

Recovery residences provide a spectrum of living environments that are free from alcohol and illicit drug use with a focus on peer support and connection to other recovery services and supports. All recovery residences are founded on Social Model Recovery Philosophy and have existed in the United States since at least the mid-1800s. Today, the National Alliance for Recovery Residences (NARR) has identified several different types, known as the 4 Levels of Support. They range in the type and intensity of services they provide, which cost effectively matches individual needs with a continuum of support.

In 2011, NARR drew from the intelligence of the Association of Halfway House and Alcoholism Programs (AHHAP), which was founded in the 1960s, from several regional recovery residence organizations that had been in existence for decades, and from experts in the field of recovery to develop the first national recovery residence quality standards. Under the 2011 standard, NARR Affiliates certified over 2,500 recovery residences across the United States, which represented approximately 25,000 recovery beds. In 2013, NARR merged with AHHAP and by 2015, had recognized affiliate organizations in 20 states. State affiliates are responsible for certifying recovery residences that meet the national standard. At its 2014 Best Practices Summit, NARR began the process of reviewing and revising the national standard with several goals in mind. The standard should:

- 1. <u>Promote fidelity to the model</u> Over time, changing markets, policies, and funding have diluted the recovery residence model. Currently, health reform, justice reform and housing choice initiatives are driving market change. As stakeholders look to recovery residences to generate more cost effective outcomes, mechanisms must be in place to ensure the model is implemented in a way supported by outcomes, theory, research, and practice.
- 2. <u>Be more educational</u> More than defining what we do as recovery residences providers, audiences should understand why we do it.
- 3. <u>Be more measurable</u> Providers applying for certification and the state affiliates who are evaluating their applications should have an objective means of determining whether they meet the standard as well as a clear road map to quality improvement, if they do not.
- 4. <u>Empower choice</u> Peers, families and funders need a better way of understanding what choices in recovery residences are available to them, what to expect from an experience in a quality recovery residence, and how they know if they receive what they are paying for.

In the pages that follow, you will find the 2015 NARR Standard, which was ratified on October 7, 2014

Domains Principles Quali	ity Standards (click on the links below to navigate the document)	Ι	II	III	IV
-	re guided by a mission and vision	~	~	~	~
with 02. Ad	dheres to legal and ethical codes	~	~	~	~
	re financially honest and forthright	~	~	~	~
04. <u>Co</u>	ollect data for continuous quality improvement	~	~	~	~
05. <u>O</u> p	perate with prudence	~	~	~	~
Uphold 06. <u>Co</u>	ommunicate rights and requirements before agreements are signed	~	~	~	~
$\mathbf{Q}$ resident 07. Pr	romote self and peer advocacy	~	~	~	~
O rights 08. Su	apport housing choice	~	~	~	~
09. <u>Pr</u>	rotect privacy	~	~	~	~
Are 10. <u>Vie</u>	ew recovery as a person-driven, holistic and lifelong process	~	~	~	~
Vphold04. Co05. Op05. OpUphold06. Coresident07. Prrights08. Su09. Pr09. Pr09. Are10. Viarecovery-11. Aroriented13. Usgoverned14. Ma14. Ma	re culturally responsive, congruent and/or competent	~	•	•	~
Are peer 12. In	volve peers in governance in meaningful ways	~	~	~	~
.E staffed and 13. Us	se peer staff and resident leaders in meaningful ways	~	~	~	~
governed 14. Ma	aintain resident and staff leadership based on recovery principles	~	~	~	~
▼ 15. <u>Cr</u>	reate and sustain an atmosphere of recovery support	~	~	~	~
16. <u>En</u>	nsure staff are appropriately trained and credentialed			~	~
17. <u>Pr</u>	rovide support staff supervision			~	~
	ncourage residents to own their own recovery	~	~	~	~
health 19. Int	form residents about community-based supports	~	~	~	~
20. <u>Of</u>	ffer recovery support services in informal settings	~	~	~	~
21. <u>Of</u>	ffer recovery support services in formal settings			~	~
22. <u>Of</u>	ffer life skills development in formal settings			~	~
23. <u>Of</u>	ffer clinical services in accordance with State law				~
home <u>enviro</u>	rovide a physically and emotionally safe, secure and respectful onment	~	~	~	~
25. <u>Ar</u>	re alcohol and drug-free environments	~	~	~	~
26. <u>Ar</u>	re cultivated through structure and accountability	~	~	~	~
Inspire 27. <u>Pr</u> Purpose	romote meaningful daily activities	~	~	~	~
Cultivate 28. <u>Cr</u>	reate a "functionally equivalent family"	~	~	~	~
	oster ethical peer-based mutually supportive relationships between ents and/or staff	~	•	•	~
	onnect residents to the local recovery community	~	~	~	~
- 1	reate a home-like environment	~	~	~	~
	romote community	V	~	~	~
	romote home safety	~	~	~	~
health & 34. <u>Ha</u> safety	ave an emergency plan	~	~	~	~
	re compatible with the neighborhood	~	~	~	~
neighbor <sup>neighbors</sup> 36. <u>Ar</u>	re responsive to neighbor complaints	~	~	~	~
37. Ha	ave courtesy rules	~	~	~	~

✓=required; ®= strongly recommended

## **Administrative and Operational Domain**

<b>A</b>	:	ded by a mission and vision	App	olied	to Le	vels
	-	ded by a mission and vision				
		nced by:	Ι	II	III	IV
.01		A written mission statement that corresponds with NARR's core principles as stated in this document	V	V	V	V
.02		A vision statement that corresponds with NARR's core principles as stated in this document	~	~	~	~
. Adh	ere	s to legal and ethical codes				
As ev	vider	nced by:	Ι	II	III	IV
.01		An affidavit that attests to complying with non-discriminatory state and federal requirements.	~	~	~	~
.02		<ul> <li>Marketing materials, claims and advertising that are honest and substantiated as opposed to:</li> <li>False or misleading statements or unfounded claims or exaggerations;</li> <li>Testimonials that do not really reflect the real opinion of the involved individual;</li> <li>Price claims that are misleading;</li> <li>Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or</li> <li>Misleading representation of outcomes.</li> </ul>	r	v	V	C
.03		Prior to the initial acceptance of any funds, the operator must inform applicants of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.	V	•	~	~
.04		The operator must maintain accurate and complete records of all resident charges, payments and deposits. A resident must be provided with a statement of his/her personal charge and payment history upon request.	~	~	~	~
.05		The operator must disclose refund policies to applicants in advance of acceptance into the home, and before accepting any applicant fees.	~	~	•	~
.06		Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the operator may make agreements with residents with respect to payment of fees.	~	~	~	~

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IV

.07 Delicy and procedure that ensures refunds consistent with the terms of a resident agreement are provided within 10 business days, and preferably upon departure from the home.

#### 03. Are financially honest and forthright

#### As evidenced by:

- .01 Identifying the type of accounting system used and its capability to fully document all resident financial transaction, such as fees, payments and deposits
- .02 Delicy and procedure for disclosing to potential residents their financial obligations, including costs for which they might become liable, such as forfeiture of any deposits and fees as a result of prematurely leaving the home
- .03 Delicies about the timing of and requirements for the return of deposits, if financial deposits are required
- .05 Delicies and procedures that ensure the follow conditions are met, if the residence provider or a staff member employs, contractors or enters into a paid work agreement with residents:
  - Paid work arrangements are completely voluntary. Residents do not suffer consequences for declining work. Residents who accept paid work are not treated more favorably than residents who do not.
  - Paid work for the operator or staff does not impair participating residents' progress towards their recovery goals.
  - The paid work is treated the same as any other employment situation.
  - Wages are commensurate with marketplace value, and at least minimum wage. The arrangements are viewed by a majority of the residents as fair.
  - Paid work does not confer special privileges on residents doing the work. Work relationships do not negatively affect the recovery environment or morale of the home. Unsatisfactory work relationships are terminated without recriminations that can impair recovery.

### 04. Collect data for continuous quality improvement

As e	videnced by:	Ι	II	III	IV
.01	Procedures that collect resident's demographic information	~	~	~	~
.02	Procedures that collect, evaluate and report accurate process and			~	~

outcomes data for continuous quality improvement

05.	Ope	rate	e with prudence				
	As ev	vide	nced by:	Ι	II	III	IV
	.01		Legal business entity documentation e.g. incorporation, LLC documents or business license			~	~
	.02		Documentation that the owner/operator has current liability coverage and other insurance appropriate to their level of support	~	~	~	~
	.03		Written permission from the owner of record to operate a recovery residence on the property			~	~
	.04		Policies and procedures that ensure that background checks are conducted on all staff, including volunteers that have direct and regular interaction with residents.		R	R	~

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Core P	rinciple: Uphold resident rights				
06. Com signed	municate rights and requirements before agreements are	App	lied	to Le	vels
As evi	idenced by:	I	Π	III	IV
.01	□ A process that ensures residents receive an orientation on agreements, policies and procedures prior to committing to terms.	~	~	~	~
.02	Written resident's rights and requirements (e.g. House Rules and grievance process) posted in common areas	~	~	~	~
.03 .04	<ul> <li>Written resident agreement that includes:         <ul> <li>Services provided</li> <li>Recovery plan including a move-in (i.e. goals and objectives) and move-out (i.e. contingency) plan</li> <li>Financial terms</li> <li>Resident documents that fully disclose policies regarding possessions (personal property) left in a home.</li> </ul> </li> </ul>	~ ~	~ ~	~ ~	י י
07 Dream					
	note self and peer advocacy	_			
As evi	idenced by:	Ι	II	III	IV
.01	□ Grievance policy and procedures, including the right to take unresolved grievances to the operator's oversight organization	~	~	~	~
.02	□ Policy and procedure for identifying the responsible person(s) in	~	•	~	~

charge to all residents

08.	Sup	por	t housing choice				
	As ev	videi	nced by:	Ι	II	III	IV
	.01		Applicant screening policies and procedures provide current residents a voice in the acceptance of new members.	~	~	~	~
	.02		Policies and procedures that promote resident-driven length of stay	•	•	•	
	.03		Policies and procedures that defend residents' fair housing rights	•	~	•	~
09.	Prot	tect	privacy				
	As ev	videi	nced by:	Ι	II	III	IV
	.01		Policies and procedures that keep resident's records secure, with access limited to authorized staff only	~	~	~	•
	.02		Policies and procedures that comply with applicable confidentiality laws	~	~	~	~

Co	Core Principle: Are recovery-oriented											
10.	Viev	v re	covery as a person-driven, holistic and lifelong process	Арр	olied	to Le	vels					
_ 01			nced by:	I	II	III	IV					
	.01		Documenting that residents participate in the development of their recovery plan including an exit plan and/or lifelong plan.	~	~	~	~					
	.02		Documenting that the operator cultivates alumni participation.	~	~	~	~					
11.	Are c	ult	urally responsive and competent									
	As ev	vider	nced by:	Ι	II	III	IV					
	.01		Policies and procedures that identify the priority population, which at a minimum includes persons in recovery from substance use but may also include other demographic criterion.	~	~	~	~					
	.02		A staffing or leadership plan that reflects the priority population's needs.	~	~	~	~					
	.03		Documented cultural responsiveness and competence trainings that are relevant to the priority population.		R	~	~					

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Core Principle: Are peer staffed and governed         Applied to Levels         12. Involve peers in governance in meaningful ways         As evidenced by at least one of the following:       I       II       III       III       IV         .01       Some rules are made by the residents that the residents (not the staff) enforce       V<
12. Involve peers in governance in meaningful ways       I       II       II       II       II       IV         As evidenced by at least one of the following:       I       II       II       IV       IV         .01       Some rules are made by the residents that the residents (not the staff) enforce       V       V       V       V         .02       A resident council or process is in place that ensures resident's voices can be heard       V       V       V       V         .03       The resident council has a voice in the governance of the home       V       V       V       V         13. Use peer staff and leaders in meaningful ways       A sevidenced by:       I       II       II       III       IV         .01       Residents' responsibilities increase with their length of stay or progress in their recovery.       V       V       V       V         .02       Staffing or leadership plan that formally includes a peer component       V       V       V       V         .03       Written job description and/or contracts for peer staff and leaders       V       V       V       V
.01       Some rules are made by the residents that the residents (not the staff) enforce       ✓       <
enforce       .02       A resident council or process is in place that ensures resident's voices can be heard       ✓<
can be heard       .03       The resident council has a voice in the governance of the home       ✓       ✓       ✓       ✓         13. Use peer staff and leaders in meaningful ways       As evidenced by:       I       II       II       III       IV         .01       Residents' responsibilities increase with their length of stay or progress in their recovery.       ✓
O         13. Use peer staff and leaders in meaningful ways         As evidenced by:       I       II       III       IV         .01       Residents' responsibilities increase with their length of stay or progress in their recovery.       ✓
As evidenced by:       I       II       III       IV         .01       Residents' responsibilities increase with their length of stay or progress in their recovery.       ✓
As evidenced by:       I       II       III       IV         .01       Residents' responsibilities increase with their length of stay or progress in their recovery.       ✓
.01       Residents' responsibilities increase with their length of stay or progress in their recovery.       ✓
progress in their recovery.         .02       □ Staffing or leadership plan that formally includes a peer component         .03       □ Written job description and/or contracts for peer staff and leaders         14. Maintain resident and staff leadership based on recovery
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14. Maintain resident and staff leadership based on recovery
• •
As evidenced by: I II III IV
.01
.02   Leader and/or staff job descriptions and selections are based in part
15. Create and sustain an atmosphere of recovery support
As evidenced by: I II III IV
.01
.02
16. Ensure staff are trained or credentialed appropriate to their
level
As evidenced by:IIIIIIIV.01Written staffing or workforce development plan®✓✓

.02 Certification and verification policies and proce	edures	~	•
17. Provide supportive staff supervision			
As evidenced by:	I II	III	IV
.01 Policies and procedures for supervision of staff	f ® ®	<b>~</b>	~
.02 Ongoing skills development, oversight and sup procedures appropriate to staff roles and level		~	~

® Strongly recommended

## **Recovery Support Domain**

Со	re F	Priu	nciple: Promote health					
18.	Enco	Applied to Levels						
	As ev	vider	nced by:	Ι	II	III	IV	
	.01		Policies and procedures that encourage each resident to develop and participate in their own personalized recovery plan (Person-driven recovery)	~	~	~	~	
	.02		Policies and procedures that encourage residents to make their own outside appointments	~	~	~	~	
	19. Inform and encourage residents to participate in a range of community-based supports							
	As ev	rider	nced by:	Ι	II	III	IV	
	.01		Staff and/or resident leaders that are knowledgeable about local community-based resources	~	~	•	~	
	.02		Resource directories or similar resources are readily available to residents	~	~	~	~	
20.	Offe	r re	covery support in informal social settings					
	As ev	vider	nced by:	Ι	II	III	IV	
	.01		Staffing plan that corresponds to the delivery of this service	~	•	~	~	
	.02		Traditions, policies or procedures that foster mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions	~	~	~	~	

21.	21. Offers recovery support services in formal settings									
	As ev	vide	nced by:	I	II	III	IV			
	.01		Weekly schedule of recovery support services recognized by the respective NARR Affiliate organization.			~	~			
	.02		Weekly schedule of recovery-oriented presentations, group exercises, and activities			~	~			
	.03		Staffing plan that corresponds to the delivery of this service			~	~			
22.	Offe	rin	g life skills development services in a formal setting							
	As ev	vide	nced by:	I	II	III	IV			
	.01		Weekly schedule of formal life skills development services or classes			•	~			
	.01 .02					マ マ	マ マ			
23.	.02					י י	י י			
23.	.02 Offe	□ r cl	Staffing plan that corresponds to the delivery of this service	I	II	<b>レ</b> マ Ⅲ	۲ ۲			
23.	.02 Offe	□ r cl	Staffing plan that corresponds to the delivery of this service inical services in accordance with State law	Ι	II	<ul><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li><li></li></ul>	・ ・ ・ ・			

# Core Principle: Provide a home

				Арр	lied	to Le	vels
	Prov viron		e a physically and emotionally safe, secure and respectful nt				
	As ev	vide	nced by:	Ι	Π	III	IV
	.01 .02			<ul> <li></li> <li></li> </ul>	<ul><li></li><li></li></ul>	R	R
			health and safety of the household/community ® Stron	ngly r	econ	nmen	ded
25.	Prov	vide	e an alcohol and illicit drug-free environment				

23. Frovide an alconor and mich drug-nee environment							
As ev	videnced by:	Ι	II	III	IV		
.01	Written and enforced policies and procedures that address:	~	~	~	~		

- Alcohol and/or other prohibited drug-seeking or use;
- Possession of hazardous and other prohibited items and associated searches;
- Drug-screening and or toxicology protocols; and
- Prescription and non-prescription medication usage and storage consistent with the Level of Support and relevant state law

#### 26. Are cultivated through structure and accountability

As evidenced by:			II	III	IV
	.01 Uritten resident rights, requirements, agreements, social covenan and/or "House Rules"	its 🗸	~	~	~
	.02	g 🖌	~	•	~

### Core Principle: Inspire purpose

#### 27. Promote meaningful daily activities

As evidenced by:	I	II	III	IV
.01	~	✓	~	~
<ul> <li>.02 Are residents encouraged to (at least one of the following):</li> <li>Work, going to school, or volunteer outside of the residence community (Level 1, 2 and some 3s)</li> <li>Participate in mutual aid or caregiving (All Levels)</li> <li>Participate in social, physical or creative activities (All Levels)</li> <li>Attend daily or weekly programming (All Levels)</li> </ul>	~	~	~	~

Applied to Levels

.03 Derson-driven recovery planning & peer governance

### **Core Principle: Cultivate community**

			App	lied	to Le	vels
28	Crea	ate a "functionally equivalent family" within the household				
	As ev	videnced by meeting at least 50% of the following:	I	II	III	IV
	.01	Residents are involved in food preparation	~	•	~	~
	.02	Residents have control over with whom they live	~	•	•	~
	.03	Residents help maintain and clean the home e.g. chores	~	•	~	~
	.04	Residents share in household expenses	~	•	~	~
	.05	Family or house meetings are held at least once a week	~	•	•	~

29. Foster ethical, peer-based mutually supportive relationships between residents and/or staff						
As evidenced by:	I	II	III	IV		
.01 Delicies and procedures that encourage residents to engage one another in informal activities and conversation	~	•	•	•		
.02 Delicies and procedures that encourage staff to engage residents in informal activities and conversations	~	~	~	~		
.03 Delicies and procedures that coordinate community gatherings, recreational events and/or other social activities amongst residents and/or staff	•	~	~	~		
30. Connect residents to the local (greater) recovery community						
As evidenced by at least 50% of the following for levels 2 through 4 and at least 1 for level 1s:	Ι	II	III	IV		
.01 Residents are informed of or linked to mutual aid, recovery community centers, recovery ministries recovery-focused leisure activities and recovery advocacy opportunities;	~	~	~	V		
.02	~	~	~	~		
.03		~	~	~		
.04	~	~	~	~		
.05 Residents are formally linked with the community such as job search, education, family services, health and/or housing programs		~	~	~		
.06 Residents engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services		~	~	~		
.07 Sober social events are regularly scheduled (each participant can attend at least one).		~	•	~		
Property and Architecture Domain						
Core Principle: Promote recovery						

□ Residents have access to the common areas of the home

31. Create a home-like environment	
As evidenced by:	

Applied to Levels

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I II III IV

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	.01		Furnishing are typical of those found in single family homes or apartments as opposed to institutional settings	•	~	~	~
	.02		Entrances and exits that are home-like (vs institutional or clinical)	~	~	~	~
	.03		50+ sq ft per bed per sleeping room	~	~	~	~
	.04		One sink, toilet and shower per six residents	•	~	~	~
	.05		Each resident has personal item storage	•	~	~	~
	.06		Each resident has food storage space	•	~	~	~
	.07		Laundry services are accessible to all residents	~	~	~	~
	.08		Working appliances	•	~	~	~
	.09		A staffing plan that provides for addressing repairs and maintenance in a timely fashion	~	~	~	~
32.	Proi	not	te community				
			nced by:	I	II	III	IV
	.01		Community room (space) large enough to reasonably accommodates community living and meetings.	•	~	~	~
	.02		A comfortable group area, a living room or sofas, for participants to informally socialize	•	~	•	~
	.03		A kitchen and dining area(s) that encourages residents to share meals together	•	~	~	~
	.04		Entertainment or recreational areas and/or furnishings that promote social engagement	•	~	~	~
	.05		Furniture that is in good condition	~	~	~	~

## Core Principle: Promote health and safety

Applied to					
33. Cr	eate a home safety				
As	evidenced by:	Ι	Π	III	IV
.01	□ Affidavit from the owner or operator attesting that the residence meets nondiscriminatory local health and safety codes OR document from government agency or credentialed inspector attesting to the property meeting health and safety standards	~	~	~	~
.02	<ul> <li>Signed and dated safety self assessment checklist which includes</li> <li>Functioning smoke detectors in the sleeping rooms</li> <li>Functioning carbon monoxide detectors, if there are gas appliances</li> <li>Functioning fire extinguishers in plain sight and/or clearly marked locations</li> <li>Interior and exterior of the property is in a functional, safe and</li> </ul>	~	~	~	~

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.03 Smoke-free living environment policy and/or designated smoking area outside of the residence.

#### 34. Have an emergency plan

#### As evidenced by:

- .01 Dest emergency numbers, procedures and evacuation maps in conspicuous locations
   .02 Description Collect emergency contact information from residents and orient them
- 02 Collect emergency contact information from residents and orient them V to emergency procedures

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## **Good Neighbor Domain**

#### Core Principle: Are good neighbors Applied to Levels 35. Are compatible with the neighborhood As evidenced by: Ι Π IV ш □ If recovery residence is in a residential neighborhood, there are no .01 external indications that the property is anything other than a single family household typical of its neighborhood □ The property and its structures are consistently maintained .02 36. Are responsive to neighbor concerns As evidenced by: I Π Ш IV .01 □ Policies and procedures that provide neighbors with the responsible person(s) contact information upon request .02 □ Policies and procedures that require the responsible person(s) to respond to neighbor's concerns even if it is not possible to resolve the issue □ New resident orientation includes how residents and staff are to greet .03 and interact with neighbors and/or concerned parties 37. Have courtesy rules As evidenced by: I Π III IV □ Policies that are responsive or preemptive to neighbor's reasonable .01 complaints regarding Smoking

Loitering

- Parking
- Noise

- Lewd or offensive language
   Cleanliness of public space around the property
   Parking courtesy rules where street parking is scarce .02

~ ~ ~ ~