery with a history with the criminal justice system. These stigmas play into the barriers mentioned above and often lead to additional challenges that residents and operators must overcome.

While these barriers can prove challenging, operators and staff of recovery residences need to recognize these barriers to better support the residents facing them. See Best Practice Guides for Being a Good Neighbor and NIMBY Concerns for best practice guidance on how to overcome stigma in communities.



1 https://secondchancebusinesscoalition.org/find-partners

Good Neighbor Policies and NIMBY Concerns

Another essential component to support residents reentering the community is crafting good neighbor policies and addressing concerns for potential NIMBY (not in my backyard). Good neighbor policies can be an effective way for residents to interact positively with their communities. While good neighbor policies will not ensure that NIMBY issues won't arise, many of the items outlined in the list below have proven effective for many operators who serve residents returning to the community from incarceration.

Meet With Neighborhood Associations and Watch Groups

Getting involved in neighborhood groups is a great way for neighbors to meet residents and staff of the recovery residence organization. Often, neighborhoods don't understand what recovery residences are. Meeting residents living in these residences at regular neighborhood meetings gets residents involved in the community and helps the community get to know the residents and the recovery residence program.

Engaging With Local Law Enforcement

Current operators of recovery residences noted that engaging with local law enforcement and probation or parole departments has been effective for positive community engagement. You can start building these relationships by inviting these groups to tour the residence, meet with operators and staff to learn more about the recovery community and let neighbors know that you are engaging in relationships with these groups. Another way to engage with local law enforcement is to create meetings or trainings where the recovery residence organization can inform them about substance use disorders, treatment, recovery support services, and recovery in general.

Engage With the Local Community

Residents and staff should be encouraged to participate in the local community. Recovery residences typically require residents to engage in some form of service. Engaging with the local community is essential for the resident's life skills development and recovery and is also great for the community. Some ideas to help residents perform service work include:

- Volunteering at a local food pantry or clothing center.
- Assisting elderly or disabled neighbors with snow removal or other chores.
- Making and distributing treats during the holidays.

See Best Practice Guidance on Addressing NIMBY for more information.

Intake Considerations

Prior to welcoming a resident into a recovery residence, an operator must first examine their intake considerations. This involves understanding the requirements around a resident's criminal history, the level of support a resident may need, if the resident is the right fit for the house or the program, etc.

Limitations Regarding Criminal Histories

It is essential to consider your residence limitations regarding a resident's criminal history. There are certain criminal convictions that some programs may not be able to accommodate, such as residents who are registered sex offenders or residents convicted of arson. It is best practice to check your local laws and insurance carrier to set your organizational policies and determine whom you cannot support in your recovery residence program.

Court-Ordered Recovery Housing

When working with the court system, there are situations where a judge may give an individual the option to either go to jail or enter a recovery residence program. It is no surprise that these individuals often choose recovery residences over going to jail or prison. Considering how to support a resident who may not be entering your program with their recovery as a high priority is essential. Remember that people can change their minds while also recognizing that your program might not be the right fit for them at that time. The best practice is to communicate clearly with the potential resident what the priorities and requirements of your recovery residence program are. If the operator and the potential resident agree that the residence is an appropriate fit, work with the resident on ways to best support them. For example, in a resident's relapse plan, your organization could hold space for them if they return to jail or prison. While this may not be an option for all organizations, it can effectively show a resident that you are committed to their recovery.

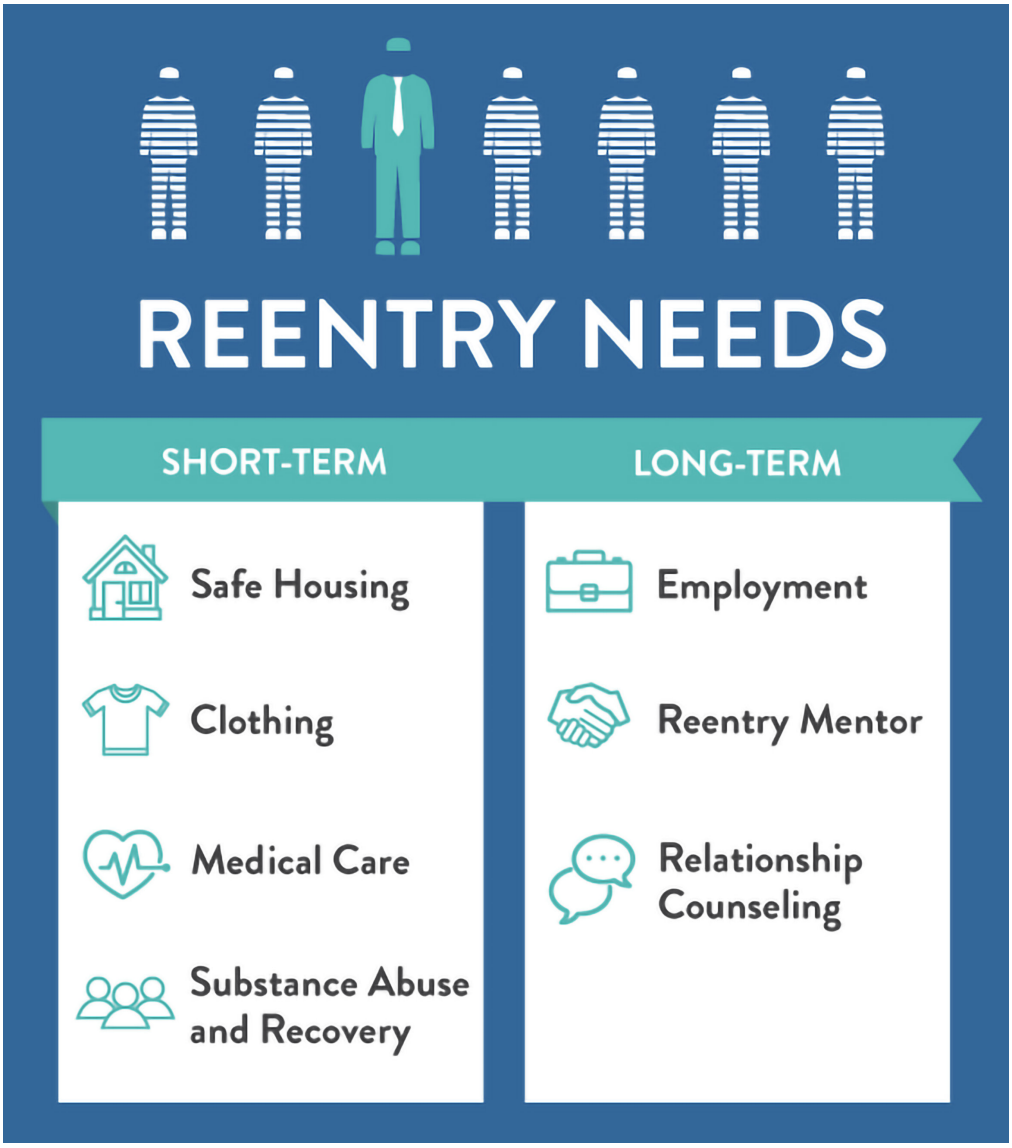
Needs Assessment

All recovery residences should assess all new resident's needs and create a plan for how these needs can be met. We drafted a variety of topics that recovery residences typically ask of their residents during the needs assessment process, found in Appendix A of this guide. You can use this list to help develop your needs assessment for your recovery residence. It is critical to establish strategic relationships within your communities because many groups exist that can help with many of the items listed.

Recovery Planning

Recovery planning is an essential component for all residents living in recovery residences. There are many considerations for what staff should discuss with residents regarding recovery planning. Listed below are recovery planning topics to consider and discuss with new residents in your recovery residence:

- Life skills development
- Rebuilding relationships
- Forming your community of support
- Obtaining a sponsor, mentor, or religious mentor
- Creating a wellness plan including physical health, financial health and budgeting, behavioral health, mental health, and spiritual wellness
- Connection to recovery meetings
- Engaging with peer supporters
- Volunteering or community service
- Employment/workforce development
- Education



Continued Involvement in the Criminal Justice System

Residents entering recovery residences following incarceration or an arrest often continue to be involved in the criminal justice system in various ways. Recovery residence operators must develop relationships with local court systems and the Colorado Department of Corrections to support residents still engaged with the Justice System.

Documentation

Comprehensive documentation is incredibly important regardless of the populations a recovery residence organization serves. While documentation helps your residence operate effectively, it is critical for residents who continue to be involved in the criminal justice system, as documentation will be important to the court system and any probation or parole offices. Documentation may include information collected as part of the move-in/intake process, contact/emergency information, documentation related to concerns or grievances, instances related to resident noncompliance with house rules, etc., and other pertinent information required by a probation office, parole office, or court.

Do Your Research

Many counties across the state have more than one court where residents may interact. These courts can range from common pleas to municipal courts, family courts, and other specialty courts such as drug courts, recovery courts, mental health, treatment, etc. There may also be more than one drug court in a locality. Research your local courts to figure out which courts exist in your area and the cases that each court sees. You can find a list of all Colorado courts organized by county on the Colorado Judicial Branch website.[1]

Get in Contact With the Courts

Open communication with the court system is essential to supporting residents who need to navigate this system. Set up meetings or round table discussions with judges, clerks, or other support staff at the courts. This will allow both sides to talk about the programs and ask questions.

Know How the System Works

There are a lot of requirements and responsibilities when a resident is involved in the court system. Operators will need to learn how to work through these with the resident. Doing your research and engaging in open communication with leaders in the court system will be beneficial in learning how to operate within this system, which will in turn benefit your residents navigating the system. This includes topics like how to pay court fees. Some courts will require people to engage in court-ordered community service. While this will mean additional time that the resident needs to schedule along with all other requirements of the court and the recovery residence, operators can work with the courts to find out if they will allow the resident to participate in community service as part of their recovery residence program.

1 https://www.courts.state.co.us/Courts/County/Choose.cfm

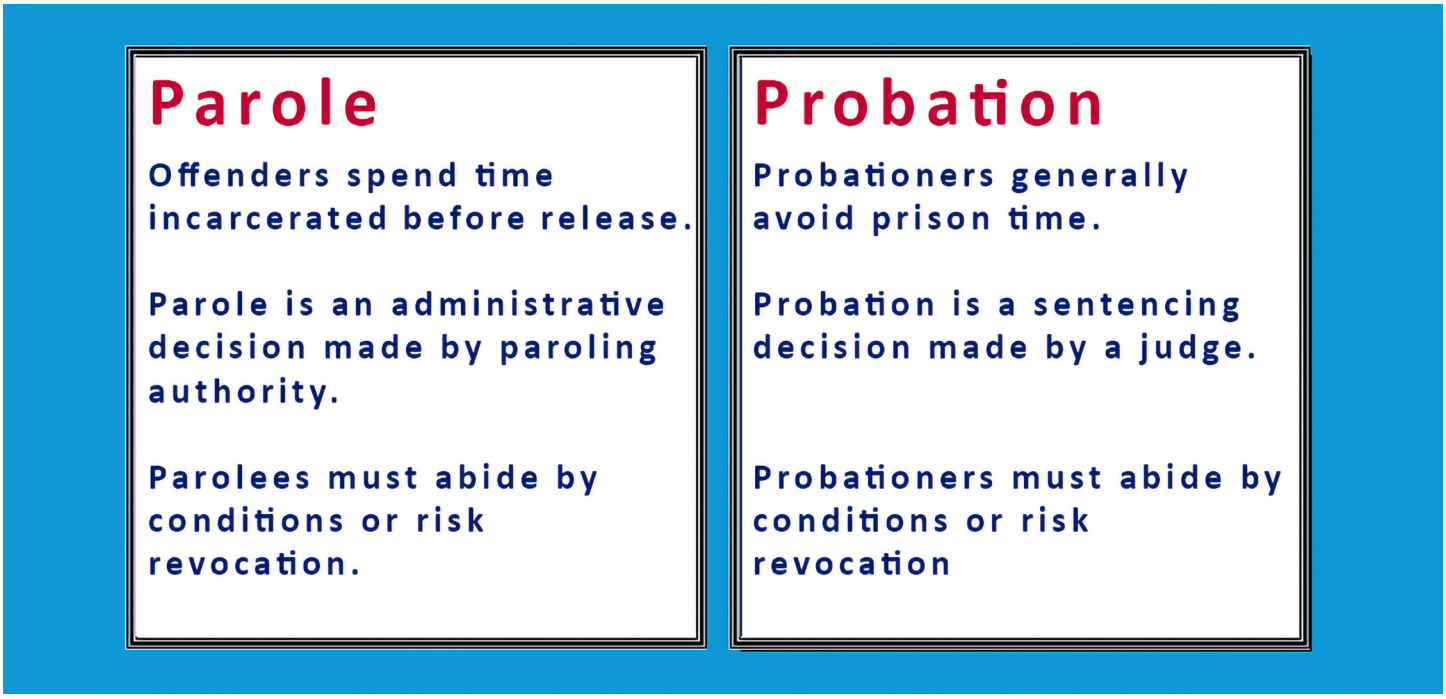
Have Open Communication and Mutual Respect With Your Courts, Local Police, and Parole and Probation Offices

It is the recovery residence's responsibility to communicate with the court system about residents. Some operators have noted that inviting police and parole officers into a residence prior to any residents moving in helps build this relationship and this respect. While they get a sense of the residence's layout, they also see that recovery residences provide a homelike environment. In many cases, operators have said that if a problem arises at one of the residences and the police are called; the police will contact the operator about the issue prior to pulling up with sirens on in the neighborhood, as this exacerbates stigma and can provoke NIMBY concerns.

Parole and Probation

As an operator or staff member, it is essential to understand what probation and parole are and how they will impact both residents who are actively interacting with them and other residents in the residence. Residents should know that the recovery residence is their home; therefore, their actions will impact their fellow housemates. Parole or Probation officers may need to enter the residence at some point. Staff should notify residents that this may happen while also notifying the officer that while they may search a resident's room, common areas shared by all residents are considered off-limits. Policies related to searches by the recovery residence and probation or parole must be included in the resident policy packet. All residents, including those who are actively on probation or parole and those who are not, must be informed that these searches may happen and of their rights regarding searches.

Additionally, releases of information should be included in resident policies. Recovery residences may need to share pertinent information with probation or parole offices and vice versa. Please see Appendix B for a template release of information. Ultimately, working effectively alongside probation and parole offices will be important for the resident, as both sides should be working as a team to help the resident with their recovery.



Exiting Recovery Housing

While many recovery residence environments support individuals with a criminal history, it can be challenging for those residents to find a safe, affordable environment for residents to live in after exiting the recovery residence. Below is a list of ways operators can support reentry residents with this barrier.

Be prepared to serve these residents for a more extended period of time. As mentioned earlier in this guide, operators of recovery residence programs that serve people reentering the community should be prepared to have residents with criminal convictions stay at the recovery residence longer than residents who do not, as it can be more challenging for them to find their next housing environment. Operators have noted that it can take up to a year or more for a resident with a criminal history to enter a new housing environment.

Start Planning the Exit Process Early

As noted above, it can take many months to help your resident find their next residence. As such, operators should be prepared by creating exit plans for residents. These plans will include identifying what barriers the resident may face after exiting the recovery residence, contacting local landlords, etc. Starting this process as soon as possible allows more time to identify and find solutions to barriers around permanent housing.

Build Relationships Within Your Community

Community relationships are essential to supporting your residents in a variety of ways. Finding affordable housing that accepts tenants regardless of their criminal histories can be challenging but engaging in your local community can make this search more manageable. Operators find these housing options through word of mouth, their recovery residence alumni, the recovery community at large, and general community members, including local landlords.

Learn About Local Resources and Voucher Programs

Many Colorado programs serve to assist people in their different housing needs. These include housing subsidies, utility subsidies, and programs offering free or reduced furniture essentials. Additionally, reach out to your local faith-based organizations that may provide similar donation services. These supports are essential for residents who may not have the furniture or the funds to furnish their new home.

Follow Up With Residents After They Leave the Recovery Residence

Exiting a safe, supportive recovery environment and living independently can be challenging for individuals. It is best practice to follow up with residents who have exited your recovery residence into their new residence. This can be done in various ways, and can be as easy as checking in over the phone to see how the former resident is adjusting.

Conclusion

CARR hopes this guide serves as a valuable resource to recovery residence operators serving residents reentering the community and residents with a history of interaction with the criminal justice system. Please refer to the resources page and the appendixes at the end of the guide for more information. If you have any questions or concerns, please get in touch with CARR.

Additional Resources

- Helping transform lives through transition: https://www.scccolorado.org/
- e-Colorado Reentry Services - This organization provides programs and support for individuals reentry into the community.
- Felon Friendly Jobs and Housing in Colorado: http://felonopportunities.com/felon-friendly-jobs-and-housing-in-colorado/
- Temp Agencies That Hire Felons In Colorado: https://www.jobsforfelonshub.com/temp-agencies-that-hire-felons/colorado/
- Employment & Background Checks: https://www.colorado.gov/pacific/cbi/employment-background-checks
- Colorado Criminal Justice Reform Coalition: https://www.ccjrc.org/who-we-are/board/
- http://www.2ndchances4felons.com/resources/ReEntry_Organizations.pdf

Needs Assessment Template

- Medical Needs
  - Do you have a primary care doctor?
  - Do you have a dentist?
  - Do you need help locating a doctor for Medication Assisted Treatment (MAT)?
  - Do you need health insurance or assistance signing up for Medicare or Medicaid?

- Identifying Documents
  - Do you have a driver's license?
  - Do you have a birth certificate?
  - Do you have a social security card?
  - Do you have a state identification card?

- Employment
  - Do you need assistance finding employment?
  - Do you need assistance writing a resume?
  - Do you have a criminal record that is hindering finding employment?

- Public Benefits
  - Do you need assistance applying for the Supplemental Nutrition Assistance Program (SNAP)?

- Education
  - Do you have any educational needs (GED, continuing education, diploma, etc.?)

- Transportation
  - Do you have reliable transportation and/or need assistance with bus passes?
  - Do you need assistance with car insurance?

- Legal Issues
  - Do you need help with any legal issues?
  - Do you need help with court fees?

- Children
  - Do you need help with child-related issues, visitation, CPS, custody, or parenting?

- Basic Necessities
  - Do you need bedding, shampoo, soap, socks, clothing, etc.?

Release of Information

Name:_____

Date of Birth:_____ Social Security #: _____

Pursuant to: 42 CFR Part 2 (42 U.S.C. 290dd-2) Confidentiality of substance use disorder patient records:

I authorize the below-listed Organizations or individuals to obtain and/or disclose my information:

_____

Name of organization(s) or individual(s) obtaining information

_____

Name of organization(s) or individual(s) disclosing information

For the purpose of:
Payment and/or healthcare operations; To determine my eligibility for benefits and/or evaluate my eligibility and/or ability to participate in programs

_____

I authorize the release of the following information:

- ☐ Housing Status
- ☐ Assessment Results
- ☐ Attendance
- ☐ Client Status
- ☐ Physical Exam Results
- ☐ Discharge Summary
- ☐ Background Information
- ☐ Treatment Summary
- ☐ Appointment Dates
- ☐ Urine Drug Screens
- ☐ Medications Prescribed
- ☐ Diagnosis
- ☐ Psychiatric Evaluation
- ☐ Urine Drug Screens
- ☐ Attendance
- ☐ Treatment Recommendations
- ☐ Identifying Information
- ☐ Emergency Situations
- ☐ Biopsychosocial Summary
- ☐ Medications
- ☐ Evaluation Results
- ☐ Legal History
- ☐ Treatment Needs

☐ Other:_____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this consent at any time, except where disclosure has already been made or to the extent that action has been taken in reliance upon it. Unless I revoke my consent earlier, this consent will expire automatically **one year** from the date of my signature below.

DATE

RESIDENT SIGNATURE

IF REVOKED:

Date Revoked:

Staff Initials:

CARR - General ROI 9.20.2022

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agency for recovery residences
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Documentation Review For:

Recovery Residence Fair Housing Fact Sheet

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The Fair Housing Act, Reasonable Accommodations, and Group Homes

Introduction

This Fair Housing Act, Reasonable Accommodations, and Group Homes guide seeks to provide accurate information and guidance around zoning for recovery residences. This guide is not intended to replace the advice of legal counsel. All recovery residence operators should consult with an attorney concerning their program and any questions about fair housing rights, or other legal matters.

The Fair Housing Act protects people from discrimination when renting a home, buying a home, seeking housing assistance, or engaging in other housing-related activities.

The Fair Housing Act prohibits discrimination due to race, color, national origin, religion, sex, familial status, and disability. A person in recovery from a substance use disorder is considered a person with a disability, and so the Fair Housing Act protects them from discrimination. It is important to note that people actively using illicit substances are not protected under the Fair Housing Act.

This means that communities may not prohibit Group Homes, Sober Living, or Recovery Residence Facilities from operating in their community simply because the residence is for people in recovery. However, recovery residences must follow all other non-discriminatory laws and regulations in the local community.

What Is a Group Home?

Generally, Group Home refers to housing occupied by a group of unrelated persons with disabilities that are a protected class under the Federal Fair Housing Act (FFHA)[1] and the Americans with Disabilities Act (ADA).[2] Persons with disabilities include those with conditions that substantially limit major life activities, such as blindness, hearing and mobility impairment, developmental disabilities, mental illness, and those recovering from substance abuse.[3] These facilities provide housing, personal care, and rehabilitation services, affording individuals with disabilities the same right to use and enjoy a home as individuals without disabilities. A group home typically functions as a single housekeeping unit, sharing a kitchen, bathrooms, and other facilities. Like all other property in a municipality, Group Homes must also comply with the municipality building, land use, criminal codes, and other applicable laws. The municipality will enforce any violations of these laws but cannot do so in a disparate manner from any other residential property.

Why Are Group Homes Allowed in a Municipality Neighborhood?

The municipality is legally obligated to provide "reasonable accommodations" to any protected class under state and federal law. The FFHA and the ADA prohibit discrimination against individuals with disabilities and prohibit local municipalities from enacting zoning or land use decisions that discriminate against protected persons.

1 https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_act_overview
2 https://adata.org/learn-about-ada
3 https://www.hud.gov/program_offices/fair_housing_equal_opp/disability_overview

What Is a "Sober Living" or "Recovery Residence" Facility?

A Sober Living or Recovery Residence Facility (sometimes referred to as "sober home") is a housing facility that helps those recovering from drug and/or alcohol addiction (diagnosed as "substance use disorders") transition back into the community after typically undergoing intensive inpatient treatment services. These residences promote independent living and life skills development and provide structured activities and recovery support services to those recovering from substance use disorders.

The residences are free from alcohol and nonprescription or illicit drugs. Residents are often required to go through rehabilitation prior to living in residence and continue to undergo treatment as a condition of living in the residence. The number of residents living in each residence varies, as do in-house rules. A Recovery Residence Facility is considered a type of Group Home.

Why Are Sober Living or Recovery Residence Facilities Allowed in Municipality Neighborhoods?

Under federal law, individuals recovering from drug and/or alcohol addiction are considered to have a disability, as drug addiction and alcoholism are physical impairments that can substantially limit major life activities. Individuals with disabilities are a federally protected class of people; protected by the FFHA and the ADA. Under these federal laws, municipalities are obligated to provide individuals with disabilities "reasonable accommodations" upon request in order to provide equal housing opportunities.

How Are Sober Living or Recovery Residence Facilities Regulated?

House Bill 19-1009[1], which went into effect in 2019, introduces new State legislation that provides oversight for Recovery Residence Facilities. After January 1, 2020, all Recovery Residence Facilities must obtain certification from a certifying body approved by the State Behavioral Health Administration (BHA). This certifying body is the Colorado Agency for Recovery Residences (CARR). The certification is not required if the facility is chartered by Oxford House or has operated as a recovery residence in Colorado for 30 or more years.

Like all other properties in a municipality, Recovery Residence Facilities must also comply with the municipalities building, land use, criminal codes, and any other applicable laws. The municipality will enforce any violations of these laws but cannot do so in a disparate manner from any other residential or single-family property.

Recovery Residence Facilities may be required to obtain a municipality business license as many are operated by business or non-profit entities. The license is required of anyone engaged in business in the municipality, including home-based businesses. This business license should not be for "Bed and Breakfast," "Boarding House," "Hostel," "Lodge," or other housing-related operations.

1 https://leg.colorado.gov/bills/hb19-1009

Reasonable Accommodations

If a recovery residence operator encounters a barrier to housing for people in recovery, they may request a reasonable accommodation from the municipality, zoning board, or commission on behalf of people with disabilities.

> *"A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations" (HUD)*[1]

For example, a recovery residence may request a reasonable accommodation from a policy that requires occupants in a single-family home to be related by blood or marriage. Other requests for reasonable accommodations can be made based on individual circumstances.

The FFHA and the ADA prohibit discrimination by requiring local governments to make "reasonable accommodations" in their rules, policies, practices, or services when necessary to give people with disabilities equal housing opportunities. Courts have consistently ruled that this requirement applies to zoning and other land use regulations.

In the context of Group Homes, Sober Living, or Recovery Residence Facilities that house individuals with disabilities, in order to comply with federal law, municipalities must provide these residents with a reasonable accommodation upon request, which is generally done in the form of an adjustment to zoning regulations which includes considering all residents as a single-family unit for purposes of limits on unrelated individuals living in the home. This ensures that the Municipality complies with federal regulations.

For more information on reasonable accommodations under the Federal Fair Housing Act, the U.S. Department of Justice and the U.S. Department of Housing and Urban Development released a joint statement[2] on May 17, 2004, on Reasonable Accommodation Under the Fair Housing Act.[3]

What is Reasonable?

A request can be denied if it is not "reasonable." A request is not considered "reasonable" if it imposes a fundamental alteration in the nature of the program or an undue financial or administrative burden on the party to whom it was submitted or if it is technologically impossible.

How to Submit a Request for Reasonable Accommodation

To request a reasonable accommodation, you must first understand the rule, policy, practice, or service that is the barrier to you. Then determine the entity that is responsible for enacting or enforcing the rule, policy, or practice. While not required, it is best practice to submit a written reasonable accommodation request. Keep all documents relating to each reasonable accommodation request you make.

1 https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications#_Reasonable_Accommodations

2 https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf

3 The Fair Housing Act is codified at 42 U.S.C. §§ 3601 - 3619

It is a good idea to include the following in your written request:

- A clear statement of the request for reasonable accommodation under the Fair Housing Act.
- Whom you are requesting reasonable accommodation for and why. Be clear that you are requesting the accommodation on behalf of a person with a disability and that the accommodation is necessary for them to have an equal opportunity to use and enjoy a dwelling and public and common use areas.
- The specific policy, rule, practice, or ordinance you would like reasonable accommodation for.
- Give a clear, reasonable timeline for when you would like to hear back.

What to Do After Submitting a Request

Follow up on the reasonable accommodation request. Request a written response that confirms that your request was received. Keep copies of all communication regarding your reasonable accommodation request.

Do Group Homes, Sober Living, or Recovery Residence Facilities Require Rezoning?

No, group homes, sober living, and recovery residence facilities are allowed in all residential zone districts. The municipality typically requires no action. The municipality zoning and ordinances will still govern noise, maintenance, and other potential issues the same as for any other residential home.

Are There Limits on the Number of People in a Group Home?

A Group Home or Sober Living facility that receives "reasonable accommodation" is approved for the number of residents as limited by the municipality building code, which typically permits up to one person per designated square footage area within the residence. Courts have consistently held that limits on unrelated persons do not apply to these homes as they are considered single-family units.[1, 2]

Are There Limits on the Number of People in Homes Not Operated as Group Homes, Sober Living Facilities, or Other "Reasonable Accommodations"?

In addition to the limits specified by the building code, the municipality by default typically prohibits more than a defined number of unrelated adults living in a single residential home. If the home has not requested reasonable accommodation as a group home or recovery residence, the municipality code enforcement will follow up to determine if the house complies with the municipality zoning codes.

Important Note

Federal Fair Housing Law also protects residents against potential discrimination from recovery residence operators. This means that recovery residence operators cannot discriminate against any residents or potential residents based on race, color, national origin, religion, sex, familial status, or disability under this law. This also means that potential residents or residents living in recovery residences may request reasonable accommodations from a recovery residence program. Recovery housing operators are required to consider these requests in accordance with Fair Housing Laws.

1 https://supreme.justia.com/cases/federal/us/514/725/case.pdf
2 https://www.justice.gov/crt/case-document/consent-decree-united-states-v-city-fort-worth-nd-tex

Valuable Resources and Information

For more information on the fair housing rights of residents and addressing NIMBY (Not in my backyard) concerns, please reference CARR's Best Practice Guidance for Addressing NIMBY.

For more information, see:

- HUD's Guidance on Reasonable Accommodations and Modifications
  - https://www.hud.gov/program_offices/fair_housing_equal_opp/reasonable_accommodations_and_modifications/
- CARR's Best Practice on Medication Assisted Treatment and Recovery Housing

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Physical Inspection and Document Review Checklist For:

CARR Levels I, II, III and IV Recovery Residences

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Introduction

The Colorado Agency for Recovery Residences (CARR) Quality Standards detail specific written policies and procedures that organizations must have in order to qualify for certification. All organizations seeking certification by CARR are required to provide copies of the following listed documents, or equivalent, for review with their application for certification.

CARR must verify that the following elements are included in your documentation. CARR will recommend quality improvement if a component is missing or contradictory to the CARR Standards. You must address all recommendations for quality improvement within the timeframe provided by CARR for your application to remain current. All requests for quality improvement related to organizational policies must be addressed before scheduling the on-site inspection.

Your documents will collectively be reviewed as a whole for clarity and consistency. You are highly encouraged to contact CARR with any questions and request assistance with your documentation before completing your application. During the on-site inspection, inspectors will ask questions about your organization's policies and procedures and verify that the organization is implementing the practices reflected in the documentation. If inconsistencies are noted between the submitted policy and witnessed practice, CARR may request quality improvement activities, in order for your practice to be brought in line with your policies.

Level I and All Other Levels

The following documents must be uploaded to your organization's online portal, along with your application, in order to obtain CARR certification:

1. **Signed Copy of Assurances (CARR Standard - 1.A.2.l)**
   - › All recovery housing operators are required to provide a signed copy of assurances.
2. **Signed Copy of CARR Code of Ethics (CARR Standard - 1.A.2.i)**
   - › Demonstrating a willingness to adhere to and hold others accountable to the "Recovery Residence Rules."
3. **Proof of Insurance (CARR Standard - 1.A.2.b)**
   - › CARR requires that you submit documentation that demonstrates that you have insurance. However, it is up to the individual operator to ensure that all their properties are covered and that the insurance is appropriate for your operations.
4. **Copy of Colorado Secretary of State Letter of Good Standing (CARR Standard - 1.A.2.a)**
5. **Resident Evaluation/Application (CARR Standard - 1.A.2.j)**
   - › Certified recovery residences have a written process for evaluating residents prior to move-in. This process must reflect that the home considers the following prior to allowing a new resident to move in:
     - ☐ Collect Basic Resident Information (name, phone number, etc.)
     - ☐ Explain the level of support available in the residence
     - ☐ Consider the length of time in recovery, ability to provide peer support to other residents and manage own recovery plans, ability to live in a housing environment with peer support, as opposed to a supervised treatment environment
6. **Resident Agreement (CARR Standard - 1.A.3)**
   - › Organizations are required to have a resident agreement. Each resident is required to sign and date the resident agreement prior to officially moving into the residence. The purpose of the resident agreement is to ensure that residents understand their obligations, financial and otherwise, as well as understand what services and supports the recovery residence will be providing to the resident. The resident agreement must contain the following elements.
     - ☐ Be signed and dated by the resident (CARR Standard - 1.A.3.a)
     - ☐ Information on any deposits or advance payments (if required) (CARR Standard - 1.A.3.b)
     - ☐ Information on the amount of any weekly or monthly fees (CARR Standard - 1.A.3.b.1)
       - ☐ Clearly states the amount of fees
         OR
       - ☐ Clearly states how any sliding fee scale will be implemented
         OR
       - ☐ Provides details on any arrangements for subsidies or scholarships and how long a resident can receive a grant or scholarship
     - ☐ Information on when fees are due (CARR Standard - 1.A.3.a)
       - ☐ Clearly states when fees are due
         OR

- ☐ Clearly states that residents will not initially be paying fees and for how long they will be permitted not to pay fee

☐ Information about any other fees that the resident is expected to pay (examples include utility fees or activities fees) (CARR Standard - 1.A.3)

☐ Information on refunds (CARR Standard - 1.A.3.c)

- ☐ Operator does not charge resident fees
  OR
- ☐ Agreement clearly states that refunds will not be offered
  OR
- ☐ Operator describes under what circumstances resident may get a refund and how the resident is to request a refund

☐ Information on how the operator may end the resident agreement (CARR Standard - 1.B.5.a.8)

☐ Information on how the resident may end the resident agreement (CARR Standard - 1.B.5.a.9

☐ Information about what will happen to any residential property that is left in the home after the resident has vacated (CARR Standard - 1.B.5.a.6)

☐ Reference to other required resident policies and procedures (recovery goals, relapse policies, drug testing policies, etc.) (CARR Standard - 1.B.5.a)

☐ The resident agreement may not contain statements that residents must leave the recovery home after a specified amount of time or that length of residency is determined arbitrarily or by a third-party payer. (CARR Standard - 3.G.27.a, 1.C.7.d)

☐ The resident agreement is clearly written.

☐ Written criteria if discharged by the recovery residence program, the resident must be provided with a referral to treatments, other support services, or provided other housing options and recommendations for follow-up care. (CARR Standard - 3.G.27.d)

7. Property Owner Permission (CARR Standard - 1.A.2.c)

☐ Written permission from the property owner of record to operate a recovery residence on the property. If the owner is the recovery residence operator, proof of ownership.

8. Copy of Marketing Materials (CARR Standard - 1.A.2.e)

9. Statement of Resident Rights (CARR Standard - 1.B.5.a.1)

› A copy of the statement of resident rights is required to be given to each resident when they move into the residence and the resident must sign and date that they have received it. A common copy must also be kept in a common area of each home.

☐ Must be signed by the resident.

10. Grievance Policy (CARR Standard - 1.C.7.b)

› It is a best practice that operators allow residents to handle minor concerns and complaints within the household. However, a resident must have an opportunity to file a formal written grievance or complaint. This policy must contain the following:

☐ A statement that the resident may contact CARR with a grievance (may also include other oversight entities, such as state courts, funding agencies, or your board of directors) (CARR Standard - 1.C.7.b.1)

☐ Instructions on how a resident may submit a written grievance (CARR Standard - 1.C.7.b.2)

- ☐ Names and contact information for the organization's person responsible for handling grievances (CARR Standard - 1.C.7.b.3)
- ☐ A statement that at any time, the resident may contact the owner/operator about the grievance (CARR Standard - 1.C.7.b.4)
- ☐ A statement that a resident may ask for help in filing a grievance (CARR Standard - 1.C.7.b.5)
- ☐ Information on any required timelines (CARR Standard - 1.C.7.b.6)
- ☐ Contact information for outside entities is included (CARR Standard - 1.C.7.b.7)
- ☐ Information on the steps that the organization will take to respond to the grievance (CARR Standard - 1.C.7.b.8)

11. Medication Policy (CARR Standard - 2.F.16.d)

› You are required to have a medication policy. This policy should cover the following elements.

- ☐ Policy addresses both prescription and non-prescription medication (CARR Standard - 2.F.16.d1)
- ☐ How non-prescription medications must be stored (CARR Standard - 2.F.16.d.2)
- ☐ How prescription medications must be stored must require that medications that are prescribed are stored in locked locations (CARR Standard - 2.F.16.d.3)
- ☐ Describe what happens if medication were to go missing or be misused (CARR Standard - 1.C.7.f.2.d)

12. Addressing Neighbor Concerns (CARR Standard - 4.J.36)

› Organizations are required to have a written policy for addressing neighbor concerns. Each resident should be informed of this policy when they move into the residence.

- ☐ The name and contact information of someone that neighbors can contact if they have a concern.
- ☐ Any additional information about how the recovery residence is a good neighbor as appropriate for the residence.

13. Emergency Policy (CARR Standard - 2.F.25)

› You are required to have an emergency procedures policy. This policy must contain the following elements:

- ☐ What residents should do in the case of an emergency (CARR Standard - 2.F.25.b)
- ☐ What residents should do in case they need to evacuate that residence (fire, etc.), including where residents are to meet. (CARR Standard - 2.F.25.b)
- ☐ What residents should do in case of withdrawal, intoxication, or overdoes. (CARR Standard - 2.F.25.b)
- ☐ Phone Numbers for whom residents should contact in case of an emergency (CARR Standard - 2.F.25.a)

14. Communicable Disease Policy (CARR Standard - 2.F.24.b)

› You are required to have a policy concerning communicable diseases. This policy must contain the following elements. The home may have a separate policy related to COVID-19 or a combined communicable disease/COVID-19 policy.

- ☐ Policy regarding exposure to bodily fluids and contagious disease.

15. Residence Rules for Code of Conduct (CARR Standard - 2.F.16.a, 4.J.37, 1.c.7.a)

› Organizations are required to have a list of house rules for residents. A copy must be provided to the resident upon move-in, and a copy must be kept in a common area of the house. Rules should include, at a minimum:

- ☐ Prohibited use and possession of illicit drugs and alcohol (CARR Standard - 2.F.16.a)
- ☐ What language is inappropriate (CARR Standard - 4.J.37.a.3)
- ☐ Parking rules for the neighborhood (CARR Standard - 4.J.37.b)
- ☐ Rules concerning noise in the neighborhood (CARR Standard - 4.J.37.a.5)
- ☐ If and where smoking is allowed on the property (CARR Standard - 4.J.37.a.1)
- ☐ Other rules as determined appropriate by the house.
- ☐ List of items that are prohibited in the home.

› House rules must also.

- ☐ Must be supportive of recovery and allow the residents to make and enforce rules (CARR Standard - 1.c.7.a)

16. Paid Work Agreements (CARR Standard - 1.A.2.g)

› A paid work agreement is where a resident either works for the organization or receives a discount on rent or other forms of payment for performing work for the organization. Paid work agreements also apply if the resident performs work for an affiliated organization or an organization owned or operated by the same owners, employees, or family members. Recovery housing operators are also responsible for ensuring that paid work agreements comply with local, state, and federal labor, tax, and employment laws.

- ☐ Operator has indicated on their application that they do not hire residents to work for them OR
- ☐ A statement that the paid work agreement is entered into voluntarily (CARR Standard - 1.A.2.g.1)
- ☐ A statement that the paid work will be paid at a fair market rate and in compliance with all employment laws (CARR Standard - 1.A.2.g.7)
- ☐ A statement that the paid work will not interfere with the resident's recovery goals (CARR Standard - 1.A.2.g.5)
- ☐ A statement that the paid work will not infer special benefits on the resident other than the fair payment (CARR Standard - 1.A.2.g.9)

17. Drug Screening (CARR Standard - 2.F.16.c)

› Recovery homes must have a process to ensure appropriate drug screening for residents. This screening may occur in the home or at an outside entity with a proper release of information with the recovery home.

- ☐ Policy describes when drug screening is performed (regularly, randomly, etc.) (CARR Standard - 2.F.16.c.1)
- ☐ Policy describes how records of drug screenings will be kept (CARR Standard - 2.F.16.c.2)
- ☐ The resident will be informed of how the drug screenings are paid for and if there are any circumstances where the resident may be required to pay for the screening (CARR Standard - 2.F.16.c.3)
- ☐ The resident will be informed of the results and actions to be taken from a positive drug screen or actions that will be taken if they refuse the drug screening. (CARR Standard - 2.F.16.c.4)

18. Confidentiality Policy (CARR Standard - 1.B.6.a, 1.A.4.a)

› You must have a policy that describes how the house will keep resident information private and confidential. This policy must contain:

- ☐ How the operator and all staff will keep resident records secure (CARR Standard - 1.B.6.a, 1.A.4.a)
- ☐ How the operator and all staff are expected to handle information about residents (CARR Standard - 1.B.6.b, 1.A.4.a)
- ☐ How residents are expected to handle the information they learn about other residents (CARR Standard - 1.B.6.b)
- ☐ Policies must apply in social media contexts (CARR Standard - 1.B.6.c)

19. Nondiscrimination Policy (CARR Standard - 1.A.2.d)

- ☐ Statement attesting to compliance with applicable State and Federal civil rights laws and that recovery residence does not discriminate based on race, color, national origin, age, disability, religion, or sex (including sexual orientation and gender identity).

20. Mission Statement (CARR Standard - 1.A.1.a)

A written mission statement that reflects a commitment to those served and identifies the population served. At a minimum, must include "persons in recovery from a substance use disorder."

21. Vision Statement (CARR Standard - 1.A.1.b)

- ☐ A vision statement that is consistent with CARR's core principles.

22. Relapse Policy (CARR Standard - 1.B.5.a.5)

- ☐ Must have defined relapse policy

23. Discharge Policy (CARR Standard - 3.G.27.d)

- ☐ Written criteria if discharged by the recovery residence program, the resident must be provided with a referral to treatments, other support services, or provided other housing options and recommendations for follow-up care

24. Rodent and Bug Infestation Policy (CARR Standard - 2.F.24.d)

- ☐ Residence must have policies and procedures on how to deal with bug and rodent infestations.

25. Physical Environment (CARR Standard - 2.E - 2.F)

› Organizations are required to have a physical environment that promotes health and safety. The purpose of the physical environment criteria is to ensure that the residence meets the minimum standards for life, safety, and health of residence. The residence inspection will review the following elements.

- ☐ Residence must be in good repair, clean, and well maintained (CARR Standard - 2.E.14.a)
- ☐ Residence must have suitable furnishings for that of a single family home or apartment (CARR Standard - 2.E.14.b)
- ☐ Residence must have at least approximately 50 sq. ft. per bed in each bedroom (CARR Standard - 2.F.18.a.4)
- ☐ Residence must have one sink, toilet, and shower per six clients (CARR Standard - 2.E.14.d)
- ☐ Residence must have one refrigerator per six clients (CARR Standard - 2.E.14.e)
- ☐ Residence must have a fire extinguisher on each floor (CARR Standard - 2.F.21.d.1)
- ☐ Residence must have egress window in each basement bedroom (CARR Standard - 2.F.22.a.2)
- ☐ Residence must have carbon monoxide detectors in proximity to any carbon monoxide emitting equipment (CARR Standard - 2.F.21.a)
- ☐ Residence must be free of all portable heaters and concealed power strips (CARR Standard - 2.F.20.b.5)
- ☐ Residence must have current (non expired) Narcan/Naloxone on each floor of residence and training on how to administer (CARR Standard - 2.F.25.d)
- ☐ Residence must have working smoke detectors throughout the house and in proximity to all bedrooms (CARR Standard - 2.F.21.b)
- ☐ Residence must be free of all bug and rodent infestation, and Policies & Procedures must be in place (CARR Standard - 2.F.24.c, 2.F.24.d)
- ☐ Residence must have designated smoking areas and disposal areas (CARR Standard - 2.F.24.a)
- ☐ Residence must have prescribed medications locked up in coordination with the Organization's medication policy (CARR Standard - 2.F.16.d.3)
- ☐ Residence must have working kitchen appliances (CARR Standard - 2.E.14.i)
- ☐ Residence must have personal item storage for each resident i.e., closet, dressers, and/or nightstands (CARR Standard - 2.E.14.f)
- ☐ Residence must have adequate food storage space for each resident (CARR Standard - 2.E.14.g)
- ☐ Residence should have working laundry services that are accessible to residents (CARR Standard - 2.E.14.h)
- ☐ Residence should be free of locked bedrooms (CARR Standard - 2.E.15.e)
- ☐ Residence must have group area/space for residents to socialize and gather for group activities (CARR Standard - 2.E.15.b)
- ☐ Residence must promote a safe and healthy environment conducive to recovery (CARR Standard - 3.G.26.a - 3.I35.)
- ☐ Residence must have first aid kits located on property - minimum Class A ANSI First Aid Kit (CARR Standard - 2.F.25.e)
- ☐ Residence handrails must terminate into newel post of some type or return to the wall (CARR Standard - 2.F.23.i)

26. Recovery Residence Program Interview (CARR Standard - 2.E - 2.F)

› The following criteria will be reviewed during your certification inspection by a CARR certified inspector:

- ☐ Organization must promote meaningful activities (work, school, volunteer, community activities, weekly programming) (CARR Standard - 3.G.26.a)
- ☐ Organization must promote recovery activities, and have goals, and Policies & Procedures around discharge or exit plans (CARR Standard - 3.I.35.a)
- ☐ Organization should provide community resources (meetings, groups, directories) (CARR Standard - 3.I.35.c, 3.G.28.b)
- ☐ Organization should promote peer support between residents (CARR Standard - 1.C.8.a)
- ☐ Organization should maintain a respectful environment with oversight from staff or peer leadership (CARR Standard - 3.H.32.a)
- ☐ Community or residence meetings must be held regularly (CARR Standard - 3.I.35.c)
- ☐ All residents have access to common areas of the residence (CARR Standard - 3.I.33.f)

Level II

27. House Leader Agreement of Job Description (CARR Standard - 1.D.12)

› All Level II homes must have a house leader with a regular presence within the home. You must have a written agreement or job description with the house leader. This agreement/description must contain:

- ☐ Responsibilities (CARR Standard - 1.D.12.a)
- ☐ Eligibility/Criteria to be a house leader (CARR Standard - 1.D.12.c)
- ☐ Expectations related to providing peer support/ modeling recovery principles (CARR Standard - 1.C.8.a)
- ☐ Information on any required training or professional development (CARR Standard - 1.D.13.a, 1.D.13.b)

Level III

28. Staff Job Descriptions (CARR Standard - 1.D.12)

› All Level III organizations are required to have job descriptions for the staff working in the house. Job. Descriptions must contain the following:

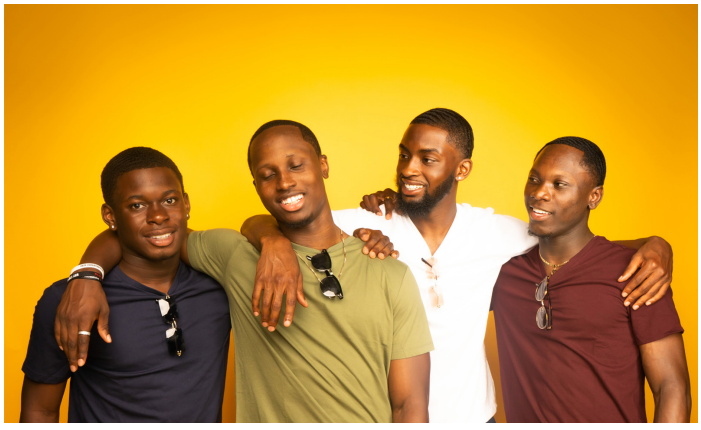
- ☐ Position Title (CARR Standard - 1.D.12.a)
- ☐ Job duties (CARR Standard - 1.D.12.a)
- ☐ Required education or training (CARR Standard - 1.D.12.a, 1.D.13.a, 1.D.13.b)
- ☐ Required credential requirements (CARR Standard - 1.D.12.a)

Level III and Level IV

29. Example of the weekly schedule of activities

› All Level III and Level IV organizations are required to have a weekly schedule of activities, including:

- ☐ Formal recovery-oriented events and activities (CARR Standard - 3.G.31.a.1)
- ☐ Formal life skill development activities and training (CARR Standard - 3.G.31.a.2)
- ☐ House meetings that happen at least weekly (CARR Standard - 3.I.33.e)
- ☐ Clinical services (CARR Standard - 3.G.31.a.3)



Other Required Policies

CARR requires written policies or procedures that address the following topics. These policies may be addressed in a variety of areas, but CARR must verify written references to the following somewhere in the documentation.

- ☐ Written policy that states that staff may not become involved in personal financial affairs of residents - including loaning money or borrowing money from residents (CARR Standard - 1.A.2.h)
- ☐ Policy for collecting emergency contact information for residents (can be included with application) (CARR Standard - 1.A.2.k)

Elements Prohibited From Policies

Certain elements are **not permitted** to be included in your organization's documentation, policies or procedures.

- ☐ Requirements or suggestions that residents make additional donations to the organization (CARR Standard - 1.B.6.d.2)
- ☐ Requirements or suggestions that residents turn over their paychecks, benefit cards, bank accounts, or other similar items to the operator (CARR Standard - 1.B.6.d.3)
- ☐ References to inappropriate punishments for not following house rules - such as threatening eviction or immediate discharge for reasons other than placing the health and safety of other residents in the house at risk (CARR Standard - 1.B.6.d.4)
- ☐ Policies or Practices that are not trauma-informed or indicate that the residence does not treat residents with respect or positive regard (CARR Standard - 1.B.6.d.5)
- ☐ Policies or Practices that are in conflict with or contradictory to other policies (CARR Standard - 1.B.6.d.6)
- ☐ Policies or procedures that are poorly written or are unclear (CARR Standard - 1.B.6.d.7)

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RECOVERY RESIDENCE LEVELS OF SUPPORT

	• LEVEL II • PEER-RUN	• LEVEL II • MONITORED	• LEVEL III • SUPERVISED	• LEVEL IV • CLINICAL SERVICE PROVIDER
ADMINISTRATION	• Democratically run • Manual or Policies and procedures	• House leader or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies as designated by BHA
SERVICES	• Drug Screening • House meetings • Self-help meetings encouraged	• House rules provide structure • Peer-run groups • Drug Screening • House meetings • Involvement in self-help and/or treatment services	• Life skill development emphasis • Clinical services utilized in the outside community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
RESIDENCE	• Generally, single-family residences	• Primarily single-family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step-down phase within the care continuum of a treatment center • Maybe a more institutional environment
STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least one compensated position (reduced or free rent applies)	• Facility manager • Certified staff or case managers	• Credentialed staff

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CARR Standards

Table of Contents

Introduction

CARR was founded in 2017 by a group of organizations and individuals with vast experience in recovery housing across the state. From the beginning, CARR has been committed to developing and maintaining a statewide standard for all levels of recovery housing. The term "recovery residence" denotes safe and healthy residential environment in which skills vital for sustaining recovery are learned and practiced in a home-like setting based on Social Model principles. The Social Model is fundamental to all levels of recovery residences. The Social Model philosophy promotes norms that reinforce healthy living skills and associated values, attitudes, and connection with self and community for sustaining recovery. The CARR Standard operationalizes the Social Model across four Domains, 10 Principles, 37 Standards, and their rules. The Standard is tailored to each of CARR's four levels.

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 16-25
Domain 3	**Recovery Support**
Principle G.	Facilitate active recovery and recovery community engagement: Standards 26-31
Principle H.	Model prosocial behaviors and relationship enhancement skills: Standard 32
Principle I.	Cultivate the resident's sense of belonging and responsibility for community: Standards 33-35
Domain 4	**Good Neighbor**
Principle J.	Be a good neighbor: Standards 36 and 37

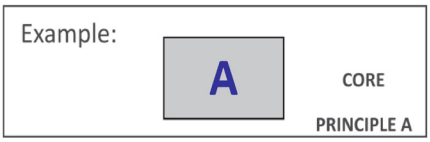
Reference Guide

DOMAINS: Notice that there are four (4) **Domains**; the major sections of the document above are labeled numerically 1-4: (These are the most significant numbers on the document and are in white on a black background)

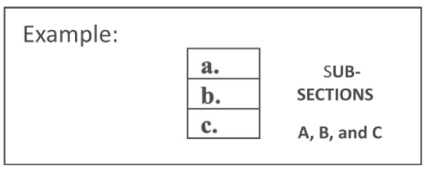
1. Administrative and Operational Domain
2. Physical Environment Domain
3. Recovery Support Domain
4. Good Neighbor Domain

CORE PRINCIPLES: Under each of the four (4) **Domains** are ten (10) **Core Principles** labeled alphabetically with capital letters, A-J, in black type with gray backgrounds:

A. Operate with Integrity
B. Uphold Residents' Rights
C. Create a Culture of Empowerment Where Residents Engage in Governance and Leadership
D. Develop Staff Abilities to Apply the Social Model
E. Provide a Home-Like Environment
F. Promote a Safe and Healthy Environment
G. Facilitate Active Recovery and Recovery Community Engagement
H. Model Prosocial Behaviors and Relationship Enhancement Skills
I. Cultivate the Resident's Sense of Belonging and Responsibility for Community
J. Be a Good Neighbor



STANDARDS: Under each of the ten (10) **Core Principles** are the thirty-seven (37) **Standards** labeled numerically from 1-37, in black print with white backgrounds.



SUBSECTIONS: Finally, under each of the 37 Standards are indented subsections labeled alphabetically in lower-case letters from "a" to as many letters as needed for each standard.

For quick references to CARR Standards, you may find abbreviations such as the following helpful, or you may find others using them and want to be sure you understand the references:

2,F,16.d.3

"2, F,16.d.3" is just shorthand for saying, "We are referring to the Physical Environment Domain ("2"), Core Principle "F" ("Promote a Safe and Healthy Environment"), Standard "16." ("Provide an alcohol and illicit drug-free environment"), subsection "d." ("Residence must comply with the organization's medication policy. Policy must include") and subsection "3" ("How prescription medications must be stored. Must require that medications that are prescribed are stored in locked locations.").

1. Administrative and Operational Domain

A. Core Principle: Operate With Integrity

1. **Mission and vision statement as guides for decision making**
    a. A written mission that reflects a commitment to those served and identifies the population served. At a minimum, must include "persons in recovery from a substance use disorder." (1.A.1.a)
    b. A vision statement that is consistent with CARR's core principles. (1.A.1.b)

2. **Adherence to legal and ethical codes used for best business practices**
    a. Documentation of legal business entity (e.g., incorporation, LLC documents, or business license): Organization must be registered with the Colorado Secretary of State. (1.A.2.a)
    b. Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support. (1.A.2.b)
    c. Written permission from the property owner of record to operate a recovery residence on the property. If the owner is the recovery residence operator, proof of ownership. (1.A.2.c)
    d. A statement attesting to compliance with applicable State and Federal civil rights laws and that recovery residence does not discriminate based on race, color, national origin, age, disability, religion, or sex (including sexual orientation and gender identity). (1.A.2.d)
    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: (1.A.2.e.)
        1. False or misleading statements or unfounded claims or exaggerations. (1.A.2.e.1)
        2. Testimonials that do not reflect the real opinion of the involved individual. (1.A.2.e.2)
        3. Price claims that are misleading. (1.A.2.e.3)
        4. Therapeutic strategies for which peer coaching, licensure, and/or counseling certifications are required but not applicable or offered at the site. (1.A.2.e.4)
        5. Misleading representation of outcomes. (1.A.2.e.5)
    f. Policy and procedures that ensure appropriate background checks are conducted for all staff who will have direct and regular interaction with residents. (1.A.2.f)
    g. Policy and procedures ensure the following conditions are met if the residence provider employs, contracts with, or enters into a paid work agreement with residents. (1.A.2.g)
        1. Paid work arrangements are completely voluntary. (1.A.2.g.1)
        2. Residents do not suffer consequences for declining work. (1.A.2.g.2)
        3. Residents who accept paid work are not treated more favorably than residents who do not. (1.A.2.g.3)
        4. All qualified residents are given equal opportunity for available work. (1.A.2.g.4)
        5. Paid work for the operator or staff does not impair participating residents' progress towards their recovery goals. (1.A.2.g.5)
        6. Paid work is treated the same as any other employment situation. (1.A.2.g.6)
        7. Wages are commensurate with marketplace value and meet at least the minimum wage required by state or local jurisdictions. (1.A.2.g.7)
        8. A majority of the residents view the arrangements as fair. (1.A.2.g.8)
        9. Paid work does not confer special privileges on residents doing the work. (1.A.2.g.9)

10. Work relationships do not negatively affect the recovery environment or morale of the home. (1.A.2.g.10)
11. Unsatisfactory work relationships are terminated without recriminations that can impair recovery. (1.A.2.g.11)

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 concerning payment of fees. (1.A.2.h)
i. A policy and practice that the 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, including owners, operators, staff, and volunteers. (1.A.2.i)
j. Have a written process or application for evaluating residents prior to move-in. (1.A.2.j)
k. Policy for collecting emergency contact information for residents (can be included with application). (1.A.2.k)
l. Signed copy of assurances - all recovery housing operators are required to provide a signed copy of assurances. (1.A.2.l)
m. Documentation that the owner/operator has a Federal Tax Identification Number, an Employee Identification Number (EIN), or social security number that is recognized by the Internal Revenue Service (IRS) of the United States Government. (1.A.2.m)
n. The organization to be certified with CARR agrees to be inspected annually by a CARR-certified inspector and agrees to meet all expectations of said inspectors for all recovery residences operated by the organization. (1.A.2.n)

3. Financially fidelity

a. Prior to the initial acceptance of any funds, the operator must inform applicants of all fees for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant. (1.A.3.a)
b. Use an accounting system that documents all resident financial transactions such as fees, payments, and deposits. (1.A.3.b)
    1. Ability to produce clear statements of a resident's financial dealings with the operator within reasonable timeframes. (1.A.3.b.1)
    2. Accurate recording of all resident charges and payments. (1.A.3.b.2)
    3. Payments made by third-party payers are noted. (1.A.3.b.3)
c. A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement. (1.A.3.c)
d. A signed policy and practice that residents be informed of payments from third-party payers for any fees paid on their behalf. (1.A.3.d)

4. Collect of data for continuous quality improvement

a. Policies and procedures regarding the collection of residents' information. At a minimum, data collection will: (1.A.4.a)
    1. Protect an individual's identity. (1.A.4.a.1)
    2. Be used for continuous quality improvement. (1.A.4.a.2)
    3. Be part of day-to-day operations and regularly review by staff and residents (where appropriate). (1.A.4.a.3)

B. Core Principle: Upholds Resident's 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 include the following: (1.B.5.a)
   1. Policies and procedures for resident rights. (1.B.5.a.1)
   2. Financial obligations and agreements. (1.B.5.a.2)
   3. Written description of services provided. (1.B.5.a.3)
   4. Policies and procedures for recovery goals. (1.B.5.a.4)
   5. Must have defined relapse policy. (1.B.5.a.5)
   6. Policies regarding removal of personal property left in residence. (1.B.5.a.6)
   7. Policies and procedures for discharge policy. (1.B.5.a.7)
   8. Policy and Procedure on how the operator may end the resident agreement. (1.B.5.a.8)
   9. Policy and Procedure on how the resident may end the resident agreement. (1.B.5.a.9)
   10. The resident agreement does not contain statements that require residents to receive services from a specific third-party organization to maintain housing. (1.B.5.a.10)

6. Protect resident information

a. Policies and procedures that keep residents' records secure, with access limited to authorized staff. (1.B.6.a)
b. Policies and procedures that comply with applicable confidentiality laws. (1.B.6.b)
c. Policies and procedures, including pertaining to social media, protecting resident and community privacy and confidentiality. (1.B.6.c)
d. Elements not permitted to be included in the organization's documentation, policies, or procedures. (1.B.6.d)
   1. Requirements or suggestions that residents make additional donations to the organization. (1.B.6.d.1)
   2. Requirements or suggestions that residents turn over their paychecks, benefit cards, bank accounts, or other similar items to the operator. (1.B.6.d.2)
   3. References to inappropriate punishments - such as threatening eviction or immediate discharge for reasons other than placing the health and safety of other residents in the house at risk. (1.B.6.d.3)
   4. Policies or Practices that are not trauma-informed or indicate that the residence does not treat residents with respect or positive regard. (1.B.6.d.4)
   5. Policies or Practices that are in conflict with or contradictory to other policies. (1.B.6.d.5)
   6. Policies or procedures that are poorly written or are unclear. (1.B.6.d.6)

C. Core Principle: Create a Culture of Empowerment Where Residents Engage in Governance and Leadership

7. Governance

a. Evidence that the residents have the autonomy to make some reasonable rules that the residents (not the staff) implement. (1.C.7.a)

b. Grievance policy and procedures, including the right to take unresolved grievances to CARR. At a minimum, must include sample text for grievance policy: If a participant has not been able to reach a satisfactory conclusion to their complaint with staff, staff will provide contact information for the appropriate authority or governing body. Participant also has the right to file a grievance with the state's designated regulatory and certifying agency, the Colorado Agency for Recovery Residences (CARR). (1.C.7.b)
    1. At a minimum, must include CARR, website, and sample text for grievance policy such as: If a participant has not been able to reach a satisfactory conclusion to their complaint with staff, staff will provide contact information for the appropriate authority or governing body. Participant also has the right to file a grievance with the state's designated regulatory and certifying agency, the Colorado Agency for Recovery Residences (CARR). (1.C.7.b.1)
    2. Instructions on how a resident may submit a written grievance. (1.C.7.b.2)
    3. Names and contact information for the organization's person responsible for handling grievances. (1.C.7.b.3)
    4. A statement that at any time, the resident may contact the owner/operator about the grievance. (1.C.7.b.4)
    5. A statement that a resident may ask for help in filing a grievance. (1.C.7.b.5)
    6. Information on any required timelines. (1.C.7.b.6)
    7. Contact information for outside entities is included if applicable. (1.C.7.b.7)
    8. Information on the steps that the organization will take to respond to the grievance. (1.C.7.b.8)
c. Verification that written resident's rights and requirements (e.g., residence rules and grievance process) are posted or otherwise available in common areas. (1.C.7.c)
d. Policies and procedures that promote resident-driven length of stay. (Level I, Level II, Level III) (1.C.7.d)
e. Evidence that residents have opportunities to be heard in the governance of the residence; however, decision-making remains with the operator. (1.C.7.e)
f. A Critical Incident means a significant event or condition which may be of public concern, which jeopardizes the health, safety, and/or welfare of staff and/or individuals, including individual deaths on or off agency premises and theft or loss of controlled substances prescribed for individuals and dispensed, administered, and/or monitored by certified recovery residencies. (1.C.7.f)
    1. A Critical Incident must be reported to CARR within twenty-four (24) hours (1.C.7.f.1)
    2. Critical Incident types to report: death, assault, medical emergency, breach of confidentiality, medication diversion/error. (1.C.7.f.2)
        a. Critical Incident - Breach of Confidentiality: Any unauthorized disclosure of protected health information as described in HIPAA and/or 42 CFR Part 2. (1.C.7.f.2.a)
        b. Critical Incident - Assault: Any incident involving an act of physical or sexual aggression; on recovery residence premises; injury to clients or staff requiring medical attention; or police involvement. (1.C.7.f.2.b)
        c. Critical Incident - Death: Any incident at the recovery residence that results in the death of a client; in or out of recovery residence while a client is residing or receiving services or unexplained cause or under suspicious circumstances. (1.C.7.f.2.c)
        d. Critical Incident - Medication Diversion/Error: Any medication error or medication diversion as defined in 2 CCR 502-1; 21.300.1 and 21.300.3(J). (1.C.7.f.2.d)

e. Critical Incident - Medical Emergency: Any suicide attempt/self-injury, another form of injury, health emergency, or serious illness which occurred on facility premises. (1.C.7.f.2.e)

3. Critical Incident reports shall be written or submitted in accordance with prescribed forms approved by the Behavioral Health Administration. This is not in lieu of other reporting mandated by state statute or federal guidelines. (1.C.7.f.3)
4. CARR may conduct scheduled or unscheduled site reviews for specific monitoring purposes, and investigation of Critical Incident reports in accordance with: 1. CARR policies and procedures; 2. Regulations that protect the confidentiality and individual rights in accordance with Sections 27-65-101, et seq., C.R.S.; HIPAA; AND, 42 C.F.R. Part 2; Controlled substance licensing, Title 27, Article 82, C.R.S.; Section 27-80-212, C.R.S., and Section 18-18-503, C.R.S. (1.C.7.f.4)
5. CARR shall have access to relevant documentation required to determine compliance with these rules. (1.C.7.f.5)
6. All Critical Incident reports must be maintained for a minimum of three years following the incident. (1.C.7.f.6)

g. Recovery residence operators shall ensure that staff and house leaders adhere to ethical standards. Violations of ethical standards include: (1.C.7.g)
   1. Any breach of professional boundaries between staff and house leaders of individual receiving services, including relationships of a sexual or romantic nature between the staff and house leaders and individual receiving services. (1.C.7.g.1)
   2. Fraudulent activity, including but not limited to misrepresenting credentials and falsifying records. (1.C.7.g.2)
   3. Failure to meet generally accepted standards of the staff and house leaders. (1.C.7.g.3)

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. (1.C.8.a)
b. Written responsibilities, role descriptions, guidelines, and/or feedback for residence leaders. (1.C.8.b)
c. Evidence that residents' recovery progress and challenges are recognized, and strengths are celebrated. (1.C.8.c)

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 in maintaining self-care. (1.D.9.a)
b. Evidence that staff is supported in maintaining appropriate boundaries according to a code of conduct. (1.D.9.b)
c. Evidence that staff is encouraged to have a network of support. (1.D.9.c)
d. Evidence that staff is expected to model genuineness, empathy, respect, support, and unconditional positive regard. (1.D.9.d)

10. Ensure potential and current staff are trained or credentialed appropriate to the residence level

a. Policies that value individuals are chosen for leadership roles who are versed and trained in the Social Model of recovery and best practices of the profession. (1.D.10.a)
b. Policies and procedures that ensure staff is appropriately certified or credentialed for

work being performed as necessary for the residence's level of certification. (1.D.10.b)
c. Staffing plan that demonstrates continuous development for all staff. (1.D.10.c)

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. (1.D.11.a)
b. Cultural responsiveness and competence training or certification are provided. (1.D.11.b)

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 if necessary. (1.D.12.a)
b. Job descriptions require staff to facilitate access to local community-based resources. (1.D.12.b)
c. Job descriptions include staff responsibilities, eligibility, 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. (1.D.12.c)

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. (1.D.13.a)
b. Evidence that management and supervisory staff acknowledge staff achievements and professional development. (1.D.13.b)
c. Evidence that supervisors (including owners and executives) create a positive, productive work environment for staff. (1.D.13.c)

2. Physical Environment Domain

E. Core Principle: Provide a Home-Like Environment

14. The residence is comfortable, inviting, and meets residents' needs
a. Residence must be in good repair, clean, and well maintained (2.E.14.a)
b. Furnishings must be typical of those in single-family homes or apartments as opposed to institutional settings. Indoor and outdoor furniture must be appropriately used. (2.E.14.b)
c. Entrances and exits are home-like vs. institutional or clinical. (2.E.14.c)
d. Residence must have a minimum of one sink, toilet, and shower per six residents. (2.E.14.d)
e. Residence must have one refrigerator per six clients. (2.E.14.e)
f. Residence must have space for each resident's personal items for storage. (2.E.14.f)
g. Residence must have individual space for each resident to have food storage space. (2.E.14.g)
h. Residence must have laundry services that are accessible to all residents. (2.E.14.h)
i. Residence must have all appliances in safe, working condition. (2.E.14.i)

15. The living space is conducive to building community
a. Residence must have a meeting space that is large enough to accommodate all

residents. (2.E.15.a)

b. Residence must have a comfortable group area that provides space for small group activities and socializing. (2.E.15.b)
c. Residence must have a kitchen and dining area(s) that are large enough to accommodate all residents sharing meals together. (2.E.15.c)
d. Residence must be provided with entertainment or recreational areas and/or furnishings promoting social engagement. (2.E.15.d)
e. Residence should be free from all lockable bedrooms, excluding senior resident or house parent. (2.E.15.e)

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. (2.F.16.a)
b. Policy lists prohibited items and states procedures for associated searches by staff. (2.F.16.b)
c. Policy and procedures for drug screening and/or toxicology protocols. (2.F.16.c)
    1. Policy describes when drug tests are performed (regularly, randomly, etc.). (2.F.16.c.1)
    2. Policy describes how records of drug screenings will be kept. (2.F.16.c.2)
    3. The resident will be informed of how the drug tests are paid for and if there are any circumstances where the resident may be required to pay for the test. (2.F.16.c.3)
    4. The resident will be informed of the results and actions to be taken from a positive drug screen or actions that will be taken if they refuse the drug screening. (2.F.16.c.4)
d. Residence must comply with the organization's medication policy; at a minimum, all prescribed medications must be in a locked container. (2.F.16.d)
    1. Policy addresses both prescription and non-prescription medication. (2.F.16.d.1)
    2. How non-prescription medications must be stored. (2.F.16.d.2)
    3. How prescription medications must be stored. Must require that medications that are prescribed are stored in locked locations. (2.F.16.d.3)
    4. Describes the operator's strategies for ensuring medication is not diverted (for example medication logs and any medication counts). Level IV Only (2.F.16.d.4)
e. Policies and procedures that encourage residents to take responsibility for their own and other residents' safety and health. (2.F.16.e)

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. (2.F.17.a)
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. (2.F.17.b)
c. Residences must meet all the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request when applicable.

18. Space and occupancy standards

a. Room dimensions. Under this article, room dimensions shall be as follows: (2.F.18.a)
   1. Ceiling height. Habitable rooms in all occupancies shall have a ceiling height of not less than seven feet. In rooms with sloping ceilings, the required ceiling height shall be provided in at least 50 percent of the room, and no portion of any room having a ceiling height of less than five feet shall be considered as contributing to the minimum areas required by this section. (2.F.18.a.1)
   2. Net floor area. Every dwelling unit shall have at least one habitable room, which shall have not less than 130 square feet of floor area. Every room which is used for both cooking and living or both cooking and sleeping purposes shall have not less than 150 square feet of net floor area. (2.F.18.a.2)
   3. Width. No room used for living or sleeping purposes shall be less than seven feet in any dimension, and no water closet space shall be less than 27 inches in width. (2.F.18.a.3)
   4. Bedrooms. Every room used for sleeping purposes shall have not less than 70 square feet of net floor area. Where more than two persons occupy a room used for sleeping purposes, the required net floor area shall be increased at the rate of 50 square feet for each occupant in excess of two. (1 -occupancy bedroom = 70sq ft, 2-occupancy bedroom = 100sq ft, 3-occupancy bedroom = 150sq ft, 4-occupancy bedroom = 200sq ft, etc...). (2.F.18.a.4)

b. Light and ventilation. (2.F.18.b)
   1. Window and openable window area. Every habitable room shall be provided with windows or skylights with an area of not less than eight percent of the floor area of such rooms, with such rooms having not less than 40 percent of the required window area being operable to the outside, provided that basements may be used for recreation rooms and supplemental bedrooms by occupants as use the principal portion of the building. Such basement rooms shall be provided with windows with an area not less than three square feet or 1/30 of the floor area of such rooms with not less than one-half of the required window area being openable. (2.F.18.b.1)
   2. Screens. Screens shall be provided for any opening required for ventilation purposes. All required screens shall be in good repair and free from tears, holes, or other imperfections of either screen or frame that would admit insects such as flies, mosquitoes, or other vermin detrimental to the health of occupants. All window screens shall be provided with framing devices to permit removal for cleaning and maintenance. Window screening shall contain a minimum of 14 by 18 mesh per square inch opening with mesh screening, but the Executive Director of CARR or his/her designated representative may approve alternate forms of screening if they provide protection from insects or vermin. (2.F.18.b.2)
   3. Mechanical ventilation. An approved system of mechanical ventilation or air conditioning may be used in lieu of open windows. Such system shall provide not less than four air changes per hour, except that in toilet compartments, such system shall provide a complete air change every five minutes. Toilet compartments and bathrooms ventilated in accordance with this subsection may be provided with artificial light. (2.F.18.b.3)
   4. Hallways. All public hallways, stairs, and other exit ways shall be lighted with illumination of not less than five footcandles at floor level. (2.F.18.b.4)
   5. Window Maintenance. Windows shall be soundly and adequately glazed, free from loose and broken glass and cracks that would cause physical injury to

persons or allow the elements to enter the structure, or allow excessive heat loss from within. (2.F.18.b.5)

c. Sanitation standards.
    1. Dwelling units. Every dwelling unit shall be provided with a water closet, a lavatory, and a bathtub or shower. (2.F.18.c.1)
    2. Water closet. Every dwelling shall contain a room completely enclosed by partitions, doors, or windows from floor to ceiling and wall to wall that is equipped with a flush water closet in good working condition and properly connected to an approved water and sewer system. Every flush water closet shall have an integral water-seal trap and shall be provided with an integral flushing rim constructed so as to flush the entire interior of the bowl. Water closets shall have smooth, impervious, easily cleanable surfaces that are free from cracks, breaks, leaks, and jury-rigged repairs and shall be equipped with seats and flush tank covers constructed of smooth materials that are free of cracks and breaks and that are impervious to water. (2.F.18.c.2)
    3. Lavatory basin. Every dwelling shall contain a lavatory basin in good working condition and properly connected to an approved water closet or as near to that room as practicable. Whenever a dwelling contains a flush water closet in more than one room, it shall also contain a lavatory basin in each room with the flush water closet or as near to each such room as practicable. Lavatory basin surfaces shall be smooth, unbroken, easily cleanable, and impervious to water and grease. Plastic and concrete laundry tubs, sinks used for kitchen purposes, and bathtubs are not acceptable substitutes for lavatory basin purposes. (2.F.18.c.3)
    4. Bath or shower. Every dwelling shall contain within a room completely enclosed by partitions, doors, or windows from floor to ceiling and wall to wall, a bathtub or shower in good working condition, and properly connected to an approved water and sewer system. Every bathtub shall have a smooth, impervious, and easily cleanable inner surface free from cracks, breaks, leaks, and makeshift or jury-rigged repairs. Every shower compartment shall have a leakproof base whose pitch is sufficient to drain completely. The interior walls and ceiling surfaces of the shower cabinet or compartment shall be made of smooth, nonabsorbent material free of sharp edges. Finishes of walls and ceilings that peel readily are not acceptable. The top of shower compartments or cabinets shall not be less than six feet above the floor. The interior of every shower compartment shall be watertight, maintained in good repair, and easily cleanable. Built-in bathtubs with overhead showers shall have waterproof joints between the tub and adjacent walls and waterproof walls. (2.F.18.c.4)
    5. Building drain. Any structure on which a building drain is installed shall have at least one stack vent or vent stack carried full size through the roof that is at least three inches in diameter. All exterior openings provided for the passage of piping shall be properly sealed with snug fitting collars of metal or other rat-proof material securely fastened into place. (2.F.18.c.5)
    6. Water. Potable water shall be provided for all dwelling units. Potable and nonpotable water supplies shall be distributed through systems entirely independent of each other. There shall be no actual or potential cross connections between such supplies. Potable water supply piping, water discharge outlets, backflow prevention devices, or similar equipment shall not be located so as to make possible their submergence in any contaminated or

polluted substance. (2.F.18.c.6)

7. Backflow. Every fixture supply pipe shall be protected from backflow. Backflow shall be prevented by either the minimum required air gap or a backflow preventer. (2.F.18.c.7)

19. Structural standards

a. Support load. Every foundation, roof, floor, exterior and interior wall, ceiling, inside and outside stair, and porch and appurtenance thereto shall be in a safe condition, capable of supporting the loads that normal use may cause to be placed thereon, and shall be kept in sound condition and good repair. (2.F.19.a)

b. Condition; interior maintenance. Every foundation, floor, roof, ceiling, and interior wall shall be reasonably weathertight and watertight, shall be kept in sound condition and good repair, and shall be capable of affording privacy for the occupants. Floors, interior walls, and ceilings and all appurtenances thereto shall be secure and free of holes, cracks, breaks, dampness, and loose or peeling plaster or wallpaper which would admit or harbor insects and rodents or cause injury by tripping or injury from the falling of loose building materials. (2.F.19.b)

c. Floor coverings. Floor coverings shall be free from any defects that would allow the passage of water or the harborage of insects or vermin. All holes cut in floor covering for the passage of plumbing fixtures or pipes shall be sealed to prevent passage of insects or vermin. Rugs and carpeting that are torn or loose shall be removed or repaired in acceptable manner to prevent tripping and to facilitate cleaning. Floor coverings such as tile, linoleum, and similar material shall be maintained free of cracks and breaks that would prevent the floor from being easily cleaned. (2.F.19.c)

d. Rainwater. All rainwater shall be so drained and conveyed away from every roof and away from every foundation so as not to cause dampness in basements or in walls, ceilings, or floors of any dwelling or erosion of exterior wall surfaces. Gutters and downspouts must be installed, and splash blocks must be provided at all downspouts. (2.F.19.d)

e. Maintenance of accessory structures. All accessory structures shall be maintained in a state of good repair and vertical alignment. All exterior appurtenances or accessory structures which serve no useful purpose and are in a deteriorated condition, which are not economically repairable, shall be removed. Such structures include but shall not be limited to porches, terraces, entrance platforms, garages, driveways, carports, walls, fences, and miscellaneous sheds. (2.F.19.e)

20. Mechanical standards

a. Heating. Under this article, heating shall be supplied as follows: (2.F.20.a)

1. Heaters. Heat in every dwelling unit shall be provided with heating facilities capable of maintaining a minimum room temperature of 70 degrees Fahrenheit at a point three feet above the floor in all habitable rooms at any time. No unvented, open flame or portable heaters shall be permitted as the main heating source. No portable heaters shall be permitted. All heating devices or appliances shall be of an approved type. Existing radiant heaters may be used and maintained if there is no evidence of carbon on any of the radiants and there are no broken radiants. Cooking appliances shall not be used for purposes of heating any portion of a dwelling. Every dwelling unit must be equipped with a thermostat, enabling the occupant to control the heat within the unit. Thermostats must be installed and maintained in accordance with local building codes. (2.F.20.a.1)

2. Water heaters. Storage-type water heaters shall be installed so as to maintain that clearance from unprotected or protected combustible materials as specified by the manufacturer's UL-approved installation instructions. Must meet minimum standards for installation as described in the 2018 International Plumbers Code (IPC). (2.F.20.a.2)
3. Maintenance. Sufficient clearance shall be maintained to permit cleaning of heating equipment surfaces; replacement of filters, blowers, motors, burners, controls, and vent connections; lubrication of moving parts; and adjustment and cleaning of burners and pilots. (2.F.20.a.3)
4. Venting. Fuel combustion heating appliances shall be vented to the atmosphere. Downdraft diverters shall be provided in the vents from gas and oil appliances. Vents and vent fittings shall be a double-wall type B flue. A vent pipe shall be installed so as to avoid sharp turns or other constructional features that would create excessive resistance to the flow of the products of combustion. All vent pipe connections to a masonry chimney or flue shall be made with a slip joint. The thimble shall be cemented into the chimney and shall not extend into the chimney beyond the chimney lining. A reasonably accessible and approved cleanout opening with a tight-fitting cover shall be provided below the lowest vent inlet into any unlined masonry chimney or flue, except that no unlined chimney that is a part of and supported by walls, and terminates above any floor (a "shelf" or "bracket" chimney) shall be used to vent any gas appliance. A gas appliance vent pipe may be connected to the vent pipe of another gas appliance through a suitable Y-junction fitting, provided the vent size is increased to accommodate the increased volume of flue gases. (2.F.20.a.4)
5. Safety devices. Boilers or furnaces shall be equipped with approved safety devices arranged to limit high steam pressures, water temperatures, or temperatures in warm air furnaces. Each gas-fired boiler shall be equipped with a low water cutoff. All water heaters shall be provided with a water pressure and temperature relief valve to minimize the possibility of explosions. All gas-fired space and central heating equipment, water heaters, and gas dryers shall have approved safety pilot assemblies. (2.F.20.a.5)
6. Installation. Gas-fired water heaters shall not be installed in pits or other places subject to flooding by water seepage, nor shall they be installed in any room used for sleeping. Water heating facilities for dwellings shall provide water at a temperature of at least 120 degrees Fahrenheit and a recovery capacity of at least 20 gallons per hour. (2.F.20.a.6)

b. Electrical
   1. Power. Habitable buildings shall be connected to electrical power. Every dwelling unit shall be provided with an electrical service entrance capacity of at least 70 amperes or lower capacity approved by local city building codes, and that is sufficient for typical loads expected to be required by each outlet and fixture in the dwelling unit. Every dwelling unit shall have a sufficient number of branch circuits to carry full power to appliances served by its fixtures and outlets. (2.F.20.b.1)
   2. Fixtures. Every habitable room shall contain two separate electrical convenience outlets, except that in each habitable room, one electric light fixture may be installed in lieu of one of the required electrical convenience outlets. Every water closet compartment, bathroom, laundry room, furnace room, and public hall shall contain at least one ceiling or wall-type electric light. Each receptacle box

shall be a stationary fixture that is an integral part of the electrical wiring of the entire building. Every outlet and fixture shall be installed and maintained in good and safe working condition. Electrically conductive pull-chain switches in any bathroom, shower room, or water closet room are prohibited. (2.F.20.b.2)

3. Extension cords. No person shall install, use, or allow to be used any non stationary electrical outlets, makeshift outlets, tacked extension cording, or makeshift jury-rigged electric wiring. No extension cord from an electrical convenience outlet shall extend or pass from one room into another room. No extension cord shall be located where foot traffic passes directly over it. No electrical extension cord shall be placed across any doorway or through any wall or partition of any dwelling unit or room therein. (2.F.20.a.3)
4. Wiring Maintenance. No person shall have frayed and exposed wiring, wiring unprotected by proper covering, fixtures in disrepair, or makeshift wiring of fixture repair. Faceplates of insulating material shall be noncombustible and not less than 2.54 mm (0.10 in.) in thickness but shall be permitted to be less than 2.54 mm (0.10 in.) in thickness if formed or reinforced to provide adequate mechanical strength and free of cracks. (2.F.20.a.4)
5. Residence must be free of all portable heaters and in compliance with standard 2.F.20.a.1. (2.F.20.a.5)
6. Residence must be free of all concealed power strips. (2.F.20.a.6)

21. Fire Standards

a. Carbon monoxide alarms (2.F.21.a)
   1. Shall produce a distinct, audible alarm. (2.F.21.a.1)
   2. May be combined with a smoke detecting device if the combined device produces an alarm, or an alarm and voice signal, in a manner that clearly differentiates between the two hazards. (2.F.21.a.2)
   3. Shall be listed by an approved, nationally recognized, independent product-safety testing and certification laboratory. (2.F.21.a.3)
   4. Shall be installed within 15 feet of the entry to each sleeping room. (2.F.21.a.4)
   5. Shall be installed in compliance with the manufacturer's written installation instructions. (2.F.21.a.5)
   6. Shall be installed within 15 feet of any fuel-fired appliance. (2.F.21.a.6)
   7. Shall be installed within any attached garage. (2.F.21.a.7)

b. Smoke alarms
   1. Installed in each sleeping room. (2.F.21.b.1)
   2. Outside each separate sleeping area in the immediate vicinity of the bedrooms. (2.F.21.b.2)
   3. On each additional story of the dwelling, including basements and habitable attics but not including crawl spaces and uninhabitable attics. In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm installed on the upper level shall suffice for the adjacent lower level, provided that the lower level is less than one full story below the upper level. (2.F.21.b.3)
   4. In accordance with the currently adopted building code. (2.F.21.b.4)
   5. In compliance with the manufacturer's installation instructions. (2.F.21.b.5)
   6. Smoke alarms shall be installed not less than 3 feet horizontally from the door or opening of a bathroom that contains a bathtub or shower unless this would prevent placement of a smoke alarm required by these standards. (2.F.21.b.6)

7. Mounted high on walls or ceilings. Wall-mounted alarms should be installed not more than 12 inches away from the ceiling to the top of the alarm. (2.F.21.b.7)
8. Shall produce a distinct, audible alarm. (2.F.21.b.8)

c. Carbon monoxide and fire alarms, alarms shall be powered by one of the following methods
   1. Fully battery powered. (2.F.21.c.1)
   2. Plug-connected into a dwelling's unswitched electrical outlet and include a battery backup. (2.F.21.c.2)
   3. Wired into a dwelling electrical system and include a battery back-up. (2.F.21.c.3)
   4. Connected to an electrical system via an electrical panel. (2.F.21.c.4)

d. Fire Extinguisher
   1. Residence must have a fire extinguisher on each floor. (2.F.21.d.1)

e. Regular, documented inspections of smoke detectors, carbon monoxide detectors, and fire extinguishers. (2.F.21.e)

f. Fire and other emergency evacuation drills take place regularly and are documented (not required for Level I Residences). (2.F.21.f)

22. Exit standards

a. Generally. Every dwelling unit shall have access directly to the outdoors or to a public corridor. All buildings or portions thereof shall be provided with exits, exitways, and appurtenances as follows: (2.F.22.a)
   1. Every dwelling unit, two or more stories in height, shall have access to not less than two exits. (2.F.22.a.1)
   2. Basements used for human habitation must have two means of egress for each sleeping room, one being the entrance door, and any window that meets the specification for sill height of 44 inches and square foot area of 5.7 square feet of openable window area. Minimum net clear opening height shall be 24 inches. Minimum net clear opening width shall be 20 inches; exception – grade level windows may have a minimum clear opening of 5 square feet. (2.F.22.a.2)
   3. Every sleeping room lower than the fifth story shall have at least one operable window or exterior door as a secondary means of egress which is approved for emergency escape or rescue. All escape or rescue doors or windows from sleeping rooms shall have a minimum net clear opening area of 3.4 square feet and shall be operable from the inside to provide a full, clear opening without the use of separate tools. The minimum net clear opening height dimension shall be 24 inches. The minimum net clear opening width dimension shall be 20 inches. Nothing in this requirement shall, however, allow existing escape windows, as required in this section, to be reduced in overall net clear opening or width or height to less than their existing dimensions. Where windows are provided as a means of emergency escape or rescue, they shall have a finished sill height of not more than 44 inches above the floor. Bars, grills, grates, or similar devices may be installed on required emergency escape or rescue windows or doors, provided that such devices are equipped with release mechanisms, approved by the Executive Director of their designee, which are openable from the inside without the use of a key or special knowledge or effort and provided that such installation shall not, in any way, reduce either the existing net clear opening area or dimensions or reduce the net clear opening area or dimensions to less than those required in this section. (2.F.22.a.3)

b. Exit stairways and Exits. All buildings or portions thereof required to have exits of

stairways to comply with subsection and shall meet the following requirements: (2.F.22.b)

1. All stairs having four or more risers must be provided with a handrail and have maximum tread runs and risers, as specified in the building code. (2.F.22.b.1)
2. All stairs shall have a minimum run of nine inches and a maximum rise of eight inches and a minimum width exclusive of handrails of 30 inches. Every stairway shall have at least one handrail not less than 30 inches nor more than 34 inches above the nosing of the treads. A landing having a minimum horizontal dimension of 30 inches shall be provided at each point of access to the stairway. (2.F.22.b.2)
3. Exterior stairs shall be of noncombustible material or of wood not less than two inches nominal thickness with solid treads. (2.F.22.b.3)
4. A fire escape may be used as one means of egress if the pitch does not exceed 60 degrees, the width is not less than 18 inches, the treads are not less than four inches wide, it is provided with handrails on each side placed not less than 30 inches nor more than 34 inches above the nosing of the treads, and it extends to the ground or is provided with counterbalance stairs reaching to the ground. Access shall be by an opening having minimum dimensions of 29 inches when open. The sill shall be not more than 30 inches above the floor and landing. (2.F.22.b.4)
5. Required exits serving an occupant load of more than 50 shall swing in the direction of exit travel, shall be self-closing, and shall be openable from the inside without the use of a key or any special knowledge or effort. Required exit doors, when opened, shall not reduce the required width of a stairway more than six inches. Non-Approved openings from corridors to rooms in group R, division 1, occupancies shall be replaced with approved openings or covered with an approved material. (2.F.22.b.5)
6. In multifamily homes, required exits or exit ways or change of direction of an exitway serving an occupant load of more than 50 shall be marked with an illuminated exit sign having letters at least five inches high. (2.F.22.b.6)

23. Stairway Standards

a. Width. Stairways shall be not less than 36 inches (914 mm) in clear width at all points above the permitted handrail height and below the required headroom height. Handrails shall not project more than 41/2 inches (114 mm) on either side of the stairway and the clear width of the stairway at and below the handrail height, including treads and landings, shall be not less than 311/2 inches (787 mm) where a handrail is installed on one side and 27 inches (698 mm) where handrails are provided on both sides. (2.F.23.a)

b. Headroom. The headroom in stairways shall be not less than 6 feet 8 inches (2032 mm) measured vertically from the sloped line adjoining the tread nosing or from the floor surface of the landing or platform on that portion of the stairway. Exceptions: 1. Where the nosings of treads at the side of a flight extend under the edge of a floor opening through which the stair passes, the floor opening shall be allowed to project horizontally into the required headroom not more than 43/4 inches (121 mm). (2.F.23.b)

c. Vertical rise. A flight of stairs shall not have a vertical rise larger than 147 inches (3734 mm) between floor levels or landings. (2.F.23.c)

d. Stair treads and risers. Stair treads and risers shall meet the requirements of this section. For the purposes of this section, dimensions and dimensioned surfaces shall be

exclusive of carpets, rugs or runners. (2.F.23.d)

e. Risers. The riser height shall be not more than 73/4 inches (196 mm). The riser shall be measured vertically between leading edges of the adjacent treads. The greatest riser height within any flight of stairs shall not exceed the smallest by more than 3/8 inch (9.5 mm). Risers shall be vertical or sloped from the underside of the nosing of the tread above at an angle not more than 30 degrees (0.51 rad) from the vertical. Open risers are permitted provided that the openings located more than 30 inches (762 mm), as measured vertically, to the floor or grade below do not permit the passage of a 4-inch-diameter (102 mm) sphere. (2.F.23.e)

f. Treads. The tread depth shall be not less than 10 inches (254 mm). The tread depth shall be measured horizontally between the vertical planes of the foremost projection of adjacent treads and at a right angle to the tread's leading edge. The greatest tread depth within any flight of stairs shall not exceed the smallest by more than 3/8 inch (9.5 mm). (2.F.23.f)

g. Nosings. The radius of curvature at the nosing shall be not greater than 9/16 inch (14 mm). A nosing projection not less than 3/4 inch (19 mm) and not more than 11/4 inches (32 mm) shall be provided on stairways with solid risers. The greatest nosing projection shall not exceed the smallest nosing projection by more than 3/8 inch (9.5 mm) between two stories, including the nosing at the level of floors and landings. Beveling of nosings shall not exceed 1/2 inch (12.7 mm). (2.F.23.g)

h. Landings for stairways. There shall be a floor or landing at the top and bottom of each stairway. The width perpendicular to the direction of travel shall be not less than the width of the flight served. Landings of shapes other than square or rectangular shall be permitted provided that the depth at the walk line and the total area is not less than that of a quarter circle with a radius equal to the required landing width. Where the stairway has a straight run, the depth in the direction of travel shall be not less than 36 inches (914 mm). (2.F.23.h)

i. Stairway walking surface. The walking surface of treads and landings of stairways shall be sloped not steeper than one unit vertical in 48 inches horizontal (2-percent slope). (2.F.23.i)

j. Handrails. Handrails shall be provided on not less than one side of each continuous run of treads or flight with four or more risers. (2.F.23.j)

k. Handrail Height. Handrail height, measured vertically from the sloped plane adjoining the tread nosing, or finish surface of ramp slope, shall be not less than 34 inches (864 mm) and not more than 38 inches (965 mm). (2.F.23.k)

l. Handrail Continuity. Handrails for stairways shall be continuous for the full length of the flight, from a point directly above the top riser of the flight to a point directly above the lowest riser of the flight. Handrail ends shall be returned or shall terminate in newel posts or safety terminals. Handrails adjacent to a wall shall have a space of not less than 11/2 inches (38 mm) between the wall and the handrails. Exceptions: 1. Handrails shall be permitted to be interrupted by a newel post at the turn. (2.F.23.l)

m. Handrail Grip-size. Required handrails shall be of one of the following types or provide equivalent graspability. 1. Type I. Handrails with a circular cross section shall have an outside diameter of not less than 11/4 inches (32 mm) and not greater than 2 inches (51 mm). If the handrail is not circular, it shall have a perimeter dimension of not less than 4 inches (102 mm) and not greater than 61/4 inches (160 mm) with a cross section of dimension of not more than 2-1/4 inches (57 mm). Edges shall have a radius of not less than 0.01 inch (0.25 mm). 2. Type II. Handrails with a perimeter greater than 6-1/4 inches (160 mm) shall have a graspable finger recess area on both sides of the

profile. The finger recess shall begin within a distance of 3/4 inch (19 mm) measured vertically from the tallest portion of the profile and achieve a depth of not less than 5/16 inch (8 mm) within 7/8 inch (22 mm) below the widest portion of the profile. This required depth shall continue for not less than 3/8 inch (10 mm) to a level that is not less than 13/4 inches (45 mm) below the tallest portion of the profile. The width of the handrail above the recess shall be not less than 11/4 inches (32 mm) and not more than 23/4 inches (70 mm). Edges shall have a radius of not less than 0.01 inch (0.25 mm). (2.F.23.m)

n. Alternating tread devices. As per local amendment, Alternating tread stairways may serve as an exit from an area not to exceed 200 square feet. Alternating tread stairways shall have a minimum tread depth of 10.5 inches (276 mm). The rise to the next alternating tread surface should not be more than 8 inches (203 mm). The initial tread of the stairway shall begin at the same elevation as the platform, landing or floor surface. An approved handrail shall be provided on each side. (2.F.23.n)

24. Promote health

a. Policy regarding smoke-free living environment and/or designated smoking area outside of the residence with disposal devices in place. (2.F.24.a)
b. Policy regarding exposure to bodily fluids and contagious disease. (2.F.24.b)
c. Residence must be free of all bug and rodent infestation. (2.F.24.c)
d. Residence must have policies and procedures on how to deal with bug and rodent infestations. (2.F.24.d)
e. Organization attests that the residence meets local health, and safety codes appropriate to the type of occupancy. (2.F.24.e)

25. Plan for emergencies including fire, intoxication, withdrawal, and overdose

a. Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation plan are posted in conspicuous locations. (2.F.25.a)
b. Plan for emergencies including intoxication, withdrawal and overdose. (2.F.25.b)
c. Documentation that residents are oriented to emergency procedures. (2.F.25.c)
d. Residence must have current and non expired Narcan/Naloxone on each floor of residence and training on how to administer. (2.F.25.d)
e. Residence must have first aid kit located on the property - class A minimum ANSI First Aid Kit. (2.F.25.e)

3. Recovery Support Domain

G. Core Principle: Facilitate Active Recovery and Recovery Community Engagement

26. Promote meaningful activities

a. Documentation that residents are encouraged to do at least one of the following: (3.G.26.a)
    1. Work, go to school, or volunteer outside of the residence (Level I, II and some IIIs). (3.G.26.a.1)
    2. Participate in mutual aid or caregiving (All Levels). (3.G.26.a.2)
    3. Participate in social, physical, or creative activities (All Levels) (3.G.26.a.3)

4. Participate in daily or weekly community activities (All Levels) (3.G.26.a.4)
5. Participate in daily or weekly programming (Level III's and IV's) (3.G.26.a.5)

27. 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. Agreement must not contain statements that residents must leave the recovery home after a specified amount of time or that length of residency is determined arbitrarily or by a third-party payer. (3.G.27.a)
b. Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc. (3.G.27.b)
c. Written criteria and guidelines explain expectations for peer leadership and mentoring roles. (3.G.27.c)
d. Written criteria if discharged by the recovery residence program, the resident must be provided with a referral to treatments, other support services, or provided other housing options and recommendations for follow-up care. (3.G.27.d)

28. Promote access to community supports

a. Resource directories, written or electronic, are made available to residents. (3.G.28.a)
b. Staff and/or resident leaders educate residents about local community-based resources. (3.G.28.b)

29. Provide mutually beneficial peer recovery support

a. A weekly schedule details recovery support services, events, and activities. (3.G.29.a)
b. Evidence that resident-to-resident peer support is facilitated: (3.G.29.b)
    1. Evidence that residents are taught to think of themselves as peer supporters for others in recovery. (3.G.29.b.1)
    2. Evidence that residents are encouraged to practice peer support interactions with other residents. (3.G.29.b.2)

30. 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. (3.G.30.a)
b. Ongoing performance support and training are provided for staff. (3.G.30.ab)

31. Provide clinical services in accordance with Colorado state law

a. Evidence of the program's weekly schedule (Level III and Level IV) (3.G.31.a)
    1. Formal Recovery-oriented events and activities. (3.G.31.a.1)
    2. Formal life skill development activities and training. (3.G.31.a.2)
    3. Includes clinical services. (level IV) (3.G.31.a.3)

H. Core Principle: Model Prosocial Behaviors and Relationship Enhancement Skills

32. Maintain a respectful environment

a. Evidence that staff and residents model genuineness, empathy, and positive regard. (3.H.32.a)
b. Evidence that trauma-informed or resilience-promoting practices are a priority. (3.H.32.b)

c. Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building. (3.H.32.c)

I. Core Principle: Cultivate the Resident's Sense of Belonging and Responsibility for Community

33. Sustain a "functionally equivalent family" within the residence by meeting at least 50% of the following:

a. Residents are involved in food preparation. (3.I.33.a)
b. Residents have a voice in determining with whom they live. (3.I.33.b)
c. Residents help maintain and clean the home (chores, etc.). (3.I.33.c)
d. Residents share in household expenses. (3.I.33.d)
e. Community or residence meetings are held at least once a week. (3.I.33.e)
f. Residents have access to common areas of the home. (3.I.33.f)

34. Foster ethical, peer-based, mutually supportive relationships among residents and staff

a. Engagement in informal activities is encouraged. (3.I.34.a)
b. Engagement in formal activities is required. (3.I.34.b)
c. Community gatherings, recreational events, and/or other social activities occur periodically. (3.I.34.c)
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. (3.I.34.d)

35. Connect residents to the local community

a. Residents are linked to mutual aid, recovery activities, and recovery advocacy opportunities. (3.I.35.a)
b. Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors. (3.I.35.b)
c. Residents attend mutual aid meetings or equivalent support services in the community. (3.I.35.c)
d. Documentation that residents are formally linked with the community, such as job search, education, family services, health, and/or housing programs. (3.I.35.d)
e. Documentation that residents and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services. (3.I.35.e)
f. Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community. (3.I.35.f)

4. Good Neighbor Domain

J. Core Principle: Be a Good Neighbor

36. Be responsive to neighbor concerns

a. Policies and procedures provide neighbors with the responsible person's contact information upon request. (4.J.36.a)

b. Policies and procedures that require the responsible person(s) to respond to neighbor's concerns. (4.J.36.b)
c. Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties. (4.J.36.c)

37. Have courtesy rules

a. Preemptive policies address common complaints regarding at least: (4.J.37)
    1. Smoking (4.J.37.a.1)
    2. Loitering (4.J.37.a.2)
    3. Lewd or offensive language (4.J.37.a.3)
    4. Cleanliness of the property (4.J.37.a.4)
    5. Noise (4.J.37.a.5)
b. Parking courtesy rules are documented. (4.J.38)

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Assurances

It is understood by the representative(s) of the organization seeking certification with the Colorado Agency for Recovery Residences (CARR). Beyond CARR Standards, responsibility for meeting local, state, and federal laws and codes lies with the owner/operator. The individual owner or organization seeking association with CARR assumes all liabilities for any misrepresentations.

The undersigned asserts the organization and all recovery residences owned or operated by the organization meet the following as required by each residence:

1. The organization requesting association with CARR is a legally recognized entity within the state of Colorado and meets all legal expectations of such entities: reporting, maintaining records, providing financial data, etc. **(CARR Standard - 1.A.2.a)**

2. The organization requesting certification with CARR has a Federal Tax Identification Number, an Employee Identification Number (EIN) that is recognized by the Internal Revenue Service (IRS) of the United States Government. **(CARR Standard - 1.A.2.m)**

3. The organization requesting certification with CARR has State of Colorado Incorporation Documents. **(CARR Standard - 1.A.2.a)**

4. The organization requesting certification with CARR maintains policies and procedures that ensure staff are appropriately certified or credentialed for work being performed. **(CARR Standard - 1.D.10.d)**

5. Any bedrooms within the residences must have appropriate egresses that meet CARR, or local residential building code. **(CARR Standard - 2.F.22.a.1, 2.F.22.a.2)**

6. The organization to be certified with CARR agrees to be inspected annually by a CARR-certified inspector and agrees to meet all expectations of said inspectors for all recovery residences operated by the organization. **(CARR Standard - 1.A.2.n)**

7. The residences to be certified with CARR have electrical, mechanical, and structural components that are functioning and free from fire and safety hazards. **(CARR Standard - 2.F.17.a)**

8. The residences to be certified with CARR meet the expectations of all legally authorized inspection agencies (elevators, automated security systems, etc.), and management can produce documentation in support of such assertions upon request when applicable. **(CARR Standard - 2.F.17.c)**

9. The organization requesting certification with CARR maintains an accounting system and annual budget adequate for effective program management and meeting mandated reporting requirements. **(CARR Standard - 1.A.3.b)**

10. The organization requesting certification with CARR maintains appropriate record-keeping systems for employees and residents. Including any legally required criminal background checks. **(CARR Standard - 1.A.3.b, 1.A.2.f)**

11. The organization that manages the residences maintains appropriate homeowners/renters and liability insurance. **(CARR Standard - 1.A.2.b)**

12. The organization requesting certification with CARR has policies and procedures that comply with applicable confidentiality laws. **(CARR Standard - 1.B.6.b)**

13. The organization that manages the residences to be certified with CARR attests that the residence meets local health and safety codes appropriate to the type of occupancy. **(CARR Standard - 2.F.24.e)**

14. The organization attests that claims made in marketing materials and advertising are honest and substantiated and do not contain any of the following: 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 representations of outcomes. **(CARR Standard - 1.A.2)**

Name of owner/managing organization: _____

Typed (or printed) name of authorized representative:_____

Title:_____ Date:_____

Signature:_____

Headquarters Address:_____

_____

_____

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This guide is only a starting point for CARR. This guide can't include all the information and knowledge you will need to operate effective recovery housing. In addition, the laws and standards governing CARR are constantly changing. The Colorado Agency for Recovery Residences reserves the right to modify the standards and policies in the guidance at any time. Any changes to this guidance must be approved by the board of directors and the State of Colorado Behavioral Health Administration.


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COLORADO
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