



Guidebook and Best Practices



**COLORADO AGENCY FOR RECOVERY RESIDENCES
GUIDEBOOK AND BEST PRACTICES**

Authors:

Butch Lewis
Executive Director
Colorado Agency for Recovery Residences

Danielle Gray, MPH, CPH
Executive Director
Ohio Recovery Housing

Kevin Fox
Executive Administrator
Colorado Agency for Recovery Residences

Edited By:
Joseph W. Friedmann, MS, JD
Ananeo Colorado

Design and Layout By:
Jeremy Heid
Big Creek Productions, LLC

Colorado Agency for Recovery Residences
8200 Shaffer Parkway
PO Box 271673
Littleton, Colorado 80127

Printed in the United States of America
ISBN: 979-8-3507-0027-5

Second Edition, November 2024

Welcome to the CARR Guidebook and Best Practices

Dear Fellow Allies,



It has been a profound honor to serve as the leader of the Colorado Agency for Recovery Residences (CARR) for nearly a decade. As I prepare for my retirement, I want to express my immense gratitude to this iconic, purpose-driven, and diverse agency. It has truly been a privilege to be part of an organization that does so much to support recovery residences across our great state.

As I reflect on my tenure, I am filled with excitement for the future of CARR. Listening to our affiliates, allies, partners, and employees, I am confident that the solid foundations we've built together will continue to expand our impact, increase our reach, and accelerate the vital services we offer and support.

One thing that has deeply moved me over the years is seeing how deeply CARR is woven into the fabric of so many people's lives. The role we play in helping to build better futures for the organizations we support, their clients, their families, and their communities has been a source of immense pride and purpose for me, both personally and professionally.

The guidebook and best practices we share with you today are the culmination of efforts from many organizations and individuals who, like us, strive to provide a valuable resource to recovery residence operators. While this guidebook is not exhaustive, we aim to keep it updated regularly with new and relevant content to support your ongoing journey.

As always, CARR hopes you find this information helpful, but please keep in mind that the advice provided is not legal counsel. If legal concerns arise, we encourage you to seek an attorney's advice. CARR is here to offer any additional information, short-term technical assistance, or support you may need. We recognize that stigma and discrimination are long-standing issues, but the tools, strategies, and best practices within this guidebook are designed to help you navigate these challenges over time. This work requires patience and perseverance, and CARR is committed to assisting you every step of the way.

As I conclude my time with CARR, I am inspired by the ongoing commitment to systemic change that will continue to shape a more equitable landscape for recovery residences. I am confident that CARR will remain a beacon of support and leadership in our community.

Thank you for inspiring me throughout my journey with CARR and for your continued dedication to our shared mission. Together, we have built something extraordinary, and I am grateful to have been part of it.

With sincere appreciation, remember, from understanding comes hope, revealing insights, shaping tomorrow's ideas.

A handwritten signature in blue ink that reads "Butch Lewis". The signature is fluid and cursive.

Butch Lewis
Executive Director
Colorado Agency for Recovery Residences



Table of Contents

Recovery Residence Guidebook	2
Developing Your Organizations Policies and Procedures	32
Recovery Residences Policies and Procedures	122
Best Practice Guidance for Medication Assisted Treatment in Recovery Housing	150
Preventing and Addressing a Return to Use	164
Supporting Residents Returning to Community from Incarceration	178
Parents with Children Living in a Recovery Residence	196
LGBTQ+ Inclusion Glossary	214
LGBTQ+ Policy Statement	222
Conversion Therapy in Certified Recovery	244
Medical Cannabis in a Recovery Residence	260
Recovery Residences Fair Housing Fact Sheet	264
Addressing NIMBY (Not In My Backyard)	270
Recovery Residence Dear Neighbor Letter	286
CARR Code of Ethics	290
CARR Requirements for Certification Certification	294
CARR Standards	328
CARR Assurances	358
CARR Acknowledgments	362
CARR Disclaimer	363



Guidebook and Best Practices



Table of Contents

- Developing A Recovery Environment: A Guide for Recovery Housing 5
- CARR Background 6
- Definition of Recovery Housing 7
- Levels of Recovery Housing 8
- Administrative and Operational Considerations 10
 - Identifying Your Organization’s Structure 10
 - State Registration 10
 - Employer Identification Number (EIN) 10
 - Establish a Business Bank Account 10
 - Establish Fiscal Policies 11
 - Insurance 11
 - Develop a Business Plan 13
 - Perform a Market Analysis 13
- Determine Your Budget 14
 - Determine Your Start-up Costs 14
 - Determine Your Ongoing Costs 14
 - Determining a Prudent Reserve 15
 - Establish Your Operating Budget 15
 - Identify Revenue Sources 15
- Prohibition Against Patient Brokering 16
- Staffing 17
 - Determine Your Staffing Needs 17
 - Employment Practices 17
 - Ensure Compliance with Labor and Tax Laws 18
 - Wages, Payroll, and Employer Taxes 18
 - Taxes 18
 - Staffing Considerations by Level of Support 19
- Recovery Supports 21
 - About the Social Model of Recovery 21
 - Creating an Environment Where Relapse Is Prevented 21
 - Strategies to Help Residents Develop Positive, Prosocial Relationships 21
 - House Meetings 23
 - Engage Residents in Resident Driven Recovery Planning 23
 - Determine What Recovery Supports Will Be Available 24
 - Develop a Plan for Addressing Disruptions to Recovery Should They Occur 25
 - Work to Develop Residents into Leaders 25
 - Build Partnerships with Other Organizations 26

- Recovery Residence Medication-Assisted Recovery Partnerships 27
- Help Residents Plan for Moving Out 27
- Physical Property 28
 - Identify an Appropriate Location 28
 - Zoning 29
 - Building Codes 29
 - Meeting the CARR Quality Housing Criteria for Physical Property 29
 - Ensure a Home-Like Environment 30



Developing A Recovery Environment: A Guide for Recovery Housing

This guidebook is designed for individuals interested in creating recovery housing that provides a recovery living environment for those recovering from substance use disorders. Operators seeking local, state, or federal funding must adhere to the standards set by the Colorado Agency for Recovery Residences (CARR) within the state of Colorado.

Within this document, you will find valuable information, best practices, and resources to help you navigate the development of recovery housing. However, it's important to recognize that this guide is just a starting point. It cannot encompass all the knowledge and expertise required to operate successful recovery housing. Additionally, using this guidebook does not guarantee funding, certification by CARR, or overall success. Along with this guide, you should consult experts such as accountants and attorneys to ensure compliance and operational efficiency.

Recovery housing is a critical component of the broader continuum of care for individuals with substance use disorders. To achieve success, it is essential to build relationships with other organizations that provide complementary services and support. Before you begin, make sure you thoroughly understand the responsibilities and complexities involved in creating, owning, and managing a recovery residence program. This guidebook is your compass, designed to help you provide exceptional support and care for individuals in recovery. Within these pages, you will discover a comprehensive roadmap that ensures your recovery residence meets and surpasses the standards established by CARR.

Your dedication to creating environments of healing and growth is admirable. We recognize the challenges involved in maintaining adherence to best practices, regulatory requirements, and ethical guidelines. This guidebook is your trusted companion on the journey toward excellence.

From establishing thorough documentation protocols to fostering a culture of continuous improvement, every section of this guide is carefully crafted to equip you with the knowledge and tools you need to ensure full compliance with CARR standards for certification. Whether you are an experienced professional or new to the field, this resource will empower you with the insights needed to navigate the complexities of recovery housing with confidence and clarity.

Together, we embark on this journey toward excellence, guided by the principles of compassion, integrity, and innovation. By upholding the highest standards of care, we have the opportunity to transform lives and communities—one recovery residence at a time.

CARR 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 19-1009, Section 2 (C.R.S. §27-80-129). 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 outline in the International Residential Code (2015), and other standards as approved by the CARR Board.



Definition of Recovery Housing

Colorado Revised Statute C.R.S. §27-80-129(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:

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

A “recovery residence” does not include:

1. 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;
2. 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;
3. A facility approved for residential treatment by the behavioral health administration in the department of human services; or
4. 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 P: 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 M: 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 S: 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 C: Adds a clinical service component; these programs usually fall under Colorado’s regulatory laws for addiction treatment services and are typically licensed accordingly. Type C programs are a subtype of the ASAM criteria level 3.1 and should meet the level 3.1 service characteristics standards. The unique addition of a governance structure within recovery residence Type C, including resident leaders and/or managers, supports individual self-management skills and promotes each individual taking responsibility for the wider recovery community.

Levels of Recovery Housing

CARR Recognizes four levels of recovery housing. While Level C is designated for clinical providers who 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 P, M, and S 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 that 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 as identified in the Fourth Edition of the ASAM Criteria:

Recovery Residence Levels of Support

	Level P – Peer-Run	Level M – Monitored	Level S – Supervised	Level C – Clinical	
Standards Criteria	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	
	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	
	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 P – Peer-Run	Level M – Monitored	Level S – 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 S or Level M 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.

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. Starting the organization as a for-profit business can legally constitute a Sole Proprietorship, 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 must 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.

Given the legal and tax implications of forming your business, it’s crucial to seek advice from a qualified accountant or attorney. Their expertise will ensure your organization is registered correctly and complies with all laws and regulations, providing you with the reassurance that you’re on the right track.

State Registration

You must also register your recovery residence program or business with the Colorado Secretary of State, who will issue your official incorporation documents. For more details on providing proof of legal business, refer to page 37, or contact the Business Services Division of the Colorado Secretary of State 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 the IRS assigns 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 for your organization. Be sure to keep this account separate from your personal account. You should use this account only for official business related to your organization.

Establish Fiscal Policies

You should 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 you can use as templates. You will also need an accounting system that allows you to implement the budgetary policies as designed. When designing your accounting system, ensure you can quickly produce resident receipts. You should also be able to make a resident statement of an account upon request. An accountant can help you develop an appropriate system.

Insurance

You will need sufficient insurance coverage to protect your home, vehicle, and business from potential damage and safeguard yourself from general liability. Be sure to review your automobile insurance (especially if you are transporting residents), homeowner's insurance, general liability insurance, and worker's compensation insurance. Additionally, consider whether you need personal health insurance or if offering health insurance to your employees is necessary. To ensure you have the appropriate coverage, consult with an insurance agent. For more information on insurance requirements and details for a Certificate of Insurance, please refer to page 119 of this book.

Insurance Requirements

As of the publication of this book, the following coverage amounts represent the minimum requirements for contracting with the Colorado State Judicial Districts. You should verify these amounts with your specific contract at the time of signing.

The Colorado State Judicial Districts mandate that recovery residence operators secure and maintain insurance coverage in the following types and amounts:

- A. Contractor shall obtain and maintain, and ensure that each Subcontractor shall obtain and maintain, insurance as specified in this section at all times during the term of this Agreement. All insurance policies required by this Agreement shall be issued by insurance companies with a current AM Best Financial Strength Rating of A- (Excellent) or better and authorized to do business in Colorado. Failure to obtain and maintain the required insurance may result in termination of this Agreement.
 1. Workers' Compensation Insurance as required by state statute, and Employer's Liability Insurance covering all of the contractor's employees acting within the course and scope of their employment.
 2. 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 anyone fire.

If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the Contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to the Department a certificate or other document satisfactory to the Department showing compliance with this provision.

3. Automobile Liability Insurance covering any motor vehicle that will be used in performance of this Agreement (including owned, hired and non-owned automobiles) with a minimum limit of \$1,000,000 each accident combined single limit.
4. Professional Liability Insurance with an aggregate limit of at least \$1,000,000, covering any damages caused by an error, omission, or any negligent act in the event Contractor provides professional services under this Agreement, which require specialized knowledge and intellectual skill and usually requiring a license, certification, or registration. Policies written on a claims-made basis 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 State of Colorado and CARR shall be named as additional insured on the Commercial General Liability and Automobile Liability policies. Coverage required by this Agreement shall be primary and noncontributory over any insurance or self-insurance program carried by the State of Colorado. Coverage required by this Agreement shall not be subject to any self-insured retention or self-insured program by the Contractor or any named insured.
- C. The above insurance policies shall include provisions preventing cancellation or non-renewal without at least 30 days prior notice to the Contractor, and the Contractor shall notify the Department Representative by email with read receipt requested or by certified mail of any such imminent cancellation or non-renewal within seven days after Contractor's receipt of such notice.
- D. Contractor shall require all insurance policies in any way related to this Agreement and secured and maintained by Contractor to include clauses stating that each carrier shall waive all rights of recovery, under subrogation or otherwise, against the State of Colorado, its agencies, institutions, organizations, officers, agents, employees, and volunteers.
- E. Contractor shall provide certificates showing insurance coverage required by this Agreement to the Department within seven business days of the Effective Date of this Agreement if not previously provided but in no event later than the commencement of the services or delivery of the goods under this Agreement. No later than fifteen days prior to the expiration date of any such coverage, the Contractor shall upload into the CMS in the "Documents & Certs" section in the "Company Profile" certificates of insurance evidencing renewals thereof. At any time during the term of this Agreement, the Department may request in writing, and the Contractor shall thereupon, within ten days, supply to the Department evidence satisfactory to the Department of compliance with the provisions of this section, including but not limited to complete copies of the policies and all endorsements.

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, 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 will you have a vacancy and what is the expected duration of the 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 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 Behavioral Health Administrative Service Organizations (formerly known as 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

C.R.S.§27-80-129 and C.R.S.§24-31-809 includes language that 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.

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.



Staffing

If you are operating a Level S recovery house, you are required to have staff in residence at the recovery house. If you are operating a Level M recovery house, you are required to have a house manager, house leader, senior resident, house parent, or other like term. This person is typically a staff person but could also be the owner of the house acting as the house leader. While Level P 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.

Determine Your Staffing Needs

In a later section, you will create 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 support 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.

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.

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 tax:

- 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 2024).

State tax:

- State Corporate Income Tax if operating as a for-profit business (4% in Colorado beginning January 1st, 2025).
- 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 employs 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 P: Residents must be able to contact the operator 24/7 in an emergency. The property owner 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 residence should ensure a supply of Naloxone is properly placed and accessible on each floor of the house.

Level M: 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 Ethics 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.
- Ensure 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 best to structure your employment agreements with your house managers.

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

- Meet with newer residents frequently to ensure they acclimate 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 Ethics is being implemented and that staff are 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 are aware of safety plans.
- Screen residents before moving 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 with any treatment providers or community partners to address potential issues.
- Assist residents in connecting them 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.

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 a connection to treatment and recovery supports in the community.

About the Social Model of Recovery

The Social Model of Recovery is helpful for understanding 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.” 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.

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 P Homes

- Residents 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 P 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.
- It is considered best practice to ensure house meetings happen at least weekly, where residents have space to give and receive support with challenges or successes.
- Residents support each other in their efforts to engage in fun, sober social support activities as a group.
- Residents determine how chores are completed and who will do them.

Level M 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 S Homes

- Level S 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 what 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.

House Meetings

All recovery homes should have house meetings that occur on a regular schedule. 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 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 P homes, residents schedule and run the house meetings. In Level M and Level S 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.

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 M and Level S 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 P 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 P 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.

Determine What Recovery Supports Will Be Available

Recovery residences must provide recovery support 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 S 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 in 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:

- For additional support of the resident, treatment providers, mutual aid supports, and recovery coaches can be contacted.
- Next steps the home will take to address the relapse and expectations of the resident.
- A safe space where the residents 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 can provide additional needed support based on the 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 is no longer interested in recovery housing, the home must provide information on any available housing, treatment, or other community resources.

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. Residents should engage with others, ask how their day was, and tell you what is going on with them.
- Have residents help others who are unemployed or 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 support, you can connect that individual to those supports in the community.

You should become familiar with and develop partnerships with other organizations and community members. A valuable way to build partnerships with other organizations is by seeking opportunities to engage with the local recovery community, such as joining local recovery coalitions or task forces. Involvement in these groups helps you establish connections within the community and gain insight into available resources that can support your residents.

Partners to consider include:

- Behavioral Health Administrative Service Organizations (formerly known as MSOs).
- 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.

Recovery Residence Medication-Assisted Recovery Partnerships

Recovery residences can establish formal or informal partnerships with healthcare providers offering a range of services, including medications, to address opioid use and decrease the risks of overdose. Housing partnerships with healthcare providers do not detract from resident-driven peer support and mutual-aid interactions that build personal responsibility.

Local healthcare partners might include:

- Federally qualified health centers and rural health clinics:
 - Federally qualified health centers and designated rural health clinics can receive federal funds to screen and treat opioid addiction and other substance use disorders, as well as offer primary care services. These potential partners provide comprehensive health services on a sliding fee scale and help their patients enroll in available Medicaid or Medicare coverage.
- Health care for the homeless programs:
 - Some health centers and other organizations receive funding under the Public Health Service Act to specifically serve individuals who have recently or currently experienced homelessness and are at high risk of becoming homeless. Health Care for the Homeless programs provide primary health care services such as medical, preventive health, and dental care, addiction treatment and counseling, and mental health services.
- Methadone clinic /opioid treatment programs:
 - Many methadone clinics, also known as federally designated Opioid Treatment Programs (OTPs), offer a range of medications for addiction treatment. People who are extremely heavy opioid users are often good candidates for methadone. The SAMHSA Opioid Treatment Program Directory can help you to identify near-by methadone clinics. OTPs were previously required to provide daily dosing at a clinic site but can now allow up to 28 days of “Take-Home Flexibility” for clients who are stable and have work or parenting responsibilities.
- Specialized office-based and telemedicine clinics:
 - Some specialized healthcare providers offer in-person and telemedicine appointments with a focus on convenient access to medications for individuals with an addiction. Private, specialized providers often work in stand-alone clinics that are located in or near jails and emergency departments so they can more easily transition clients to services across these settings. In many states, these clinics offer services in rural communities where there are few or no other options supporting medication-assisted recovery.

Partnerships with healthcare providers can be explored, negotiated, and established through contractual agreements, memorandums of understanding, or informal arrangements.

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.
- Collaborate 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, recovery courts, or child protective services case workers.
- Update residents’ recovery and relapse prevention plans to ensure that they are connected to support to help them once they move out.
- Provide the resident with a list of community resources 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 return to the home to share their successes with residents, see friends, and maintain the connections 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 about 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 and consult with a zoning and civil rights attorney if you run into obstacles.

Building Codes

Colorado does not have a standardized statewide building code. Instead, building codes are primarily established and enforced by local authorities. However, two state agencies set minimum standards for plumbing and electrical codes. The State Architect is responsible for adopting codes for all state-owned buildings and facilities. In contrast, the Division of Fire Prevention and Control adopts and enforces codes for public schools, junior colleges, and licensed healthcare facilities across the state.

Each local community has specific codes for its district that must be followed. These may include regulations on occupancy, rooming house rules, registration, and other requirements that could extend beyond state or federal laws. It's important to contact your local building code enforcement office to understand the building codes that apply in your area.

Meeting the CARR Quality Housing Criteria for Physical Property

All recovery housing in the State of Colorado must comply with applicable zoning, building, fire safety, and health-related codes. In addition, recovery homes seeking certification must meet the CARR Standards, which are mandatory for certification. Any recovery housing funded by the State of Colorado or Behavioral Health Administrative Service Organizations (formerly known as MSOs) must obtain CARR certification unless exempted by the state.

Recovery housing operators need to ensure that the physical setup of the home allows all individuals adequate privacy and safety. Physical space should also contribute to establishing a positive recovery culture, support peer support interactions, and be home-like rather than 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 the elements of a typical home, such as a kitchen, dining room, laundry, living room, and bedrooms.
- The physical layout should be reasonable so residents can use the communal areas as they wish and do not require residents to follow a strict schedule.
- Recovery housing operated in an apartment-type structure must have a minimum of 450 square feet for an individual unit.
- A minimum of fifty square feet per bed per sleeping room.
- There must be at least one sink, toilet, and 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 to use 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 communal areas of the house at any time.
- There should be a clear policy about visitors and guests. Residents should reasonably expect to have 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 the residents to gather.
- Social activities, games, and other materials should be provided to encourage residents to gather informally 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 the necessary 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 a resident has a particular need.





The Recovery Residence Playbook: Crafting Policies and Procedures for Success



Table of Contents

Developing Your Organization’s Policies and Procedures	35
Build Your Policy and Procedures Manual	35
Resident Agreements	35
Program Documents	37
Legal Business Entity Documentation	37
Marketing Materials	37
Policies & Procedures	38
Mission Statement	38
Vision Statement	39
Non-Discrimination Policy	40
Code of Ethics	41
Code of Ethics – Relapse Prevention	42
Confidentiality	44
Social Media Policy and Procedure	45
Resident Screening	46
Orientation Process	48
Maintenance Repair	49
Paid Work to Residents	51
Sample Paid Work Agreement	53
Financial Controls	54
Good Neighbor Policy	55
Search Policy and Procedure	56
Emergency Policy and Procedure	58
Critical Incident Reporting	60
Infectious Disease Policy	62
Medication Storage and Usage	63
Illicit Drug, Alcohol Testing Policy and Procedure	65
Return to Use (Relapse)	66
Discharge Policy	68
Resident Rights Statement	69
Grievance Policy	71
Service Animals and Emotional Support Animals (ESA)	73
Self-Safety Assessment	75
Self-Safety Assessment Checklist	77
Staff Documents	78
Background Screening	78
Certification & Verification	80

Staff Development	80
Job Descriptions	81
Peer Leadership	82
Staff and House Manager Evaluation	82
Staff and House Manager Code of Conduct	84
Staff and House Manager Drug Testing	85
Staff Self-Care	86
Sample Staff Schedule	88
Resident Handbook	89
Resident Intake	90
Confidentiality Consent	91
Social Media Consent	92
Staff Contact Information	93
Program Format	95
Sample Resident Schedule (Level S and C)	96
House Expectations - Resident Agreement	98
Good Neighbor Policy & Consent	102
Search Policy & Consent	103
Medication Storage and Usage Consent	104
Illicit Drug, Alcohol Testing Policy and Consent	105
Return to Use (Relapse) Policy and Consent	106
Discharge Policy and Consent	107
Emergency Policy and Procedure	108
Emergency/Non-Emergency Contact Sheet	109
Infectious Disease Policy, Procedure and Consent	110
Resident Rights Policy	111
Grievance Policy, Procedure and Consent	112
Sample Recovery Residence Grievance Form	114
Maintenance Repair Request Policy & Procedure	115
Financial Agreement (Resident Contract and/or Guest Agreement)	116
Community Resource Guide	117
Recovery Support	118
Location Documents	119
Owner Acknowledgment Letter	119
Certificate of Insurance (COI) Statement	119
Substance Use Disorder (SUD) License	119
Closing Remarks	120

Developing Your Organization's Policies and Procedures

Clear and well-documented policies and procedures are fundamental to the successful operation of any organization. These guidelines not only provide a structured framework for consistent and informed decision-making but also serve to convey the organization's culture, expectations, and available resources to both residents and the broader community. It is essential to establish these policies and procedures prior to the formal launch of a recovery house.

Earlier sections of this document have outlined key protocols and strategic decisions regarding critical areas such as the mission statement, fiscal management, recovery planning, and relapse prevention strategies. However, additional policies and procedures must also be defined before the recovery house becomes operational. These policies must be meticulously crafted, with clarity and precision, ensuring that all organization residents fully comprehend and adhere to them consistently.

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 them 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.

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 your policies and procedures, you are prepared to put together your resident agreement. The resident agreement will reference many of the details discussed earlier in this document.

Housing or resident agreements refer to written agreements between residents and owners/operators. The agreement must follow 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 list of recovery support provided;
 - Including language that makes it clear that residents have opportunities to make informed choices about whom they engage with regarding recovery support.
- 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 deposit back.
 - Intake fees – If an intake fee is due to move into a recovery residence, what is the amount?
 - Additional fees – The house must clearly state any additional fees for services like food, transportation, or utilities. If fee changes are made after a resident moves in, amendments must be included in the agreement, and both the operator and resident must agree to the terms.
 - Refunds – CARR requires all operators to have a refund policy. Whether or not the operator offers refunds, this must be clearly outlined in your agreement and signed by the resident prior to their move-in.
- Resident property – what happens if a resident leaves private property in the home after the agreement ends?
- Termination procedures:
 - When and how the operator may end the agreement and what 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 should clearly define the standards and behaviors expected from 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.



Program Documents

Program documents serve as crucial evidence of an organization's legal business registration and transparent marketing strategies, ensuring compliance with CARR Standards. These documents provide a clear and verifiable trail of an entity's commitment to lawful operations and ethical marketing practices, forming the backbone of regulatory adherence and consumer trust.

This section delves into the intricacies of reviewing program documents, offering a comprehensive guide for professionals tasked with this vital responsibility. Our aim is to equip you with the knowledge and tools necessary to meticulously assess these documents, ensuring they meet all required standards and contribute to the organization's overall transparency and integrity.

Legal Business Entity Documentation

Definition: A "Certificate of Good Standing" refers to official documentation issued by the Colorado Secretary of State within the past 30 days. The term "entity" pertains to the documentation or evidence that verifies the legal existence and legitimacy of a business organization according to the laws of its governing district. This includes the entity's legal rights and responsibilities, such as tax filings. An entity is a business that can enter into legally binding contracts, either as a vendor or supplier and can be a party to legal proceedings in a court of law.

Purpose: This proof of legitimacy is commonly required for various purposes, including but not limited to opening a business bank account, entering into contracts, applying for loans, or fulfilling regulatory obligations. The Colorado Agency for Recovery Residences (CARR) mandates that each operator provide a Certificate of Good Standing to demonstrate compliance with state laws.

Requirements:

- The submitted document must be an official record issued by a recognized authority.
- The name on the document must correspond to the entity seeking certification, or supplemental documentation, e.g., a doing business as (DBA), must be provided to establish the connection.
- The Certificate of Good Standing must be issued by the Colorado Secretary of State, verifying that the business is in compliance with all relevant state regulations and has met all necessary financial obligations. A free, official Certificate can be downloaded from the Colorado Secretary of State's website at <https://www.sos.state.co.us/>. Screenshots of the website are not acceptable.
- The document must be downloaded within thirty days before submitting the application for certification.

Marketing Materials

Definition: Marketing materials refer to tools and resources employed to convey a company's value proposition, promote products or services, and engage potential customers. These materials are available in various formats and are designed to enhance marketing efforts, foster brand awareness, and stimulate sales.

Purpose: Operators of Recovery Residences must ensure that all service claims and advertising messages are truthful, transparent, and free from misleading or deceptive content, safeguarding the trust and confidence of both residents and their families.

Compliance checks:

- Ensure that claims or advertisements do not contain false or misleading information.
- Verify that pricing information presented in the materials is accurate, inclusive, and not deceptive.
- Ensure that testimonials included in the materials accurately reflect genuine consumer opinions.
- Avoid presenting misleading or exaggerated representations of outcomes.
- Ensure that marketing materials do not disclose the physical address of the residence where residents are housed.
- Avoid referencing therapeutic strategies, services, or language that would imply licensure or certifications not possessed by the organization.

Requirements:

- All marketing materials, including websites and social media pages, must be submitted to the Colorado Agency for Recovery Residences (CARR) for compliance review. If no such materials exist, a formal statement to that effect must be provided.

Policies & Procedures

Definition: The Policies and Procedures Manual serves as a comprehensive repository of best practices for your organization and recommended approaches for operating a Recovery Residence.

Purpose: This guide aims to assist recovery residence providers in drafting a Policies and Procedures Manual that complies with Colorado Agency for Recovery Residences (CARR) certification requirements. It outlines how services are delivered and how business operations are conducted in accordance with CARR Standards and applicable Colorado statutes. Each required task should be accompanied by a staff-directed "policy" or "action plan," along with clearly defined "procedures" or "detailed instructions" that describe the step-by-step process for completing the specified tasks.

Mission Statement

A mission statement is a concise and clear statement that defines an organization's purpose, focusing on why the organization exists and what it seeks to accomplish. It serves as a guiding framework for the organization's activities, helping to maintain focus and align actions with its objectives. In the context of a recovery residence, a well-defined mission statement is essential for communicating your goals to future residents and the surrounding community. It provides clarity on how the recovery house serves its target population and what role it plays in the community.

When crafting your mission statement, consider the following key aspects:

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

Definition: A mission statement is a concise explanation of an organization's purpose and focus. It defines why the organization exists and what its goals are.

Purpose: A well-crafted mission statement will keep your business plan on track, provide clear communication to residents and the community about the services you offer, and help define the recovery

house's operational goals. Engaging individuals in recovery and community leaders in developing the mission statement can further solidify its relevance and impact.

Common elements of a mission statement:

- Objective: Explains why the organization exists.
- Values: Outlines the principles and beliefs guiding the organization's actions.
- Services or products: Describes what the organization provides.
- Audience: Identifies the target group the organization serves.
- Goals: Specifies the outcomes the organization aims to achieve.

A well-written mission statement is clear, memorable, and inspiring, providing a solid foundation for strategic planning and decision-making.

Requirements:

- The mission statement must apply to the "priority population" (e.g., individuals in recovery from substance use disorder).
- It should reflect any additional focus or support offered by the recovery residence.
- Avoid terminology that implies licensable services not provided by the organization.
- Ensure alignment with CARR's core principles and standards.

Addressing these considerations will help you create a mission statement that will serve as a powerful tool for guiding your organization's purpose and strategies.

Vision Statement

Definition: A vision statement is a formal declaration that defines an organization's long-term aspirations and goals. It describes what the organization aims to achieve in the future and serves as a guiding framework for strategic decision-making and planning.

Purpose: A vision statement provides a clear, compelling, and motivational depiction of the organization's future direction, aligning its core values with its ambitions. This statement not only inspires and motivates employees, stakeholders, and the community but also clarifies the organization's purpose and strategic path.

An effective vision statement typically embodies the following key characteristics:

- Inspirational: It should motivate and inspire by presenting a compelling vision of the organization's future.
- Forward-looking: The focus is on long-term objectives and the future state the organization strives to achieve.
- Clear and concise: The statement should be brief, memorable, and easy to understand, ensuring it can be communicated effectively.
- Reflective of core values: It aligns with the organization's core values and mission, providing a sense of purpose and direction.

Examples of well-crafted vision statements include:

- Google: "To provide access to the world's information in one click."
- Tesla: "To create the most compelling car company of the 21st century by driving the world's transition to electric vehicles."
- Oxfam: "A just world without poverty."
- Apple: "To make the best products on earth, and to leave the world better than we found it."

When crafting a vision statement, it is important to aim for ambitious, forward-thinking goals that convey the organization's aspirations while motivating and engaging stakeholders. The vision should align with the company's culture, core values, and long-term objectives. Consider these essential guidelines:

Recommendations: Ensure the vision statement is inspirational, future-oriented, and reflective of your organization's core principles.

Requirements:

- The statement must be consistent with CARR's core principles.
- Avoid language that implies responsibilities beyond the organization's established scope.
- Clearly outline the organization's direction and goals in compliance with CARR Standards.

By following these guidelines, an organization can develop a vision statement that effectively communicates its purpose and long-term objectives while motivating and inspiring those within and outside of the organization to work toward achieving its future aspirations.

Non-Discrimination Policy

Definition: A non-discrimination policy is a formal document articulating an organization's commitment to fostering an inclusive and equitable environment where all individuals are treated fairly, regardless of personal characteristics. This policy outlines the organization's stance against discrimination and its obligation to prevent, address, and rectify discriminatory behaviors within its operations.

Purpose: A non-discrimination policy ensures equality and fairness across all facets of the organization, protecting employees, applicants, customers, and other stakeholders from discriminatory practices. By establishing clear guidelines, the policy aims to prevent discrimination, promote diversity, and create an inclusive environment where all individuals feel respected and valued.

A comprehensive non-discrimination policy typically includes the following key components:

- Objective: This section clearly explains why the policy is essential, emphasizing the organization's dedication to promoting fairness, equality, and inclusivity for all stakeholders.
- Scope: This section outlines the policy's application and details the groups it covers, which may include employees, job applicants, customers, clients, contractors, and any other individuals connected to the organization.
- Prohibited conduct: This section defines the forms of discrimination prohibited by the policy, including, but not limited to, discrimination based on race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, and other legally protected characteristics.
- Examples of discrimination: Provides clear examples of discriminatory behavior, such as harassment, biased hiring or promotion practices, unequal treatment in the workplace, or fostering a hostile work environment.
- Reporting procedures: Outlines the process individuals should follow to report instances of discrimination, including the appropriate channels for filing complaints and the information required for submission.
- Investigation process: This section details the organization's commitment to conducting a thorough and impartial investigation of discrimination reports, ensuring confidentiality, and outlining the steps for taking corrective action when necessary.

- Protection against retaliation: This policy ensures that individuals who report discrimination or participate in investigations are protected from retaliation, reinforcing the organization’s support for those who speak out against unfair treatment.
- Consequences of policy violation: This section specifies the disciplinary measures that may be enforced against individuals who violate the policy, which can range from warnings and retraining to termination of employment.
- Training and education: This section highlights the organization’s commitment to ongoing training and education efforts aimed at preventing discrimination, promoting awareness, and fostering a culture of diversity and inclusion.
- Review and updates: This section states the organization’s intent to review and update the policy regularly to ensure its continued relevance and compliance with evolving legal standards and best practices.

A well-structured non-discrimination policy not only upholds the principles of equality and fairness but also serves as a foundation for creating a diverse, inclusive, and respectful workplace. It promotes accountability and helps ensure that the organization complies with all applicable anti-discrimination laws and regulations.

Requirements:

- The policy must include a notice of Federal Civil Rights protections and a statement affirming the organization’s non-discrimination stance.
- A grievance process must be provided for individuals who believe they have experienced discrimination.
- The policy should also include contact information for the Colorado Agency for Recovery Residences and the Colorado Civil Rights Division, ensuring access to appropriate external support and legal resources.

By incorporating these elements, the non-discrimination policy will be both effective and legally compliant, fostering a culture of respect, inclusion, and fairness within the organization.

Code of Ethics

Definition: A Code of Ethics is a formal document that outlines the ethical standards, principles, and guidelines that an organization expects its employees, members, or stakeholders to follow.

Purpose: This policy serves as a framework for ethical decision-making and behavior within the organization.

Key elements of the policy may include:

- Objective and scope: This section explains the intent of the policy and who it applies to, such as all employees, contractors, or board members.
- Core values and principles: Defines the organization’s fundamental values and ethical principles, including integrity, honesty, fairness, respect, and accountability.
- Standards of conduct: Provides specific guidelines on acceptable and unacceptable behaviors in various situations, such as conflicts of interest, confidentiality, financial integrity, and interactions with colleagues, customers, and suppliers.
- Compliance with laws and regulations: Stresses the importance of adhering to relevant laws, regulations, and industry standards.
- Reporting and addressing violations: Details the process for reporting unethical behavior or violations,

including confidential reporting mechanisms, and explains the procedures for investigating and addressing these reports.

- Enforcement and consequences: Describes the consequences for violating the Code of Ethics, including potential disciplinary actions up to and including termination.
- Training and communication: Explains how the organization will communicate the Code of Ethics to employees and provide training to ensure understanding and compliance.
- Review and updates: Specifies how often the Code of Ethics will be reviewed and updated to remain relevant and effective.

A well-crafted Code of Ethics helps foster a positive organizational culture, builds trust, and enhances the organization’s reputation by demonstrating a commitment to ethical conduct.

Code of Ethics – Relapse Prevention

Every recovery home should implement a Code of Ethics that all residents agree to follow. This code helps set expectations for both residents and staff, ensuring a positive living environment. It should not be used as a punitive tool, but as a means to provide structure and support, ensuring mutual understanding. The Code of Ethics is a critical component of the culture within a recovery home and addresses many aspects of daily life.

The Social Model of Recovery promotes an environment where residents actively participate in shaping and fostering a positive recovery culture. Therefore, the Code of Ethics should be developed with significant input from residents and should emphasize resident choice and involvement. New recovery homes should collaborate with individuals in recovery, especially those with experience living in recovery housing, when developing their Code of Ethics. Below are some suggestions to help you start developing your own Code of Ethics. It’s encouraged to discuss and adapt this with your residents to best suit your program and target population.

Important Note: Residents and operators can work together to make reasonable accommodations to the Code of Ethics to meet individual medical, disability, or related needs. Since each recovery home is unique, the Code of Ethics should be tailored to the specific living environment. Here are some essential elements to consider as you develop your Code of Ethics:

Key elements of the policy may include:

- Maintaining a drug and alcohol free environment:
 - Residents agree not to use or possess illicit drugs or alcohol.
 - Policies for searching resident property (ensure legal guidance is followed).
 - Residents agree not to possess items that may harm the recovery environment.
 - Agreement to read, understand, and follow the home’s policy on prescription and non-prescription medications.
- Relapse prevention:
 - Residents agree to participate in required activities and other recovery support initiatives.
 - Residents are expected to support one another.
 - Agreement to follow the home’s policy on visitors and guests.
 - Residents agree to be home at specified times and use tools (e.g., sign-in/sign-out boards, apps) to track whereabouts.

- Active participation in recovery and recovery planning.
- Residents agree to seek employment, volunteer opportunities, or engage in educational programs.
- Commitment to engage with treatment providers and follow their recommendations.
- Establish and maintain a relationship with a sponsor or other mutual aid supporter.
- Honesty with healthcare providers about addiction history.
- Establishing and maintaining a safe and healthy household:
 - Residents agree to complete assigned chores.
 - Agreement to store food in designated areas.
 - Commitment to general upkeep of the property and prompt reporting of any issues.
 - Adherence to health and hygiene protocols, as required.
 - Agreement to maintain privacy by not sharing personal information about others.
- Establishing and maintaining community within the home:
 - Treat others, including staff and volunteers, with respect.
 - Handle conflicts appropriately.
 - Seek help when needed.
- Being a good neighbor:
 - Address neighborhood-specific concerns such as parking and noise.
 - Agreement to understand and follow policies addressing neighbor concerns.

Once the Code of Ethics is finalized, include a signature line for each resident to sign upon move-in. Residents should be provided a personal copy, and an additional copy should be displayed in a common area of the home.

Updating the Code of Ethics

As the organization evolves, updates to the Code of Ethics may be necessary. Any changes should be discussed with residents to ensure they understand the updates. It is essential to maintain transparency and resident participation in the process.

Policies for Upholding the Code of Ethics

Even with initial agreements, some residents may struggle to adhere to the Code of Ethics. The following strategies can help monitor and document compliance:

- Drug testing policies to screen for illicit substance use.
- Sign-in/sign-out logs for curfew and overnight pass compliance.
- Calendar sharing or apps for residents to check in during the day.
- Visitor logs to track adherence to guest policies.
- Regular checks to ensure chores are completed, and the environment is clean.
- Mentor or buddy systems to help new residents acclimate.
- Frequent meetings to discuss recovery plans and address issues.
- Honest discussions during weekly house meetings to address community concerns and find solutions.

Requirements:

- All individuals must adhere to a Code of Ethics.
- Policies and procedures should document the review and signing of the Code of Ethics by all owners, staff, house managers, and volunteers.
- The Code of Ethics must include provisions for marketing ethics, ethical conflicts in line with industry

best practices, and prohibitions against non-therapeutic dual relationships and sexual relationships with residents.

- Families and residents must be informed of their rights, including the right to file a grievance without fear of retribution.
- The Code of Ethics must prohibit patient brokerage and other unethical or illegal practices.

If a resident fails to uphold the Code of Ethics, the house should have a plan in place to address this. This plan should include discussions between the resident and the operator to agree on how the resident can better follow the Code of Ethics moving forward.

Confidentiality

A confidentiality policy for a recovery residence outlines the standards and procedures that protect the privacy and personal information of residents. This policy is crucial for maintaining trust and security in an environment where individuals are focusing on recovery. Recovery housing operators, especially those who receive funding or provide health care or treatment services, must comply with legal requirements regarding the handling of residents' information.

Definition: A confidentiality policy in a recovery residence is a set of guidelines designed to safeguard the privacy and personal information of residents, ensuring that their details are shared only with authorized individuals and under specific circumstances.

Purpose: The primary purpose of a confidentiality policy is to foster a secure, trusting environment that encourages residents to feel safe while working on their recovery goals. Confidentiality helps create a supportive atmosphere for residents participating in recovery activities and peer support without fear of their private information being mishandled.

Key elements of the policy may include:

- Resident privacy: ensure that personal information, including medical history and recovery details, is kept confidential and shared only with authorized personnel on a need-to-know basis.
- Data protection: implementing robust measures to securely store and manage sensitive information—whether in physical files or digital form—protects against unauthorized access or breaches. For example, resident records should be stored in locked cabinets or on password-protected computers.
- Communication protocols: establish clear rules about who is permitted to discuss a resident's recovery status and under what circumstances. Information should not be shared with family members, employers, or third parties without explicit resident consent.
- Consent forms: always obtain written consent from residents before disclosing any personal information to third parties. This ensures that residents are fully aware of and agree to the sharing of their information.
- Staff training: ensure regular training for all staff members on the importance of maintaining confidentiality and compliance with the policy. This includes understanding legal obligations related to confidentiality.
- Legal compliance: adhere to all relevant laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States, which govern the handling of personal and medical information.
- Critical incident response: outline procedures for addressing any breaches of confidentiality, including notification protocols and steps to prevent future incidents.

Recommendations:

- Regularly review confidentiality agreements, especially when partnering with health care professionals or other service providers.
- Communicate expectations for privacy to residents, ensuring they understand the importance of maintaining the confidentiality of their peers.
- Ensure a locked, secure system for all resident information, whether physical or digital.

Requirements:

- Clearly outline the procedures for maintaining, protecting, and storing resident files, including those who have access to sensitive information.
- Provide ongoing training to staff, volunteers, and new residents about the importance of confidentiality.
- Ensure residents understand and comply with confidentiality rules within the community to protect everyone’s privacy.
- Establish protocols for communication with third parties, including the use of Release of Information (ROI) forms and business associate agreements where necessary.

A well-developed confidentiality policy is essential in promoting a recovery-focused environment where residents can safely work toward their personal goals without concerns about the mishandling of their private information.

Social Media Policy and Procedure

Definition: A social media policy for a recovery residence is a formal set of guidelines and rules that govern the use of social media by residents, staff, and visitors. This policy is designed to protect privacy, uphold confidentiality, and ensure that social media use aligns with the residence’s values and mission.

Purpose: A social media policy creates a safe and supportive environment by providing clear guidelines on appropriate social media use. This policy helps maintain individuals’ privacy, protect the residence’s reputation, and promote respectful, positive interactions among residents, staff, and visitors.

A well-developed social media policy typically includes the following elements:

- **Obejective:** This section explains why the social media policy is necessary. It establishes the importance of protecting the privacy, confidentiality, and well-being of residents and staff, as well as safeguarding the reputation of the recovery residence.
- **Scope:** Specifies to whom the policy applies, including residents, staff, volunteers, and visitors of the recovery residence. The policy outlines expectations for all individuals associated with the residence regarding their social media use.
- **General Guidelines:**
 - **Respect Privacy:** Individuals must not share any personal or identifying information about residents or staff without their explicit consent. This includes names, photos, videos, addresses, or any other sensitive information.
 - **Confidentiality:** The policy emphasizes the importance of maintaining the confidentiality of all residents and staff, prohibiting the disclosure of any information related to an individual’s recovery process or personal circumstances.
 - **Professionalism:** All social media interactions should reflect the values and professionalism of the recovery residence. Inappropriate, offensive, or harmful content should not be posted.

• Resident Guidelines:

- **Personal Use:** Residents are encouraged to use social media responsibly. They should avoid sharing any information or content that could compromise their own privacy or that of others.
- **Supportive Environment:** Residents are expected to use social media to support and encourage one another in their recovery journey, refraining from any form of bullying, harassment, or negative online behavior.
- **Content Sharing:** Residents should not post photos, videos, or other content that includes other residents or staff without their explicit consent.

• Staff Guidelines:

- **Professional Boundaries:** Staff should maintain professional boundaries with residents on social media, such as avoiding accepting friend requests or following residents on personal social media accounts.
- **Representation:** Staff should clearly distinguish between their personal opinions and the official stance of the recovery residence when posting on social media.
- **Incident Reporting:** Staff are responsible for reporting any social media activity that violates this policy to their supervisor or management.

• Consequences:

- The policy should outline the disciplinary actions for violating the social media policy, which could range from a warning to termination of residency or employment, depending on the severity of the violation.

• Review and Updates:

- This section emphasizes that the policy will be reviewed regularly and updated as necessary to reflect changing social media practices and the evolving needs of the recovery residence.

• Contact Information:

- If residents, staff, or visitors have questions or concerns about the social media policy, they should be provided with the contact details of the appropriate person or department to reach out to for assistance.

Requirements:

- Clearly specify what information can be shared on social media.
- Establish procedures for obtaining explicit consent from residents before sharing their information.
- Allow residents the right to refuse or retract consent at any time.
- Define a specific timeline for how long information may be shared or remain visible on social media platforms.

By following these guidelines, a recovery residence can create a social media policy that effectively safeguards privacy, promotes positive interactions, and ensures that all social media activity aligns with the residence’s mission and values.

Resident Screening

Definition: A resident screening policy for a recovery residence is a structured set of guidelines that defines the criteria for evaluating and selecting individuals seeking residency. The policy ensures the selected residents are suitable for the recovery environment and align with the overall mission of the residence to maintain a healthy and supportive recovery community.

Purpose: The purpose of the resident screening policy is to ensure the recovery residence is populated

with individuals who are committed to their recovery, fit the level of support provided by the residence, and contribute to a positive, healthy environment. This policy helps maintain a community that fosters growth, mutual support, and accountability while protecting residents from discrimination in compliance with federal fair housing laws.

Key elements of the policy may include:

- Eligibility criteria:
 - Requirements: based on age, gender, type of addiction, stage of recovery, and other demographic factors relevant to the residence's focus.
- Background checks:
 - Optional if the residence excludes individuals with certain criminal charges. Care should be taken to avoid discriminatory practices.
- Health and medical assessments:
 - Assessments to determine whether an applicant is medically and mentally suitable for the recovery residence, considering both physical and mental health.
- Substance use history:
 - An evaluation of the applicant's history with substance use, including the duration and type of substances used, to ensure alignment with the home's level of care.
- Commitment to recovery:
 - An assessment of the applicant's willingness to engage in the recovery process. This may include adherence to house rules, participation in activities, and attending recovery meetings.
- References and recommendations:
 - Verify the applicant's background through references from healthcare providers, previous recovery programs, or other reliable sources.
- Interview process:
 - One-on-one interviews assess the applicant's readiness for communal living, their recovery goals, and their fit within the residence's culture.
- Financial screening:
 - An evaluation of the applicant's ability to meet the financial obligations of residency, either through personal funds, insurance, or other forms of support.
- House rules and agreement:
 - A comprehensive list of the house's expectations, which applicants must agree to follow before being accepted.

Examples and Scenarios:

- Level P Recovery Homes: Individuals should demonstrate they can maintain recovery in a peer-supported environment, often with at least six months of sobriety or a stay in a higher-level facility (Level M or S).
- Level M Recovery Homes: Individuals must show that they can live in a monitored, but not staffed, environment and adhere to the home's Code of Ethics. They should be involved in the resident selection process to some extent.
- Level S Recovery Homes: These homes may accept individuals early in recovery, provided they are not under the influence and can live in a supportive, structured environment.

Recommendations:

- Involve Residents in the Process: Encourage current residents to participate in the screening process where appropriate. This fosters a sense of community ownership and accountability.
- Provide Clear Communication: Make sure all applicants are fully aware of the expectations, rules, and support structures available before moving in.

- Consult Legal Experts: Ensure the screening policy is in compliance with fair housing laws and other applicable legal protections for individuals in recovery.

Requirements:

- Non-Discrimination Policies: Ensure compliance with federal fair housing laws and other regulations protecting individuals in recovery from discrimination.
- Clear Criteria: Define specific acceptance or exclusion criteria (e.g., age, criminal history, length of recovery, ability to live independently).
- Final Decision Authority: Identify who has the final say in the acceptance of residents, whether it's the operator or resident committee.
- Referral Procedures: Establish procedures for making referrals to other recovery homes or services if an applicant is not suitable for your program.

Orientation Process

Definition: A resident orientation policy is a formal set of guidelines and procedures aimed at familiarizing new residents with their living environment, community rules, services, and expectations. It serves as a structured framework to ensure a smooth transition for individuals moving into the community.

Purpose: The purpose of the resident orientation policy is to ensure that new residents feel welcomed, well-informed, and adequately prepared to integrate into their new living environment. This policy helps residents understand community values, rules, and available resources, fostering a sense of belonging and responsibility.

A comprehensive resident orientation policy generally includes the following components:

- Introduction to the community: Provides information about the history, mission, and core values of the community, helping residents understand the culture and goals of the environment they are joining.
- Rules and regulations: Offers a detailed explanation of community rules and policies, including safety protocols, house rules, and expectations that residents must follow to maintain a harmonious living environment.
- Services and amenities: An overview of the services and amenities available to residents, such as laundry, maintenance, recreational facilities, and how to access them.
- Emergency procedures: Outlines what residents should do in the event of an emergency, including instructions for fire evacuation routes, emergency contact numbers, and how to handle various emergency situations.
- Health and safety guidelines: Provides guidelines on maintaining health and safety within the community, including hygiene practices, reporting health issues, and any relevant public health protocols.
- Support services: Describes the support services available to residents, such as counseling, medical services, and community support programs, to help with physical, mental, and emotional well-being.
- Resident responsibilities: Clarifies the responsibilities of residents, including maintaining their living space, respecting their neighbors, adhering to rules, and contributing to the community.
- Conflict resolution: Offers procedures for addressing and resolving disputes or conflicts that may arise within the community.
- Contact information: Provides a list of key contacts for various services and support available within the community, ensuring residents know whom to approach for assistance.

Recommendations:

- Outline structured methods for introducing new residents to the home and community to ensure they feel welcome and are aware of how to access the services available.

Requirements:

- Provide orientation materials, including a Resident Handbook, with signatures from both the resident and staff, indicating acknowledgment of policies and procedures.
- Ensure that safe and sober living practices are in place, such as drug testing and searches for hazardous items.
- Include documentation of financial obligations, policies related to payments, and procedures for refunds or credits in case of forfeiture of deposits or other payments.
- Establish a procedure for making referrals to external organizations when appropriate for additional services or support.
- The intake process must include detailed documentation covering the following areas:
 - Medical history, to ensure any health concerns are documented.
 - Criminal history/sex offender status, as relevant to community safety.
 - Drug of choice and any relevant prior substance use or treatment history.
 - A list of all current medications the resident is taking.
 - Mental health history, to ensure any necessary accommodations or support services are provided.
 - Insurance information, for use in case of emergencies.
 - Employment status, to support the resident’s financial and occupational planning.
 - Resident contact information for emergencies and community records.
 - Resident demographic information such as race, ethnicity, gender, and date of birth for documentation and reporting purposes.

By implementing these components, the resident orientation policy ensures that new residents are fully integrated into their living environment and have the necessary tools and information to succeed in the community. This structured approach also helps the residence maintain a safe, supportive, and inclusive atmosphere for all.

Maintenance Repair

Definition: A maintenance repair policy in a recovery residence is a set of established guidelines and procedures aimed at ensuring the residence’s infrastructure and equipment are properly maintained and repaired in a timely manner. This helps preserve a safe and functional environment conducive to the recovery process.

Purpose: The purpose of a maintenance repair policy is to provide a structured approach for handling repair and maintenance requests. By establishing clear procedures, the policy ensures that minor issues are addressed before they escalate into major problems, contributing to the overall health, safety, and well-being of residents.

Key elements of the policy may include:

- Reporting procedures:
 - Residents and staff must know whom to report maintenance issues to and the process for doing so (e.g., online form, phone number, or email).
 - Include guidelines on documenting maintenance needs, including the date, time, and nature of the problem.

- Response times:
 - Define clear timeframes for different levels of repair urgency (e.g., 24 hours for emergency repairs, 1-2 weeks for non-urgent repairs).
 - Prioritize health and safety-related repairs such as plumbing, electrical, and pest infestations.
- Responsibilities:
 - Outline the specific roles of residents (e.g., reporting issues) and staff (e.g., coordinating repairs, regular inspections).
 - Clarify which tasks the maintenance team or contractors are responsible for (e.g., HVAC repairs, structural issues).
- Preventive maintenance:
 - Establish a routine inspection schedule (e.g., quarterly or semi-annually) to catch potential issues early.
 - Preventive measures, like checking smoke detectors, plumbing, and pest control, should be listed.
- Emergency protocols:
 - Define what qualifies as an emergency (e.g., water leaks, gas leaks, electrical hazards) and the steps to take.
 - Include contact information for emergency contractors and services available 24/7.
- Quality standards:
 - All repairs must comply with local health, building code, and safety regulations.
 - Specify the desired standards of repair, ensuring work is of high quality and sustainable over time.
- Communication:
 - Inform residents of repair schedules, potential disruptions, and expected completion times.
 - Provide transparency regarding the prioritization of repairs.
- Record keeping:
 - Maintain records of all repair requests, actions taken, costs, and completion dates.
 - Utilize these records for evaluating the efficiency of the maintenance process and for future planning.

Examples of maintenance repair policy in action:

- Emergency repair example: If a resident reports a burst pipe, the staff must acknowledge the issue within 30 minutes, contact the emergency plumber, and provide the resident with a timeline for the repair.
- Routine maintenance example: During a routine inspection, a technician notices minor wear on the roof. The staff schedules a repair before rainy season, preventing future damage.

Recommendations:

- Staffing for maintenance: Employ dedicated maintenance personnel or contract services to ensure prompt repairs and preventive care.
- Routine inspections: Perform inspections every quarter to identify potential issues before they escalate.
- Training: Educate residents on the importance of reporting small issues before they become major repairs.

Requirements:

- Procedure for reporting: Clearly defined steps for how and where residents report maintenance issues (phone, app, maintenance request form).
- Pest control compliance: CARR Standards require procedures for rodent and bug infestations to ensure health and safety.

- Health and safety adherence: To maintain the safety of the residence, all repairs must comply with local building codes and health regulations.

By following this policy structure, recovery residence owners and operators can create a comprehensive maintenance repair policy that addresses residents’ needs, ensures timely repairs, and maintains a safe and healthy living environment conducive to recovery.

Paid Work to Residents

Definition: The Paid Work to Residents Policy and Procedure establishes the guidelines for offering paid work to residents of a recovery residence. Compensation may take the form of wages, salary, or a reduction in rent or fees. This policy ensures clarity, transparency, and fairness when residents engage in work within the residence.

Purpose: This policy exists to:

- Provide structured opportunities for residents to develop valuable work skills.
- Encourage financial independence as part of the recovery process.
- Maintain fairness, transparency, and ethical employment practices within the recovery residence.
- Ensure that residents participating in paid work are compensated fairly and that the process is clearly documented to avoid any conflicts of interest or misunderstandings.

Key elements of the policy may include:

- **Written agreement:** A formal written agreement must be signed by both the recovery residence operator and the compensated resident. This agreement should include:
 - Job description.
 - Compensation details (e.g., wage, salary, or rent reduction).
 - Resident’s consent to the arrangement.
 - Duration of the work agreement.
- **Work and compensation records:** Detailed records of the resident’s work hours, tasks completed, and any form of compensation (wages or rent reduction) must be kept. These records ensure accountability and transparency, documenting that compensation matches work performed.
- **Tax documentation:** For any form of wages or salary, the residence must provide and file appropriate tax documentation (W-2 or 1099 forms) in compliance with federal and state labor laws. This protects both the residence and the resident from legal liabilities.
- **Training and orientation:** Residents participating in paid work must undergo training and orientation specific to their duties. Training should include:
 - Ethics and confidentiality in the workplace.
 - Task-related skills and knowledge.
 - Clear expectations of work performance.
- **Performance support:** Ongoing support and evaluation of the resident’s work performance are necessary. This could include:
 - Regular feedback.
 - Mentorship or coaching related to job skills.
 - Documentation of performance reviews to show the support provided to the resident.
- **Employment termination policy:** The policy must clearly state that the termination of a resident’s employment will not affect their residency status. Residents should still have access to the recovery program and support regardless of employment changes.

- **Informing residents of opportunities:** There must be procedures in place to ensure that all qualified residents are made aware of any available paid work opportunities. This ensures equal access and prevents favoritism.
- **Fair compensation:** Compensation for resident work must meet or exceed the legal minimum wage and reflect the market value for similar tasks. This ensures that residents are paid fairly for the work they perform.
- **Restriction on special privileges:** The policy must include a clause that prohibits the granting of special privileges (e.g., additional time off, better living conditions) to residents engaged in paid work to prevent favoritism.

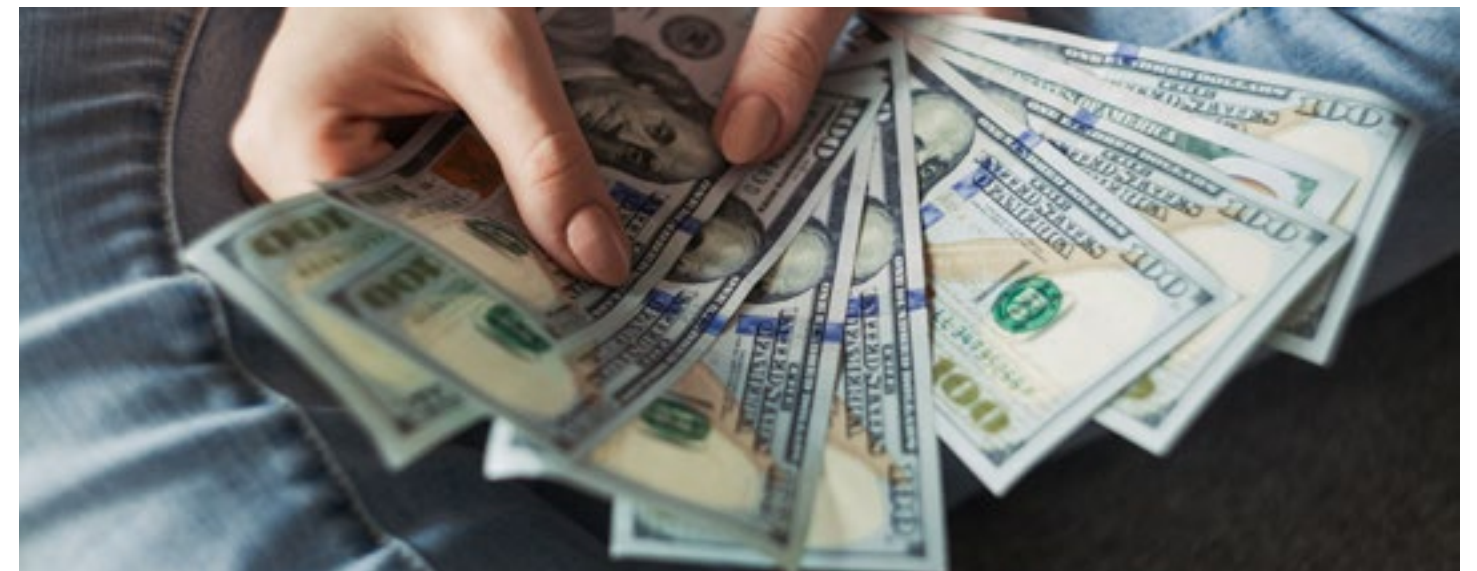
Example policy statement for residences not offering paid work:

If your organization does not provide any paid work arrangements, a simple policy statement could be included: *“We do not offer any paid work arrangements to residents at any time. All employment opportunities are external to the recovery residence, and residents are encouraged to seek employment independently.”*

Recommendations: for developing your own paid work policy:

- **Consult legal experts:** Work with legal professionals to ensure that your policy complies with local labor laws, tax requirements, and employment regulations.
- **Ensure resident consent:** Make sure that residents voluntarily enter into paid work agreements, with no coercion or pressure.
- **Provide opportunities equitably:** Ensure that work opportunities are accessible to all residents who are qualified and interested. This promotes fairness and prevents conflict.
- **Document everything:** Keeping clear and accurate records of agreements, work performed, and compensation is critical for protecting the residence and the residents.
- **Monitor resident well-being:** Make sure that the work does not interfere with the resident’s recovery process, and that paid work does not become a distraction or source of undue stress.
- **Reassess periodically:** Regularly review and update the policy to ensure it remains relevant, fair, and legally compliant as your residence grows and as laws change.

This streamlined version provides a clear structure without the extra lines, ensuring consistency while maintaining clarity.



Sample Paid Work Agreement

[Recovery Residence Name]

Paid Work Agreement

Resident Name: _____

Date: _____

1. Voluntary Participation

- Paid work arrangements are completely voluntary.
- Residents will not suffer consequences for declining work.
- Residents who accept or decline work will not be treated differently.

2. Equal Opportunity

- All qualified residents will be informed of the opportunity for paid work.
- Residents' participation in work arrangements must not impair their progress in the recovery process.
- Paid work will be treated the same as any other employment situation.

3. Compensation

- Compensation for the work arrangement will be listed below. While this may be blank on the templated version, compensation must be at minimum fair market value.
- Compensation: \$_____

4. Fairness and Morale

- No special privileges will be given to residents who perform paid work.
- Work relationships must not negatively affect the environment or morale of the home.
- Unsatisfactory work relationships will be terminated without recriminations.

5. Work Details

- Start Date: _____
- End Date: _____
- Description of the Service: _____

Requirements: or Qualifications for Performing the Service: _____

Resident Acknowledgement

I, the undersigned, have read and understood the terms and conditions outlined in this Paid Work Agreement. I acknowledge that my participation in any paid work is voluntary and that I will not be subjected to any negative consequences or differential treatment based on my decision to accept or decline work.

Resident Signature: _____

Date: _____

Recovery Residence Representative Signature: _____

Date: _____



Financial Controls

Definition: Financial controls for a recovery residence refer to the policies, procedures, and practices implemented to manage and oversee financial activities to ensure the proper use and protection of financial resources.

Purpose: These controls help maintain financial integrity, prevent misuse of funds, and ensure that the recovery residence operates within its budget and complies with relevant regulations.

Financial controls for a recovery residence may include:

- Budgeting: Creating and adhering to a detailed budget that outlines expected income and expenditures.
- Accounting systems: Implementing a robust accounting system to track financial transactions accurately.
- Internal audits: Conduct regular internal audits to review financial records and ensure compliance with policies.
- Segregation of duties: Separating financial responsibilities among different staff members to reduce the risk of errors or fraud.
- Authorization and approval processes: Establishing clear protocols for approving expenditures and financial commitments.
- Financial reporting: Generating regular financial reports to provide transparency and accountability.
- Cash handling procedures: Implementing strict procedures for handling cash, including deposits, withdrawals, and petty cash management.
- Compliance with regulations: Ensuring that all financial activities comply with relevant laws, regulations, and funding requirements.
- Training and education: Providing ongoing training for staff on financial management practices and ethical standards.
- Monitoring and review: Regularly reviewing financial performance and making adjustments as necessary to achieve financial stability and sustainability.

Effective financial controls are crucial for the successful operation of a recovery residence, ensuring that resources are used efficiently and ethically to support the residents' recovery journey.

Requirements:

- Ensure transparency of all resident costs.
- Document transactions and provide receipts/statements.
- Prohibit staff involvement in residents' personal financial affairs.
- Define the accounting systems used to track and record resident fees, payments, and or deposits.
- Outline procedures for making residents aware of payments made on their behalf.
- Detailed refund policies and procedures for collecting fees.



Good Neighbor Policy

A Good Neighbor Policy is essential for any recovery residence aiming to foster positive relationships with the surrounding community. The policy ensures that the residence not only supports the recovery of its residents but also contributes to the overall harmony and quality of life in the neighborhood. This policy will guide other recovery residences in creating their own Good Neighbor Policy, ensuring they cover the key aspects necessary for being a responsible and respectful community member.

Definition: A Good Neighbor Policy outlines the behaviors, expectations, and procedures that the recovery residence and its residents must follow to promote a positive and respectful relationship with neighboring community members.

Purpose: The purpose of this policy is to:

- Foster a peaceful coexistence between recovery residences and local residents.
- Ensure that recovery houses are viewed as positive contributors to the neighborhood.
- Protect the recovery environment while minimizing disruptions to the surrounding area.

Key elements of the policy may include:

- **Respect and consideration:** Residents and staff should consistently demonstrate respect for neighbors by avoiding disruptive behaviors such as excessive noise, improper parking, loitering, smoking in public view, and inappropriate language.
- **Clear communication:** The residence must establish clear communication channels with neighbors by providing contact information of a designated individual who handles neighbor concerns. This includes detailing expected response times for addressing complaints or questions.
- **Property maintenance:** Ensuring that the property is clean, well-maintained, and in line with neighborhood standards reflects respect for the surrounding community and helps mitigate concerns about the residence's presence.
- **Adherence to local laws and ordinances:** Recovery residences must follow all local laws, including zoning laws and regulations, to maintain their standing as responsible community members.
- **Community engagement:** Encourage residents to participate in community events, building positive relationships and trust between the recovery residence and local residents. This can help break down stigmas associated with recovery homes.
- **Conflict resolution:** A system should be in place for addressing disputes or concerns from neighbors. This could include steps for investigating and resolving complaints swiftly and fairly.
- **Safety and security:** The recovery residence must ensure the safety and security of its residents and the surrounding neighborhood. This could include neighborhood watches, proper lighting, and other safety measures.
- **Transparency:** Transparency about the purpose of the recovery residence and its daily activities will help build trust with neighbors. This can include open communication about the goals of the residence and how it operates within the community.

Recommendations:

- **Involve your residents:** Engage residents in the development of the Good Neighbor Policy to ensure they understand and support the guidelines.
- **Consult with neighbors:** Where possible, involve local community members or neighborhood groups in the creation of the policy to address specific local concerns.

- Periodically review the policy: Revisit the policy periodically to ensure it remains relevant and effective, particularly as neighborhood dynamics or laws change.
- Training and orientation: Incorporate the Good Neighbor Policy into resident orientation to ensure that all incoming residents are aware of their responsibilities toward the community.

Requirements:

- Maintain the appearance of a single-family household to avoid attracting unwanted attention or complaints.
- Ensure consistent property upkeep, including lawn care, trash removal, and exterior cleanliness.
- Provide and maintain up-to-date contact information for the person responsible for handling neighbor concerns.
- Educate residents on appropriate behavior toward neighbors, such as respectful communication and adherence to community norms.
- Address common neighborhood concerns in the policy, such as parking arrangements, noise levels, loitering outside the house, smoking areas, and waste disposal protocols.

This Good Neighbor Policy not only ensures the well-being of the residents in their recovery journey but also enhances the relationship between the recovery house and the local community, contributing to a peaceful and cooperative living environment.

Search Policy and Procedure

Definition: A search policy and procedure is a set of guidelines and processes established by a recovery residence organization, institution, or authority to identify, handle, and manage potentially dangerous or harmful items. These procedures are designed to ensure that the recovery residence remains a safe, supportive environment for all residents, while balancing the privacy and rights of individuals.

Purpose: The purpose of a search policy is to ensure the safety and security of the recovery residence by preventing the introduction of hazardous items, such as drugs, weapons, alcohol, and other dangerous materials, that could endanger the recovery environment. This policy promotes compliance with house rules and enhances accountability among residents and staff.

Key elements of the policy may include:

- **Objective and scope for the search policy:** The policy applies to all residents, staff, and visitors in the recovery residence. Its primary goal is to protect individuals and property by preventing the presence of hazardous items that could pose a safety risk. Searches may be conducted in common areas, resident rooms, personal belongings, or any other area within the recovery residence property.
- **Define hazardous and prohibited items:** This section should clearly define what constitutes a hazardous or prohibited item. Common items include illegal drugs, alcohol, weapons (knives, firearms), toxic chemicals, explosives, or any item deemed harmful to residents or staff. The definition may also include paraphernalia associated with substance abuse or contraband.
- **Authority and responsibility:** Specify who is authorized to perform searches (e.g., house managers, security personnel) and under what conditions. Those conducting the searches must follow outlined procedures, ensuring that the search is lawful and consistent with the house's rules. Clear responsibility is assigned for handling any discovered hazardous items.
- **Search procedures:** Outline the process for conducting searches, which may include:

- Random searches: Conducted periodically to maintain safety.
- Targeted searches: Based on suspicion or evidence of hazardous items.
- Methods: These may include physical inspections, use of metal detectors, or other search equipment.
- Limits: Search procedures should respect privacy to the greatest extent possible, ensuring residents' rights are upheld.
- Notification and consent: All residents and staff must be informed of the search policy during their orientation. Visible notices in common areas should state that searches may be conducted as part of the residence's safety procedures. Written consent from residents is generally required at the time of move-in, acknowledging awareness of potential searches.
- Handling of discovered items: This component details how to handle items discovered during a search, including:
 - Securing items: Hazardous items should be securely stored to prevent further access.
 - Disposal: Proper procedures for disposing of hazardous materials or turning them over to the appropriate authorities.
 - Reporting: All items found must be documented in an incident report, including details of the search and how the items were managed.
- Training and compliance: Staff responsible for conducting searches must undergo regular training on the proper procedures, legal requirements, and ethical considerations of searches. They must also be educated on the consequences of mishandling or failing to follow search protocols. Disciplinary measures should be outlined for non-compliance.
- Legal and ethical considerations: Searches must be conducted in accordance with legal standards, respecting residents' privacy rights while balancing the need for safety. All searches should avoid discriminatory practices and ensure that searches are unbiased, transparent, and compliant with relevant laws. Any legal challenges to a search should be addressed promptly.
- Review and update: Regular reviews of the search policy should be scheduled to ensure that it remains up to date with current laws, recovery residence accreditation standards, and internal needs. Feedback from staff and residents should also be considered when reviewing the policy.

Recommendations:

- Keep all residents informed about the rationale behind search policies to maintain trust and transparency.
- Conduct searches in pairs to ensure accountability and proper documentation.
- Always document searches in a way that preserves the dignity and privacy of residents.

Requirements:

- List prohibited items and consequences.
- Define specific items that are prohibited (e.g., drugs, alcohol, weapons), and outline the consequences for possession, which may include eviction, law enforcement involvement, or other sanctions.
- Outline procedures for conducting searches.
- Include clear, step-by-step instructions for conducting both random and targeted searches to ensure consistency.
- Outline how confiscated items will be turned into CARR or disposed of properly.
- Detail the procedure for disposing of hazardous or prohibited items in compliance with CARR Standards and legal regulations, ensuring items are documented and handled safely.

Emergency Policy and Procedure

Definition: An emergency response plan policy and procedure outlines the steps and actions to prepare for, respond to, and recover from emergencies and disasters affecting residents, staff, or the property. This plan should focus on ensuring safety during various crises, from medical emergencies to natural disasters.

Purpose: The purpose of an emergency response plan is to ensure the safety, security, and well-being of everyone within the recovery residence during emergencies. By clearly outlining preventive measures and response procedures, the policy helps reduce risks, minimize harm, and streamline recovery efforts.

Key elements of the policy may include:

- Risk assessment and planning: Identify and evaluate potential risks that could affect the recovery home, such as fires, health emergencies, floods, power outages, and other disasters specific to your location. Mitigation strategies should be in place for each identified risk.
- Emergency contact information: Ensure up-to-date emergency contact details are maintained, including information for local emergency services, medical professionals, and key organizational staff. Collect emergency contacts for each resident and update this information regularly.
- Roles and responsibilities: Define and assign responsibilities for both staff and residents during an emergency. This includes who is responsible for evacuation, administering first aid, or calling emergency services. Clear delegation of roles ensures that everyone knows their part during a crisis.
- Communication plan: Establish reliable communication methods to notify residents and staff of an emergency. Ensure residents are aware of procedures for reporting emergencies and contacting emergency services. A phone or messaging system should be in place to disseminate urgent information swiftly.
- Evacuation procedures: Create clear evacuation routes and designate safe assembly points in the event of a fire or other disaster. These routes should be easy to follow and posted prominently within the home. Regular drills should be conducted to practice evacuation processes.
- Shelter-in-place procedures: Outline steps for sheltering in place during situations where it is safer to remain indoors (e.g., during severe weather events). Residents should be informed about the safest areas in the building and protocols for staying put until further instructions.
- Medical emergency response: Specify procedures for handling medical emergencies, including the use of first aid, contacting emergency services, and administering Naloxone in case of overdose. Clearly post information about the location of first aid kits and Naloxone, and ensure staff and residents are trained to use them.
- Training and drills: Conduct regular emergency training sessions and drills for both staff and residents. These trainings should cover fire safety, medical emergencies, evacuations, and any other relevant scenarios to ensure everyone is prepared.
- Resource allocation: Maintain adequate emergency supplies, including first aid kits, fire extinguishers, Naloxone, food, water, and blankets. Check supplies regularly during scheduled safety inspections and replenish as necessary.
- Post-emergency recovery: Develop procedures for resuming normal operations after an emergency. This should include providing emotional and psychological support to affected residents, coordinating repair of any property damage, and conducting debriefings to improve future responses.

Considerations for emergency and disaster prevention:

- Develop a monthly safety checklist to review and ensure all safety equipment (e.g., smoke alarms, fire extinguishers) is functional. Ensure Naloxone supplies are adequate and easily accessible.
- Create policies that prohibit tampering with safety equipment (e.g., removing smoke alarms) and enforce basic safety practices such as avoiding open flames or unsafe electrical setups.
- Inspect safety equipment regularly and document these inspections to ensure everything remains operational.

Disaster preparedness considerations:

- Stock adequate supplies to handle various emergencies, including first aid kits, Naloxone, and essential food and water supplies.
- Familiarize yourself with local disaster response organizations and their services. Establish connections and leverage any training or educational resources they offer to improve preparedness.
- Ensure that each resident's emergency contact information is collected at move-in and periodically verified to stay up to date.
- Prominently post emergency phone numbers for local responders, and ensure that staff can be contacted 24/7 for emergencies.

Recommendations:

- Create written response plans for a range of possible emergencies (e.g., health crises, fires, floods, power outages). Include clear steps that everyone must follow.
- Make response plans accessible to everyone in a common area of the home, ensuring that all residents are educated about the procedures upon move-in and through regular refreshers.
- If a resident with special needs requiring assistance during an emergency moves in, update plans to accommodate their specific requirements.

Requirements:

- Evacuation plans and emergency information must be clearly posted in visible locations around the home.
- Document procedures for handling medical emergencies, intoxication, overdoses, fires, and weather-related disasters.
- Conduct regular fire drills and safety training to ensure everyone is familiar with emergency procedures.
- Include regular inspections and documentation of safety equipment, ensuring things like fire extinguishers and smoke detectors are functional and up-to-date.

By establishing a well-structured emergency response policy, recovery homes can proactively prepare for various types of emergencies, reduce the impact of potential disasters, and ensure the well-being of all residents. This policy should be regularly updated and practiced to maintain a high level of readiness.

For additional guidance on disaster planning, visit www.ready.gov.

Critical Incident Reporting

Definition: Critical Incident Reporting Policy and Procedure means an incident that includes but is not limited to the following:

- Breach of confidentiality: any unauthorized disclosure of protected health information as described in HIPAA, 42 C.F.R. Part 2.
- Death: including the death of an individual inside of or outside of the recovery residence physical location while an individual is receiving services or where an individual has attempted to receive services from the recovery residence within the past thirty (30) calendar days.
- Medication diversion: any medication diversion as defined in CARR Standards.
- Medication error: medication error that resulted or could have resulted in harm to the individual.
- Medical emergency: any suicide attempt/self-injury, other form of serious injury, health emergency, overdose or serious illness which occurred on the recovery residence premises or in the presence of recovery residence personnel.
- Any instance involving physical, sexual, or verbal abuse of an individual, as described in C.R.S. § Sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, 18-3-405, 18-3-405.3, 18-3-405.5, and 18-9-111 (exempting however, the phrase "intended to harass"), C.R.S. by another individual, personnel, or a visitor to the recovery residence.
- Any instance that results in any of the following serious injuries to an individual:
 - Brain or spinal cord injuries;
 - Life-threatening complications of anesthesia or life-threatening transfusion errors or reactions; or,
 - Second- or third-degree burns involving twenty percent (20%) or more of the body surface area of an adult or more than fifteen percent (15%) of the body surface area of a child.
- Any instance involving caretaker neglect of an individual, as defined in 26-3.1-101(2.3), C.R.S. or child abuse or neglect as defined in 19-1-103(1), C.R.S.
- Any instance involving misappropriation of an individual's property, meaning patterns of loss or single incidences of deliberately misplacing, exploiting, or wrongfully using, either temporarily or permanently, an individual's belongings or money without the individual's consent.
- Any occurrence involving the malfunction or intentional or accidental misuse of care equipment that occurs during treatment or diagnosis of an individual and that significantly or adversely affects or, if not averted, would have significantly adversely affected an individual.

Purpose: The purpose of the Critical Incident Reporting Policy is to provide a structured process for documenting and responding to significant incidents in the recovery residence. The policy ensures that all critical events are captured accurately and that appropriate actions are taken to resolve issues and prevent recurrence. By enforcing this policy, recovery residences promote a culture of safety, transparency, and accountability. Moreover, timely reporting of incidents to appropriate authorities, such as CARR, supports operational credibility and helps maintain certification and regulatory compliance.

Key Elements of The Policy May Include:

- Incident identification: Clear criteria for what constitutes a critical incident. This may include breaches of confidentiality, death, medical emergencies, abuse, or other significant events as defined by applicable laws and standards.
- Incident documentation: A detailed report should be generated for each critical incident, capturing key information, including:

- What: A description of the incident.
 - Where: The location of the incident within the residence.
 - When: The exact time and date.
 - Why: Circumstances or causes leading to the incident.
 - How: The manner in which the incident occurred.
- Investigation process: Assignment of responsibility for investigating the incident and gathering additional details, such as injury reports, witness statements, and first responder involvement.
 - Incident reporting: A clearly defined process for reporting critical incidents to authorities, including timelines and submission methods.
 - Follow-up actions: Procedures for investigating the root causes, implementing corrective actions, and maintaining a log of incidents for audit purposes.

Recommendations:

- Training: Ensure that all staff are trained on the policy and understand the types of events that require reporting, the steps for documenting incidents, and the reporting timeline.
- Designated authority: Appoint a staff member responsible for receiving and reviewing all incident reports, ensuring they are complete and submitted to CARR or other appropriate authorities in a timely manner.
- Regular audits: Conduct regular reviews of the critical incident log to ensure compliance with reporting standards and identify any patterns or trends in incidents that need attention.

Requirements: When to notify CARR:

- Reportable events:
 - Death
 - Life-threatening event
 - Staff arrest
 - Resident arrest
 - Staff release and removal
 - Calls for service by first responders
- Notification timeline:
 - All reportable events must be notified to CARR within seventy-two (72) hours of occurrence.

Procedure for submission of incident reports:

- Documentation:
 - Complete a Critical Incident Report form for every reportable event online at carrcolorado.org/wp-content/uploads/2024/06/CARR-Critical-Incident-Form_2.8.2024.pdf.
 - Ensure all essential questions (what, where, when, why, and how) are thoroughly answered.
 - Include all additional required details, such as injury reports, witness statements, and first responder involvement. Including contact information of any officers who responded to the critical incident.
- Submission:
 - Submit the completed Critical Incident Report form to the designated authority within the recovery residence.
 - The designated authority is responsible for reviewing the report for completeness and accuracy.

- The report must then be submitted to CARR within the seventy-two (72) hour timeframe through the CARR website.
- Follow-up:
 - Conduct an internal investigation, if necessary, and document the findings.
 - Implement corrective actions to prevent future incidents.
 - Maintain a log of all critical incidents and follow-up actions for ongoing review and compliance audits.

By adhering to this critical incident reporting policy and procedure, recovery residences can ensure that all significant events are properly documented and addressed, thereby promoting a safe and supportive environment for all residents and staff.

Infectious Disease Policy

Definition: An infectious disease policy for a recovery residence outlines the guidelines and procedures to prevent, manage, and respond to infectious diseases within the residence.

Purpose: This policy aims to ensure the health and safety of residents, staff, and visitors by minimizing the risk of disease transmission.

Key elements of the policy may include:

- Infection control measures: Procedures for hygiene practices, cleaning, disinfection, and use of personal protective equipment (PPE).
- Screening and monitoring: Regular health screenings for residents and staff, symptom monitoring, and protocols for reporting illnesses.
- Vaccination requirements: Recommendations or requirements for vaccinations for residents and staff, such as flu shots or COVID-19 vaccines.
- Isolation and quarantine: Procedures for isolating infected individuals and quarantining those who have been exposed to infectious diseases.
- Education and training: Programs to educate residents and staff about infectious diseases, transmission methods, and prevention strategies.
- Emergency response plan: Steps to take in the event of an outbreak, including communication protocols, treatment, and coordination with healthcare providers.
- Visitor policies: Guidelines for managing visitors to reduce the risk of bringing infections into the residence.
- Record keeping: Maintaining records of incidents of infectious diseases.
- Coordination with health authorities: Collaboration with local health departments and adherence to public health guidelines and regulations.

This policy is essential for maintaining a safe and healthy environment in recovery residences, particularly given the close living quarters and potential vulnerabilities of residents.

Requirements:

- Define bodily fluids and infectious diseases.
- Include protective equipment, cleaning, isolation/quarantine, waste disposal, and behavioral protocols and guidance.

Medication Storage and Usage

Definition: A medication storage and use policy in a recovery residence provides structured guidelines to ensure the safe management, storage, and administration of all medications, whether prescribed, over-the-counter, or controlled substances, to prevent misuse, diversion, or abuse. It also ensures compliance with legal and regulatory frameworks to maintain resident safety and promote successful recovery.

Purpose: The purpose of the medication storage and use policy is to:

- Ensure the safe storage and management of medications within the recovery residence.
- Prevent misuse, abuse, or diversion of medications.
- Ensure compliance with applicable legal and regulatory requirements: particularly regarding Medication-Assisted Recovery (MAR) or Medication-Assisted Treatment (MAT).
- Support residents in following prescribed medication regimens while protecting their safety and privacy.

Key elements of the policy may include:

- Storage of medications:
 - Secure storage: All prescribed medications must be stored in a locked, secure area accessible only to the resident or authorized personnel.
 - Controlled substances: Controlled substances must be stored in a locked location, with restricted access according to legal standards in some circumstances.
 - Emergency medications: Certain medications, such as asthma inhalers, EpiPens, or insulin, must be stored in an accessible locations to allow for immediate use by the resident.
- Resident medication management:
 - Self-administration: Residents should be encouraged to self-administer medications as part of their recovery process. Staff may assist or observe this process only if they are trained and authorized, such as having completed the Qualified Medication Administration Personnel (QMAP) course.
 - Medication logs: All residents should maintain a log of their medications, including the name of the medication, dosage, and time of administration. In some settings, staff may assist in monitoring the completion of these logs.
 - Regular medication reviews: Healthcare professionals should conduct regular reviews of resident medication regimens to ensure they remain appropriate and effective.
- Tracking and monitoring:
 - Medication logs: Each resident should be responsible for maintaining a log of their medications. Staff in Level S homes may monitor these logs to ensure accuracy.
 - Medication counts: For certain controlled or high-risk medications, regular medication counts may be required to ensure there has been no diversion or misuse.
 - Missing medications: If any medication is reported missing, the house policy must clearly outline the steps to investigate, which may include notifying regulatory authorities and submitting a critical incident report to CARR (Colorado Agency for Recovery Residences) if applicable.
- Disposal of medications:
 - Expired or unused medications must be disposed of in accordance with local regulations and best practices. This may include using medication take-back programs or disposal kits.
 - Discharge or relapse: Procedures must be in place to properly dispose of medications in the event of a resident's discharge, transfer, or relapse, to prevent unauthorized use.

- Staff training:
 - Qualified staff: Staff members who assist with medications must be trained under the Qualified Medication Administration Personnel (QMAP) or an equivalent program.
 - Training for residents: Residents should receive education on medication adherence and the risks associated with misuse or diversion, with a focus on personal responsibility for medication management.
- Emergency procedures:
 - Adverse reactions: Procedures must be established for managing adverse drug reactions or medication errors, including protocols for contacting emergency services or using emergency medications like naloxone.
 - Emergency medications: Clear protocols should be in place for accessing and administering life-saving medications in cases of overdose or severe allergic reactions.
- Compliance and reporting:
 - Audits: Regular audits of medication storage and administration logs should be conducted to ensure compliance with this policy.
 - Incident reporting: Any incidents involving medication errors, misuse, or diversion must be promptly reported and investigated. This includes submitting critical incident reports to the appropriate regulatory body (e.g., CARR) when required.
- Recommendations: for policy implementation:
 - Clear roles and responsibilities: Establish clear guidelines regarding which staff or residents are responsible for various aspects of medication management.
 - Resident participation: Encourage residents to be involved in managing their own medications, reinforcing independence in their recovery journey.
 - Collaboration with healthcare providers: Work closely with healthcare professionals to ensure medication regimens are properly followed and reviewed regularly.
- Legal compliance:
 - Recovery residences must ensure that their medication policies comply with federal and state laws, including the requirement to accommodate residents participating in medication-assisted treatment (MAT) under C.R.S. §27-80-129(2).
 - Ensure that staff are familiar with the legal obligations surrounding controlled substances and the use of MAT drugs like Buprenorphine, Methadone, and Naltrexone.

Requirements:

- Develop a detailed medication policy that includes handling, storage, administration, and disposal of both prescription and non-prescription medications.
- Medications must be stored securely, typically in a locked box or room, except for emergency medications.
- Implement tracking tools like medication logs and perform regular medication counts.
- Create clear guidelines for handling missing medications and conducting critical incident reporting.

This framework will help recovery residence operators develop comprehensive medication management policies that balance resident autonomy with safety and legal compliance.

Important note regarding legal protection for the prescribed use of MAT/MAR:

The Fair Housing Act (FHA) makes it illegal to discriminate in housing because of someone’s disability, including people in medication-assisted recovery.

In April 2022, the US Department of Justice issued its Guidance on the Opioid Crisis, which established that the Americans with Disabilities Act (ADA) protects individuals if they are taking, with a prescription, any of the medications approved by the Federal Drug Administration (FDA) for opioid use disorder.

The Rehabilitation Act offers similar protections if the residence receives federal funds. A good resource on FHA and ADA protections for people with addictions is the HHS/SAMHSA brochure: Are You in Recovery from Alcohol or Drug Problems? Know Your Rights.

Per federal ADA requirements, residences must grant a “reasonable accommodation” for individuals receiving medications, provided the requested accommodation does not require major financial or administrative commitments that would be considered an “undue burden.”

Illicit Drug, Alcohol Testing Policy and Procedure

Definition: Drug and alcohol testing for a recovery residence involves the systematic screening of residents to detect the presence of illicit substances and alcohol in their system.

Purpose: This process is designed to ensure a safe and sober living environment, supporting individuals in their recovery from substance abuse.

The testing can include methods such as urine tests, breathalyzers, blood tests, and saliva tests. These tests help monitor compliance with the residence’s sobriety rules, provide accountability, and identify those who may need additional support or intervention.

Key elements of the policy may include:

- Objective: Explanation of the policy’s objective, emphasizing the importance of maintaining a drug and alcohol free environment for the safety and recovery of all residents.
- Scope: Description of who is subject to testing, including all residents, and possibly staff, visitors, or others involved with the residence.
- Types of tests: Detailed information on the types of drug and alcohol tests that will be used (e.g., urine, breath, saliva, blood tests) and the substances for which testing will occur.
- Testing frequency and circumstances: Guidelines on when tests will be administered, which may include:
 - Regularly scheduled tests (e.g., weekly, monthly).
 - Random tests.
 - For-cause testing based on observed behavior or suspected use.
 - Testing upon entry or reentry into the residence.
- Testing procedures: Step-by-step procedures for conducting tests, including:
 - Notification process.
 - Supervision of the collection process.

- Measures to ensure privacy and confidentiality.
- Protocols for handling and transporting samples to ensure integrity.
- Confidentiality: Assurance that test results will be handled confidentially and shared only with authorized personnel.
- Consequences of positive tests: Clear explanation of the consequences for testing positive, which may include:
 - Mandatory counseling or treatment.
 - Increased frequency of testing.
 - Temporary suspension from the residence.
 - Discharge from the residence.
- Appeal process: Information on the resident’s right to appeal test results, including steps for requesting a retest, reviewing the initial test, and ensuring and addressing any suspected false positives.
- Support and resources: Outline of available support and resources for residents who test positive, such as referrals to treatment programs, counseling services, and support groups.
- Resident rights and responsibilities: Clear statement of residents’ rights to fair and respectful treatment during the testing process, along with their responsibilities to comply with the policy.
- Policy review and updates: Regular review and updates of the policy to ensure it remains effective and up-to-date with current best practices and legal requirements.

This policy aims to maintain a safe, supportive, and substance-free environment that promotes the recovery and well-being of all residents.

Requirements:

- Include procedures for drug and alcohol testing.
- Detail testing types, schedules, and supervision protocols.
- Provide a fee schedule for testing, financial responsibilities for outside labs, and other expenses for which the resident may be responsible.
- Document results and oversee compliance.

Return to Use (Relapse)

To develop a Return to Use Policy and Procedure for a recovery residence educational guidance book, here’s a structure that not only serves as a blueprint but also teaches others how to create their own policy effectively:

Addressing Disruptions in Recovery as a Community

Recovery homes that follow a Social Model of Recovery exist as a community. In the event of a relapse, the immediate concern is not only the resident who has relapsed but also the health, safety, and well-being of other residents seeking recovery. The home must ensure physical safety, make sure the residence remains substance-free, and engage in community discussions for support. Reviewing relapse prevention plans and adjusting them when needed is crucial. Additionally, establishing community partnerships with external service providers helps connect residents with the support they need. More detailed guidance is provided in resources like the “Best Practice Guidance For: Preventing and Addressing Relapse.”

Definition: A Return to Use Policy for a recovery residence outlines the procedures and guidelines to follow when a resident experiences a relapse or recurrence of substance use, in compliance with legal and recovery-specific standards (e.g., C.R.S. § 27.80.129 (7)).

Purpose: The purpose of this policy is to maintain the safety and well-being of all residents while providing a pathway for accountability, support, and reintegration for residents who experience a relapse. The policy seeks to ensure that both the individual and the community are protected and supported.

Key elements of the policy may include:

- **Definition of recurrence:** Clearly define what constitutes a recurrence or relapse of substance use, including types of substances involved and specific behaviors that signify a relapse. This ensures there is no ambiguity about the policy's scope.
- **Detection methods:** Outline the ways to identify a recurrence, such as
 - Self-reporting by the resident.
 - Drug testing, either scheduled or random.
 - Peer or staff observation based on behavioral or physical signs
- **Immediate response:** List the steps that should be taken right after a recurrence is detected. This includes:
 - Ensuring the resident's safety.
 - Assessing the immediate needs of the resident (e.g., medical or psychological support).
 - Taking precautions to safeguard other residents.
- **Assessment and support:** Describe how to assess the resident's condition, which could involve
 - Medical or psychological evaluations.
 - Referrals to professionals if needed.
 - Offering support through counseling, peer support meetings, or medical care.
- **Consequences and actions:** Detail the potential outcomes or actions that follow a relapse, such as:
 - A warning or written notice.
 - Temporary suspension from the residence.
 - Discharge, if required for the safety and well-being of other residents.
 - Mandatory actions like attending increased support group sessions or engaging with a higher level of care.
- **Reentry conditions:** Specify conditions under which the resident may be readmitted to the recovery residence, such as:
 - Proof of participation in detox or treatment programs.
 - Commitment to a specific recovery plan.
 - A formal agreement on behavioral expectations and increased support measures.
- **Support systems and resources:** Provide information on available support systems, including:
 - In-house resources (e.g., peer mentors, house meetings).
 - External resources (e.g., therapy, outpatient programs, community-based recovery groups).
- **Confidentiality and respect:** Emphasize that the resident's situation will be handled with confidentiality and dignity. This is vital for maintaining trust within the community.
- **Education and prevention:** Encourage ongoing education to residents about the risks of relapse and strategies to prevent it. This can be facilitated through:
 - Regular relapse prevention workshops.
 - Peer-led discussions or group meetings that reinforce a relapse-free community environment.
- **Review and feedback:** Set up mechanisms for regularly reviewing the policy. This may include:

- Soliciting feedback from both staff and residents.
- Conducting periodic evaluations to ensure the policy remains effective and aligned with best practices.

Recommendations:

- Ensure the policy reflects the unique values and culture of your recovery residence.
- Engage residents in policy development to promote a sense of ownership and community responsibility.
- Partner with legal counsel or a recovery expert to ensure compliance with state laws and best practices.
- Develop relationships with external care providers to facilitate quick access to needed resources.

Requirements:

- Establish clear procedures for potential discharge, support, or recovery planning following a relapse.
- Communicate with care professionals and the resident's next of kin (if permitted).
- Define specific conditions under which a resident may be re-admitted to the residence.
- Maintain clear and detailed documentation of all related events and decisions to ensure transparency and promote a positive recovery culture.
- Must be in compliance with legal and recovery-specific standards as required by C.R.S. § 27.80.129 (7).

By adhering to these guidelines, recovery residences can create an environment that balances compassion with accountability, ensuring both the individual in relapse and the broader community are supported in their recovery journey.

Discharge Policy

Definition: A discharge policy for a recovery residence is a set of guidelines and procedures established to govern the process of transitioning residents out of the recovery residence. It outlines the criteria, steps, and responsibilities involved in discharging residents, in compliance with C.R.S. § 27.80.129 (7).

Purpose: This policy ensures a smooth and supportive transition, promoting ongoing recovery and well-being.

Key elements of the policy may include:

- **Criteria for discharge:** Clear and specific conditions under which a resident may be discharged. This could include successful completion of the program, violation of residence rules, or failure to meet program requirements.
- **Notice period:** The required notice period that must be given to the resident before discharge, ensuring they have adequate time to make alternative arrangements.
- **Discharge planning:** Procedures for planning the discharge, which might involve coordinating with other support services, ensuring continuity of care, and assisting with housing or employment opportunities.
- **Documentation:** requirements for documenting the discharge process, including reasons for discharge, steps taken, and any follow-up actions.
- **Follow-up support:** Guidelines for providing post-discharge support to residents, such as referrals to outpatient services, follow-up calls, or check-ins to ensure ongoing recovery.

- Appeal process: Procedures for residents to appeal a discharge decision, ensuring fairness and transparency.
- Emergency discharge procedures: Specific guidelines for immediate discharge in cases of emergency, such as violent behavior or immediate risk to the safety of residents or staff.

A well-defined discharge policy aims to ensure a smooth and supportive transition for residents leaving the recovery residence, maintaining the integrity of the program, and promoting the ongoing recovery and well-being of the individuals involved.

Recommendation:

- Promote the alumni community and refer residents to safe alternatives.

Requirements:

- Provide support for a successful transition out of recovery residence.
- Policy and procedure on how the operator or resident may end the agreement.
- Clearly communicate rules and consequences for major rule violations.
- Address financial obligations and property left on premises.

Resident Rights Statement

As a recovery housing operator, it is crucial to foster an environment that respects the rights of individuals in recovery and actively supports their recovery journey. Residents should not only understand the expectations placed upon them but also be clearly informed of their entitlements and the manner in which they should expect to be treated while residing in your recovery home. At a minimum, the rights of residents must meet legal requirements, and recovery residences should strive to align with CARR Standards when seeking certification. Consulting an attorney to draft the rights and grievances procedure to ensure compliance with local laws is recommended.

Definition: Resident rights encompass the entitlements and protections afforded to individuals living in a recovery residence. These rights include, but are not limited to, the right to a safe, clean, and sober living environment, privacy, respect, freedom from discrimination, access to necessary support services, and participation in decisions related to their treatment and living conditions. The purpose of these rights is to guarantee fair treatment, uphold dignity, and promote a conducive recovery environment.

Purpose: The purpose of the Resident Rights Statement is to ensure that all residents are treated with dignity, respect, and fairness in a recovery-supportive environment. It establishes a framework that empowers residents while promoting accountability among staff and residents alike.

Key elements of the policy may include:

- Priority population and recovery goals: Ensure residents understand the population the residence serves (e.g., individuals in early recovery, individuals with co-occurring disorders) and the overarching goals designed to support sustained recovery. This information should be communicated clearly during the intake process and made available in orientation materials.
- Financial transparency: Provide residents with clear information regarding their financial obligations, including rent, deposits, refund policies, and other potential costs. This fosters trust and ensures transparency around how residents are billed and what they are responsible for.

- Grievance and reporting processes: Develop a process that allows residents to report concerns or grievances without fear of retaliation. Ensure these concerns are taken seriously and addressed in a timely manner. This helps create a safe space where residents feel empowered to speak up about potential issues.
- Access to records: Residents have the right to access their personal and financial records upon request. This fosters transparency and gives residents a sense of control and ownership over their financial and personal information.
- Fair housing protections: Residents should be made aware of their rights under fair housing laws, including the right to live in a drug and alcohol free environment. These rights should be clearly communicated at orientation and revisited periodically to ensure everyone is aware.
- Handling of personal property: Clearly define how residents' personal property will be handled during their stay and if they leave items behind. This statement should be designed to protect both the residence and the resident and ensure fair treatment.
- Access to provider policies and consent forms: Residents should be able to access the policies and procedures of the residence and have copies of any signed consent forms. This promotes transparency and allows residents to stay informed about their rights and responsibilities throughout their stay.

Recommendations:

- Ensure legal compliance: Ensure the statement complies with local, state, and federal laws, including housing and nondiscrimination regulations. Consulting with legal counsel during the drafting process is highly recommended.
- Regular communication: Residents should be regularly reminded of their rights through various means, such as meetings, newsletters, or updated handbooks. Post the Resident Rights Statement in common areas to ensure visibility.
- Staff training: Train staff to understand and respect resident rights. A well-trained staff will not only help enforce these rights but also promote a culture of respect within the residence.
- Resident orientation: Conduct thorough orientation sessions for new residents to introduce them to their rights and responsibilities. Ensure they understand how to report concerns and what steps to take if they feel their rights have been violated.

Requirements:

- Communication of rights: Residents must be made aware of their rights upon entry into the residence, and these rights should be reiterated periodically throughout their stay. The Statement should be easily accessible and written in clear, understandable language.
- Grievance resolution process: The recovery residence must have a structured process in place to address grievances. This includes setting timelines for when complaints will be reviewed and resolved and ensuring that residents know the appropriate channels for submitting concerns.
- Monitoring and updates: Periodically review the Resident Rights Statement to ensure its continued relevance and effectiveness. Consider feedback from residents and staff during these reviews to ensure the statement remains up-to-date and responsive to the needs of the community.
- Confidentiality: Ensure that the process of reporting concerns or grievances is confidential, protecting the identity and privacy of the residents involved.

This comprehensive statement ensures that residents are well-informed, their rights are protected, and they have the necessary support for their recovery journey.

By implementing a well-defined Resident Rights Statement, operators can create a respectful, supportive, and transparent environment that not only supports recovery but also empowers residents to take an active role in their recovery journey.

Grievance Policy

Definition: A grievance policy for a recovery residence is a formal procedure designed to address and resolve complaints or concerns raised by residents, staff, or other stakeholders. The policy provides a structured approach to handling grievances in compliance with legal and ethical standards, ensuring that all concerns are addressed fairly and transparently.

Purpose: The grievance policy is aimed at promoting a safe, respectful, and supportive environment within the recovery residence. It ensures that any issues or disputes are managed consistently and impartially, encouraging open communication while protecting the rights of all residents. It also provides clear guidance on how grievances will be received, reviewed, and resolved, allowing for continuous improvement of services.

Key elements of the policy may include:

- **Scope:** This policy applies to all residents, staff, and possibly visitors within the recovery residence. It governs how grievances can be raised and addressed.
- **Grievance definition:** Clearly define what constitutes a grievance. This could include issues like disputes with staff, concerns about living conditions, perceived breaches of resident rights, or violations of house rules. The policy should specify what types of complaints are appropriate for the grievance process.
- **Procedure for filing a grievance:** Outline the step-by-step process for residents and others to submit grievances. This includes:
 - **Written submission:** Residents must submit their grievances in writing, including the date, time, description of the incident, and any individuals involved.
 - **Access to information:** The procedure should be accessible, both orally and in written form, to ensure residents fully understand how to file a grievance.
 - **Timelines:** Establish deadlines for submitting grievances and clear timelines for the residence’s response. These timelines ensure that grievances are handled promptly.
 - **Confidentiality:** Ensure that grievances are handled confidentially, though not anonymously if possible, with respect to privacy laws and organizational standards.
- **Investigation process:** Describe the process used to investigate grievances. This includes designating staff members or a team responsible for conducting the investigation, gathering information, and reviewing documentation. The policy should ensure impartiality in the investigation process.
- **Resolution and outcome:** Clearly explain how decisions are made after investigating a grievance. Provide a list of possible outcomes or actions that may be taken, depending on the situation, and specify how this information will be communicated to the complainant in writing. The policy must outline the timeframe for completing investigations and providing responses to the resident.
- **Appeal process:** Include a section on how residents can appeal a decision if they are dissatisfied with the resolution. This may involve escalating the grievance to a higher authority within the organization or referring the grievance to an external agency, such as the Colorado Agency for Recovery Residences (CARR). Provide contact information for such external organizations.
- **Record keeping:** Detail how grievances will be documented and retained. All grievance records,

including complaints, investigations, and resolutions, should be kept for at least three years to ensure accountability and transparency.

- **Training and communication:** Make sure all residents and staff are informed of the grievance policy. This can be achieved through regular training sessions and by ensuring that the grievance procedure is prominently posted in common areas. Written copies should also be provided upon request.
- **Review and continuous improvement:** Regularly review the grievance policy to ensure it stays up to date with any changes in regulations or best practices. Solicit feedback from residents and staff to identify areas for improvement and update the policy accordingly.

Recommendations:

- **Informal resolution:** Encourage resolving issues informally before engaging in the formal grievance process, where possible. This fosters open communication and conflict resolution between residents and staff.
- **Legal guidance:** Seek legal advice when drafting the grievance policy to ensure compliance with applicable laws and to protect the rights of both residents and staff.
- **Clear timelines:** Specify and adhere to reasonable timeframes for resolving grievances. This helps build trust and ensures that issues are addressed in a timely manner.
- **Accessibility:** Make sure grievance forms are easily accessible, and the process is explained in simple, clear language. This is particularly important for individuals who may have difficulty understanding complex procedures.

Requirements:

- **Policy review upon intake:** All residents must review and consent to the grievance policy during the intake process.
- **Timeframe for resolution:** The policy must include a defined process and reasonable timeframe for resolving grievances.
- **Escalation to CARR:** Unresolved grievances should be escalated to the Colorado Agency for Recovery Residences (CARR), with the appropriate contact information provided.
- **Documentation:** Grievances and their resolutions must be documented in the resident’s file and retained for at least three years.
- **Visibility of policy:** The grievance policy should be posted in common areas and linked to on the organization’s website.
- **No retaliation:** The policy must clearly state that residents who file grievances will not face retribution, intimidation, or other negative consequences.

Life Skills Development

Definition: Life skills development in a recovery residence refers to the process of teaching and enhancing the practical abilities that individuals in recovery need to manage daily tasks and challenges effectively. (Level S and C)

Purpose: This policy is crucial for fostering independence, responsibility, and overall well-being as individuals transition from a highly structured recovery environment to a more independent living environment.

Life skills development typically includes:

- Personal care: Maintaining hygiene, grooming, and physical health.
- Household management: Cleaning, cooking, laundry, and other domestic tasks.
- Financial management: Budgeting, paying bills, managing bank accounts, and understanding financial responsibility.
- Employment skills: Job searching, resume writing, interview techniques, and workplace behavior.
- Social skills: Effective communication, building and maintaining relationships, conflict resolution, and teamwork.
- Time management: Prioritizing tasks, scheduling, and balancing various aspects of life.
- Problem-solving: Identifying problems, generating solutions, and making decisions.
- Emotional regulation: Managing stress, coping with emotions, and seeking help when needed.
- Health and wellness: Understanding nutrition, exercise, and mental health practices.

These skills are developed through structured programs, practical activities, workshops, and individual coaching, all of which aim to prepare individuals for a successful and sustainable life in recovery.

Recommendations: (Requirements for Level S and C):

- Include agreements with counselors or vocational consultants.
- Provide an overview of formal classes and supporting materials.
- Assess residents for life skills development regularly.
- Facilitate connections with external resources to support skill development.

Service Animals and Emotional Support Animals (ESA)

Under both the ADA and Colorado law, a service animal is defined as a dog that is individually trained to perform specific tasks or work for the benefit of an individual with a disability. In limited circumstances, an individually trained miniature horse may also qualify as a service animal.

Emotional support animals (ESAs), while they provide a sense of safety, companionship, and comfort to individuals with psychiatric or emotional disabilities, do not meet the legal definition of a service animal under the ADA or Colorado law. ESAs are not covered by public accommodations laws because they are not individually trained to perform tasks or work related to a person’s disability. As a result, public accommodation owners are not required to permit emotional support animals.

Under the Fair Housing Amendments Act (FHAA), emotional support animals may be entitled to accommodation in housing. To qualify under the FHAA, an individual must have a disability and demonstrate that the emotional support animal provides necessary support to alleviate symptoms of that disability.

While ESAs are not considered service animals under the ADA or Colorado law and are not granted access to public accommodations, they may be entitled to reasonable accommodations in housing under the FHAA.

Definition: This policy establishes guidelines to support the use of service animals and emotional support animals (ESA) within recovery residences, in compliance with Title II of the Americans with Disabilities Act (ADA) and the Federal Fair Housing Amendments Act (FHAA).

A service animal, as defined by the ADA, is a dog (or, in some cases, a miniature horse) individually trained

to perform specific tasks for a person with a disability. An emotional support animal (ESA), as outlined by the FHAA, is an animal that provides emotional or psychological benefits to an individual with a mental or emotional disability, but it is not necessarily trained to perform specific tasks.

Purpose: The purpose of this policy should be to ensure that Recovery Residences provide reasonable accommodations for individuals with disabilities who rely on service animals or emotional support animals. The policy aims to foster an inclusive and supportive environment that complies with ADA Title II and FHAA, ensuring fair and equitable treatment of all residents, regardless of their need for assistance animals.

This guide will assist providers in drafting policies that meet these legal obligations and clarify the rights and responsibilities of both the residents and the individuals seeking accommodation for their assistance animals.

Recommendations:

- Definition of animals: Clearly differentiate between service animals and emotional support animals, defining their roles, legal protections, and distinctions under ADA Title II and FHAA.
 - Service animals: Only dogs (or miniature horses) are trained to perform specific tasks directly related to a disability.
 - Emotional support animals (ESA): Animals that provide therapeutic benefits but are not trained for specific tasks.
- Eligibility: Outline the documentation required to demonstrate a need for either type of assistance animal.
 - For service animals: No documentation or certification may be required under ADA Title II.
 - For ESAs: Documentation from a licensed healthcare or mental health professional and meeting the criteria as defined by federal law for an ESA due to a disability.
- Reasonable accommodations: Specify that the recovery residence must make reasonable accommodations to allow the presence of service animals and emotional support animals. This includes granting access to all common areas and ensuring no additional fees or deposits are charged for such animals.
- Behavior expectations and responsibilities: Clearly state the responsibilities of the resident in terms of controlling and caring for the animal. The policy should outline acceptable behavior and stipulate that animals must be under control at all times, either by leash, harness, or voice commands, and must not pose a direct threat to the health or safety of others.
- Non-discrimination clause: Include a clear non-discrimination statement affirming that no individual will be denied residency or services due to their reliance on a service animal.
- Health and safety concerns: Address any health and safety issues, such as the animal’s vaccination and cleanliness standards. The policy should specify that the residence can request proof of up-to-date vaccinations to ensure the health of all residents and staff.
- Confidentiality: Ensure that any documentation or communication regarding an individual’s disability and need for an assistance animal remains confidential and in compliance with privacy laws.
- Compliance with local laws: Ensure the policy aligns with local laws regarding animal control, such as leash laws and waste management.

Requirements for the Policy:

- Mandatory acceptance: Recovery Residences must accept all service animals as defined by ADA Title II and emotional support animals (ESA) as protected under the FHAA.
- Prohibition of additional fees: Under the ADA and FHAA, no additional fees, deposits, or surcharges may be levied for residents with service animals or emotional support animals. However, the resident may be held liable for any damage the animal causes to the property.

- Clear procedures for requesting accommodation: The policy must outline the process for requesting accommodation for an assistance animal. This includes who to contact, the timeline for making such requests, and the type of documentation, if any, that may be required for emotional support animals.
- Conflict resolution: The policy should provide a process for resolving any conflicts or concerns arising from the presence of assistance animals, such as complaints from other residents or issues related to allergies or animal behavior.
- Record keeping: A record of all requests for service and emotional support animals, along with the corresponding accommodations provided, should be maintained to ensure compliance and accountability.

This policy ensures that recovery residences comply with the Americans with Disabilities Act (ADA) Title II and the Federal Fair Housing Amendments Act (FHAA) by accommodating individuals with service animals and emotional support animals. By implementing a clear, comprehensive policy, providers can foster an inclusive environment that supports individuals with disabilities while complying with legal requirements.

Self-Safety Assessment

Providers are required to conduct and document routine maintenance and safety inspections. A log of these inspections must be maintained at each location and made available to certification staff upon request.

The inspection checklist should encompass fire and safety safeguards, property standards as defined by CARR Standards, and verification that required postings have not been removed or altered.

CARR has developed a standard Safety Self-Assessment Checklist that providers are encouraged to adopt and implement. A downloadable copy of this checklist is available at carrcolorado.org or can be obtained by contacting the assigned certification staff member.

Self-Safety Inspection

Definition: A monthly self-safety inspection policy for a recovery residence is a structured protocol designed to ensure that the living environment remains safe and conducive to the residents' recovery.

Purpose: This policy outlines the specific procedures, responsibilities, and criteria for conducting regular inspections, aiming to identify and address potential hazards or areas of concern.

Key Components:

- Objective and scope: Clearly state the objective of the policy, which is to maintain a safe and healthy living environment for all residents. Define the scope, specifying that it applies to all areas of the recovery residence.
- Inspection schedule: Establish a regular monthly schedule for conducting safety inspections. Specify the exact dates or a consistent time frame (e.g., the first week of each month) for inspections to take place.
- Inspection checklist: Develop a comprehensive checklist covering all aspects of physical safety, including but not limited to:

Responsibilities: Assign specific roles and responsibilities for conducting inspections. This might include staff members, house managers, or designated individuals. Ensure that individuals responsible for inspections are adequately trained.

Reporting and documentation: Establish procedures for documenting the findings of each inspection. This includes completing the inspection checklist, noting any issues or areas of concern, and providing detailed reports. Maintain records of all inspections for accountability and future reference.

Corrective actions: Outline the process for addressing any identified issues. This includes assigning responsibilities for corrective actions, setting deadlines for resolution, and following up to ensure that all issues have been properly addressed.

Resident involvement: Encourage residents to report any safety concerns they may have and involve them in the inspection process where appropriate. This fosters a sense of shared responsibility for maintaining a safe living environment.

Review and improvement: Periodically review and update the inspection policy and procedures to ensure their effectiveness. Incorporate feedback from inspections, staff, and residents to continuously improve the safety inspection process.

By implementing a thorough and consistent monthly physical safety inspection policy, recovery residences can proactively manage potential risks and create a safe, supportive environment that promotes the well-being and recovery of their residents.

Requirements:

- Conduct regular safety assessments.
- Define responsibilities and maintain documentation of assessments.
- Address non-compliance issues promptly.



Self-Safety Assessment Checklist

It is the policy of (Insert Company name here) to conduct regular self-safety assessments in compliance with the organization’s submitted policy and procedures. A log of these assessments must be maintained at each property.

Smoke Detectors/Fire Extinguishers

- There is at least one smoke alarm on every level of the home, both inside each sleeping area and outside each sleeping area within 15 feet.
- Smoke alarms are tested and cleaned monthly.
- Smoke alarm batteries are changed as needed.
- Smoke alarms are installed within the manufacturer’s instructions. (i.e., expiration date)
- Functioning fire extinguishers are present on each floor.

Cooking Safety

- Kitchen stove hood is clean and in working order.
- Pots of food are not left unattended on the stove.
- Kitchen appliances are clean and free of bacteria, mold, grease, and char.

Electrical & Appliance Safety

- Electrical cords do not run under rugs.
- Electrical cords are not frayed or cracked.
- Surge protectors are used for additional outlets if applicable.
- Large and small appliances are plugged directly into wall outlets.
- Clothes dryer lint filter and venting system are clean and exhausted outdoors.
- Appliances are in working order and good condition.
- Electrical fixtures and receptacles in proper repair.

Electrical & Appliance Safety

- Electrical cords do not run under rugs.
- Electrical cords are not frayed or cracked.
- Surge protectors are used for additional outlets if applicable.
- Large and small appliances are plugged directly into wall outlets.
- Clothes dryer lint filter and venting system are clean and exhausted outdoors.
- Appliances are in working order and good condition.
- Electrical fixtures and receptacles in proper repair.

Maintenance

- Furnace filters replaced per maintenance policy
- Outside area free of trash debris and well maintained.
- Furnishings reasonably maintained and appropriately used.
- Plumbing fixtures free from leaks and functioning properly.

Smoking

- Residence is a smoke-free living environment.
- Designated smoking areas are located outside the residence (typically outback, not to draw neighbors’ attention to the home).
- Cigarette butts are discarded in appropriate disposal receptacles and not tossed on the ground.
- Receptacles are large, deep, and kept away from items that can catch fire.
- Receptacles are emptied regularly into a fire-proof container.

Heating Safety

- The chimney and furnace are cleaned and inspected yearly.
- Furniture and other items that can catch fire are at least 6 inches from fireplaces, wall and baseboard heaters.
- No space heaters are used in the recovery residence.
- Fireplace and barbecue ashes are placed outdoors in a covered metal container at least 10 feet from anything that can catch fire.

Home Escape Plan

- Have two ways out of each sleeping room.
- Know where to meet after the escape. (Designated meeting location).
- Meeting place should be near the front of your home, so firefighters know you are out.
- Practice your fire escape plan.

Carbon Monoxide Detectors

- Carbon monoxide alarms are located on each level of the home.
- Carbon monoxide alarms are less than 7 years old.
- Carbon monoxide alarms are located within 15 ft of any gas-omitting appliance.

Resident Safety / CARR Compliance Resident Rights & Requirements posted or otherwise available.

- Grievance Policy & Procedure posted or otherwise available.
- Emergency Phone numbers are posted or otherwise available.
- Emergency procedures are posted or otherwise available, and staff/residents are trained on them.
- Narcan/Naloxone present on each floor.

Reference – CARR Quality Standards

Staff Documents

Background Screening

A background screening policy is essential for maintaining a safe, secure, and supportive recovery environment. This policy helps ensure that all individuals working in or volunteering with the recovery residence are properly vetted, possess the necessary qualifications, and do not pose any risks to residents or staff. Below is a comprehensive guide to help create a background screening policy for your recovery residence:

Definition: A background screening policy outlines the process and standards for evaluating the past behaviors, criminal history, and qualifications of staff members, volunteers, and other individuals who work within the recovery residence. It helps ensure that only individuals who meet the necessary criteria and pose no risks to residents are hired or allowed to interact with residents.

Purpose: The purpose of a background screening policy is to protect the safety and well-being of residents by ensuring that all staff, volunteers, and house managers have the appropriate qualifications, integrity, and character to support individuals in recovery. The policy seeks to minimize the risk of harm, abuse, or exploitation and promote a secure therapeutic environment for all residents.

Key elements of the policy may include:

- Objective and scope: The policy should state its objective of promoting safety and ensuring the hiring of trustworthy, competent individuals. It should also define the scope, specifying which roles within the organization require background checks, such as staff members, volunteers, house managers, or contracted service providers.
- Types of background checks: The policy should detail which types of background checks will be conducted. Examples include:
 - Criminal history checks (local, state, and federal).
 - Employment history verification.
 - Education verification.
 - Reference checks.
 - Drug testing (if applicable).
 - Driving record checks (if driving is part of the role).
- Authorization and consent: Candidates must provide written consent for background checks as part of the hiring process. The policy should outline how the organization will obtain consent and inform candidates about their rights under the Fair Credit Reporting Act (FCRA) and other applicable laws. Refusal to consent may result in the candidate’s disqualification from further consideration.
- Criteria for evaluation: This section outlines the criteria that will be used to evaluate background check results. Key considerations may include:
 - The relevance of any criminal offenses to the job role.
 - The time elapsed since the offense.
 - Any rehabilitation or corrective actions taken by the candidate.
 - Patterns of behavior that suggest risk or unreliability The policy should specify which offenses may disqualify a candidate, such as violent crimes, fraud, or drug-related offenses, particularly if they conflict with the responsibilities of working in a recovery setting.

- **Confidentiality:** All background check information should be handled with the utmost confidentiality. Only authorized personnel should have access to this information, and it should be used solely for employment decisions. A confidentiality clause within the policy ensures compliance with privacy regulations and fosters trust in the hiring process.
- **Compliance with laws:** The background screening process must comply with all applicable federal, state, and local laws, including the Fair Credit Reporting Act (FCRA), Equal Employment Opportunity Commission (EEOC) guidelines, and any state-specific regulations regarding employment screening. The policy should also address protections against discrimination based on race, gender, age, national origin, or other protected characteristics.
- **Process for adverse action:** If adverse action (e.g., rescinding a job offer) is considered based on the background check results, the policy must outline the steps for notifying the candidate. This process includes:
 - Providing the candidate with a copy of the background report.
 - Notifying the candidate of the intended action.
 - Allowing the candidate to dispute any inaccuracies in the report before a final decision is made.
- **Record retention:** The organization should specify how long background check records will be retained and the process for securely storing and eventually disposing of them. Typically, these records are kept for several years in accordance with local laws or organizational policies and must be disposed of securely to protect confidentiality.
- **Periodic reviews and updates:** The policy should include provisions for periodic review to ensure it remains current with evolving legal Requirements, best practices, and organizational needs. Regular updates to the policy may be required to stay in compliance with changes in local, state, and federal law, as well as to reflect organizational growth or changes in resident needs.

Recommendations:

- **Legal consultation:** It is recommended that you consult an attorney to ensure compliance with local, state, and federal laws when developing your background screening policy.
- **Training for staff:** Ensure that HR staff or whoever is responsible for implementing background checks receives adequate training on interpreting background check results and complying with confidentiality and non-discrimination laws.
- **Re-screening policy:** Consider including provisions for periodic re-screening of staff and volunteers, especially for roles with ongoing resident contact.
- **Transparency:** Clearly communicate the background screening policy to all applicants and staff to foster transparency and trust.

Requirements:

To create a compliant and effective background screening policy, your organization must:

- Ensure that all individuals involved in the background screening process understand the legal implications and Requirements.
- Develop clear, written criteria for how the results of background checks will be interpreted.
- Maintain strict confidentiality and handle sensitive information responsibly.
- Regularly review and update the policy to reflect changes in legal standards and organizational practices.

This policy helps recovery residences hire individuals who are not only qualified but also capable of contributing to a safe and therapeutic environment for residents in recovery.

Certification & Verification

Definition: A verification of credentials policy for employment at a recovery residence is a set of procedures and standards designed to confirm the qualifications and background of potential employees.

Purpose: This policy ensures that individuals hired to work at the recovery residence have the appropriate credentials, skills, and experience to provide safe and effective support to residents.

Key elements of the policy may include:

- **Credential verification:** Checking professional licenses, certifications, and educational qualifications to ensure they are valid and up-to-date.
- **Background checks:** Conduct criminal background checks to ensure the safety of residents and compliance with legal and regulatory requirements for that position.
- **Employment history:** Verifying previous employment to confirm the applicant's work experience and performance in relevant roles.
- **Reference checks:** Contact professional references to gain insight into the applicant's character, work ethic, and suitability for the role.
- **Interview process:** Implementing a structured interview process to assess the applicant's skills, experience, and compatibility with the recovery residence's mission and values.
- **Compliance with regulations:** Ensuring all verification processes comply with federal, state, and local regulations, including those specific to the operation of recovery residences.
- **Documentation and record-keeping:** Maintaining thorough records of the verification process for each employee, including copies of credentials, background check results, and reference feedback.

These policy guidelines will help to maintain a safe, professional, and supportive environment for residents in recovery.

Requirements:

- Policies, procedures, and copies of documentation that ensure staff are appropriately certified or credentialed for work being performed as necessary for the residence's level of certification.

Staff Development

Definition: A staff development policy at a recovery residence outlines the guidelines and procedures for the professional growth and training of staff members and house managers to ensure they have the necessary skills, knowledge, and competencies to effectively support residents in their recovery journey.

Purpose: To equip staff with the necessary skills and knowledge to effectively support residents in their recovery journey.

Such a policy typically includes the following components:

- **Training and education:** Provisions for ongoing training and education opportunities for staff, including initial orientation and continuing education on topics such as addiction, mental health, crisis intervention, and recovery support techniques.
- **Professional development:** Opportunities for staff to attend workshops, conferences, and other professional development activities to stay current with best practices in the field of recovery and substance use treatment.

- Performance evaluation: Regular performance evaluations to assess staff competencies, identify areas for improvement, and set goals for professional growth.
- Support and supervision: Access to regular supervision and support from experienced professionals to help staff navigate challenges, reflect on their practice, and improve their skills.
- Certification and licensure: Encouragement and support for staff to obtain and maintain relevant certifications and licensure required for their roles.
- Career advancement: Pathways for career advancement within the organization, including opportunities for promotion and development of leadership skills.
- Wellness and self-care: Policies promoting staff self-care to prevent burnout and ensure that staff can provide high-quality support to residents.
- Diversity and inclusion: Training and initiatives to promote diversity, equity, and inclusion within the staff and the broader recovery residence community.

By implementing a comprehensive staff development policy, a recovery residence can create a supportive environment that fosters the growth and effectiveness of its staff, ultimately enhancing the quality of care and support provided to residents.

Requirements:

- Ongoing performance support and training are provided for staff.

Job Descriptions

Definition: A job description policy at a recovery residence outlines the roles, responsibilities, and expectations for staff members, house managers, volunteers, and all other individuals working within the recovery residence program.

Purpose: This policy is essential for ensuring that all employees understand their duties, which helps maintain a structured and supportive environment for residents undergoing recovery.

Key elements of the policy may include:

- Objective: To define the roles and responsibilities of staff members and house managers to ensure clarity and consistency in job performance.
- Scope: This policy applies to all staff members, and house managers, including full-time, part-time, and volunteer positions within the recovery residence.
- Job descriptions: Detailed descriptions of each role within the residence, including:
 - Position title: The official title of the job.
 - Reporting structure: Who the individual reports to and, if applicable, supervises.
 - Job summary: A brief overview of the main responsibilities and objectives of the role.
 - Key responsibilities: Specific duties and tasks that the individual is expected to perform.
 - Qualifications: Required education, experience, skills, and certifications.
 - Working conditions: Any physical or environmental conditions associated with the job.
 - Performance standards: Criteria for evaluating job performance.
 - Professional development: Opportunities for training and career advancement.
- Review and updates: Procedures for regularly reviewing and updating job descriptions to reflect changes in roles, responsibilities, or organizational needs.
- Compliance: Ensuring that job descriptions comply with relevant laws, regulations, and accreditation standards.
- Communication: How job descriptions are communicated to staff members and house managers and incorporated into the hiring, training, and evaluation processes.

Implementing a comprehensive job description policy helps promote a clear understanding of roles, accountability, and expectations, which is crucial for the effective operation of a recovery residence.

Peer Leadership

Definition: A peer leadership policy at a recovery residence outlines the guidelines, roles, and responsibilities of individuals in recovery who take on leadership positions to support their peers.

Purpose: This policy is designed to foster a supportive and empowering environment that aids in the recovery process.

Here are some key components that might be included in such a policy:

- Roles and responsibilities: Clearly defined roles for peer leaders, which may include facilitating group meetings, mentoring new residents, coordinating activities, and providing support to peers.
- Eligibility criteria: Specific requirements that residents must meet to become peer leaders, such as a minimum duration of sobriety, demonstrated commitment to the recovery process, and adherence to house rules.
- Training and development: Provision for training programs to equip peer leaders with the necessary skills and knowledge to effectively support their peers. This may include training in communication, conflict resolution, and relapse prevention strategies.
- Code of ethics: A set of behavioral expectations for peer leaders to ensure they act as positive role models and maintain a respectful, inclusive, and non-judgmental environment.
- Supervision and support: Mechanisms for regular supervision and support of peer leaders by staff or senior leadership to ensure they are effectively fulfilling their roles and to provide them with ongoing guidance and feedback.
- Evaluation and feedback: Processes for evaluating the performance of peer leaders and gathering feedback from residents to continually improve the peer leadership program.
- Ethical considerations: Guidelines to address potential ethical issues, such as maintaining confidentiality, setting appropriate boundaries, and avoiding conflicts of interest.
- Incentives and recognition: Systems for recognizing and rewarding the contributions of peer leaders to encourage sustained engagement and motivation.

The goal of a peer leadership policy is to create a structured yet flexible framework that empowers residents to take active roles in their recovery community, promoting mutual support and shared responsibility.

Requirements:

- Written criteria and guidelines explain expectations for peer leadership and mentoring roles.

Staff and House Manager Evaluation

Definition: An evaluation policy at a recovery residence outlines the procedures and criteria used to assess the performance and effectiveness of staff members and house managers. This policy ensures that staff members and house managers are meeting the standards and expectations necessary to provide quality care and support to residents.

Purpose: The evaluation policy aims to ensure the continuous improvement of staff and house manager's performance, enhance the quality of care provided to residents, and support professional development. It establishes a structured process for assessing the performance of staff members and house managers regularly.

Key elements of the policy may include:

- Evaluation criteria:
 - Job performance: Assessment of how well staff members and house managers fulfill their job responsibilities, including adherence to policies and procedures, punctuality, and reliability.
 - Resident interaction: Evaluation of the quality of interactions with residents, including communication skills, empathy, and the ability to provide support.
 - Team collaboration: Assessment of teamwork and cooperation with other staff members, and house managers, including the ability to work harmoniously and contribute to a positive work environment.
 - Professional development: Evaluation of efforts toward continuous learning and professional growth, including participation in training programs and staying updated with best practices.
 - Compliance: Adherence to ethical standards, legal requirements, and organizational policies, including confidentiality and respect for residents' rights.
- Evaluation process:
 - Frequency: Staff and house manager's evaluations are conducted regularly, typically annually or semi-annually, with additional evaluations as needed.
 - Methodology: Evaluations may include self-assessments, peer reviews, supervisor assessments, and resident feedback.
 - Documentation: Detailed records of evaluations, including performance reviews, feedback, and action plans for improvement, are maintained.
- Feedback and improvement:
 - Constructive feedback: Providing staff and house managers with constructive feedback to highlight strengths and identify areas for improvement.
 - Development plans: Creating personalized development plans to address any performance gaps and support professional growth.
 - Support and resources: Offering resources such as training programs, workshops, and mentorship to help staff improve their skills and performance.
- Confidentiality:
 - Ensuring that all evaluation records and feedback are kept confidential and shared only with relevant parties.
- Appeals process:
 - Establishing a process for staff and house managers to appeal evaluation results if they believe the assessment was unfair or inaccurate.

By implementing a comprehensive staff and house manager's evaluation policy, a recovery residence can ensure that its staff members and house managers are well-equipped to provide high-quality care and support to residents, fostering a positive and effective recovery environment.

Staff and House Manager Code of Conduct

Definition: The Staff and House Manager Code of Conduct policy outlines the expected behaviors, responsibilities, and professional standards for employees in a recovery residence. It ensures that staff maintain a high standard of ethics and professionalism, promoting a safe, respectful, and supportive environment for all residents.

Purpose: The purpose of this policy is to foster a secure, compassionate, and recovery-focused atmosphere where both residents and staff can thrive. It ensures that staff act with integrity, uphold residents' rights, maintain proper boundaries, and model recovery principles, all while ensuring confidentiality and fairness.

Key elements of the policy may include:

- Professionalism: Staff and house managers are expected to maintain a high level of professionalism in all interactions. This includes:
 - Appropriate dress and appearance.
 - Use of respectful, non-discriminatory language.
 - Adherence to ethical standards and organizational policies.
 - Following legal and ethical guidelines when interacting with external partners or the community.
- Confidentiality: Staff are required to protect resident privacy, ensuring that any personal or sensitive information is handled confidentially. They must:
 - Follow legal requirements: and internal policies on information sharing.
 - Securely store any personal records.
 - Obtain resident consent when required for sharing information.
 - Be mindful of confidentiality even after leaving employment.
- Boundaries: Staff must maintain clear, professional boundaries with residents, avoiding:
 - Any personal or romantic relationships with residents.
 - Behavior that could be perceived as favoritism or exploitation.
 - Engagement in dual relationships that blur professional lines, including financial transactions or favors.
- Safety and well-being: Staff are responsible for ensuring resident safety, this includes:
 - Adhering to the home's safety protocols and emergency procedures.
 - Reporting unsafe conditions or incidents immediately.
 - Taking steps to de-escalate situations that may threaten the safety of residents or staff.
- Substance-free environment: Staff must model a substance-free lifestyle, consistent with recovery values. This includes:
 - Abstaining from alcohol or drug use on the premises or when representing the organization.
 - Encouraging residents to remain substance-free and offering support when needed.
 - Reporting any violations of the residence's substance-free policy.
- Cultural competence and non-discrimination: Staff must embrace diversity and promote inclusivity. They are expected to:
 - Respect all residents regardless of background, ethnicity, gender identity, sexual orientation, or religion.
 - Avoid discriminatory behavior and language.
 - Promote equal treatment for all residents in services and opportunities.
- Accountability: Staff are held accountable for their actions and responsibilities, including:
 - Demonstrating integrity and honesty.
 - Being punctual and reliable in attendance.
 - Completing assigned tasks on time and to the expected standard.
 - Following all organizational policies and reporting any challenges.

- Continuous improvement: Staff are encouraged to seek opportunities for professional development. They should:
 - Attend training sessions and workshops as required.
 - Stay updated on recovery practices, ethical standards, and legal requirements.
 - Participate in peer review or supervision to enhance their skills.
- Reporting and whistleblowing: Staff must report violations of the Code of Conduct, unethical behavior, or concerns about resident welfare. They are protected from retaliation when:
 - Reporting any unethical behavior or concerns through proper channels.
 - Cooperating with investigations or reviews.
 - Documenting incidents according to the organization's reporting procedures.

Recommendations:

- Recovery residences should establish a clear, confidential reporting process for staff violations of the Code of Conduct.
- Regular reviews and updates to the Code of Conduct should be implemented to address new legal, ethical, or operational changes.
- Staff should receive training on this policy upon hiring and at regular intervals to ensure ongoing awareness.
- A procedure should be in place for disciplinary actions or investigations when a violation occurs, ensuring due process and fairness.

Requirements:

- Recovery homes must establish and enforce a written Code of Conduct for staff and house managers.
- All staff must sign a copy of the policy acknowledging their understanding and agreement to comply.
- A clear plan for addressing violations, including corrective action, discipline, or termination, must be documented and consistently applied.
- Residents must be informed of the Staff Code of Conduct and provided with a clear, safe avenue for reporting concerns about staff conduct.

By following this framework, recovery homes can create a robust Staff and House Manager Code of Conduct that supports a healthy, ethical, and effective recovery environment.

Staff and House Manager Drug Testing

Definition: A staff and house manager drug testing policy at a recovery residence outlines the guidelines and procedures for administering drug tests to employees and house managers to ensure a safe, substance-free environment.

Purpose: This policy is crucial in maintaining the integrity of the recovery process for residents and ensuring that staff serve as positive role models.

Key elements of the policy may include:

- Objective: The policy should clearly state its objective, which is to maintain a safe, healthy, and drug-free workplace to support the recovery of residents.
- Scope: The policy should specify which employees are subject to drug testing, including full-time, part-time, temporary, house managers, and contract staff.
- Types of testing: The policy should outline the types of drug testing that will be conducted, such as pre-employment, random, reasonable suspicion, post-accident, and return-to-duty testing.

- Substances tested: The policy should list the specific substances that will be tested for, including but not limited to alcohol, marijuana, opioids, amphetamines, cocaine, and other controlled substances.
- Testing procedures: The policy should detail the procedures for conducting drug tests, including how samples will be collected, who will administer the tests, and how the samples will be handled and analyzed to ensure accuracy and confidentiality.
- Consent: The policy should require employees and house managers to provide written consent to undergo drug testing as a condition of employment or continued employment or in their role as a house manager.
- Confidentiality: The policy should ensure that all drug test results are kept confidential and are only shared with authorized personnel on a need-to-know basis.
- Consequences of positive results: The policy should outline the consequences of a positive drug test result, which may include disciplinary action up to and including termination, mandatory participation in a substance abuse program, or other appropriate measures.
- Appeals and retesting: The policy should provide a process for employees and house managers to appeal a positive test result and request a retest if they believe the result is inaccurate.
- Employee and house manager support: The policy should include provisions for supporting employees and house managers who seek help for substance abuse issues, such as access to counseling, rehabilitation programs, and leave of absence for treatment.
- Compliance with laws: The policy should comply with all relevant local, state, and federal laws regarding drug testing and employment practices.

By implementing and adhering to this drug testing policy, recovery residences can help ensure a safe, supportive, and drug-free environment for both residents, house managers, and staff.

Staff Self-Care

Definition: A staff and house manager self-care policy at a recovery residence outlines the strategies and initiatives designed to promote the physical, mental, and emotional well-being of employees and house managers.

Purpose: This policy is vital for creating a healthy work environment, reducing stress, preventing burnout, and ensuring that staff and house managers are able to provide high-quality care to residents.

Key elements of the policy may include:

- Objective: The policy should clearly state its objective, which is to enhance the overall well-being of staff members and house managers, promoting a healthy, supportive, and productive work environment.
- Scope: The policy should specify which employees and house managers are covered, including full-time, part-time, temporary, and contract staff.
- Health and wellness programs: The policy should describe the various health and wellness programs available to staff and house managers, such as fitness programs, nutrition counseling, mental health resources, and stress management workshops.
- Work-life balance: The policy should emphasize the importance of work-life balance and provide measures to support it, such as flexible working hours, remote work options, and sufficient time off for rest and recuperation.
- Mental health support: The policy should outline the mental health support available to staff and house managers, including access to counseling services, employee assistance programs (EAP), and mental health days.

- Physical health initiatives: The policy should include initiatives to promote physical health, such as health screenings, vaccination programs, ergonomic assessments, and encouragement of physical activity.
- Stress reduction: The policy should address strategies for reducing workplace stress, including manageable workloads, regular breaks, stress-relief activities, and creating a supportive work environment.
- Training and education: The policy should provide opportunities for ongoing training and education on health and wellness topics, helping staff and house managers to stay informed about best practices for maintaining their well-being.
- Healthy workplace environment: The policy should promote a healthy workplace environment by ensuring a clean, safe, and comfortable workspace, providing healthy food options, and encouraging open communication.
- Encouragement of peer support: The policy should foster a culture of peer support and teamwork, encouraging staff to support one another in maintaining their well-being.
- Incentives for participation: The policy should include incentives for participation in wellness programs, such as recognition programs, wellness challenges, and rewards for healthy behaviors.
- Regular evaluation and feedback: The policy should establish a process for regularly evaluating the effectiveness of wellness initiatives and seeking feedback from staff and house managers to make continuous improvements.

By implementing and adhering to this wellness policy, recovery residences can help ensure that their staff and house managers remain healthy, motivated, and capable of providing the best possible care for residents.



Sample Staff Schedule

Below is a sample staff schedule for a recovery residence staff for a Level S and C recovery residence program. This schedule includes typical roles and shifts for a recovery residence, assuming 24-hour coverage.

Monday through Friday

Time	Roll	Staff Name	Duties/Notes
8:00 AM - 4:00 PM	House Manager	John Wright	Daily operations, resident support, administrative tasks
8:00 AM - 4:00 PM	Recovery Coach	Taylor Smith	Conducting recovery sessions, one-on-one support
8:00 AM - 12:00 PM	Case Manager	Jennifer Coburn	Individual case management, progress tracking
12:00 PM - 8:00 PM	Case Manager	Karen White	Individual case management, progress tracking
4:00 PM - 12:00 AM	Evening Supervisor	Emily Weaver	Evening operations, resident check-ins, group activities
12:00 AM - 8:00 AM	Overnight Staff	Rourke Green	Nighttime monitoring, emergency response

Saturday and Sunday

Time	Roll	Staff Name	Duties/Notes
8:00 AM - 4:00 PM	House Manager	John Wright	Weekend operations, resident support
8:00 AM - 4:00 PM	Recovery Coach	Taylor Smith	Conducting weekend recovery sessions, one-on-one support
4:00 PM - 12:00 AM	Evening Supervisor	Jennifer Coburn	Evening operations, resident check-ins, weekend activities
12:00 AM - 8:00 AM	Overnight Staff	Karen White	Nighttime monitoring, emergency response

Notes:

- House manager: Responsible for overall management and operations of the residence during their shift. Recovery Coach: Provides recovery support and guidance, conducts group and individual sessions.
- Case manager: Handles individual case management, tracks progress, and coordinates with external services.
- Evening supervisor: Oversees evening operations, organizes activities, and ensures resident well-being.
- Overnight staff: Ensures safety and security during nighttime hours, responds to emergencies.

This schedule can be adjusted based on the specific needs and size of the recovery residence and the level of care you're providing.

Resident Handbook

Overview

The Resident Orientation Handbook is a guide for new residents entering the recovery phase at a recovery residence. It outlines the policies and procedures that apply to new incoming residents, aiding their adjustment to a supportive environment.

Residents will need to consent to each required policy via signature, either electronically or manually.

Policies and procedures for staff and policies placed in a resident handbook for clients serve different purposes and audiences, although they may cover some similar topics.

Staff Policies and Procedures:

- Audience: These are intended for employees, house managers, and volunteers working within the recovery residence.
- Content focus:
 - Operational guidelines: Detailed instructions on how these individuals should perform their duties, including day-to-day operations, emergency protocols, and administrative tasks.
 - Compliance and regulations: Guidelines to ensure the program complies with legal, regulatory, and certification Requirements.
 - Professional conduct: Standards for professional behavior, confidentiality, and interactions with residents.
 - Training and development: Procedures for training, professional development, and performance evaluations.
 - Internal processes: Instructions on internal processes like documentation, reporting, and communication protocols.
 - Health and safety: Procedures related to maintaining a safe working environment, including handling hazardous materials and responding to emergencies.

Resident Handbook Policies:

- Audience: These are intended for the residents of the recovery residence.
- Content focus:
 - House rules: Expectations for behavior, curfew times, visitors, and use of common areas.
 - › Resident responsibilities: Guidelines on chores, participation in house meetings, and adherence to treatment plans.
 - › Support and resources: Information on available support services, including counseling, group meetings, and community resources.
 - › Emergency procedures: Basic instructions for residents on what to do in case of emergencies like fires, medical issues, or natural disasters.
 - › Rights and privileges: Information on residents' rights, grievance procedures, and confidentiality protections.
 - › Discharge policies: Clear guidelines on the conditions and process for discharge from the residence.

Key Differences:

- Objective: Staff policies are designed to ensure smooth, compliant, and effective operation of the residence, while resident policies are aimed at creating a safe, structured, and supportive living environment.
- Detail and scope: Staff policies are generally more detailed and cover a broader range of operational aspects. Resident policies are more focused on day-to-day living and basic safety.
- Regulatory focus: Staff policies often include compliance with laws, CARR Standards, and professional standards, whereas resident policies focus more on community living standards and personal conduct.

Both sets of policies are essential for the overall functioning of the recovery residence, ensuring that staff can operate effectively and residents can live in a safe, supportive environment.

Resident Intake

Definition: The resident application for a recovery residence program is a comprehensive form designed to gather essential details about individuals seeking admission to ensure they are placed at the appropriate level of care.

Purpose: This application ensures that all necessary information is collected for any reporting or emergency situations and helps support the clients in their recovery planning.

This document is intended for incoming residents to complete after their screening. It collects important personal information necessary for the Recovery Residence to review and approve, and it will be included in the resident's file.

Information obtained should include, but is not limited to:

- Personal information:
 - Full name: Applicant's legal name.
 - Date of birth: Age verification.
 - Gender: For demographic and accommodation purposes.
 - Contact information: Phone number, email address, and current residential address.
 - Emergency contact: Name, relationship, and contact information of someone to be notified in case of an emergency.
- Medical and health information:
 - Medical history: Information on past and current medical conditions, surgeries, and treatments.
 - Mental health history: Details on any diagnosed mental health conditions and treatment history.
 - Medication list: Current medications, dosages, and prescribing doctors.
 - Substance use history: Types of substances used, duration of use, and previous treatment experiences.
 - Allergies: Any known allergies, especially to medications.
- Insurance information:
 - Insurance provider: Name of the health insurance provider.
 - Policy number: Insurance policy identification number.
 - Coverage details: Information on what treatments and medications are covered under the insurance plan.

- Personal background:
 - Educational history: Highest level of education completed.
 - Employment history: Current employment status and previous job experiences.
 - Legal history: Any past or pending legal issues, including arrests and convictions.
 - Family and Social Relationships: Information about immediate family and significant social relationships.
- Program-specific information:
 - Reason for seeking admission: Explanation of why the applicant wants to join the recovery residence program.
 - Goals and expectations: Personal recovery goals and what the applicant hopes to achieve through the program.
 - Support system: Description of the applicant's current support system, including family, friends, and other support networks.
 - Previous treatment: Information on any prior treatment programs attended, including dates and outcomes.
- Consent and agreements:
 - Consent to treatment: Agreement to participate in the program and abide by its rules and regulations.
 - Release of information: Consent to share relevant information with healthcare providers, insurance companies, and other necessary parties.
 - Financial agreement: Understanding and agreement of the program's fees, payment schedules, and financial responsibilities.
- Signature and date:
 - Applicant's signature: The signature of the applicant verifying the accuracy of the provided information.
 - Date of application: The date on which the application is completed and submitted.

Recovery Residence may choose to include on this form resident information regarding recovery pathway and plan, as well as other pertinent information to include next of kin and emergency contact. As well as recovery residence guarantee of payment (guarantor), along with resident permission to be in contact with the guarantor in the application and/or in the confidentiality permission statement.

The intake process should include verification of financial terms, financial obligations, and that policy, including policies that would result in the forfeiture of "deposits" or fees and the policy, procedure, and timing of any refund or credit balance due to resident or resident account.

Including these items in a resident intake ensures that the recovery residence program has a comprehensive understanding of the applicant's background, needs, and expectations, facilitating a tailored and effective recovery plan.

Confidentiality Consent

Definition: Confidentiality consent policy and agreement means the residence handbook policy and agreement that outlines residents' responsibilities regarding privacy and confidentiality within the recovery residence communities protected health information as described in HIPAA, 42 C.F.R. Part 2.

Purpose: To emphasize the importance of respecting others' privacy and maintaining discretion while allowing necessary communication for residents' best interests.

This section of the Resident Orientation Handbook clearly outlines residents' responsibilities to respect the privacy and confidentiality of fellow residents and emphasizes the need for discretion within the community. Staff members are trained to communicate the importance of maintaining confidentiality.

During the orientation, residents may grant the recovery residence permission to contact and communicate with caregivers, family members, and other concerned parties. This step ensures that communication can be established, when necessary, based on the resident's best interests and requests. A permission form for this purpose may be included in the Resident Orientation Handbook or completed separately.

Additionally, based on the information provided by the resident, a release of information (ROI) form, also known as a "business associate agreement," should be completed during this phase. Residents may be asked to complete the ROI for any medical or mental health care provider or court liaison that requires such a release, allowing these providers to communicate with the Recovery Residence.

Social Media Consent

Definition: A social media consent policy for a recovery residence handbook outlines the guidelines and permissions regarding the use of social media by residents, staff, and affiliates of the program.

Purpose: This policy aims to protect the privacy, dignity, and confidentiality of all individuals involved while promoting a safe and supportive online environment.

Key elements of the policy may include:

- Objective and scope:
 - Define the purpose of the policy and the individuals it applies to (residents, staff, visitors, volunteers, etc.).
- Consent requirement:
 - Outline the need for obtaining explicit consent from individuals before sharing their images, videos, personal stories, or any other identifying information on social media platforms.
- Privacy and confidentiality:
 - Emphasize the importance of protecting personal information and the privacy of residents.
 - Prohibit the sharing of specific details about residents' recovery journey, health status, or personal history without their written consent.
- Types of content:
 - Specify what types of content are permissible to share (e.g., general program updates, educational content, success stories with consent).
 - Define prohibited content (e.g., images of residents without consent, sensitive personal information).
- Tagging and mentioning:
 - Address the guidelines for tagging or mentioning residents, staff, or the program itself on social media.
 - Require consent before tagging individuals in posts or photos.

- Social media platforms:
 - List the social media platforms covered by the policy (e.g., Facebook, Instagram, Twitter, LinkedIn).
- Photo and video sharing:
 - Establish rules for taking and sharing photos or videos within the residence and during program activities.
 - Require signed media release forms for any individuals who may appear in photos or videos shared on social media.
- Content review and approval:
 - Implement a process for reviewing and approving content before it is posted on the program's official social media accounts.
 - Designate responsible staff members or a social media committee for content oversight.
- Resident and staff guidelines:
 - Provide guidelines for residents and staff on appropriate social media use.
 - Encourage positive and respectful online behavior that aligns with the values of the recovery program.
- Monitoring and enforcement:
 - Outline the monitoring process for ensuring compliance with the policy.
 - Specify consequences for policy violations, such as removal of non-compliant content or disciplinary action.
- Amendments and updates:
 - Explain the procedure for updating the policy as needed.
 - Communicate how changes will be conveyed to residents, staff, and other stakeholders.
- Contact information:
 - Provide contact details for a designated policy administrator or social media coordinator who can address questions or concerns related to the policy.

By adhering to these guidelines, the recovery residence program can foster a supportive online community while safeguarding the privacy and dignity of all individuals involved.

Staff Contact Information

Definition: This policy outlines and governs in the recovery residence handbook how residents can access and use staff contact information within the recovery residence program.

Purpose: To provide clear guidelines on how residents can access and use staff contact information within the recovery residence program.

The policy should ensure effective communication while maintaining the privacy and security of both residents and staff. The staff contact information policy should aim to ensure that accurate and up-to-date contact information for all staff members is maintained and accessible to ensure effective communication and operational efficiency within the recovery residence program.

Key elements of the policy may include:

- Objective:
 - The policy should apply to all residents and staff members of the recovery residence program. It should outline the appropriate use of contact information for communication regarding program-related matters.

- Contact information provided:
 - The policy should include the following contact information for relevant staff members:
 - Names and titles: Full names and official titles of staff members.
 - Phone numbers: Designated phone numbers for program-related communication. This may include office phones and emergency contact numbers.
 - Email addresses: Official email addresses for electronic communication.
 - Office locations and hours: Physical locations of staff offices and their availability hours for in-person visits.
 - Emergency contacts: Specific emergency contact details for urgent situations requiring immediate assistance.
- Usage guidelines:
 - Residents are expected to use staff contact information responsibly and for program-related purposes only.
 - Non-emergency communication: Residents should use designated phone numbers and email addresses for non-urgent questions, support, and information requests.
 - Emergency communication: Clearly define what constitutes an emergency and provide specific instructions for contacting staff in such situations.
 - Respectful communication: All interactions should be respectful and adhere to the program's Code of Ethics. Harassment or misuse of contact information will not be tolerated.
- Privacy and confidentiality:
 - Staff contact information should be treated as confidential and not shared with individuals outside the recovery residence program.
 - Residents are expected to respect the privacy of staff members and avoid contacting them outside designated hours unless it is an emergency.
- Updating contact information:
 - The policy should include procedures for updating contact information when there are changes in staff members, phone numbers, or email addresses.
 - Residents should be informed promptly of any changes to ensure continued effective communication.
- Compliance and enforcement:
 - The recovery residence program reserves the right to enforce this policy and take appropriate action in cases of misuse.
 - Non-compliance with the policy may result in disciplinary actions as outlined in the program's rules and regulations.
- Training and awareness:
 - Residents should receive an orientation on the staff contact information policy upon entry into the program.
 - Regular reminders and updates about the policy should be provided to ensure ongoing awareness and adherence.

This policy should be clearly communicated to all residents and readily accessible for reference. It aims to facilitate effective communication while maintaining professional boundaries and ensuring the safety and well-being of both residents and staff members.

Program Format

Definition: The program format outlines in the resident handbook the structure and progression criteria within the recovery residence, including resident advancement and program completion requirements.

Purpose: To provide clarity on resident expectations, stages of recovery, and criteria for progression within the program.

Progression within the recovery residence is contingent upon consistent adherence to the established Recovery Plan. Any transitional phases or advancements towards increased independence and autonomy within the residence should be clearly outlined in the Resident Orientation Handbook. Resident status or stage is determined based on factors such as length of stay, employment status, and the completion of elements outlined in the continuing care plan or Recovery Plan. Clear delineation of commitments is imperative, ensuring residents' comprehension. Additionally, any circumstances that may lead to a change in status should be effectively communicated. The program's structure should elaborate on the criteria for successful completion of programming.

Key elements of the policy may include:

- Progression criteria:
 - Advancement within the recovery residence depends on consistent adherence to the established Recovery Plan.
 - Transitional phases towards increased independence and autonomy should be clearly outlined in the Resident Orientation Handbook.
 - Resident status or stage is determined based on:
 - › Length of stay
 - › Employment status
 - › Completion of elements in the continuing care plan or Recovery Plan
- Commitments and communication:
 - Clear delineation of commitments is essential to ensure residents' understanding.
 - Any circumstances that may lead to a change in status should be effectively communicated.
 - The program's structure must elaborate on the criteria for successful completion.

Key points:

- Integration of the Social Model of Recovery:
 - Emphasize the importance of social connections and community support.
- Community integration:
 - Include at least one element of community integration, such as involvement in work, school, or volunteerism.
 - Residents must participate in a minimum of three meaningful community activities.
- Successful program completion:
 - Define what constitutes successful completion of the program.
- Increasing responsibilities:
 - Explain how residents' responsibilities increase with their progress in recovery and/or length of sobriety.
- Privileges and benefits:
 - Specify additional privileges or benefits conferred upon residents as they advance in their recovery journey.

- Clinical requirements:
 - Clearly identify clinical Requirements: for the program (applicable to Level C residences).
- Length of stay:
 - The length of stay should be determined by the resident, not the provider.
- Resident consent:
 - Include a process for capturing resident consent.

These guidelines aim to ensure a structured and supportive environment conducive to residents' sustained recovery and personal growth within the Recovery Residence.

Sample Resident Schedule (Level S and C)

Definition: A sample resident schedule outlines in the resident handbook the daily activities and routines for residents in Level S or C recovery residence programs.

Purpose: To provide structure, accountability, skill development opportunities, and support for residents' recovery journeys.

A sample resident schedule for a resident in a Level S or C recovery residence client outlines a structured daily routine designed to support individuals in their recovery from substance use disorders. This schedule typically includes a balance of activities that promote physical health, mental well-being, personal development, and social support. Key components often include designated times for meetings with sponsors, group meetings, personal reflection, physical exercise, vocational training, recreational activities, and household responsibilities.

Why It Is Needed:

- Structure and routine: A structured schedule provides residents with a predictable and stable environment, which is crucial for those in recovery. It helps reduce anxiety and uncertainty, allowing clients to focus on their recovery.
- Accountability: Regular check-ins, group meetings, and meetings with sponsors create a system of accountability, ensuring that residents are actively engaged in their recovery process.
- Skill development: Scheduled activities such as life skills workshops and vocational training help clients acquire essential skills for independent living and reintegration into society.
- Physical health: Incorporating physical activities promotes overall well-being, helping clients to maintain a healthy lifestyle and reduce stress.
- Emotional and mental health: Meeting with sponsors, meditation, and personal reflection time support mental health and emotional stability, addressing underlying issues related to substance use.
- Social support: Group meetings and social activities foster a sense of community and belonging, reducing feelings of isolation and providing a network of support from peers.
- Personal growth: Structured free time and recreational activities allow clients to explore hobbies and interests, contributing to personal growth and self-discovery.

Sample Daily Schedule

6:00 AM - 7:00 AM: Wake Up and Morning Routine

- Wake up
- Personal hygiene (shower, brush teeth, etc.)
- Make bed and clean personal space

7:00 AM - 8:00 AM: Breakfast

- Prepare and eat a healthy breakfast
- Morning medication (if applicable)

8:00 AM - 9:00 AM: Morning Meditation/Reflection

- Group or individual meditation
- Journaling or reading recovery literature

9:00 AM - 10:00 AM: Daily Chores

- Assigned household chores (cleaning common areas, taking out trash, etc.)

10:00 AM - 11:00 AM: Life Skills Training

- Workshops on budgeting, job search skills, cooking, etc.

11:00 AM - 12:00 PM: Individual/Group Meetings

- Individual sessions or meeting with sponsors
- Group sessions focusing on recovery topics

12:00 PM - 1:00 PM: Lunch

- Prepare and eat lunch
- Free time to relax or socialize

1:00 PM - 2:00 PM: Physical Activity

- Exercise (yoga, gym, walking, etc.)

2:00 PM - 3:00 PM: Educational Sessions

- Educational workshops on addiction, relapse prevention, and mental health

3:00 PM - 4:00 PM: Personal Time

- Personal activities (reading, hobbies, rest)

4:00 PM - 5:00 PM: Vocational Training/Employment Search

- Job search assistance
- Resume building and interview preparation

5:00 PM - 6:00 PM: Dinner

- Prepare and eat dinner
- Evening medication (if applicable)

6:00 PM - 7:00 PM: Evening Group Meeting

- 12-step meetings or other support group sessions

7:00 PM - 8:00 PM: Leisure Activities

- Social activities (games, movies, etc.)
- Community building events

8:00 PM - 9:00 PM: Evening Reflection

- Group reflection on the day's events
- Planning for the next day

9:00 PM - 10:00 PM: Personal Time

- Relaxation and winding down
- Preparing for bed

10:00 PM: Lights Out

- Quiet time and lights out

Weekend Variations: Weekends may have a more relaxed schedule with additional leisure activities or outings.

Saturday and Sunday

8:00 AM - Wake Up

8:30 AM - Morning Meditation/Reflection

9:00 AM - Breakfast

10:00 AM - Leisure Activities/Family Visits

12:00 PM - Lunch

1:00 PM - Community Service/Volunteer Work

3:00 PM - Physical Activity (Sports, Hiking)

5:00 PM - Free Time/Personal Reflection

6:00 PM - Dinner

7:00 PM - 12-Step Meeting/Support Group

8:30 PM - Social Activity (Barbecue, Social Night)

10:00 PM - Personal Time/Prepare for Bed

11:00 PM - Lights Out

Flexibility: The schedule can be adjusted based on individual needs, recovery planning, and specific recovery programs.

Responsibilities: Residents may have rotating responsibilities for household tasks to foster a sense of community and accountability.

A well-designed resident schedule is an essential tool in the recovery process, offering a balanced approach that addresses various aspects of a client's life, promoting long-term sobriety and a healthier, more fulfilling life.

House Expectations - Resident Agreement

Every recovery home should have House Expectations to which all residents agree to adhere. The House Expectations are used to help set expectations for residents and staff and help ensure a positive living environment. The House Expectations are not a punitive tool for controlling resident behavior. Instead, House Expectations provides structure and support and ensures mutual understanding. The House Expectations are 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 House Expectations should be developed with the highest possible participation from residents 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 House Expectations. The following are suggestions to get you started thinking about your House Expectations. 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 House Expectations to meet the individual medical, disability, or other related needs of a resident. Each recovery home is different. Residents are expected to play an active role in creating and maintaining the

House Expectations. Therefore, each recovery home will have a different House Expectations appropriate for its living environment. The following are crucial elements for you and your residents to consider as you develop the House Expectations.

Definition: The House Expectations Policy defines the behavior, responsibilities, and conduct expected from residents within the recovery residence. It outlines guidelines for maintaining a positive, respectful, and supportive living environment conducive to recovery. The House Expectations offer structure to promote a community-oriented atmosphere where residents are actively engaged in creating and sustaining a healthy recovery culture. This policy is not punitive but instead provides mutual understanding and support.

Purpose: The purpose of the House Expectations Policy is to foster a structured, supportive living environment that promotes recovery, accountability, and mutual respect among residents and staff. This policy provides clear expectations for behavior, ensuring that all residents contribute positively to the communal living experience. By setting and adhering to these expectations, the policy aims to maintain a drug and alcohol free environment, support relapse prevention, build healthy relationships, and encourage community integration. Resident involvement in creating the policy reinforces empowerment and shared responsibility.

Key elements of the policy may include:

- Resident participation:
 - Residents should actively contribute to the development of the House Expectations. Involving residents ensures that the expectations reflect their needs and perspectives while fostering a sense of ownership and responsibility for upholding the standards.
- Drug and alcohol free living:
 - Residents agree to maintain sobriety, abstaining from the use or possession of alcohol and illicit substances.
 - Clear guidelines on search procedures for resident property should be established in compliance with legal requirements. Legal counsel should be consulted regarding search permissions.
 - The policy should include expectations around medication, ensuring residents understand and adhere to the rules regarding prescription and non-prescription drugs.
- Relapse prevention:
 - Residents agree to engage in recovery-related activities such as meetings, recovery planning, and seeking mutual aid support.
 - The policy should emphasize participation in household recovery initiatives and peer support, requiring residents to assist one another in maintaining sobriety.
 - Clear guidelines on the handling of visitors and guests, as well as curfews and whereabouts reporting, are necessary to ensure structure and accountability.
 - Residents are encouraged to seek employment, education, or volunteer opportunities to foster personal growth and productivity.
- Household maintenance and cleanliness:
 - Residents agree to share responsibilities for chores, ensuring the home remains clean and well-maintained.
 - Rules regarding food storage, hygiene, and general upkeep should be established to maintain a healthy and safe environment.
 - The policy should include reporting mechanisms for maintenance issues and encourage residents to participate in preventive measures.

- Community building:
 - Residents agree to treat one another, staff, and visitors with respect and handle conflicts through appropriate channels.
 - Emphasis should be placed on open communication and seeking help when needed, fostering a supportive community within the residence.
 - Confidentiality must be maintained, especially regarding personal information about fellow residents.
- Respect for the surrounding neighborhood:
 - Rules should address the home's relationship with the surrounding neighborhood, including guidelines for parking, noise, and respecting neighbors.
 - The policy should encourage positive interaction with neighbors and a commitment to being considerate members of the broader community.

Recommendations:

- Involve as many residents as possible in the development of the House Expectations to ensure it reflects their experiences and needs. This will encourage buy-in and compliance.
- Adapt the House Expectations to suit the specific needs and target population of the residence. For example, accommodations should be made for residents with disabilities or medical conditions.
- Use plain language in the House Expectations to ensure all residents clearly understand the expectations.
- Regularly review and update the House Expectations based on resident feedback and evolving needs of the community.
- Keep the signed copies of the House Expectations accessible and visible in common areas as a reminder of the agreed-upon standards.

Requirements:

- Each resident must read and sign the House Expectations upon moving in, acknowledging their understanding and agreement.
- A copy of the signed House Expectations should be provided to each resident and kept in their records.
- The House Expectations must be revisited and revised periodically, with input from current residents, to ensure they remain relevant and effective.
- Ensure compliance with legal Requirements; particularly in areas involving searches, drug policies, and accommodations for individuals with disabilities or medical needs.

By following these guidelines, organizations can create a tailored House Rules and Expectations Policy that reflects their specific recovery community's needs, helping to foster a positive and recovery-focused environment.

Changing Your House Expectations

As your organization evolves, it may become necessary to update or modify the House Expectations to better reflect the community's changing needs. This is not only appropriate but essential for maintaining a supportive environment. Any adjustments to the House Expectations should be thoroughly discussed with residents to ensure clear communication and mutual understanding. Avoid implementing changes without first ensuring that all current residents fully grasp the updates.

Policies for Upholding the House Expectations

Even in environments where everyone initially agrees to the House's Expectations, 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 House Expectations:

- 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 House Expectations, 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 House Expectations in the future.

Definition: House Rules and Expectations in a recovery residence handbook are a set of guidelines and standards that clients are required to adhere to during their stay.

Purpose: These rules are designed to promote a safe, supportive, and structured environment that is conducive to recovery from substance abuse or addiction.

House Rules and Expectations typically cover aspects such as behavior, attendance at meetings, chores, curfews, visitor policies, substance use, and conflict resolution.

Importance of House Expectations:

- Promote a safe environment: Ensuring the safety of all residents is paramount. Rules against substance use and violence help maintain a secure and stable living space where clients can focus on their recovery.
- Provide structure: Many individuals in recovery benefit from having a structured routine. Rules related to daily schedules, chores, and curfews help establish a sense of normalcy and responsibility.
- Support sobriety: Strict rules against the use of illicit drugs and alcohol, along with mandatory participation in recovery programs and meetings, are crucial for maintaining sobriety and preventing relapse.
- Encourage accountability: Rules that require residents to be accountable for their actions, such as attending meetings and performing chores, help build personal responsibility, which is an essential part of the recovery process.
- Foster a sense of community: Clear expectations about behavior and interactions with others help create a respectful and supportive community. This sense of belonging and mutual support is vital for emotional and psychological healing.

- Enhance personal development: By adhering to house rules, residents can develop valuable life skills such as time management, conflict resolution, and cooperation, which are beneficial for their long-term recovery.

Implementing and adhering to these house rules and expectations is essential for creating an environment that supports recovery, fosters personal growth, and helps individuals rebuild their lives free from addiction.

Good Neighbor Policy & Consent

Definition: A Good Neighbor Policy for a recovery residence client is a set of guidelines and expectations designed to foster a harmonious relationship between the recovery residence and the surrounding community.

Purpose: The policy ensures that the presence and activities of the recovery residence are compatible with the neighborhood, thereby promoting a peaceful and respectful environment for all residents.

Some areas to address in your good neighbor policy may include:

- Noise control: Clients should be expected to maintain reasonable noise levels, especially during evening and night hours, to avoid disturbing neighbors. This includes limiting loud conversations, music, and other noise-producing activities.
- Loud music: Clients should avoid playing loud music, particularly outdoors or with windows open, to ensure that it does not disturb the neighborhood.
- No loitering: Clients should not loiter in front of the residence if other options, such as the backyard, are more suitable for the community. Activities should be confined within the premises to prevent congestion and ensure neighbors feel comfortable in their surroundings.
- Smoking: Smoking in front of the residence is discouraged to maintain a clean and pleasant environment. Designated smoking areas should be used to minimize exposure and inconvenience to neighbors.
- Parking: Clients should adhere to designated parking areas and avoid blocking driveways or taking up excessive street parking in front of neighbors' homes. Respect for neighbors' parking needs is essential to a harmonious community.
- Respectful language: Offensive or loud language is prohibited in outdoor areas and should be minimized indoors to avoid disturbing neighbors.
- Cleanliness: The residence and its surrounding area should be kept clean, free of litter, and well maintained. Clients are responsible for maintaining cleanliness both inside and outside the property.
- Privacy: Clients must respect the privacy of neighbors by avoiding intrusive behavior and ensuring that activities within the residence do not compromise neighbors' sense of security and seclusion.
- Contact information for responsible staff: Clear contact information for residence staff should be provided to neighbors. This ensures that neighbors can quickly reach out if issues arise, fostering open communication and prompt resolution of any concerns.

Why it is needed: the good neighbor policy is crucial for several reasons:

- Promotes harmony: By addressing potential sources of conflict, the policy helps ensure a peaceful coexistence between the recovery residence and its neighbors.
- Builds trust: Clear guidelines and open communication channels build trust between the residence and the community, fostering a supportive environment.

- Reduces complaints: Proactively managing noise, parking, cleanliness, and other concerns helps reduce complaints from neighbors, allowing clients to focus on their recovery.
- Enhances community support: A well-implemented policy demonstrates the residents' commitment to being responsible and respectful community members, which can enhance community support and acceptance.
- Protects clients: Ensuring compatibility with the neighborhood helps protect clients from potential conflicts and stress, contributing to a more stable and supportive recovery environment.

By adhering to a Good Neighbor Policy, recovery residences can create a positive and respectful presence in the community, which benefits both clients and neighbors alike.

Search Policy & Consent

Definition: A search policy and consent is a set of guidelines and processes established by a recovery residence organization to identify, handle, and manage potentially dangerous or harmful items.

Purpose: This policy ensures safety and compliance with house rules, helping to create a secure and supportive environment for all residents.

The policy outlines the scope, definitions, authority, procedures, notification, handling of items, training, legal considerations, and review processes necessary for effective implementation.

Key elements of the policy may include:

- Objective and scope:
 - Scope: This policy applies to all residents, staff, and visitors of the recovery residence.
- Purpose: To protect the safety and security of individuals and property within the recovery residence by identifying and managing hazardous items.
- Hazardous items:
 - Hazardous items: Includes weapons, explosives, toxic substances, illicit drugs, alcohol, and other items that pose a risk to health or safety.
- Authority and responsibility:
 - Authorized personnel: Only designated staff members are authorized to conduct searches.
 - Responsibilities: Authorized personnel are responsible for executing the search procedures in a fair and respectful manner, ensuring compliance with the policy.
- Search procedures:
 - Methods: Searches may include random searches, targeted searches based on specific criteria, and the use of search equipment such as metal detectors.
 - Documentation: All searches must be documented, including the date, time, reason, and outcome of the search.
- Notification and consent:
 - Resident notification: Staff members responsible for conducting searches will receive comprehensive training.
 - Consent requirements: Residents must consent to the search policy as part of their residency agreement.
- Handling of discovered items:
 - Securing items: Hazardous items will be immediately secured and stored in a safe location.

- Disposal: Items will be disposed of in accordance with legal and safety regulations.
- Notifications: Authorities will be notified as required, and a detailed report will be filed.
- Training and compliance:
 - Training: Staff members responsible for conducting searches will receive comprehensive training.
 - Compliance: Regular audits will ensure compliance with the policy, and disciplinary actions will be taken for non-compliance.
- Legal and ethical considerations:
 - Privacy: Searches will be conducted with respect for resident privacy and dignity.
 - Legal adherence: All searches will comply with applicable laws and regulations.
 - Non-discrimination: The policy will be enforced without discrimination or harassment.
- Review and update:
 - Regular review: The policy will be reviewed annually to reflect changes in laws, regulations, or organizational needs.
 - Updates: Necessary updates will be made to ensure the policy remains effective and relevant.

By implementing this comprehensive Resident Handbook Search and Procedure Policy, recovery residences can mitigate risks, enhance safety, and ensure that procedures are consistent, respectful, and legally compliant.

Medication Storage and Usage Consent

Definition: A Prescription Medication Storage & Usage Consent Policy for the recovery residence handbook is a structured protocol designed to ensure the safe management, storage, and usage of prescription and nonprescription medications within a recovery residence. This policy outlines the responsibilities of both the residents and the staff to maintain a secure and supportive environment conducive to recovery.

Purpose: The primary purpose of this policy is to prevent misuse, abuse, or accidental ingestion of medications by ensuring that all prescription and nonprescription medications are properly stored, administered, and in some circumstances, logged. It also facilitates effective communication with healthcare professionals to support the recovery process and ensures compliance with the CARR Standards.

Key elements of the policy may include:

- Permitted medications and house rule:
 - The recovery residence permits the use of both prescription and nonprescription medications as prescribed by a licensed healthcare professional.
 - All residents must adhere to the house rule that mandates the safe storage and usage of these medications.
- Record of medications:
 - A detailed record of all medications that a resident is taking and possesses should be maintained. This record will include the name of the medication, dosage, frequency of administration, and the healthcare professional who is prescribing it.
- Communication with healthcare professionals:
 - The recovery residence may establish and maintain communication with the resident's healthcare professionals to support ongoing recovery planning. This will involve obtaining consent from the resident for such communications in accordance with confidentiality policies.
- Safe storage of medications:
 - All prescription medications must be stored in a locked and secure manner to prevent unauthorized access. (required CARR Standard).

- The recovery residence should define the secure storage of prescription medications, which may include individual lockboxes or a centralized medication storage area that is in compliance with Colorado State laws.
- Residents are responsible for ensuring their medications are stored securely in the provided accommodations.
- Access to medications:
 - Medications stored by the recovery residence staff should be accessible to residents as needed, based on a predetermined plan that accounts for varying staff schedules.
 - A plan should be in place to ensure residents can obtain their medications even when staffing varies from the scheduled access times.
- Documentation of medication self-administration:
 - Staff should document the self-administration of medications by residents when applicable.
 - Access to this documentation (medication log) should be restricted to authorized personnel to maintain confidentiality and ensure accuracy.

Why this policy is needed:

This policy is essential to safeguarding residents' well-being by preventing potential medication-related issues such as overdose, misuse, or diversion. It also ensures that residents are compliant with their prescribed medication regimens, which is critical for their recovery process. By maintaining accurate records and facilitating effective communication with healthcare providers, the policy supports a holistic approach to recovery. Additionally, adherence to CARR Standards through this policy demonstrates the recovery residence's commitment to providing a safe, supportive, and professional environment for all residents.

Illicit Drug, Alcohol Testing Policy and Consent

Definition: The Illicit Drug and Alcohol Testing and Consent Policy for recovery residence clients outlines the procedures, responsibilities, and consent required for the administration of substance use testing within the facility.

Purpose: This policy is essential to ensure a safe and supportive environment conducive to recovery.

Types of tests employed:

- Instant urine drug screen: A rapid test for detecting the presence of drugs in a resident's urine.
- Breathalyzer: A device used to measure blood alcohol concentration (BAC) from a breath sample.
- Alcohol detection swab: A quick and non-invasive method to detect the presence of alcohol in saliva.

Interim testing utilizing outside toxicology lab:

- Interim testing by an outside toxicology lab may be warranted under specific circumstances, such as:
 - Suspected use of substances not detectable by on-site tests.
 - Confirmation of positive results obtained from instant tests.
 - Routine scheduled testing for verification purposes.
- Residents must provide consent for the utilization of outside toxicology lab services.

Resident Consent and Fee Schedule:

- Residents are required to consent to routine testing for substance or alcohol use on-site.
- The financial responsibilities for routine testing and any additional costs incurred from outside toxicology lab services should be clearly outlined in a fee schedule provided to the residents.

Supervision and observation:

- Residents must consent to the supervision or observation of tests by staff when applicable. This may include observed urine sample collection to ensure test integrity.

Confidentiality and sharing of results:

- Residents must provide permission for the recovery residence to share drug log results with caregivers or other designated individuals, ensuring compliance with confidentiality standards.

Consequences for non-compliance:

- Failure to submit to alcohol and/or drug testing Requirements: will result in consequences, which may include:
 - Warning and increased frequency of testing.
 - Temporary suspension of residence privileges.
 - Possible termination from the recovery residence program.

Verification procedures for false positives:

- In the event of a positive test result, verification procedures will be employed to confirm the accuracy of the result. This may include:
 - Sending the sample to an outside toxicology lab for further analysis.
 - Reviewing medication and supplement use that may have caused the false positive.
 - Providing the resident an opportunity to explain and discuss the result before any consequences are applied.

Importance of the Policy

This policy is crucial for maintaining a drug and alcohol-free environment, ensuring the safety and well-being of all residents, and supporting individuals in their recovery journey. It provides a clear framework for testing, consent, and the handling of test results, promoting transparency and accountability within the recovery residence.

Return to Use (Relapse) Policy and Consent

Definition: In compliance with CARR Standards, Core Principles, and C.R.S. §27.80.129, it is essential to establish comprehensive policies and procedures addressing the recurrence of substance use and/or alcohol consumption within a recovery residence.

Purpose: This policy ensure a structured and supportive environment that promotes sustainable recovery and maintains the safety and well-being of all residents.

The return to use policy includes the following components:

- Protocol for detected substance or alcohol use:
 - Procedures to resume a sustainable recovery plan when a return to use occurs.
 - Efforts by the Recovery Residence to prevent ongoing substance use.
- Notification of care professionals:
 - Policies and procedures for notifying care professionals and other designated individuals that the resident has approved the Recovery Residence to contact.
- Notification of next of kin and sober supports:
 - Policies and procedures for notifying the next of kin and/or sober supports, as approved by the resident.

- Conditions for re-admittance:
 - Outline the conditions under which a resident may be readmitted to the Recovery Residence, considering the well-being of current residents.
- Pursuit of appropriate medical intervention:
 - Policies and procedures to ensure that appropriate medical intervention is pursued when necessary.
- Documentation of premature departure:
 - Policy regarding the documentation of residents vacating the Recovery Residence without notice and/or prematurely.
- Capturing resident consent:
 - Ensuring resident consent is captured and documented appropriately.

Implementing a return to use policy is crucial for maintaining the integrity of the recovery process and ensuring the safety and well-being of all residents within the recovery residence. This policy provides a structured framework for addressing relapses, ensuring that residents receive the necessary support to resume their recovery journey. It also outlines clear communication protocols with care professionals, next of kin, and sober supports, fostering a collaborative approach to recovery. Additionally, the policy establishes conditions for re-admittance and appropriate medical intervention, promoting a safe and supportive environment. Documenting instances of premature departure ensures accountability and helps in refining support strategies for future residents. Ultimately, this policy upholds the standards and principles of the Recovery Residence, promoting sustainable recovery and preventing ongoing substance use. Ultimately, this policy upholds the standards and principles of the Recovery Residence, promoting sustainable recovery and preventing ongoing substance use, in accordance with CARR Standards, Core Principles, and C.R.S. § 27.80.129.

Discharge Policy and Consent

Definition: A Discharge policy for a recovery residence client is a formalized procedure that outlines the processes and protocols for safely and effectively transitioning a resident out of the recovery residence.

Purpose: This policy ensures that all discharges comply with the standards set forth by CARR and C.R.S. §27.80.129.

The Discharge Policy and Consent is designed to support residents either upon the successful completion of their stay or in the event of an unforeseen circumstance requiring premature departure, such as substance abuse, return to use, major rule violations, or abandonment of the residence:

- Support for transition: Provides assistance and resources for residents who successfully complete their stay, facilitating a smooth transition back into the community.
- Clarity and communication: Clearly communicates the rules, consequences, and procedures related to major rule violations that result in immediate discharge. This includes transparent communication about the process for discharges resulting from abandonment of residence, such as not returning from work, meetings, or an overnight pass.
- Handling abandonment: Establishes clear guidelines for discharges related to the abandonment of residence and ensures residents are aware of the process in such cases.
- Property and medications: Details the procedures for managing personal property and medications left behind by residents, with clear timelines for their resolution.
- Financial reconciliation: Ensures a transparent understanding of the financial obligations of both the

resident and the recovery residence, including the process and timeline for reconciling any credit balance or refund due to the resident.

- Notification protocols: Outlines the responsibility of the recovery residence to notify the resident's next of kin and caregiving professionals about the discharge status.
- Alumni community: Encourages discharged residents to join and engage with the alumni community of the recovery residence for ongoing support, fostering a sense of continued belonging and assistance.
- Referrals for continued care: Provides referrals to safe alternative dwellings or higher levels of care for residents discharged before completing their committed stay. This ensures the continuity and sustainability of the resident's recovery plan.

Through this policy, the recovery residence aims to ensure that the discharge process is conducted with dignity, compassion, and a focus on supporting the ongoing recovery journey of each resident.

The policy ensures that all aspects of the discharge process are handled with care, respect, and in a manner that promotes the well-being and recovery journey of the resident.

Emergency Policy and Procedure

Definition: An Emergency Policy and Procedure is a comprehensive framework designed to outline the policies, procedures, and protocols essential for ensuring the safety and well-being of residents in a recovery residence.

Purpose: This policy includes an emergency and disaster plan that addresses various potential crises. The policy's objective is to provide clear guidelines and instructions to manage emergencies effectively, thereby creating a secure and supportive environment for all residents.

Importance:

An emergency policy and procedure is crucial for several reasons:

- Safety assurance: It ensures that residents are prepared for emergencies, minimizing risks and potential harm.
- Compliance: It aligns with regulatory standards and legal requirements, maintaining the residence's operational legitimacy.
- Preparedness: It enhances the readiness of both residents and staff to respond promptly and effectively to emergencies.
- Peace of mind: It provides residents and their families with confidence in the residence's ability to handle crises.

Key elements of the policy may include:

- Orientation:
 - Introduction to safety plan: During orientation, residents are introduced to the comprehensive safety plan, including the residence address and evacuation procedures.
 - Evacuation plan: The orientation includes a detailed plan with designated meeting locations outside the property to ensure a coordinated evacuation.
- Emergency plan accessibility:
 - Resident Orientation Handbook: The emergency plan should be easily located in the Resident Orientation Handbook, providing residents with easy access to emergency procedures.

Detailed components:

- Emergency contacts and next of kin:
 - A clear plan for contacting the emergency contacts or next of kin of residents in the event of an emergency.
- Medical emergencies and overdoses:
 - Established protocols for handling medical emergencies, including overdoses.
 - Clear indication of the location of Narcan and instructions for its use within the residence.
- Fire safety:
 - Policies and procedures to follow in the event of a fire, including the use of fire safety materials and equipment.
 - Regular fire drills and safety checks to ensure resident readiness. These drills should include where to meet and how to notify the fire department of critical information.
- Major snow events:
 - Protocols and procedures for dealing with significant snow events, including evacuation plans if necessary and maintaining access to essential services.

The emergency policy and procedure is an essential aspect of a recovery residence's operational framework. It not only ensures compliance with relevant standards but also significantly enhances the safety and security of residents by preparing them for various emergency situations. By integrating this policy into the orientation process and maintaining visible, accessible plans within the residence, the recovery residence fosters a proactive and responsive environment that prioritizes the well-being of its residents.

Emergency/Non-Emergency Contact Sheet

Definition: An Emergency and Non-Emergency Contact Sheet Policy is a critical framework established within a recovery residence to ensure the safety, well-being, and timely support of all residents.

Purpose: This policy mandates the creation, maintenance, and dissemination of a comprehensive contact sheet that includes emergency and non-emergency contact information for key responders and resources within the community.

This contact sheet serves as a vital resource for residents, staff, and visitors, facilitating prompt and appropriate responses to both urgent and non-urgent situations.

Key elements of the policy may include:

- Emergency contact information:
 - Emergency services (911).
 - Fire department.
 - Ambulance services.
- Non-emergency contact information:
 - Non-emergency police: Contact information for local police departments for situations that require police presence but are not life-threatening emergencies.
 - Detox facilities: Information for local detox centers that can provide immediate medical intervention for substance withdrawal.
 - Hospitals: Contact details for nearby hospitals and urgent care centers for non-critical medical needs.
 - Shelters: Information on local shelters that can provide temporary housing and support services.
 - Suicide hotline: National and local suicide prevention hotline numbers for immediate mental health crisis support.

- Reporting agencies:
 - Oversight and accreditation bodies: Contact information for agencies that provide oversight of recovery residence providers, ensuring compliance with standards and regulations (e.g., CARR, Behavioral Health Administration, state health departments).

Rationale and importance:

The establishment of a Resident Emergencies and Non-Emergency Contact Sheet Policy is essential for several reasons:

- Immediate Access to Resources: Ensures that residents and staff can quickly access critical contact information during emergencies, enhancing response times and potentially saving lives.
- Comprehensive Support Network: Provides a robust network of support resources, including medical, mental health, and social services, addressing a wide range of needs.
- Compliance with standards: Aligns with CARR Standards and other regulatory requirements, demonstrating the recovery residence's commitment to safety and high-quality care.
- Peace of mind: Offers residents and their families peace of mind knowing that there are established protocols and readily available resources to handle both emergency and non-emergency situations.
- Improved communication: Facilitates clear and effective communication channels between residents, staff, and external agencies, fostering a safer and more supportive living environment.

By implementing this policy, recovery residences can significantly enhance their preparedness for various situations, ensuring a safer and more supportive environment for all residents.

Infectious Disease Policy, Procedure and Consent

Definition: An Infectious Disease Policy is a comprehensive framework designed to control and prevent the spread of infectious diseases within a recovery residence.

Purpose: This policy outlines the definitions, preventive measures, behavioral expectations, and procedural protocols necessary to maintain a safe and healthy environment for all residents and staff.

The policy is essential to:

- Protect health and safety: Preventing the spread of infectious diseases is critical to safeguarding the health of residents and staff.
- Ensure compliance: Adherence to health regulations and standards is mandatory for maintaining certification.
- Promote a healthy environment: A clear policy fosters a hygienic and supportive environment, essential for the recovery process.
- Minimize disruption: Efficient management of infectious diseases reduces the impact on daily operations and residents' routines.

Key elements of the policy may include:

- Definition of infectious diseases:
 - An infectious disease is caused by pathogens such as bacteria, viruses, fungi, or parasites that can be transmitted between individuals, through contact with contaminated surfaces, or via air, water, and other means.
- Protective equipment:
 - The policy should specify the types of personal protective equipment (ppe) offered or required, such as masks, gloves, and hand sanitizers.
 - Guidelines on the proper use and disposal of ppe should be included.

- Behavioral guidance:
 - Clear instructions on hygiene practices, such as regular handwashing, respiratory etiquette, and maintaining physical distance.
 - Protocols for reporting symptoms and exposure to infectious diseases.
- Cleaning guidance:
 - Detailed cleaning schedules and procedures for common areas, bathrooms, and personal spaces.
 - Use of approved disinfectants and cleaning agents.
- Isolation and quarantine protocols:
 - Procedures for isolating residents who exhibit symptoms or test positive for infectious diseases such as covid.
 - Quarantine measures for those exposed to infected individuals, including duration and conditions of quarantine.
- Waste disposal protocols:
 - Safe disposal methods for contaminated waste, including ppe, tissues, and other materials.
 - Regular collection and disposal schedules to prevent accumulation of hazardous waste.
- Resident consent:
 - Obtain informed consent from residents regarding the infectious disease policy and procedures.
 - Ensure residents are aware of their responsibilities and the measures in place to protect their health.

By implementing this policy, a recovery residence can effectively manage and mitigate the risks associated with infectious diseases, ensuring a safe and supportive environment for all.

Resident Rights Policy

Definition: Resident rights means the entitlements and protections afforded to individuals residing in a recovery residence, including but not limited to the right to a safe, clean, and sober living environment, privacy, respect, freedom from discrimination, access to necessary support services, and participation in the decision-making processes related to their treatment and living conditions. These rights are designed to ensure fair treatment, dignity, and promote the individual's recovery journey.

Purpose: This policy aims to create a safe, supportive, and transparent environment that fosters sustainable recovery.

The Resident Rights Policy outlines the key rights of residents, including understanding the recovery residence's priority population and goals, financial terms and obligations, reporting concerns without fear of retaliation, and access to personal and financial information. Additionally, it guarantees residents fair housing rights and addresses policies regarding personal property.

Importance: A Resident Rights Policy is essential to safeguard the dignity, respect, and autonomy of individuals in recovery. By clearly communicating these rights, the policy helps to build trust between residents and the recovery residence, encourages accountability, and ensures that residents are aware of their entitlements and obligations. This transparency supports a positive recovery environment, mitigates potential conflicts, and promotes a sense of security and empowerment among residents.

Key elements of the policy may include:

- Understanding of priority population and goals:
 - Residents are informed about the specific population the recovery residence prioritizes and the goals set to support a sustainable recovery plan for that population.

- Requirements: and guidelines for reporting concerns:
 - Residents have a clear process for reporting concerns or grievances without fear of retaliation, ensuring their voices are heard and addressed promptly.
- Financial terms and obligations:
 - Detailed information about financial obligations, including deposits, refund policies, and any other costs associated with residency, is provided to residents.
- Personal property policies:
 - Policies and procedures regarding personal property left in the home are clearly outlined, ensuring residents understand how their belongings will be handled.
- Fair housing rights:
 - Residents are clearly informed of their fair housing rights, including the right to live in a drug and alcohol-free environment, promoting a safe and supportive living space.
- Access to financial transactions:
 - Residents have the right to access financial transactions made by or on their behalf, ensuring transparency and accountability.
- Access to provider policies and consent forms:
 - Residents are entitled to access the provider's policies and procedures and receive copies of any consent forms they have signed, ensuring they are fully informed of the agreements they have entered into.

This comprehensive policy ensures that residents are well-informed, their rights are protected, and they have the necessary support for their recovery journey.

Grievance Policy, Procedure and Consent

Definition: The Grievance Policy, Procedure and Consent for a recovery residence is a structured process established to address and resolve resident concerns and complaints in a fair, transparent, and timely manner.

Purpose: This policy ensures that all residents are aware of their rights and have a clear, accessible method of voicing grievances to the Recovery Residence administration and, if necessary, to CARR.

Key elements of the policy may include:

- Resident Consent:
 - Each resident should be introduced to the grievance policy during their orientation and will be required to sign a resident consent form acknowledging their understanding and agreement to the policy. This consent ensures that residents are fully informed of the procedures and their rights.
- Reporting concerns:
 - The policy outlines a clear process for residents to report their concerns. Residents should be provided with a chain of command, starting with their immediate supervisor or house manager, escalating to higher levels of administration if necessary. This hierarchy ensures that grievances are addressed at the appropriate level promptly.
- Time frame for resolution:
 - Upon submission of a grievance, the recovery residence commits to addressing and resolving the issue within a specific time frame, typically within 14 business days. This prompt response is crucial to maintaining trust and ensuring that concerns are handled efficiently.
- Unresolved grievances:
 - If a grievance is not resolved to the resident's satisfaction, they will be informed of their right to escalate the matter to carr. Instructions on how to file an online grievance with carr will be provided, ensuring that residents know how to seek external resolution if needed. The CARR grievance policy can be found at carrcolorado.org.

- Accessibility:
 - The grievance policy will be prominently posted or easily located at each location and/or housing unit, making it easily accessible to all residents.

Why it is needed:

The grievance policy and procedure is essential for several reasons:

- Empowerment: it empowers residents by providing a clear, accessible method to voice their concerns, ensuring their voices are heard and respected.
- Transparency: it promotes transparency within the recovery residence, fostering an environment of trust and accountability.
- Fairness: it ensures that grievances are handled in a consistent, fair, and timely manner, preventing potential conflicts from escalating.
- Compliance: it helps the recovery residence comply with CARR Standards and other relevant regulations, maintaining high standards of care and operation.
- Improvement: it provides valuable feedback to the administration, highlighting areas for improvement and contributing to the overall enhancement of the recovery environment.

By implementing a robust Grievance Policy, Procedure and Consent, the recovery residence demonstrates its commitment to the well-being and satisfaction of its residents, ensuring a supportive and responsive living environment.



Sample Recovery Residence Grievance Form

Purpose: This form is intended to provide a means for residents to voice their grievances in a structured manner
Recovery Residence Location: _____

Resident Information

Name: _____ Date: _____

Grievance Details

Time of Incident: _____ Date of Incident: _____

Location of Incident: _____

Description of Incident: (Please provide a detailed description of the incident, including names of any individuals involved) _____

Witnesses (if any): (Please list names and contact information) _____

Actions Taken: (Please describe any actions you have taken regarding this incident prior to filing this grievance.) _____

Desired Resolution: (Please describe what you believe would be a fair resolution to this grievance.) _____

Resident Signature

Signature: _____ Date: _____

Recovery Residence Staff Use Only

Received By: _____ Date: _____

Action Taken: (Please describe the actions taken by the Recovery Residence staff to address the grievance.) _____

Resolution Date: _____ Staff Signature: _____

Important Notice: A Grievance Form is to be included in the Resident Orientation Handbook, as well as accessible in shared areas of each Recovery Residence location. Additionally, the Resident Orientation Handbook should direct residents to the Recovery Residence website, where a link to the CARR

Grievance Form can be downloaded or directed to carrcolorado.org for the Grievance Form.

Maintenance Repair Request Policy & Procedure

Definition: A Maintenance Repair Request for a recovery residence outlines the systematic process through which residents can report and resolve maintenance issues in a timely and efficient manner.

Purpose: This policy ensures that the living environment remains safe, clean, and conducive to recovery. The procedure for reporting maintenance issues must be clearly communicated to all residents and included in the Resident Orientation Handbook.

Key elements of the policy may include:

- Reporting maintenance issues:
 - Residents must report maintenance issues promptly using the designated reporting method (e.g., Maintenance request forms, online reporting system, or direct communication with management).
 - Detailed instructions on how to report issues, including contact information and expected response times, should be provided in the resident orientation handbook.
- Management response:
 - Upon receiving a maintenance request, management must assess the urgency of the issue and prioritize repairs accordingly.
 - Emergency repairs (e.g., plumbing leaks, electrical issues) should be addressed immediately, while non-urgent repairs should be scheduled within a reasonable timeframe.
- Documentation and tracking:
 - All maintenance requests and repairs should be documented, including the date of the request, nature of the issue, and resolution details.
 - A tracking system should be in place to ensure that all reported issues are followed up on and resolved in a timely manner.
- Communication with residents:
 - Residents should be kept informed about the status of their maintenance requests and any expected delays.
 - Clear communication channels should be established to provide updates and receive feedback.
- Regular inspections and preventive maintenance:
 - Scheduled inspections should be conducted to identify and address potential maintenance issues before they become problematic.
 - Preventive maintenance procedures should be in place to maintain the overall condition of the residence and its amenities.

Why it is needed:

A comprehensive maintenance repair policy and procedure is essential for several reasons:

- Safety and well-being: ensuring prompt repair of maintenance issues helps maintain a safe living environment, reducing the risk of accidents and health hazards.
- Supportive environment: a well-maintained residence fosters a positive and supportive atmosphere, which is crucial for the residents' recovery process.
- Resident satisfaction: clear procedures for reporting and resolving maintenance issues enhance residents' satisfaction and trust in the management, promoting a sense of community and stability.
- Compliance: adhering to maintenance policies ensures compliance with regulatory standards and guidelines, safeguarding the reputation and operational integrity of the recovery residence.
- Efficiency: systematic documentation and tracking of maintenance requests streamline the repair process, ensuring that issues are addressed promptly and efficiently.

The inclusion of this policy in the resident orientation handbook ensures that all residents are aware of the

procedures and know how to report maintenance issues effectively, contributing to the overall well-being and functionality of the recovery residence.

Financial Agreement (Resident Contract and/or Guest Agreement)

Definition: A Financial Agreement Policy and Procedure outlines the financial obligations, terms, and conditions for residents of a recovery residence.

Purpose: This policy ensures transparency, consistency, and accountability in financial matters, helping residents understand their financial responsibilities and the consequences of non-compliance.

The financial agreement should be a comprehensive document included in the Resident Orientation Handbook for completion during the intake process. It must clearly delineate all costs, payment terms, and conditions to avoid misunderstandings and disputes.

Information that should be included in the financial agreement:

- Name and address of record of resident: The full legal name and permanent address of the resident.
- Address in which resident will be residing: The specific address of the recovery residence where the resident will live.
- Deposit and rental fees and terms for payment: Detailed information on the security deposit, monthly rental fees, due dates, and acceptable payment methods.
- Costs for which a resident could be responsible: A list of any additional costs such as lockbox fees, drug tests, keys, etc.
- Refund policy and/or forfeiture terms: Clear terms outlining the conditions under which refunds are given or deposits are forfeited.
- Minimum length of stay: The minimum duration the resident is expected to stay in the residence.
- Guarantor for financial obligations: The name and contact information of a guarantor who will be responsible for the resident's financial obligations, with the resident's permission to contact them (in accordance with confidentiality laws).
- Violations resulting in immediate termination and involuntary discharge: A detailed list of rule violations or infractions that would lead to immediate termination of the agreement and involuntary discharge from the residence.

Purpose and importance:

The Financial Agreement Policy and Procedure is essential for several reasons:

- Clarity and transparency: It provides clear information about the financial responsibilities of residents, helping to avoid misunderstandings.
- Legal protection: It serves as a legally binding document that protects both the recovery residence and the resident by clearly outlining the terms and conditions of the financial arrangement.
- Accountability: It holds residents accountable for their financial obligations and provides a framework for addressing non-payment or other financial issues.
- Consistency: Ensures that all residents are subject to the same financial terms and conditions, promoting fairness and equality.
- Support for recovery: By having a clear understanding of financial expectations, residents can focus on their recovery without the added stress of financial ambiguity.

Inclusion of this policy in the Resident Orientation Handbook ensures that all residents are informed of their financial obligations from the outset, fostering a transparent and supportive environment for recovery.

Community Resource Guide

Definition: The Community Resource Guide policy and procedure for a recovery residence client is a comprehensive compilation of local resources and support systems designed to aid residents in their recovery journey.

Purpose: This guide provides detailed information and contact details for mutual aid group meetings, houses of worship, public transportation maps, recovery community centers, “recovery friendly” employers, healthcare providers (including doctors and dentists), local parks, gyms, grocery food markets, and civic organizations where the recovery residence engages in volunteer activities.

The Community Resource Guide is essential for fostering an environment that supports holistic recovery by connecting residents with a broad range of community resources. Access to these resources aids in promoting a balanced and sustainable recovery by providing:

- Mutual aid group meeting lists: Offering schedules and locations for meetings such as AA, NA, and other peer support groups essential for ongoing recovery support.
- Houses of worship: Listing various religious and spiritual centers to support residents’ spiritual needs and community involvement.
- Public transportation maps: Ensuring residents have information on how to navigate the local public transportation system for ease of travel to jobs, appointments, and support meetings.
- Recovery community centers: Providing information on centers dedicated to supporting individuals in recovery, offering various programs and resources.
- Recovery friendly employers: Identifying local businesses that are supportive of hiring individuals in recovery, thus promoting employment opportunities.
- Healthcare providers: Listing doctors and dentists who can provide necessary medical and dental care to residents, ensuring their physical health is maintained.
- Local parks and gyms: Encouraging physical activity and recreation by providing locations of parks and gyms for exercise and wellness activities.
- Grocery food markets: Helping residents locate markets where they can purchase healthy and nutritious food.
- Civic organizations: Identifying organizations with which the recovery residence collaborates for volunteer opportunities, fostering community engagement and a sense of purpose.

Implementation:

- Development and maintenance: The recovery residence staff will develop the Community Resource Guide, ensuring it is updated regularly to reflect any changes in local resources.
- Orientation: New residents will be introduced to the guide during their orientation, ensuring they are aware of the available resources and how to access them.
- Accessibility: The guide will be made readily accessible to all residents, both in printed form and electronically.
- Continuous improvement: Regular feedback from residents will be solicited to improve and expand the guide, ensuring it meets the evolving needs of the community.

By providing a well-rounded Community Resource Guide, the recovery residence ensures that residents have the necessary tools and support systems to foster a successful and sustainable recovery journey.

Recovery Support

Recovery support documentation is defined as any guides/documents/ forms used to mentor and monitor an individual’s development and participation in their recovery plan. Such documentation is broken down into two groups: Program/Administration Documents and Recovery Progress Documents.

Providers should develop recovery support documentation according to their programs’ needs, requirements, recovery path, and priority populations served.

One primary objective of standards-compliant recovery housing is to promote, foster, and support resident development of recovery capital. Research demonstrates that the length of stay in a recovery residence coupled with meaningful activities within the community enhances recovery capital.

CARR requires providers to provide evidence they are monitoring residents’ engagement in a minimum of three meaningful activities.

Example Recovery Capital Activities:

Administration	Recovery Progress
• Home Sign-out Sheet	• Recovery Planning Instrument
• Overnight Pass Requests	• Relapse Prevention Plan
• Release of Information	• Relapse Planning Agreement
• Level Ups	• Goal Sheets
• Written Warnings	• Mutual Aid Group Tracker
• Drug Testing Log	• Recovery Capital Assessment
• Rent Logs	• Progress Notes
• Grievance Forms	• 12-Step Workbooks
• Maintenance Repair Requests	• Gratitude Logs
• Discharge Summary	• Sponsor Check-Ins
• Incident Reports	• House Meeting Minutes

Location Documents

Owner Acknowledgment Letter

Recovery residence operators leasing properties from third-party individuals or entities are required to furnish CARR with acknowledgment letters from the respective property owners, verifying their awareness and consent regarding the use of each property. In cases where these terms are encapsulated within the executive lease agreement, a copy of the lease agreement may be submitted as an alternative. Should the recovery residence program own the property, documentation substantiating ownership, or a formal letter attesting to ownership, must be provided.

Certificate of Insurance (COI) Statement

Recovery residence operators are required to maintain General Liability insurance coverage. While CARR does not specify the coverage requirements or limits, it is recommended that providers work with an insurance agent to determine the appropriate level of coverage for their organization.

CARR mandates that providers submit only the Certificate of Insurance (COI) or ACORD Statement. Comprehensive coverage binders will not be reviewed.

Additionally, it is required that CARR is listed as an additional insured on the policy, under the following designation:

Colorado Agency for Recovery Residences

8200 Shaffer Parkway
P.O. Box 271673
Littleton, CO 80127

The physical locations covered by the policy should be listed under the “description of operations/locations” section or attached as a separate document if additional space is necessary.

The policy must be issued in the name of the legal entity applying for or renewing their certification. If there are any exceptions or special circumstances, an explanation should be provided along with the relevant supporting documentation.

Substance Use Disorder (SUD) License

A SUD license is a professional certification or accreditation that allows individuals or organizations to provide services related to the prevention, diagnosis, and treatment of substance use disorders. This type of license is issued by the Behavioral Health Administration (BHA) in the state of Colorado and ensures that the holder meets specific educational, training, and ethical standards required to practice in the field of substance abuse treatment and counseling. The license is essential for professionals such as counselors, therapists, and treatment facilities to legally operate and offer their services to individuals struggling with substance use disorders.

In some cases, a Level C recovery residence may also be licensed by the BHA. In this circumstance, the recovery residence must submit copies of any SUD licenses.

Closing Remarks

This guidebook aims to support recovery residences in achieving and maintaining the highest standards of care and compliance. By adhering to these guidelines, providers can ensure a safe, supportive, and transparent environment for individuals on their recovery journey.

As we conclude, it is essential to recognize the dedication and effort required to uphold these standards. The commitment to continuous improvement, regular training, and adherence to best practices not only enhances the quality of care but also fosters trust and confidence among residents and their families.

Implementing these guidelines is not just about meeting regulatory Requirements; it is about creating a nurturing space where individuals can heal and grow. Every step taken to enhance documentation and operational practices directly contributes to the well-being and success of those in recovery.

We encourage all providers to stay informed about the latest developments in the field, engage in ongoing education, and participate in community and professional networks. By doing so, you will be better equipped to address emerging challenges and to provide the highest level of care to your residents.

Thank you for your dedication to supporting individuals on their path to recovery. Together, we can make a meaningful difference in the lives of many.





Recovery Residence Policies and Procedures



Table of Contents

Recovery Residence Handbook Template	124
Mission/Philosophy	125
Mission	125
Philosophy	125
Guiding Principles	125
Social Model	125
Policy and Procedures	125
Non-Discrimination	125
Staff Background Check	126
Employment or Contracting with Residents, if Applicable	126
Financial Management	126
Staff, Owner, Operator, and Volunteers Code of Ethics (Form 1)	128
Resident Fee Policy and Agreement (Form 2)	128
Resident Fee Refunds	128
Informing Residents of 3rd Party Payers	128
Confidentiality: Release of Personal Identifiable Information (Forms 3A & B)	129
Admission Policy (Form 4)	130
Resident Intake Procedures	130
Waiting List	131
Description of Services	132
Recurrence/Return to Use Policy	132
Grievance Procedure (Form 8)	133
Role and Occupational Descriptions for Staff and Resident Leaders	134
Staff Policies	136
On Call Procedures	136
Procedures Specific to Suicide/Homicide Threats	137
Verification Of Certifications	137
Priority Placement	137
Cleaning and Sanitation	137
Guidelines for Health and Hygiene in Recovery Housing	140

Recovery Residence Handbook Template

The following policies and procedures are to provide a framework of general policies and procedures to assist Recovery Residence operators with a basic reference guide. The outline is meant to be a helpful start-up document that may be personalized for individual Recovery Residence operators. This publication of policies and procedures was produced by The Fletcher Group and is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$17.1 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

The information provided on sample Recovery Residence policies and procedures is not, and is not intended to, constitute legal advice. Instead, all information, content, and materials available in this section are for general informational purposes only. It's crucial to note that the information in this section may not constitute the most up-to-date legal or other information. Therefore, it's highly recommended to seek legal advice for any specific legal matter.

Readers, before implementing Recovery Residence policies and procedures, should contact their attorney to obtain advice with respect to any particular legal matter. No reader, user, or browser of this content should act or refrain from acting on the basis of information in this section without first seeking legal advice from counsel in the relevant jurisdiction. Only your individual attorney can provide assurances that the information contained herein – and your interpretation of it – is applicable or appropriate to your particular situation. Use of, and access to, this information or resources contained within the section do not create a certification relationship between the reader, user, authors, contributors, contributing law firms, or committee members and the state of Colorado, Behavioral Health Administration, or the Colorado Agency for Recovery Residences.

The views expressed at, or through, this information are those of the individual authors writing in their individual capacities only – not those of their respective employers, committee/task force as a whole, the State of Colorado, Behavioral Health Administration, or the Colorado Agency for Recovery Residences. All liability with respect to actions taken or not taken based on the contents of this information is hereby expressly disclaimed. The content of this information is provided “as is;” no representations are made that the content is error-free.

[YOUR LETTERHEAD]

Mission/Philosophy

Mission

Provide a positive, safe, peer-led, peer-driven, empowering, person-centered environment supportive of all pathways of recovery for women/men to recover from active substance use disorders and obtain the recovery capital to live a life free of chemical dependence.

Philosophy

Recovery houses are safe, healthy, family-like, substance free living environments that support individuals in recovery from substance use disorders/active addiction. Recovery housing benefits individuals in recovery by creating a safe environment where change can occur, reinforcing a substance-free lifestyle, and directly connecting to other peers in recovery, mutual support groups, and recovery support services.

Guiding Principles

1. Respect for each person's dignity and worth.
2. Respect for a person's gender, racial/ethnicity, and cultural diversity.
3. Recovery is personal, and therefore person-centered.
4. Recovery is trauma-informed
5. Recovery incorporates housing, employment, and social connections.

Social Model

Peer Support is integral to recovery from addiction. The social model approach includes using mutual support groups, involving residents in decision making and house governance, using lived personal recovery experience to help others, emphasizing Person-Centered Recovery Planning as an interaction between the individual and their environment. The physical environment, house meetings, peer support participation by all house members, and policies are designed to foster the social model approach to recovery.

Policy and Procedures

Non-Discrimination

The House Manager (in some cases the House Manager will also be the Owner/Operator), staff, peer leaders, and residents of the [\[enter house name here\]](#) shall not practice, condone, facilitate, or collaborate with any form of discrimination against any resident based on race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

Staff Background Check

[\[Enter house name here\]](#) shall run a background check (due diligence) on all staff members or affiliated persons who will have direct and regular interaction with residents. [\[enter a description of the background check system used.\]](#) A criminal background check may or may not be a reason to exclude a person from employment. In some circumstances, this is a state or local requirement.

Employment or Contracting with Residents, if Applicable

This section applies to [\[enter house name here\]](#) offering employment to its residents.

- Residents' paid work arrangements are entirely voluntary, and residents who decline to accept a paid work arrangement will suffer no consequences.
- No favoritism is shown to a resident who accepts paid work within the Recovery Residence.
- An equal opportunity is given to all qualified residents for available work.
- Paid work for the [\[enter house name here\]](#) or any of its operators and/or staff does not impair the resident's progress toward their recovery goals.
- Paid work within the Recovery Residence is treated the same as any other employment situation.
- Wages shall be commensurate with the marketplace and at least minimum wage.
- Federal, State, and local employment laws, including workers' compensation, fair employment requirements, and employee/employer relations, must be followed.
- This arrangement/compensation is to be viewed by most of the residents residing at [\[enter house name here\]](#) as fair.
- Paid work does not grant special privileges to the resident of the [\[enter house name here\]](#) who is performing the work.
- The recovery of all residents at [\[enter house name here\]](#) is our core mission. Work relationships are structured as to not affect the recovery environment or morale of the [\[enter house name here\]](#).
- Work relationships found to be unsatisfactory shall be terminated without recriminations that will negatively affect or impair the social model Recovery Residence or its participants.

Financial Management

While the staff of the [\[enter house name here\]](#) are never to lend or borrow money to/from residents, the Recovery Residence will provide financial literacy, money management, and banking services either directly or through community partnerships.

Money Management

Setting and following a budget is an important skill for anyone. For recovering people, it can also be an important part of their recovery. Money management can represent a mind change, and behavior shift from when they were actively using and primarily viewed money as a means to achieve their next high. In fact, once they start earning money again, the urge to spend it for instant gratification can be a trigger for their addiction. Because of this, many of your Recovery Residence residents will need support in breaking the association between money and getting high. Your staff, trusted volunteers, or community resources can help them see that money management is an area where they can lower sobriety-threatening stress and focus on other aspects of their recovery.

Budgeting

A budget is simply a plan for recording income and projecting expenses. Your staff, volunteers, or community partner can help your Recovery Residence residents create a budget either on paper, or electronically if they have access to a computer. The budget should be a “living tool” that is reviewed and updated regularly. The steps to creating a budget are as follows:

- Start with income – this includes take-home pay and other sources of revenue that your Recovery Residence residents may have.
- List regular bills like rent, food, telephone, old debts, etc. These are priority expenses and will come before discretionary spending. Always pay bills on time to avoid late charges and negative credit.
- Put money in a savings account for an emergency fund on a regular basis. Even if it is a modest amount, it will add up. When possible, use direct deposit with an amount directed to a separate savings account.
- Plan to spend a predetermined amount of money on discretionary expenses such as entertainment, clothing, and treats. This is the area of the budget that will be reduced to make sure that regular bills get paid. Be careful that your Recovery Residence residents are not shopping to fill a void created by giving up old behaviors. Recommend to your residents that they take out cash that they can spend on discretionary items weekly. Teach them the envelope system, where they have envelopes that they fill with an allotted amount of money for different expenses (food, clothing, gas, etc.)

Banking

It is important that your Recovery Residence residents have access to bank accounts (checking and savings) where they can safely store their money. Debit cards are not advisable at first as they allow instant access to funds, which makes impulse spending easier.

Your residents may have poor credit or negative past experiences with banks. This may result in some banks declining their requests to open accounts with their institutions. This is an area where the House Manager/ Owner/Operator or an influential community member can attempt to build a relationship with a local bank that may be willing to make exceptions for your residents. If this does not work out, there are online banks that are more flexible and your residents may be able to more easily open accounts.

Support System/Sponsor Support

Although you want to support your Recovery Residence residents in becoming employed and managing their finances to achieve personal goals, you do not want them to become overly fixated on money. Such obsession can distract from their recovery and could trigger a return to use. To lessen the likelihood of return to use, recommend to your residents that they maintain contact with their support systems (such as sponsors) regarding financial management and suggest that they ask their support person to check on them on scheduled paydays.

Staff, Owner, Operator, and Volunteers Code of Ethics (Form 1)

- The [\[enter house name here\]](#) Owner, Operator, Staff, and all Affiliated persons are to adhere to a Code of Ethics as established by the Colorado Agency for Recovery Residences.
- An affiliated person is someone who has a relationship with a client both personally and through their connection to the [\[enter house name here\]](#).
- Please see **Form 1** read and sign the [\[enter house name here\]](#) Code of Ethics. The original signature page is to be kept and filed. A copy of the signature page will be given to the signee for their records and review.

Resident Fee Policy and Agreement (Form 2)

- Before acceptance into the [\[enter house name here\]](#), the applicant is to be informed of all fees necessary to become a resident. Fees may be those charged directly to the resident or those that may be assigned to [\[enter house name here\]](#) by the resident, such as SNAP, Section 8 Housing Vouchers, or other public and private funding streams. Additionally, if services are to be billed to Medicaid or other third-party payers, such arrangements are explained to the resident, and appropriate documentation is completed.
- These financial responsibilities will be read to the applicant by Recovery Residence personnel during the resident's orientation and signed by both upon admission into the [\[enter house name here\]](#). Please see **Form 2**.

Accounting Used to Track Resident Payments, Including 3rd Party Payments

- [\[Enter the accounting system that will be used to track and document financial transactions with the resident. One that records all fees, payments, and deposits.\]](#)
- The system will produce clear statements of a resident's financial dealings within a reasonable timeframe.
- It will produce an accurate recording of all resident fees, charges, and payments.
- It can track and note payments made by third-party payers.

Resident Fee Refunds

Residents are to give [\[house operator to determine # of days\]](#) notice before moving out of the [\[enter house name here\]](#), or the resident's deposit will be forfeited. No deposit of house fees will be returned for stays less than [\[determine # of days\]](#). If a resident is asked to find other living arrangements due to a recommendation made by the peers of the social model or flagrant noncompliance with house guidelines, the deposit will be forfeited.

Informing Residents of 3rd Party Payers

- In the case of third-party payments, the resident is informed of payments for any fees paid on their behalf.
- Upon completion of each financial transaction on behalf of the resident, documentation is to be provided to the resident for their personal records.
- Residents may review all 3rd party payments made on their behalf. The House Manager/Owner/ Operator will set up an appointment with the resident to provide such review.

Confidentiality: Release of Personal Identifiable Information (Forms 3A & B)

- The confidentiality of all residents regarding verbal and written information will be protected, and compliance with federal and state laws is to be met.
- All owners, operators, staff, and volunteers of the [\[enter house name here\]](#) will adhere to confidentiality laws and procedures as outlined in Federal Law 42 C.F.R., Part 2 [Confidentiality of Substance Use Disorder Patient Records](#).
- Residents will be informed upon admission of their rights to confidentiality and requests will be made of them to sign consent forms for the release of their Personal Identifiable Information (PII). Residents may choose whether to sign and may revoke a Release of Information at any time **Forms 3 A&B**.
- Upon admission, the [\[enter house name here\]](#) staff will explain the purpose of the form to the resident, if the resident agrees, both will sign the "Resident Confidentiality Agreement" **Form 3A**. This agreement is to ensure the confidentiality of the resident and build trust among all members of the [\[enter house name here\]](#).
- These forms are to be kept in the resident's house record and stored in a locked filing cabinet. (Please see Section 27. Document and File Management-Personal Identifiable Information for further explanation) These records will be under the direct maintenance and supervision of the [\[enter responsible party here\]](#).
- Resident electronic records (as applicable) will be kept secure and private in the same manner as the paper files, with limited access and with electronic security measures. [\[describe as needed\]](#).
- The data, whether paper or electronic, will be utilized and viewed only by [\[enter house name here\]](#) members unless:
 - › The resident requests to view their record.
 - › The resident has signed a release of information form for the specific person who has requested to view the record or any parts thereof, in which case a statement forbidding further disclosure will be stamped on each page released.
 - › A court order is furnished requesting the record or any part thereof.
 - › A situation in which the resident's life is in danger and the record or a portion of it would aid in the treatment of the resident.

Media Consent Procedure

- [\[Enter house name here\]](#) requires that any individuals (staff members, volunteers, or residents) appearing in print, video, or audio materials participate voluntarily. At no time should an individual be coerced into providing public statements of gratitude.
- [\[Enter house name here\]](#) will require written signed consent from residents prior to them participating in a media release or event. These consent statements will be placed in their house records.
- The time and length allowed for resident interviews will be discussed in advance with the resident and will be mutually decided between the House Manager (or their designee) and the resident being interviewed.
- All media coverage solicitation must be approved by the House Manager. Advance notice should be given to the House Manager when an employee is to be interviewed by the media. If advance notice is not possible because the media is in attendance at a function and approach a Recovery Residence staff member there, the staff members are reminded that they are representing the Recovery Residence and the people it serves and, therefore, should be very careful in making statements that could be misunderstood or misconstrued. Avoid speculating publicly about what is not known, and remember that every comment is "on the record."

- Under no circumstance shall information be released that is detrimental to another resident. Put money in a savings account for an emergency fund on a regular basis. Even if it is a modest amount, it will add up. When possible, use direct deposit with an amount directed to a separate savings account.

Admission Policy (Form 4)

Upon first contact with [\[house name\]](#) staff, whether by phone or in person, staff will screen the potential resident to determine their appropriateness for residency. If the potential resident is identified as an unlikely candidate for admission, suitable referrals will be provided.

Admission Criteria may include, but is not limited to: [\[owner operator to determine and publish\]](#)

- Be admitted voluntarily.
- Be 18 years of age or older.
- [\[Enter house policy pertaining to time since last drink or drug use\]](#)
- Be medically stable. Any resident requiring higher levels of care may be accepted, provided the resident is seeking services to meet these needs with outside professional help, including Medication Assisted Recovery.
- Have adequate control over their behavior and assessed not to be imminently dangerous to self or others.
- Express a desire to recover from an active substance use disorder.
- Assessed as medically appropriate and free of any longterm illness that requires isolation from others.
- Have the capacity for active participation in all [\[house name\]](#) activities and responsibilities.
- Be able to meet personal needs without assistance.
- Additional criteria may include health screening (example COVID-19).

Exclusion Criteria may include, but is not limited to:

- Have a clinical diagnosis that meets the criteria for a higher level of care (e.g., acutely psychotic or a danger to self or others).
- Have severe permanent cognitive impairment that would prevent the applicant from participating in scheduled peer-led, peer-driven, social model house activities.
- Have ongoing medical conditions that require a higher level of monitoring and care than can be provided by [\[house name\]](#).
- Due to their location or funding source restrictions, some Recovery Residences may limit the residency of those with certain criminal convictions (such as sex offenses and arson).

Resident Intake Procedures

- If the potential resident is assessed as appropriate for the [\[house name\]](#), the staff person responsible for admission into the house completes the initial screening.
- Staff obtains assessment information and verifies the resident's identity with their State issued identification and Social Security Card. If the resident does not have identification, staff will assist them to begin the process of acquiring identification.
- Staff will review the house confidentiality policy, ask the resident to sign the confidentiality agreement, and appropriate release of information forms (see Confidentiality Policy).

- New residents will be informed of the following:
 - › Resident rights and responsibilities (**Form 5**)
 - › Fee agreement (**Form 2**)
 - › Description of services offered by the Recovery Residence
 - › Recovery goals (**Form 6**)
 - › Recurrence policy
- All documents will be signed and dated by the resident and staff. The resident will be given a copy of the signed documents for their further review and reference.
- If the resident has not had a recent drug screen/breathalyzer, the House Manager will arrange for a urine drug screen, breathalyzer, and/or cheek swab. ([This may be done onsite or at an offsite testing facility, depending on the expertise and training of the Recovery Residence staff.](#))
- The residents' personal belongings will be inventoried. (**Form 7**)
- Items found that do not support recovery or a safe, home-like, drug and alcohol-free environment will be disposed of.
- A current physical and lab work ([at some levels, including a TB test](#)) will be required. Staff will confirm that the resident has set up an appointment with their health care provider or the local health department. Staff will instruct the resident to either acquire documentation of the physical and lab work or will assist them with filling out the appropriate Release of Information (ROI) form so that staff may obtain the test results from the referral source.
- The resident will then be assigned a room if they do not have an opportunity to choose one, introduced to the other members of the house, and escorted to their room.

Waiting List

If there are no beds available upon initial screening, the following procedure will be followed.

- Individuals deemed appropriate are placed on a waiting list, maintained by Recovery Residence staff.
- Potential residents on the waiting list must contact the Recovery Residence on a weekly basis (either by phone or letter) to maintain their place on the waiting list. Notation will be made on the waiting list after weekly contact is made by the potential resident.
 - › Names may be dropped from the waiting list if this weekly contact is not done.
 - › Anyone whose name has been dropped will have to complete another screening, and their name will be placed at the bottom of the waiting list.
 - › If anyone other than a potential resident makes contact regarding the waiting list, staff will make a notation of the call. However, staff will not confirm or deny the potential resident's presence on the waiting list.
- When a bed becomes available, individuals will be called, starting with #1 on the waiting list. If the first attempt to reach the first person on the list is unsuccessful, a second attempt will be made within one day of the initial call. If this attempt is also unsuccessful a call will be made to the next person on the list.
- Staff may make special provisions for incarcerated people desiring to enter the Recovery Residence but who do not have access to a telephone (for example, they can write a letter weekly).
- Anyone contacted from the waiting list will be given a set time frame to move into the Recovery Residence.
- Individuals whose eligibility has changed will be dropped from the waiting list.

Description of Services

- Recovery Housing provides a safe home-like residential environment governed by recovery principles, in a peer to peer democratically guided system.
- A Social Model-supported ecosystem where residents drive house governance through peer-taught sequenced programming, house meetings, mentors, and staff who, through example, demonstrate with their actions the principles of recovery.
- Regardless of the resident's past recovery experience, where they have transitioned from, or whether practicing Medication Assisted Recovery, the message to the residents of the [\[enter house name\]](#) is that their recovery that comes first.

Recurrence/Return to Use Policy

The [\[house name\]](#) will administer or arrange for drug and breathalyzer tests as a service to maintain a substance-free and safe recovery-focused environment. This will also be an added measure to ensure adherence to the peer-led, social model principle of resident empowerment and accountability.

Staff and Peer Leaders are to focus on residents' "recurrence" using recovery principles. The situation is to be approached in a fair way that is consistent with the house's **Vision, Mission, and Philosophy**.

- Upon entering the [house name], each resident will be asked what they would like to happen if they experience a recurrence/return to use and their continued presence in the house has been deemed not safe by their peers and the House Manager/Owner/Operator. This plan is to be documented in the resident's house file.
- If a situation arises where a resident has experienced a recurrence/return to use and the peers and house management, have determined the resident's continued stay would create an unsafe environment in the residence:
 - › Staff will refer to the resident's original plan discussed during their orientation.
 - › If this plan is no longer an option, staff will assist the resident with finding options and assist with another plan, evaluating their needs and whether the level of support the options offered is appropriate.
- If the resident refuses to implement their recurrence plan and is under the supervision of a Probation/Parole Officer (PO) or has been court-mandated to the residence, it is imperative that they be contacted and informed of the resident's unwillingness to abide by their recurrence plan. The best results usually occur when the resident makes the initial contact and informs the PO or Court of their situation. Remind the resident that it is their responsibility to inform their PO or Court where they will be residing until they can return to the residence. If the resident has signed a Release of Information for the PO or Court, it will be the responsibility of the house management or designee to inform the PO or Court of the resident's temporary alternative living arrangement and the conditions leading up to it.
- For residents who are not involved in the criminal justice system, the following is recommended. Depending on the resources of the area, immediate solutions may include hospital detoxification, referral to the psychiatric center or homeless center, or a friend or family member's home. The resident may be offered the opportunity to stay at another location temporarily. During this time, staff will assist the resident in evaluating their needs and determining if the level of support provided by the house is appropriate. It is important for staff to consider the needs of the resident as well as what is best for the

overall house.

- Depending upon the resources in the area (urban or rural), the options available for an alternative living environment may be limited. The resident may be offered the opportunity to stay at another location for a length of time and then be invited back into the residence. Possible immediate solutions include hospital detoxification, psychiatric center, homeless shelter, support group member, or friend or family member's home.
- If it is determined that the resident may return to the residence, upon readmittance to the home, staff, peer leaders, and current residents will be asked to provide a series of learning experiences based on recovery-related topics taken from the AA/NA, Celebrate Recovery literature, or from their own experience to assist the returning resident to reflect on their return to use and steps that they might take in the future to help avoid a return to use while in residence at [\[house name.\]](#)
- If the resident is willing to accept and complete the self-reflection and self-discovery writings as suggested by their peers, additional house responsibilities can be temporarily added. Including, but not limited to, the following:
 - › Property restriction
 - › Limited house privileges
 - › Daily Sponsor/Peer Support contact
 - › Increased interaction with other residents of the house
 - › Increased recovery meeting attendance
 - › Other writings to assist the resident's understanding of their personal bio-psycho-social-spiritual beliefs that led up to the recurrence/return to use and strategies that can be employed to maintain recovery

Grievance Procedure (Form 8)

Resident communication, engagement, and empowerment are essential components in assisting each to build their self-esteem and sense of belonging in the residence. This process allows for a structured discussion of grievances whether resident-to-resident or resident-to-house leadership.

The grievance procedure is a strengths-based process allowing for all voices to be heard in a supportive setting. This process, including filling out the grievance form, is also to be used if a guest, visitor, volunteer, or neighbor has a concern.

Grievances are to be addressed within 72 hours.

When a resident has an issue:

- First, it is to be verbalized to the house manager for resolution.
- If a mutually agreeable outcome between the resident expressing the concern, a majority of house members, and staff is not reached:
 - › The resident may file a written grievance. The grievance is to be specific, listing the facts of the situation and given to the house manager.
 - › Upon receiving the written grievance, the house manager shall consult with the responsible staff member who has operational oversight for the house. If a resolution to the issue is not possible, a request will be made that the petitioner present the matter to the House Manager/Owner/Operator and/or other concerned parties.
 - › The presenter shall present the issue at hand.

- › A representative of the house will have the opportunity to offer the reasoning behind the action taken. In most cases, when issues such as this are approached in a spirit of community and accountability, a mutually acceptable recommendation can be found if all concerned parties are willing to focus on what is best for the house.
- › If the resident feels their grievance has not been adequately resolved or their concerns have not been heard, they may file a written grievance with the Colorado Agency for Recovery Residences through the CARR website at www.carrcolorado.org.

Role and Occupational Descriptions for Staff and Resident Leaders

Staff and Peer Leaders of the [\[house name\]](#) will be committed to supporting all pathways of recovery and remain focused on keeping their commitment to the house's **Vision, Mission, and Philosophy**. In the peer-led, peer-driven social model it is the responsibility of those who have a shared responsibility for the facilitation of the social model to manage the environment of the house and not the residents. Staffing patterns will vary based on the recovery residence's level of support.

- Level P (previously Level I) Recovery Residences are democratically run and have no paid positions, but they may have an overseeing officer.
- Level M (previously Level II) Recovery Residences have at least one compensated person on staff who serves as the House Manager and monitors activities and screens residents.
- Level S (previously Level III) Recovery Residences have an organizational hierarchy where administrative oversight is provided for program staff and emphasizes life skills development. Staffing patterns may include management staff as well as certified staff or case managers.
- Level C (previously Level IV) Recovery Residences also have an organization hierarchy with clinical and administrative supervision. The staff at this level of Recovery Residence are credentialed.

Common among all levels (except Level P) is a **House Manager** (which may be referred to as various titles including Director depending on the facility – in some cases, this position will also be the Owner/Operator); and **Staff/Peer Leaders**.

House Manager

- Monitors activities, services, and staff of the [\[house name.\]](#)
- Ensures that house policies, procedures, and practices are in place and observed to reinforce the house mission.
- Ensures house Mission, Vision, and Operation are consistent with the [State Recovery House Certification Organization] or applicable laws, statutes, grants, and or other requirements.
- Monitors house to ensure resident safety, promote self-accountability and provide guidance/teach the peer-led social model to the residents.
- Encourages residents to take ownership of their recovery.
- Resident drug testing and breathalyzer service screening and documentation.
- Facilitate scheduled classes and activities:
 - › House meeting/guided group discussion.
 - › Recovery capital measurement.
 - › Perform or arrange for a urine drug screen or cheek swab.
 - › Perform or arrange for a breathalyzer test.

- › MAR-Medication Assisted Recovery self-administration observation.
- If not resolved by the Peer-Led Social Model facilitated by the residents, assists in the resolution of verbal/written resident or community grievances.
- Primary contact for the “Good Neighbor Policy.”
- Holds regularly scheduled staff meetings.
- Facilitates waiting list, administers pre-admission interviews, and screens resident applications for appropriateness.
- Performs resident admission protocol.
- Works with staff and residents to ensure the house and property are maintained in optimal condition.
- Oversight of the resident fee agreement and financial accounting system.
- Builds and grows community relations and partnerships to enhance the house environment and expand referral sources, including mental health and primary care services.
- May act as liaison or assign the liaison role to [\[insert position/reference\]](#) with [The following State Agencies and Local Partners: Health Department, Child Protection Services, Community Based Services, Department of Corrections, Probation and Parole, Courts, Drug Court, Re-Entry Services, Workforce Development, Homeless Taskforce, Affordable/Fair Housing Advocates, Peer-Run Recovery Support Groups, Local Recovery Advocacy Groups, and the Faith Community.]
- Ensures compliance with all CARR Standards and their inspections.
- Responsible for compliance with partnered referral source standards and, if applicable, those agencies’/entities’ inspections and corresponding documentation.

Minimum Qualifications: [\[to be determined by Owner/Operator\]](#) CPR/First Aid certified, trained in Naloxone Administration, etc...

Staff/Peer Leaders

- Reports to the House Manager/Owner/Operator.
- Monitors activities, services, and residents of the [house name.] Ensures house policies, procedures, and practices are in place and observed to reinforce the house mission.
- Maintains resident confidentiality and privacy. Demonstrates ethical behavior to earn resident trust.
- Guided by house policies and procedures.
- May also facilitate the waiting list, administer pre-admission interviews, and screen resident applications for appropriateness.
- Perform resident admission protocol.
- Assist residents with medication protocol. [\[protocol to be determined by House Manager/ Owner/ Operator\]](#)
- Resident drug testing and breathalyzer service screening and documentation.
- Facilitate scheduled classes and activities:
 - › Residence meeting/guided group discussion.
 - › Recovery capital measurement.
 - › Perform or arrange for a urine drug screen or cheek swab.
 - › Perform or arrange for a breathalyzer test.
 - › MAR-Medication Assisted Recovery self-administration observation.
- Performs all duties as assigned by the House Manager/Owner/Operator.

Staff Policies

- Work Schedule and Paid Time Off (PTO) [\[to be determined by House Manager/Owner/Operator\]](#)
- Staff Development/Staff Training:
 - › **Vision, Mission, and Philosophy** of [\[enter name of house here\]](#)
 - › Cultural competency & cultural humility
 - › Effective communication
 - › Resident triangulation/manipulation
 - › Resident recovery capital plan
 - › Medication-Assisted Recovery (MAR)
- Supervision
- New staff orientation/training. Although training will be customized for each new staff member, required training should include:
 - › Emergency and safety procedures
 - › Principle and practice of the Social Model of Recovery
 - › Behavior management, including de-escalation training
 - › CPR and first aid
 - › Ethics and boundaries; and
 - › Recovery Residence orientation
 - › PREA (for Recovery Residences that have clients referred by the Department of Corrections)
- Monitoring of Resident Boundaries and Staff
- Dual Relationship Policy (**Form 9**)

On Call Procedures

Staff are encouraged to utilize this manual and the Recovery Residence’s established policies and procedures in managing any situation. However, there will be emergency situations that require calling the House Manager/Owner/Operator for support. Examples of incidents that would require a call for backup include:

- Resident in possession of a deadly weapon.
- Serious injury to any person requiring professional medical attention.
- AWOL, if the resident was residing at the Recovery Residence as part of probation/parole or court mandate.
- Suicide attempt requiring professional medical attention (See Procedures Specific to Suicide/Homicide Threats).
- Criminal activity requiring notification of law enforcement (including drugs on the property – request that drugs be picked up and disposed of by law enforcement).
- Sexual acting out; and/or PREA related incidents.
- Physical violence and/or danger of harm to self or others (See Procedures Specific to Suicide/Homicide Threats)

Situations related to the physical structure of the Recovery Residence that could require that a call be made to the House Manager/Owner/Operator include:

- Weather emergencies that threaten the safety of the residents or the facility.
- Fire.
- Emergency maintenance issues such as overflowing toilets, and other situations that can cause property damage, pose a threat to residents, or interfere with service delivery.

Procedures Specific to Suicide/Homicide Threats

Residents who attempt suicide or otherwise intentionally do bodily harm to themselves or another individual(s) – or attempt to do so – by any method or means will be immediately sent via ambulance to a hospital for appropriate care. Suicidal individuals may not be appropriate for a Recovery Residence. Exceptions to this restriction may be made on a case-by-case basis depending on a consultation between Recovery Residence staff and the resident's health care provider. In most cases, residents who pose a threat to others will not be considered appropriate for a Recovery Residence.

- When a resident's suicide attempt, or intentional attempt to do bodily self-harm or harm to another individual(s) becomes known to any staff member, that staff member shall immediately call for police and ambulance assistance in transporting the resident to a local hospital for appropriate care.
- As soon as the resident is safe, the staff member shall immediately notify the House Manager/Owner/Operator.
- All Recovery Residence residents are to be apprised of this procedure upon intake.

Verification Of Certifications

All certifications will be kept by the House Manager/Owner/Operator to meet Federal, State, and local regulations. In the event of an inspection, these documents may be requested for verification and will be made available to the inspecting organization upon request.

Priority Placement

A priority placement policy may be established based on referral patterns and established contracts. Criteria for priority placement may address residents seeking recovery housing who will be transitioning from a SUD Corrections Program, Treatment Program, near completion of an Intensive Outpatient Program (IOP), or a long-term Residential Recovery Program. All applicants, regardless of transition origin, are considered on an individual case-by-case basis.

Prohibitions of Alcohol, Marijuana, and Illicit Drug Use

Due to the sometimes-overwhelming desire to use drugs or alcohol that accompanies a substance use disorder, the house will commit itself to the creation and maintenance of an environment free of substances and forms of behavior that are associated with an active substance use disorder. Furthermore, the policy of the home is to request that all residents be active participants in this process both individually and as members of the household.

Cleaning and Sanitation

- The Owner/Operator or House Manager will ensure that proper extermination services are provided and that vermin and pests are under control.
- The Owner/Operator or House Manager will ensure there is proper disposal and pick-up of trash.
- The House Manager will provide a cleaning schedule for various locations and items in the Recovery Residence. Staff are responsible for confirming that all cleaning chores are complete.

- The House Manager inspects all areas of the Recovery Residence on a monthly scheduled basis.
- All floors, toilets, showers/tubs, and sinks in the residence shall be cleaned weekly or more often as necessary.

Bed Bug Information

Bed Bugs are small brown parasites that feed on human or animal blood. After feeding, they hide in furniture, mattresses, and box springs, under carpet and padding, between cracks and crevices, in outlets and switches, and in cluttered areas.

Bed bugs are considered 'hitchhikers' and can be brought into your Recovery Residence without your knowledge on luggage, secondhand furniture/bedding, or clothing. Anyone can have or bring in bed bugs to your Recovery Residence. It is important to know and understand what bed bugs look like and the signs that you may have them.

Signs of Bed Bugs

- Small rusty spots on bed linens, which are droppings and blood stains from crushed bugs
- Live bugs of any size
- When bed bugs are severe, you may smell a strong, sweet, musty odor
- Residents may have itchy red welts or rashes from bites; however, bite marks are not a reliable indication of an infestation since the bug is very small in size.

General Prevention of Bed Bugs

There are methods to prevent bed bugs; however, even with the best care, becoming infested is still possible. Below are some methods to help prevent bed bugs:

- Vacuum mattresses and box springs regularly and cover them with a zippered vinyl cover. These (including ones for pillows) can be found at most department stores, such as Wal-Mart, Target, and even some Dollar General stores. If you are unable to find them, the House Manager/Owner/Operator can assist you in acquiring the covers.
- Pull beds and furniture away from walls. Nothing should be touching the walls.
- Wash bedding in hot water and dry on a high setting regularly. Do not let clean bedding touch the floor.
- Vacuum carpet, fabric curtains, and upholstered furniture regularly.
- Reduce clutter - especially near bed and other furniture.
- Instruct residents to carefully inspect their belongings and rooms regularly. If they see signs of bed bugs, they must notify the House Manager/Owner/Operator immediately!
- Instruct the Recovery Residence residents not to enter someone's home if that person has bed bugs or is suspected to have them.
- Instruct residents not to get any furniture or mattresses out of the trash. It is best not to accept donated furniture unless it comes from a reliable source and you have thoroughly inspected it.

Bed Bug Treatment

There are two possibilities for treatment - chemical and heat. Both methods are very intensive in preparation and completion. The House Manager/Owner/Operator will provide Recovery Residence residents with preparation instructions based on the type of treatment planned. It is the policy of [\[enter the name of your residence and determine what your policy will be\]](#) that the cost of bed bug treatment will be reimbursed to the Recovery Residence by the residents, who will each pay an equal share of the cost.

Specific Recovery Residence Response to Bed Bugs

- Residents are not allowed to bring suitcases or duffle bags into the Recovery Residence.
- All clothing and other personal items must be brought in plastic bags.
- Unless they have their own bed bug-proof covers, residents will be provided with bed bug-proof covers for bedding (which will be charged to their Recovery Residence account).
- No decorative pillows or stuffed animals are allowed.
- New residents must wash and dry all their clothing upon moving into the Recovery Residence before storing it in their rooms. Likewise, any resident who acquires additional clothing while living in the Recovery Residence must wash and dry the clothing immediately before storing it in their rooms.
- When a bed bug is cited (whether during new resident inventory or at any other time), a staff member should put it on a piece of tape, place it in a plastic bag, and seal it. Place it in the House Manager's mailbox with a note of where it was found.
- Everything in the room where a bedbug is found (if it is a resident's room) should be bagged up. Bedding, clothing, etc., should be put in the dryer for 20 minutes. All other non-dryable items that are bagged should stay in the room. Vacuum the room and dispose of the contents of the vacuum in a sealed bag deposited in an outside trash can/dumpster.
- The House Manager will determine the next necessary steps to be taken, including contacting a pest control service.

For more information on Bed Bugs, you can visit <https://www.epa.gov/bedbugs>

Mold Information

Although molds are part of our natural environment, the growth of mold in indoor spaces should be avoided. If moisture, oxygen, and an organic source are present, mold can grow on any surface (for example, carpet, wood, insulation materials, food, and even everyday dirt and dust). Mold reproduces by creating spores that are usually so small that they cannot be seen without a microscope. The spores float freely through the air. When the mold spores encounter a damp surface, they can begin growing. Therefore, it is important to control indoor moisture, which controls mold growth.

Mold can damage homes and their furnishings. If untreated, mold can even damage the wood structure of buildings, weakening walls, floors, and ceilings/roofs. Recovery Residence must not delay maintenance and should have HVAC systems checked to ensure they are functioning properly and not producing elevated humidity levels. Make sure to change HVAC filters on a regular schedule.

Guidelines for Health and Hygiene in Recovery Housing

Purpose: These basic guidelines that provide overall guidance for the prevention of infectious disease within recovery housing, along with CDC references, are provided for those responsible for the operation of the Recovery Residence to ensure that up to date guidelines can be easily accessed.

CAUTION: Guidelines change with time, e.g., the coronavirus has drastically changed the recommendations to prevent the spread of disease and thus it must be understood that guidelines will change with time and must be updated. For that purpose, references and links to CDC guidelines are provided and must be referenced for the definitive guidelines appropriate for the time.

Overview

The prevention of the spread of disease can be accomplished with proper hygiene and protocols for those living in recovery homes. However, hygiene practices are not a guarantee that those living within the facility will not become infected; however, it will reduce the likelihood of infection. The recommended procedures vary based upon the NARR level of the Recovery Residence and the unique risk of the residence.

Covered Subjects:

- Risk of comorbidities in Recovery Residence residents
- Recommendations for collaborative partners
- Recommendation for screening and vaccines
- General individual guidelines for addressing airborne viruses
- Cleaning and disinfecting guidelines INCLUDE BLOOD OR BODILY FLUID SPILLS
- Other communicable diseases
- Recommendation for following CDC recommendations for prevention of the spread of infectious diseases in aggregate living arrangements

Types of Infections

Current overarching concern are airborne viruses, but this is not the only potential agent of disease that can be easily spread between individuals living in the same facility. Other agents include but are not limited to:

- Airborne viruses
- Hepatitis A, B and C
- Viral gastroenteritis
- Virulent bacteria, e.g., strep throat or bacteria that cause diarrhea and colitis

Medical Care

Nothing stated in this Recovery Residence manual is intended to override medical advice from a qualified practitioner. Each Recovery Residence and residents should have access to a health care provider who will provide consultation and care to address each specific situation. Nothing in this guideline is intended to override or replace that recommendation. For larger facilities it is recommended that access to a physician should be maintained for advice and review of procedures on an ongoing basis. Recommendations will

change with time and annual reviews are recommended as well as addressing any acute needs or changes in infectious risk, such as that which has occurred with the coronavirus pandemic.

Risk of Comorbidities in Recovery Residence Residents

Individuals with substance use disorder (SUD) have a higher risk of co-morbidities including hepatitis, HIV, and endocarditis especially if they have a history of using intravenous drugs. Additionally, because of these co-morbidities they may be at a higher risk of complications or more severe infections from other diseases or infections such as coronavirus. In addition to these infections individuals with SUD have a higher risk for chronic physical health conditions, including chronic pain, cancer, and cardiovascular disease. Substance use disorders can have an indirect negative impact on the management of medical conditions. People with substance use disorders are less likely to adhere to treatment plans (including taking medication as prescribed), which can worsen their medical conditions. Some medications are less effective in combination with substance use.

Recommendations for Collaborative Partners

Because of the increased risk for those with SUD combined with aggregate living it is recommended that residents have medical insurance. Depending upon the level of the Recovery Residence this may be the individual's responsibility, e.g., in an Oxford House type setting where everyone is responsible for their recovery in a collaborative living arrangement. It is recommended that the Recovery Residence operators establish a collaborative relationship with a local physician that may be available for advice on how to manage specific circumstances as well as review guidelines to ensure they are up to date. Additionally, it is recommended that Recovery Residence operators develop collaboration with the NARR affiliate in their state to ensure the latest best practices related to this subject are followed.

Recommendations for Screening and Vaccines

Screening recommendations depend on the risk, age, and sex of the individual as well as for women whether they are pregnant. This guideline does not cover the recommendations for pregnant women. The following screening is recommended for those residents with SUD and as noted for those operating Recovery Residences.

HIV:

All residents in Recovery Residence are recommended to be tested for HIV because of the increased risk to those with SUD. Those with increased risk should be tested annually¹, however this should be determined by their healthcare provider. If residents have HIV, they should be under the care of a physician with HIV expertise. CDC information is also available for their use².

Hepatitis A:

A vaccine is recommended for those in Recovery Residence based upon the risk of those with SUD. The CDC recommends vaccination for people who live in correctional facilities or homeless facilities. Additionally, the CDC recommends the Hepatitis A vaccine for the following individuals:

¹ <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>

² <https://www.cdc.gov/hiv/basics/prevention.html>

- people who use drugs (injection or non-injection)
- people experiencing unstable housing or homelessness
- men who have sex with men (MSM)
- people who are or were recently incarcerated
- people with chronic liver disease (including cirrhosis, Hepatitis B, or Hepatitis C) and living or working in areas where the Hepatitis A outbreaks are ongoing

Hepatitis B:

CDC recommends that individuals who have injected drugs or those who may have a risk of exposure receive the Hepatitis B vaccine. Postvaccination serological testing should be determined on an individual basis in accordance with medical advice. The specific recommendations for the Hepatitis B (HBV) Vaccine can be found at https://www.cdc.gov/mmwr/volumes/67/wr/mm6715a5.htm?s_cid=mm6715a5_e#B1_down

Hepatitis C:

The recommendation is that all residents be tested for Hepatitis C (HCV). CDC recommends that the following people should be tested:

- Are 18 years of age and older (get tested at least once in your lifetime)
- Are 18 years of age and older (get tested at least once in your lifetime)
- Are pregnant (get tested during each pregnancy)
- Currently inject drugs (get tested regularly)
- Have ever injected drugs, even if it was just once or many years ago
- Have HIV
- Have abnormal liver tests or liver disease
- Are on hemodialysis
- Received donated blood or organs before July 1992
- Received clotting factor concentrates before 1987
- Have been exposed to blood from a person who has Hepatitis C
- Were born to a mother with Hepatitis C

Flu Vaccine:

The recommendation is that every resident get an annual flu vaccine if they are not prohibited because of allergies e.g., to eggs³. According to the CDC:

- Different flu shots are approved for people of different ages. Everyone should get a vaccine that is appropriate for their age.
- There are inactivated influenza vaccines (IIV) that are approved for people as young as 6 months of age.
- Some vaccines are only approved for adults. For example, the recombinant influenza vaccine (RIV) is approved for people aged 18 years and older, and the adjuvanted and high-dose inactivated vaccines are approved for people aged 65 years and older.
- Pregnant women and people with certain chronic health conditions can get a flu shot.
- Most people with egg allergy can get a flu shot (depending on advice from their health care provider).

People who SHOULD NOT get the flu shot:

- Children younger than 6 months of age are too young to get a flu shot.

³ <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>

- People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine.

Other Routine Vaccines:

Every resident should have a checkup with their healthcare provider to include the administration of routine vaccines. These include but may not be limited to tetanus, pertussis, and pneumovax as well as ensuring that the routine childhood vaccines have been administered.

General Individual Guidelines for Addressing Airborne Viruses

Much is still unknown about airborne viruses, but some guidelines have been provided by the CDC to help reduce the spread. Establishing these basic guidelines for residents of Recovery Residence will help reduce the incidence and make a safer place to live for all. These guidelines will change with time and as such the CDC must be referenced for updated guidelines as more is learned about viruses and their spread. Some of the basic guidelines are similar to recommendations for the spread of colds and other respiratory diseases including handwashing and covering your coughs by coughing into the fold of your arm and not into your hands. To protect you the CDC recommends:

These general guidelines should be made available to everyone in the Recovery Residence.

Wash your hands often:

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It is especially important to wash your hands:
 - › Before eating or preparing food
 - › Before touching your face
 - › After using the restroom
 - › After leaving a public place
 - › After blowing your nose, coughing, or sneezing
 - › After handling your mask
 - › After changing a diaper
 - › After caring for someone sick
 - › After touching animals or pets
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands with the sanitizer and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact with others:

- **Inside your home:** Avoid close contact with people who are sick.
 - › If possible, maintain six (6) feet between the person who is sick and other household members.
- **Outside your home:** Put six (6) feet of distance between yourself and people who do not live in your household.
 - › Remember that some people without symptoms may be able to spread virus.
 - › Stay at least six (6) feet (about two arms' length) from other people.
 - › Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a mask when around others:

- You could spread airborne viruses to others even if you do not feel sick.
- The mask is meant to protect other people in case you are infected.
- Everyone should wear a mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
 - › Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Do NOT use a mask meant for a healthcare worker. Surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
- Continue to keep about six (6) feet between yourself and others. The mask is not a substitute for social distancing.

Cover coughs and sneezes:

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Protect yourself:

- Social distance by staying at least six (6) feet apart from others with whom you do not live.
- CDC recommends that people wear masks in public settings when around people who don't live in their household, especially when other social distancing measures are difficult to maintain.
- Seek out a "buddy" in the facility who will check on you if you are not feeling well and make sure you are getting necessities, including food and household essentials.

People at-risk:

- Keep up-to-date lists of medical conditions and medications, and periodically check to ensure you have a sufficient supply of your prescription and over-the-counter medications.
- Contact your healthcare provider to ask how you can best protect yourself from contracting airborne viruses and about getting extra medications to have on hand for a longer period of time or consider using a mail-order option for medications.
- Be aware of serious symptoms of if you have underlying conditions, of airborne virus symptoms, and know who to ask for help or when to call 911.

Know where to get information:

- Make sure you know how your facility is going to communicate airborne viruses information: for example, email, websites, social media, hotlines, automated text messaging, newsletters, and flyers.

The facility:

- Airborne virus prevention supplies should be provided in common areas. These supplies include soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, masks that are washed or discarded after each use.
- Non-essential volunteers and visitors in shared areas should be limited or avoided.
- Staff should avoid entering residents' rooms or living quarters unless it is necessary. Staff should use virtual communications and check ins (phone or video chat), as appropriate.

Common spaces:

Be flexible, rules may change for common areas. Maintain 6 feet of social (physical) distance between yourself and everyone that you do not live with. This may mean there will be alternatives to activities, cancelled activities, or closed areas. If you see people in areas that are small, like stairwells and elevators, consider going one at a time. Here are some examples of how the rules in common spaces may change:

Shared kitchens, dining rooms, laundry rooms, bathrooms:

- Access should be available, but the number of people should be restricted so that everyone can stay at least six (6) feet apart from one another.
- People who are sick, their roommates, and those who have higher risk of severe illness from airborne viruses should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Guidelines for doing laundry such as washing instructions and handling of dirty laundry should be posted.
- Sinks could be an infection source and residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

Recreational areas such as activity rooms, exercise rooms, pools, and hot tubs:

- Consider closing or restricting the number of people allowed in at one time to ensure everyone can stay at least six (6) feet apart, except for essential activities only, such as water therapy.
- Considerations for operators of pools and other aquatic venues.

If a resident has or thinks they have an airborne virus:**Managers/Operators:**

Residents should notify the Recovery Residence House Manager/Owner/Operator if they think they may have an airborne viruses. If managers receive information that someone in their facility has COVID-19, they should work with the local health department to notify anyone in the building who may have been exposed (had close contact with the sick person) while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA).

- If possible, designate a separate bathroom for residents with airborne virus symptoms.
 - › Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with airborne virus symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- Guidance for administrators of shared housing

Sick person and close contacts:

The sick person, their roommates, and close contacts need to self-isolate – limit their use of shared spaces as much as possible. They should:

- Wear a mask when it is necessary to be in shared spaces.
- Avoid using public transportation, ridesharing, or taxis.
- These guidelines should be made available: What to do if you are sick
- Isolate if you are sick

Cleaning and Disinfecting Guidelines

The following recommendations are taken from the CDC. The CDC does not have specific recommendations for Recovery Residence, so these recommendations are for institutions where people live together and utilize common space much like Recovery Residence facilities. This information is taken directly from the CDC website and the links may be used to access this information. Also, regular checks with CDC website for updates should be conducted.

Cleaning the facility:

At a facility that houses people overnight:

- Follow Interim Guidance for US Institutions of Higher Education on working with state and local health officials to isolate ill persons and provide temporary housing as needed. <https://safesupportivelearning.ed.gov/resources/interim-guidance-administrators-us-institutions-higher-education>
- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.
- In areas where ill persons are being housed in isolation, follow <https://stacks.cdc.gov/view/cdc/85700>
- This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons by reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons as needed.
- In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

How to clean and disinfect:

If there is a body fluid or blood spill of a person with a known infectious disease, then cleaning should be done in accordance with the following instructions. Additionally, protective clothing should include a mask, face shield, gloves, feet covering, and gown.

Hard (non-porous) surfaces:

- Wear disposable gloves when cleaning and disinfecting surfaces. Disposable gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products to be used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

Soft (porous) surfaces:

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - › If the items can be laundered, launder in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry the items completely.
 - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.

Electronics:

- For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.
 - › Follow the manufacturer's instructions for all cleaning and disinfection products.
 - › Consider use of wipeable covers for electronics.
 - › If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry:

- To minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. Launder items using the warmest appropriate water setting for the items and dry items completely. According to the CDC, dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to the guidance provided earlier in this manual for hard or soft surfaces.
- **The risk of exposure to cleaning staff is inherently low. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - › Gloves and gowns should be compatible with the disinfectant products being used.
 - › Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - › Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
 - › If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
 - › Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance such as a child.

Cleaning summary: Areas of common use should be cleaned at least daily and after each use. Although cleaning does not guarantee that transmission will not occur, it may reduce its risk.





**Best Practices Guidance For:
Medication-Assisted Treatment
in Recovery Housing**



Table of Contents

Introduction 152

MAT and Recovery 153

 How Opioid Use Disorder Medications Works in the Brain 155

MAT - MAR and Recovery Residences 156

 Prescribed Medications in Recovery Residences 156

 Managing Stigma 157

 Preventing and Addressing Relapse 157

 Screening MAT Residents 158

 MAT and Fair Housing 158

Best Practices for Supporting Housing Choice 161

 Clear Marketing and Communication 161

 Understand Other Recovery Residence Options 161

 Support Increase in Quality Recovery Residence Options 161

Resources 162



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 approaches¹, 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-Occurring 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. §27.80.129(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.

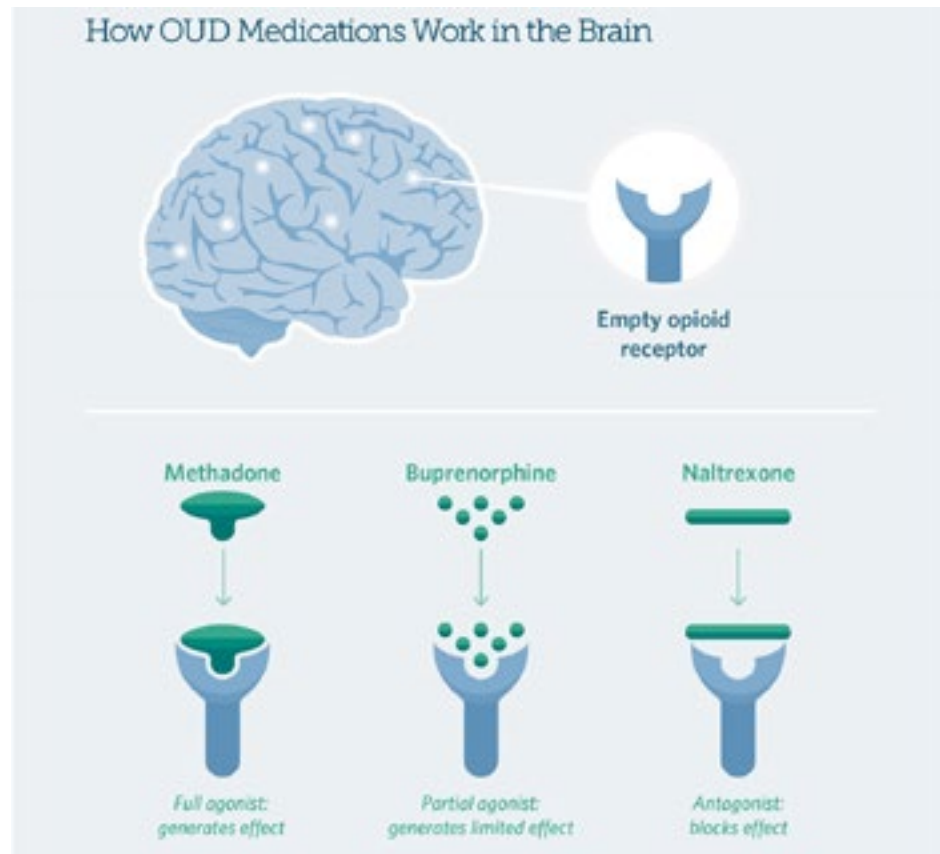


How Opioid Use Disorder Medications Works in the Brain

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 S 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 M and Level P 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 deliver 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 S residences, staff can support residents by observing and helping residents complete their medication logs. In Level M and Level P 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.



**Best Practices Guidance For:
Preventing and Addressing a Return to Use**

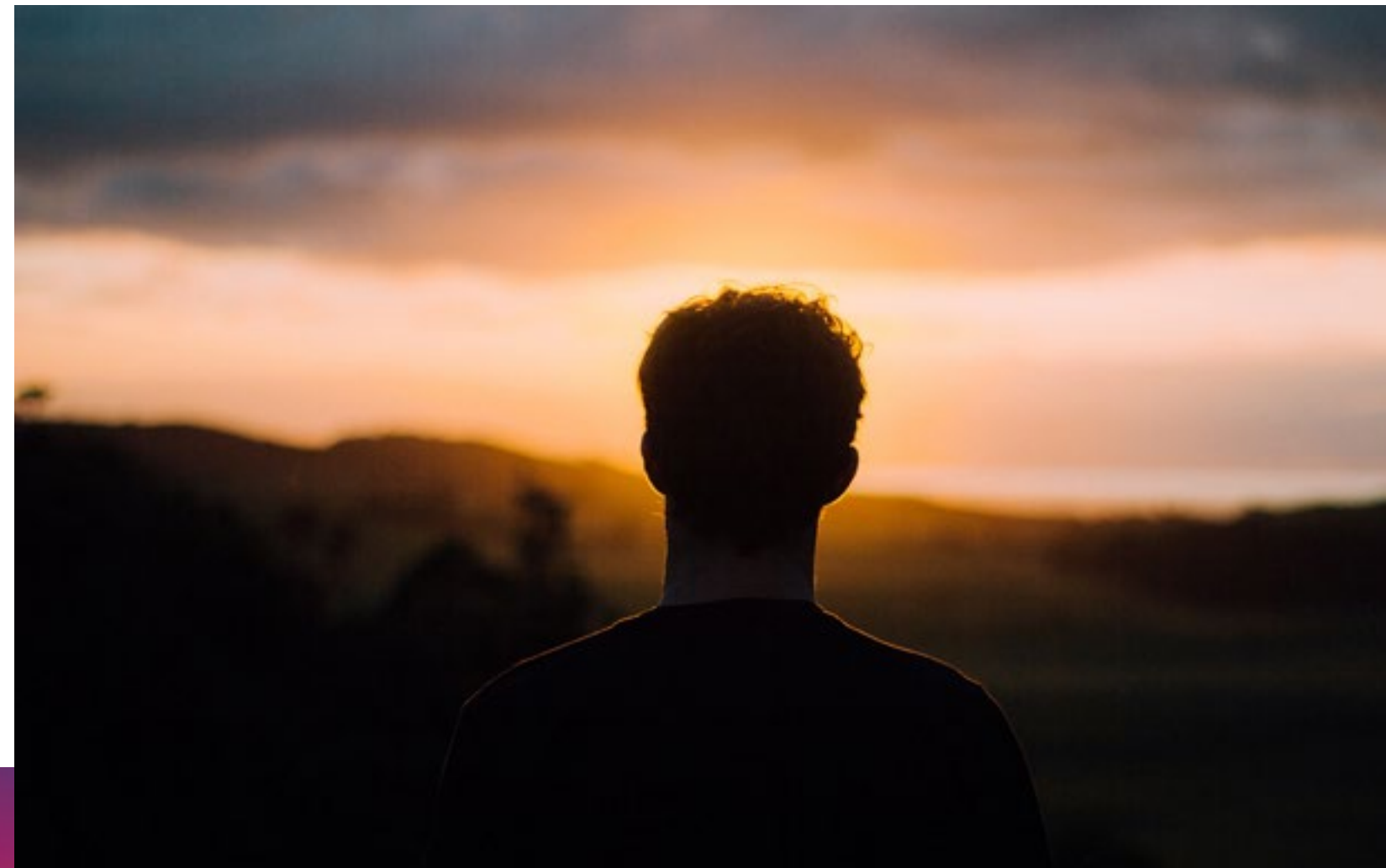
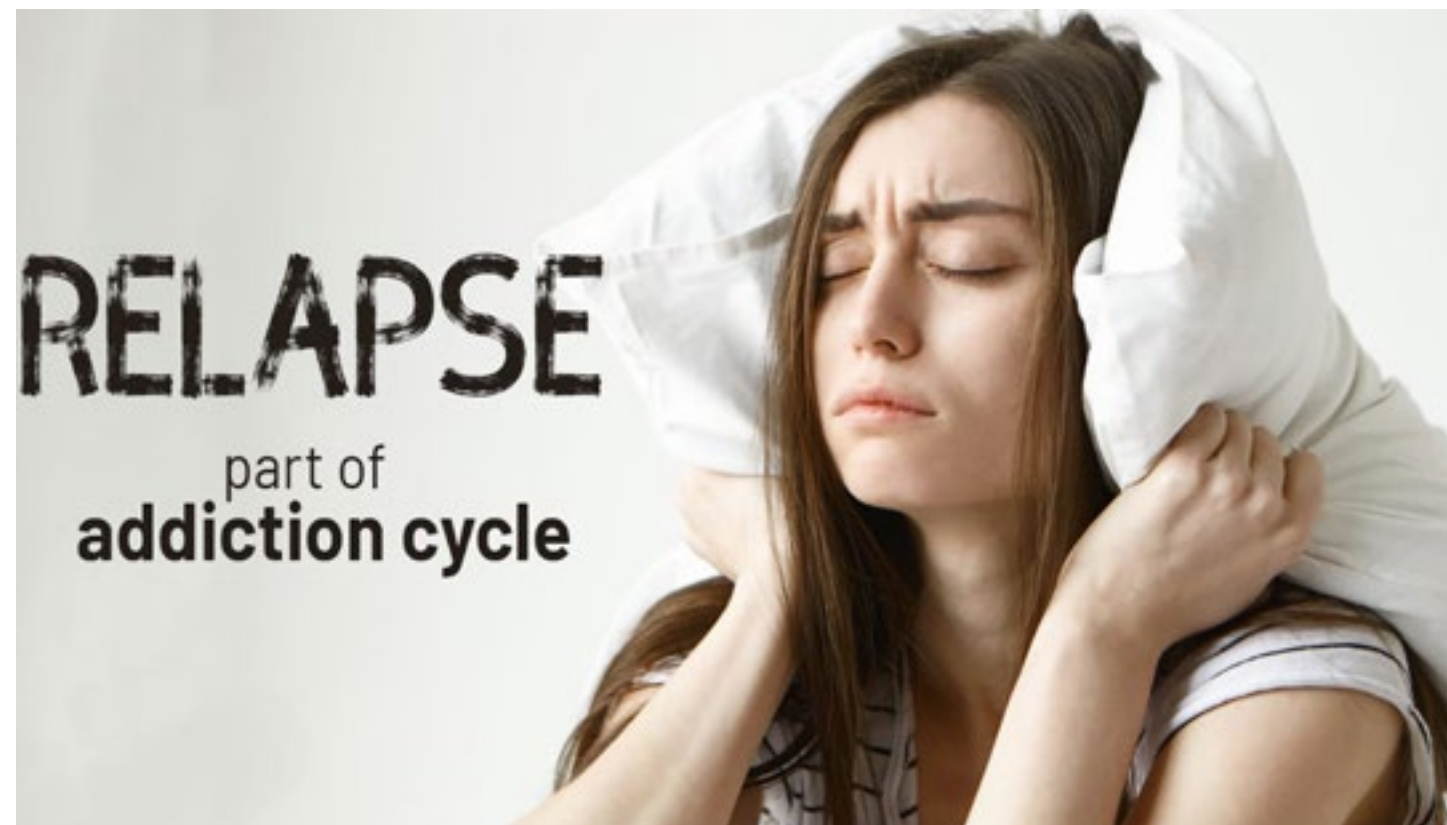


Table of Contents

Introduction	166
Defining Return to Use	167
Strategies for Preventing Return to Use	168
Help Residents Develop Prosocial Relationships	168
Help Staff and Leaders Develop Positive Relationships With Residents	168
Ensure the Language Used Is Supportive of Recovery	168
Review the Code of Conduct	169
Appropriate Level of Support	170
Work With Residents Individually to Create a Recovery Plan That Includes Return to Use Prevention	170
Support Residents as They Implement Their Plan	172
Addressing Return to Use With the Individual	173
Individual Return to Use Plans	173
Addressing the Return to Use With the Resident	173
Emergency Response Plan	174
Keeping Other Residents Safe After a Return to Use	175
Physical Safety	175
Increasing Awareness	175
Return to use Prevention Efforts After a Return to use	175
Develop Partnerships in the Community	176



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 return to use or addressing a return to use 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.

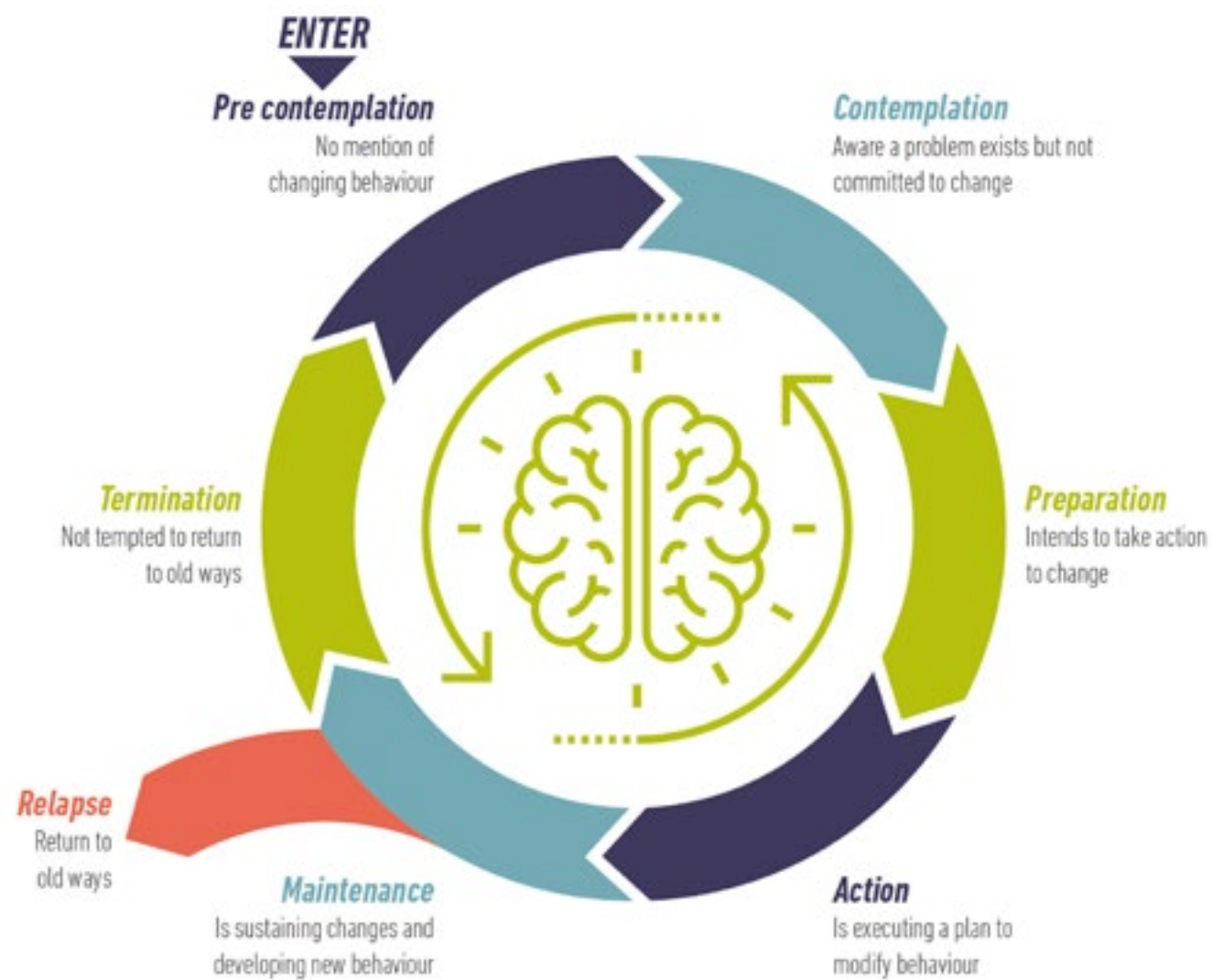


Defining Return to Use

Discussing return to use in addiction is complicated because the definition of “return to use” 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 return to use as a dynamic process rather than as a single event:

Return to use 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 return to use 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 return to use 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 return to use.



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

Strategies for Preventing Return to Use

The core of return to use 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 return to use 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 return to use 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 return to use.
- 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 return to use.
- **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 return to use 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 Return to Use Prevention

Recovery residence programs not only create supportive and safe environments but can also work with residents more directly to prevent return to use 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 return to use.

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 return to use, questions you can ask residents to help residents plan, as well as supports that can be offered to help prevent return to use.

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

Return to Use Considerations	Questions to ask Residents	Strategies to Discuss
The Severity of Addiction A resident's addiction is a key indicator of potential return to use.	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: <ul style="list-style-type: none"> • 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 return to use.	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: <ul style="list-style-type: none"> • 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 return to users," are at risk of experiencing a return to use.	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: <ul style="list-style-type: none"> • 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 return to use.	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: <ul style="list-style-type: none"> • 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 return to use.	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: <ul style="list-style-type: none"> • 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 return to use.	Talk with residents about any people, places, and things that they feel may potentially lead to a return to use	Assist residents in addressing individual factors by: <ul style="list-style-type: none"> • 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 Return to Use With the Individual

When a return to use 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 Return to Use Plans

The best time to discuss return to use 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 return to use. 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 return to use 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 Return to Use 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 return to use 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 return to use.
- Having the resident screened and assessed by a properly trained individual to determine if there is a need for treatment services.
- Review the return to use prevention plan and what changes are needed.
- If the residence can provide any additional support needed based on the new return to use prevention plan.
- If the resident remains interested in recovery and participation in a recovery residence program.
- The impact of the return to use 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 return to use 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 return to use 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 Return to Use

When a return to use 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 return to use, and continuing return to use 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 return to use prevention plans with them and connect any residents who need additional support to services or supports.

Increasing Awareness

Return to use is an ongoing concern. Return to use can manifest itself anytime and all residents should be aware of return to use 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 return to use with residents.

Return to use Prevention Efforts After a Return to use

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 return to use. 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 return to use, 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 return to use. 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



Best Practices Guidance For:

Supporting Residents Returning
to the Community from Incarceration



Table of Contents

- Introduction 180
- Race and the Criminal Justice System 181
- Recovery Housing 182
- Recovery Residences and the Criminal Justice System – Understanding Common Barriers 183
 - Public Benefits and Student Loans 183
 - Housing 183
 - Employment 183
 - Stigma 184
- Good Neighbor Policies and NIMBY Concerns 185
 - Meet With Neighborhood Associations and Watch Groups 185
 - Engaging With Local Law Enforcement 185
 - Engage With the Local Community 185
- Intake Considerations 186
 - Limitations Regarding Criminal Histories 186
 - Court-Ordered Recovery Housing 186
 - Needs Assessment 186
- Recovery Planning 187
- Continued Involvement in the Criminal Justice System 188
 - Documentation 188
 - Do Your Research 188
 - Get in Contact With the Courts 188
 - Know How the System Works 188
 - Have Open Communication and Mutual Respect With Your Courts, Local Police, and Parole and Probation Offices 189
 - Parole and Probation 189
- Exiting Recovery Housing 190
 - Start Planning the Exit Process Early 190
 - Build Relationships Within Your Community 190
 - Learn About Local Resources and Voucher Programs 190
 - Follow Up With Residents After They Leave the Recovery Residence 190
- Conclusion 191
 - Additional Resources 191
- Needs Assessment Template 192
- Release of Information 193

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.

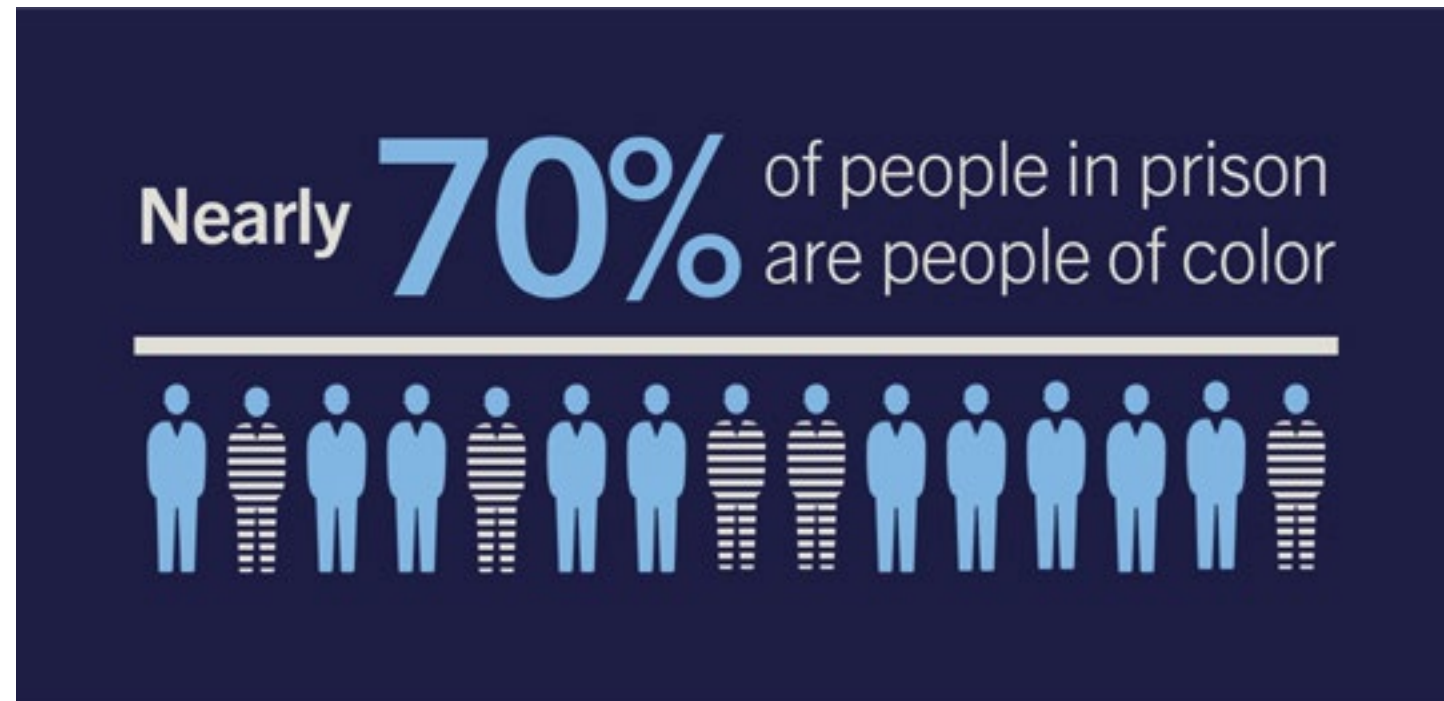


¹ <https://www.drugabuse.gov/publications/drugfacts/criminal-justice>

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 §27.80.129, “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 return to use 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.

<p>Parole</p> <p>Offenders spend time incarcerated before release.</p> <p>Parole is an administrative decision made by paroling authority.</p> <p>Parolees must abide by conditions or risk revocation.</p>	<p>Probation</p> <p>Probationers generally avoid prison time.</p> <p>Probation is a sentencing decision made by a judge.</p> <p>Probationers must abide by conditions or risk revocation.</p>
--	--

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



**Best Practices Guidance For:
Parents With Children Living in Recovery Residence**



Table of Contents

Introduction	199
Impact of Recovery Housing for Parents With Children	200
Recovery Housing for Parents With Children	200
Administrative and Operational Capacity	201
Budgeting	201
Home Maintenance	201
House Occupancy	201
Bedroom Space	201
Insurance	202
Background Checks	202
Mandatory Reporter	202
Navigation of Complex Services and Systems in the Community	203
Have a Specific Strategy in Place to Ensure the Needs of Children Are Met	203
Develop a Relationship With Your Local Child Protective Services	203
Connect to Prevention Resources	203
Daycare Services	203
Youth Programming and Development	204
Develop Positive Relationships With Schools	204
Maternal Opioid Misuse (MOM)s Program Connection	204
Creation of a Culture of Recovery and Peer Support	205
Develop a Family-Like Environment	205
Positive Parenting Culture	205
Provide Training	205
Ensuring a Physically and Emotionally Safe Environment	206
Return to Use Planning and Prevention	206
Medications Storage and Handling	206
Develop Policies Concerning Watching Children	206
Prohibit Children From Being Alone in the Home	206
Prohibit Children From Being Alone With Any Staff Member	206
Be Aware of Family Privacy	206
Allow For Family Bonding Time	207
Emergency and Disaster Plans Contain the Needs of Children	207
Smoking/Tobacco Policies	207
Incident Reporting	207
Trauma-Informed Environment	207
Literature Review	208



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 P 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.

a hurt child is

EVERYONE'S
BUSINESS

PREVENT
CHILD ABUSE



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.

Return to Use Planning and Prevention

Recovery houses that serve children need to be especially mindful of what would happen if a parent experiences a return to use. There must be robust policies that help prevent return to use and appropriately address return to use. Engage with each parent and ensure that there is an appropriate plan in place should the parent experience a return to use. 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 return to use.

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.





LGBTQ+ Inclusion Glossary



Table of Contents

Glossary of Terms	216
LGBTQ+	216
(Sexual) Orientation	216
Assigned Sex at Birth	216
Gender Expression	217
Gender Identity	217
Transgender	217
Gender Dysphoria	218
Cisgender	218
Gender Non-Conforming	218
Transphobia	218
Chosen/Stated Name	218
Coming Out	219
Conversion Therapy	219
Minority Stress	219
Preference	219
Provider	220
Single-Sex Housing	220
Sex-Segregated Housing	220



Glossary of Terms

LGBTQ+

This acronym stands for Lesbian, Gay, Bisexual, Transgender, Queer, sexually- and gender-diverse people (+). This is the preferred term to refer to the queer community collectively or generally. The “+” is an acknowledgement that there exist many unique gender identities and sexual orientations beyond these more common terms. For ease of communication, we use LGBTQ+ as an umbrella term for all non-straight, non-cisgender identities. It’s important to note that although these identities are often clumped together, each may have very different experiences. The LGBTQ+ community is a coalition, not a monolith— just like someone in recovery from alcohol use disorder will share some experiences with those recovering from opioid use disorder, but both will have unique differences as well. For detailed definitions of the sexual orientations and gender identities listed in the acronym, see Sexual Orientation, Gender Identity and Transgender below.

(Sexual) Orientation

How someone experiences attraction towards other people, be it romantically, sexually, or emotionally. Some examples of different orientations include gay, bisexual, asexual, lesbian, or straight. Attraction to others is not the same as our internal understanding of our gender (see gender identity), but it may influence it. Below are some definitions of different sexual orientations.

- ✓ **Lesbian:** A woman who is attracted to other women.
- ✓ **Gay:** A man who is attracted to other men. Sometimes used as an umbrella term for anyone with same-gender attraction.
- ✓ **Bisexual/Pansexual:** Bisexual (shortened, bi) originally referred to attraction to both men and women. Today, being bi may include attraction to people of all genders and is synonymous with pansexual in many circles. The term pansexual (shortened, pan) means someone who is attracted to people regardless of gender.
- ✓ **Queer:** Queer is both an identity and an umbrella term that can include all types of non-heterosexual attraction and non-cisgender identities. Once a slur, the term has grown in popularity as a reclaimed, empowering identity.
- ✓ **Asexual:** A person who does not experience sexual attraction, or does not partner with individuals based upon sexual attraction.
- ✓ **Straight (heterosexual):** Someone who is attracted to the “opposite” gender as themselves—i.e., men who are attracted to women, and women who are attracted to men. Remember gender and sexuality are different. Someone may be straight and transgender.

Assigned Sex at Birth

The sex—usually male or female—designated to someone at birth that is entered onto their birth certificate. This is assigned by looking at the baby’s genitalia. You may also hear the phrase “assumed sex at birth” — the sex people assume an individual was designated at birth.

Gender Expression

How we outwardly express our gender in both appearance— like haircut, clothing, makeup— and behavior— how we speak, use body language, navigate social and physical space, and more. How someone expresses their gender doesn't have to line up with what we assume based on their identity. Note that gender expression is also protected alongside gender identity under some anti-discrimination laws and regulations that exist on the local, state, and federal levels.

Gender Identity

The internal (i.e., emotional/psychological) experience of one's gender, which may or may not align with how one looks, their gender marker on identity documents, or with the sex assigned to them at birth. Everyone has a gender identity, as gender is a part of our society and culture— although some cultures may not conceive of gender in these Western terms. Below are two important versions of the definition of gender identity used in the Fair Housing Act and its associated guidelines.

- ✓ **Perceived Gender Identity:** The gender with which a person is perceived or assumed to identify as based on that person's appearance, behavior, expression, other gender-related characteristics, sex assigned at birth, or identification documents.¹

This definition is important for understanding protections based on gender identity; HUD uses this definition to let individuals who experience discrimination based on assumptions about their gender identity know they may have grounds to file a complaint.

- ✓ **(Actual) Gender Identity:** The gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity. Gender identity is determined by a person's self-identification, regardless of the gender listed on their identity documents.¹

HUD uses this definition in guidance on providing equal access. The term is sometimes written as just "gender identity", or specified with "actual" when talking about perceived vs. actual identity.

- ✓ **Note:** *Actual vs. Perceived Sexual Orientation* may also be discussed in some documents—this is essentially the same definition of actual or perceived Gender Identity applied to someone's romantic or sexual orientation. See the definition for (Sexual) Orientation for more.

Transgender

We use the term transgender or trans to refer to *any person whose gender identity does not align with their assigned sex at birth*. We use this as an umbrella word to denote many different gender identities that do not align with one's assigned sex, including:

- ✓ **Trans men:** identify and live as men who were assigned female at birth.
- ✓ **Trans women:** identify and live as women who were assigned male at birth.
- ✓ **Non-binary people:** identify as neither, both, or something other than the genders of man or woman, regardless of the sex they were assigned at birth. This is an umbrella term as well as a specific identity. Some of the genders that fall under the non-binary umbrella include "*gender-fluid, agender, bigender, and genderqueer*".

¹ Definition from "[Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs](#)" Rule, which clarifies aspects of the Equal Access Rule from the Department of Housing & Urban Development.

Gender Dysphoria

A state of psychological distress experienced when someone's gender identity does not align with their appearance or the way others perceive them. Gender dysphoria has been linked to increased risk of anxiety and depression.²

Cisgender

Someone whose gender identity matches the sex assigned to them at birth. Overall, a cisgender person's assigned sex and gender identity align. This term is often abbreviated as cis. Using "cisgender" is useful in normalizing the idea that everyone has an internal sense of gender, and that no gender identity is somehow better than another.

Gender Non-Conforming

We use the term gender non-conforming (GNC) to refer to those individuals whose gender expression does not conform to social norms and expectations of their assigned or identified gender. Gender non-conforming people may or may not also identify as trans or non-binary. A tomboy—a girl with a more masculine gender expression— would be considered GNC even if she's cisgender.

Transphobia

Direct and indirect actions, comments, policies or ideas that harm or otherwise diminish people who identify as, or are assumed to be, transgender, non-binary or gender-nonconforming. Often this bias can be unconscious and unintentional, yet still negatively impacts trans individuals or the inclusivity of a space. Transphobia can occur in any interaction between people and their social world — on an interpersonal, ideological, or institutional level.

- ✓ **Interpersonal:** Interactions between people, such as a trans man being told he's "just a confused lesbian".
- ✓ **Ideological:** The negative assumptions, ideas and stereotypes common in a society, such as the harmful stereotype that trans women are likely to be sexual predators.
- ✓ **Institutional:** Policies and practices at the organization level that perpetuate oppression, such as a transgender teen being denied hormone blockers because their state has made it illegal for people under 18 to access transition-related care.

Chosen/Stated Name

The name someone goes by on a daily basis. We use stated names all the time—calling someone Nate instead of Nathaniel, using someone's middle name, and so on. For transgender folks, a chosen name may not align with their legal name on identity documents or the name they were given at birth. Using a legal or birth name for a trans person who does not identify with that name is called *dead-naming*. Dead-naming can have a severe psychological impact on a transgender person's sense of self and wellbeing.

² Dhejne, Cecilia et al. "[Mental health and gender dysphoria: A review of the literature.](#)" International review of psychiatry (Abingdon, England) vol. 28,1 (2016): 44-57.

Coming Out

The process by which someone shares their gender identity or sexual orientation with another person, their community, or the public. Coming out is a continual process; it is never “one and done”. It takes a lot of courage to come out, so be sure to acknowledge that when someone comes out to you.

- ✓ **Outing:** While coming out is a choice initiated by an LGBTQ+ person, outing refers to the non consensual sharing of someone’s identity with others. It’s never acceptable to share someone’s identity without their permission, as being out may introduce anxiety or negative consequences for the outed individual.

Conversion Therapy

Efforts to change someone’s gender identity and/or sexual orientation. Other terms for these practices include “*corrective, reparative, or ex-gay therapy*”. Conversion Therapy (CT) has been thoroughly debunked by extensive scientific research which unequivocally finds the practice to be ineffective at addressing the mental health needs of LGBTQ+ people, and actively detrimental to their mental, emotional, and physical wellbeing. While they may have “therapy” in their names, these practices are therapeutically unfounded and may be practiced by both licensed and unlicensed persons. CT has been banned for minors in several states and localities, but few laws exist protecting LGBTQ+ adults from these practices.

Minority Stress

The additional stress that members of marginalized groups experience because of the prejudice and discrimination they face. This is additive to general stress, and can lead to poorer health outcomes compared to those who do not experience minority stress. Minority stress is distinguished from general stress by three factors—it is unique, chronic, and socially-based.³

Preference

We use the term preference to indicate situations where an applicant or resident specifically requests housing accommodations that do not match their gender identity. Recent civil rights guidelines indicate the individual’s rights lay in their identity. An individual’s preference does not necessarily hold the same protections. That is why we recommend for the placement of transgender individuals to put gender identity first, then consider preference upon the applicant’s request.

- ✓ **Preference for Non-Binary Individuals:** The most common instances where preference does not match identity will likely be with non-binary individuals, as few recovery houses are organized to accommodate genders outside of men and women. Preference based on the applicant’s comfort and/or which gendered space more closely reflects their identity (if any) thus becomes the primary determinant for placing non-binary individuals. As of this writing, there are no public examples or rulings from the FHEO that clarify how non-binary individuals’ rights are maintained in a housing system that relies on a gender binary (e.g., man vs woman) beyond the importance of preference.

³ Definition adapted from the Center for Community Practice article [“What is Minority Stress?”](#)

- ✓ **When Preference & Identity Don’t Match:** In rare instances, a trans woman or trans man may request to be housed counter to their gender identity. We encourage collaboration with the applicant to determine their placement in accordance with their preference and the home’s program. Providers may decline such requests if the applicant’s comfort and safety concerns can be mitigated without housing the individual counter to their gender identity, or the provider determines the house’s program and/or services would be drastically altered for the applicant if they were to accept the request.

Provider

Any person who works within a recovery residence, either through direct support services or operational management. This includes operators, administrators, house managers, paid resident leaders, peer support specialists, clinical staff, and other such employees or volunteers who operate the home.

Single-Sex Housing

A recovery residence that houses and serves a specific population based upon residents’ shared sex or gender identity. For example, a women’s recovery house that only accepts women or woman-identified individuals would be a single-sex house. As we move toward better transgender inclusion, some providers may be worried that programs like men’s and women’s houses will be shuttered. That is not the case. CARR believes single-sex housing can continue to serve gender-specific populations while being trans-inclusive and maintaining the CARR Standard. The key is to move away from housing based upon assumed sexual characteristics or sex assigned at birth to housing based on a shared or similar gender identity. How this is best implemented will depend on the nature of a residence and its local and state context. In some circumstances, an individual’s preference may be considered for placement counter to their gender identity upon that applicant’s request. (See Preference for details.)

Sex-Segregated Housing

A recovery residence that houses and serves multiple genders by placing residents with roommates of the same or similar gender identity as themselves, or providing residents with single-occupancy rooms. Like single-sex housing, sex-segregated residences are compatible with LGBTQ-inclusion when residents are placed according to their gender identity or individual preference upon request.





LGBTQ+ Policy Statement



Table of Contents

Introduction	224
LGBTQ+ affirming Considerations in Recovery Housing	225
Why LGBTQ+ Specific Considerations?	225
Anti-Discrimination Protections	225
Disclaimer	225
LGBTQ+ Inclusive Best Practices for Certified Recovery Housing	227
APPENDIX A	235
APPENDIX B	236
APPENDIX C	237
Further Information	238
LGBTQ+ Housing Discrimination	238
Equal Opportunity Employment for LGBTQ+ People	239
LGBTQ+ Nondiscrimination Laws Across the US	239
"Conversion Therapy": Laws, Bans, Efficacy and Impact	239
Additional Resources	240
Example Policy Language	240
LGBTQ+ Inclusive Best Practices for Certified Recovery Housing	241
Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing	242



Introduction

This chapter aims to equip recovery residence operators in Colorado with the knowledge and best practices necessary to foster LGBTQ+ affirming environments, enhancing the overall well-being and recovery outcomes for LGBTQ+ individuals. By integrating these principles, recovery residences can better serve their residents, ensuring that everyone, regardless of their gender identity or sexual orientation, has access to a safe and supportive path to recovery.

Promoting the need for gender-specific recovery housing and denying recovery housing solely based on an applicant's gender identity or sexual orientation is not best practice. The CARR Code of Ethics states that recovery residences value diversity and non-discrimination, and this includes creating LGBTQ+ affirming living environments. Supporting recovery housing residents requires that they feel safe, respected, and connected. For people who identify as lesbian, gay, bisexual, transgender, queer, gender and sexually-diverse (LGBTQ+), this includes honoring their gender identity and sexual orientation.

This chapter serves to familiarize Colorado recovery residence operators with LGBTQ+ affirming best practices within the context of the CARR Standards and Ethics Code.



LGBTQ+ affirming Considerations in Recovery Housing

Creating an LGBTQ+ affirming environment in recovery housing is essential to ensure the safety, respect, and connection of all residents. The Colorado Agency for Recovery Residences emphasizes the importance of gender-specific recovery housing while advocating against the exclusion of individuals based on their gender identity or sexual orientation. According to CARR's Code of Ethics, diversity and non-discrimination are core values that support the development of inclusive, supportive living spaces.

Why LGBTQ+ Specific Considerations?

LGBTQ+ people are far more likely to misuse alcohol and other illicit drugs than the general population, more than 18% in 2018, compared to less than 8% of the total US population (McCance-Katz, 2019). Transgender people are more than three times as likely to regularly use illicit drugs than cisgender people (Hughto et al., 2021). Over 86% of LGBTQ+ people receive no treatment or recovery support whatsoever (SAMHSA, 2019). Currently, available data on SUD treatment or services does not include transgender people. However, trans individuals are less likely to receive medical or mental health services due to fear of mistreatment (23%) or cost (33%) than their cisgender¹ peers (James et al., 2022).

Anti-Discrimination Protections

Under federal fair housing law, a landlord cannot discriminate against an applicant or tenant based on their sex, and the United States Department of Housing and Urban Development (HUD) defines "sex" to include an individual's gender and sexual orientation. However, a 2007 decision by the Ninth Circuit Court of Appeals stated that discrimination on the basis of gender may be upheld if the restriction (1) responds to legitimate safety concerns raised by the individuals affected, rather than being based on stereotypes or (2) benefits the excluded class. Colorado has explicitly established LGBTQ+ as a protected class, but Congress and the federal courts have not yet extended this beyond the context of employment. The Colorado Anti-Discrimination Act (CADA) prohibits discrimination based on various protected characteristics, including sexual orientation and gender identity. Specifically, the law makes it illegal to deny anyone the full and equal enjoyment of goods, services, facilities, privileges, advantages, or accommodations in places of public accommodation because of their sexual orientation or gender identity.

Meanwhile, government agencies, such as the United States Housing and Urban Development (HUD), have begun restricting organizations that accept their funding from discriminating against housing applicants and tenants based on their gender identity or sexual orientation.

Disclaimer

It is beyond CARR's purview to provide legal advice for recovery residences. In addition to reviewing the following practices, CARR encourages recovery residence providers to seek legal guidance and ensure an understanding of applicable laws in Colorado as they are continually being updated to support the citizens and the business of Colorado.

¹ "Cisgender" refers to individuals whose gender matches their sex assigned at birth. For more detailed definitions, see the glossaries in the Further Information section at the end of this chapter.

The below practices are modeled on language in the Federal Housing Act (FHA), including the Equal Access Rule (EAR) for federally funded programs issued by HUD, and resources from the U.S. Department of Health and Human Services. Again, recovery residence providers are encouraged to seek legal guidance and ensure an understanding of the related laws.

These Best Practices are not legal advice. If you are concerned about any operator or resident legal matters or rights with regards to this memorandum, please contact your own attorney.

Note on Language

The term transgender is an umbrella category for anyone whose gender identity does not align with their sex assigned at birth. This includes non-binary identities and genders from indigenous cultures, such as Two Spirit or Mahu. Queer is also an umbrella term denoting gay, lesbian, bisexual/pansexual, asexual, and any other non-heterosexual orientation. Readers are encouraged to use the identity language of each individual.



LGBTQ+ Inclusive Best Practices for Certified Recovery Housing

1. LGBTQ+ status is a consideration for inclusion, not exclusion in recovery housing. Entry to a recovery residence is based on alignment of individual need with the mission and vision of the home.

Denying housing to an individual solely based on their actual or perceived LGBTQ+ status or on unfounded fears related to one's LGBTQ+ identity is not best practice and counter to CARR's Code of Ethics.

LGBTQ+ identity can be considered when qualifying someone for housing or a benefit. For instance, an operator managing a residence designed for LGBTQ+ might incorporate into its prerequisites that applicants self-identify as women or men with an LGBTQ+ identity.

2. Placement should be based on gender identity.

An applicant's gender identity takes precedence in determining placement in gender-specific/single-sex or gender-segregated/sex-segregated recovery homes. Gender identity is the gender with which a person identifies, regardless of the sex assigned at birth, appearance, anatomy, or identity documents. When an applicant's preference to live in a home does not match their identity, their preference should be considered on a case-by-case basis when:

- ✓ The applicant requests accommodations that do not match their gender identity due to health or safety concerns.
- ✓ The applicant's concerns cannot be mitigated in some "less burdensome" way (i.e., providing a single-occupancy room).¹

Accommodations that do not match an individual's gender identity should not be made:

- ✗ The applicant requests accommodations that do not match their gender identity due to health or safety concerns.
- ✗ The applicant's concerns cannot be mitigated in some "less burdensome" way (i.e., providing a single-occupancy room).

These practices alone don't address the placement of individuals whose identities do not neatly fall into the category of man or woman referred to under the umbrella category of **non-binary**² throughout this document.

CARR recommends making the applicant's preference the primary deciding factor for the placement of non-binary individuals. Providers may refer non-binary applicants to equivalent alternatives — such as mixed gender or trans-specific homes — upon the applicant's request. The above guidance on preference still applies in these situations.

¹ Language adjusted from the FHA's Equal Access Rule and amendments. See the Further Information section for more details.
² See the glossaries in the Further Information section to learn more.

Providers should work collaboratively with trans residents to make reasonable adjustments for the individual's privacy and comfort. See the **Further Information section** for a visual aid of this process with relevant examples.

3. Assist with comfort and privacy adjustments.

Trauma and other life experiences may impact the residents we serve. LGBTQ+ individuals are more likely to experience trauma and post-traumatic stress than the general population. (Valentine et al.). Providers likely work with individuals who express safety or privacy concerns and should respond in a manner that:

- ✓ Promotes general privacy and safety for everyone in the home — privacy screens for changing clothes, trauma-informed toxicology protocols, curtained shower heads in facilities with bank showers, and so on.
- ✓ Implements specific, reasonable requests made by the individual for their stay — scheduled shower time, rearrangement of roommates, toxicology screens done at a nearby clinic or community supervision office, etc.

A resident may request reasonable adjustments for themselves or for the general safety, comfort, or privacy of everyone in the home. Individual adjustments may only be implemented for the resident making the request.

Policies and procedures should not require a resident to engage with the home and its community differently because of another's discomfort with their actual or perceived gender identity or sexual orientation. This applies to all residence protocols and daily activities, including drug screenings — policies must be transparent, fair, recovery-driven, and uniformly applied per CARR's Ethical Policies Regarding Drug Testing.

If a resident's discomfort is due to the behavior of their housemate, the situation should be addressed through the home's conflict resolution process. Work with the resident during this time may include making reasonable adjustments, such as rearranging roommates.

Reasonable Request

Sheila requests a way to change privately and alone in her room. She works with her provider and roommate to come up with a solution. Her house manager suggests using a privacy screen, but Sheila is still anxious at the thought of someone walking in. Clara, her roommate, suggests they make a sign that says, "Please Knock Before Entering" that can be put up as needed. That way, Clara remembers not to barge in, and other housemates know to give her privacy without explanation. Sheila agrees and asks to have the screen in the room as well. The system works—in fact, the rest of the house adopts the knock sign to give each other a little extra privacy for changing, private phone calls, and the like. The provider decides to ensure every room has a sign and incoming residents are instructed on how and when to use it. Not everyone uses the privacy screen, but residents know it's available upon request.

General adjustments must be made throughout the house to promote a culture of privacy, such as the optional knock sign. Let's revisit Sheila and Clara with an example of an impractical request.

Unreasonable Request

Sheila, a trans woman in early recovery, just moved into a women's recovery home. Clara, her roommate, is uncomfortable with Sheila changing in their room after Sheila comes out to Clara. Clara tells the house manager that Sheila's gender makes her feel unsafe and Sheila ought to change in the bathroom. The manager asks if Sheila has said or done anything directly to threaten Clara's safety. Clara repeats that Sheila's general presence makes her unsafe because she's "biologically male."

Clara's request is not actionable, as she wants Sheila to change how she engages with the home. Clara should be validated and reminded that Sheila has a right to feel safe in the home, too. The best solution might be to rearrange roommates, so Clara and Sheila are not rooming together — this is acceptable because Clara is making a change without putting that responsibility on Sheila. Had Sheila acted inappropriately, the situation would have been handled as any other complaint, regardless of Sheila's gender identity.

4. Provide equal access to services.

Providing differential access to services or requiring non-standard conditions for residents with actual or perceived LGBTQ+ identities raises concerns. This includes segregating an LGBTQ+ individual or requiring them to use a specific bathroom unless requested by the resident as an adjustment.

Examples of Differential Access

- ✗ A gay man is told he cannot have a roommate and must sign a statement promising not to flirt with other residents of his men's home or be asked to leave.
 - ✗ A trans woman is told she can only use the women's restroom if no one is using another stall.
 - ✗ A resident who identifies as queer is told they must examine how their "lifestyle" contributed to their addiction as part of their Recovery Plan. They're expected to attend a weekly religious meeting that no one else in the home is required to attend.
5. Maintain clear anti-discrimination policies and expectations of conduct.

Recovery residences should have clear anti-discrimination and conduct policies that are communicated to residents and staff in the Resident Agreement, Code of Conduct, and any other relevant paperwork.

Recovery residence staff should be informed of all their responsibilities regarding service delivery through clear job descriptions and Code of Conduct agreements. It is inequitable to refuse to conduct a standard service because of an individual's actual or perceived gender identity or sexual orientation.

6. Identify and address stereotype-based complaints.
Concerns or complaints based solely on a resident's actual or perceived gender identity or sexual orientation are insufficient reasons to:
 - ✗ Segregate, discipline, or remove the subject of the complaint.
 - ✗ Require the subject to meet alternative or additional conditions of housing.

- ✗ Provide the subject substandard services.

Recovery residence operators should distinguish actionable complaints from stereotype-based complaints and, at a minimum, acknowledge the complaint even if the resolution is different than what the complainant requests.

Stereotype-based Complaint

"I don't like the way Willow looks at me. She's a lesbian, and I don't want her checking me out!"

Willow's behavior does not violate the Resident Agreement or CARR Standard; the complainant assumes intent because of Willow's identity. Because Willow hasn't violated any community standards, this complaint does not warrant formal review. Talking to the complainant and helping her understand her assumptions would be an appropriate response, as well as making any individual adjustments for the complainant without burdening Willow or other residents. It may be appropriate for the provider to refer the complainant to other recovery residences or services if she is unwilling to live with a diverse group of people, as noted in the Resident Agreement.

Actionable Complaint

"Oscar has made sexual remarks to me, witnessed by Bert and Ernie. Comments continue despite me telling him to stop."

Sexual harassment is necessary to review and redress. These comments are unacceptable regardless of to whom Oscar makes them or what his sexual orientation or gender identity may be. It's his behavior that is the problem.

Best Practices Tip

Concerns based on stereotypes arise from peers' anxieties and misconceptions about the LGBTQ+ community. Recovery residence operators can educate themselves and collect resources about common anti-LGBTQ+ myths and the application of such ideas to address stereotype-based concerns and discriminatory practices while having ready responses to stigmatizing comments. Recognizing and addressing bias while countering harmful myths is a positive start. See the Further Information section for resources on combating anti-gay and anti-transgender stereotypes and myths.

7. It is UNNECESSARY, UNPROFESSIONAL, AND OFFENSIVE to ask potential residents or any members of the household about their anatomy or sexual HISTORY.

Screening and routine interviews with residents should only consist of questions pertinent to assessing the individual's needs, strengths, and goals and the availability of corresponding services and support networks. **The same questions should be asked of all applicants and residents.** Asking personally invasive questions regarding someone's anatomy, biology, or sexual history is not appropriate. Exceptions can be made when the information is needed to qualify someone for benefits. For example, providers may ask about gender identity because there is a direct service need for this information to place applicants accordingly. **This information should be used for placement and service requirements only.** Applicants should be informed how this information will be used and the extent to which it may be shared, if at all.

Acceptable Questions

- ✓ “What words best describe your gender identity?”
- ✓ “What is your gender identity?”

Unacceptable Questions

- ✗ “Were you born male or female?”
- ✗ “Do you have male or female genitalia?”

Avoid screenings and intake questions that offer only a narrow set of options about gender identity—for example, a list containing only “male, female, or other” is not inclusive. The inclusive intake question below provides options and allows applicants to note the language that best suits them. This may be more practical than an open-ended, write-in question for filing purposes.

Example Questionnaire

Select all words that apply to your gender from the list below.

- Woman
- Man
- Cisgender
- Transgender
- Non-binary
- Agender
- Other (If desired, please describe):

Asking an applicant to disclose their gender identity or sexual orientation without the direct service-related need for that information or denying housing without clear policy-guided reasons after such disclosure.

8. Protect identity information with privacy policies and confidential practices.

Providers are responsible for maintaining residents’ privacy under the CARR Standards, including policies and procedures that clearly identify what information is confidential and/or anonymous, who has access to that information, and how it will be protected. These policies should be communicated to applicants via the Resident Agreement or at the time of information gathering, such as an entry survey. Policies should include practices for keeping disclosure of gender identity and/or sexual orientation (aka “coming out”) confidential.

Not all staff require access to information regarding sexual orientation or gender identity and should only be told if necessary to provide services or if the resident provides written consent to inform specific staff. “Unauthorized staff” refers to any provider who does not require this information to deliver services or does not have the resident’s written consent. The resident should be informed of exactly who can be told this information and for what reason. The consent should have an end date, after which providers may no longer disclose details to others.

Failing to protect identity information or disregarding residents’ privacy by “outing” them to visitors, friends, family, other residents, or unauthorized staff, should be addressed with immediacy and care. The resident should be informed of the breach at once; they have the right to give input on appropriate remediations, with their safety and privacy being the top priority.

It is potentially hurtful and traumatizing to require or pressure an LGBTQ+ resident to “out” themselves to other residents or staff of the home. Requiring residents to disclose their gender identity or sexual orientation to roommates, other residents, or unauthorized staff as a condition of placement is not in keeping with the CARR Standards.

Best Practices Tip

Encourage residents to disclose their identity to housemates and the rest of the community if and when they feel comfortable doing so. Providers should refrain from disclosing to unauthorized staff or residents even if permission is given, so as to encourage LGBTQ+ residents to practice healthy communication, boundaries, and relationship-building at their own pace.

Recommendations on Data Collection

LGBTQ+ people can be a difficult population to track for health outcomes because they are less likely to access services. Collecting resident data may be a valuable tool for directing more resources toward this underserved community.

Affiliates and providers may collect resident information for data reporting purposes, including gender identity and sexuality when appropriate measures are taken to protect data privacy, inform residents of their rights, and communicate to residents how their data will be used. CARR recommends withholding questions about sexual orientation for data collection purposes until after a resident has been accepted into the home — preferably, providers should reserve such questions for an entrance survey. Applicants or residents may become intimidated or worried about discrimination based on their answers. That’s why a clear notice in a Resident Agreement regarding nondiscrimination practices and thoughtful data collection procedures are vital.

9. Use the name and pronouns identified by residents.

A *chosen name*³ refers to the name someone uses on a daily basis. We use them all the time — “Katie” instead of Caitlin, John Lyle Smith goes by his middle name “Lyle”, and so forth. For trans people this is more than just common courtesy; names and pronouns⁴ can have a big impact on their well-being and their sense of belonging.

Failure to use someone’s chosen name and pronouns can lead to poorer mental health outcomes for transgender and non-binary individuals. The more contexts in which trans people, especially youth and young adults, can utilize their chosen name and pronouns the less likely they are to experience depressive episodes or suicidal ideation (Pollitt et al.).

CARR recommends using chosen names and pronouns in all settings throughout our community as part

³ See glossaries in the Further Information section for more details.

⁴ See Pronoun Breakdown under Further Information to learn more about pronouns and their usage.

of our commitment to creating healthy, supportive homes that affirm and empower residents and their recovery. This starts with respect.

Providers should use the name and pronouns stated by a resident and support the rest of the household in doing the same. Respecting someone's gender identity means using stated names and pronouns, correcting oneself or others if incorrect language is used, and apologizing when applicable.

Paperwork should have space for residents and staff to note their pronouns and chosen name, as well as their legal name. Filing systems should be sorted by the individual's chosen name when possible. Legal names and genders should be kept confidential in the same manner as someone's identity.

10. Address anti-LGBTQ+ behavior within the residence.

Biased behavior goes against the CARR Standards & Code of Ethics. Providers should respond immediately to reports or observations of anti-LGBTQ+ bias such as harassment, bullying, intimidation, or derogatory language. Anti-LGBTQ+ behavior is contrary to the CARR Standards and should be noted in the Resident Agreement.

If remediation efforts do not meaningfully change biased behavior, providers may ask the individual to transfer from the home in accordance with the obligation to maintain the safety and well-being of the community. Extreme bias, such as physical altercations, sexual assault or harassment, or threats of violence, may be grounds for immediate or unplanned transfer/discharge and could be referred to the appropriate authorities. All policies and procedures regarding behavioral expectations should be listed in the Resident Agreement and staff Code of Conduct.

Providers should avoid retaliation if a resident or provider reports bias to house leaders, owner-operators, or the Affiliate as noted in the Code of Ethics.

11. Develop inclusive recovery resources.

Recovery residence operators are encouraged to work with LGBTQ+ residents and community members to find mutual support meetings and other recovery support services that meet both the individual's needs and the home's requirements.

It is unethical to require LGBTQ+ residents to engage with recovery resources that degrade or discriminate against their identities as a condition of housing. CARR recognizes that providers cannot control the bias of individuals involved in outside referrals. However, if a recovery residence provider becomes aware that a particular program has anti-LGBTQ+ practices, values, or policies — or that program providers are perpetuating biased behavior — they should help find alternatives for residents or adjust their practices/policies to utilize more inclusive services.

It is unethical to forbid or disqualify a resident from utilizing recovery resources that specifically serve LGBTQ+ populations. These supports should be counted toward any requirements of the home, such as attending weekly meetings, as long as all other program conditions are met.

CARR recommends developing resources that affirm and support LGBTQ+ people in recovery in the wider community. Start by listing those services and meetings that you're familiar with — those certified by CARR or provide clear policies to support LGBTQ+ people in recovery. Preferably, these resources

should cater to the queer community explicitly; however, CARR is aware that these resources may be limited. We recommend cultivating relationships with your wider recovery community to advocate for and expand LGBTQ+ friendly recovery services. Collaborative efforts of this nature can yield enhanced services catering to all individuals pursuing recovery.

Conclusion

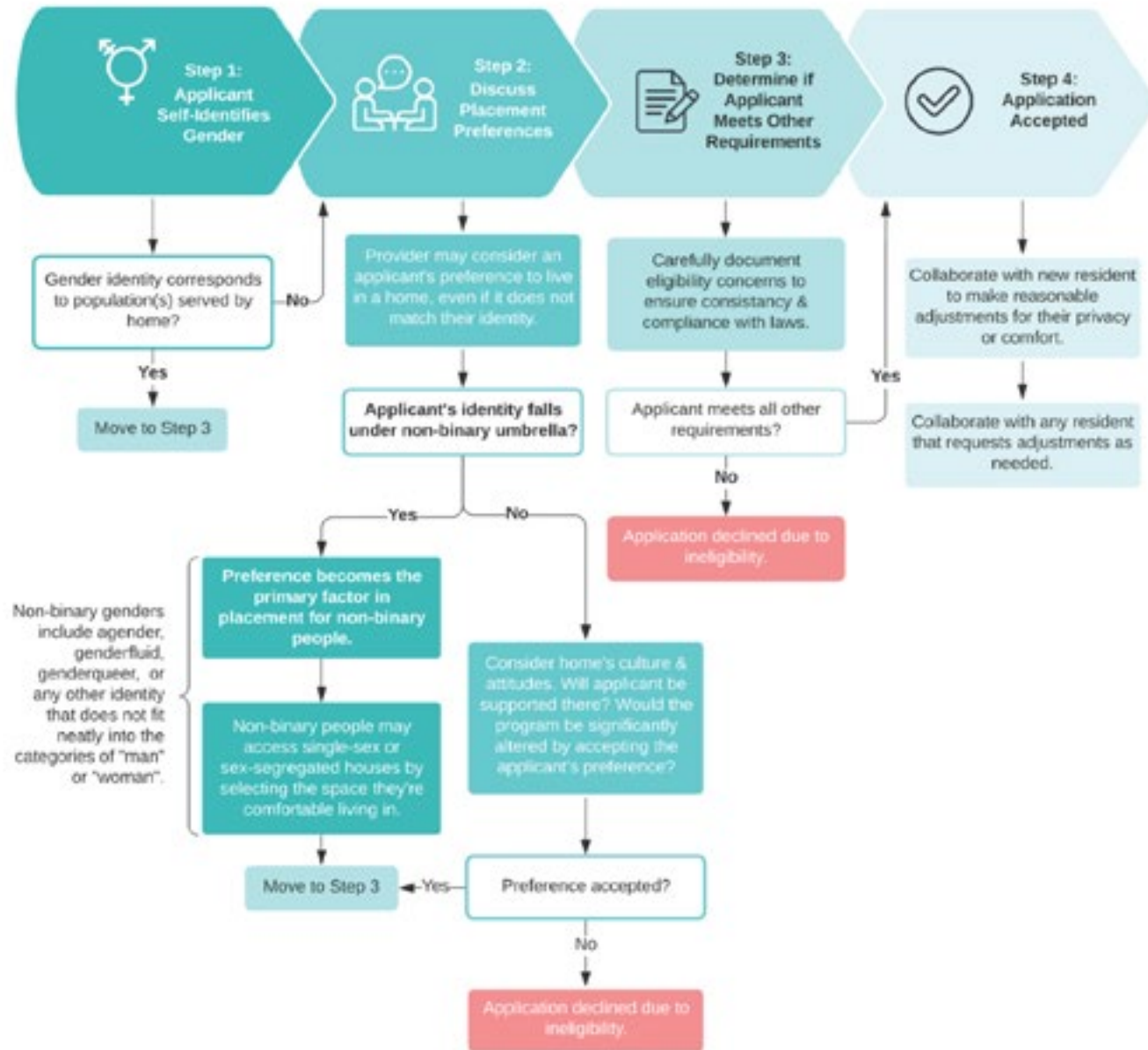
This document outlines the basic practices, prohibitions, and standards necessary for homes at any level to maintain the CARR Standard and support equal access to LGBTQ+ individuals seeking recovery housing. Federally funded recovery residences may be subject to requirements not referenced here under the Equal Access Rule (EAR) of the FHA.

Additional guidance for serving LGBTQ+ residents may be forthcoming. In the meantime, please review the attached resources in the Further Information section, and those within our concurrent statement, Ethical Obligation to Prevent So-Called Conversion Therapy in Certified Recovery Housing.



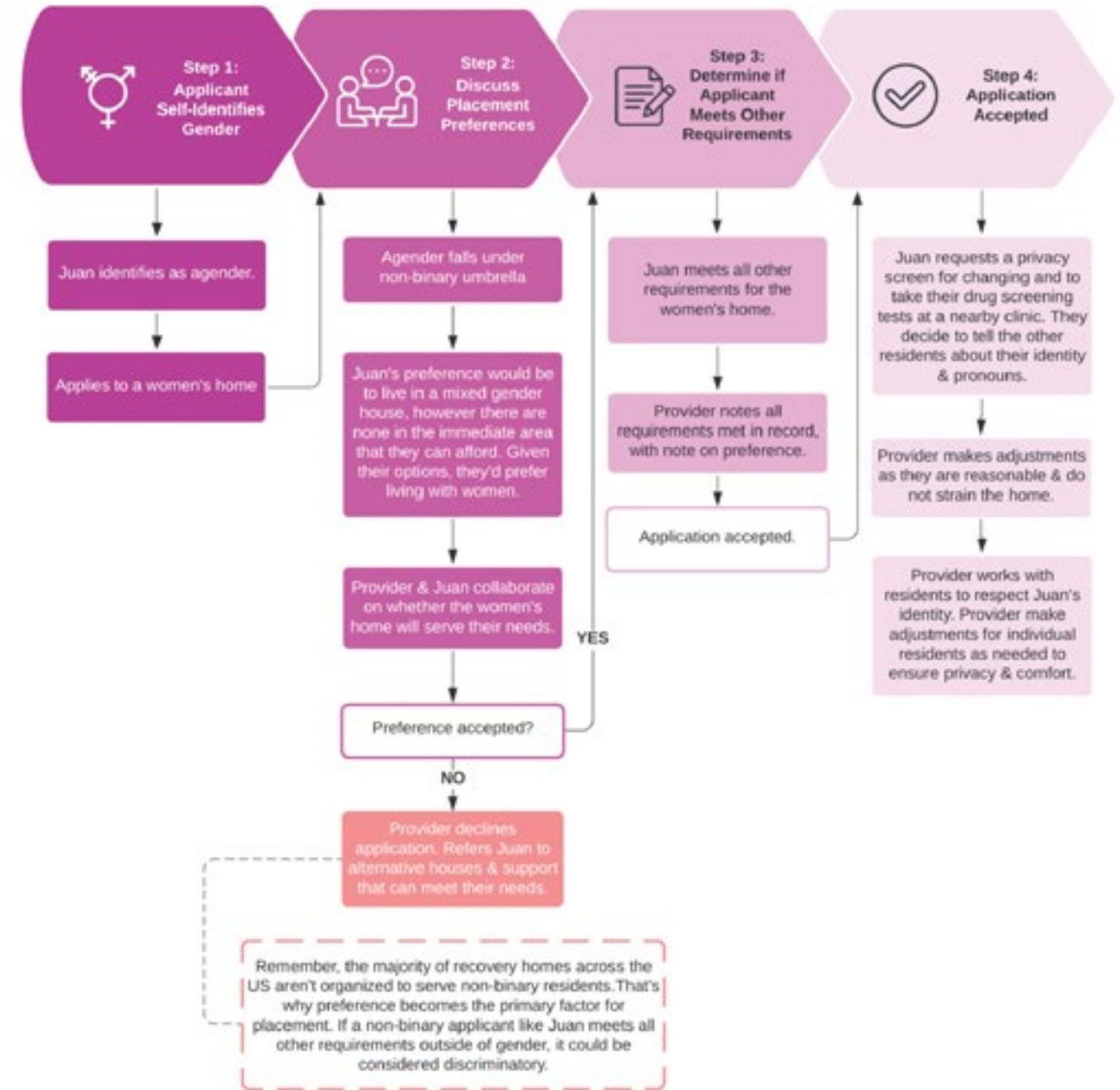
APPENDIX A

Recovery Housing Placement Steps Based on Gender Identity & Preference



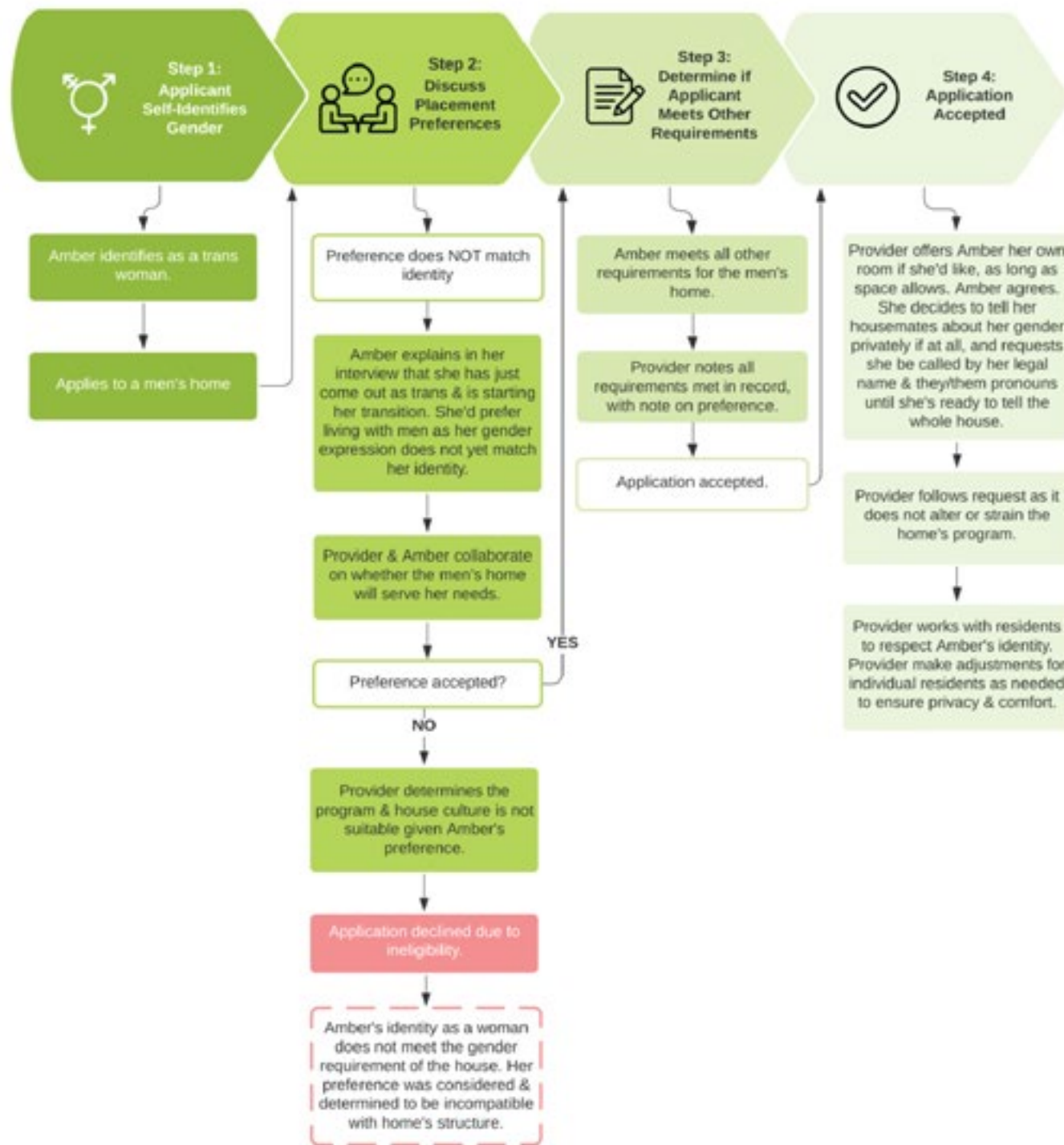
APPENDIX B

Example Steps 1: Non-binary Applicant



APPENDIX C

Example Steps 2: Identity & Preference Do Not Match



Further Information

Content Note: Some of these references contain detailed descriptions of abusive practices, including quotes from survivors. Please take care of yourself as you become more informed.

LGBTQ+ Housing Discrimination

["Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning \(LGBTQ+\)" \(2022\)](#). HUD maintains a summary of protections applicable to LGBTQ+ people under the FHA, listed here in clear language. They've also included some clear examples of housing discrimination on the basis of sexual orientation and gender identity that may help to illustrate the ideas both in this document, and the FHA. Many other resources, including how to file a discrimination claim, can also be found here.

Equal Access Rule and Amendments

["Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity" \(2012\)](#). This is the final text of the 2012 Equal Access Rule, which summarizes and gives detailed background of the rule. The EAR is a provision under the Fair Housing Act that prohibits arbitrary discrimination on the basis of gender identity, sexual orientation, or marital status in all HUD-funded or sponsored housing programs. Eligibility for someone seeking admission to HUD-assisted or insured housing must be done without regard to one's sexual orientation, gender identity, or marital status. This is an important resource to understand the obligations of those receiving HUD assistance to implement their programs. Originally, the rule proposed to bar inquiries regarding someone's sexuality or gender identity in order to promote equal access; however, it later clarified that nothing in the rule bars individuals from voluntarily disclosing their identity, and it does not prohibit lawful inquiries of an applicant's gender identity where housing involves shared sleeping areas or bathrooms. As this document is more than a decade old, some of its language and provisions may be outdated. See the other resources listed here for more recent information.

[Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs \(2016\)](#). This rule builds upon the EAR by outlining how transgender, non-binary, and gender non-conforming people should be accommodated in temporary and emergency shelters that require and are permitted to have shared sleeping spaces or bathrooms. This rule was written for programs and shelters funded under the Office of Community Planning and Development. The background and supplement section offers excellent detail on the barriers transgender people face in trying to access shelter or temporary housing, and how HUD has amended the EAR to lower those barriers and acknowledge the limitations of space in many of these CPD-funded programs.

[Equal Access to Housing in HUD's Native American and Native Hawaiian Programs- Regardless of Sexual Orientation or Gender Identity \(2016\)](#). This rule revises the HUD Native American and Native Hawaiian programs in accordance with the EAR to ensure all eligible individuals, regardless of sexuality, gender identity, or marital status, have access to these programs and provide consistency across all HUD programs.

Equal Opportunity Employment for LGBTQ+ People

[Moving Towards Equality in the Workplace for LGBTQ+ Employees \(U.S. Equal Employment Opportunity Commission, 2021\)](#). This article outlines the history of the struggle for equal employment opportunities for LGBTQ+ Americans, and the most recent legal decision, federal regulations, and executive orders that are addressing employment discrimination toward LGBTQ+ people. It links to several studies, explainers on anti-discrimination statutes, and more.

[Sexual Orientation and Gender Identity \(SOGI\) Discrimination \(U.S. EEOC\)](#). This webpage contains links to many resources for understanding protections under the law for LGBTQ+ employees and the rights and responsibilities of employers. You can also find information for filing a complaint with the EEOC on this page.

LGBTQ+ Nondiscrimination Laws Across the US

These maps illustrate the state and local laws in effect to protect LGBTQ+ people from discrimination across various aspects of public life. We encourage you to explore the website to garner a better understanding of protections and laws in your area.

[Housing](#)
[Public Accommodations](#)
[Employment](#)
[Local Ordinances](#)

“Conversion Therapy”: Laws, Bans, Efficacy and Impact

[MAP: Conversion “Therapy” Laws Across the US](#). The Movement Advancement Project maintains an up-to-date record of laws and regulations concerning CT across the United States and its territories. This is an excellent resource for understanding what state and local regulations impact your area. Note that most of this information only concerns banning CT for minors. Almost no localities have banned the practice for adults as of this writing.

[LGBT Policy Spotlight: Conversion Therapy Bans \(2017\)](#). This document highlights the issues surrounding CT for minors, including its impact, what practices look like, and what the current protections look like across the United States. This resource is outdated; please refer to the Conversion Therapy MAP link above for more accurate information regarding current CT laws.

[So-Called “Conversion Therapy” and LGBTQ+ Youth Mental Health \(2021\)](#). This guide from the Trevor Project presents a good overview of the issues around CT, and its impact on LGBTQ+ people, specifically youth.

[Banning Sexual Orientation and Gender Identity Change Efforts \(2022\)](#). These discussion points from the American Psychological Association go over the research debunking CT, the psychological impact CT has on LGBTQ+ people, and key advocacy details. There are links to many great and current resources as well.

Additional Resources

[10 Anti-Gay Myths Debunked \(Last updated 2015\)](#). This thoroughly researched article from the Southern Poverty Law Center walks through some of the most persistent misconceptions about people with same-gender attraction—such as people “become” gay due to sexual abuse, or that queerness is a mental disorder. The authors then lay out the facts debunking these myths, all of which include extensive links to additional resources. **Content Note:** This resource discusses sexual assault and child abuse.

[Myths & Stereotypes about Transgender People \(2022\)](#). This explainer was made by NARR as part of its continuing resources to support LGBTQ+ people seeking recovery housing. It notes common misconceptions of trans, non-binary, and gender non-conforming people and lays out the facts with links to references at the end. This is a primer for providers looking to become more inclusive of transgender residents. NARR intends to make additional resources such as this in the future.

[A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual & Transgender Individuals \(2012\)](#). Extensive PDF on addressing SUD in LGBTQ+ populations. Clear clinical focus (most helpful for Levels S & C within NARR model). Please note that some of the language and guidance may be outdated; supplement with newer resources listed in this section.

[National LGBTQ+IA+ Health Education Center](#). Free videos, webinars, publications and more on LGBTQ+IA+ education, policy, and practices in various healthcare settings.

[Understanding the Recovery Housing Needs of Trans & Non-Binary People in Recovery \(MARR, 2021\)](#). This focus group was the first of its kind to investigate the needs of transgender people in recovery attempting to access recovery housing in the state of Maine. Though the dataset is small, it is an excellent primer in showing the barriers and concerns transgender people face in accessing appropriate recovery housing.

Example Policy Language

[Gender-Affirming Best Practices Policy | Acceptance Recovery Center \(2023\)](#). This in-use policy statement from ARC—a certified recovery residence operation in Georgia—offers a clear example of how to apply these NARR Best Practices into language for Resident Agreements, staff Code of Conduct, and other operational policy. While this focuses on meeting the needs of transgender residents, its language can easily be applied to serve the wider LGBTQ+ community.

[Diversity, Equity & Inclusion History, Statement & Acknowledgement | Acceptance Recovery Center \(2023\)](#). ARC includes this acknowledgement as part of its Resident Agreement to ensure all residents are informed of their rights, protections, and obligations with regards to protected categories, particularly regarding sexual orientation, gender identity & expression. The policy is clear, concise, and provides a strong example. Of particular note is the acknowledgement that residents may be living with people of diverse experiences, including transgender individuals. This demonstrates how to provide consent to all residents while maintaining others’ privacy.

[Toxicology Screening Policy | Acceptance Recovery Center \(2023\)](#). This policy adheres to the NARR guidelines regarding ethical drug testing protocols and integrates the LGBTQ+ inclusive Best Practices discussed here. Note that the policy continues to uphold the importance of self-selection for transgender residents by having a staff member of a similar gender observe collections. While this policy doesn't include all possible procedures to empower and protect residents from discrimination or harassment, it provides a solid basis for other providers to create their own policies based on operational needs.

[Best Practices for LGBTQ+ Inclusion in Recovery Housing \(ORH, 2020\)](#). This best practices guidance was created by the NARR State Affiliate Ohio Recovery Housing to aid its certified providers in better serving their residents in an LGBTQ+ affirming environment. This easy-to-read guidance is a great example for other State Affiliates interested in creating resources for its members.

LGBTQ+ Inclusive Best Practices for Certified Recovery Housing

References

McCance-Katz, Elinore F. ["The National Survey on Drug Use and Health: 2019."](#) HHS Publication, (SMA), Sep. 2020, Accessed 6/27/2022.

SAMHSA, Substance Abuse and Mental Health Services Administration ["2019 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual \(LGB\) Adults."](#) HHS Publication, (SMA), Sep. 2020, Accessed 6/27/2022.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. ["Executive Summary of the Report of the 2015 U.S. Transgender Survey."](#) National Center for Transgender Equality. Dec. 2016, Accessed 6/27/2022.

HUD, U.S. Department of Housing & Urban Development. ["Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning \(LGBTQ+\)"](#) HUD.gov, 1 Feb. 2022. Accessed 6/27/2022.

Pollitt, Amanda M et al. ["Predictors and Mental Health Benefits of Chosen Name Use among Transgender Youth."](#) Youth & society vol. 2019 (2019): 10.1177/0044118X19855898.

Office of Civil Rights. ["Discrimination on the Basis of Sex."](#) HHS, U.S. Department of Health & Human Services. HHS.gov, 4 Oct. 2022. Accessed 11/2/2022.

Valentine, Sarah E et al. ["Trauma, Discrimination and PTSD Among LGBTQ+ People"](#) PTSD: National Center for PTSD. PTSD.VA.gov. Accessed 9/1/2023.

Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing

References

Substance Abuse and Mental Health Administration. ["Ending Conversion Therapy: Supporting and Affirming LGBTQ+ Youth."](#) HHS Publication, (SMA), Oct. 2015, Accessed 6/27/2022.

Green, Amy E., et al. ["Self-Reported Conversion Efforts and Suicidality Among US LGBTQ+ Youths and Young Adults, 2018."](#) American Journal of Public Health, vol. 110, no. 8, 8 Jul. 2020, pp.1221-1227. Accessed 27 June 2022. [Click here for free access to major findings.](#)

Turban, Jack L., et al. ["Psychological Attempts to Change a Person's Gender Identity from Transgender to Cisgender: Estimated Prevalence Across US States, 2015."](#) American Journal of Public Health, vol. 109, no. 10, Oct. 2019, pp.1452-1454. Accessed 6/27/2022.

Jowett, Adam, et al. ["Conversion Therapy: An evidence assessment and qualitative study."](#) Government Equalities Office, 28 Oct. 2021. Accessed 6/27/2022.

National Institute on Drug Abuse. ["Substance Use and SUDs in LGBTQ+* Populations."](#) NIDA, 1 May. 2020. Accessed 6/27/2022.

Bothe, Josina. ["It's Torture Not Therapy: A global overview of conversion therapy practices, perpetrators, and the role of the state."](#) International Rehabilitation Council for Torture Victims, vol. Thematic Report, 1 Jan. 2020, Accessed 6/27/2020.





Conversion Therapy in Certified Recovery



Table of Contents

Ethical Obligation to Prevent So-Called “Conversion Therapy” in Certified Recovery Housing 246

Introduction 247

 What is “conversion therapy”? 247

 CARR Commitment 248

 Disclaimer 249

Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing 250

Further Information 253

 Equal Opportunity Employment for LGBTQ+ People 254

 LGBTQ+ Nondiscrimination Laws Across the US 254

 “Conversion Therapy”: Laws, Bans, Efficacy and Impact 254

 Additional Resources 255

 Example Policy Language 255

 LGBTQ-Inclusive Best Practices for Certified Recovery Housing 256

 Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing 257

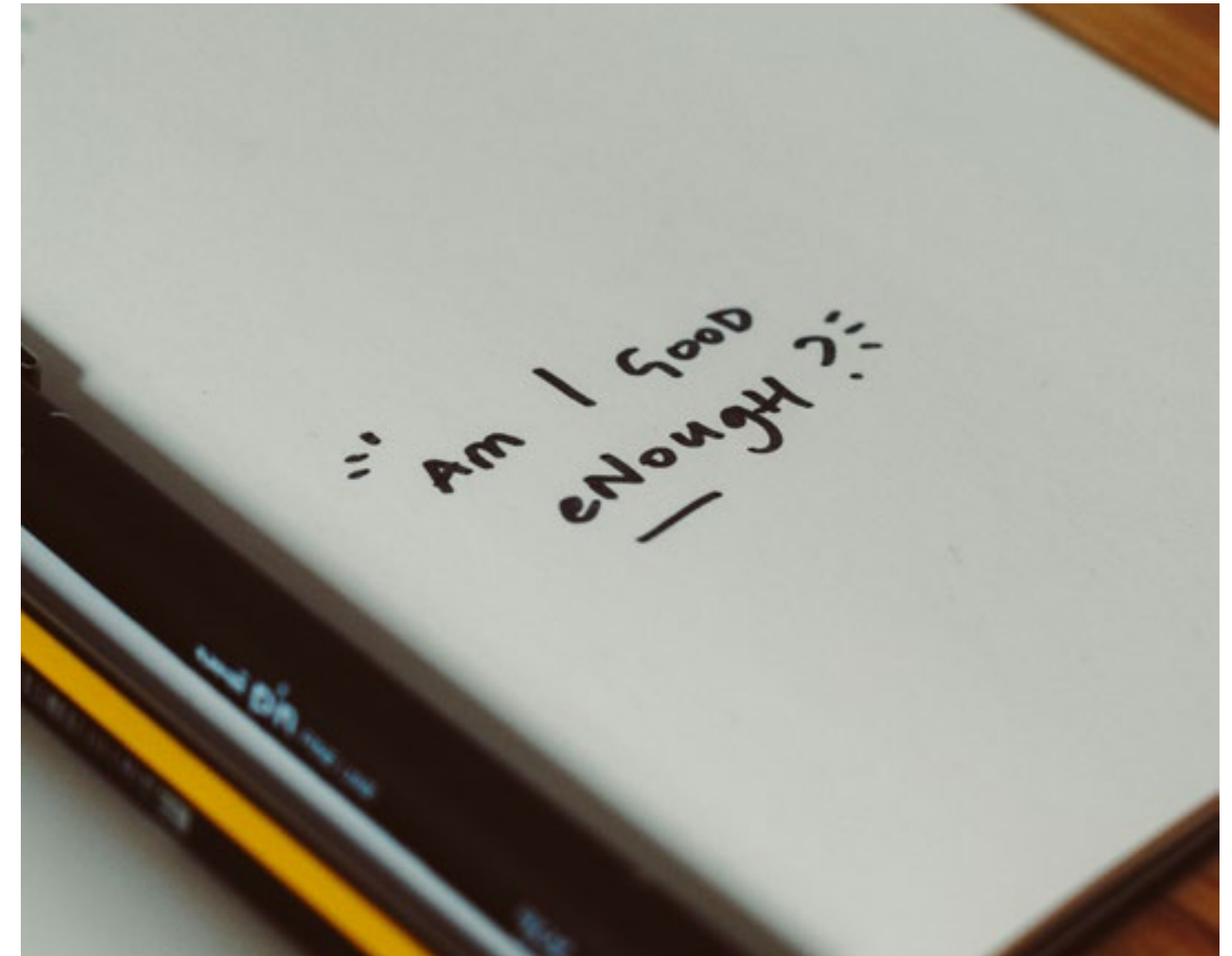


Ethical Obligation to Prevent So-Called “Conversion Therapy” in Certified Recovery Housing

Content Note

** This section was developed in collaboration with several state affiliates for the National Alliance for Recovery Residences (NARR) and is considered industry best practice.*

The following guidance discusses harmful practices against LGBTQ+ people in the form of sexual orientation and gender identity (SOGI) change efforts — attempts to make a queer person heterosexual or cisgender that can be traumatizing. It references anti-LGBTQ+ harassment, abuse, assault, and the prevalence of suicidal ideation and self-harm in survivors of SOGI change efforts. We encourage all our peers to take care of themselves by engaging with this material in safe and respectful environments. Best Practice 7 notes several examples in the X-marked list that may trigger negative responses in survivors. Please take care of yourself as you become more informed.



Introduction

What is “conversion therapy”?

For decades, mental health and substance use disorder services have been used to attempt to rid Lesbian, Gay, Bisexual, Transgender, Queer, sexually- & gender-diverse (LGBTQ+) people of their sexual orientation, gender identity, or expression. Efforts to change someone’s sexual orientation or gender identity are commonly called conversion therapy, corrective therapy, ex-gay therapy, or reparative therapy. In this statement, we use the phrase **sexual orientation and gender identity (SOGI, pronounced “so-gee”) to change efforts** to denote any attempt to change or repress an individual’s sexual orientation, gender identity, or expression. These endeavors lack therapeutic validity and are not grounded in evidence-based, high-quality mental health or substance use disorder services. They do not “repair” or “correct” an individual. SOGI change efforts have been thoroughly debunked by extensive scientific research, which unequivocally finds the practice to be:

- Not based on therapeutic standards
- Ineffective at addressing the mental health needs of LGBTQ+ people
- Unfounded in its claims of “successfully” changing someone’s identity
- Perpetuating negative stereotypes of LGBTQ+ identities as abnormal
- Actively harmful to LGBTQ+ people’s emotional, mental, and physical well-being— especially for youth and young adults
- Linked to significant harms, such as increased suicidality and suicide attempts, and other negative outcomes including severe psychological distress and depression.

The American Psychological Association, American Medical Association, American Psychiatric Association, American Academy of Pediatrics, and the National Association of Social Workers, among many other medical and psychological professionals, have widely condemned and opposed so-called conversion therapy, noting its detrimental impact on LGBTQ+ people’s well-being. The U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) noted in a 2015 report:

The research, clinical expertise, and expert consensus make clear that conversion therapy efforts to change [someone’s] gender identity, gender expression, or sexual orientation are not appropriate therapeutic interventions. (SAMHSA 2015)

And again, in its final report Moving Beyond Change Efforts: Evidence and Action to Support LGBTQI+ Youth SAMHSA concluded:

“An overarching and guiding conclusion of this report is that SOGI change efforts in children and adolescents are harmful and should never be provided. ... Further, these practices are not supported by credible evidence and have been disavowed as harmful by behavioral health experts and scientific professional associations. SOGI change efforts do not align with a current scientific understanding of gender and are based on the unfounded concept that being in a sexual or gender minority group or identifying as LGBTQI+ is an abnormal aspect of human development. Most importantly, they put young people at risk of serious harm.” (SAMHSA 2023)

Subjecting vulnerable individuals to potentially harmful practices is antithetical to the CARR mission and the well-being of the person seeking or in recovery. The populations served by certified recovery housing are often already vulnerable due to being in early recovery and commingling stressors such as adverse childhood events, trauma, incarceration, co-occurring disorders, and cultural and minority stresses.

Lifetime exposure to SOGI change efforts is associated with a greater risk of serious psychological distress and suicide attempts, with some adults being twice as likely to attempt suicide than those without a history of conversion therapy (Turban et al. 2015; Jowett et al. 2021). A 2020 study by the [Trevor Project](#) found youth subjected to conversion therapy were twice as likely to have attempted suicide in the last year versus other LGBTQ+ youth, and were 2.5 times more likely to have made multiple attempts in that time (Green et al. 2020).

Survivors report increased depression, suicidal thinking and self-harm, self-blame, feelings of anger and resentment, greater social isolation, and damaged relationships with family — all of which are increased risk factors for developing substance use disorder (Jowett et al. 2021; NIDA, 2020).

CARR Commitment

As the certifying and regulatory body for recovery residences in the state of Colorado, CARR is dedicated to quality recovery housing; the Colorado Agency for Recovery Residences is committed to ensuring that everyone has access to recovery housing services that affirm the agency and identity of the whole individual. This means access to quality services without coercion, suggestion, or requirement that LGBTQ+, questioning, or LGBTQ+ perceived individuals change their identities.

Our mission is met through standards and ethics grounded in the latest recovery and mental health research, as well as policy built on the social model of recovery. The unscientific, discriminatory, and potentially dangerous nature of SOGI change efforts — and the detrimental impact it can have on LGBTQ+ people who undergo it — is not an acceptable practice.

These best practices align with and are based on the CARR Standards and Code of Ethics. Deviations from these practices may result in a review by CARR, with potential consequences determined based on the circumstances, the gravity of the deviation, and relevant federal, state, or local regulations.

On August 2, 2019, HB19-1129 was enacted, prohibiting state-licensed medical and mental health care providers from practicing the discredited and harmful procedure known as conversion therapy on patients under eighteen. This law aims to prevent attempts to change a minor’s sexual orientation or gender identity. Any physician or mental health care provider who violates this statute is considered to be engaging in unprofessional conduct, subject to disciplinary action by the Department of Regulatory Agencies (DORA). This document is not intended as a replacement for reviewing the laws that impact your operation. CARR highly recommends recovery residence operators to review Colorado law and local ordinances to understand their rights and responsibilities.

If reliable indications exist that efforts to change or repress residents’ LGBTQ+ identities are occurring in a certified home, CARR is empowered to remediate them according to CARR Standards, Code of Ethics, and the best practices laid out in this document. Consequences up to and including suspension and/or revocation of a residence’s certification may be appropriate based upon the situation.

There is nothing wrong with being LGBTQ+. Queer identities are not a mental disorder or an addiction. Everyone deserves access to quality recovery support services that affirm each individual's personhood, agency, and experience. Requiring someone to change aspects of their core identity to receive recovery services is antithetical to CARR's guiding values and mission. Everyone deserves recovery. Everyone deserves a safe, affirming place to call home.

Disclaimer

These Best Practices are not legal advice. If you are concerned about any operator or resident legal matters or rights with regards to this memorandum, please contact your own attorney.

Note on Language

While SAMHSA has advised to use the term "SOGI change efforts" to describe practices that attempt to change LGBTQ+ individuals' behavior and identities, many of the resources and references cited in this document use alternative language. That doesn't change the importance of their information. Most resources define the language they use to mean the same as our definition. We still suggest using the term "SOGI change efforts", as the other terms can inadvertently legitimize these practices as therapeutic or effective. "Change Efforts" reinforce the lack of scientific-based evidence in these attempts.



Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing

1. All residents living in certified recovery housing of any level must be seeking or in recovery from substance use disorder(s). It is unethical to admit a resident for the purpose of "recovering from" or "curing" their actual or perceived LGBTQ+ identity, whether such aims come from the applicant, their family or friends, or the provider.
2. The CARR Standards requires that all claims made by a recovery residence in marketing and other communications be accurate and substantiated. Any claims to be able to "correct", "repair", or change someone's sexual orientation or gender identity are considered unsubstantiated and misleading, as no evidence supports the efficacy of such efforts in general or in its ability to assist in someone's mental health or recovery. Extensive research shows these practices are damaging, and therefore go against the ethical obligation to provide for the safety and wellbeing of all residents.
3. It is unethical to obscure the use of SOGI change efforts within a home, and amounts to false marketing and misleading applicants regarding intended services and outcomes.
4. It is unethical to require LGBTQ+ residents or those perceived to be LGBTQ+ to engage in SOGI change efforts as a condition of housing or program completion. Doing so may constitute differential access or unequal service conditions under federal civil rights regulations, and does not align with the CARR Standards & Ethics.

Examples of unequal conditions or access:

- ✗ To access the same basic services as a cisgender resident, a trans woman named Laura Jane must agree to undergo additional "reparative practices", including: religious programming aimed to rid her of "sin"; a class that teaches individuals how to "act like a man"; being housed according to her assigned sex at birth; and requirements to adhere to a special dress code. Laura Jane must sign a statement agreeing that she will undergo these services as a condition of her housing, and that failure to comply may result in being asked to leave.
 - ✗ Ernie, a gay man in a men's recovery home, is not allowed to attend a camping retreat with a mutual aid group. The retreat is a major component of the home's advertised services, and Ernie was looking forward to it. Instead, he is told he must attend a retreat that focuses on how the "gay lifestyle" leads to drug addiction and promiscuity. If Ernie doesn't attend, his House Manager tells him he won't be successfully discharged from the program with his peers. This alternative retreat was not mentioned in his Resident Agreement or recovery plan.¹
5. Practices that endanger the safety or well-being of a resident or can reasonably be called abusive, harassing, or otherwise threatening are unethical and unacceptable — even if the resident agrees verbally or in writing to participate in a recovery plan or Resident Agreement. Unsafe or abusive practices can include, but are not limited to:

¹ This may still be considered unequal access even if clearly advertised. If something is required only because of someone's gender identity or sexuality, it potentially constitutes unequal access.

- ✓ Talk therapy, psychotherapy, or peer services² — specifically, services that attempt to find the “cause” for someone’s identity by having participants relive traumatic experiences or other aversive events that are then associated with reinstating birth-assigned sex or heterosexuality.
- ✓ Medication such as antipsychotics, antidepressants, anti-anxiety medications, psychoactive drugs, or hormone injections administered to curb LGBTQ+ feelings or behavior. Medication for diagnosed disorders and conditions prescribed by the resident’s doctor is not a danger to the resident.³
- ✓ Eye Movement Desensitization and Reprocessing — where an individual focuses on a traumatic memory while experiencing bilateral stimulation.
- ✓ Electroshock or Electroconvulsive Therapy (ECT) — where electrodes are attached to the head and electric current is passed between them to induce seizure and affect memory.
- ✓ Aversion therapy — such as electric shock to the hands, genitals or other parts of the body or nausea-inducing medication administered with presentation of homoerotic stimuli.
- ✓ Force-feeding or food deprivation.
- ✓ Limiting basic biological needs — such as water, sleep, bathroom use, or hygiene.
- ✓ Exorcism — this practice varies but generally includes the reading of holy verses while an individual is restrained. May also include being beaten with a broomstick or other object, burned on the head, back, or palms, or other physical violence.
- ✓ Forcing an individual to be nude or undress, usually in the presence of others.
- ✓ Behavioral conditioning — such as being forced to dress, talk or walk in a particular way and punished for “wrong” behavior.
- ✓ Isolation — sometimes for long periods of time, including solitary confinement or being kept from interacting with the outside world.
- ✓ Verbal abuse and humiliation.
- ✓ Hypnosis — used with the intent to deter or rid one’s LGBTQ+ identity or feelings.
- ✓ Confinement to the residence.
- ✓ Beatings and other ‘corrective’ violence, including assault and rape.⁴

The use, threat, or promise of such practices is considered a violation of the CARR Standards & Code of Ethics. Such conduct will be addressed immediately by CARR and any other proper oversight entities CARR deems appropriate.

6. It is unethical to dissuade, silence, or intimidate someone from filing or pursuing a grievance related to alleged SOGI change efforts happening within the home. Doing so goes against the CARR Standards and Code of Ethics.
7. It is unethical to not act upon reasonable indications of SOGI change efforts occurring within a certified recovery residence, a residence seeking certification, or one or more of its providers.
 - ✓ Certified recovery residence providers have a duty to report reasonable indications of SOGI change efforts occurring in the home to CARR for investigation. This is part of a provider’s obligation to protect the rights, safety, and welfare of all residents. The residents experiencing SOGI change efforts should be consulted when possible to ensure their safety and understand that the reporter and CARR will do everything within their power to protect the resident and reporting provider from retaliation.

² Some of the practices on this list may otherwise be innocuous—talk therapy and peer-to-peer support are often positive tools for people in recovery. The danger comes in how such tools are used to manipulate LGBTQ+ individuals’ sense of self and to shame their identities and
³ See our MAT Guide for information on best practices for handling medication in homes.
⁴ This list was amended from the most common SOGI change efforts around the world identified by the International Rehabilitation Council for Torture Victims. See References Section on Page 13 for more information.

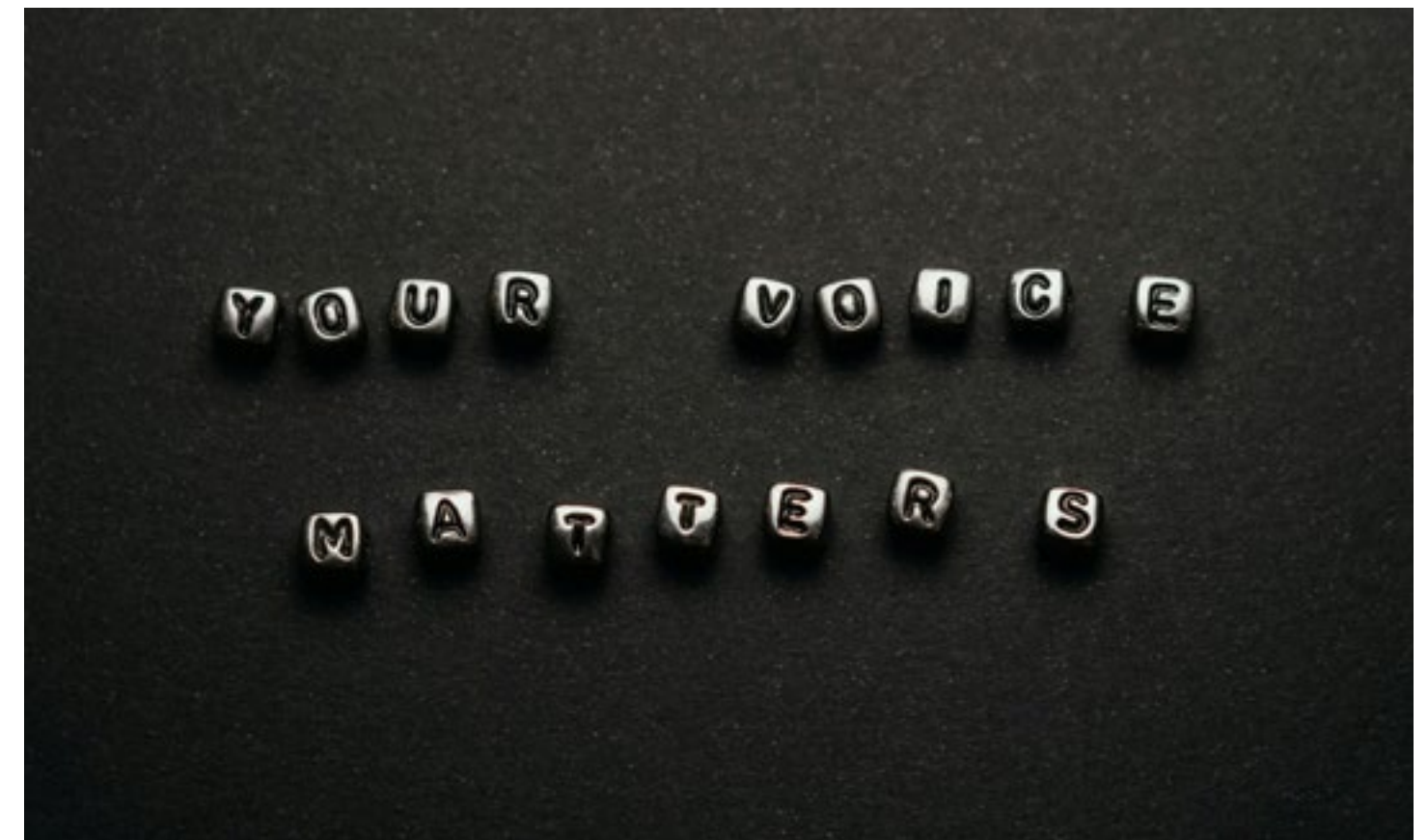
- ✓ If illegal activity may have occurred as part of SOGI change efforts, providers should report to authorities and/or CARR as laid out in the CARR-Operator Agreement or according to federal, state, or local law.

Further obligations for Affiliates and providers may exist under federal, state or local law regarding allegations of SOGI change efforts, especially toward minors, and any illegal activity alleged to occur during these efforts. We urge recovery residence operators to familiarize themselves with the relevant laws and regulations of their respective jurisdictions to better understand their rights and responsibilities. To begin, see the **Further Information Section** on the following pages.

Note

CARR is fine-tuning these ethical responsibilities to prevent so-called conversion therapy as part of our mission to support quality, evidence-based recovery housing and continuously improve our standards. CARR will conduct regular reviews and audits of these statements to ensure they remain aligned with evolving best practices, legal requirements, and the needs of the diverse populations we serve. These reviews will help us adapt and enhance these standards to provide the highest quality care and support to all residents. Please check the CARR website at www.carrcolorado.org for the most updated version.

Additional guidance for serving LGBTQ+ residents is forthcoming. Recovery residence operators whose recovery residences serve youth and young adults should be aware of local and state laws concerning conversion therapy practices and youth populations. Some starting resources are provided in the **Further Information Section** on the following pages.



Further Information

Content Note: Some of these references contain detailed descriptions of abusive practices, including quotes from survivors. Please take care of yourself as you become more informed.

LGBTQ+ Housing Discrimination

[“Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning \(LGBTQ\)” \(2022\)](#). HUD maintains a summary of protections applicable to LGBTQ+ people under the FHA, listed here in clear language. They’ve also included some clear examples of housing discrimination on the basis of sexual orientation and gender identity that may help to illustrate the ideas both in this document, and the FHA. Many other resources, including how to file a discrimination claim, can also be found here.

Equal Access Rule and Amendments

[“Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity” \(2012\)](#). This is the final text of the 2012 Equal Access Rule, which summarizes and gives detailed background of the rule. The EAR is a provision under the Fair Housing Act that prohibits arbitrary discrimination on the basis of gender identity, sexual orientation, or marital status in all HUD-funded or sponsored housing programs. Eligibility for someone seeking admission to HUD-assisted or insured housing must be done without regard to one’s sexual orientation, gender identity, or marital status. This is an important resource to understand the obligations of those receiving HUD assistance to implement their programs. Originally, the rule proposed to bar inquiries regarding someone’s sexuality or gender identity in order to promote equal access; however, it later clarified that nothing in the rule bars individuals from voluntarily disclosing their identity, and it does not prohibit lawful inquiries of an applicant’s gender identity where housing involves shared sleeping areas or bathrooms. As this document is more than a decade old, some of its language and provisions may be outdated. See the other resources listed here for more recent information.

[Equal Access in Accordance With an Individual’s Gender Identity in Community Planning and Development Programs \(2016\)](#). This rule builds upon the EAR by outlining how transgender, non-binary, and gender non-conforming people should be accommodated in temporary and emergency shelters that require and are permitted to have shared sleeping spaces or bathrooms. This rule was written for programs and shelters funded under the Office of Community Planning and Development. The background and supplement section offers excellent detail on the barriers transgender people face in trying to access shelter or temporary housing, and how HUD has amended the EAR to lower those barriers and acknowledge the limitations of space in many of these CPD-funded programs.

[Equal Access to Housing in HUD’s Native American and Native Hawaiian Programs- Regardless of Sexual Orientation or Gender Identity \(2016\)](#). This rule revises the HUD Native American and Native Hawaiian programs in accordance with the EAR to ensure all eligible individuals, regardless of sexuality, gender identity, or marital status, have access to these programs and provide consistency across all HUD programs.

Equal Opportunity Employment for LGBTQ+ People

[Moving Towards Equality in the Workplace for LGBTQ+ Employees \(U.S. Equal Employment Opportunity Commission, 2021\)](#). This article outlines the history of the struggle for equal employment opportunities for LGBTQ+ Americans, and the most recent legal decision, federal regulations, and executive orders that are addressing employment discrimination toward LGBTQ+ people. It links to several studies, explainers on anti-discrimination statutes, and more.

[Sexual Orientation and Gender Identity \(SOGI\) Discrimination \(U.S. EEOC\)](#). This webpage contains links to many resources for understanding protections under the law for LGBTQ+ employees and the rights and responsibilities of employers. You can also find information for filing a complaint with the EEOC on this page.

LGBTQ+ Nondiscrimination Laws Across the US

These maps illustrate the state and local laws in effect to protect LGBTQ+ people from discrimination across various aspects of public life. We encourage you to explore the website to garner a better understanding of protections and laws in your area.

[Housing](#)
[Public Accommodations](#)
[Employment](#)
[Local Ordinances](#)

“Conversion Therapy”: Laws, Bans, Efficacy and Impact

[MAP: Conversion “Therapy” Laws Across the US](#). The Movement Advancement Project maintains an up-to-date record of laws and regulations concerning CT across the United States and its territories. This is an excellent resource for understanding what state and local regulations impact your area. Note that most of this information only concerns banning CT for minors. Almost no localities have banned the practice for adults as of this writing.

[LGBT Policy Spotlight: Conversion Therapy Bans \(2017\)](#). This document highlights the issues surrounding CT for minors, including its impact, what practices look like, and what the current protections look like across the United States. This resource is outdated; please refer to the Conversion Therapy MAP link above for more accurate information regarding current CT laws.

[So-Called “Conversion Therapy” and LGBTQ Youth Mental Health \(2021\)](#). This guide from the Trevor Project presents a good overview of the issues around CT, and its impact on LGBTQ+ people, specifically youth.

[Banning Sexual Orientation and Gender Identity Change Efforts \(2022\)](#). These discussion points from the American Psychological Association go over the research debunking CT, the psychological impact CT has on LGBTQ+ people, and key advocacy details. There are links to many great and current resources as well.

Additional Resources

[10 Anti-Gay Myths Debunked \(Last updated 2015\)](#). This thoroughly researched article from the Southern Poverty Law Center walks through some of the most persistent misconceptions about people with same-gender attraction—such as people “become” gay due to sexual abuse, or that queerness is a mental disorder. The authors then lay out the facts debunking these myths, all of which include extensive links to additional resources. **Content Note:** This resource discusses sexual assault and child abuse.

[Myths & Stereotypes about Transgender People \(2022\)](#). This explainer was made by NARR as part of its continuing resources to support LGBTQ+ people seeking recovery housing. It notes common misconceptions of trans, non-binary, and gender non-conforming people and lays out the facts with links to references at the end. This is a primer for providers looking to become more inclusive of transgender residents. NARR intends to make additional resources such as this in the future.

[A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual & Transgender Individuals \(2012\)](#). Extensive PDF on addressing SUD in LGBTQ+ populations. Clear clinical focus (most helpful for Levels S & C within NARR model). Please note that some of the language and guidance may be outdated; supplement with newer resources listed in this section.

[National LGBTQIA+ Health Education Center](#). Free videos, webinars, publications and more on LGBTQIA+ education, policy, and practices in various healthcare settings.

[Understanding the Recovery Housing Needs of Trans & Non-Binary People in Recovery \(MARR, 2021\)](#). This focus group was the first of its kind to investigate the needs of transgender people in recovery attempting to access recovery housing in the state of Maine. Though the dataset is small, it is an excellent primer in showing the barriers and concerns transgender people face in accessing appropriate recovery housing.

Example Policy Language

[Gender-Affirming Best Practices Policy | Acceptance Recovery Center \(2023\)](#). This in-use policy statement from ARC—a certified recovery residence operation in Georgia—offers a clear example of how to apply these NARR Best Practices into language for Resident Agreements, staff Code of Conduct, and other operational policy. While this focuses on meeting the needs of transgender residents, its language can easily be applied to serve the wider LGBTQ+ community.

[Diversity, Equity & Inclusion History, Statement & Acknowledgement | Acceptance Recovery Center \(2023\)](#). ARC includes this acknowledgement as part of its Resident Agreement to ensure all residents are informed of their rights, protections, and obligations with regards to protected categories, particularly regarding sexual orientation, gender identity & expression. The policy is clear, concise, and provides a strong example. Of particular note is the acknowledgement that residents may be living with people of diverse experiences, including transgender individuals. This demonstrates how to provide consent to all residents while maintaining others’ privacy.

[Toxicology Screening Policy | Acceptance Recovery Center \(2023\)](#). This policy adheres to the NARR guidelines regarding ethical drug testing protocols and integrates the LGBTQ-inclusive Best Practices discussed here. Note that the policy continues to uphold the importance of self-selection for transgender residents by having a staff member of a similar gender observe collections. While this policy doesn’t include all possible procedures to empower and protect residents from discrimination or harassment, it provides a solid basis for other providers to create their own policies based on operational needs.

[Best Practices for LGBTQ+ Inclusion in Recovery Housing \(ORH, 2020\)](#). This best practices guidance was created by the NARR State Affiliate Ohio Recovery Housing to aid its certified providers in better serving their residents in an LGBTQ-affirming environment. This easy-to-read guidance is a great example for other State Affiliates interested in creating resources for its members.

LGBTQ-Inclusive Best Practices for Certified Recovery Housing

References

McCance-Katz, Elinore F. [“The National Survey on Drug Use and Health: 2019.”](#) HHS Publication, (SMA), Sep. 2020, Accessed 6/27/2022.

SAMHSA, Substance Abuse and Mental Health Services Administration [“2019 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual \(LGB\) Adults.”](#) HHS Publication, (SMA), Sep. 2020, Accessed 6/27/2022. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. [“Executive Summary of the Report of the 2015 U.S. Transgender Survey.”](#) National Center for Transgender Equality. Dec. 2016, Accessed 6/27/2022.

HUD, U.S. Department of Housing & Urban Development. [“Housing Discrimination and Persons Identifying as Lesbian, Gay, Bisexual, Transgender, and/or Queer/Questioning \(LGBTQ\)”](#) HUD.gov, 1 Feb. 2022. Accessed 6/27/2022.

Pollitt, Amanda M et al. [“Predictors and Mental Health Benefits of Chosen Name Use among Transgender Youth.”](#) Youth & society vol. 2019 (2019): 10.1177/0044118X19855898.

Office of Civil Rights. [“Discrimination on the Basis of Sex.”](#) HHS, U.S. Department of Health & Human Services. HHS.gov, 4 Oct. 2022. Accessed 11/2/2022.

Valentine, Sarah E et al. [“Trauma, Discrimination and PTSD Among LGBTQ+ People”](#) PTSD: National Center for PTSD. PTSD.VA.gov. Accessed 9/1/2023.

Best Practices to Prevent SOGI Change Efforts in Certified Recovery Housing

References

Substance Abuse and Mental Health Administration. [“Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth.”](#) HHS Publication, (SMA), Oct. 2015, Accessed 6/27/2022.

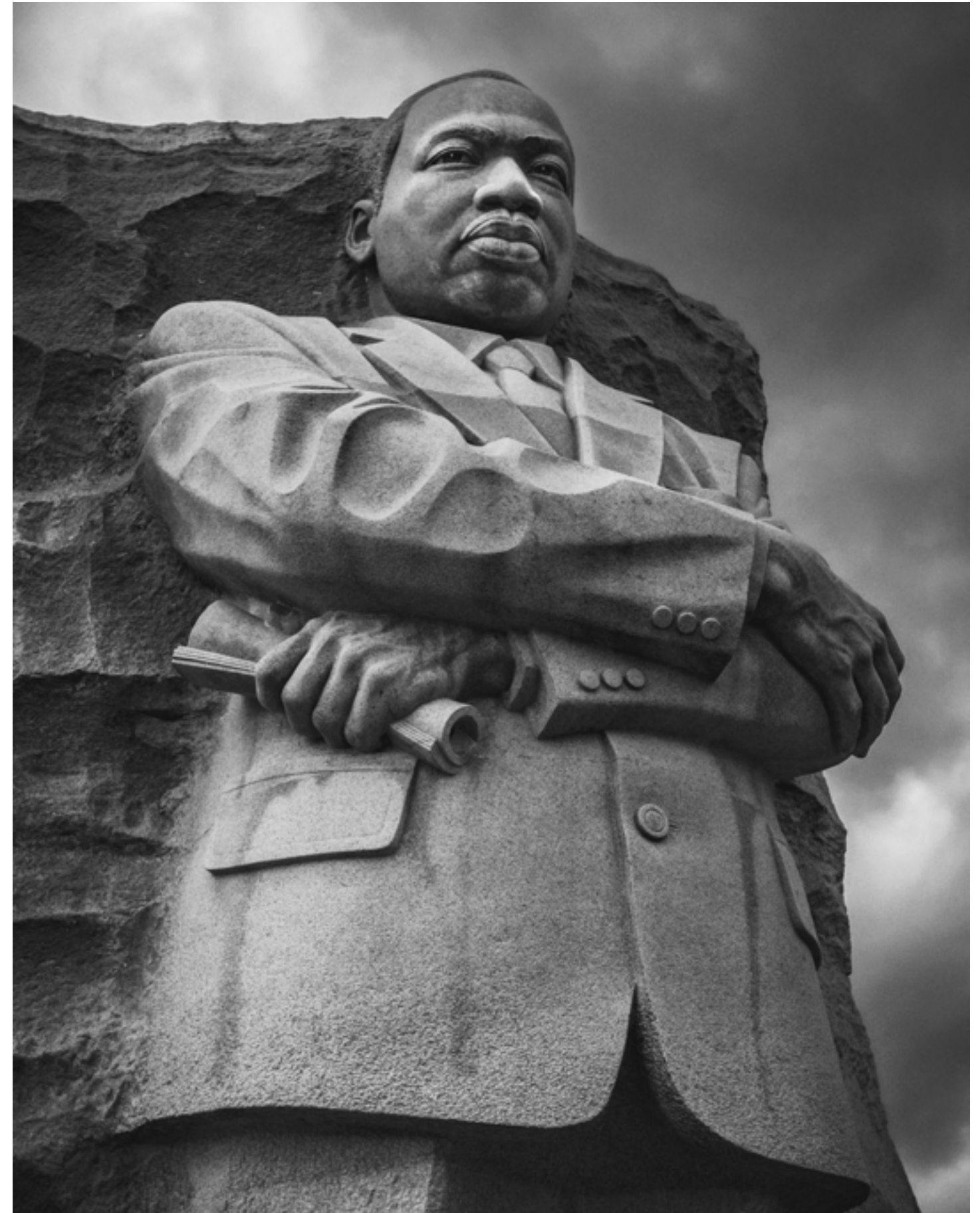
Green, Amy E., et al. [“Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults, 2018.”](#) American Journal of Public Health, vol. 110, no. 8, 8 Jul. 2020, pp.1221-1227. Accessed 27 June 2022. [Click here for free access to major findings.](#)

Turban, Jack L., et al. [“Psychological Attempts to Change a Person’s Gender Identity from Transgender to Cisgender: Estimated Prevalence Across US States, 2015.”](#) American Journal of Public Health, vol. 109, no. 10, Oct. 2019, pp.1452-1454. Accessed 6/27/2022.

Jowett, Adam, et al. [“Conversion Therapy: An evidence assessment and qualitative study.”](#) Government Equalities Office, 28 Oct. 2021. Accessed 6/27/2022.

National Institute on Drug Abuse. [“Substance Use and SUDs in LGBTQ* Populations.”](#) NIDA, 1 May. 2020. Accessed 6/27/2022.

Bothe, Josina. [“It’s Torture Not Therapy: A global overview of conversion therapy practices, perpetrators, and the role of the state.”](#) International Rehabilitation Council for Torture Victims, vol. Thematic Report, 1 Jan. 2020, Accessed 6/27/2020.





Medical Cannabis in a Recovery Residence



Limitations on the Use of Medical Cannabis in a Recovery Residence Setting

The Colorado Agency for Recovery Residences (CARR) recognizes that an absolute ban on medical cannabis in a recovery residence setting could prevent the appropriate use of cannabis for various healthcare conditions. Accordingly, the CARR Board adopts the following principles for CARR-certified recovery residences.

1. Recovery Residences may, but are not required to, permit the use of medical cannabis by residents as part of its program.
2. Recovery Residences that choose to allow medical cannabis must not be receiving any form of federal funding.
3. All Recovery Residence residents using medical cannabis must not be receiving any form of federal funding.
4. All Recovery Residence residents using medical cannabis must be registered with the Colorado Medical Marijuana Registry and possess a current medical marijuana/cannabis card certified by a qualified healthcare provider and issued by the Colorado Department of Public Health and Environment.
5. Only edible, pill, transdermal patch, and tincture formulations of cannabis are permitted for use within a CARR Certified Recovery Residence. Combustible cannabis products are not permitted.
6. Medical cannabis products must be kept under secure (lockbox) storage conditions. There also needs to be appropriate monitoring of the products based on the level of support within the home. The home needs to have established procedures to ensure that the products are only used by the person with the legal and medical recommendation and in the amounts recommended. These processes may include:
 - a. Product inventory;
 - b. Observed self-dispensing; and
 - c. Random product counts.

Evidence of a Recovery Residence resident's use of medical cannabis for purposes other than as recommended by a healthcare provider, diversion of medical cannabis, use of medical cannabis in excess of the dosage recommended by resident's healthcare provider, or behavior that suggests misuse of medical cannabis may constitute grounds for dismissal from the Recovery Residence. The policies and practices listed above are effective ways that the Recovery Residence can demonstrate that such products are being used appropriately.

7. The use of prescribed medication, including medically recommended cannabis, must not interfere with established and agreed-upon recovery activities. If cannabis use interferes with recovery progress, it needs to be addressed with the resident and the healthcare provider that made the recommendation. Subsequently, a referral to a more appropriate situation may be warranted.
8. Residents using medical cannabis must sign appropriate Consent to Release(s) of Confidential Information (42 CFR Part 2) authorizing communications between the Recovery Residence operator and the healthcare provider making the recommendation.
9. The recovery residence policy and associated resident materials on medications must include a statement specific to medical cannabis.
10. All prospective residents must be informed of the medical cannabis policy before admission to the Recovery Residence.
11. Policies or amendments related to medical cannabis must undergo a review and receive approval from CARR before implementation.





Recovery Residence Fair Housing Fact Sheet



Table of Contents

Recovery Residences – Frequently Asked Questions	266
Introduction	266
What is a Group Home?	266
Why are Group Homes allowed in neighborhoods?	266
Why are Recovery Residences allowed in neighborhoods?	267
What is “reasonable accommodation?”	267
Do Group Homes or Recovery Residences require rezoning?	268
What if I don’t feel safe with the facility in my neighborhood?	268
What about impacts to my property value?	268
Are there limits on the number of people in a group home?	268
Can we limit the number of these homes in our neighborhood or require spacing?	268
Can we require a public hearing or neighborhood notification?	268



Recovery Residences – Frequently Asked Questions

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 landlord-tenant law, 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 because of 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 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, the term “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) and the [Americans with Disabilities Act](#) (ADA). Persons with disabilities include those with a condition that substantially limits major life activities, such as blindness, hearing and mobility impairment, developmental disabilities, mental illness, and those recovering from substance abuse. 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.

Group homes in healthy residential settings are more beneficial for treatment and integration into society than placing individuals in institutional settings.

Group homes, like all other property in a municipality, must also comply with the municipality building, land use, and criminal codes and any other applicable laws. The municipality can 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 neighborhoods?

Group Homes are required under state and federal law to be treated as any other home and as a residential use for zoning purposes. State law, the FFHA and the ADA prohibit discrimination against individuals with disabilities and prohibits local governments from enacting zoning or land use decisions that discriminate against protected persons.

If the home is operated for the care of the elderly or the disabled (assisted living), the home is licensed and regulated by the Colorado Department of Public Health and Environment (CDPHE).

If the home is an inpatient substance abuse treatment facility, then it is regulated by the Colorado Behavioral

Health Administration.

If the home is a host home for the intellectually disabled, then it is regulated by CDPHE licensed Program Approved Service Agencies (PASA). The list of CDPHE licensed facilities can be found on the Department's website; however, PASA certified host homes are not publicly disclosed:

<https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>

Residential facilities licensed by the Colorado Behavior Health Administration: https://socgov06.my.salesforcesites.com/LADDERS/OBH_PSS_Search

Why are Recovery Residences allowed in 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 both 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 Recovery Residences regulated?

Under state law many recovery residences must be certified by 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.

Residences certified by CARR can be found on their website: <https://carrcolorado.org/certified-recovery-residences-search/>

Recovery residences, like all other property in municipalities, must also comply with the municipalities building, land use, and criminal codes, and any other applicable laws. Municipalities can enforce any violations of these laws but cannot do so in a disparate manner from any other residential property. Therefore, violations must be enforced equitably throughout the surrounding neighborhood and not unfairly target the recovery residence.

Colorado Revised Statutes 30-28-115 states that it is the policy of the state to assist persons in recovery in residential neighborhoods and that recovery residences are a residential use of property for zoning purposes and subject only to regulations of like dwellings.

What is "reasonable accommodation?"

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 some cases, accommodations may need to be made – such as the addition of a ramp to the exterior of the property. If such a modification is in opposition to a design standard, that standard may not apply in order to provide reasonable accommodation.

For more information on reasonable accommodations under the fair housing act, the U.S. Department of Justice and U.S. Department of Housing and Urban Development released a joint statement which is available on this site:

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

Do Group Homes or Recovery Residences require rezoning?

No, group homes and recovery residences are allowed in all residential zone districts. The municipality does not require action. Noise, maintenance, and other potential issues will still be governed by the municipality's zoning and ordinances as they are for any other residential home. For purposes of zoning, they are considered residential land use even though they may be owned by a for-profit business entity.

What if I don't feel safe with the facility in my neighborhood?

Speculative fears cannot be justification for enforcement action or to prohibit the facilities. Many municipalities have lost lawsuits for discriminating against group homes. Most group homes are indistinguishable from the rest of the neighborhood. The residents of a home are not incarcerated and may or may not have a criminal history, just like any other resident of any other home.

The homes do have oversight as part of their programs; as a result, some studies have found that residents of group homes commit less crime than the residents of the surrounding neighborhood. If individuals in a recovery residence are found using prohibited substances, they can lose the ability to continue in the program and reside in the home.

What about impacts to my property value?

Speculative concerns regarding degrading of neighborhood property values cannot be used to prohibit group homes. The homes are required to blend into the neighborhood and follow like regulations for any other home. Additionally, studies have shown that group homes do not have an impact on degrading property values.

Are there limits on the number of people in a group home?

All residential properties must follow the municipality's health and housing code. In addition, the Colorado Agency for Recovery Residences requires 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. (2.F.18.a.4)

Can we limit the number of these homes in our neighborhood or require spacing?

Not based on speculative concerns about impacts to the neighborhood as they are a residential use like any other home in the neighborhood.

Can we require a public hearing or neighborhood notification?

No, they are required to be treated like any other home, and they are a use by right as a residential land use.



**Best Practices Guidance For:
Addressing N.I.M.B.Y (Not in My Backyard)**



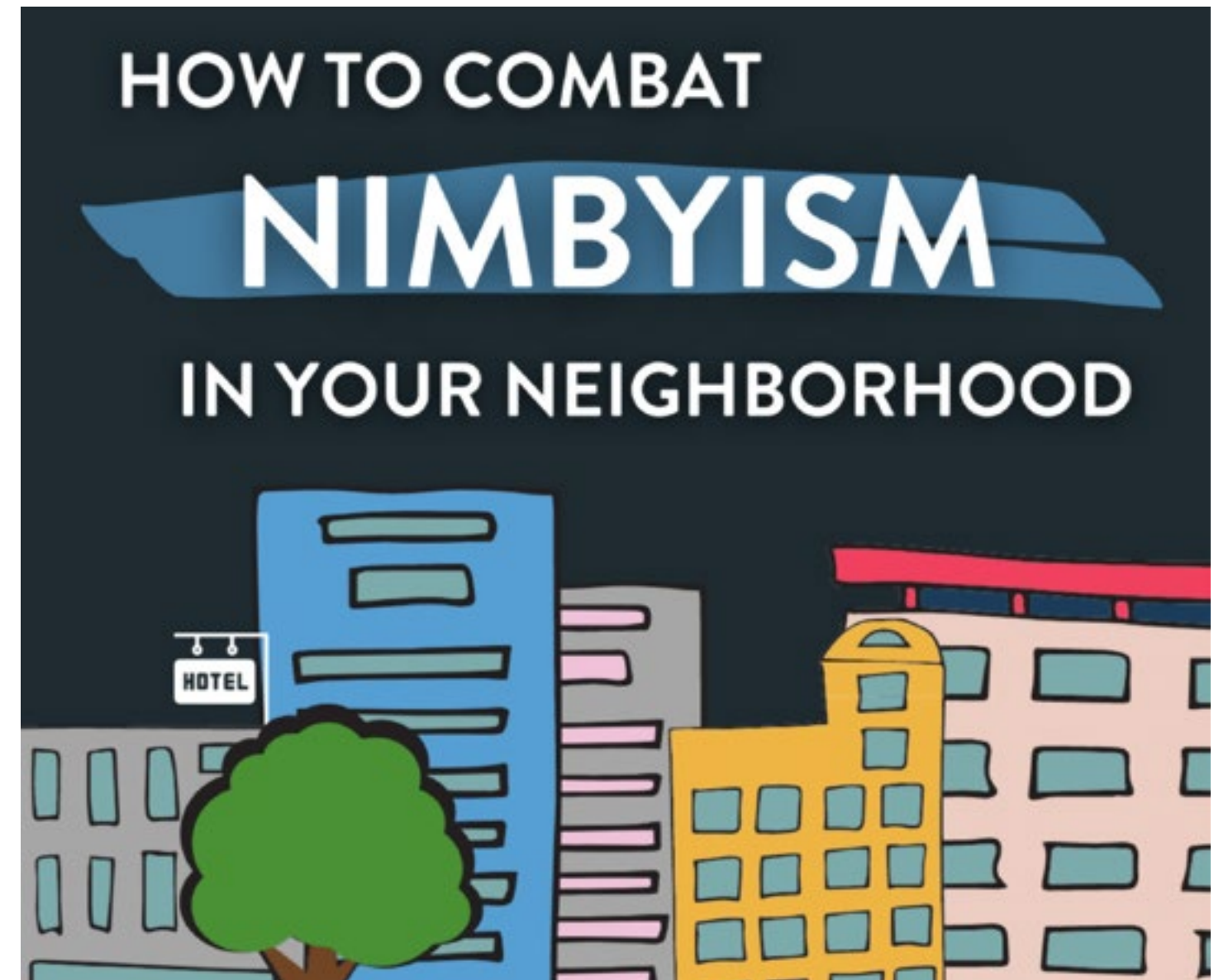
Table of Contents

Introduction	272
Part One: Recovery Residences	273
Defining Recovery Residence	273
Recovery Residences Are For	273
Colorado Agency for Recovery Residences (CARR)	273
About CARR	273
Part Two: Laws & How they Apply to You	274
The Fair Housing Act of 1968	274
Why the Fair Housing Act Is Essential to Recovery Residence Programs	274
The Americans with Disabilities Act (ADA)	274
Zoning and Land Use Discrimination	275
Strategies for Addressing Zoning or Land Use Discrimination	275
Housing and Building Code	275
Reasonable Accommodation	275
Requesting Reasonable Accommodation	276
Considering Reasonable Accommodations From Residents	276
Tenant Law	277
Part Three: The Facts About NIMBY	278
Provide Factual Information on Recovery Residences	278
Part Four: Developing a Community Outreach Plan	279
Develop a Relationship With Local Leaders	279
Partner With Other Community Organizations	280
Door-To-Door Communications	280
How to Speak to Reporters	281
Scripted Answers to Common Questions Regarding Recovery Housing	281
Part Five: Strategies for Public Meetings	282
Is a Public Meeting Appropriate?	282
Request an Alternative to a Public Meeting	282
Prepare for a Public Meeting	282
Sample Language for Potential Inclusion in Testimony	283
Conclusion	284
Resource Guide	284

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 Colorado Revised Statutes § 27.80.129 , “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 substances¹

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 § 27.80.129



Recovery Residence Dear Neighbor Letter



[YOUR LETTERHEAD]

DATE

ADDRESSEES

Re: Recovery Residence Information

Dear Residents of _____ Street:

We are writing to respond to recent neighborhood concern about our recovery residence and hope that our explanation as to how we operate will dispel any misperceptions you may have about this shared living arrangement. And, we trust that after reading this letter, you will understand that federal and state fair housing laws protect recovery residences as housing for individuals with disabilities.

A recovery residence is a family-like shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders. Every individual who resides in a recovery residence agrees to remain abstinent, free of drugs and alcohol while residing in the home. No treatment is provided at recovery residences; instead, residents retain their commitment to recovery through peer support. Residents are likely indistinguishable from anyone else in the community as they may go to work, attend school and/or volunteer, all while focused on the goal of rehabilitation.

The State designated agency, the Colorado Agency for Recovery Residences Department of Health, Behavioral Health Administration, has certified our recovery residence, which means that it operates at an approved standard of quality and has important resident rules and a code of conduct. This certification provides an important accountability that recovery residences, in addition to maintaining quality operations, are good neighbors in the community.

Federal and state fair housing laws prohibit discrimination in housing against members of protected classes including individuals with disabilities. Those who are currently in recovery from substance use disorders are protected under the anti-discrimination statutes. Those who are associated with individuals with disabilities, including recovery housing providers, are also protected by the anti-discrimination laws. Interference with the exercise of fair housing rights is also a form of discrimination. For example, one may express their personal opinion that they do not want a recovery residence in their community, but fair housing laws protect against threats, harassment, intimidation and other hostile conduct directed at individuals currently in recovery. This same conduct directed at a housing provider also violates fair housing laws.

We are aware of unfounded allegations that recovery residences will lower property values and increase crime in the neighborhood. There is no evidence that housing for individuals with disabilities, including recovery residences, leads to a reduction in property values. There is also no evidence that recovery residences lead to increases in crime; health & safety problems follow alcohol and drug use, not abstinence from them.

Our recovery residence is committed to being a good neighbor with the full understanding of rights and responsibilities. We hope that you share that commitment.

Sincerely,

NAME

TITLE

* For an editable version of this letter please visit www.carrcolorado.org

Carol Gilligan
Context
Response
Attending
Community
CARE
ETHICS
Relationships
Situational
Responsibility
Relational
Needs
Nel Noddings



CARR Code of Ethics

CODE
OF
ETHICS

CARR Code of Ethics

All persons working in CARR affiliate organizations (recovery residence owners, operators, staff, and volunteers) are expected to adhere to the following Code of Ethics:

It is the obligation of all recovery residence owners/operators and staff to value and respect each resident and to put each individual’s recovery and needs at the forefront of all decision-making. To meet this obligation, we adhere to the following principles:

1. Maintain an alcohol- and illicit-substance-free recovery environment.
2. Provide an environment in which a resident’s recovery is the primary factor in all decision-making.
3. Assess each potential resident’s needs and determine whether the level of support available within the residence is appropriate.
4. Encourage and assist residents with navigating support and service relationships with professionals, recovery support service providers, and allies.
5. Residents and staff shall recognize one another’s dignity and diversity and practice respect and cultural humility.
6. Provide a safe, homelike recovery environment that meets CARR Standards.
7. Honor individuals’ rights to choose their recovery paths within the parameters defined by the organization and within CARR standards.
8. Protect the privacy and personal rights of each resident as defined by federal law. (e.g. HIPPA, 42 CFR part 2. etc)
9. Provide consistent and uniformly applied polices as defined by organization.
10. Establish a house environment that prohibits intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence and take immediate action when occurrences happen.
11. Establish a house environment that does not tolerate retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint and take immediate action when occurrences happen.
12. Provide consistent, fair practices for privacy when testing alcohol and illicit substances conducive to the residents’ recovery, and dignity.
13. The marketing or advertising of the organization is accurate, can be substantiated, and aligns with CARR Standards.
14. Sustain transparency of operational and financial records for compliance and auditing requirements.
15. Maintain clear personal and professional boundaries. Moreover, staff shall never become romantically, intimately, or sexually involved with a resident.
16. Each organization shall have a defined relationship policy between residents to protect the safety and wellbeing of all residents.

17. Operate within the scope of service defined by professional training and credentials.
18. Maintain a housing environment that is consistent with the peace, safety, and quality of the neighborhood.
19. Staff shall never become involved with clients’ financial or business affairs, this includes but is not limited to, borrowing or lending money, buying or selling property, or other financial transactions other than any program or house fee transactions.
20. Assure that no advertisement of illicit substances or alcohol are allowed in the recovery residence.
21. Engaging in dual relationships between recovery residence staff, volunteers, operators or other contracted employees and clients is not tolerated.
22. No brokering of residents for financial gain or “kickbacks” between any and all Recovery Providers (e.g., EKRA).

The Code of Ethics must be read and signed by all those associated with the operation of the recovery residence: recovery residence owners, operators, staff and volunteers.

Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

In signing the following, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): _____ Date: _____

Signature: _____

Recovery Residence: _____



CARR Requirements for Certification



Table of Contents

Article 1. Certification Requirements	296
Section 1-101 Definitions	296
Section 1-102 Individuals to Act for Applicant or Provider	306
Section 1-103 Application for a Certification	306
Section 1-104 Certification Renewal	309
Section 1-105 Changes Affecting a Certification	310
Section 1-106 Time-frames	312
Section 1-107 Denial, Revocation, or Suspension of a Certification	314
Section 1-108 Right to Appeal	314
Section 1-109 Continuing Obligations and Oversight	315
Table 1.1 Time-frames (in calendar days)	317
Article 2. Recovery Residence Requirements	318
Section 2-201 Administration	318
Section 2-202 Residency Agreements	321
Section 2-203 Resident Rights	323
Section 2-204 Resident Records	324
Section 2-205 Recovery Residence Services	325



Article 1. Certification Requirements

Section 1-101 Definitions

The following definitions apply in this Chapter unless otherwise specified:

1. "Abuse" means:
 - a. Intentional infliction of physical harm.
 - b. Injury caused by negligent acts or omissions.
 - c. Unreasonable confinement.
 - d. Subjection to sexual conduct or contact classified as a crime under Title 18, Article 3 of the Colorado Revised Statutes.
 - e. Emotional abuse.
 - f. A pattern of ridiculing or demeaning a Resident;
 - g. Making derogatory remarks or verbally harassing a Resident; or
 - h. Threatening to inflict physical harm on a Resident.
2. "Accept" or "acceptance" means an individual signs a Residency Agreement with a Recovery Residence and becomes a Resident of a Recovery Residence.
3. "Administrative completeness review time frame" means the number of days from CARR's receipt of an application for certification until CARR determines that the application contains all components required by CARR Standards, including all information required to be submitted by other government agencies or other entities as may be required. The administrative completeness review time frame does not include the period of time during which an agency performs a substantive review of the application.
4. "Applicant" means an individual or business organization requesting certification of a Recovery Residence.
5. "Application packet" means the forms, documents, and additional information CARR requires to be submitted by an Applicant.
6. "Background Screening" means a policy in compliance with Colorado and federal laws for the employment of staff members, house managers, volunteers, and all other individuals working within the Recovery Residence program that outlines the procedures and criteria used to evaluate individuals' past behaviors and experiences to ensure they are suitable for working in a recovery environment.
7. "Business organization" includes a corporation, foreign corporation, not for profit corporation, profit and not for profit unincorporated association, nonprofit corporation, close corporation, corporation sole or limited liability company, a professional corporation, association or limited liability company, a business trust, estate, partnership, registered limited liability partnership, trust or joint venture, two or more persons having a joint or common economic interest, any person other than an individual and a state, the United States and a foreign government.
8. "Calendar day" means each day, not including the day of the act, event, or default from which a

designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

9. "Certificate of Insurance (COI) Statement" means a document provided by an insurance company or broker that serves as proof of an active insurance policy. It outlines essential information about the policy, including the policyholder's name, the policy's effective date, the type of coverage, the policy limits, and other key details related to the policy.
10. "Certifying organization" means an organization that certifies homes as Recovery Residences pursuant to Section 27-80-122 of the Colorado Revised Statutes or any successor statute thereto.
11. "Certification and Verification" means a set of procedures and standards designed to confirm the qualifications and background of potential employees for employment at a Recovery Residence.
12. "Change of Ownership" means the transfer of at least 50 percent direct or indirect ownership interest in a Recovery Residence. Change of Ownership does not include transfers of ownership interest between existing members if the transaction does not involve the acquisition of ownership interest by a new member.
13. "Confidentiality policy and procedure" means the set of guidelines and practices designed to protect Residents' privacy and personal information within a Recovery Residence.
14. "Controlling person" means a person who, with respect to a business organization:
 - a. Has the power to vote at least 10% of the outstanding voting securities of the business organization;
 - b. If the business organization is a partnership, is a general partner or is a limited partner who holds at least 10% of the voting rights of the partnership;
 - c. If the business organization is a corporation, association, or limited liability company, is the Resident, the chief executive officer, the incorporator, an agent, or any person who owns or controls at least 10% of the voting securities; or
 - d. Holds a beneficial interest in 10% or more of the liabilities of the business organization.
15. "CARR" means the Colorado Agency for Recovery Residences.
16. "Critical Incident" means an occurrence including but is not limited to the following:
 - a. Breach of confidentiality: any unauthorized disclosure of protected health information as described in HIPAA and/or 42 C.F.R. Part 2.
 - b. Death: including the death of an individual inside of or outside of the Recovery Residence's physical location while an individual is receiving services or where an individual has attempted to receive services from the Recovery Residence within the past thirty (30) calendar days.
 - c. Medication diversion: any medication diversion as defined in CARR Standards.
 - d. Medication error: medication error that resulted or could have reasonably resulted in harm to the individual.
 - e. Medical emergency: any suicide attempt/self-injury, other form of serious injury, health emergency, overdose or serious illness which occurred on the Recovery Residence premises or in the presence of Recovery Residence personnel.
 - f. Any instance involving physical, sexual, or verbal abuse of an individual, as described in C.R.S. §

Sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, 18-3-405, 18-3-405.3, 18-3-405.5, and 18-9-111 (exempting however, the phrase "intended to harass"), by another individual, personnel, or a visitor to the Recovery Residence.

- g. Any instance that results in any of the following serious injuries to an individual:
 - 1) Brain or spinal cord injuries;
 - 2) Life-threatening injuries; or,
 - 3) Second- or third-degree burns involving twenty percent (20%) or more of the body surface area of an adult or more than fifteen percent (15%) of the body surface area of a child.
- h. Any instance involving caretaker neglect of an individual, as defined in 26-3.1-101(2.3), C.R.S. or child abuse or neglect as defined in 19-1-103(1), C.R.S.
- i. Any instance involving misappropriation of an individual's property, meaning patterns of loss or single incidences of deliberately misplacing, exploiting, or wrongfully using, either temporarily or permanently, an individual's belongings or money without the individual's consent.
- j. Any occurrence involving the malfunction or intentional or accidental misuse of care equipment that occurs during treatment or diagnosis of an individual and that significantly or adversely affects or, if not averted, would have significantly adversely affected an individual.
17. "Critical Incident Reporting Policy and Procedure" means the policy and procedures established by a Recovery Residence to respond to a Critical Incident.
18. "Code of ethics: means a formal document that outlines the ethical standards, principles, and guidelines that an organization expects its employees, members, or stakeholders to follow.
19. "Code of Conduct - Staff and House Manager" means the policy that outlines the expected behaviors, responsibilities, and professional standards for employees working at a Recovery Residence.
20. "Confidentiality Consent for Resident Handbook" means the handbook policy and agreement that outlines Residents' rights and responsibilities regarding privacy and confidentiality within the Recovery Residence communities protected health information as described in HIPAA and 42 C.F.R. Part 2.
21. "Community Resource Guide for Resident Handbook" means a comprehensive compilation of local resources and support systems designed to aid Residents in their recovery journey.
22. "Director" means the executive director of CARR.
23. "Discharge Policy and Procedure" means a set of guidelines and procedures established to govern the process of transitioning Residents out of the Recovery Residence. It outlines the criteria, steps, and responsibilities involved in discharging Residents in compliance with C.R.S. § 27.80.129 (8).
24. "Discharge Policy and Consent for Resident Handbook" means a Recovery Residence's policy as outlined in the Recovery Residence handbook that governs the process of transitioning Residents out of the Recovery Residence and outlines the criteria, steps, and responsibilities involved in discharging Residents in compliance with C.R.S. § 27.80.129 (7), the Resident's agreement to such policy.
25. "Documentation" means information in written, photographic, electronic, or other permanent form.
26. "Emergency Policy and Procedure" means a set of guidelines and actions designed to prepare for,

respond to, and recover from emergencies or crises that may affect the Residents, staff, and property of a Recovery Residence.

27. "Emergency Policy and Procedure for Resident Handbook" means a comprehensive framework designed for the Recovery Residence handbook that outlines the policies, procedures, and protocols essential for ensuring the safety and well-being of Residents.
28. "Emergency/Non-Emergency Contact Sheet for Resident Handbook" means a listing of emergency contact information for Residents that is set forth in the Recovery Residence handbook.
29. "Exploitation" means the illegal or improper use of a Resident's resources for another's profit or advantage.
30. "Evaluation and Procedure - Staff and House Manager" means the procedures and criteria used to assess the performance and effectiveness of staff members and house managers. This policy ensures that staff members and house managers are meeting the standards and expectations necessary to provide quality care and support to Residents.
31. "Facility" means the building or buildings used for operating a Recovery Residence.
32. "Financial Agreement (Resident Contract and/or Guest Agreement) for Resident Handbook" means the financial agreement policy and procedure that outlines the financial obligations, terms, and conditions for Residents of a Recovery Residence.
33. "Financial Controls Policy and Procedure" means the policies, procedures, and practices implemented to manage and oversee financial activities to ensure the proper use and protection of financial resources for a Recovery Residence.
34. "Good Neighbor Policy and Procedure" means the policy and procedures and commitments to fostering positive relationships between the Recovery Residence, neighbors, and the surrounding community.
35. "Good Neighbor Policy and Consent for Resident Handbook" means a set of guidelines and expectations for the Recovery Residence handbook designed to foster a harmonious relationship between the Recovery Residence and the surrounding community.
36. "Grievance Policy and Procedure" means the formal procedure established to address and resolve complaints or concerns raised by Residents, staff, or other stakeholders for a Recovery Residence in compliance with C.R.S. § 27-80-129 (8).
37. "Grievance Policy, Procedure and Consent for Resident Handbook" means a formal procedure established to address and resolve complaints or concerns raised by Residents, staff, or other stakeholders, in compliance with C.R.S. § 27.80.129 (8).
38. "House Rules and Expectations for Resident Handbook" means a set of guidelines and standards that clients are required to adhere to during their stay in a Recovery Residence.
39. "Illicit drug" means:

- a. A controlled substance as defined in section 18-18-102, C.R.S.;
 - b. A controlled substance analog as defined in section 18-18-102, C.R.S; and
 - c. A prescription medication that is not an individual's prescription medication.
40. "Illicit Drug, Alcohol Testing Policy and Consent for Resident Handbook" means a structured protocol for the handling of prescription and nonprescription drugs and Resident drug and alcohol testing designed to ensure the safe management, storage, and usage of prescription and nonprescription medications within a Recovery Residence. This policy outlines the responsibilities of both the Residents and the staff to maintain a secure and supportive environment conducive to recovery, which is outlined in the Recovery Residence handbook.
 41. "Infectious Disease Policy and Procedure" means a policy or procedure for a Recovery Residence that outlines the guidelines and procedures to prevent, manage, and respond to infectious diseases within the residence.
 42. "Infectious Disease Policy, Procedure and Consent for Resident Handbook" means a comprehensive framework designed to control and prevent the spread of infectious diseases within a Recovery Residence that is outlined in the Recovery Residence handbook.
 43. "Job Descriptions" means the policy that outlines the roles, responsibilities, and expectations for staff members, house managers, volunteers, and all other individuals working within the Recovery Residence program.
 44. "Legal Business Entity Documentation" means documentation issued by the Colorado Secretary of State within the past 30 days. Entity refers to documentation or evidence that verifies the existence and legitimacy of a business organization according to the laws of its jurisdiction and has legal rights and responsibilities, including tax filings. It is a business that can enter into contracts either as a vendor or a supplier and can sue or be sued in a court of law.
 45. "Life Skills Development" means the process of teaching and enhancing the practical abilities that individuals in recovery need to manage daily tasks and challenges effectively proved by the Recovery Residence provider. (Level S and C)
 46. "Maintenance repair policy and procedure" means a set of guidelines and procedures established to ensure the proper upkeep and timely repair of the facility's infrastructure and equipment in a Recovery Residence.
 47. "Maintenance Repair Request Policy and Procedure for Resident Handbook" means a systematic process outlined in the Recovery Residence handbook through which Residents can report and resolve maintenance issues in a timely and efficient manner.
 48. Manager" means an individual designated by a recovery residence provider who:
 - a. Is at least 18 years of age;
 - b. Is living without alcohol, non-prescribed or illicit drugs, and has maintained sobriety for an adequate

- period of time;
 - c. Resides on the premises of the Recovery Residence for which the individual acts as a Manager;
 - d. Has documentation of current training in cardiopulmonary resuscitation, first-aid, and administration of naloxone; and
 - e. Is directly accountable to the provider for:
 - 1) The daily operation of the Recovery Residence;
 - 2) Enforcing all policies and procedures, house rules, and other requirements of the Recovery Residence; and
 - 3) All services provided by or at the Recovery Residence.
 - f. Acts on behalf of the provider in the onsite management of a Recovery Residence; and
 - g. Supports and assists Residents of the Recovery Residence.
49. "Marketing materials" are tools or resources used to communicate a Recovery Residence's value proposition, promote products or services, and engage potential customers. These materials come in various forms and are designed to support the Recovery Residence's marketing efforts, build brand awareness, and drive sales.
50. "Medication-assisted treatment" means the use of pharmacological medications that are approved by the United States Food and Drug Administration, in combination with counseling and behavioral therapies, used for the treatment of substance use disorders.
51. "Medication Diversion" means when a medication is taken for use by someone other than whom it is prescribed or for an indication other than what is prescribed.
52. "Medication Storage and Usage Policy and Procedure" means a policy and procedure for a Recovery Residence that establishes guidelines for the safe management and administration of medications within the residence.
53. "Medication Storage and Usage Consent for Resident Handbook" means a structured protocol designed for the Recovery Residence handbook to ensure the safe management, storage, and usage of prescription and nonprescription medications within a Recovery Residence.
54. "Mission statement" means a statement that defines the organization's purpose and is a concise explanation of an organization's purpose and focus.
55. "Modification" means the substantial improvement, enlargement, reduction, alteration, or other substantial change in the facility or another structure on the premises at a Recovery Residence.
56. "Non-discrimination policy" means a formal statement that outlines an organization's commitment to providing an environment free from discrimination.
57. "Over-the-counter drug" means any nonnarcotic medicine or drug that may be sold without a prescription and that is prepackaged and labeled for use by the consumer in accordance with the requirements of the laws of this state and federal law. A nonprescription drug does not include:
- a. A drug that is primarily advertised and promoted professionally to medical practitioners and

- pharmacists by manufacturers or primary distributors.
 - b. A controlled substance.
 - c. A drug that is required to bear a label that states "Rx only".
 - d. A drug that is intended for human use by hypodermic injection.
58. "Overall time frame" means the number of days after receipt of an application for certification during which CARR determines whether to grant or deny a certification. The overall time frame consists of both the administrative completeness review time frame and the substantive review time frame.
59. "Owner Acknowledgment Letter" means a letter a Recovery Residence provider who leases property(ies) from a third-party individual or entity is required to furnish CARR that verifies the property owner's awareness and consent to the use of the property as a recovery residence. In cases where these terms are encapsulated within the executive lease agreement, a copy of the lease agreement may be submitted as an alternative. Should the Recovery Residence program own the property, documentation substantiating ownership, or a formal letter attesting to ownership, must be provided.
60. "Paid Work to Residents Policy and Agreement" means the policy and agreement between a Recovery Residence and a Resident that sets forth the terms for Residents of a Recovery Residence to engage in paid work through salary, wages, or reduction in rent or fees.
61. "Peer leadership" means the policy that outlines the guidelines, roles, and responsibilities of individuals in recovery who take on leadership positions to support their peers.
62. "Premises" means:
- a. A facility; and
 - b. The grounds surrounding the facility that are owned, leased, or controlled by the provider, including other structures.
63. "Prescription medication" means any drug, including label and container according to context, that is dispensed pursuant to a prescription order.
64. "Program Format for Resident Handbook" means the format that outlines in the Resident handbook the structure and progression criteria within the Recovery Residence, including Resident advancement and program completion requirements.
65. "Provider" means the individual or business organization to which the CARR has issued a certification to operate a Recovery Residence.
66. "Recovery Capital Activities" means the recovery capital (RC) resources that individuals can use to overcome Substance Use Disorder (SUD). It includes five key areas: human, social, cultural, financial, and community recovery capital. In contrast, negative recovery capital (NRC) highlights the barriers that hinder recovery.
- a. Human: Feeling strong/sociable, Coping skills, SUD, Mental health problems, MBID, Low self-esteem
 - b. Social: Supportive partner/friends, Family ties, Custody loss, Abusive romantic relationships, Substance using parents/friends, Peer pressure, Bullying, Limited social network
 - c. Financial: Adequate housing, (Un)paid employment, Homelessness, Unemployment, Debts

- d. Cultural: Recovery promoting subculture in treatment, Perceptions of “good parenting,” Religion, Substance use promoting subculture, MBID stigma
 - e. Community: Professional (post)treatment and guidance, Access to (sheltered/assisted) housing, Criminal record and probation
67. “Recovery residence” means any premises, place, facility, or building that provides housing accommodation for individuals with a primary diagnosis of a substance use disorder that:
- a. Is free from alcohol and nonprescribed or illicit drugs;
 - b. Promotes independent living and life skill development; and
 - c. Provides structured activities and recovery support services that are primarily intended to promote recovery from substance use disorders.
68. “Residency agreement” means a document signed by a Resident or the Resident’s representative and a representative of the Recovery Residence , detailing the terms of residency.
69. “Resident” means an individual who is accepted by a provider under the terms of a Residency agreement with the individual to live at the provider’s Recovery Residence.
70. “Resident Intake Policy and Procedure” means a comprehensive policy and procedure designed to gather essential details about individuals seeking admission to ensure they are placed appropriately at a Recovery Residence.
71. “Resident orientation policy and procedure” means a structured set of guidelines and procedures designed to familiarize new Residents with their living environment, community rules, services, and expectations.
72. “Resident’s representative” means:
- a. An individual acting on behalf of a Resident with the written consent of the Resident, or
 - b. The Resident’s legal guardian.
73. “Resident screening policy and procedure” means a set of guidelines and criteria established to evaluate and determine the suitability of individuals seeking to live in a Recovery Residence.
74. “Residents rights” means the entitlements and protections afforded to individuals residing in a Recovery Residence, including but not limited to the right to a safe, clean, and sober living environment, privacy, respect, freedom from discrimination, access to necessary support services, and participation in the decision-making processes related to their treatment and living conditions. These rights are designed to ensure fair treatment, dignity, and promote the individual’s recovery journey.
75. “Return to Use (Relapse) Policy and Procedure” means the procedures and guidelines in compliance with C.R.S. § 27.80.129 (7) to be followed when a Resident experiences a return to use or recurrence of substance use within a Recovery Residence.
76. “Return to Use (Relapse) Policy and Consent for Resident Handbook” mean the comprehensive policies and procedures outlined in the Recovery Residence handbook addressing the recurrence of substance use and/or alcohol consumption within a Recovery Residence. In compliance with CARR Standards, Core

- Principles, and C.R.S. §27.80.129, it is essential to establish.
77. “Schedule Resident – Sample for Resident Handbook” means a sample Resident schedule that outlines in the Resident handbook the daily activities and routines for Residents in Level S or C Recovery Residence programs.
78. “Search Policy and Procedure” means a set of guidelines and processes established by a Recovery Residence to identify, handle, and manage potentially dangerous or harmful items within a Recovery Residence.
79. “Search Policy and Consent for Resident Handbook” means a policy in the Recovery Residence handbook that establishes by a Recovery Residence’s process used to identify, handle, and manage potentially dangerous or harmful items within a Recovery Residence, and a Resident’s consent to such process.
80. “Self-Safety Assessment” means the process for a Recovery Residence to assess its own environment, practices, or procedures to identify potential risks or hazards and ensure safety of Residents and others. Inspection checklists cover smoke detectors/fire extinguishers, smoking, cooking safety, heating safety, electrical and appliance safety, home escape plan, Resident safety, carbon monoxide detectors, and maintenance as outlined by CARR Standards, and confirm that required postings are intact and unaltered.
81. “Self-Safety Inspection” means a monthly self-safety inspection for a Recovery Residence utilizing a self-safety assessment checklist. It is a structured protocol designed to ensure that the living environment remains safe and conducive to the Residents’ recovery.
82. “Sober” or “sobriety” means that an individual is free of alcohol or drugs, except for a drug that is:
- a. Used as part of medication-assisted treatment,
 - b. The individual’s prescription medication, or
 - c. An over-the-counter drug.
83. “Sober living facility” means the same as Recovery Residence.
84. “Sober home” means the same as Recovery Residence.
85. “Social media policy and procedure” means the policy and procedure that outlines guidelines and rules regarding the use of social media by Residents, staff, and visitors for a Recovery Residence.
86. “Social Media Consent for Resident Handbook” means the policy as set forth in the Recovery Residence handbook that outlines the guidelines and permissions regarding the use of social media by Residents, staff, and affiliates of the program and a Resident’s agreement to abide by such policy.
87. “Staff” means the employees or volunteers who provide monitoring or assistance to Residents at a Recovery Residence.
88. “Staff Contact Information for Resident Handbook” means the policy as set forth in the Recovery Residence handbook that provides Residents on information to access staff and direction on use of staff

contact information within the Recovery Residence program.

89. "Staff Development Policy and Procedure" means a Recovery Residence's guidelines and procedures for the professional growth and training of staff members and house managers to ensure they have the necessary skills, knowledge, and competencies to effectively support Residents in their recovery journey at a Recovery Residence.
90. "Staff Self-Care – Staff Policy and Procedure" means the policy and procedure at a Recovery Residence that outlines the strategies and initiatives designed to promote the physical, mental, and emotional well-being of employees and house managers of a Recovery Residence provider.
91. "Substance Use Disorder (SUD) License" (Level S or C if applicable) means an agency or individual that has been licensed, certified, or approved by applicable authorities to provide practice or services for the treatment of substance use disorder.
92. "Substantive review time frame" means the number of days after the completion of the administrative completeness review time frame during which CARR determines whether an application or Applicant for certification meets all substantive criteria required by CARR Standards. Any public notice and hearings required by law by other government municipalities shall fall within the substantive review time frame.
93. "Termination of residency" or "terminate residency" means termination of an individual's residency and participation in a Recovery Residence.
94. "Testing Policy and Procedure - Illicit Drug, Alcohol" means the testing policy and procedure for a Recovery Residence that involves the systematic screening of Residents to detect the presence of illicit substances and alcohol in their system.
95. "Testing Drug Policy and Procedure – Staff and House Manager" means the policy and procedure for drug testing at a Recovery Residence that outlines the guidelines and procedures for administering drug and alcohol screening to employees and house managers to ensure a safe, substance-free environment.
96. "Vision Statement" means a statement that outlines what an organization aims to become and achieve over time and is a concise declaration of an organization's long-term goals and aspirations.

Section 1-102 Individuals to Act for Applicant or Provider

When an Applicant or provider is required by this Chapter to provide information on or sign an application form or other document, the following shall satisfy the requirement on behalf of the Applicant or provider:

1. If the Applicant or provider is an individual, the individual; and
2. If the Applicant or provider is a business organization, the individual who the business organization has designated to act on the business organization's behalf for purposes of this Chapter and who:
 - a. Is a controlling person of the business organization,
 - b. Is a U.S. citizen or legal Resident, and
 - c. Has a Colorado address.

Section 1-103 Application for a Certification

A. To apply for certification as a Recovery Residence, an Applicant shall submit to CARR a completed application packet online through the CARR application portal that contains:

1. An application, in a CARR-provided format, that includes:
 - a. The Applicant's name;
 - b. The proposed name of the Recovery Residence;
 - c. The address and telephone number of the proposed Recovery Residence;
 - d. The Applicant's address and telephone number, if different from the address or telephone number of the proposed Recovery Residence;
 - e. The Applicant's e-mail address;
 - f. The name and contact information of an individual acting on behalf of the Applicant;
 - g. The maximum number of Residents of the proposed Recovery Residence;
 - h. The name, telephone number, and e-mail address of the manager for the proposed Recovery Residence;
 - i. An attestation that the Applicant is in compliance with local zoning ordinances, building codes, and fire codes; and
 - j. The Applicant's signature and the date signed;
 - k. Copies of the following:
 - Recovery Residence Program Documents
 - 1) Certificate of Good Standing for the Recovery Residence provider, from the state of formation and dated within the last thirty (30) days
 - 2) Marketing Materials

- 3) Mission Statement
- 4) Vision Statement
- 5) Resident Rights
- 6) Code of Ethics
- 7) Non-Discrimination Policy
- 8) Confidentiality Policy and Procedure
- 9) Social Media Policy and Procedure
- 10) Resident Screening Policy and Procedure
- 11) Resident Orientation Policy and Procedure
- 12) Maintenance Repair Policy and Procedure
- 13) Paid Work to Residents Policy and Agreement
- 14) Financial Controls Policy and Procedure
- 15) Good Neighbor Policy and Procedure
- 16) Search Policy and Procedure
- 17) Emergency Policy and Procedure
- 18) Critical Incident Reporting Policy and Procedure
- 19) Infectious Disease Policy and Procedure
- 20) Medication Storage and Usage Policy and Procedure
- 21) Illicit Drug, Alcohol Testing Policy and Procedure
- 22) Return to Use (Relapse) Policy and Procedure
- 23) Discharge Policy and Procedure
- 24) Grievance Policy and Procedure
- 25) Life Skills Development
- Staffing Documents
 - 1) Background Screening
 - 2) Certification and Verification
 - 3) Staff Development Policy and Procedure
 - 4) Job Descriptions
 - 5) Peer Leadership
 - 6) Evaluation and Procedure - Staff and House Manager
 - 7) Code of Ethics - Staff and House Manager
 - 8) Testing Drug Policy and Procedure – Staff and House Manager
 - 9) Staff Self-Care – Staff Policy and Procedure

- Resident Handbook
 - 1) Resident Intake Policy and Procedure
 - 2) Confidentiality Consent for Resident Handbook
 - 3) Social Media Consent for Resident Handbook
 - 4) Staff Contact Information for the Resident Handbook
 - 5) Program Format for Resident Handbook
 - 6) Schedule Resident – Sample for Resident Handbook - (Level S, C)
 - 7) House Rules and Expectations for Resident Handbook
 - 8) Good Neighbor Policy and Consent for Resident Handbook
 - 9) Search Policy and Consent for Resident Handbook
 - 10) Medication Storage and Usage Consent for Resident Handbook
 - 11) Illicit Drug, Alcohol Testing Policy and Consent for Resident Handbook
 - 12) Return to Use (Relapse) Policy and Consent for Resident Handbook
 - 13) Discharge Policy and Consent for Resident Handbook
 - 14) Emergency Policy and Procedure for Resident Handbook
 - 15) Emergency/Non-Emergency Contact Sheet for Resident Handbook
 - 16) Infectious Disease Policy, Procedure and Consent for Resident Handbook
 - 17) Resident Rights Policy for Resident Handbook
 - 18) Grievance Policy, Procedure and Consent for Resident Handbook
 - 19) Maintenance Repair Request Policy and Procedure for Resident Handbook
 - 20) Financial Agreement (Resident Contract and/or Guest Agreement) for Resident Handbook
 - 21) Community Resource Guide for Resident Handbook
- Recovery Support
 - 1) Recovery Capital Activities
- Recovery Residence Documents per Recovery Residence
 - 1) Owner Acknowledgment Letter
 - 2) Certificate of Insurance (COI) Statement
 - 3) Self-Safety Assessment
 - 4) Self-Safety Inspection
 - 5) Substance Use Disorder (SUD) License (Level S or C if applicable.)
- 2. The Applicant must provide documentation of:
 - a. Citizenship or alien status of Applicant and all owners owning 5% or more direct or indirect ownership interest of the Recovery Residence by presenting any of the following documents to CARR indicating that each individual owners’ presence in the United States is authorized under federal law:

- 1) A valid Colorado driver’s license or a Colorado nonoperating identification license.
 - 2) A driver’s license issued by a state that verifies lawful presence in the United States.
 - 3) A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States.
 - 4) A United States certificate of birth abroad.
 - 5) A United States passport.
 - 6) A foreign passport with a United States visa.
 - 7) An I-94 form with a photograph.
 - 8) A United States citizenship and immigration services employment authorization document or refugee travel document.
 - 9) A United States certificate of naturalization.
 - 10) A United States certificate of citizenship.
 - 11) A tribal certificate of Indian blood.
 - 12) A tribal or Bureau of Indian Affairs affidavit of birth.
 - 13) Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.
3. Owner Acknowledgment Letter or proof of ownership; and
 4. A certification or re-certification fee of \$500 plus \$20 times the maximum number of Residents of the proposed Recovery Residence as listed in subsection (A)(1)(g).
- B. Upon receipt of the application packet in subsection (A), CARR shall issue or deny certification to an Applicant as provided in Section 1-106 – Time-frames.

Section 1-104 Certification Renewal

- A. At least 60 calendar days before the expiration date indicated on a certification to operate a Recovery Residence, a provider shall submit to CARR an application packet for renewal of the certification that contains:
1. An application to CARR through the provider’s CARR online portal that includes:
 - a. The Applicant’s name;
 - b. The address and telephone number of the Recovery Residence;
 - c. The Applicant’s address and telephone number, if different from the address or telephone number of the Recovery Residence;
 - d. The Applicant’s e-mail address;
 - e. The certification number of the Recovery Residence;
 - f. Any changes or updates to policy and procedures; and
 2. If applicable, a copy of the provider’s current certificate as a Recovery Residence from a certifying organization approved by the Director; and
 3. Except as provided in subsection (B), a certification fee of \$500 plus \$20 times the maximum number of Resident

- B. CARR shall renew or deny renewal of a certification to operate a Recovery Residence as provided in Section 1-106 – Time-frames.
- C. A provider seeking renewal must provide CARR with a certification application, signed under penalty of perjury by an authorized corporate officer, general partner, member, owner, or sole proprietor of the provider as appropriate, and the appropriate fee at least sixty (60) calendar days prior to the expiration of the existing certification. Renewal applications shall contain the information required in part 1-103 – Application for Certification unless the information has been previously submitted and no changes have been made to the information currently held by CARR.
- D. Failure to submit a completed renewal application to CARR thirty (30) calendar days prior to the expiration of the existing certification will result in an assessment of a late fee in an amount equal to the renewal fee unless good cause is shown for the delay.
- E. Failure of the provider to accurately answer or report any of the information requested by CARR is grounds for denial of the certification renewal application.
- F. CARR shall conduct a preliminary assessment of the renewal application and notify the provider of any application defects.
 1. The provider shall respond within fourteen (14) calendar days to written notice of any application defect.
- G. A provider submitting a renewal application shall submit the following nonrefundable fees, as applicable:
 1. A fee of \$500 plus \$20 times the maximum number of Residents of the proposed Recovery Residence in subsection (A)(1)(g).
- H. The duration of the renewal certification will be one (1) year from the date of issuance.

Section 1-105 Changes Affecting a Certification

- A. A provider shall notify the CARR in writing at least 30 calendar days before the effective date of:
1. Termination of operation of the Recovery Residence, including the proposed termination date;
 2. An acquisition by any individual or business organization of 5% or more direct or indirect ownership interest in the Recovery Residence, including the name, address, telephone number, and e-mail address of the individual or business organization acquiring an interest and the information set forth in A1-103(A)(2).
 3. A Change of Ownership;
 4. A change in the address of the Recovery Residence, including the new address for the Recovery Residence;
 5. A change in the name of the Recovery Residence, including the new name of the Recovery Residence;
 6. If the provider is an individual, a legal change of the provider’s name, including the new name of the provider; or
 7. A proposed change in the maximum number of Residents in the Recovery Residence or construction or modification of the facility, including provision to CARR of:
 - a. A floor plan for the Recovery Residence showing:
 - 1) If applicable, the areas in which construction or modification of the facility will occur;
 - 2) The location and size of each Resident bedroom; and

- 3) The location of each openable window or door from each Resident’s bedroom;
- b. For a proposed change in the maximum number of Residents in the Recovery Residence:
 - 1) The proposed new maximum number of Residents in the Recovery Residence; and
 - 2) If the proposed new maximum number of Residents in the Recovery Residence is larger than the current maximum number of Residents, a fee of \$20 times the difference between the current maximum number of Residents and the new maximum number of Residents; and
- c. For construction or modification of the facility, an attestation that the construction or modification will be in compliance with local zoning ordinances, building codes, and fire codes.
- B. A provider shall notify CARR in writing no more than 30 calendar days after the effective date of:
 - 1. A change in the name or contact information of an individual acting on behalf of the provider, including the name and contact information of the new individual acting on behalf of the provider;
 - 2. A change in the provider’s telephone number or e-mail address, including the new telephone number or e-mail address; or
 - 3. A change in the manager of the Recovery Residence, including the name, telephone number, and e-mail address of the new manager.
- C. Certifications to operate a Recovery Residence are non-transferrable.
- D. If CARR receives the notification of termination of operation in subsection 1-105(A)(1), CARR shall void the provider’s certification to operate a Recovery Residence as of the termination date specified by the provider.
- E. If CARR receives the notification in subsection 1-103(A)(2) of acquisition by an individual or business organization of 5% or more direct or indirect ownership interest of a Recovery Residence, the Recovery Residence must provide the information set forth in section 1-105(A)(2) at least 30 days prior to the acquisition. CARR may pursue denial, revocation, or other sanctions against a Recovery Residence where a disclosable ownership interest poses a violation of CARR Standards or undue risk of harm to the health, safety, or well-being of Residents.
- F. If CARR receives notification of a Change of Ownership, the Recovery Residence provider(s) must apply for a new Application for Certification with CARR and pay the requisite new application fee. CARR shall review the applicant’s fitness to conduct or maintain a certified Recovery Residence and shall determine by on-site inspection or other appropriate investigation the applicant’s compliance with CARR Standards. CARR shall issue a new certification upon satisfactory review by CARR of the Change of Ownership. An individual or business organization planning to assume operation of an existing Recovery Residence shall obtain a new certification, as required in C.R.S §27-80-129, before beginning operation of the Recovery Residence.
- G. If CARR receives the notification in subsection (A)(3) of a change in the address of the Recovery Residence, the Recovery Residence must submit a new Application for Certification with CARR and pay the requisite application fee. CARR shall review, according to Section 1-106 – Time-frames, the provider’s application for a new certification and may conduct an inspection of the premises, submitted consistent with Section 1-103 – Application for Certification. CARR shall issue a new certification upon satisfactory review by CARR of the change of address.
- H. If CARR receives the notification of a change in the name of the Recovery Residence in subsection (A) (4) or of the provider in subsection (A)(5), the CARR shall issue to the provider an amended certification

- that incorporates the change but retains the certification number(s) and expiration date of the existing certification.
- I. If CARR receives the notification in subsection (A)(6) of a proposed change in the maximum number of Residents in the Recovery Residence or of construction or modification of the facility, CARR:
 - 1. May conduct an inspection of the premises:
 - a. On a determination by the Director that there is reasonable cause to believe a Recovery Residence is not adhering to the certification requirements of this article, the Director and/or any duly designated employee or agent of CARR may enter on and into the premises of any Recovery Residence that is certified or required to be certified pursuant to this article at any reasonable time for the purpose of determining the state of compliance with this article and the CARR Standards adopted pursuant to this article and local fire ordinances or rules, building standards, and any life safety rules or regulations. Any application for certification under this article constitutes permission for and acquiescence in any entry or inspection of the premises during the pendency of the application and, if certified, during the term of the certification. If an inspection reveals that the Recovery Residence is not adhering to the certification requirements established pursuant to this article, the Director may take action authorized by law.
 - b. CARR may impose sanctions and commence disciplinary actions against a certified Recovery Residence who violates the CARR Standards, including up to revoking the certification of such Recovery Residence, subject to appeal pursuant to C.R.S. § 27-80-129.
 - 2. CARR shall issue to the provider an amended certification that incorporates the change in maximum number of Residents but retains the expiration date of the existing certification if the Recovery Residence is in compliance with CARR Standards and this Chapter.

Section 1-106 Time-frames

- A. The overall time-frame for a certification granted by CARR under this Chapter is set forth in Table 1.1. The Applicant or provider and CARR may agree in writing to extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. The administrative completeness review time-frame for a certification granted by CARR under this Chapter is set forth in Table 1.1 and begins on the date that CARR receives an application.
 - 1. CARR shall send a notice of administrative completeness or deficiencies to the Applicant or provider within the administrative completeness review time-frame.
 - a. A notice of deficiencies shall list each deficiency and the information or items needed to complete the application.
 - b. The administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice of deficiencies is sent until the date that CARR receives all of the missing information or items from the Applicant or provider.
 - c. If an Applicant or provider fails to submit to CARR all of the information or items listed in the notice of deficiencies within ninety (90) calendar days after the date that CARR sent the notice of

deficiencies or within a time period the Applicant or provider and CARR agree upon in writing, CARR shall consider the application withdrawn. A new certification or re-certification fee will be required if an application is withdrawn.

- d. CARR shall issue a written notice granting or denying a certification within the overall time frame to an Applicant.
- 2. If CARR issues a certification during the administrative completeness review time- frame, CARR shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is set forth in Table 1.1 and begins on the date of the notice of administrative completeness.
 - 1. As part of the substantive review of an application for certification, CARR may conduct an inspection according to CARR Standards 1.A.2.n.3, which may require more than one visit to complete.
 - 2. CARR shall send a certification or a written notice of denial of a certification within the substantive review time-frame.
 - 3. During the substantive review time-frame, CARR may make comprehensive written request for additional information.
 - a. CARR shall send a comprehensive written request for additional information that includes a written statement of deficiencies, stating each standard upon which noncompliance is based, if CARR determines that an Applicant or provider, a Recovery Residence, or the premises are not in substantial compliance with CARR Standards.
 - b. An Applicant or provider shall submit to CARR all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including, if applicable, documentation of the corrections required in a statement of deficiencies, within thirty (30) calendar days after the date of the comprehensive written request for additional information or the supplemental request for information or within a time period the Applicant or provider and CARR agree upon in writing.
 - c. The substantive review time-frame and the overall time-frame are suspended from the date that CARR sends a comprehensive written request for additional information or a supplemental request for information until the date that CARR receives all of the information requested, including, if applicable, documentation of corrections required in a statement of deficiencies.
 - d. If an Applicant or provider fails to submit to CARR all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including, if applicable, documentation of corrections required in a statement of deficiencies, within the time prescribed in subsection (C)(3)(b), CARR shall deny the application.
 - 4. CARR shall issue a certification if CARR determines that the Applicant or provider and the Recovery Residence, including the premises, are in substantial compliance with the CARR Standards.
 - 5. If CARR denies a certification, CARR shall send to the Applicant or provider a written notice of denial setting forth the reasons for denial and all other information required. CARR shall include in the written notice at least the following information:
 - a. Justification for the denial with references to the standards on which the denial is based.
 - b. An explanation of the Applicant’s right to appeal the denial and the process of the appeal. The

explanation shall include the number of days in which the Applicant must file a protest challenging the denial and who can answer questions regarding the appeals process.

Section 1-107 Denial, Revocation, or Suspension of a Certification

- A. CARR may deny an application or suspend or revoke a certification to operate a Recovery Residence if:
 - 1. An Applicant or provider does not meet the application requirements contained in Section 1-103 Application for Certification or Section 1-104 – Certification Renewal, as applicable;
 - 2. A provider does not comply with requirements in the CARR Standards;
 - 3. A provider does not correct the deficiencies according to the plan of correction specified in Section 2-201 – Administration, non-compliance by the time stated in the plan of correction;
 - 4. An Applicant or provider provides false or misleading information as part of an application; or
 - 5. The nature or number of violations revealed by any type of inspection or investigation of a Recovery Residence poses a risk to the life, health, or safety of a Resident or another individual on the premises.
- B. In determining which action in subsection (A) is appropriate, CARR shall consider the direct risk to the life, health, or safety of a Resident in the Recovery Residence based on:
 - 1. Repeated violations of CARR Standards,
 - 2. Pattern of violations,
 - 3. Types of violation,
 - 4. Severity of violation, and
 - 5. Number of violations.
- C. An Applicant or provider may appeal CARR’s determination in subsection (A) according to the CARR appeal process as defined in C.R.S §27-80-129(10).

Section 1-108 Right to Appeal

- A. Any provider adversely affected or aggrieved by CARR’s decisions in regard to the implementation of these rules has the right to appeal to the Colorado Department of Personnel and Administration, Office of Administrative Courts (OAC), and may subsequently seek judicial review of CARR’s action.
- B. The following actions may be submitted to an administrative law judge for an evidentiary hearing: denial of a certification, designation, or endorsement; denial of a renewal; provisional certification; conditional certification; revocation; denial of a waiver, limitation of a certification, denial of a modification; and imposition of an intermediate restriction or condition.
- C. After written notification from CARR of the intended action, if you wish to appeal a decision to the OAC, you may request a hearing with the Office of the Administrative Courts by completing the Request for State Level Hearing Form or by submitting a written request for hearing to the Office of the Administrative Courts at 1525 Sherman St., 4th Floor, Denver, CO 80203. Your request must include the following information: Your name, address, and phone number; the name of the agency or department that took the action you disagree with; the program(s) involved; and the name, address, and phone number of anyone who will be representing you at the hearing. Please include copies of any denial/suspension/termination notices you have received.
- D. Upon completion of an evidentiary hearing at the Office of the Administrative Courts and the issuance of a final agency decision, a party may seek to appeal the final agency decision through judicial review.

Section 1-109 Continuing Obligations and Oversight

- A. Each provider must have and maintain electronic business communication tools, including but not limited to internet access and a valid email address. The provider must use these tools to receive and submit communication and information to/from CARR. It is the provider’s responsibility to update CARR with any changes to provider’s email address.
- B. The certification is only valid while in the possession of the provider to whom it is issued and may not be subject to sale, assignment, or other transfer, voluntary or involuntary, nor is a certification valid for any premises other than those for which it was originally issued.
- C. The provider must provide accurate and truthful information to CARR during inspections, investigations, and licensing activities.
- D. When a provider is subject to inspection, certification, or review by other state or federal agencies, accrediting organizations, or inspecting companies, CARR shall provide and/or release, upon request, any correspondence, reports, or recommendations in CARR’s possession that is requested by such organizations.
- E. Each provider must submit notification to CARR of any change in the information contained within provider’s most recent certification application or renewal with CARR. Certain changes may require prior approval by CARR, as set forth in the CARR Standards.
- F. Certifications and tiered inspections.
 - 1. For each provider that is eligible, CARR will implement a tiered certification inspection system wherein CARR will perform the standard certification physical inspection cycle once every two (2) years.
 - 2. To be eligible for the tiered certification inspection system, and at the Director’s discretion, the provider must meet all of the following criteria:
 - a. Certification for at least (3) years.
 - b. No conditions imposed on the certification within three (3) years prior to the date of the certification.
 - c. No patterns of standard violations, which occurs when the provider commits the same class of standard violation three or more times in consecutive inspections, as documented in the inspection and certification reports issued by CARR within the three (3) years prior to the date of the inspection; and,
 - d. No substantiated complaint resulting in the discovery of significant deficiencies that may negatively affect the life, health, or safety of individuals served by the provider within the three (3) years prior to the date of the certification.
 - 3. CARR may expand the scope of a tiered inspection to an extended or full certification if CARR finds standard violations during the tiered inspection process.
- G. CARR may use the following measures to ensure a provider’s full compliance with the applicable inspection criteria.
 - 1. CARR may conduct an unscheduled or unannounced review of a current provider and/or Recovery Residence based upon, but not limited to, the following criteria:

- a. Routine compliance inspection.
- b. Reasonable suspicion concerning a provider’s continued fitness to conduct or maintain recovery residence operations.
- c. A complaint alleging non-compliance with CARR Standards.
- d. Discovery of previously undisclosed information regarding a provider or any of its owners, officers, managers, or other personnel if such information affects or has the potential to affect the provider’s provision of services; or
- e. The omission of relevant information from documents requested by CARR or indication of false information submitted to CARR
- 2. Plan of Action
 - a. If after review or pursuant to a complaint, it is determined that a provider is not in compliance with these standards, CARR shall provide written notice to the provider within thirty (30) business days, identifying the specific deficiency/deficiencies (the “Notice of Deficiency”).
 - b. Upon a finding of deficiency/deficiencies, CARR may request a plan of action from the provider or require a provider’s compliance with CARR’s directed plan of action.
 - c. If the provider does not agree with any or all of the findings in the Notice of Deficiency, the provider has fourteen (14) business days from the date of the Notice of Deficiency to dispute the findings by submitting evidence to CARR.
 - d. CARR shall provide the provider with a written determination of compliance within thirty (30) business days of submission of additional evidence.
 - e. If, in the determination of CARR, the submitted evidence satisfies the compliance deficiency, the provider shall be determined in compliance with these rules.
 - f. If, after submitting additional evidence, CARR determines the provider remains out of compliance, the provider shall have thirty (30) business days from the date of CARR’s written determination of compliance to submit a plan of action.
 - g. The plan of action must be in the format prescribed by CARR and include, but not limited to, the following:
 - 1) A description of how the provider will correct each identified deficiency.
 - › If the deficient practice was cited for specific personnel, the description shall include the measures that will be put in place or systematic changes made to ensure that the deficient practice will no reoccur for the affected individuals(s) and/or other individuals having the potential to be affected.
 - 2) A description of how the provider will monitor the corrective action to ensure each deficiency is remedied and will not reoccur, and
 - 3) A completion date that is no later than ninety (90) calendar days from the issuance of the Notice of Deficiency, unless otherwise required or approved by CARR. The completion date is the date by which the entity can achieve compliance.
 - h. A completed plan of action must be signed by the provider’s director, administrator, or manager.
 - i. CARR has the discretion to approve, impose, modify, or reject a plan of action.
 - 1) If the plan of action is accepted, CARR shall notify the provider by issuing a written notice of acceptance.

- 2) If the plan of action is unacceptable, CARR shall notify the provider in writing of requested modifications, and the provider shall re-submit the changes within the time frame prescribed by CARR.
 - 3) If the provider fails to comply with the requirements or deadlines for submissions of a plan or fails to submit requested changes to the plan, CARR may reject the plan of action and impose disciplinary sanctions as set forth in Section 2-201 (G) (1) – Administration.
 - 4) If the provider fails to implement the actions agreed to by the action date in the approved plan of action, CARR may impose enforcement sanctions as set forth below.
- H. The provider must provide, upon request, access to or copies of the following to CARR for the performance of its regulatory oversight responsibilities:
- 1. If the plan of action is accepted, CARR shall notify the provider by issuing a written notice of acceptance.
 - 2. Reports and information including but not limited to, staffing reports, census data, statistical information, and other records, as determined by CARR.
- I. Oversight and enforcement activities may include review of endorsements and/or separate physical locations as necessary for CARR to ensure the health, safety, and welfare of individuals.

Table 1.1 Time-frames (in calendar days)

Type of approval	Overall time-frame	Administrative completeness review time-frame	Substantive review time-frame
Application for a certification under 101-3	90	30	60
Renewal of a certification under 1-104	30	10	20
Changes affecting a certification, including modifications	60	30	30

Article 2. Recovery Residence Requirements

Section 2-201 Administration

- A. A provider of a Recovery Residence:
- 1. Has the authority and responsibility for the management of the Recovery Residence, including when the provider designates another individual or contracts with a person to accomplish an action or perform a service for or on behalf of a Recovery Residence;
 - 2. Shall establish, in writing, the scope of services to be provided by the Recovery Residence;
 - 3. Shall designate, in writing, an individual, who may be the provider, as the manager of the Recovery Residence; and
 - 4. Shall ensure that the knowledge, skills, and experience of the manager and any other staff of the Recovery Residence are sufficient to carry out the scope of services established according to subsection (A)(2).
- B. A provider shall ensure that:
- 1. A manager:
 - a. Is at least 18 years of age;
 - b. Is living without alcohol, non-prescribed or illicit drugs, and has maintained sobriety for an adequate period of time;
 - c. Resides on the premises of the Recovery Residence for which the individual acts as a Manager;
 - d. Has documentation of current training in cardiopulmonary resuscitation, first-aid, and administration of naloxone; and
 - e. Is directly accountable to the provider for:
 - 1) The daily operation of the Recovery Residence;
 - 2) Enforcing all policies and procedures, house rules, and other requirements of the Recovery Residence; and
 - 3) All services provided by or at the Recovery Residence;
 - 2. Policies and procedures are established, documented, and implemented to:
 - a. Prevent or address any concerns or complaints from individuals living in the surrounding neighborhood by:
 - 1) Identifying an appropriate contact person for individuals living in the surrounding neighborhood to contact to discuss a concern in compliance with CARR Standard 4.J.36.a;
 - 2) Requiring the identified contact person to respond to a concern or complaint, even if the issue cannot be resolved in compliance with CARR Standard 4.J.36.b; and
 - 3) Ensuring that requirements for Residents and visitors related to parking, noise emanating from the Recovery Residence, smoking, cleanliness of the public space near the Recovery Residence, and loitering in front of the Recovery Residence or near-by homes are established, known to

- Residents, and enforced in compliance with CARR Standard 4.J.36.37.a; and
- b. Promote the safety of the surrounding neighborhood, to comply with CARR Standards; and
 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a Resident that cover:
 - a. Record keeping;
 - b. Resident acceptance;
 - c. Resident rights;
 - d. Orientation of a Resident to:
 - 1) The premises of the Recovery Residence,
 - 2) The Resident's rights and responsibilities,
 - 3) The prohibition of the possession of alcohol or illicit drugs at the Recovery Residence,
 - 4) Services offered by or coordinated through the Recovery Residence,
 - 5) Drug and alcohol testing practices, and
 - 6) Expectations about food preparation and chores;
 - e. House meetings, including:
 - 1) Frequency;
 - 2) Typical duration; and
 - 3) Participation requirements, if applicable;
 - f. The provision of services, including:
 - 1) Facilitating peer support activities;
 - 2) If applicable, providing other services on the premises to support sobriety or improve independent living;
 - 3) If applicable, coordinating the provision of services to support sobriety provided by other persons; and
 - 4) Referring a Resident to other persons or organizations for the provision of services to support sobriety;
 - g. Maintenance and retention of Residents' records, including electronic records if applicable;
 - h. The establishment, updating, and enforcement of house rules, including:
 - 1) If applicable, curfews;
 - 2) Requirements related to chores, smoking, and visitors; and
 - 3) Requirements for the storage, security, and use of a Resident's prescription medications or over-the-counter drugs;
 - i. Management of all monies received or spent by the Recovery Residence, including:
 - 1) Accounting for monies received by Residents;
 - 2) Prohibiting a requirement for an individual or Resident to sign a document relinquishing the Resident's public assistance benefits, such as medical assistance, case assistance, or supplemental nutrition assistance program benefits, as a condition of residency; and

- 3) Providing copy of the record of the Resident's account to the Resident or the Resident's representative upon request;
- j. Specific steps for:
 - 1) A Resident to file a complaint with the Residence or with CARR,
 - 2) The Recovery Residence to respond to a Resident's complaint, and
 - 3) The prevention of retaliation against a Resident who files a complaint;
- k. How the provider or the manager will respond to:
 - 1) A Resident's loss of sobriety; or
 - 2) A Resident's sudden, intense, dangerous, or out-of-control behavior to prevent harm to the Resident or another individual;
- l. The provision of naloxone, including requirements for:
 - 1) Informing the Residents, the manager, and any other staff of the availability and location of the naloxone on the premises of the Recovery Residence;
 - 2) Providing training to the manager and any other staff on the correct use of naloxone; and
 - 3) Ensuring the naloxone provided is available and not beyond the listed expiration date; and
- m. Termination of residency, including:
 - 1) Planning for termination of residency when the services provided by the Recovery Residence are no longer needed by a Resident, including assisting the Resident to find other housing;
 - 2) Coordinating the relocation of a Resident to a health care institution or another Recovery Residence if the Resident needs services outside the scope of services provided by the Recovery Residence;
 - 3) Coordinating the relocation of a Resident to another Recovery Residence or other housing option if the Resident terminates residency; and
 - 4) Addressing factors that may negatively impact the surrounding neighborhood.
- C. If a Recovery Residence provides or arranges transportation for Residents, the Recovery Residence provider shall ensure that the vehicle used for transportation:
 1. Is in good working order, and
 2. Has a seat belt for each occupant of the vehicle.
 3. Has valid insurance and registration in accordance with Colorado law.
- D. A Recovery Residence provider shall ensure that the following are conspicuously posted in a Recovery Residence:
 1. The certification of the Recovery Residence;
 2. The name and contact information for the individual or business organization controlling the Recovery Residence; and
 3. A statement of Resident's rights, including:
 - a. The right to file a grievance about the manager or the Recovery Residence provider,
 - b. How to file a grievance about the manager or the Recovery Residence provider, and

- c. The phone number for CARR
- E. A provider shall ensure that a personnel record is established for a manager and any other staff of a Recovery Residence that includes the individual's:
 - 1. Name;
 - 2. Date of birth;
 - 3. Contact telephone number; and
 - 4. Documentation of:
 - a. Verification of skills and knowledge sufficient to carry out the Recovery Residence's scope of services;
 - b. Training in the use of naloxone; and
 - c. Certification in cardiopulmonary resuscitation.
- F. A provider shall ensure that:
 - 1. The manager or other designated staff of the Recovery Residence is on the premises within one (1) hour after notification by CARR of CARR's presence at the Recovery Residence; and
 - 2. The CARR is allowed immediate access to all:
 - a. Areas of the premises;
 - b. Information in records pertaining to the Recovery Residence or Residents; and
 - c. Staff or Residents of the Recovery Residence who are on the premises.
- G. If the CARR notifies the provider of noncompliance with requirements in CARR Standards, the provider shall submit additional evidence of compliance and/or establish a plan of corrective action pursuant to Section 1-109(G) of these Standards.

Section 2-202 Residency Agreements

- A. Within three calendar days before or at the time of acceptance into a Recovery Residence, an individual requesting to be a Resident of the Recovery Residence shall provide proof of sobriety to the manager of the Recovery Residence.
- B. A manager shall not accept or retain an individual as a Resident of a Recovery Residence if the individual:
 - 1. Is not at least 18 years of age,
 - 2. Cannot provide proof of sobriety, or
 - 3. Requires care or treatment beyond that which is within the scope of services for the Recovery Residence.
- C. Before or at the time of an individual's acceptance by a Recovery Residence, a manager shall ensure that there is a documented residency agreement between the individual and the Recovery Residence that includes:
 - 1. The individual's name;
 - 2. The name and phone number of an emergency point of contact, which may be a family member or another individual designated by the individual;
 - 3. Information about the individual's:
 - a. Length of sobriety;
 - b. History of previous recovery activities; and

- c. Source of referral to the Recovery Residence, if applicable;
- 4. Terms of occupancy, including:
 - a. Date of occupancy or expected date of occupancy,
 - b. Resident responsibilities, and
 - c. Responsibilities of the Recovery Residence;
- 5. The consequences of a loss of sobriety;
- 6. A description of the room for the individual to occupy;
- 7. A list of the services to be provided by the Recovery Residence to a Resident;
- 8. The fees to be charged to the individual for residency in the Recovery Residence;
- 9. A list of the services available from the Recovery Residence at an additional fee or charge and the associated fees or charges;
- 10. The policy for refunding fees, charges, or deposits;
- 11. The policy and procedure for a Resident to terminate residency, including terminating residency because services were not provided to the Resident according to the residency agreement;
- 12. The policy and procedure for a Recovery Residence to terminate residency;
- 13. A statement that a Resident has a right to file a grievance about the Recovery Residence, manager, or provider and a description of the grievance process;
- 14. A statement that a Resident is expected to:
 - a. Comply with the terms of the residency agreement and requirements established for Residents;
 - b. Maintain sobriety; and
 - c. Participate in activities to improve life skills, support independent living, and promote recovery:
 - 1) Such as a treatment program, a self-help group, or another program to support sobriety and recovery; and
 - 2) That may include job training, school, or looking for a job;
- 15. A statement that a Recovery Residence may not require an individual to relinquish the individual's public assistance benefits, such as medical assistance, case assistance, or supplemental nutrition assistance program benefits, as a condition of residency;
- 16. The name and contact information for the individual or business organization controlling the Recovery Residence;
- 17. The signature of the individual and the date signed; and
- 18. The manager's or Recovery Residence representative's signature and date signed.
- D. A manager shall:
 - 1. Before or at the time of an individual's acceptance by a Recovery Residence, provide to the Resident or Resident's representative a copy of:
 - a. The residency agreement in subsection (C),
 - b. The Recovery Residence Handbook;
 - c. A return to use plan that outlines steps that must be taken to evaluate and address the client's return

- to use and to allow the client to remain in the recovery residence after a return to use has occurred, if possible; and
- d. A copy of the Recovery Residence's Resident's rights policy; and
- 2. Maintain the original of the residency agreement in subsection (C) in the Resident's record for a period of at least six years.
- E. A Recovery Residence provider may terminate residency of a Resident as follows:
 1. Immediately if:
 - a. the Resident exhibits behavior that is a serious and imminent threat to the health and safety of the Resident or other individuals in a Recovery Residence; or
 - b. the Resident is in possession of alcohol, nonprescription drugs, or illicit drugs in the Recovery Residence.
 2. With a twenty-four hour written notice of termination of residency:
 - a. A Resident's return to use plan has failed; or
 - b. Termination is necessary for the safety of Resident; or
 - c. The Recovery Residence is unable to meet the needs of the Resident.
- F. A Recovery Residence provider shall ensure that a written notice of termination of residency includes:
 1. The date of notice;
 2. The reason for termination of residency;
 3. If termination of residency is because the Recovery Residence is unable to meet the needs of Resident, a description of how the Recovery Residence cannot meet the Resident's needs;
 4. The policy for refunding fees, charges, or deposits; and
 5. The deposition of a Resident's fees, charges, and deposits.

Section 2-203 Resident Rights

- A. A manager shall ensure that:
 1. A Resident is not subjected to:
 - a. Abuse,
 - b. Exploitation,
 - c. Coercion,
 - d. Manipulation,
 - e. Sexual abuse,
 - f. Sexual assault, or
 - g. Retaliation for submitting a complaint to the CARR or another entity.
 2. A Resident or the Resident's representative is informed of and given the opportunity to ask questions about:
 - a. The residency agreement,
 - b. The costs associated with residency,
 - c. The Resident's rights and responsibilities,
 - d. The prohibition of the possession of alcohol or illicit drugs at the Recovery Residence,
 - e. Drug and alcohol testing and other assessments of sobriety,
 - f. The consequences of loss of sobriety, and

- g. The complaint process.
- B. A Resident has the following rights:
 1. Not to be discriminated against based on age, gender, disability, race, color, ancestry, citizenship, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source, or any other basis prohibited by federal or state law;
 2. To receive services that support the Resident's sobriety, including, if applicable, continuing to receive medication-assisted treatment while a Resident if receiving state or federal funding;
 3. To have a secure place to store personal belongings, medications, or other personal items to deter misappropriation by another individual;
 4. To be able to gain access to the Recovery Residence at any time while a Resident;
 5. To have access to all areas of the Recovery Residence's premises, except for:
 - a. The bedrooms and secure storage locations of other Residents,
 - b. The bedroom and secure storage locations of the manager or other staff, and
 - c. Areas of the Recovery Residence used as the manager's office or for storage of records or supplies for assessment of sobriety;
 6. To review, upon written request, the Resident's own record; and
 7. To receive assistance in locating another place to live if the Resident's record indicates that the Resident:
 - a. No longer needs the services of a Recovery Residence, or
 - b. Requires treatment beyond the capability of the Recovery Residence.

Section 2-204 Resident Records

- A. A manager shall ensure that a Resident record is established and maintained for each Resident that includes:
 1. The original signed Residency Agreement;
 2. The date the Resident received orientation to the Recovery Residence;
 3. A copy of each drug and alcohol test performed on the Resident by an independent testing facility, including the date of the test and the test result;
 4. Any other assessments of sobriety performed on the Resident, including:
 - a. The date of the assessment,
 - b. A description of the assessment,
 - c. The result of the assessment, and
 - d. The name of the individual conducting the assessment;
 5. Documentation of the Resident's attendance at and participation in treatment, self-help groups, and other supports that promote recovery, including:
 - a. The name or a description of the support towards recovery, and
 - b. The date of the Resident's attendance;
 6. A current list of medications taken by the Resident and the Resident's medical conditions;
 7. An account of monies received from the Resident and any expenditures made specific to the Resident;
 8. Documentation of any complaints made by or about the Resident and the outcome of each complaint;
 9. Documentation of any notification made about the Resident; and
 10. If applicable, documentation related to termination of residency, including:
 - a. Whether termination of residency was initiated by the Resident or the sober living home,
 - b. The reason for termination of residency,

- c. Any assistance the Resident received in locating another place to live,
- d. Any referrals to community or social services resources, pursuant to CRS 27-80-129, and
- e. The date the residency ended.

B. A provider shall ensure that a Resident's record is:

1. Protected from loss, damage, or unauthorized use or access;
2. Available for review by the Resident or the Resident's representative, within 24 hours after a request; and
3. Maintained for at least 7 years after the termination of residency.

Section 2-205 Recovery Residence Services

A. Within 24 hours after an individual becomes a Resident of a Recovery Residence, a provider shall ensure that the Resident receives orientation to the Recovery Residence and premises, according to policies and procedures, that includes:

1. The location of all exits from the Recovery Residence and the route to evacuate the Recovery Residence in case of an emergency;
2. The location of the first-aid kit and Naloxone required in CARR Standards;
3. The use of the kitchen of the Recovery Residence, including:
 - a. Operation of the appliances,
 - b. Use of food storage areas, and
 - c. Removal of garbage and refuse;
4. The use of the washing machine and dryer;
5. The dates, time, and location of house meetings;
6. The prohibition of the possession of alcohol or illicit drugs at the Recovery Residence;
7. Review and discussion of specific Resident requirements, as applicable, such as curfews, smoking, visitors, signing in or out of the Recovery Residence, meal preparation schedule, chore schedule, or other house rules;
8. Review and discussion of residence requirements; and

B. A manager shall:

1. Conduct drug and alcohol testing of Residents according to policies and procedures;
2. Assist a Resident to identify and participate in programs to support sobriety and recovery;
3. Provide to a Resident information about community resources, such as nearby bus routes, grocery stores, department stores, other places to obtain food or other personal items, schools, libraries or other locations providing access to computers, or other locations providing items or services a Resident may need.





CARR Standards



Table of Contents

Introduction	331
Reference Guide	332
1. Administrative and Operational Domain	333
A. Core Principle: Operate With Integrity	333
B. Core Principle: Uphold Residents’ Rights and House Policies	336
C. Core Principle: Create a Culture of Empowerment Where Residents Engage in Governance and Leadership	337
D. Core Principle: Develop Staff Abilities to Apply the Social Model	341
2. Physical Environment Domain	342
E. Core Principle: Provide a Home-Like Environment	342
F. Core Principle: Promote a Safe and Healthy Environment	343
3. Recovery Support Domain	353
G. Core Principle: Facilitate Active Recovery and Recovery Community Engagement	353
H. Core Principle: Model Prosocial Behaviors and Relationship Enhancement Skills	354
I. Core Principle: Cultivate the Resident’s Sense of Belonging and Responsibility for Community	354
4. Good Neighbor Domain	355
J. Core Principle: Be a Good Neighbor	355



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 environments 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:

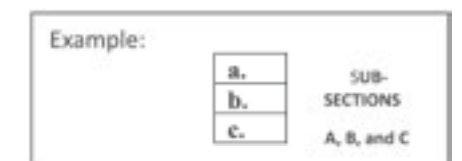
- A. Operate with Integrity
- B. Uphold Residents’ Rights
- C. Create a Culture of Empowerment Where Residents Engage in Governance and Leadership
- D. Develop Staff Abilities to Apply the Social Model
- E. Provide a Home-Like Environment
- F. Promote a Safe and Healthy Environment
- G. Facilitate Active 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 and in good standing 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)
 1. CARR named as an additional insured entity on all recovery residence liability insurance policies (1.A.2.b.1)
 2. All recovery residence locations must have liability insurance policies suitable for a recovery residence. (1.A.2.b.2)
- c. Written permission from the property owner of record to operate a recovery residence on the property. Must contain program name, address, contact information, and acknowledgment of property being used as a recovery residence. If the owner is the recovery residence operator, proof of ownership must be provided. (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 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 the Fair Labor Standards Act and 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 or enter into paid work arrangements so long as such arrangements are in compliance with CARR Standards. (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. Policy must be stored on file during employment or active as a volunteer. (1.A.2.i)
 1. Code of Ethics and any other materials must not contain any language that suggests or offers services that require any form of licensure without appropriate licensing nor any information or positions not relevant to the recovery residence program. (1.A.2.i.1)
- j. Have a written process for resident screening or application for evaluating residents prior to move-in. (1.A.2.j)
 1. Written policy and procedure for who makes the final decision for acceptance.(1.A.2.j.1)
 2. Written policy and procedure for referrals if not accepted to the program. (1.A.2.j.2)
- 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)
 1. No building, structure, or portion of a building or structure shall be occupied as a recovery residence until the building, structure, or portion of the building or structure has submitted an application for certification as a recovery residence.(1.A.2.n.1)
 2. CARR shall provide the applicant with CARR Standards and a timeline for requesting physical inspections. (1.A.2.n.2)
 3. A physical inspection of the building, structure, or portion of a building or structure to be used as a recovery residence must be scheduled within thirty (30) days of occupancy of the building, structure, or portion of a building or structure to be used as a recovery residence. The organization requesting a physical inspection shall provide access to and means for the physical inspection, which may require more than one visit to complete. (1.A.2.n.3)
 4. CARR, upon notification, shall make the requested inspections and shall either indicate the

portion of the building, structure, or portion of a building or structure to be used as a recovery residence that is satisfactory as completed or notify the organization of any failures to comply with the CARR Standards. Any portion that does not comply with the CARR Standards shall be corrected within thirty (30) days. (1.A.2.n.4)

5. For areas that fail to comply with the CARR Standards, the applicant shall notify CARR that the work is ready for re-inspection. The organization requesting a physical inspection shall provide access to and means for the physical inspection. A re-inspection fee of \$200 may be imposed on the organization for re-inspections. (1.A.2.n.5)
6. Upon completion of a physical inspection of a building, structure, or portion of a building or structure to be used as a recovery residence and finds no violations of the standards, CARR shall issue a certification certificate to the organization. (1.A.2.n.6)
- o. Policy and procedure for ensuring that a personnel record is established for a manager and any other staff working in a recovery residence that includes the individual's: name, date of birth, contact telephone number, and documentation of: verification of skills and knowledge sufficient to carry out the recovery residence's scope of services, training in the use of naloxone, and certification in cardiopulmonary resuscitation. (1.A.2.o)

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 a financial control accounting system that documents all resident financial transactions, such as fees, payments, resident receipts, 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. Policies and procedures must include a written intake process, including the following information: (1.A.4.b)
 1. Medical history. (1.A.4.b.1)
 2. Criminal history/sex offender. (1.A.4.b.2)
 3. Drug of choice. (1.A.4.b.3)
 4. Prior substance abuse treatment/housing history. (1.A.4.b.4)

5. List of all current medications. (1.A.4.b.5)
6. Mental health history. (1.A.4.b.6)
7. Insurance information - for emergency purposes. (1.A.4.b.7)
8. Employment status. (1.A.4.b.8)
9. Resident Contact Information. (1.A.4.b.9)
10. Resident Demographic Information (Race, Ethnicity, Gender, Date of Birth). (1.A.4.b.10)

B. Core Principle: Uphold Residents' Rights and House Policies

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. Policies and procedures for return to use (relapse) in compliance with Colo. Rev. Stat. § 27-80-129 that outlines steps that must be taken to evaluate and address the client's return to use and to allow the client to remain in the recovery residence after a relapse has occurred, if possible. The recovery residence must provide notification to the client if the client's relapse plan has failed. (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 in compliance with Colo. Rev. Stat. § 27-80-129.7 and must be signed. (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)
 11. Residence handbook and all policies and procedures must be available to residents and CARR upon request. (1.B.5.a.11)
 12. Policies and procedures for residents engaging in romantic relationships within the residence or program. (1.B.5.a.12)
 13. Policies and procedures for residents curfews. (1.B.5.a.13)
 14. Policies and procedures for residents involved with stealing. (1.B.5.a.14)
 15. Policies and procedures for residents' dress code and personal appearance. (1.B.5.a.15)
 16. Policies and procedures for residents' guests and visitors. (1.B.5.a.16)
 17. Policies and procedures for residents' assault. (1.B.5.a.17)
 18. Policies and procedures for residents in any restricted areas of employment. (1.B.5.a.18)
 19. Policies and procedures for residents on all possible consequences for rule infractions. (1.B.5.a.19)
 20. Policies and procedures for the destruction of property. (1.B.5.a.20)
 21. Policies and procedures for program format or phases system. (1.B.5.a.21)
- b. Orientation of a resident to: (1.B.5.b)
 1. The premises of the recovery residence. (1.B.5.b.1)
 2. The resident's rights and responsibilities. (1.B.5.b.2)

3. The prohibition of the possession of alcohol, illicit drugs, or other items at the recovery residence. (1.B.5.b.3)
4. Services offered by or coordinated through the recovery residence. (1.B.5.b.4)
5. Drug and alcohol testing practices. (1.B.5.b.5)
6. Expectations about food preparation and chores. (1.B.5.b.6)

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 described in HIPPA and/or 42 CFR Part 2. (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)
 7. Policies or procedures on peer-to-peer anonymity and confidentiality disclosure of personal information. (1.B.6.d.7)

C. Core Principle: Create a Culture of Empowerment Where Residents Engage in Governance and Leadership

7. Governance

- a. Evidence that the residents make some 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)
 9. A statement that residents filing a complaint or grievance will not face retribution, intimidation, or any other negative consequence. (1.C.7.b.9)
- 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 P, M, and S) (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 seventy-two (72) hours. (1.C.7.f.1)
 2. Critical Incident types to report: death, assault, medical emergency or severe injuries, breach of confidentiality, medication diversion/error, missing person following a search of the residence, grounds, and surrounding area and there are circumstances that place the individuals safety or welfare at risk; instances of physical, sexual, or verbal abuse of a resident, staff, or visitors; theft; reasonable knowledge or suspicion of abuse or neglect of a child or at-risk adult. (1.C.7.f.2)
 - a. Critical Incident - Breach of Confidentiality: Any unauthorized disclosure of protected health information as described in HIPPA 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 to 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 unless it would violate any other federal or state law. (1.C.7.f.6)
- g. Policy and procedure for the program's Code of Conduct and Ethical Standards. (1.C.7.g)
1. Recovery residence operators shall ensure that staff and house leaders adhere to ethical standards as defined in the program's code of conduct. Violations of ethical standards include: (1.C.7.g.1)
 - a. 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.a)
 - b. Fraudulent activity, including but not limited to misrepresenting credentials and falsifying records. (1.C.7.g.1.b)
 - c. Failure to meet generally accepted standards of the staff and house leaders. (1.C.7.g.1.c)
 - h. Policy and procedures for drug screening and/or toxicology protocols for staff and house managers. (1.C.7.h)
 - i. A recovery residence provider shall ensure that: the manager or other staff of the recovery residence is on the premises within 30 minutes after notification by CARR of CARR's presence at the recovery residence; and (1.C.7.i)
 1. CARR is allowed immediate access to all areas of the premises; (1.C.7.i.1)
 2. CARR is allowed immediate access to all information in records pertaining to the recovery residence or residents; and (1.C.7.i.2)
 3. CARR is allowed immediate access to all staff or residents of the recovery residence who are on the premises. (1.C.7.i.3)
 - j. If the CARR notifies the provider of noncompliance with requirements in CARR standards, the provider shall: (1.C.7.j)
 1. Within 14 calendar days after the date of the CARR's notice of noncompliance, establish a plan of correction, if applicable, for correction of a deficiency; and (1.C.7.j.1)
 2. Ensure that a deficiency listed on the plan of correction is corrected within 30 calendar days after the date of the plan of correction or within a time period the CARR and the provider agree upon in writing. (1.C.7.j.2)
 - k. Residency Agreements (1.C.7.k)
 1. Individuals seeking residency in a recovery residence must provide proof of sobriety to the residence manager either at the time of acceptance or within three calendar days prior. In the event of a positive test for substances (excluding alcohol), a clear plan for meeting sobriety requirements must also be provided. (1.C.7.k.1)
 2. A manager shall not accept or retain an individual as a resident of a recovery residence if the individual: (1.C.7.k.2)
 - a. Is not at least 18 years of age, (1.C.7.k.2.a)
 - b. Cannot provide proof of sobriety or willingness to follow plan for meeting sobriety requirements. (1.C.7.k.2.b)
 - c. Needs more support to maintain sobriety than is within the scope of services for the recovery residence. (1.C.7.k.2.c)

3. Before or at the time of an individual's acceptance by a recovery residence, a manager shall ensure that there is a documented residency agreement between the individual and the recovery residence that includes: (1.C.7.k.3)
 - a. The individual's name; (1.C.7.k.3.a)
 - b. The name and phone number of an emergency point of contact, which may be a family member or another individual designated by the individual; (1.C.7.k.3.b)
 - c. Information about the individual's: (1.C.7.k.3.c)
 1. Length of sobriety; (1.C.7.k.3.c.1)
 2. History of previous recovery activities; and (1.C.7.k.3.c.2)
 3. Source of referral to the recovery residence. (1.C.7.k.3.c.3)
 - d. Terms of occupancy, including: (1.C.7.k.3.d)
 1. Date of occupancy or expected date of occupancy, (1.C.7.k.3.d.1)
 2. Resident responsibilities, and (1.C.7.k.3.d.2)
 3. Responsibilities of the recovery residence. (1.C.7.k.3.d.3)
 - e. The consequences of a reoccurrence of use; (1.C.7.k.3.e)
 - f. A description of the room for the individual to occupy; (1.C.7.k.3.f)
 - g. A list of the services to be provided by the recovery residence to a resident; (1.C.7.k.3.g)
 - h. The fees to be charged to the individual for residency in the recovery residence; (1.C.7.k.3.h)
 - i. A list of the services available from the recovery residence at an additional fee or charge and the associated fees or charges; (1.C.7.k.3.i)
 - j. The policy for refunding fees, charges, or deposits; (1.C.7.k.3.j)
 - k. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the residency agreement; (1.C.7.k.3.k)
 - l. The policy and procedure for a recovery residence to terminate residency; (1.C.7.k.3.l)
 - m. A statement that a resident has a right to file a grievance about the recovery residence, manager, or provider and a description of the grievance process; (1.C.7.k.3.m)
 - n. A statement that a resident is expected to: (1.C.7.k.3.n)
 1. Comply with the terms of the residency agreement and requirements established for residents; (1.C.7.k.3.n.1)
 2. Maintain sobriety; and (1.C.7.k.3.n.2)
 3. Participate in activities to improve life skills, support independent living, and promote recovery: (1.C.7.k.3.n.3)
 - a. Such as a treatment program, a self-help group, or another program to support sobriety and recovery; and (1.C.7.k.3.n.3.a)
 - b. That may include volunteering, job, job training, school, or looking for a job; (1.C.7.k.3.n.3.b)
 - o. A statement that a recovery residence may not require an individual to relinquish the individual's public assistance benefits, such as medical assistance, case assistance, or supplemental nutrition assistance program benefits, as a condition of residency, unless approved by CARR or other state agency; (1.C.7.k.3.o)
 - p. The name and contact information for the individual or business organization controlling the recovery residence; (1.C.7.k.3.p)
 - q. The signature of the resident and the date signed; and (1.C.7.k.3.q)
 - r. The recovery residence provider or manager's signature and date signed. (1.C.7.k.3.r)

4. A manager shall, before or at the time of an individual's acceptance by a recovery residence, provide to the resident or resident's representative a copy of: (1.C.7.k.4)
 - a. The residency agreement, (1.C.7.k.4.a)
 - b. Resident's rights. (1.C.7.k.4.b)
 - c. Maintain the original of the residency agreement in the resident's record if not signed electronically. (1.C.7.k.4.c)
5. A recovery residence provider may terminate residency of a resident as follows: (1.C.7.k.5)
 - a. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in a recovery residence; (1.C.7.k.5.a)
 - b. With a twenty-four hour written notice of termination of residency: (1.C.7.k.5.b)
 1. For nonpayment of fees, charges, or deposit; or (1.C.7.k.5.b.1)
 2. Written notice of termination of residency, for any other reason. (1.C.7.k.5.b.2)
6. A recovery residence provider shall ensure that a written notice of termination of residency includes: (1.C.7.k.6)
 - a. The date of notice; (1.C.7.k.6.a)
 - b. The reason for termination of residency; (1.C.7.k.6.b)
 - c. If termination of residency is because the resident needs more support to maintain sobriety than is within the scope of services for the recovery residence, a description of why the recovery residence cannot meet the resident's needs; (1.C.7.k.6.c)
 - d. The policy for refunding fees, charges, or deposits; and (1.C.7.k.6.d)
 - e. The deposition of a resident's fees, charges, and deposits. (1.C.7.k.6.e)

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, procedures, and copies of documentation that ensure staff are 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 so long as demographic criteria do not violate and federal or state laws. (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 for staff members, house managers, volunteers, and all other individuals working within the recovery residence program. Must 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 and evaluation 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)
 1. Dryer exhaust systems shall be independent of all other systems and shall convey the moisture to the outdoors. (2.E.14.h.1)
- i. Residence must have all appliances in safe, working condition. (2.E.14.i)
- j. Residence must have a maintenance policy that includes submitting issues for repair and

maintenance. Including an appropriate timeline for repairs and submissions and making management aware of all issues that may arise. (2.E.14.j)

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 and action taken on all prohibited items, including safe disposal. (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 is 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 confirmed positive drug screen or actions that will be taken if they refuse the drug screening. (2.F.16.c.4)
 - 5. All determinations regarding medical necessity must be made by licensed clinical professionals. (2.F.16.c.5)
 - 6. Drug and alcohol testing conducted by a recovery residence and other assessments of sobriety, including: (2.F.16.c.6)
 - a. The frequency of testing or assessment, based on the residents accepted; and (2.F.16.c.6.a)
 - b. The compounds included in the testing panel or, if applicable, an assessment methodology, based on the recovery residence’s scope of services and residents accepted; (2.F.16.c.6.b)
 - c. Policy requiring that all drug and alcohol screenings must be confirmed through either verbal confirmation or a secondary test. (2.F.16.c.6.c)
- 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 location except for medications which may be necessary for a resident to have immediate access to due to resident’s potentially life-threatening condition (such as asthma medication, Epi-Pen for allergic reactions, insulin, etc.) (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). (2.F.16.d.4)

- 5. Describe the operator’s strategies for ensuring prescription medication disposal in the event of discharge, transfer, or relapse. (2.F.16.d.5)
- e. Policies and procedures that encourage residents to take responsibility for their own and other residents’ safety and health. (2.F.16.e)
- f. Policy and procedure that are in compliance with CARR Medical Cannabis Policy. (2.F.16.f)

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. (2.F.17.c)
- d. Operator will conduct and document a routine self safety assessment in accordance with CARR standards at each recovery residence locations. (2.F.17.d)

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 3 square feet or 1/30 of the floor area of such rooms with not less than one-half of the required window area being operable.

- (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. (2.F.18.c)
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 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 radiant and there are no broken radiant. 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 (2.F.20.b)
 - 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.b.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.b.4)
- 5. Residence must be free of all portable heaters and in compliance with standard 2.F.20.a.1. (2.F.20.b.5)
- 6. Residence must be free of all concealed power strips. (2.F.20.b.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 (2.F.21.b)
 - 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 (2.F.21.c)
 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 (2.F.21.d)
 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 P 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 6 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 7 3/4 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 1 1/4 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 1 1/2 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 1 1/4 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 6 1/4 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 1 3/4 inches (45 mm) below the tallest portion of the profile. The width of the handrail above the recess shall be not less than 1 1/4 inches (32 mm) and not more than 2 3/4 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 1/2 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 infectious disease. Including definitions of bodily fluids and infectious diseases, and must contain protective equipment needed, cleaning, quarantine, waste disposal behavior, protocol, and guidance. (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 and nonemergency numbers, procedures (including overdose and other emergency responses), and evacuation plans are posted in conspicuous locations. (2.F.25.a)
- b. Plan for emergencies: fire, intoxication, overdose, medical and extreme weather occurrences. (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 P, M and some S). (3.G.26.a.1)
 2. Participate in mutual aid or caregiving (All Levels). (3.G.26.a.2)
 3. Participate in social, physical, conflict with or contradict 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 S and C) (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 in compliance with Colo. Rev. Stat. § 27-80-129.7. (3.G.27.d)
- e. Written criteria for contacting emergency contacts if discharged, or transferred, in compliance with Colo. Rev. Stat. § 27-80-129.7. (3.G.27.e)

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)
 3. Policy and Procedure that supports resident use of service animals and emotional support animals (ESA) that complies with the American Disabilities Act Title II and Federal Fair Housing Amendments Act. (3.G.29.b.3)

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. (Level S and C) (3.G.30.a)

- b. Ongoing performance support and training are provided for staff. (3.G.30.b)

31. Provide clinical services in accordance with Colorado state law

- a. Evidence of the program's weekly schedule (Level S and C) (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 C) (3.G.31.a.3)
 4. Evidence of weekly staffing schedule (Level S and C) (3.G.31.a.4)

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 policy identifying, frequency, typical duration, and participation requirements. (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.a)
 - 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.37.b)
- c. Exterior of the property does not have business like signage. (Level P and M) (4.J.37.c)





CARR Assurances





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 agree 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: _____



Acknowledgments

The Colorado Agency for Recovery Residences would like to thank Ohio Recovery Housing for working with and supporting CARR as we work to provide resources for those in active recovery. This book would not be possible without the support of Ohio Recovery Housing and Katie Jo Breidenbah Wooding from Ohio Recovery Housing, who was the original author of many of the papers that CARR used as the foundation for this Best Practices Guide.

CARR would like to give a special thanks to the individuals that helped create the Best Practice Guides for the following areas:

For contributions to *Best Practice Guidance for Medication-Assisted Treatment and Recovery Housing*

Dr. Josh Blum, the co-chair of Colorado Consortium for Prescription Drug Abuse Prevention, Provider Education Work Group and the lead at the Denver Center for Addiction Medicine, and Ryan Mueller, Behavioral Health Administration, State Opioid Treatment Authority.

For contributions to *Best Practice Guidance for Addressing N.I.M.B.Y. (Not In My Backyard)*

Jason Howell, NARR Board Member, Recovery People Executive Director, and Joe Maskovyak, Esq. Affordable and Fair Housing Coordinator, Coalition on Homelessness and Housing in Ohio

For contributions to *Best Practice Guidance for Parents with Children Living in Recovery Housing*

Katie Jo Breidenbach Wooding, Jennifer Calloway, DeeAnn Camp, Matt Cline, Paula Cooney, Jill Darnell, Wendy Doolittle, Danielle Gray, Craig Gullion, Reba McCray, Deborah Moore, and Deb Twining
CARR would also like to acknowledge the partners who assisted with research, identifying resources, and reviewing the final guidance: Jonathan Cox, Laura Winn, and Kristine Paquette from the Center for Social Innovation.

For contributions to *Best Practice Guidance for Preventing and Addressing Relapse*

Wendy Doolittle, Dr. Gretchen Clark Hammond, Soley Hernandez, Teresa Lampl, Dr. Ron Luce

For contributions to *Best Practice Guidance for Supporting Residents Returning to the Community from Incarceration*

Mikella Chrisman, Perry Clark, Kara Glavin, Tewanna Hawkins, Reba McCray, Megan O'Dell, Amy Peoples, Vincent Sabino, Lacy Wade, and Katie Jo Breidenbah Wooding.

For contributions to *LGBTQ+ Inclusion Glossary, LGBTQ+ Policy Statement, and Conversion Therapy in Certified Recovery Residences.*

National Alliance for Recovery Residences (NARR) and contributing state affiliates.

For contributions to *Dear Neighbor Letter*

Kim Savage, Esq.

Special thank you to The Fletcher Group, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), the Behavioral Health Administration (BHA), and the National Alliance for Recovery Residences (NARR).



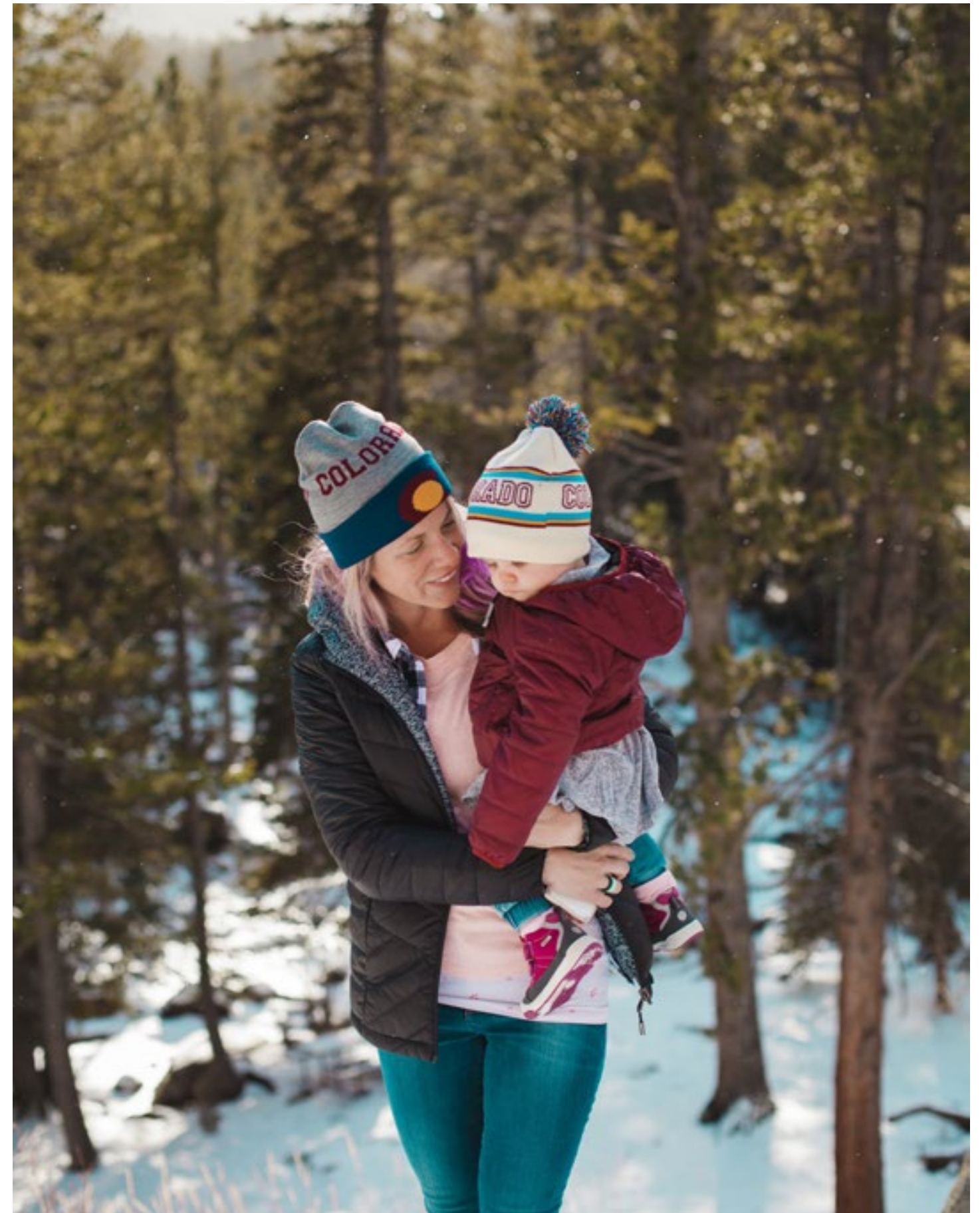
Disclaimer

Fair Use Statement. This Best Practice Guidance may contain copyrighted material, the use of which may not have been specifically authorized by the copyright owner. This material is being made available in an effort to explain the benefits of establishing Best Practices and Guidance for Recovery Residences and reducing the harm being done to the state's economy, individuals, and their families by the disease of addiction. The materials in this Best Practice Guidance are distributed without profit and are for educational purposes. This should constitute a "fair use" of any such copyrighted materials referenced in section 107 of the US Copyright Law. Anyone wishing to use material from this Best Practice Guidance for purposes that extend beyond "fair use" must obtain expressed permission from the copyright owner.

The Best Practices and Guidance for Recovery Residences has been developed to raise awareness among recovery residences about how to respond to the risks associated with the use of substances. The content is meant for educational purposes only and not for the purpose of providing legal advice or replacing the work needed to develop a responsible, drug-free recovery residence program. As such, it should not be used as a substitute for consultation with a legal professional or other competent advisor.

References to any agency, organization, vendor, product, service, or any other outside entity do not constitute endorsement on behalf of BHA, CDHS, HCPF, or any other state agency. Any agencies, organizations, vendors, products, or services mentioned in this plan are used as examples for informational and teaching purposes.

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.



COLORADO AGENCY FOR RECOVERY RESIDENCES

GUIDEBOOK AND BEST PRACTICES



Colorado Agency for Recovery Residences (CARR)
info@carrcolorado.org
(720) 782-0989