

Recovery Housing

Consumer Guide

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Recovery Housing Coalition of Connecticut

Purpose of the Recovery Housing Coalition of Connecticut

1. To establish minimum standards to open and operate Recovery Houses assuring quality and safe housing for persons in recovery.
2. To protect the integrity and reputation of the Recovery House Industry.
3. Create a resource list of Recovery Houses for use by informational and referral agencies (including Connecticut's Infoline) describing the purpose of each house and the eligibility requirements.
4. To encourage and promote referral linkages between health, correctional and human service agencies, and the Recovery Houses.
5. To come together as a group to take advantage of greater purchasing power.
6. To identify possible funding sources that would help ensure continuity of operations.
7. To develop a presence at applicable state agencies, the legislature and other organizations to influence policies and protect their rights as Recovery House Owners.
8. To share ideas regarding management issues related to the operation of Recovery Houses.
9. To provide and obtain training/technical assistance required for successfully opening and operating a Recovery House.
10. To conduct a study of Recovery Houses to identify the unique role that the Houses play in the overall continuum of care in supporting a person in recovery, preventing their relapse and improving their quality of life.
11. To hold periodic meetings helping managers to network and to share ideas.
12. To help carry out additional initiatives identified by the Recovery House Coalition of Connecticut.

Are there standards that govern Recovery Housing?

The CCAR Recovery Housing Coalition is a group of individuals and companies that provide housing for those in the recovery community. The coalition offers educational, advocacy, and organizational support for its members. Additionally, information about housing services offered by coalition members is made available to recoverees and providers through the CCAR telephone contact program, as well as its website.

A significant goal of the coalition is to help assure that recoverees have safe and habitable housing. All houses must be managed in an ethical, honest, and reasonable fashion. The coalition has drafted minimum standards for recovery housing. Owners of recovery housing who adhere to the minimum standards are entitled to be members of the CCAR Recovery Housing Coalition.

The process of establishing and monitoring minimum standards is an evolving one, intended to elevate the quality of recovery housing available to recoverees. There are four major components of the standards which broadly include (1) operating structure (policies / procedures); (2) physical plant; (3) evaluations and inspections; (4) ethical standards.

I. POLICIES, PROCEDURES, AND HOUSE STRUCTURE

- A. Each house shall have a mission statement which promotes an environment that provides for recoverees to live as a family unit.
- B. Each house shall have published admission criteria, which may include the right of the house owner to define the target population for recoverees, consistent with federal, state, and local laws, and which policy shall be implemented consistently;
- C. House rules and regulations must be posted in each house, reviewed with all residents, signed by each resident, and include provisions on:
 - i. Recovery based and house meetings, including a minimum of five (5) recovery oriented meetings per week, which may be 12

step or faith based recovery meetings, in addition to any outpatient treatment and/or religious program attendance, and a mandatory weekly house meeting;

- ii. Immediate discharge for relapse, stealing, and/or disruptive behavior;
 - iii. Curfew;
 - iv. Guests;
 - v. overnight visits;
 - vi. Employment or daytime activity;
 - vii. Prohibition on smoking inside the house;
 - viii. Medication;
 - ix. Explanation of management structure and contact information for staff on a 24/7 basis;
 - x. a written safety, fire, and emergency policy which must be reviewed with all residents;
 - xi. A grievance procedure, which includes a posted bypass procedure for direct communication to CCAR;
 - xii. A procedure for how and/or where to contact tenants in the event of an emergency if tenants are not at home;
 - xiii. Drug and alcohol testing;
 - xiv. Rent and any additional costs or charges.
2. Minimum standards for each dwelling unit include:
- A. All living space must be finished, furnished, and have operational locks on exterior doors and first floor windows;

- B. Every dwelling unit must have:
 - i. a fully functional kitchen, including a stove, microwave, sink, and refrigerator;
 - ii. A fully functional bath room including a toilet, sink, and bathtub or shower, with no more than six (6) people sharing a bathroom;
 - iii. and central heat, including a prohibition on portable heating units;
- C. Each bedroom must be limited to no more than two residents, must meet minimum state standards as to size, (and local standards as to size, if any), and must not require passage through another room to gain entry;
- D. Each house must comply with applicable governmental standards with respect to smoke detectors, carbon monoxide detectors, and fire extinguishers. On floors with kitchens, the fire extinguishers shall be located in the kitchen;
- E. Furniture must be:
 - i. Complete, clean, and in good repair;
 - ii. Replaced at reasonable intervals
 - iii. Curb appeal
 - i. Outside appearance must be neat, clean, and well maintained;
 - ii. Outside appearance must, at a minimum, be consistent with neighborhood.
- F. Each house must have a maintenance program to address routine and emergency repairs and maintenance in a timely fashion

3. Inspections and Evaluations

A. Surveys

- i. Recoverees;
- ii. Providers

B. Inspection by CCAR outside evaluator or two members of executive committee shall be performed at least one time per year at each house and additionally, may include random inspections and inspections related to specific issues or complaints.

4. Ethical Standards

House Owners / House Managers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

House Owners / House Managers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the House Owner / House Manager and client to maintain appropriate professional boundaries. House Owners / House Managers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

House Owners / House Managers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If House Owners / House Managers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is the House Owners / House Managers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

House Owners / House Managers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing

clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the House Owner / House Manager and individual to maintain appropriate professional boundaries.

House Owners / House Managers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). House Owners / House Managers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

House Owners / House Managers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

House Owners / House Managers should not use derogatory language in their written or verbal communications to or about clients. House Owners / House Managers should use accurate and respectful language in all communications to and about clients.

<i>Types of Recovery Houses</i>	
Recovery House	Treatment Programming Live in State Licensed 24 hr Staffing
Recovery Living Center (3/4 House/Transitional Housing)	Live in/Work out Ongoing Recovery Support Services 12 Step or Faith-based meeting attendance strongly encouraged 24 hr House Management
Sober House Oxford House	Live in/ Work out 12 Step or Faith-based meeting attendance strongly encouraged Leased and democratically run by residents

Recovery Living Center

What is a Recovery Living Center?

Recovery Living Centers provide housing supports in a staff and peer-based congregate setting with a safe, clean and sober environment for adults with substance use disorders or co-occurring substance use and mental health disorders in a staff/peer run moderately structured congregate living arrangement in the community.

Residents of the house are usually required to be engaged in one of the following services: clinical, case management, peer or faith-based services.

Residents of the house have access to staff (paid or unpaid) 24/7. The owner or house manager must be available 24/7.

Residents of a Recovery Living Center are responsible for the preparation of their own meals. Additionally, residents are solely responsible for the storage and administration of their medication, if applicable. Recovery Living Centers are intended to provide an environment that assists the individual to work on achieving autonomy, including gainful employment and independent living in the community. Residents will have the opportunity to participate in peer-facilitated on-site activities and community based activities that promote recovery. Recovery Living Centers must be in full compliance with all state and local zoning and safety requirements.

Sober House/Oxford House

What is a Sober/Oxford House?

Sober Houses provide safe, clean and sober environments for adults with substance use disorders or with co-occurring substance use and mental health disorders in a peer-run congregate living arrangement in the community.

Individuals who access Sober Houses are usually engaged in one of the following services: clinical, case management, peer or faith-based services.

Sober Houses are intended to assist the individual in achieving autonomy, gainful employment and independent living in their community. Individuals in a Sober House must be able to return to work. Owners who are managing the Sober House are not required to be on site 24/7. Sober Houses may have an employment requirement.

For more information on Oxford Houses visit <http://www.oxfordhouse.org/>

What should I look for in a Recovery Living Center?

Ask for a tour. Look for the following:

Mission/Philosophy of Program

A written statement that describes the facility's mission and intention to provide quality recovery care to individuals and families striving to maintain recovery.

A written description of what is offered to the residents.

Safe and comfortable living accommodations.

Policies that encourage and support residents in practicing the faith-based activity of their choice.

Physical Plant/Codes

The appropriate zoning for the number of people residing in the house. Adherence to all fire codes and maintain required equipment (smoke detectors, accessible fire extinguishers)

Adequate furniture per person, kitchen facility, bathrooms, and sufficient common space for the number of people residing in the house.

Comprehensive General Liability Insurance

Liability insurance that provides coverage for injury to residents, visitors or property damage.

Staffing Coverage

Staff coverage for supervision or a designated individual responsible for house operations 24hrs day, seven days a week.

System for accounting for residents.

Written policy on medication.

Description of Intake Criteria and Intake Process

Written description of intake criteria and admittance process.

Written description of policies regarding resident's admission criteria.

A policy that resident transfers must leave in good standing. Good standing would include, but is not limited to rent, house dues, and house violations.

Clearly Articulated and Documented (Written) House Rules

Clear and documented (written) house rules, such as house visitation policy and hours, curfew limits, furlough policies and expectations on attendance at fellowship meetings and/or house meetings.

Orientation for all new residents covering house rules and regulations.

Schedule on the collection of fees/rent signed by the resident as part of rental agreement.

A clear and written drug/alcohol screening policy/procedure for urine testing as well as pre-set sanctions for use and a clear prohibition of substance use in the house. This policy is reviewed and signed by each resident.