



W.A.S.H.
COMMUNITY
STANDARDS - ETHICS - EDUCATION

WISCONSIN ASSOCIATION OF SOBER HOUSING

Certification Preparation Packet

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WASH Certification Overview

WASH is committed to raising the bar through certification that is in accordance with the most recent standards published by the National Alliance of Recovery Residences (NARR). These standards require a combination of skills that surround the business aspects of the prospective recovery residences, best practices for recovery-oriented services and supports, and, ultimately, the compassionate implementation of these practices.

This credential recognizes organizations that offer recovery-oriented support to individuals with substance use disorder (SUD) achieve a life in recovery. WASH certification is a two-year active credential. At the conclusion of two years a re-certification process will be initiated. Successful re-certification will result in continuation of services and support.

Eligibility for Certification

The WASH certification process is open to recovery residences *currently* operating (minimum of 2 months operating at majority capacity) within the state of Wisconsin. Recovery residences are welcome to work with WASH for technical assistance as they build their policies and procedures in alignment with the national standard, but full certification is reserved for residences currently serving the population.

The review process for certification applies to recovery residences that meet accepted definitions of recovery residences. At a minimum a recovery residence is a safe, sober, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.

Recovery residences:

- Are sober environments, expecting residents to abstain from alcohol and other drug use.
- Offer peer-to-peer recovery support, with some providing professionally delivered clinical services.
- Have published policies and procedures regarding relapse, readmission criteria, and other rules for governing group living.
- May require abstinence from particular types of medications according to individual policies.

For more information see the NARR Primer on Recovery Residences [HERE](#).

Certification Process

The certification process is designed to verify that your organization meets the standard requirements developed by NARR. WASH is the only credentialing agency in the state authorized to utilize these nationally recognized standards for certification. We will not only verify that your organization meets all requirements, but will provide technical assistance, support, and recommendations in areas that do not yet adhere to the accepted level of the standard as written.

The process will involve the following steps: 1) before applying, familiarize yourself with the NARR materials, 2) provide a description of all physical dwellings to be covered by the certification, 3)

complete the application for certification, 4) document review and recommendations phase, 5) interview, 6) on-site visit, and 7) payment of membership dues and certification fees.

Before Applying

Prior to applying for WASH certification please familiarize yourself with the [NARR Standards](#), the [NARR Code of Ethics](#), and the [NARR Housing Level Guides](#).

The certification process has been designed to determine how your individual residences meet each of the 31 NARR standards. This will require written verification where applicable.

An organizational code of ethics that aligns with the NARR Code of Ethics must be provided to and signed by all responsible parties within the organization. Everybody associated with your organization, including volunteers, is expected to adhere to this code of ethics.

Prior to application you should be able to identify the NARR Housing Level (I-IV) that *best fits* each individual physical dwelling that will be covered under your WASH certification. Your residence must meet *all* criteria in order to be considered for certification at a specific level. If you are unsure of the level of support that you offer with regard to the NARR Housing Level definitions we can help you in your determination.

Behave Health EHR Dashboard

The documentation review portion of our accreditation process will occur largely through the Behave Health platform. This platform, in use by NARR and over a dozen other state affiliate organizations, is used by WASH for the accreditation process as well as to house our statewide registry of certified recovery residences.

The first step in the certification process will be to fill out the [LEAD FORM HERE](#). Upon submission of this form, within 3-5 days, a free account will be created on your behalf.

At this stage, if you have not already been in contact with WASH, a representative will reach out to you to walk you through the next steps. This will include an orientation to the Behave Health dashboard.

Provide Preliminary Information of Dwellings

Once you have familiarized yourself with the NARR resources, the next step is to provide WASH with information about the physical recovery residence that will be covered by your organization's certification (recovery residences with separate addresses operated by your organization).

While our application process is designed to gather documented operational and procedural information about your organization's recovery housing operation, this stage is a chance to include any information that is unique to the individual residence(s) that you operate. This may include policies specific to the physical structure of the home or about the unique population served.

Complete Application for Certification

The application for WASH certification will collect information about your organization and the operations of your recovery residences. Please provide up-to-date documentation everywhere applicable.

Where multiple documents exist (e.g., where variations in operations between dwellings require different policies) we request that you upload all versions, indicating to which dwelling they apply.

Only one application needs to be submitted per recovery organization, regardless of the number of residences operated, though each physical dwelling must be represented.

The policies, procedures, and other documentation requested through this process correspond to the NARR Standards 3.0.

The application and all supporting attestation materials will be made available through the Behave Health platform.

Document Review

Once you have completed the steps above, a representative from WASH will begin to review your documents and other provided materials. The aim is to ensure that alignment with the NARR standards is complete and that there is formal documentation as evidence of this.

The WASH representative assigned to review your application materials will work off a template that will enable them to document all recommendations. These recommendations will be designed to accomplish one of the following: gather necessary or additional information, amend existing policies for alignment or clarity, add new policies where needed to address one of the 31 NARR standards.

Once the initial document review has been completed the WASH representative will reach out to the primary contact provided on the application via email, including the review template with recommendations. Technical assistance will be offered to make the necessary changes, amendments, and additions to policies and procedures.

Interview

WASH and NARR share the philosophy that there is no “one size fits all” approach to recovery. We recognize and celebrate that there are many pathways to recovery. Your recovery organization may employ one, all, or a hand-selected mix of pathways to recovery. We believe that the approach that you have found that works best in your unique community is *best practice*. We also understand that it is difficult to adequately describe the nuances of these practices in a few sentences in a resident handbook or service agreement.

After completing the preliminary application an interview will be held virtually with a representative from WASH to better understand the nuances of your unique *best practices*. Relevant staff may be included in this meeting. This conversational interview will help us to better understand your alignment with the NARR standards, your organization’s philosophy and outlook on recovery, and the overall structure of your residents’ environment.

On-Site Visit

Following the completion of the interview, an on-site visit will be scheduled. During the visit a representative from WASH will tour each recovery residence operated by your organization. WASH will send an [inspection checklist](#) prior to the site visit. We encourage you to review this checklist and walk through your dwellings prior to the visit date with the checklist and NARR standards in mind as this will be the checklist used by the reviewer.

The site visit will begin with a conversation in which the reviewer will ask to be walked through a typical resident orientation. The goal of the visit is to ensure that policies and procedures are being implemented in practice as they have been documented in writing.

The reviewer will then examine each physical dwelling. Although WASH representatives are not qualified safety inspectors, your organization *is* expected to comply with all relevant safety, fire, and building codes. The reviewer will ensure that smoke and carbon monoxide (where relevant) detectors are in

working order. The reviewer will also ensure that the dwellings meet NARR standards of providing a homelike environment conducive to residents' recovery journeys.

On-Site Inspections *must* take place within two (2) months of the completion of the documentation review to ensure that the policies and procedures provided match the physical space on offer to the program participants. Delay on the part of the applicant will result in incomplete application and may require a restart to the accreditation process.

Membership Dues and Certification Fees

Upon confirmation of certification, your organization will be responsible for payment of all dues and fees. An invoice will be provided to your primary contact and can be paid upon receipt. Payments may be made either through the online invoice or by check to:

Wisconsin Association of Sober Housing (WASH)
223 Wisconsin Ave
Waukesha, WI 53186

Membership Dues

Membership dues are to be paid annually. An **annual** flat-rate payment of **\$350 per organization** is due upon certification and every year thereafter, regardless of the number of residences operated. Payment can be made by check to the above address upon receipt of your invoice.

Certification/Re-certification Fee

Certification and Re-certification fees are dependent upon the number of total beds contained within all recovery residences operated by your organization. These fees are due at the time of biennial site visits in accordance with your organization's (re)certification timeline. The **biennial** fee is **\$25/bed** and can be paid via online portal or by check to the above address upon receipt of your invoice.

Certification Outcomes

Certification

Once all steps have been completed you will be notified of your certification status. Possible certification outcomes are:

1. Fully approved for WASH Certification
2. Provisional approval for WASH Certification (pending adjustments)
3. Placed on Certification Hold, with optional technical assistance available
4. Denied WASH Certification, eligible to reapply in 6 months (or other timeframe as defined by WASH)

Upon full approval of WASH Certification you will receive a congratulatory letter, a Certificate of Qualification for each residence to be displayed publicly, WASH logo media for publicity purposes, and will be placed on the WASH Registry at www.WASHCommunity.org.

Re-Certification

The re-certification process will take place every two years to ensure that any changes to the dwellings or policies and procedures are in alignment with the NARR standards and have been documented appropriately.

You will need to provide up-to-date insurance policies and house inspection documentation as well a signed attestation either confirming that no substantial changes have been made to your program and documentation thereof or that all substantive changes have been accounted for through documented communication with WASH.

A recertification site-visit will be necessary at this time to ensure that the home still meets the nationally recognized NARR standards.

Biennial Certification Fees will be collected at this time according to your organizations current total bed count (\$25/bed).

Application for Re-Certification should be submitted three months prior to the end of your certification period to ensure enough time for the process to occur before your certification lapses.

Timeline for Certification

Upon submitting your Application for WASH Certification, the principal contact identified within the application will be contacted via email to confirm the receipt of the submission. This will be the primary contact between your organization and WASH throughout the certification process.

A WASH representative will contact your organization (through the principal contact) within 15 business days (about 3 weeks) of the application submission to update you on the progress of the document review.

The WASH representative will provide you with feedback, recommendations, and requests for more information or further documentation. To keep the process moving forward it is important that your organization responds to the feedback in a timely fashion. *“Responding to feedback” means that the applicant organization has done one of the following: made requested changes and provided documentation; made changes to the best of the organization’s current capacity and provided an implementation plan and timeline for future quality improvement; provided WASH with a written response detailing how the organization currently meets the national quality standard in question.*

It is recommended that you apply for re-certification three months prior to your certification expiring to allow for enough time to complete the entire process. If you do not complete the process prior to your certification expiring, your certification will lapse.

NARR Standard 3.0

Introduction

NARR was founded in 2011 by a group of organizations and individuals with vast experience in recovery housing from across the country. From the beginning, NARR has been committed to developing and maintaining a national 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. Social Model philosophy promotes norms that reinforce healthy living skills and associated values, attitudes, and connection with self and community for sustaining recovery. NARR Standard 3.0 operationalizes the Social Model across four Domains, 10 Principles, 31 Standards and their individual rules. The Standard is tailored to each of NARR’s four levels. Version 3 of the NARR Standard does not introduce any operational rules that are not already included in Version 2. Rather, it restates them in a more logical way that improves clarity and eliminates some redundant language.

Outline of the Standard

Domain 1 Administrative Operations

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

Domain 2 Physical Environment

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

Domain 3 Recovery Support

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

Domain 4 Good Neighbor

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

Domains, Core Principles and Standards

1 Administrative and Operational Domain				LEVELS			
				I	II	III	IV
A.	Core Principle: Operate with Integrity						
	1.	Use mission and vision as guides for decision making					
		a.	A written mission that reflects a commitment to those served and identifies the population served which, at a minimum, includes persons in recovery from a substance use disorder.	✓	✓	✓	✓
		b.	A vision statement that is consistent with NARR's core principles.	✓	✓	✓	✓
	2.	Adhere to legal and ethical codes and use best business practices					
		a.	Documentation of legal business entity (e.g. incorporation, LLC documents or business license).	✓	✓	✓	✓
		b.	Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support.	✓	✓	✓	✓
		c.	Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.	✓	✓	✓	✓
		d.	A statement attesting to compliance with nondiscriminatory state and federal requirements.	✓	✓	✓	✓
		e.	Operator attests that claims made in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following: - False or misleading statements or unfounded claims or exaggerations; - Testimonials that do not reflect the real opinion of the involved individual; - Price claims that are misleading; - Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or - Misleading representation of outcomes.	✓	✓	✓	✓
		f.	Policy and procedures that ensure that appropriate background checks (due diligence practices) are conducted for all staff who will have direct and regular interaction with residents.		R	R	✓

		g.	Policy and procedures that ensure the following conditions are met if the residence provider employs, contracts with or enters into a paid work agreement with residents: • 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.	✓	✓	✓	✓
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			• All qualified residents are given equal opportunity for available work. • Paid work for the operator or staff does not impair participating residents' progress towards their recovery goals. • The paid work is treated the same as any other employment situation. • Wages are commensurate with marketplace value and at least minimum wage. • The arrangements are viewed by a majority of the residents as fair. • Paid work does not confer special privileges on residents doing the work. • Work relationships do not negatively affect the recovery environment or morale of the home. • Unsatisfactory work relationships are terminated without recriminations that can impair recovery.				
		h.	Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the operator may make agreements with residents with respect to payment of fees.	✓	✓	✓	✓
		i.	A policy and practice that provider has a code of ethics that is aligned with the NARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the recovery residence, to include owners, operators, staff and volunteers.	✓	✓	✓	✓
	3.	Be financially honest and forthright					
		a.	Prior to the initial acceptance of any funds, the operator must inform applicants of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.	✓	✓	✓	✓

		b.	Use of an accounting system which documents all resident financial transactions such as fees, payments and deposits. • Ability to produce clear statements of a resident's financial dealings with the operator within reasonable timeframes. • Accurate recording of all resident charges and payments. • Payments made by 3rd party payers are noted	✓	✓	✓	✓
		c.	A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement.	✓	✓	✓	✓
		d.	A policy and practice that residents be informed of payments from 3 rd party payers for any fees paid on their behalf.	✓	✓	✓	✓
	4.	Collect data for continuous quality improvement					
		a.	Policies and procedures regarding collection of resident's information. At a minimum data collection will · Protect individual's identity. • Be used for continuous quality improvement and	✓	✓	✓	✓
			· be part of day-to-day operations and regularly reviewed by staff and residents (where appropriate).				
B.	Core Principle: Uphold Residents' Rights						
	5.	Communicate rights and requirements before agreements are signed					
		a.	Documentation of a process that requires a written agreement prior to committing to terms that includes the following: · Resident rights • Financial obligations, and agreements • Services provided • Recovery goals • Relapse policies • Policies regarding removal of personal property left in the residence	✓	✓	✓	✓
	6.	Protect resident information					
		a.	Policies and procedures that keep residents' records secure, with access limited to authorized staff.	✓	✓	✓	✓
		b.	Policies and procedures that comply with applicable confidentiality laws.	✓	✓	✓	✓
		c.	Policies and procedures, including social media, protecting resident and community privacy and confidentiality.	✓	✓	✓	✓
C.	Core Principle: Create a culture of empowerment where residents engage in governance and leadership						
	7.	Involve residents in governance					

		a.	Evidence that some rules are made by the residents that the residents (not the staff) implement.	✓	✓	R	R
		b.	Grievance policy and procedures, including the right to take unresolved grievances to the operator's oversight organization.	✓	✓	✓	✓
		c.	Verification that written resident's rights and requirements (e.g. residence rules and grievance process) are posted or otherwise available in common areas.	✓	✓	✓	✓
		d.	Policies and procedures that promote resident-driven length of stay.	✓	✓	*	*
		e.	Evidence that residents have opportunities to be heard in the governance of the residence; however, decision making remains with the operator.		✓	✓	✓
	8.	Promote resident involvement in a developmental approach to recovery					
		a.	Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.		✓	✓	✓
		b.	Written responsibilities, role descriptions, guidelines and/or feedback for residence leaders.	R	✓	✓	✓
		c.	Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated.		✓	✓	✓

D. Core Principle: Develop Staff Abilities to Apply the Social Model							
	9.	Staff model and teach recovery skills and behaviors					
		a.	Evidence that management supports staff members maintaining self-care.		✓	✓	✓
		b.	Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.		✓	✓	✓
		c.	Evidence that staff are encouraged to have a network of support.		✓	✓	✓
		d.	Evidence that staff are expected to model genuineness, empathy, respect, support and unconditional positive regard.		✓	✓	✓
	10.	Ensure potential and current staff are trained or credentialed appropriate to the residence level					
		a.	Policies that value individuals chosen for leadership roles who are versed and trained in the Social Model of recovery and best practices of the profession.		✓	✓	✓
		b.	Policies and procedures for acceptance and verification of certification(s) when appropriate.		✓	✓	✓
		c.	Staffing plan that demonstrates continuous development for all staff.		R	✓	✓
	11.	Staff are culturally responsive and competent					

		a.	Policies and procedures that serve the priority population, which at a minimum include persons in recovery from substance use but may also include other demographic criteria.		✓	✓	✓
		b.	Cultural responsiveness and competence training or certification are provided.		✓	✓	✓

	12.	All staff positions are guided by written job descriptions that reflect recovery					
		a.	Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.		✓	✓	✓
		b.	Job descriptions require staff to facilitate access to local community-based resources.		✓	✓	✓
		c.	Job descriptions include staff responsibilities, eligibility, and knowledge, skills and abilities needed to deliver services. Ideally, eligibility to deliver services includes lived experience recovering from substance use disorders and the ability to reflect recovery principles.		✓	✓	✓
	13.	Provide Social Model-Oriented Supervision of Staff					
		a.	Policies and procedures for ongoing performance development of staff appropriate to staff roles and residence level.		✓	✓	✓
		b.	Evidence that management and supervisory staff acknowledge staff achievements and professional development.		R	✓	✓
		c.	Evidence that supervisors (including top management) create a positive, productive work environment for staff.		✓	✓	✓

2. Physical Environment Domain				LEVELS			
				I	II	III	IV
E.	Core Principle: Provide a Home-like Environment						
	14.	The residence is comfortable, inviting, and meets residents' needs					
		a.	Verification that the residence is in good repair, clean, and well maintained	✓	✓	✓	✓
		b.	Verification that furnishings are typical of those in single family homes or apartments as opposed to institutional settings.	✓	✓	✓	✓
		c.	Verification that entrances and exits are home-like vs. institutional or clinical.	✓	✓	✓	✓
		d.	Verification of 50+ sq. ft per bed per sleeping room.	✓	✓	✓	✓

		e.	Verification that there is a minimum of one sink, toilet and shower per six residents.	✓	✓	✓	✓
		f.	Verification that each resident has personal item storage.	✓	✓	✓	✓
		g.	Verification that each resident has food storage space.	✓	✓	✓	✓
		h.	Verification that laundry services are accessible to all residents.	✓	✓	✓	✓
		i.	Verification that all appliances are in safe, working condition.	✓	✓	✓	✓
	15.	The living space is conducive to building community					
		a.	Verification that a meeting space is large enough to accommodate all residents.	✓	✓	✓	✓
		b.	Verification that a comfortable group area provides space for small group activities and socializing	✓	✓	✓	✓
		c.	Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.	✓	✓	✓	✓
		d.	Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.	✓	✓	✓	✓
F.	Core Principle: Promote a Safe and Healthy Environment						
	16.	Provide an alcohol and illicit drug free environment					
		a.	Policy prohibits the use of alcohol and/or illicit drug use or seeking.	✓	✓	✓	✓
		b.	Policy lists prohibited items and states procedures for associated searches by staff	✓	✓	✓	✓
		c.	Policy and procedures for drug screening and/or toxicology protocols.	✓	✓	✓	✓
		d.	Policy and procedures that address residents' prescription and non-prescription medication usage and storage consistent with the residence's level and with relevant state law.	✓	✓	✓	✓
		e.	Policies and procedures that encourage residents to take responsibility for their own and other residents' safety and health.	✓	✓	✓	✓
	17.	Promote Home Safety					
		a.	Operator will attest that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.	✓	✓	✓	✓
		b.	Operator will attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g. single family or other) OR provide documentation from a government agency or credentialed inspector attesting to the property meeting health and safety standards.	✓	✓	✓	✓

		c.	Verification that the residence has a safety inspection policy requiring periodic verification of • Functional smoke detectors in all bedroom spaces and elsewhere as code demands, • Functional carbon monoxide detectors, if residence has gas HVAC, hot water or appliances • Functional fire extinguishers placed in plain sight and/or clearly marked locations, • Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers, • Fire and other emergency evacuation drills take place regularly and are documented (not required for Level I Residences).	✓	✓	✓	✓
	18.	Promote Health					
		a.	Policy regarding smoke-free living environment and/or designated smoking area outside of the residence.	✓	✓	✓	✓
		b.	Policy regarding exposure to bodily fluids and contagious disease.	✓	✓	✓	✓
	19.	Plan for emergencies including intoxication, withdrawal and overdose					
		a.	Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.	✓	✓	✓	✓
		b.	Documentation that emergency contact information is collected from residents.	✓	✓	✓	✓
		c.	Documentation that residents are oriented to emergency procedures.	✓	✓	✓	✓
		d.	Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.	✓	✓	✓	✓

3 Recovery Support Domain		LEVELS			
		I	II	III	IV
G.	Core Principle: Facilitate Active Recovery and Recovery Community Engagement				
	20.	Promote meaningful activities			

		a.	Documentation that residents are encouraged to do at least one of the following: • Work, go to school, or volunteer outside of the residence (Level 1, 2 and some 3s) • Participate in mutual aid or caregiving (All Levels) • Participate in social, physical or creative activities (All Levels) • Participate in daily or weekly community activities (All Levels) • Participate in daily or weekly programming (Level 3's and 4's)	✓	✓	✓	✓
	21.	Engage residents in recovery planning and development of recovery capital					
		a.	Evidence that each resident develops and participates in individualized recovery planning that includes an exit plan/strategy	✓	✓	✓	✓
		b.	Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.	✓	✓	✓	✓
		c.	Written criteria and guidelines explain expectations for peer leadership and mentoring roles.	✓	✓	✓	✓
	22.	Promote access to community supports					
		a.	Resource directories, written or electronic, are made available to residents.	✓	✓	✓	✓
		b.	Staff and/or resident leaders educate residents about local community-based resources.	✓	✓	✓	✓
	23.	Provide mutually beneficial peer recovery support					
		a.	A weekly schedule details recovery support services, events and activities.		✓	✓	✓
		b.	Evidence that resident-to resident peer support is facilitated: • Evidence that residents are taught to think of themselves as peer supporters for others in recovery • Evidence that residents are encouraged to practice peer support interactions with other residents.	✓	✓	✓	✓
	24.	Provide recovery support and life skills development services					
		a.	Provide structured scheduled, curriculum-driven, and/or otherwise defined support services and life skills development. Trained staff (peer and clinical) provide learning opportunities.			✓	✓
		b.	Ongoing performance support and training are provided for staff.			✓	✓
	25.	Provide clinical services in accordance with state law					
		a.	Evidence that the program's weekly schedule includes clinical			*	✓

			services.				
H.	Core Principle: Model Prosocial Behaviors and Relationship Enhancement Skills						
	26.	Maintain a respectful environment					
		a.	Evidence that staff and residents model genuineness, empathy and positive regard.	R	✓	✓	✓
		b.	Evidence that trauma informed or resilience-promoting practices are a priority.	R	R	✓	✓
		c.	Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building.	✓	✓	✓	✓

I.	Core Principle: Cultivate the Resident's Sense of Belonging and Responsibility for Community						
	27.	Sustain a “functionally equivalent family” within the residence by meeting at least 50% of the following:					
		a.	Residents are involved in food preparation.	✓	✓	✓	✓
		b.	Residents have a voice in determining with whom they live.	✓	✓	✓	✓
		c.	Residents help maintain and clean the home (chores, etc.).	✓	✓	✓	✓
		d.	Residents share in household expenses.	✓	✓	✓	✓
		e.	Community or residence meetings are held at least once a week.	✓	✓	✓	✓
		f.	Residents have access to common areas of the home.	✓	✓	✓	✓
	28.	Foster ethical, peer-based mutually supportive relationships among residents and staff					
		a.	Engagement in informal activities is encouraged.	✓	✓	✓	✓
		b.	Engagement in formal activities is required.			✓	✓
		c.	Community gatherings, recreational events and/or other social activities occur periodically.	✓	✓	✓	✓
		d.	Transition (e.g. entry, phase movement and exit) rituals promote residents' sense of belonging and confer progressive status and increasing opportunities within the recovery living environment and community.	✓	✓	✓	✓
	29.	Connect residents to the local community					
		a.	Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.	✓	✓	✓	✓
		b.	Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors.	R	✓	✓	✓

		c.	Residents attend mutual aid meetings or equivalent support services in the community.	R	✓	✓	✓
		d.	Documentation that residents are formally linked with the community such as job search, education, family services, health and/or housing programs.	R	✓	✓	✓
		e.	Documentation that resident and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services.	R	✓	✓	✓
		f	Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community	✓	✓	✓	✓
4. Good Neighbor Domain LEVELS							
				I	II	III	IV
J.	Core Principle: Be a Good Neighbor						
	30.	Be responsive to neighbor concerns					
		a.	Policies and procedures provide neighbors with the responsible person’s contact information upon request.	✓	✓	✓	✓
		b.	Policies and procedures that require the responsible person(s) to respond to neighbor’s concerns.	✓	✓	✓	✓
		c.	Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties.	✓	✓	✓	✓
	31.	Have courtesy rules					
		a.	Preemptive policies address common complaints regarding at least: • Smoking • Loitering • Lewd or offensive language • Cleanliness of the property	✓	✓	✓	✓
		b.	Parking courtesy rules are documented.	✓	✓	✓	✓

Reference Guide

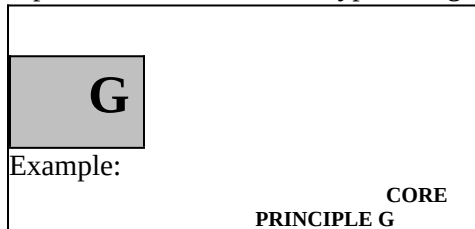
DOMAINS: Notice that there are four (4) **Domains**, the major sections of the document above labeled numerically 1-4: (These are the largest numbers on the document and are in white on a black background) **1.** Administrative and Operational Domain



Example:

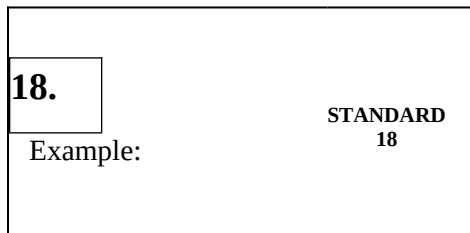
2. Physical Environment Domain
3. Recovery Support Domain
4. Good Neighbor Domain

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



Example:

- A** Operate with Integrity
- B** Uphold Residents' Rights
- C** Create a Culture of Empowerment Where Leadership Residents Engage in Governance and
- 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



Example:

STANDARDS: Under each of the **10 Core Principles** are the thirty-one (31) **Standards** labeled numerically from 1-31, in black print with white backgrounds.

a.	
b.	
c.	
Example:	

SUBSECTION
S
A, B, and C

SUBSECTIONS: And, finally, under each of the 31 Standards are indented subsections labeled alphabetically in lower-case letters from “a.” to as many letters as were needed for each standard.

For quick references to NARR Standards, you may find abbreviations such as the following helpful, or you may find others using them and want to be sure you are understanding the references: **2, F,16. c.**

“**2, F,16. c.**” is just short-hand 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”), and subsection “c.” (“Policy and procedures for drug screening and/or toxicology protocols”).

TEST YOURSELF:

If you see a reference to “4, J,30. b.”, to what is it referring?

Your answer:



NARR Code of Ethics

Operators and staff of residences certified as meeting NARR standards shall value and respect each resident and put each individual's recovery strengths and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

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.

By signing below, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): _____ Date: _____

Signature: _____

Recovery Residence: _____ NARR Affiliate: _____

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	• Democratically run • Manual or P & P	• House manager or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state	• Overseen organization hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	• Drug Screening • House meetings • Self help meetings encouraged	• House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services	• Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house	• Clinical services programming provided in house • Life skill development
	RESIDENCE	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – of step down program within care continuum of a treatment • May be a more institutional in environment
	STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed

NARR Housing Level Guide

Dwelling Inspection Checklist

Date of Site Visit: _____

Organization: _____

Number of Dwellings: _____

Dwelling Levels: _____

Number of Total Beds: _____

Name of Contact: _____

Name of WASH Reviewer: _____

EXTERIOR SPACE (NARR 18.A, 14A)

There is no interior furniture being used as outdoor furniture

Residents are parking their cars in permitted areas

Property is smoke-free or there is a designated space for smoking outside

The yard is free from garbage and other debris

The entrances and exits are in good condition and safe. Residents are not locked in or locked out

FURNITURE (NARR 15, 14.B, 14.A)

The furniture in the house is in good condition (examples: free from holes and stains, no missing cushions)

The furniture is typical of a residential house, as opposed to an institution (example: sofas and armchairs vs. folding chairs)

Furniture and other items are used for intended purpose

CLEANLINESS (NARR 14.A)

House chores appear to be followed (examples include the following)

Common areas are free from excessive clutter, dust and dirt

Bathrooms have been recently cleaned, showers, tubs and sinks are clean and free from mildew

Food is stored in designated areas, food waste is disposed of appropriately

Dishes are clean and stored appropriately

Interior paint is well maintained (example: walls are free from large holes and stains)

Carpet, rugs and other flooring is in good condition (example: free from stains, excessive wear)

House has adequate cleaning supplies to engage in frequent cleaning of high touch surfaces

Each sink has supplies appropriate for handwashing (soap, clean towels)

SAFETY (NARR 19.D, 17.C, 14.i, 14.A)

Any external buildings (such as sheds and garages) are in good repair

There are no overloaded electrical outlets

Extension cords are used appropriately (example: not being used to bring electricity from one room to another or running over a common walking space)

The pathway out of the house in case of emergency is either obvious, or there are evacuation maps and exit signs posted (All Levels must post signs and maps)

Overdose Procedure is posted and Naloxone is kept in the house easily seen and available to the residents on every floor

There is nothing obstructing a resident from evacuating the building in case of an emergency (such as windows that have been sealed shut, or exterior doors that require a key to exit)

All cooking appliances are stored appropriately

Light switches, electrical outlets, vents, etc. have appropriate covers Ceilings are in good condition with no leaks, holes or other signs of disrepair

There are no loose or missing tiles in the bathrooms

Flooring is in good condition and free from trip hazards (examples: torn or loose carpet, no missing floorboards, no missing transition strips, etc.)

House has hot water, heat in the winter and AC in the summer, and all electrical systems working

LIVING ROOMS/ COMMON SPACE (NARR 22.a, 19.A, 15, 14.A, 7.A)

Residents are able to use the common areas when they would like for informal activities and daily living

There is a space that can comfortably hold a house meeting with everyone in the house

present

Space is able to be used and appropriate for entertainment and informal activities

Resident handbook/binder or postings are in a common space. Resource directories are also in common space

KITCHEN AND DINING (NARR 15, 14.G, 14.A)

Each resident has dry food storage space, cabinets are utilized

There is at least one refrigerator for every five residents

Appliances are in good condition and work appropriately

Residents may use kitchens to prepare meals and snacks when they want

If there are gas appliances, there is a carbon monoxide detector in the kitchen A recently inspected fire extinguisher is in plain sight or in a clearly marked location

Residents store food in kitchen and dining areas, as opposed to in individual rooms

BATHROOM (NARR 14.E, 14.A)

There is at least one sink, shower, and toilet per six residents

Bathroom fixtures are in good working condition and are clean

LAUNDRY (NARR 14.h, 14.A)

A washer and dryer are provided for resident use

If a dryer is provided it is vented outside **OR**

Residents are able to access a local laundromat (laundromat is affordable and transportation is available)

SLEEPING ROOMS (NARR 14.F, 14.D, 14.A)

Square foot requirement: at least 70 square feet for first resident and 50 square feet for each additional resident.

Each bedroom must have a smoke detector and a Fire Egress (for rooms on first and second floor). *There must be a window that opens large enough for a firefighter to get in or someone to get out. For rooms in the basement or third floor, refer to certificate of occupancy from Fire Marshal.*

Each person has a bed.

Each person has adequate storage space for personal belongings.

_____ **Result of Visit**

_____ **Date**

_____ **Signature of Reviewer**

_____ **Reviewer Name**