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SLV RECOVERY RESIDENCE HANDBOOK

The purpose of this handbook is to provide general policies and procedures to assist Recovery Residence operators, staff and residents with a comprehensive guide. This document is meant to be a helpful start-up document that may be personalized for individual house operators or organizations.

Carey Deacon and Ivan Garcia

SLV Recovery LLC



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SLV Recovery LLC Mission/Philosophy

Mission – Provide a positive, safe, peer-led, peer-driven, empowering Person-Centered environment. An environment which is supportive of all pathways of Recovery for individuals to recover from active substance use disorders and obtain the recovery skills to live a life free of chemical dependence.

Philosophy – SLV Recovery house(s) 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 direct connection to other peers in recovery through mutual support groups and support services.

Guiding Principles:

1. Respect for each person's dignity and worth.
2. Respect for a person's gender, racial/ethnic, 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 all designed to foster the social model approach to Recovery.



Policy and Procedures

1. Non-discrimination.
2. Staff background checks.
3. Regarding Employment or contracting with residents, if applicable.
4. Financial boundaries between Staff and clients.
5. Staff, Owner, Operator, and Volunteers sign Code of Ethics.
6. Sample fee agreement for residents.
7. Accounting system used to track resident payments, including 3rd party payments.
8. Resident fee refunds.
9. Informing residents of 3rd party payors.
10. Confidentiality of P.I. (Personal Information), resident records, and private personal resident information and disclosures, including references to applicable regulations.
11. Admission Including:
 - a. Resident Rights
 - b. Fee Agreements
 - c. Description of any services provided
 - d. Recovery Goals (Including Expectations)
 - e. Relapse Policies
 - f. Disposition of personal property
12. Grievance procedures.
13. Written role and occupational descriptions for staff and resident leaders.
14. Staff policies that include:
 - a. P.T.O.
 - b. Staff Development
 - c. Supervision
 - d. Training in communication skills
 - e. Monitoring of boundaries and Staff
15. Verification of certifications.
16. Priority placement.
17. Prohibitions of alcohol, marijuana, and illicit drug use.
18. Prohibited items and procedures for associated searches by Staff.
19. Drug screening and toxicology protocols.
20. Prescription and non-prescription medication usage and storage consistent with the residents' level and with relevant state law.
21. Safety Inspection schedule:
 - a. Smoke Detectors
 - b. Carbon monoxide detectors
 - c. Fire extinguishers
 - d. Evacuation drills
22. Smoking and smoke-free environment.
23. Loitering, lewd, or offensive language, cleanliness of the property, etc.
24. Good Neighbor Policy
25. Parking Policy.
26. Prison Rape Elimination Act (PREA) [If Applicable]
27. Resident file Management (paper or electronic)
28. COVID-19 Guidelines for Entry into the Residence



1. Non-Discrimination

- The Owner/Operator, Staff, Peer Leaders, and Residents of SLV Recovery LLC shall not practice, condone, facilitate, or collaborate with any form of discrimination against any resident based on race, ethnicity, color, religious / 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.

2. Staff Background Check

- SLV Recovery LLC shall run a background check (due diligence) on all staff members or affiliated people 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 reason to exclude a person from employment. In such instances a decision will be made on a case by case basis taking into consideration the safety of staff, residents, and the community as part of the decision making process.

3. Regarding Employment or Contracting with Residents, If Applicable

This section applies to SLV Recovery LLC 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.
- An equal opportunity is given to all qualified residents for available work.
- Paid work for SLV Recovery LLC or any of its operators and or staff shall not impair the resident's progress towards their recovery goals.
- Paid work is treated the same as any other employment situation.
- Wages shall be commensurate with the marketplace and never below the current minimum wage.
- Federal, State and local employment laws shall be followed including: workers compensation, fair employment requirements, and employee/employer relations.
- This arrangement/compensation is to be viewed by agreement of the residents residing at SLV Recovery LLC as fair.
- Paid work does not grant special privileges to the resident of SLV Recovery LLC who is performing the work.
- The recovery of all residents at SLV Recovery LLC is our core mission. Work relationships are structured to not affect the recovery environment or morale of SLV Recovery LLC.
- 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.

4. Regarding Financial Boundaries Between Staff and Residents

- The Staff of SLV Recovery LCC are never to become involved in the residents' personal financial affairs. This includes lending or borrowing money, transactions involving the trading of property or services. An exception is when the owner/operator may make arrangements with residents concerning payment of fees.

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

- SLV Recovery LLC Owner, Operator, Staff, and all affiliated persons are to adhere to a Code of Ethics as



established by the Colorado Association for Recovery Residences (CARR).

- An affiliated person is someone who has a relationship with a client both personally and through their connection to SLV Recovery LLC.
- Please see **Form 1** read and sign SLV Recovery LLC 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.

6. Resident Fee Policy and Agreement (Form 2)

- Before acceptance into SLV Recovery, the applicant is 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 SLV Recovery by the resident such as SNAP, Behavioral Health Administration (BHA), Probation, Department of Corrections (DOC), and 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 house personnel during the resident's orientation and signed by both upon admission into SLV Recovery LLC. Please see **Form 2**.

7. Accounting System Used to Track Resident Payments, Including 3rd Party Payments

- Intuit QuickBooks will be used to track and document financial transactions with the resident. One that records all fees, payments, and deposits.
- In addition, the system will produce clear statements of a resident's financial dealings within a reasonable timeframe.
- Produce accurate recording of all resident fees, charges, and payments.
- Track and note payments made by third-party payers.

8. Resident Fee Refunds

- Residents are to give SLV Recovery LLC a 30 day written notice before moving out of SLV Recovery LLC, or the residents deposit will be forfeited. No deposit of house fees will be returned for stays less than 30 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.

9. Informing Residents of 3rd Party Payers

- In the case of third-party payments, the resident is informed of payments for any fees paid on the resident's 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. Upon request of a resident the owner / operator is to set up an appointment with the resident to provide such a review.

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

- The confidentiality of all residents regarding verbal and written information will be protected, and compliance with federal and Colorado laws are to be met.
- All owners, operators, Staff, and volunteers of SLV Recovery will adhere to the 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 PII. Residents may choose whether to sign and may revoke a Release of Information at any time **Forms 3A&B**.
- Upon admission, SLV Recovery LLC 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 SLV Recovery LLC.
- These forms are to be kept in the resident's house file and stored in a locked filing cabinet. (Please see **Section 27. Document and File Management-Personal Identifiable Information** for further explanation) these files will be under the direct maintenance and supervision of SLV Recovery LLC.
- Resident electronic files (as applicable) will be kept secure and private in the same manner as paper files, with limited access and with electronic security measures. Computer systems shall be protected with password encryption.
- The data, whether paper or electronic, will be utilized and viewed only by SLV Recovery LLC staff unless:
 - i. The resident requests to view their file.
 - ii. The resident has signed a release of information form for the specific person who has requested to view the file, or any parts thereof, in which case a statement forbidding further disclosure shall be stamped on each page released.
 - iii. A court order is furnished requesting the file, or any part thereof, and follows 42 CFR part 2 and.
 - iv. A situation in which the resident's life is in danger and the file or a portion of it would aid in the treatment of the resident.

11. Admission Policy (Form 4)

Upon first contact with SLV Recovery LLC staff, whether by phone or in person, screen the potential resident to determine the applicant's appropriateness for residency. If the applicant is identified as an unlikely candidate for admission, suitable referrals will be provided to the applicant for other more appropriate resources to address the persons' needs..

Admission Criteria may include, yet is not limited to: SLV Recovery LLC

- Be admitted voluntarily
- Be 18 years of age or older
- [\[house policy since last drink or drug use\]](#)
- 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.
- Be assessed as medically appropriate and free of any illness that requires isolation from others.
- Have the capacity for active participation in all SLV Recovery LLC activities and responsibilities.
- Be ambulatory and meet personal needs without assistance.
- Additional criteria may include health screening (example COVID-19).
- **Exclusion Criteria**
 - 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, which require a higher level of monitoring and care than can be provided by SLV Recovery LLC.



- Have any criminal history of violent crime (assault, homicide, vehicular homicide, burglary that was violent in nature) sexual offenses, arson, kidnapping.
- If the potential resident is assessed as appropriate for SLV Recovery LLC, the staff person responsible for admission into the house completes the initial screening.
- Obtains assessment information and verifies the resident's identity with the resident's State Issued Identification and Social Security Card. If the resident does not have identification, staff will assist the resident 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:
 - a. Resident rights and responsibilities **(Form 5)**
 - b. Fee Agreement **(Form 2)**
 - c. Description Services offered by the house
 - d. Recovery Goals **(Form 6)**
 - e. 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 review and reference.
- If the resident has not had a recent drug screen/Breathalyzer, this service will be provided, and Staff will administer a urine drug screen and Breathalyzer.
- 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.
- The resident will then be assigned a room if the resident does not have an opportunity to choose one, introduced to the other members of the house, and escorted to their room.
- **Description of Services**
 - Recovery Housing that provides a safe home-like residential environment governed by recovery principles, in a peer-to-peer system.
 - A Social Model Peer 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, practicing Medication Assisted Recovery (MAT), the message to the residents of SLV Recovery LLC is that it is their Recovery that comes first.
- **Recurrence/Return to use Policy**

SLV Recovery LLC will administer 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 the resident's "recurrence" using recovery principles. The situation is to be approached in a fair way that is consistent with the house ***Vision, Mission, and Philosophy***.

 - Upon entering SLV Recovery LLC, 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 the peers, and the 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 the resident's 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 if the level of support the options offered are appropriate
- If the resident refuses to implement their recurrence plan and is under the supervision of a Probation and Parole Officer 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 P.O. or Court of their situation, remind the resident it is their responsibility to inform their P.O. 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 P.O. or Court, It will be the responsibility of house management or designee to inform the P.O. or Court of the residents 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 psychiatric center or homeless center, friend or family member's home. The resident may be offered the opportunity to stay at another location for a period of time. 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. Consider both the needs of the resident and what is best for the house as a whole.
- Depending upon the resources in the area of the San Luis Valley, 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: Hospital Detoxification, Psychiatric Center, Homeless Shelter, support group member, friend, or family member's home.
- If it is determined that the resident may return to the residence, upon remittance 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 in the future while in residence at SLV Recovery LLC.



- If the resident is willing to accept and complete the writings as suggested by the 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 the 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
- Disposition of Personal Property / Inventory (**Form 7**)

12. Grievance Procedure (Form 8)

- The resident grievance procedure is a service SLV Recovery LLC provides to ensure recovery residence adherence to the peer led, peer driven, social model and demonstrate its commitment to accountability as an organization.
- Resident communication, engagement, and empowerment are essential components in assisting each resident to build their self-esteem and sense of belonging in the residence. This process allows for a structured discussion of grievances resident to resident or resident to house. The grievance procedure is a strengths-based process allowing for all voices to be heard in a more intimate setting.
- This process is also to be used if a guest, visitor, volunteer, or neighbor has a concern and are encouraged to fill out this form.
- Grievances are to be address within 72 hrs.

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 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 Executive Director or Program Director and all concerned.
- 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 are willing to focus on what is best for the house.
- 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's also have the right to file a grievance with the state's designated regulatory and certifying agency the Colorado Association of Recovery Residences (CARR).



13. Written Role and Occupational Descriptions for Staff and Resident Leaders

Staff and Peer Leaders of SLV Recovery LLC will be committed to supporting all pathways of Recovery and remain focused on keeping our commitment to the house ***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.

House Manager/Operator/Owner

- Monitors activities, services, and Staff of SLV Recovery LLC Ensures house policies, procedures, and practices are in place and observed to re-enforce the house, Mission.
- Ensures house Mission, Vision, and Operation are consistent with the Colorado Association of Recovery Residences (CARR) or applicable laws, statutes, grants, and or other requirements.
- Monitors house to ensure resident safety, self-accountability, to provide guidance/teach the peer-led social model to the residents. Encourage the 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
 - Preform Urine Drug Screen
 - Perform 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.
- Perform 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 house environment, referral sources, Mental Health, and Health Care Provider services.
- May act as liaison, or assign the liaison role to [insert position/reference] with [\[The Following State Agencies and Local Partners: Behavioral Health Administration, Signal, Department of Corrections, Probation, and Parole, Courts, Drug Court, Re-Entry Services, Workforce Development, Homeless Taskforce, Affordable / Fair Housing Advocates, Peer-Run Recovery Support Groups, Local Recovery Advocacy Groups, Health Department, Child Protection Services, Community Based Services, and the Faith Community.\]](#)
- Ensures compliance with all local housing compliance entities and their inspections.
- Responsible for compliance with partnered referral source standards and, if applicable, that agencies/entities inspections and corresponding documentation.
- **Qualifications:** [\[to be determined by Owner/Operator\]](#) C.P.R., Naloxone Administration, Basic First Aid.

Staff/Peer Leaders:

- Reports to the Owner/Operator



- Monitors activities, services, and Staff of SLV Recovery LLC, Ensures house policies, procedures, and practices are in place and observed to re-enforce the house, Mission.
- Maintains resident confidentiality and privacy. Demonstrates ethical behavior to earn resident trust.
- Are 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 Owner/Operator]
- Resident Drug Testing and Breathalyzer service screening and documentation.
- Facilitate scheduled classes and activities.
 - House Meeting/Guided Group Discussion
 - Recovery Capital Measurement
 - Perform Urine Drug Screen
 - Perform Breathalyzer Test
 - MAR-Medication Assisted Recovery Self-Administration Observation
- Performs all duties as assigned by the Owner/Operator.

14. Staff policies

- a. Paid Time Off (P.T.O.) [to be determined by Owner/Operator]
- b. Staff Development/Staff Training:
 - SLV Recovery LLC ***Vision, Mission, and Philosophy***
 - Cultural Competency & Cultural Humility
 - Effective Communication
 - Resident Triangulation/**Manipulation**
 - Resident Recovery Capital Plan
 - Medication-Assisted Recovery (M.A.R.)
- c. Supervision
- d. New Staff Orientation/Training
- e. Monitoring of Resident Boundaries and Staff
 - Dual Relationship Policy (**Form 9**)

15. Verification of Certifications

All certifications will be kept by the Owner/Operator to meet all Federal, State, and Local regulations. In the event of an Inspection, these documents may be requested for verification during the inspection process and made available to CARR upon request.

16. 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 I.O.P. program, or a long-term Residential Recovery Program. All applicants, regardless of transition origin, are considered on an individual case-by-case basis.

17. Prohibitions of Alcohol, Marijuana, and Illicit Drug Use

Due to the sometimes-overwhelming desire to use drugs or alcohol which accompany a Substance Use



Disorder, SLV Recovery 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 a member of the household.

a. If a resident of SLV Recovery LLC knows of or suspects that another resident is:

- Under the influence of drugs or alcohol
- In possession of drugs or alcohol
- In possession of paraphernalia associated with illicit drug use
- Associating with someone who is under the influence or dealing

As a measure of house safety and adherence to the peer led, social model, being a member of this community, it is the resident's responsibility to intervene.

- b. The resident is to (in a loving, caring, and direct manner) request of the resident in question to accompany them to Staff. Give the resident who may have experienced a return to use/recurrence an opportunity to bring their recurrence, or inappropriate contact to the attention of house leadership.
- Depending on the severity of the behavior, the appropriate setting to best assist the resident to resolve the behavior in the social model will be in the house accountability community meeting.
- c. If the resident in question is unwilling to accept assistance, it is the responsibility of each resident in the peer-led, peer-driven, social model to inform staff of the recurrence/return to use, or the risky behavior.
- d. When notified of the situation, Staff will:
- Request the resident's participation in Drug Screen/Breathalyzer
 - If the resident is unwilling to participate with this request, it may be appropriate to ask the resident to seek an alternative living arrangement. In this situation, Staff will assist the resident with a plan, as outlined in **11. Admissions Policy, e. Recurrence/Return to use-section, iv.**
 - Please refer to **11. Admissions Policy, e. Recurrence/Return to use** for further actions to be taken.

18. Prohibited Items and Procedures for Associated Searches by Staff

The process of resident accountability and personal recovery ownership outlined in **17. Prohibitions of Alcohol, Marijuana, and Illicit Drug Use** is the same process to be followed if members of the house suspect that another resident has Prohibited Items.

The following is a list of items prohibited at SLV Recovery LLC property:

- Illicit Drugs, including all synthetic substances
- Alcohol
- Weapons/Firearms
- Pornography

The following is a list of items prohibited in individual rooms:

- Mini fridges
- Microwaves
- Coffee pots
- Hot pots
- Portable heaters
- Televisions
- Anything that is considered a fire hazard

The Owner/Operator reserves the right to adjust the above list on an as-needed basis.

- Upon admittance to the house, staff will assist the resident with an inventory of personal items



using **Form 7**, following the process as outlined in the

- **11. Admission Policy.**
- If staff suspects or is made aware of prohibited items in the possession of someone in the house, a search of the residents' belongings is conducted.
- If prohibited items are found, ask the resident to dispose of the item. If the resident is unwilling to, remind them of the commitment they made upon entry into the residence and refusing to do so may also lead to the resident being asked to seek an alternative living arrangement.
- If determined by the Owner/Operator, Staff, or the other Residents of the house, that release from the house is appropriate then staff will assist the resident in finding suitable recovery services and living arrangements.
- If the resident is to remain in the house, Staff and all members of the house are involved in seeking appropriate consequences or "learning experiences" to assist the resident to not repeating the same behavior. (House Community Meeting) This also serves as a learning opportunity for all members of the house and a reminder that the guidelines are in place to maintain a safe, recovery first environment.

19. Drug Screening and or Toxicology Protocol for Staff

SLV Recovery LLC will administer policies and procedures that are consistent with the Americans with Disabilities Act (ADA). Drug and Breathalyzer tests may be administered to maintain a recovery first, safe, drug-free environment. Staff are included in this policy. Staff members suspected of being under the influence of drugs or alcohol will be referred for testing an offsite neutral facility.

- If a staff member displays signs of drug or alcohol use in the house during work hours, they shall be immediately separated from the residents and asked to submit to a drug and or alcohol screen. If they refuse, they may be subject to immediate termination of Employment.
- If the test is positive, the staff member will be placed on administrative leave (paid or unpaid), as determined by the Owner/Operator.
- Efforts are taken to assist the staff member who has encountered a recurrence based upon their path of personal Recovery. Also, these efforts are a continuation of the house ***Vision, Mission, and Philosophy.***
- *It is at the discretion of the Owner/Operator to provide a probationary period, to continue, or to terminate Employment.*
- It is best if the test results are kept confidential. Other staff members not directly involved are on a "need-to-know basis." They may not be given information or details concerning the staff members' test or employment status.
- Discussions of personal or personnel matters do not occur in front of residents or peer leaders of the house. This does not apply if the resident or peer leader happened to be the party who alerted the Owner/Operator of the staff person's condition. Information will be received from the resident with the understanding that it is up to the Owner/Operator to resolve the issue. The reporting resident/peer leader are not be updated on the staff member's status.

20. Prescription and Non-Prescription Medication Usage and Storage Consistent with the Residents Level and Relevant State Law

Non-Prescription Medications



All medications, prescription and non-prescription (over the counter) are maintained in a secure storage area. A medication log lists each medication for each resident with relevant information on dosage, prescribing physician, and documents when the resident takes a dose. (Form 10:: sample medication log) Non-prescriptions, over the counter medications are also logged in a similar manner. There are non-prescription

medications that can be very detrimental to those who are in early Recovery. SLV Recovery LLC is committed to assisting our residents with all aspects of their personal Recovery. [\[the house is to abide by any relevant state laws regarding storage and monitoring of Non-Prescription Medications in a Recovery Housing\]](#)

Medication-Assisted Recovery-(M.A.R.)/Medication Assisted Treatment-(M.A.T.)

For residents who have been prescribed medication by a physician as part of their recovery program, the house will ask that as part of your residency abide by the following:

- Provide Staff with the physician's documentation (including refills) for the medication.
- A medication log is kept by Staff and the resident is asked to log in the medication.
- Residents of SLV Recovery LLC self-Administer their prescribed medications. Staff will serve as monitors only. It is the responsibility of the resident to ensure the proper doses and times as prescribed by their physician be followed. Staff may request a medication count, resident compliance with a staff requested med count is a condition of residency. It is essential that the resident correctly and consistently fill out their medication log to avoid any confusion if a med count is requested.

Please use **(Form 10)**

21. Safety Inspection Schedule

All Smoke Detectors, Carbon Monoxide Detectors, and Fire Extinguishers are inspected every six months. Please use the **Safety Inspection Log (Form 11)** to document inspections.

- a. Smoke Detectors
- b. Carbon Monoxide Detectors
- c. Fire Extinguishers
- d. Evacuation Drills, [Active Shooter, Earthquake and Tornado drills are to be determined by the Owner/Operator and the physical layout of the Residence.](#)

Owner/Operator and Staff of the [SLV Recovery](#) will lead all evacuation drills, and this procedure is to be followed, Staff will be trained to facilitate evacuation drills.

- i. When an alarm sounds, all residents, guests, visitors, and volunteers will be directed to evacuate the building and report to a pre-designated area.
- ii. If it is safe to do so, staff will perform a sweep of the house to ensure that everyone has exited the building and close all the room doors.

After ensuring the Residence is empty, Staff will retrieve the resident and guest Sign In and Out log Book and report to the pre-designated area.

- iii. The Owner/Operator provides staff with a logbook and related procedural training to manage headcount. Using the sign-In and sign-out logbook, ensures resident safety by documenting who is in the house and in the pre-designated area.
- iv. After all residents, guests, visitors, and volunteers have been accounted for by Staff, they will give the all clear to reenter the house.



- v. SLV Recovery LLC will provide fire extinguisher training to Staff.
- vi. In the event of an actual activation of a Smoke Detector, after evacuation and house sweep. If it is safe, staff will report to the area where the smoke detector has been activated and determine if evacuation or containment is possible. If containment is not possible, staff is to report to the pre-designated area and call 911, then call the Owner/Operator or Manager. If the Owner/Operator is not available, staff will contact Gregg Yoshida, the designated emergency contact.
- vii. Fire drills will be held periodically [\[suggested: once a month\]](#) on all shifts. The Owner/Operator or Management will determine when drills are to be conducted.

22. Smoking and Smoke-Free Environment

The use of any type of tobacco product inside SLV Recovery LLC is strictly prohibited. Residents, alumni, and visitors may consume tobacco products only in the designated smoking area. No e-cigarettes or vaping are allowed. Smoking cessation programs are encouraged and may be available through community resources. [\[SLV Recovery LLC may determine if they have supportive services for smoking cessation\]](#)

23. Loitering, Lewd or Offensive Language, Cleanliness of Property

Please see the Good Neighbor Policy.

24. Good Neighbor Policy

As a resident of SLV Recovery LLC, we are sure it is important to you that your housemates respect your privacy, personal space, and belongings. It is also essential for you to show the same consideration and respect for your housemates. The same consideration and respect is to be shown to our neighbors. New residents will be informed of this policy during their initial house orientation and this will be a topic of continued discussion and referral during the resident's stay. SLV Recovery LLC, Good Neighbor Policy is to be practiced by all current and past residents:

- At all times (day or night), please keep noise to a reasonable level.
- Please refrain from using inappropriate language.
- The yard and property surrounding the house is to be kept free of trash and debris.
- No car repairs are to be conducted in front of or on the property of SLV Recovery LLC.
- Residents are expected to maintain accountability toward themselves and each other. If one of your housemates engages in behavior that conflicts with this policy, it is your responsibility as a house member to bring the behavior to the attention of the resident. Then request that they discuss the issue with Staff or in the next house meeting.
- In addition to (e.) above, any resident approached by a neighbor with a concern or Complaint will notify Staff or house management. If Staff or the house manager is not available, the resident will give the neighbor **(Form 8) SLV Recovery LLC Grievance Procedure Form**. The contact information of the Staff, Owner, or Operator is located on this form.
- If the neighbor or community member is unwilling to fill out the form, staff is to fill out the Grievance Form and provide the name and number of the Owner/Operator or Manager the neighbor or member of the community.
- Upon receipt of a complaint, Staff will notify the Manager and inform them of the situation and provide the Manager with the complainant's contact information from the Grievance form.
- The House Manager, Owner, or Operator will follow-up with the neighbor within an appropriate time frame and come to an amicable resolution.

25. Parking Policy



- [an appropriate parking policy will be determined by the location and availability of space on or near the house property.]

26. Prison Rape Elimination Act (PREA) Compliance

House's that have contracted with the Department of Corrections to provide recovery housing for individuals transitioning from incarceration into the community may have to comply with the PREA standards. The following is the link to the National PREA Resource Center website – Community Confinement Standards: <https://www.prearesourcecenter.org/training-technical-assistance/prea-101/community-confinement-standards>

27. Document and File Management – Personally, Identifiable Information (PII)

The confidentiality and protection of a resident's personally identifiable information is of the utmost importance. Document management and file organization play a key role in the orderly operation of a recovery residence and its ability to provide an environment where long-term recovery can be achieved. Being safe, seen and heard are important to the newly recovering person. Knowing they can trust house leadership with their personal information is a service that assists in the creation of an environment where the residents can feel safe and secure during their stay.

Resident referrals from local, state, or federal entities to your home who provide any or all payment of resident fees for their stay may require the house to comply with **Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2)**

The following guidance is from The Office of the National Coordinator for Health Information Technology at SAMHSA:

*Part 2 Programs are federally assisted₂ programs.³ In general, Part 2 Programs are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent. Part 2 specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure (see §2.31).⁴ In addition to Part 2, other privacy laws such as the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**⁵ have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.*

Link: SAMHSA Substance Abuse Confidentiality Regulations: Frequently Asked Questions (FAQs) and Fact Sheets regarding the Substance Abuse Confidentiality Regulations.

<https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs>

As owners and operators of peer-led, social model recovery housing, it is important to remember that sometimes situations occur where the residents and peer-leaders engage in behavior that could be detrimental to the house, residents and the community at large. In some cases, the residents "negative creativity" with the misuse of the other residents PII could have long lasting detrimental effects and place house operation in jeopardy.

In addition to (42 CFR Part 2) some of your partner / referral organizations may require that peer-leaders have limited access to the residents PII. The following guidance is given for the protection of everyone and in



keeping with the house Mission and Philosophy.

The number of residents the house can accommodate, office space and layout will play a major role in determining how many files each resident should have and how those files are to be secured. The following system is suggested for medium to large recovery residences.

Document Management Guidelines:

House Activity File:

House guidelines or standards signed by participants reaffirming their commitment to participate in house activities, classes, groups, and chores

- a. Tracking scheduled house recovery activities facilitated by staff or peer-leaders.
- b. Notes made by the owner operator or peer leaders, their observations on resident behavior
- c. House curriculum assignments, homework, and resident writings (if applicable)
- d. Mutual-Help meeting attendance

Protected Health and Personal information File:

- a. Any documents combining or listing the house members full name, birth date, social security number and emergency contact information
- b. All resident releases of information
- c. Referral agency documentation
- d. Medicare, Medicaid, or private insurance information
- e. SNAP benefit card and documentation
- f. Mental Health, Medical, Dental and Medication documents.
- g. Paperwork pertaining to any childcare/custody proceedings, legal, drug court, probation, and parole relationships
- h. Resident financial agreements, 3rd party payer information and house fee tracking (electronic system, retain copy of paper receipt)
- i. (PREA) Prison Rape Elimination Act documentation (if applicable)

If possible, a two-lock system is recommended to secure the files.

- Locking filing cabinet stored in an office or room with a locking door.
- If a room or office with a locking door is not available, it is suggested the locking filing cabinet be the minimal amount of security be implemented.

Electronic data management:

- a. Password protection for pads, desk and laptop computers used to conduct house management/business.
- b. If possible, position monitors and screens in a way to prevent them from being viewed as residents move casually throughout the house.
- c. Suggested practice: engage password protected screen saver when computer is not in use.

28. Forms



Staff, Owner, Operator and Volunteers Code of Ethics

(Form 1)

All persons affiliated with SLV Recovery LLC are to demonstrate value and respect for the dignity of each resident, placing everyone'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. Aid the residents with proper referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, home-like environment that meets adopted standards (NARR Standards).
4. Maintain a substance 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 an accountability action, 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 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 to 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 Staff: _____ Date: _____

https://narronline.org/wp-content/uploads/2016/08/NARR_Ethics_Code_final_July-2016.pdf



SLV Recovery LLC Resident Fee Agreement (Form 2)

The SLV Recovery LLC fee is \$650.000 per month for a single room with a first and last month rent, damage deposit of \$650 for a total deposit of \$1950.00. The deposit and the first week's processing fees of \$50 total to be \$2000.00 and are due upon admission **and is the sole responsibility of the new resident unless a 3rd party payee is involved**. Fees for a double room are \$550 per month with a first and last month rent, damage deposit of \$650, and a \$50 processing fee for a total of \$1800.

House fees will continue to be due on the 1st of each month. Residents may be given a 10 day grace period with a \$25 late fee, if they have communicated and brought this to the attention of staff. Residents who cannot cover their house expenses because they are unemployed or there is an issue with a third-party payee are to bring this to the attention of Staff immediately so that we can create a repayment plan for you. It is understood that changes in Employment may take place. Our responsibility is to assist you with your Recovery, and financial challenges may arise during your time as a resident of SLV Recovery LLC. We are here to assist you if this situation comes up, it is especially important that you let Staff know as soon as possible. Any form of fee assistance (3rd Party) is be approved by SLV Recovery LLC. A 30 day notice must be given before moving out of SLV Recovery LLC, or the house fee deposit will be forfeit. No deposit of house fees will be returned for stays less than seven days. If a house recommendation has been made for you to seek alternative living arrangements due to your actions having been found to place the safety of the house or other residents at risk and in noncompliance with house guidelines, the deposit will be forfeit.

Name (print): _____ Date: _____

Signature: _____

Recovery Residence Staff: _____ Date: _____



SLV Recovery LLC

Confidentiality of Personal Information (P.I.) Agreement (Form 3A)

The confidentiality of recovering persons living in a Recovery Residence is protected under Federal Law 42 C.F.R., Part 2 which protects them from anyone outside of the Residence knowing their participation in the recovery residence without the resident's specific permission. No information regarding a resident of SLV Recovery LLC may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.
2. A court order is issued to SLV Recovery LLC requesting information on the resident.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm him/herself or someone else.

Federal law does not protect a resident if they commit a crime against anyone at SLV Recovery LLC. Also, Federal Law does not restrict the sharing of information regarding reported child abuse/neglect to appropriate State and local authorities.

These laws apply not only to SLV Recovery LLC owner, Staff, and volunteers of SLV Recovery LLC but to the residents as well.

I agree to not reveal to anyone outside of SLV Recovery LLC the name, identity, or description of another resident. I also agree not to discuss the content of conversations or groups with anyone outside of SLV Recovery LLC. This includes sharing at 12-Step, or any recovery-related meetings attended by me outside of the SLV Recovery LLC.

I agree to inform SLV Recovery LLC Staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Name of Resident: _____

Signature: _____

Date: _____

SLV Recovery LLC Staff Signature: _____

Date: _____



Resident Release of Information (Form 3B)

Client Name:	Date of Birth:	SSN:
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I understand that my express consent is required to release any health care information relating to testing, diagnosis, or treatment of psychiatric disorders/mental health, as well as drug and alcohol use, from SLV Recovery LLC, as well as any other such agency or a medical practice from which I have received services. If I have been tested, diagnosed, and treated for psychiatric disorders, mental health, or drug and alcohol use, I specifically authorize the release of all health care information relating to such testing, diagnosis, and treatment to/from the person or entity listed below.

I am giving this consent voluntarily and have been informed of the type of information requested. Information may be released in either written or verbal format. The benefits and disadvantages of releasing information have been explained to me. I understand that provision of service does not depend on my decision concerning the release of information. However, in certain limited circumstances, due to the legalities of some service providers, I may be denied services if necessary, consent is not given.

TIME LIMITATION OF RELEASE: This consent is valid until I move out or due to a violation of house guidelines asked to leave SLV Recovery LLC. I may revoke this consent at any time by signing the revocation section at the end of this document, except to the extent that information has already been released based upon it. I understand that if I am participating in the program as a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation, is formally released on my behalf by such authority.

Information to Be Released

- ☐ Evaluation/Assessment
- ☐ Medication/Laboratory Reports
- ☐ Recovery Live History
- ☐ Drug/Breathalyzer Results
- ☐ Progress Report/Notes
- ☐ Immunization Record
- ☐ Treatment/Service Plans
- ☐ Discharge Information
- ☐ Assignment Record Sheet
- ☐ Waiting List/Bed Availability
- ☐ Other: _____

Purpose of Release

- ☐ At the request of the Resident
- ☐ Continuity of Care
- ☐ External Quality/Utilization Review
- ☐ Compliance with Court-Ordered Recovery Services
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

This information may be ☐ Disclosed To: _____ ☐ Received From: _____
Name of Person and Agency: _____
Address: _____
Phone Number: _____

Please Check One:

- ☐ I agree with the person/entity above being informed that I am no longer a resident of the SLV Recovery LLC if I am discharged or discharge myself from the residence. This information will be given only if the above person contacts this residence.
- ☐ I do not agree to the person/entity identified above being informed that I am no longer in the SLV Recovery LLC, in the event I am discharged or discharge myself from the residence.

Signatures

Resident Signature: _____ Date: _____
Staff/Witness Signature: _____ Date: _____

Notice to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). Federal regulations prohibit any party from making further disclosure of this information "unless further disclosure is expressly permitted by the written consent of the person to whom it pertains" or is otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Revocation of Authorization

I hereby revoke the authorization of any information noted on this document to the person or entity listed. I understand that if my residency is a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation is formally released on my behalf by such authority.

Resident Signature: _____ Date: _____

Pre-Admission/Admission Applicant Information (Form 4)



Staff:		Today's Date:		Time:	
Desired Move-in Date:		Reason for Move:			
Applicant Name:					
Date of Birth:		Phone:			
Current Address:					
City:		State:		Zip Code:	
Own or Rent:		Monthly Payment or Rent:		How Long at this address?	
Previous Address:					
City:		State:		Zip Code:	
Own or Rent:		Monthly Payment or Rent:		How Long at this address?	
Where Have you lived for the past 6 Months:					
Identification:					
<input type="checkbox"/> Valid State I.D.		<input type="checkbox"/> Valid Driver's License		<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Convicted of a Violent Crime?		<input type="checkbox"/> Convicted of a Sexual Offense?	
<input type="checkbox"/> SNAP Benefits?					
Marital Status					
Married		Separated		Divorced	
Widowed		Registered Partnership			
Do you have Children: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who is caring for them:		
Level of Education:		<input type="checkbox"/> Veteran?		<input type="checkbox"/> Pregnant?	
Who referred you to us?					
Recovery and Substance Use History					
Have you been a resident of SLV Recovery LLC before?					
<input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes When:		
Have you sought services for a substance use disorder in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, please list all:					
Where:		When:		Length of Stay:	
Where:		When:		Length of Stay:	
Where:		When:		Length of Stay:	
Substance Use History:					
Drug of use:		Last Use:		How Much:	
Drug of use:		Last Use:		How Much:	
Drug of use:		Last Use:		How Much:	
Alcohol Use <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, How Much:		How Often:	
Probation Parole/Court/Legal Issues					
Pending Charges or Legal Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		
Upcoming Court Dates: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please explain:		
Are you currently in a Prison or Jail Yes No			If yes, where:		
Are you Court Ordered to SLV Recovery LLC <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide a copy of Court Order upon arrival					
County:		Judge:		Obtained order <input type="checkbox"/> Yes <input type="checkbox"/> No	



Are report to a Probation Officer <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Phone:	
Misdemeanor Conviction: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:	
Felony Conviction in the past 3yrs: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:	
Emergency Contact and Health Information			
Emergency Contact:			
Relation:	Parent <input type="checkbox"/>	Spouse <input type="checkbox"/>	Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>
Address:		Phone Number:	
Do you have Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Please List:			
Please check all that apply:			
Diabetes <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	Liver Disease <input type="checkbox"/>	Hepatitis <input type="checkbox"/> Seizures <input type="checkbox"/> Other <input type="checkbox"/> _____
Please Describe:			
Please List any Medications you are currently taking:			
		How Long:	
T.B. Skin Test <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of last test:		Positive <input type="checkbox"/> or Negative <input type="checkbox"/>
Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Positive, were you referred for treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preventative T.B. medications: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where:		
Previous Diagnosis and Treatment History: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list diagnosis:			
Mental Health Symptoms or Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, please explain?			
Have you attempted Suicide in the past: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many times?	
Did you have a specific plan?			
Were you under the influence at the time: <input type="checkbox"/> Yes <input type="checkbox"/> No		When was your last attempt?	

According to the Stewart B. McKinney Act, 42 U.S.S. 11301 (1994), a person is considered homeless who "lacks fixed, regular, and adequate nighttime residence and has a primary nighttime residency that is (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations ... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. "42, U.S.C. 11302 (a) The term "homeless individual does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or state law." 42 U.S.C 11305 (c)



Resident Rights (Form 5)

You have the right...

1. To be treated with consideration and respect, without discrimination in eligibility determination.
2. To know, by name, the staff members working in the Recovery House.
3. To give informed consent for services.
4. To privacy and individuality, to be treated with consideration, and respect as it relates to your recovery program. .
5. To submit grievances, if needed, to the owners of SLV Recovery LLC.
6. To make reasonable requests to support your recovery program.
7. To obtain information regarding SLV Recovery LLC and their relationship to other health care related institutions when you are referred for services or programs.
8. To be afforded the opportunity to participate in planning your recovery program and to refuse to participate in human subject experimental research.
9. To be free from verbal, mental, physical, and sexual harassment or abuse.
10. To have access to house policies and procedures that apply to the residents in the house.
11. To establish a Release of Information (ROI) to approve the release of any information to an individual or entity outside of SLV Recovery LLC, except as otherwise provided by law.
12. To be assured that Federal Regulations are being applied in all disclosures of any confidential information as applicable.
Confidential information, without the residents, expressed consent, can be disclosed in the following cases:
 - a. Resident's death – information can be given to the next of kin or others with the next of kin's permission
 - b. Suspected child abuse/neglect
 - c. Threats made by a Resident toward self and/or others' the threatened party(ies), and the police will be notified.
 - d. Court order
 - e. Resident's medical emergency
13. To be fully informed as evidenced by your written acknowledgment before or at the time of admission and during your residency at SLV Recovery LLC, of the rights and responsibilities set forth herein and of all rules and regulations governing client conduct and responsibilities, and client grievance procedures.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____



(Sample) Schedule of Daily Activities

Monday	Tuesday	Wednesday	Thursday	Friday
6:00am-6:40am	6:00am-6:40am	6:00am-6:40am	6:00am-6:40am	6:00am-6:40am
House Chores	House Chores	House Chores	House Chores	House Chores
Un-employed	Un-employed	Un-employed	Un-employed	Un-employed
6:45am-7:45am	6:45am-7:45am	6:45am-7:45am	6:45am-7:45am	6:45am-7:45am
Recovery Literature Study	Recovery Literature Study	Recovery Literature Study	Recovery Literature Study	Recovery Literature Study
Attend I.O.P. or Seek Employment	Attend I.O.P. or Seek Employment	Attend I.O.P. or Seek Employment	Attend I.O.P. or Seek Employment	Attend I.O.P. or Seek Employment
9:30am-3:00pm	9:30am-3:00pm	9:30am-3:00pm	9:30am-3:00pm	9:30am-3:00pm
Staff to provide recovery support/intake services	Staff to provide recovery support/intake services	Staff to provide recovery support/intake services	Staff to provide recovery support/intake services	Staff to provide recovery support/intake services
6:00pm-7:00pm	6:00pm-7:00pm	6:00pm-7:00pm	6:00pm-7:00pm	6:00pm-7:00pm
Recovery Class/Meeting	Recovery Class/Meeting	Recovery Class/Meeting	Recovery Class/Meeting	Recovery Class/Meeting
9:45pm-11:00pm	9:45pm-11:00pm	9:45pm-11:00pm	9:45pm-11:00pm	9:45pm-11:00pm
Resident Fellowship	Resident Fellowship	Resident Fellowship	Resident Fellowship	Resident Fellowship
11:00pm Curfew	11:00pm Curfew	11:00pm Curfew	11:00pm Curfew	11:00pm Curfew

The above and weekend schedule will be set based on the services provided by each house.



Recovery Goals - Including Expectations (Form 6)

SLV Recovery LLC is an environment that promotes and supports healing and recovery, where safety and respect for others are of the highest importance. Keeping this in mind, there are items, actions and behaviors that do not support a safe healing environment.

As a resident of SLV Recovery LLC I understand that possession of or engaging in any of the following may mean accepting added support or recommendations can be made for a change in my residency with alternative living arrangements.

I commit to the following:

1. To not have in my possession or be under the influence of Alcohol or Drugs while a resident
2. Engage in Violence or Threats of Violence
3. Engage in Racial slurs or innuendo
4. Participate in Sexual Harassment or Sexual Acting Out
5. Engage in Stealing
6. Be in Possession of any form of a Weapon or Firearm
7. Participate in Gambling, this includes the Lottery

Residents will be expected to:

1. Attend and participate in Peer-Led mutual-help support groups
2. Have a mutual help support group sponsor or equivalent.
3. Participate in all scheduled daily house activities
4. Observe curfew as related to your house responsibilities, status, or privileges
5. Perform house chores as assigned
6. Smoke only in designated areas outside of the house. I understand that violation of this may mean accepting added support or alternative living arrangements may be recommended
7. As a resident of SLV Recovery LLC, I accept that in a peer led, social model it is my responsibility to accountable the other members of the house and hold myself accountable if the above house Goals/Guidelines are not being followed. Also, as a member of this community, it is "Our" responsibility to notify Staff of any instances where Goals/Guidelines may affect the safety or overall health of the house.
8. I understand that my house records, reports, and paperwork are confidential. However, my recovery progression and status may be posted on status boards, along with other residents of the house.

Statement of Understanding:

By signing below, I acknowledge having been oriented, agree to, and have received a copy of SLV Recovery LLC Recovery Goals, Guidelines, Schedule of Activities/Responsibilities, and agree to follow them. I understand that these standards are in place to support healthy recovery and for the benefit of everyone in the community, I will do my part to be a positive person in recovery and support myself and my community in achieving these standards. I also understand that SLV Recovery LLC may seek indemnification (damages) from me if I am found to be responsible for inflicting harm upon the physical house or upon another resident of SLV Recovery LLC.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____



Disposition of Resident Property / Inventory (Form 7)

This is an inventory of your personal property. With SLV Recovery LLC staff assistance, please list all the personal items you initially have with you at the time you arrive. During your time as a resident, your property and possession inventory will change. Please bring any additional personal items to staff before taking them to your room to add to the inventory; and please make staff aware of the items that may need to be removed from this list.

Clothing:	Qty:	Personal Items:	Qty:	Toiletries / Miscellaneous:	Please list all Electronics Below:
T-Shirts		Wallet			
Shirts		Jewelry			
Pants/Jean s		Watch			
Hoodie		Eyeglasses			
Sweatshirt		Sunglasses			
Sweatpants		Hair Dryer			
Hats		Backpack			
Shorts		Tote Bag			
Underwear		Clock			
Socks-Pairs		Towels			
Shoes		Washcloth			
Jacket		Sheets			
Gloves		Blankets			
Pajamas		Pillowcase			
Bras		Pillow			
Slippers		Cups			

As a resident of SLV Recovery LLC, I am accountable to manage my personal belongings and do not hold the Owner/Operator, Staff, or Peer Leader(s) responsible for the items in the above list, or those not listed in this inventory from. I also understand that they are not responsible for the loss of other authorized items resulting from my being negligent in properly securing my personal property. I understand that upon my permanent departure from the house, any personal property left by me (for any reason) and not retrieved by me or a person I've designated to the staff of the home, is to be retrieved within 30 days, or they will dispose of that property as SLV Recovery LLC sees fit.

Resident Name: _____

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____



Return of Property

I, the undersigned, am collecting and have checked the property of the former resident named above and accept it as being complete. Each item indicated above is present and in acceptable condition.

Receiver of Residents

Date: _____

Personal Property: _____

Staff Signature: _____

Date: _____

SLV Recovery LLC

Grievance Procedure (Form 8)

[illegible]



Optional: If you would like to talk with someone about your Complaint or be contacted for further explanation or when an outcome has been determined, please provide your name, address, and phone number below.

Name: Phone:

Address:

City: State: Zip:

Outcome/Solution: Date:

☐ The Complaint was not resolved satisfactorily and was referred to [\[enter responsible parties Name and contact information here\]](#)



Dual Relationship Policy/Boundaries (Form 9)

Affiliated persons of SLV Recovery LLC are to adhere to the goals and guidelines established in the Dual Relationship Policy. An affiliated person is anyone who is connected to the house as an Owner, Operator, Staff, Peer Leader, or Volunteer. A Dual Relationship is a situation in which an affiliated person has a relationship with a resident both personally and through their connection to SLV Recovery LLC

1. All affiliated persons are required to read the Dual Relationship Policy upon Employment or beginning their volunteer service at SLV Recovery LLC
2. Affiliated persons are required to sign the written statement below that they have received this policy.
3. The house Owner/Operator is to ensure all affiliated persons understand the Dual Relationship Policy.
4. Affiliated persons consult with the house Owner/Operator regarding any situation which may violate this policy.
5. Unacceptable dual relationships which are strictly prohibited include:
 - A romantic or sexual relationship with a resident
 - A current resident moving into an affiliated person's home as a resident
 - Receive a cash payment, rebate, commission, preference, discount, or any service of value or for referrals to or from the SLV Recovery LLC Brokering of residents to receive a "kickback" is prohibited.
 - Exchanging money with a resident.
 - Borrowing or lending items to a resident.
 - Individual gifting between a staff member/peer leader and a resident.
 - Hiring or allowing a resident to perform work for the affiliated person's personal business, home, or family, such as housekeeping, babysitting, yard work.
 - Managing or controlling a resident's personal funds, with the exception of a Payee Program or house banking services for deposits and withdrawals.
6. The following are examples of dual relationships that may or may not be acceptable and require the approval of the Owner/Operator, house Staff, Peer Leaders, and residents:
 - Hiring or allowing a resident to perform work for the affiliated person's personal business, home, or family, such as housekeeping, babysitting, yard work without the expressed consent of SLV Recovery LLC staff and other residents of the house.
 - Lending money to a resident in an **emergency**.
 - Accepting gifts from a resident or group of residents for a special occasion.
 - Social contact with a resident that is outside the affiliated person's professional responsibilities, during any non-compensated hours.

Dual Relationship Policy Acknowledgement

I have received and read SLV Recovery LLC Dual Relationship Policy. I have discussed any questions or concerns regarding this policy with my Supervisor/Owner Operator. If situations arise related to my interactions with the residents of SLV Recovery LLC, I will discuss the situation with my supervisor. I am aware that a copy of this statement will be retained if the need arises to refer to it in the future.

Affiliated Person: _____

Date: _____

Print Name: _____

Staff Signature: _____

Date: _____

Medication Log (Form 10)

Resident Name: _____ Date: _____

Medication Name: _____ Dosage: _____ Beginning Amount (Count): _____

Prescriber: _____ Phone Number: _____

[illegible]

Staff Instructions:

Residents will have a Medication Log Sheet for each of the medications prescribed by their physician.

Monitor the following:

1. The resident records the "Date" and "Time" in the appropriate column.
2. Resident records quantity in the "Amount" column.
3. Resident records quantity taken in the "Amount Taken" column.
4. Resident records quantity remaining in the "Remaining Amount" column.
5. Resident initials the line

Discrepancies in the medication amounts need to be reported to the Owner/Operator immediately.



Safety Inspection Log (Form 11)

Smoke Detector Log			
Detector Location:	Date Checked:	Initials:	Notes:

Carbon Monoxide Detector Log			
Detector Location:	Date Checked:	Initials:	Notes:

Fire Extinguisher Log			
Extinguisher Location:	Date Checked:	Signature:	Notes:

[illegible]

[illegible]



Resident/Staff Maintenance Request (Form 14)

Resident/Staff Name: _____ Date: _____

If applicable, Permission to enter without notice? **Yes** **No**

Location of Request/Room # _____

Issue: _____

Service to be Performed By: _____ Scheduled Service Date: _____

Repaired by: _____ Date: _____

Corrective Action/Repair: _____

Follow-Up Required: _____

If applicable, Permission to enter without notice? **Yes** **No**

Additional Notes (Owner/Operator only): _____

Staff is to attach all copies of all relevant receipts, invoices, expenses, or materials used in the completion of the maintenance request. (if there is a stockpile of leftover materials, please list the location of the left-over materials.)

[illegible]



Resident Fee's Repayment Agreement (Form 16)

SLV Recovery LLC fee is \$650.00 per month with a \$650.00 deposit for a single room and \$550 per month with a \$550 deposit for a double room.

This repayment contract is made between SLV Recovery LLC and the signing resident.

Select One or Both - FOR - the following amounts:

Monthly Resident Fee's Amount: \$ _____

Deposit Fee Amount: \$ _____

The total amount of all pending fees scheduled for repayment is: \$ _____

The resident agrees to pay an additional \$ _____ per week for a total of _____ weeks (not to exceed 6 weeks).

This will bring the adjusted total payment per week to: \$ _____

(Normal weekly rate + additional weekly payment)

This agreement will take effect on the date signed and the resident agrees to begin paying the adjusted weekly amount on: Date Adjusted Payment Begins _____

These additional payments will be noted as a separate line item on the standard fee payment receipt. A copy of this form will be placed in the resident's file and a copy will be given to the resident. The content of this agreement is subject to the confidentiality statement regarding Repayment Agreements located in Form 2.

The contents of this repayment agreement shall remain in effect until the repayment agreement is paid in full. No adjustment will be made to this agreement after it has been signed.

Any resident under repayment agreement may request a revised repayment agreement at any time. If the Staff and/or Owner/Operator agree that the resident has made a good faith effort to meet the requirements of this agreement they may, at their discretion, agree to enter into a new repayment agreement in an effort to promote the recovery of the resident in accordance with SLV Recovery LLC mission and philosophy. If a new repayment contract is agreed to, this agreement will become void and a new written repayment agreement will be signed.

Failure to meet the obligations of this agreement will be grounds for being asked to seek alternative living arrangements.

Name (print): _____ Date: _____

Signature: _____

Recovery Residence Staff: _____ Date: _____

Recovery Residence Owner/Operator: _____ Date: _____



COVID-19 – Coronavirus Questionnaire (Form 17)

Name (print): _____

Date: _____

Date of Birth: _____

Recovery Residence Pre-Screen questions:

- Determine if the person entering the house has a fever, by:
 - Taking their temperature using a medical grade thermometer, AND
 - Asking “Have you felt like you had a fever in the past day?” Yes No
 - Ask, “Do you have a new or worsening cough today?” Yes No
 - Ask, “Do you have any of these other symptoms?” Yes No
 - Shortness of breath or difficulty breathing Yes No
 - Fatigue Yes No
 - Muscle or body aches Yes No
 - Headache Yes No
 - New loss of taste or smell Yes No
 - Sore throat Yes No
 - Congestion or runny nose Yes No
 - Nausea or vomiting Yes No
 - Diarrhea Yes No
- In the last 14 days, have you
 - Had close contact with a person who is under investigation or confirmed for the novel coronavirus disease (COVID-19) Yes No
 - Traveled to an area in the United States with sustained transmission of COVID-19 in the community Yes No
 - Traveled to China, South Korea, Japan, Italy or Iran, or a country with CDC Level 2 Yes No
- If the answer to any of the above questions are “Yes”, then the following guidelines from **Attachment A: in the Recovery Housing COVID-19 Protocol** will be followed:
- Any symptomatic persons by the above criteria will be referred to the medical provider of their choice for follow up testing **prior to** admission into the residence.
- If a resident has a fever or any of the above of the above symptoms, provide them with a mask to be worn over their nose and mouth.
- Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- If the healthcare provider has determined medical intervention is required, notify management and direct resident to a designated isolation area or if residing in a single room to isolate themselves until arrangements are made for transport to follow the recommendations of the healthcare provider. If transport is required, please request the following of the resident:
 - To leave isolation only to use the restroom while wearing a mask.
 - Wash hands. Use hand sanitizer containing at least 60% alcohol.
 - Keep at least 6 feet of distance between themselves and others.

For further guidance refer to **Attachment A: Recovery Housing COVID-19 Protocol**

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/screening-clients-respiratory-infection-symptoms.html>

Name (print): _____

Date: _____

Signature: _____

Recovery Residence Staff: _____

Date: _____



Guidelines for Health and Hygiene in Recovery Housing

(Appendix A)

Purpose: The purpose of this paper is to provide overall guidance for the prevention of infectious disease within recovery housing. This provides basic guidelines with CDC references for those responsible for the operation of the RH 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 largely accomplished with proper hygiene and protocols for those living in recovery homes. However, this is not a guarantee that those living within the facility will not become infected but will reduce that likelihood within the facility. The recommended procedures vary based upon the NARR level of the home and the unique risk of the residence.

Covered Subjects

1. Risk of Comorbidities in RH Residents
2. Recommendations for Collaborative Partners
3. Recommendation for Screening and Vaccines
4. General Individual Guidelines for Addressing COVID-19
5. Cleaning and disinfecting guidelines **INCLUDE BLOOD OR BODILY FLUID SPILLS**
6. Other Communicable Disease
7. Recommendation for following CDC recommendations for prevention of the spread of infectious diseases in aggregate living arrangements

Types of Infections

The overarching concern at this time is COVID-19, but that is not the only potential agent of disease that can be easily spread between individuals living in the same facility. The agents include but are not limited to:

- Coronavirus
- Hepatitis A, B and C
- Viral gastroenteritis
- Respiratory viruses e.g. respiratory syncytial virus
- Virulent bacteria, e.g. strep throat or bacteria that cause diarrhea and colitis
- Checklist

Medical Care

Nothing here is to override medical advice from a qualified practitioner. Each RH and residents should have access to a physician that will be able to provide consultation and care to address each specific situation and 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 occurred with the coronavirus pandemic.



Risk of Comorbidities in RH 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, cardiovascular disease. “In addition to the direct effects, substance use disorders can have an indirect negative impact on the management of medical conditions. For example, people with substance use disorders are less likely to adhere with their treatment plans or to take medication regularly, which worsens the course of their illnesses. In addition, substance use can diminish the effectiveness of medications for physical conditions”¹

Recommendations for Collaborative Partners

Because of the increased risk for those with SUD combined with aggregate living it is recommended that residents have medical coverage. Depending upon the level of the RH this may be the individual’s responsibility, e.g. in an Oxford House type setting where each individual is responsible for their recovery in a collaborative living arrangement. It is recommended that the RH operators establish a collaborative relationship with a local physician that may be available for advise on how to manage specific circumstances as well as review guidelines to ensure they are up to date. Additionally, it is recommended that RH 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 upon 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 RH’s.

1. **HIV** – All residents in RH are recommended to be tested for HIV because of the increased risk of those with SUD. Those with increased risk should be tested annually², however this should be determined by there healthcare provider. If residents have HIV they should be followed by a physician with HIV expertise. CDC information is also available for their use.³
2. **Hepatitis A** – A vaccine is recommended for those in RH based upon the risk of those with SUD and also the CDC recommendation for those in correctional facilities and for homeless facilities. Additionally, the CDC recommends the vaccine for these individuals⁴:
 - 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

¹ <https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/1155-common-comorbidities-with-substance-use-disorders.pdf>

² <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html>

³ <https://www.cdc.gov/hiv/basics/prevention.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Diagnosis,-and-Notification>



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

4. **Hepatitis C** – The recommendation is that all residents be tested for HCV. This follows from the CDC recommendations that the following people should be tested:

- 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

5. **Flu Vaccine** – The recommendation is that every resident get an annual flu vaccine if they are not prohibited because of allergies e.g. to eggs.⁵ 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.

People who SHOULD NOT get the flu shot:

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

6. **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.

⁵ <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>



General Individual Guidelines for Addressing COVID-19

Much is still unknown about COVID-19, but some guidelines are clear that will reduce the spread of the virus.

Establishing these basic guidelines for residents of RH will help reduce the incidence and make a safer place to live for all. These guidelines will change with time and as such please referenced the CDC for updated guidelines as we learn more about this virus and its spread.

Some of the basics include those recommendations for the spread of colds and other respiratory diseases including hand washing and covering your coughs by coughing into the fold of your arm and not into your hands. To protect you're the CDC recommends:

These general guidelines should be made available to Everyone in the RH.

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's especially important to wash:
 - 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 and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Inside your home:** Avoid close contact with people who are sick.
 - If possible, maintain 6 feet between the person who is sick and other household members.
- **Outside your home:** Put 6 feet of distance between yourself and people who don't live in your household.
 - Remember that some people without symptoms may be able to spread virus.
 - [Stay at least 6 feet \(about 2 arms' length\) 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 COVID-19 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.



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⁶ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/>

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>



- Do NOT use a mask meant for a healthcare worker. Currently, surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
- Continue to keep about 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 6 feet apart from others that you do not live with.
- CDC recommends that people wear masks in public settings when around people who don't live in your household, especially when other [social distancing](#) measures are difficult to maintain.
- Seek out a "buddy" in the facility who will check on you and make sure you are getting basic 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 about getting extra necessary medications to have on hand for a longer period of time, or to consider using a mail-order option for medications.
- Be aware of serious symptoms of if you have underlying conditions, of [COVID-19](#) symptoms, and know who to ask for help or when to call 911.
- [Extra steps to take if you are at-risk.](#)

Know where to get information

- Make sure you know how your facility is going to communicate COVID-19 information to you; email, websites, hotlines, automated text messaging, newsletters, and flyers to help communicate information on.

The facility

- COVID-19 prevention supplies should be provided in common areas, such as 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 in 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:

- Access should be available, but the number of people should be restricted so that everyone can stay at least 6



feet apart from one another.

- People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 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 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 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 COVID-19

Managers/Operators

Residents should notify manager if they think they may or have a confirmed case of COVID-19. If managers do receive information that someone in your 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 COVID-19 symptoms.
 - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 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, ride-sharing, or taxis.
- These guidelines should be made available: [What to do if you are sick](#)
- [Isolate if you are sick](#)

COVID-19 – Coronavirus Questionnaire for Entry of New Resident and



Sample Protocol for Recovery Housing- [See Attachment A]

- Determine if the person entering the house has a fever, by:
 - Taking their temperature using a temporal thermometer, AND
 - Asking “Have you felt like you had a fever in the past day?” Yes No
 - Ask, “Do you have a new or worsening cough today?” Yes No
 - Ask, “Do you have any of these other symptoms?” Yes No
 - Shortness of breath or difficulty breathing Yes No
 - Fatigue Yes No
 - Muscle or body aches Yes No
 - Headache Yes No
 - New loss of taste or smell Yes No
 - Sore throat Yes No
 - Congestion or runny nose Yes No
 - Nausea or vomiting Yes No
 - Diarrhea Yes No
- If a volunteer, visitor, or guest has any of the above symptoms or temperature, please direct them urgent care, the ER or to their primary health care provider.
- If a resident has a fever or any of the above of the above symptoms, provide them with a mask to be worn over their nose and mouth.
- Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- If the healthcare provider has determined medical intervention is required, notify management and direct resident to a designated isolation area or if residing in a single room to isolate themselves until arrangements are made for transport to follow the recommendations of the healthcare provider. If transport is required, please request the following of the resident:
 - To leave only to use the restroom while wearing a mask.
 - Wash hands. Use hand sanitizer containing at least 60% alcohol.
 - Keep at least 6 feet of distance between themselves and others.

Current residents and new resident admissions will be screened for symptoms of COVID-19 (Coronavirus) Persons exhibiting symptoms will be referred to the medical provider of their choice for testing **prior to** admission to the house.

Cleaning and Disinfecting Guidelines

The following recommendations are taken from CDC. CDC does not have specific recommendations for RH so the



recommendations for institutions where people live together and utilize common space much like RH 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 **does house 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.
- 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 [Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019](#). This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to 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 instructions. Additionally, protective clothing should include a mask, face shield, gloves, foot covering and gown.

Hard (non-porous) surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. 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 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 items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#)[external icon](#) 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

- In order 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. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. 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 guidance above 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. These cannot guarantee that transmission will not occur but reduce the risk of transmission.

Other Communicable Diseases

Other communicable diseases that often affect those living in aggregate living include viral infection including gastroenteritis as well as some bacterial infections. Several viruses may cause viral gastroenteritis, Norovirus being on the more noted one. It has been common on Cruises is very contagious and is often spread via food and contaminated surfaces. Hand washing and proper food preparation is important to prevent spreading the disease. Fortunately, the recommendations for COVID-19 also apply to reducing the spread of these viruses. Other infections include bacterial infections such as strep throat. Again, the COVID-19 recommendations will cover this. It is also appropriate for unknown infections of any sort to be evaluated by a qualified physician. Additionally, consultation with the Collaborative physician is recommended. Some recommended activity may be required and involvement of the Local Health Department to find and eliminate the source of these diseases and for their required tracing.

Recommendation for following CDC recommendations for prevention of the spread of infectious diseases in aggregate living arrangements

It is important to continue to monitor the CDC recommendations. As new information becomes available guidelines may change according to medical and scientific recommendations. CDC does not have specific recommendations for



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RH's yet congregate living examples may be available. By following the CDC guidelines, you can protect yourself and those under your care and supervision.