



CARR Standards



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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

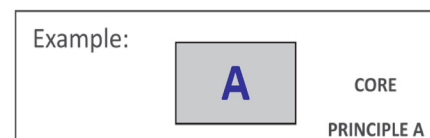
DOMAINS: Notice that there are four (4) **Domains**; the major sections of the document above are labeled numerically 1-4: (These are the most significant numbers on the document and are in white on a black background)

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

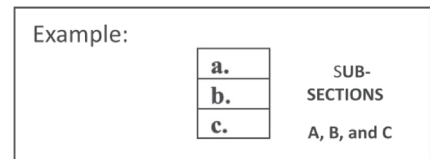


CORE PRINCIPLES: Under each of the four (4) **Domains** are ten (10) **Core Principles** labeled alphabetically with capital letters, A-J, in black type with gray backgrounds:

- 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 residences. (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 4 1/2 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 31 1/2 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 4 3/4 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 3⁸/₈ 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 3⁸/₈ inch (9.5 mm). (2.F.23.f)
 - g. Nosings. The radius of curvature at the nosing shall be not greater than 9¹/₁₆ inch (14 mm). A nosing projection not less than 3⁴/₄ inch (19 mm) and not more than 11⁴/₄ 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 3⁸/₈ inch (9.5 mm) between two stories, including the nosing at the level of floors and landings. Beveling of nosings shall not exceed 1²/₂ 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 11²/₂ 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 11⁴/₄ 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 61⁴/₄ inches (160 mm) with a cross section of dimension of not more than 2-1⁴/₄ 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 6-1⁴/₄ 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)

