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Author

FLETCHER GROUP, INC.

RURAL RECOVERY HOUSE HANDBOOK TEMPLATE

*The purpose of this handbook is to provide a framework of general policies and procedures to assist Recovery House operators in rural geographic areas with a basic reference guide. The outline is meant to be a helpful start-up document that may be personalized for individual house operators.*

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[House Name]

# **Mission/Philosophy**

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

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

**Guiding Principles**:

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

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

# **POLICY AND PROCEDURES**

# 

# **NON-DISCRIMINATION**

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

# **STAFF BACKGROUND CHECK**

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

# **EMPLOYMENT OR CONTRACTING WITH RESIDENTS, IF APPLICABLE**

This section applies to [enter house name here] offering employment to its residents.

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

# **FINANCIAL MANAGEMENT**

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

**Money Management**

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

**Budgeting**

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

1. Start with income – this includes take home pay and other sources of revenue that your RH residents may have

2. List regular bills such as rent, food, telephone, old debts, etc. These are priority expenses and will come before discretionary spending. Always pay bills on time to avoid late charges and negative credit.

3. Put money in a savings account for an emergency fund on a regular basis. Even if it is a modest amount, it will add up. When possible, use direct deposit with an amount directed to a separate savings account.

4. Plan to spend a predetermined amount of money on discretionary expenses such as entertainment, clothing, and treats. This is the area of the budget that will be reduced to make sure that regular bills get paid. Be careful that your RH residents are not shopping to fill a void created by giving up old behaviors. Recommend to your residents that they take out cash that they can spend on discretionary items weekly. Teach them the envelope system where they have envelopes that they fill with an allotted amount of money for different expenses (food, clothing, gas, etc.)

**Banking**

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

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

**Support System/Sponsor Support**

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

# **STAFF, OWNER, OPERATOR AND VOLUNTEERS CODE OF ETHICS (FORM 1)**

* The [enter house name here] Owner, Operator, Staff, and all Affiliated persons are to adhere to a Code of Ethics as established by recognized national organizations, e.g., the National Alliance for Recovery Residences or other such organizations or by state policy. See for example: NARR National Overview of Recovery Housing Accreditation Legislation and Licensing (<https://mhacbo.org/media/NATIONAL.OVERVIEW.RECOVERY.HOUSING.January.2020.pdf>
* An affiliated person is someone who has a relationship with a client both personally and through their connection to the [enter house name here].
* Please see **Form 1** read and sign the [enter house name here] Code of Ethics. The original signature page is to be kept and filed. A copy of the signature page will be given to the signee for their records and review.

# **RESIDENT FEE POLICY AND AGREEMENT (FORM 2)**

* Before acceptance into the [enter house name here], the applicant is to be informed of all fees necessary to become a resident. Fees may be those charged directly to the resident, or those that may be assigned to [enter house name here] by the resident such as SNAP, Section 8 Housing Vouchers, or other public and private funding streams. Additionally, if services are to be billed to Medicaid or other third-party payers, such arrangements are explained to the resident and appropriate documentation is completed.

* These financial responsibilities will be read to the applicant by RH personnel during the resident’s orientation and signed by both upon admission into the [enter house name here]. Please see **Form 2.**

# **ACCOUNTING USED TO TRACK RESIDENT PAYMENTS, INCLUDING 3RD PARTY PAYMENTS**

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

# **RESIDENT FEE REFUNDS**

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

# **INFORMING RESIDENTS OF 3RD PARTY PAYERS**

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

# **CONFIDENTIALITY: RELEASE OF PERSONAL IDENTIFIABLE INFORMATION**

# **(FORMS 3 A&B)**

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

1. The resident requests to view their record.
2. The resident has signed a release of information form for the specific person who has requested to view the record, or any parts thereof, in which case a statement forbidding further disclosure will be stamped on each page released.
3. A court order is furnished requesting the record, or any part thereof.
4. A situation in which the resident's life is in danger and the record or a portion of it would aid in the treatment of the resident.

# **MEDIA CONSENT PROCEDURE**

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

# **ADMISSION POLICY (FORM 4)**

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

**Admission Criteria may include, but is not limited to**: [owner operator to determine and publish]

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

# **RESIDENT INTAKE PROCEDURES**

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

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

* The resident will then be assigned a room if they do not have an opportunity to choose one, introduced to the other members of the house, and escorted to their room.

# **WAITING LIST**

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

1. Individuals deemed appropriate are placed on a waiting list, maintained by RH staff.

2. Potential residents on the waiting list must contact the RH on a weekly basis (either by phone or letter) to maintain their place on the waiting list. Notation will be made on the waiting list after weekly contact is made by the potential resident.

a. Names may be dropped from the waiting list if this weekly contact is not done.

b. Anyone whose name has been dropped will have to complete another screening and their name will be placed at the bottom of the waiting list.

c. If anyone other than a potential resident makes contact regarding the waiting list, staff will make notation of the call. However, staff will not confirm or deny the potential resident’s presence on the waiting list.

3. When a bed becomes available, individuals will be called starting with #1 on the waiting list. If the first attempt to reach the first person on the list is unsuccessful, a second attempt will be made within one day of the initial call. If this attempt is also unsuccessful a call will be made to the next person on the list.

4. Staff may make special provisions for incarcerated people desiring to enter the RH but who do not have access to a telephone (for example, they can write a letter weekly).

5. Anyone contacted from the waiting list will be given a set time frame to move into the RH.

6. Individuals whose eligibility has changed will be dropped from the waiting list.

# **DESCRIPTION OF SERVICES**

* Recovery Housing provides a safe home-like residential environment governed by recovery principles, in a peer to peer democratically guided system.
* A Social Model 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, or whether practicing Medication Assisted Recovery, the message to the residents of the [enter house name] is that their recovery that comes first.

# **RECURRENCE/RETURN TO USE POLICY**

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

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

* Upon entering the [house name] each resident will be asked what they would like to happen if they experience a recurrence/return to use, and their continued presence in the house has been deemed not safe by the peers, and the House Manager/Owner/Operator. This plan is to be documented in the resident’s house file.
* If a situation arises where a resident has experienced a recurrence/return to use and the peers and house management have determined the resident’s continued stay would create an unsafe environment in the residence:
* Staff will refer to the resident’s original plan discussed during their orientation.
* If this plan is no longer an option, staff will assist the resident with finding options and assist with another plan, evaluating their needs and whether the level of support the options offered are appropriate
* If the resident refuses to implement their recurrence plan and is under the supervision of a Probation/Parole Officer (PO) or has been court mandated to the residence, it is imperative that they be contacted and informed of the resident’s unwillingness to abide by their recurrence plan. The best results usually occur when the resident makes the initial contact and informs the PO or Court of their situation. Remind the resident that it is their responsibility to inform their PO or Court where they will be residing until they can return to the residence. If the resident has signed a Release of Information for the PO or Court, it will be the responsibility of house management or designee to inform the PO or Court of the resident’s temporary alternative living arrangement and the conditions leading up to it.
* For residents who are not involved in the criminal justice system the following is recommended. Depending on the resources of the area, immediate solutions may include hospital detoxification, referral to psychiatric center or homeless center, or friend or family member’s home. The resident may be oﬀered the opportunity to temporarily stay at another location. During this time, staﬀ will assist the resident in evaluating their needs and determining if the level of support provided by the house is appropriate. It is important for staff to consider the needs of the resident as well as what is best for the overall house.
* Depending upon the resources in the area (urban or rural), the options available for an alternative living environment may be limited. The resident may be offered the opportunity to stay at another location for a length of time and then be invited back into the residence. Possible immediate solutions include hospital detoxification, psychiatric center, homeless shelter, support group member, or friend or family member's home.
* If it is determined that the resident may return to the residence, upon readmittance to the home, staff, peer leaders and current residents will be asked to provide a series of learning experiences based on recovery related topics taken from the AA/NA, Celebrate Recovery literature, or from their own experience to assist the returning resident to reflect on their return to use and steps that they might take in the future to help avoid a return to use while in residence at [house name.]
* If the resident is willing to accept and complete the self-reflection and self-discovery writings as suggested by their peers, additional house responsibilities can be temporarily added. Including, but not limited to the following:
* Property restriction
* Limited house privileges
* Daily Sponsor/Peer Support contact
* Increased interaction with other residents of the house
* Increased recovery meeting attendance
* Other writings to assist the resident’s understanding of their personal bio-psycho-social-spiritual beliefs that led up to the recurrence/return to use and strategies that can be employed to maintain recovery

# **GRIEVANCE PROCEDURE (FORM 8)**

The resident grievance procedure is a service that [house name] 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 to build their self-esteem and sense of belonging in the residence. This process allows for a structured discussion of grievances whether resident-to-resident or resident-to-house leadership.

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

Grievances are to be addressed within 72 hours.

When a resident has an issue:

* First, it is to be verbalized to the house manager for resolution.
* If a mutually agreeable outcome between the resident expressing the concern, a majority of house members, and staﬀ is not reached:
* The resident may file a written grievance. The grievance is to be specific, listing the facts of the situation and given to the house manager.
* Upon receiving the written grievance, the house manager shall consult with the responsible staﬀ member who has operational oversight for the house. If a resolution to the issue is not possible, a request will be made that the petitioner present the matter to the House Manager/Owner/Operator and/or other concerned parties.
* The presenter shall present the issue at hand.
* A representative of the house will have the opportunity to oﬀer the reasoning behind the action taken. In most cases, when issues such as this are approached in a spirit of community and accountability, a mutually acceptable recommendation can be found if all concerned parties are willing to focus on what is best for the house.

# **ROLE AND OCCUPATIONAL DESCRIPTIONS FOR STAFF AND RESIDENT LEADERS**

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

Staffing patterns will vary based on the recovery residence’s level of support (see <https://narronline.org/wp-content/uploads/2016/12/NARR_levels_summary.pdf> ).

* Level 1 RHs are democratically run, have no paid positions, but may have an overseeing officer.
* Level 2 RHs have at least one compensated person on staff who serves as the House Manager and monitors activities and screens residents.
* Level 3 RHs have an organizational hierarchy where administrative oversight is provided for program staff. Staffing pattern includes management staff as well as certified staff or case managers.
* Level 4 RHs also have an organization hierarchy with clinical and administrative supervision. The staff at this level of RH are credentialed.

Common among all levels (except Level 1) is a House Manager (which may be referred to as various titles including Director depending on the facility – in some cases this position will also be the Owner/Operator); and Staff/Peer Leaders:

**House Manager****:**

* Monitors activities, services, and staff of the [house name.]
* Ensures that house policies, procedures, and practices are in place and observed to reinforce the house mission.
* Ensures house Mission, Vision, and Operation are consistent with the [State Recovery House Certification Organization] or applicable laws, statutes, grants, and or other requirements.
* Monitors house to ensure resident safety, promote self-accountability, and provide guidance/teach the peer-led social model to the residents.
* Encourages residents to take ownership of their recovery.
* Resident drug testing and breathalyzer service screening and documentation.
* Facilitate scheduled classes and activities.
* House meeting/guided group discussion
* Recovery capital measurement
* Preform or arrange for urine drug screen or cheek swab
* Perform or arrange for breathalyzer test
* MAR-Medication Assisted Recovery self-administration observation
* If not resolved by the Peer-Led Social Model facilitated by the residents, assists in the resolution of verbal/written resident or community grievances.
* Primary contact for the "Good Neighbor Policy."
* Holds regularly scheduled staff meetings.
* Facilitates waiting list, administers pre-admission interviews, and screens resident applications for appropriateness.
* Performs resident admission protocol.
* Works with staff and residents to ensure the house and property are maintained in optimal condition.
* Oversight of the resident fee agreement and financial accounting system.
* Builds and grows community relations and partnerships to enhance house environment and expand referral sources including mental health and primary care services.
* May act as liaison or assign the liaison role to [insert position/reference] with [The following State Agencies and Local Partners: Health Department, Child Protection Services, Community Based Services, Department of Corrections, Probation, and Parole, Courts, Drug Court, Re-Entry Services, Workforce Development, Homeless Taskforce, Affordable/Fair Housing Advocates, Peer-Run Recovery Support Groups, Local Recovery Advocacy Groups, and the Faith Community.]
* Ensures compliance with all local housing compliance entities and their inspections.
* Responsible for compliance with partnered referral source standards and, if applicable, those agencies’/entities’ inspections and corresponding documentation.

**Minimum Qualifications: [**to be determined by Owner/Operator**]** CPR/First Aid certified, trained in Naloxone Administration.

**Staff/Peer Leaders:**

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

# **STAFF POLICIES**

1. Work Schedule and Paid Time Off (PTO) [to be determined by House Manager/Owner/Operator]
2. Staff Development/Staff Training:

* ***Vision, Mission, and Philosophy of*** [enter name of house here]
* Cultural competency & cultural humility
* Effective communication
* Resident triangulation/manipulation
* Resident recovery capital plan
* Medication-Assisted Recovery (MAR)

1. Supervision
2. New staff orientation/training. Although training will be customized for each new staff member, required training should include:

1. Emergency and safety procedures

2. Principle and practice of the Social Model of Recovery

3. Behavior management, including de-escalation training

4. CPR and first aid

5. Ethics and boundaries; and

6. RH orientation

7. PREA (for RHs that have clients referred by the Department of Corrections)

1. Monitoring of Resident Boundaries and Staff

* Dual Relationship Policy **(Form 9)**

# **ON CALL PROCEDURES**

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

• Resident in possession of a deadly weapon

• Serious injury to any person requiring professional medical attention

• AWOL, if the resident was residing at the RH as part of probation/parole or court mandate

• Suicide attempt requiring professional medical attention (See Procedures Specific to Suicide/Homicide Threats)

• Criminal activity requiring notification of law enforcement (including drugs on the property – request that drugs be picked up and disposed of by law enforcement)

• Sexual acting out; and/or PREA related incidents

• Physical violence and/or danger of harm to self or others (See Procedures Specific to Suicide/Homicide Threats)

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

• Weather emergencies that threaten the safety of the residents or the facility

• Fire

• Emergency maintenance issues such as overflowing toilets, and other situations that can cause property damage, pose a threat to residents, or interfere with service delivery.

# **PROCEDURES SPECIFIC TO SUICIDE/HOMICIDE THREATS**

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

1. When a resident’s suicide attempt, or intentional attempt to do bodily self-harm or harm to another individual(s) becomes known to any staff member, that staff member shall immediately call for police and ambulance assistance in transporting the resident to a local hospital for appropriate care.

2. As soon as the resident is safe, the staff member shall immediately notify the House Manager/Owner/Operator

3. All RH residents are to be apprised of this procedure upon intake.

# **VERIFICATION OF CERTIFICATIONS**

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

# **PRIORITY PLACEMENT**

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

# **PROHIBITIONS OF ALCOHOL, MARIJUANA, AND ILLICIT DRUG USE**

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

1. A resident must immediately act if they know of or suspect 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.

1. The resident is to (in a loving, caring, and direct manner) request the resident in question to accompany them to talk with 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.

1. 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.
2. When notified of the situation, staff will:

* Request the resident’s participation in a 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 ***Admissions Policy, e. Recurrence/Return to Use-section, iv.***
* Please refer to ***Admissions Policy, e. Recurrence/Return to Use*** for further actions to be taken.

# **PROHIBITED ITEMS AND PROCEDURES FOR SEARCHES BY STAFF**

The process of resident accountability and personal recovery ownership outlined in ***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 in their possession.

The following is a list of items prohibited at the [house name]

* Illicit drugs, including all synthetic substances and associated paraphernalia
* Alcohol
* Weapons/firearms
* Pornography

The House Manager/Owner/Operator will 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 ***Admission******Policy***.
* If staff suspects or is made aware of prohibited items in the possession of someone in the house, a search of the resident’s (or 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 House Manager/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 repeat the same behavior. This is done in the House Meeting and 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.

# **DRUG SCREENING AND/OR TOXICOLOGY PROTOCOL FOR STAFF**

The [house name] 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 at 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 could 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 House Manager/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 House Manager/Owner/Operator to provide a probationary period, or to continue or terminate employment.
* Drug and alcohol test results should be 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 House Manager/Owner/Operator of the staff person's condition. Information will be received from the resident with the understanding that it is up to the House Manager/Owner/Operator to resolve the issue. The reporting resident/peer leader is not updated on the staff member's status.

# **PRESCRIPTION AND NON-PRESCRIPTION MEDICATION USAGE AND STORAGE CONSISTENT WITH THE RH LEVEL AND RELEVANT STATE LAW**

# **Prescription and 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 comparable manner. There are non-prescription medications that can be very detrimental to those who are in early recovery. The [house name] 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 House]

# [**MEDICATION-ASSISTED RECOVERY (MAR)/MEDICATION-ASSISTED TREATMENT (MAT)**](#_Safety_Inspection_Schedule)

For residents who have been prescribed medication by a physician as part of their recovery program, the house will ask that they 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 required to log in the medication.
* Residents of the [house name] 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 are followed. Staff may request a medication count. Resident compliance with a staff requested medication count is a condition of residency. It is essential that the resident correctly and consistently fill out their medication log to avoid any confusion should a medication count be requested. Please use (**Form 10).**

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

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

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

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

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

# **RH MEDICATION-ASSISTED RECOVERY PARTNERSHIPS**

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

Local healthcare partners might include:

* Federally Qualified Health Centers and Rural Health Clinics

Federally qualified health centers and designated rural health clinics can receive federal funds to screen and treat opioid addiction and other substance use disorders, as well as offer primary care services. These potential partners provide comprehensive health services on a sliding fee scale and help their patients enroll in available Medicaid or Medicare coverage.

* Health Care for the Homeless Programs

Some health centers and other organizations receive funding under the Public Health Service Act to specifically serve individuals who have recently or currently experienced homelessness and are at high risk of becoming homeless. Health Care for the Homeless programs provide primary health care services such as medical, preventive health and dental, addiction treatment and counseling, and mental health services.

* Methadone Clinic /Opioid Treatment Programs

Many methadone clinics, also known as federally designated Opioid Treatment Programs (OTPs), offer a range of medications for addiction treatment. People who are extremely heavy opioid users are often good candidates for methadone. The SAMHSA Opioid Treatment Program Directory can help you to identify near-by methadone clinics. OTPs were previously required to provide daily dosing at a clinic site but can now allow up to 28 days of “Take-Home Flexibility” for clients who are stable and have work or parenting responsibilities.

* Specialized Office-based and Telemedicine Clinics

Some specialized healthcare providers offer in-person and telemedicine appointments with a focus on convenient access to medications for individuals with an addiction. Private, specialized providers often work in stand-alone clinics that are located in or near jails and emergency departments so they can more easily transition clients to services across these settings. In many states, these clinics offer services in rural communities where there are few or no other options supporting medication-assisted recovery.

Partnerships with healthcare providers can be explored, negotiated, and established through contractual agreements, Memorandums of Understanding, or informal arrangements. [The Fletcher Group can assist you in learning more about feasible options, weighing the pros/cons of local healthcare partners and exploring local partnership options that best fit the needs of your organization and the people you serve.]

# **SAFETY INSPECTION SCHEDULE**

Please use the ***Safety Inspection Log (Form 11)*** to document inspections.

1. Smoke Detectors (inspected every six months)
2. Carbon Monoxide Detectors (inspected every six months)
3. Fire Extinguishers (inspected every six months)
4. Evacuation Drills, Active Shooter, Earthquake and Tornado drill frequency is to be determined by the House Manager/Owner/Operator based on the physical layout of the RH.

The House Manager/Owner/Operator and Staff of the [house name] will lead all evacuation drills using the following procedure. All Staff will be trained to facilitate evacuation drills.

1. When an alarm sounds, all residents, guests, visitors, and volunteers will be directed to evacuate the building and report to a predesignated area.
2. 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 RH is empty, staff will retrieve the resident and guest Sign-in and Sign-out logbooks and report to the predesignated area.

1. The House Manager/Owner/Operator provides staff with logbooks and related procedural training to manage headcount. Using the Sign-in and Sign-out logbooks ensures resident safety by documenting who is in the house and in the predesignated area.
2. After all residents, guests, visitors, and volunteers have been accounted for by staff, they will be given permission to reenter the house.
3. [House name] will provide fire extinguisher training to all staff.
4. In the event of an actual activation of a smoke detector (and after evacuation of the house), if it is safe staff will report to the area where the smoke detector has been activated and determine if containment is possible. If containment is not possible, staff is to return to the predesignated area and call 911, then call the House Manager/Owner/Operator. If the House Manager/Owner/Operator is not available, staff will contact [enter name] who is the designated emergency contact.
5. Fire drills will be held periodically [suggested: once a month] on all shifts. The House Manager/Owner/Operator or Management will determine when drills are to be conducted.

# **SMOKING/TOBACCO USE/VAPING**

# 

The use of any type of tobacco product inside the [house name] is prohibited. Residents, alumni, and visitors may consume tobacco products only in the designated smoking area. No e-cigarettes or vapes are allowed on the premises.

Smoking cessation programs are encouraged and may be available through community resources. [house name may determine if they have supportive services available for smoking cessation]

# **LOITERING, LEWD OR OFFENSIVE LANGUAGE, CLEANLINESS OF PROPERTY**

Please see the Good Neighbor Policy.

# **GOOD NEIGHBOR POLICY**

As a resident of the [house name], 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 them. The same consideration and respect are 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. The [house name] 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 profanity or other inappropriate language.
* The yard and property surrounding the house is to be kept free of trash and debris.
* [***suggested***: no car repairs are to be conducted in front of the house or on the property of the house name.]
* 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.
* All visitors must adhere to established visiting hours and sign in and out upon visiting. Residents are responsible for seeing that their visitors comply with the Good Neighbor Policy.
* 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)** -the [house name] **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 House Manager to the neighbor or member of the community.
* Upon receipt of a complaint, staff will notify the House Manager/Owner/Operator, inform them of the situation, and provide the complainant's contact information from the Grievance form.
* The House Manager/Owner/Operator will follow-up with the neighbor within an appropriate time frame and strive to reach an amicable resolution.

# **PARKING POLICY**

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

# **PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE [If Applicable]**

RHs 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>

# **DOCUMENT AND FILE MANAGEMENT – PERSONAL IDENTIFIABLE INFORMATION**

The confidentiality and protection of a resident’s PII 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 is important to the newly recovering person. Knowing they can trust house leadership with their personal information 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 that 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 assisted programs. 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). In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been enacted. HIPAA 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’ Personal Identifiable Information could have long lasting harmful effects and place house operation in jeopardy.

In addition to 42 CFR Part 2 some partner/referral organizations may require that peer-leaders have limited access to the residents’ Personal Identifiable Information. The following document management 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 key role in determining how many house records each resident should have and how those records are to be secured. The following system is suggested for medium to large recovery residences.

# **House Activity File**

* + 1. House guidelines or standards signed by participants reaffirming their commitment to participate in house activities, classes, groups, and chores
    2. Tracking scheduled house recovery activities facilitated by staff or peer-leaders
    3. Notes made by the House Manager/Owner/Operator or peer leaders, their observations on resident behavior
    4. House curriculum assignments, homework, and resident writings (if applicable)
    5. Mutual-Help meeting attendance
    6. Any documents combining or listing the house members full name, birth date, social security number and emergency contact information
    7. All resident releases of information
    8. Referral agency documentation
    9. Medicare, Medicaid, or private insurance information
    10. SNAP benefit card and documentation
    11. Mental Health, Medical, Dental and Medication documents
    12. Paperwork pertaining to any childcare/custody proceedings, legal, drug court, probation, and parole relationships
    13. Resident financial agreements, third party payer information and house fee tracking (electronic system, retain copy of paper receipt)
    14. (PREA) Prison Rape Elimination Act documentation (if applicable)

If possible, a two-lock system is recommended to secure the individual house records.

* 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 minimum level of security implemented

# **ELECTRONIC DATA MANAGEMENT**

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

[Enter house name here]

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

All persons affiliated with [enter house name here] 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 is 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>

[Enter house name here]

# **Resident Fee Agreement (Form 2)**

The [enter house name here] fee is [enter fee here $00.00] per week with a [enter deposit here $00.00] deposit. The deposit and the first week's fees are [enter fee & deposit here] are due upon admission and are the sole responsibility of the new resident unless a third party payer is involved.

House fees will continue to be due one week in advance (the resident will be paying for the upcoming week.)

Residents who cannot cover their house expenses because they are unemployed or there is an issue with a third-party payer are to immediately bring this to the attention of staff 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 the [enter house name here]. We are here to assist you if this situation comes up. It is especially important that you let staff know of your need for a fee arrangement as soon as possible.

Any form of fee assistance (3rd Party) is be approved by the [enter responsible party here]**.**

A [determine time] notice must be given before moving out of the [enter house name here], or the house fee deposit will be forfeited. 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 forfeited.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recovery Residence Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

# **Confidentiality of Personal Identifiable Information (PII) 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 RH knowing their participation in the recovery residence without the resident's specific permission. No information regarding a resident of [enter house name here] 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 [house name] 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 [enter house name here]. 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 the [enter house name here] owner, staff, and volunteers of [enter house name here] but to the residents as well.

I agree to not reveal to anyone outside of the [enter house name here] the name, identity, or description of another resident. I also agree not to discuss the content of conversations or groups with anyone outside of [enter house name here]. This includes sharing at 12-Step, or any recovery-related meetings that I attend outside of the [enter house name here].

I agree to inform [enter house name here] 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The [house name] Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[enter house name here]**

# **Resident Release of Information (Form 3B)**

|  |  |  |
| --- | --- | --- |
| Client Name: | Date of Birth: | SSN: |

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 the [house name], 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 consent is not given.

**TIME LIMITATION OF RELEASE:** This consent is valid until I move out or due to a violation of house guidelines am asked to leave the [house name]. 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 Purpose of Release**

☐ Evaluation/Assessment ☐ At the request of the Resident

☐ Medication/Laboratory Reports ☐ Continuity of Care

☐ Recovery Live History ☐ External Quality/Utilization Review

☐ Drug/Breathalyzer Results ☐ Compliance with Court-Ordered Recovery Services

☐ Progress Report/Notes ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Immunization Record ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Treatment/Service Plans ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Discharge Information ☐ Assignment Record Sheet

☐ Waiting List/Bed Availability

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 [enter house name here] 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

[enter house name here], 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | |  | | |
| ☐Valid State I.D. | | | | ☐Valid Driver's License | | | | | | | | | ☐Social Security Card | | |
| ☐Birth Certificate | | | ☐Convicted of a Violent Crime? | | | | | | | | | ☐Convicted of a Sexual Offense? | | | |
| ☐SNAP Benefits? | | | |  | | | | | | | | |  | | |
|  | | | | Marital Status | | | | | | | | |  | | |
| Married | | | | Separated | | | | | | | | | Divorced | | |
| Widowed | | | | Registered Partnership | | | | | | | | |  | | |
| Do you have Children: ☐Yes ☐ No | | | | | | If yes, who is caring for them: | | | | | | | | | |
| Level of Education: | | | | ☐Veteran? | | | | | | | | | ☐Pregnant? | | |
| Who referred you to us? | | | |  | | | | | | | | |  | | |
| Recovery and Substance Use History | | | | | | | | | | | | | | | |
| Have you been a resident of the [house name] before? | | | | | | | | | | | | | | | |
| ☐Yes ☐ No | | | | | | If Yes When: | | | | | | | | | |
| Have you sought services for a substance use disorder in the past? ☐Yes ☐No | | | | | | | | | | | | | | | |
|  | | | | If yes, please list all: | | | | | | | | |  | | |
| Where: | | | | When: | | | | | | | | | Length of Stay: | | |
| Where: | | | | When: | | | | | | | | | Length of Stay: | | |
| Substance Use History: | | | | | | | | | | | | | | | |
| Drug of use: | | Last Use: | | | | How Much: | | | | | | | | Method: | |
| Drug of use: | | Last Use: | | | | How Much: | | | | | | | | Method: | |
| Drug of use: | | Last Use | | | | How Much: | | | | | | | | Method: | |
| Alcohol Use ☐Yes ☐ No | | | | If Yes, How Much: | | | | | | | | | How Often: | | |
| Probation Parole/Court/Legal Issues | | | | | | | | | | | | | | | |
| Pending Charges or Legal Issues: ☐Yes ☐ No | | | | | | | If yes, please explain: | | | | | | | | |
|  | | | |  | | | | | | | | |  | | |
| Upcoming Court Dates: ☐Yes ☐ No | | | | | | If yes, please explain: | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | |
| Are you currently in a Prison or Jail ☐Yes ☐ No | | | | | | | | | If yes, where: | | | | | | |
|  | | | |  | | | | | | | | |  | | |
| Are you Court Ordered to the [house name] ☐Yes ☐ No | | | | | | | | | | | | | | | |
| If yes, please provide a copy of Court Order upon arrival | | | | | | | | | | | | | | | |
| County: | | | | Judge: | | | | | | | | | Obtained order ☐Yes ☐ No | | |
| Are report to a Probation Officer ☐Yes ☐ No | | | | | | | | Name/Phone: | | | | | | | |
| Misdemeanor Conviction: ☐Yes ☐ No | | | | | | If yes, please list: | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| Felony Conviction in the past 3yrs: ☐Yes ☐ No | | | | | | | | | If yes, please list: | | | | | | |
| Emergency Contact and Health Information | | | | | | | | | | | | | | | |
| Emergency Contact: | | | | | | | | | | | | | | | |
| Relation: | Parent ☐ | | | Spouse ☐ | | Sibling ☐ | | | | | | | Friend ☐ | | Other ☐ |
| Address: | | | | | | Phone Number: | | | | | | | | | |
| Do you have Medical Insurance: ☐Yes ☐ No. If Yes, Please List: | | | | | | | | | | | | | | | |
| Please check all that apply: | | | | | | | | | | | | | | | |
| Diabetes ☐ | Heart Disease☐ | | | Liver Disease☐ | | Hepatitis ☐ | | | | | | | Seizures ☐ | | Other ☐\_\_\_\_\_\_ |
| Please Describe: | | | | | | | | | | | | | | | |
| Please List any Medications you are currently taking: | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | How Long: | | |
| T.B. Skin Test ☐Yes ☐ No | | | | If Yes, Date of last test: | | | | | | | | | Positive ☐ or Negative ☐ | | |
| Card: ☐Yes ☐ No | | | | | If Positive, were you referred for treatment: ☐Yes ☐ No | | | | | | | | | | |
| Preventative T.B. medications: ☐Yes ☐ No | | | | | | If yes, where: | | | | | | | | | |
| Previous Diagnosis and Treatment History: ☐Yes ☐ No | | | | | | | | | | | | | | | |
| If yes, please list diagnosis: | | | | | | | | | | | | | | | |
| Mental Health Symptoms or Conditions: ☐Yes ☐ No – If yes, please explain? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Have you attempted Suicide in the past: ☐Yes ☐ No | | | | | | | | | | If yes, how many times? | | | | | |
| Did you have a specific plan? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Were you under the influence at the time:☐Yes ☐ 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)**

**[Enter house name here]**

# **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 **[**enter responsible parties here].
6. To make reasonable requests to support your recovery program.
7. To obtain information regarding [enter house name**]** and its 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 [enter house name], 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:
    1. Resident's death – information can be given to the next of kin or others with the next of kin's permission
    2. Suspected child abuse/neglect
    3. Threats made by a resident toward self and/or others (the threatened party(ies) and the police will be notified).
    4. Court order
    5. 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 [enter house name], 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name]**

# **(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 |
| 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 |
| Work, Attend IOP or Seek Employment | Work, Attend IOP or Seek Employment | Work, Attend IOP or Seek Employment | Work, Attend IOP or Seek Employment | Work, Attend IOP 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.

# **Cleaning and Sanitation**

# 

* + - 1. The Owner/Operator or House Manager will assure that there are proper extermination services and that vermin and pests are in control.
      2. The Owner/Operator or House Manager will ensure there is proper disposal and pick-up of trash.
      3. The House Manager will provide a cleaning schedule for various locations and items in the RH. Staff are responsible for confirming that all cleaning chores are complete.
      4. The House Manager inspects all areas of the RH on a monthly scheduled basis.
      5. All floors, toilets, showers/tubs, and sinks in the center shall be cleaned weekly or more often as necessary.

# **Bed Bug Information**

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

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

**Signs of bed bugs**

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

**General Prevention of bed bugs**:

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

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

# **Bed Bug Treatment**

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

# **Specific RH Response to Bed Bugs**

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

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

# **Mold Information**

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

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

**Health Effects of Mold**

There are no current federal standards from OSHA, NIOSH, or the EPA related to mold or spores. Research on effects of mold on health is ongoing. For more information on mold and health, consult your healthcare provider or the local health department.

People can be allergic to mold. Some people immediately experience allergy symptoms that are like hay fever (runny nose and red eyes) when exposed to mold while others have a delayed reaction. Mold can cause asthma attacks in some people and irritate others’ skin, eyes, nose, and throat.

Mold does not cause systemic infections other than in people with impaired immunity, uncontrolled diabetes, AIDS, or taking immune suppressive drugs. Guidelines related to mold and immuno-compromised individuals can be found at the Centers for Disease Control and Prevention website.

# **Preventing Mold**

Controlling moisture is the key to controlling mold. Water spills and leaks should be addressed as soon as possible (24 -48 hours). All materials that have been water-damaged will need to be removed from the house.

Suggestions for preventing mold include:

* Repair any leaks in the RH as soon as possible.
* Look for any wet spots and identify their source. Address the source of the leak as soon as possible.
* Get a professional HVAC professional to show you how to prevent moisture from condensation (this may involve adding insulation, increasing air circulation or ventilation, and/or using a dehumidifier). Keeping HVAC drip pans clean, flowing properly, and unobstructed.
* Vent dryers, kitchens, and bathrooms according to local codes (the City/County will likely send out a codes employee to advise you)
* Make sure the soil slopes away from your foundation so that water will drain rather than pooling under your house.

# **How to tell if your RH has a Mold Problem**

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Are your residents saying they smell moldy or musty odors?

Are your residents reporting health problems that they think are related to mold? (If so, consult with a health care professional.)

Is any part of your house or its furnishings visibly damaged by moisture?

Are there any existing moisture problems in the house?

Has the house been recently remodeled or had any major appliance (including HVAC) changes?

Has routine maintenance on the house been delayed?

# **Mold Remediation Plan**

Remediation is identifying and correcting the conditions that are conducive to mold growth. Your remediation plan should include steps to permanently correct the moisture problem. Personal protective equipment (PPE) should always be used when removing moldy materials to prevent inhalation and to protect eyes and skin.

Do not turn on the HVAC system if you think it might be contaminated with mold because it could spread the mold throughout the whole house. Your air ducts may need to be cleaned by a professional. (See the EPA publication “Should You Have the Air Ducts in Your Home Cleaned?”). In cases of moisture and/or mold growth that has been caused by sewage you should seek professional help for cleaning your house.

When remediating mold, the top priority is to protect the health of the people involved (residents, staff, and those doing the remediation). No one should ever inhale mold or mold spores. In some cases, you may not be able to contain the spread of spores during the remediation process and may need to temporarily relocate some or all of your residents while the remediation work is being done. Residents with health concerns should contact their health care provide to ask if they can safely stay in the house while the remediation process is taking place.

# **Mold Remediation/Cleanup Methods**

Mold remediation efforts are intended to correct moisture problems (including removing molded and contaminated materials) with the goal of preventing further exposure to your residents and staff as well as protecting your house and its contents from ongoing damage from mold and damp conditions.

Mold must be removed. Killing it with a biocide product (such as chlorine bleach) is not sufficient because even dead mold can cause allergic reactions.

Mold/moisture cleanup methods include the following:

* Wet vacuum to remove accumulated water. After using the wet vacuum, make sure to clean all parts of it so the mold and spores do not grow on the vacuum.
* Clean nonporous surfaces with water and detergent. Use a fan to dry the surface as quickly as possible so additional mold does not grow.
* HEPA vacuum should be used for the final cleanup after the area is fully dried and all contaminated materials have been removed. Care and PPE should be used in changing HEPA vacuum filters to prevent being exposed to mold or spores that may be captured in the filter. The used filters must be disposed of in a sealed plastic bag placed in an outdoor trash receptacle. If a contaminated waste receptacle is available use it.

**Disposing of Mold Damaged Materials**

In this case, “damaged materials” also includes furniture that has been contaminated with mold and that cannot be salvaged (such as cloth upholstery). These items should be placed in plastic sealed bags or covered with plastic sheets and sealed with duct tape before being disposed of as construction waste.

**Use of Biocides**

The use of chlorine bleach (or other biocides) is not recommended to be used when remediating mold unless directed otherwise by a professional with experience in mold remediation. Biocides can be toxic to both animals and humans. For that reason, PPE, including respirators, is required when using a biocide. If directed by a licensed professional to use a biocide, it is important that you ventilate the area with outside air if possible and exhaust the ventilation outdoors. Never mix chloring bleach with other cleaning solutions that may contain ammonia because the mixture may produce vapors that are highly toxic. Although it is difficult, or even impossible, to sterilize a surface to where no spores are present, if the moisture level in the house has been corrected, the spores will not cause problems.

# **Mold Remediation Guidelines**

The following guidelines may vary based on the professionals who are involved with the cleanup.

For isolated areas that are **less than 10 square feet** such as spots on walls or ceilings, the remediation can be done by your regular maintenance staff if they are trained in proper mold clean-up methods (OSHA Hazard Communication Standard (29 CFR 1910.1200) and use PPE (such as gloves, eye protection, and N-95 disposable respirators) to protect themselves from health hazards.

Although the room where the cleanup is taking place should be unoccupied, it is not necessary to vacate adjacent rooms unless those rooms are occupied by babies under 12 months old, persons recovering from surgery, immune-suppressed people or those who have chronic inflammatory lung diseases such as severe allergies, asthma, and others.

The workers conducting the cleanup, should place contaminated materials that cannot be cleaned in a sealed plastic bag and remove them from the house to be disposed of as ordinary waste. After the work is complete, the cleaned area and the route used by the remediation workers to leave the house, should be mopped with a detergent solution.

For mid-sized areas of mold (**10 – 30 square feet**) such an individual wall panel, remediation can be conducted by your regular maintenance staff who are trained and use PPE as stated in the procedure for remediating areas less than 10 sq. ft. As with the smaller areas discussed above, the area where the cleanup is being done should be unoccupied but adjacent areas do not have to be vacated unless there are babies, people recovery from surgery, or people who have lung conditions present in those areas.

Surfaces that could become contaminated in the room where the cleanup is being done should be covered with a taped down plastic sheet to prevent further contamination from dust/debris.

Contaminated materials that cannot be cleaned should be removed from the house in a sealed plastic bag and disposed of as ordinary waste.

After the work is complete, the cleaned area and the route used by the remediation workers to leave the house, should be HEPA vacuumed and mopped with a detergent solution.

All areas should be left dry and visibly free from contamination and debris.

For large areas of mold (**30-100 square feet**) you should consult with an environmental health and safety professional who has performed this type of remediation work and arrange for them to provide oversight to the cleanup.

It is recommended that mold remediation of large areas be conducted by personnel who are trained to handle hazardous materials and are equipped with gloves, eye protection and respiratory protection (such as N-95 disposable respirators).

The area where the cleanup is being done should be unoccupied but adjacent areas do not have to be vacated unless there are babies, people recovery from surgery, or people who have lung conditions present in those areas. Surfaces that could become contaminated in the room and in adjacent areas where the cleanup is being done should be covered with a taped down plastic sheet to prevent further contamination from dust/debris. Ventilation ducts/grills in the room and adjacent areas should be sealed with plastic sheeting and tape.

Contaminated materials that cannot be cleaned should be removed from the house in a sealed plastic bag and disposed of as ordinary waste.

After the work is complete, the cleaned area and the route used by the remediation workers to leave the house, should be HEPA vacuumed and mopped with a detergent solution. All areas should be left dry and visibly free from contamination and debris.

For extensive contamination (**more than 100 square feet**)

It is recommended that mold remediation of large areas be conducted by personnel who are trained to handle hazardous materials and are equipped with gloves, eye protection, disposable protective full-body clothing, and full-face respirators with HEPA cartridges.

The area where the cleanup is being done and adjacent areas should be unoccupied and completely isolated from adjacent occupied areas using plastic sheeting sealed with duct tape (ducts and other openings should also be sealed). Babies under 12 months, people recovery from surgery, or people who have lung conditions should be removed from adjacent areas. The EPA recommends that an exhaust fan with a HEPA filter be used in the work area.

Contaminated materials that cannot be cleaned should be removed from the house in a sealed plastic bag (wiped with a damp cloth and detergent solution) and disposed of as ordinary waste.

After the work is complete, the cleaned area and the route used by the remediation workers to leave the house, should be HEPA vacuumed and mopped with a detergent solution. All areas should be left dry and visibly free from contamination and debris.

# **Sampling for Mold**

In most cases remediation strategies can be made based on a visual mold inspection. Mold testing is expensive and there no standards for what an “acceptable” level of mold in buildings is.

If you know your RH has mold, your money is likely better spent on removing it and taking steps to prevent it in the future than in having it tested. However, if you are unsure of whether you need to have testing, you can contact an environmental health professional to help you determine if your RH should be rested for mold contamination. This professional can also provide you with referrals for qualified testing personnel.

For more information on Mold Remediation, you can visit <https://sbpusa.org/public/uploads/pdfs/SBP_MoldRemediationGuide_20170927.pdf>

# **Lead Based Paint Information**

Many homes built before 1978 have lead based paint. If this type of paint has chipped or is deteriorating (often on surfaces that rub together such as windows and doors) lead dust can be created. This dust can cause serious health hazards to people who live in the home as well as to their visitors, and in the case of a RH, to its staff. If you are buying or renting a RH that was built before 1978, please keep in mind that you have legal rights to be informed before you sign a purchase contract or a lease if lead paint is present.

If you have not yet committed to buying or renting a RH that was built before 1978, have it checked for lead-based paint.

If you think your RH has lead based paint, do the following:

* Do not let your staff, residents or any other untrained person try to remove any lead-based paint
* Always keep the RH painted surfaces in good condition to minimize chipping and deterioration.
* Get your RH checked for lead hazards by a certified inspector or risk assessor. You can find a directory of inspectors at epa.gov/lead.
* If you are renting a RH, talk to your owner about repairing surfaces that have peeling or chipping paint.
* Keep your floors, windowsills, and other surfaces clean to limit any accumulation of lead paint dust that may have accumulated.
* If you are renovating or repairing (including painting) you should only hire contractors that are EPA or state approved Lead-Safe and that are knowledgeable of lead-paint abatement.
* If there is lead based paint in your RH and your residents either have children who live onsite or who have visited, recommend that they consult their health care provider about testing the children to confirm that they haven’t been exposed. Lead is especially dangerous to children under age 6.
* Lead can also be dangerous to developing fetuses. Women of childbearing age who live at or visit your RH should be informed if lead-based paint is present in the home.
* Recommend that your residents wash their children’s hands, pacifiers, bottles, utensils, and toys often in case that they might have lead dust on them. Also suggest that their children eat healthy foods that are low-fat and high in calcium, iron, and vitamin C.

To learn more about Lead based paint, including abatement, visit the EPA at <https://www.epa.gov/lead/questions-and-answers-homeowners-and-renters-about-understanding-lead-inspections-risk>

**[Enter house name here]**

# **Recovery Goals - Including Expectations (Form 6)**

The [enter house name] provides 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 the [enter house name] I understand that possession of or engaging in any of the following may mean accepting added support or alternative living arrangements may be recommended.

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. To not engage in violence or threats of violence
3. To not engage in racial slurs or innuendo
4. To not participate in sexual harassment or sexual acting out
5. To not engage in stealing
6. To not be in possession of a weapon or firearm
7. To not participate in gambling, this includes playing the lottery

Residents will be expected to:

* Attend and participate in peer-led mutual-help support groups
* Have a mutual help support group sponsor or equivalent
* Participate in all scheduled daily house activities
* Observe curfew as related to your house responsibilities, status, or privileges
* Perform house chores as assigned
* 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
* As a resident of the [enter house name], I accept that in a peer led, social model it is my responsibility to be accountable to the other members of the house and to hold myself accountable if the house Goals/Guidelines are not being followed. Also, as a member of this community, it is "my" responsibility to notify Staff of any instances where Goals/Guidelines may affect the safety or overall health of the house.
* 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 the [enter house name] 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 the [enter house name] may seek indemnification (damages) from me if I am found to be responsible for inflicting harm upon the physical house or upon another resident.

Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

# **Disposition of Resident Property Inventory (Form 7)**

This is an inventory of your personal property. With Recovery House 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 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/Jeans |  | Watch | |  |  |  |
| Hoodie |  | Eyeglasses | |  |  |  |
| Sweatshirt |  | Sunglasses | |  |  |  |
| Sweatpants |  | Hair Dryer |  | |  |  |
| Skirts |  | Dresses |  | |  |  |
| Hats |  | Backpack |  | |  |  |
| Shorts |  | Tote Bag |  | |  |  |
| Underwear |  | Clock |  | |  |  |
| Socks-Pairs |  | Towels |  | |  |  |
| Shoes |  | Washcloth |  | |  |  |
| Jacket |  | Sheets |  | |  |  |
| Gloves |  | Blanket |  | |  |  |
| Pajamas |  | Pillowcase |  | |  |  |
| Bras |  | Pillow |  | |  |  |
| Slippers |  | Cups |  | |  |  |

As a resident of the [house name], I am accountable to manage my personal belongings and do not hold the House Manager/Owner/Operator, staff, or peer leader(s) responsible for the items in the above list, or those not listed on this inventory from. I also understand that the House Manager/Owner/Operator or Staff are not responsible for the loss of other authorized items resulting from my failure to properly secure my personal property. I understand that upon my permanent departure from the house, any personal property that I leave behind (for any reason) is to be retrieved within [time to be set by House Manager/Owner/Operator] by either me or a person that I designate to the RH staff. After this time, the [house name] will dispose of the property as it sees fit.

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Returned Personal Property Verification**

Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, have been designated to inventory and retrieve the property of the former resident named above who left the RH without taking their personal property with them. I confirm the inventory as being complete. Each item indicated above is present and in acceptable condition.

Receiver of Resident’s

Personal Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

# **Grievance Procedure (Form 8)**

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| --- | --- | --- | --- | --- | --- |
| Staff person receiving the complaint or grievance (if applicable): | | | | | |
| Verbal Date: | | Written Date: | |  | |
| **Origin of Grievance/Complaint** | | | | | |
| ☐Resident | ☐ Neighbor | | ☐ Staff | | ☐ Other |
| **Complaint Relates to:** | | | | | |
| ☐ Another Resident | ☐ Staff | | ☐ Services | | ☐ Billing |
| ☐ Room | | ☐ Residence Maintenance | | ☐ Residence Cleanliness | |
| ☐ Other (Please Specify): | |  | |  | |
| Please give the details of the Grievance/Complaint: | | | | | |
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| **Proposed Solution** | | | | | |
| Please provide remedies/solutions for this Complaint: | | | | | |
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| **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: | |
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| ☐ The Complaint was not resolved satisfactorily and was referred to [enter responsible party’s Name and contact information here] | | | | | |

**[Enter house name here]**

# **Dual Relationship Policy/Boundaries (Form 9)**

Affiliated persons of the [house name] 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 include board of directors’ member (if applicable). A Dual Relationship is a situation in which an affiliated person has a relationship with a resident both personally and through their connection to the [house name.]

1. All affiliated persons are required to read the Dual Relationship Policy upon Employment or beginning their volunteer service at [house name.]
2. Affiliated persons are required to sign the written statement below acknowledging that they have received this policy.
3. The House Manager/Owner/Operator is to ensure all affiliated persons understand the Dual Relationship Policy.
4. Affiliated persons consult with the House Manager/Owner/Operator regarding any situation which may violate this policy.
5. Unacceptable dual relationships which are prohibited include:

* A romantic or sexual relationship with a resident
* A current resident moving into an affiliated person's home
* Receive a cash payment, rebate, commission, preference, discount, or any service of value or for referrals to or from the [house name.] 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, etc.
* Managing or controlling a resident's personal funds, except for a Payee Program or house banking services for deposits and withdrawals.

1. The following are examples of dual relationships that always require the approval of the House Manager/Owner/Operator, staff, peer leaders, and residents:

* 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 the [house name] Dual Relationship Policy. I have discussed any questions or concerns regarding this policy with the House Manager/Owner/Operator. If situations arise related to my interactions with the residents of the [house name], I will discuss the situation with my supervisor. I am aware that a copy of this signed statement will be retained if the need arises to refer to it in the future.

Affiliated Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

# **Medication Log (Form 10)**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beginning Amount (Count): \_\_\_\_\_\_\_\_\_\_

Prescriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date:** | **Time:** | **Amount:** | **Amount Taken:** | **Remaining Amount:** |
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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 House Manager/Owner/Operator immediately. Missed MAT doses should be reported immediately to the prescribing health care provider. The resident should be aware that information was provided and there should be a release of information between each resident participating in MAT and their prescribing health care provider.***

**[Enter house name here]**

# **Safety Inspection Log (Form 11)**

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| **Smoke Detector Log** | | | |
| **Detector Location:** | **Date Checked:** | **Initials:** | **Notes:** |
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| **Carbon Monoxide Detector Log** | | | |
| **Detector Location:** | **Date Checked:** | **Initials:** | **Notes:** |
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| **Fire Extinguisher Log** | | | |
| **Extinguisher Location:** | **Date Checked:** | **Signature:** | **Notes:** |
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**[Enter house name here]**

**Resident Sign In/Out Log (Form 12)**

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| **Name:** | **Date:** | **Time Out:** | **Destination:** | **Time In:** |
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**[Enter house name here]**

**Guest, Visitor, Volunteer Sign In/Out Log (Form 13)**

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| --- | --- | --- | --- | --- |
| **Name:** | **Date:** | **Time In:** | **Reason:** | **Time Out:** |
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**[Enter house name here]**

**Resident/Staff Maintenance Request (Form 14)**

Resident/Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, permission to enter room without notice? \_\_\_\_\_\_**Yes** \_\_\_\_\_**No (**No notice is required for emergencies)

Location of Request/Room # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service To be Performed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Scheduled Service Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repaired by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective Action/Repair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Follow-Up Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If applicable, permission to enter room without notice? \_\_\_\_\_ **Yes** \_\_\_\_\_\_ **No** (No notice is required for emergencies)

Additional Notes (House Manager/Owner/Operator only):

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

**[Enter house name here]**

**12-Step/Recovery Support Meeting Attendance (Form 15)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident Name:** | | | | **Room Number:** |
| **Date:** | **Time:** | **Group Name:** | **Signature:** | |
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**[Enter house name here]**

# **Resident Fees Repayment Agreement (Form 16)**

The [enter house name here] fee is [enter fee here $00.00] per week with a [enter deposit here $00.00] deposit.

This repayment contract is made between [enter house name here] and the signing resident.

Select One or Both - FOR - the following amounts:

Weekly 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 house record 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 House Manager/Owner/Operator and staff 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 to promote the recovery of the resident in accordance with the [enter house name here] 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 House Manager/Owner/Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**[Enter house name here]**

# **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 loss of smell **Yes No**
* Sore throat **Yes No**
* Congestion or runny nose **Yes No**
* Nausea or vomiting **Yes No**
* Diarrhea **Yes No**
* Ask if in the last 14 days, have you
  + Had close contact with a person who is symptomatic (fever, coughing, loss of taste/smell, etc.) or has been confirmed to have the novel coronavirus disease (COVID-19)?

**Yes No**

* + Traveled to an area in the United States with high rates of COVID-19 in the community **Yes No**
  + Traveled outside the country to any country? \_\_\_\_**Yes** \_\_\_\_\_**No** If so, where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 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 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 six (6) feet of distance between themselves and others.

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

Purpose: These basic guidelines that provide overall guidance for the prevention of infectious disease within recovery housing, along with CDC references, are provided for those responsible for the operation of the 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 accomplished with proper hygiene and protocols for those living in recovery homes. However, hygiene practices are not a guarantee that those living within the facility will not become infected; however, it will reduce the likelihood of infection. The recommended procedures vary based upon the NARR level of the RH 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 diseases
7. Recommendation for following CDC recommendations for prevention of the spread of infectious diseases in aggregate living arrangements

## **Types of Infections**

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

* + Coronavirus (variations other than COVID-19)
  + 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

## **Medical Care**

Nothing stated in this RH manual is intended to override medical advice from a qualified practitioner. Each RH and residents should have access to a health care provider who will provide consultation and care to address each specific situation. Nothing in this guideline is intended to override or replace that recommendation. For larger facilities it is recommended that access to a physician should be maintained for advice and review of procedures on an ongoing basis. Recommendations will change with time and annual reviews are recommended as well as addressing any acute needs or changes in infectious risk, such as that which has occurred with the coronavirus pandemic.

# **Risk of Comorbidities in 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, and cardiovascular disease. Substance use disorders can have an indirect negative impact on the management of medical conditions. People with substance use disorders are less likely to adhere to treatment plans (including taking medication as prescribed), which can worsen their medical conditions. Some medications are less effective in combination with substance use.

# **Recommendations for Collaborative Partners**

Because of the increased risk for those with SUD combined with aggregate living it is recommended that residents have medical insurance. Depending upon the level of the RH this may be the individual’s responsibility, e.g., in an Oxford House type setting where everyone is responsible for their recovery in a collaborative living arrangement. It is recommended that the RH operators establish a collaborative relationship with a local physician that may be available for advice on how to manage specific circumstances as well as review guidelines to ensure they are up to date. Additionally, it is recommended that 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 on the risk, age, and sex of the individual as well as for women whether they are pregnant. This guideline does not cover the recommendations for pregnant women. The following screening is recommended for those residents with SUD and as noted for those operating RHs.

**HIV** – All residents in RH are recommended to be tested for HIV because of the increased risk to those with SUD. Those with increased risk should be tested annually[[1]](#footnote-1), however this should be determined by their healthcare provider. If residents have HIV, they should be under the care of a physician with HIV expertise. CDC information is also available for their use.[[2]](#footnote-2)

**Hepatitis A** – A vaccine is recommended for those in RH based upon the risk of those with SUD. The CDC recommends vaccination for people who live in correctional facilities or homeless facilities. Additionally, the CDC recommends the Hepatitis A vaccine for the following individuals[[3]](#footnote-3):

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

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

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

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

**Flu Vaccine** – The recommendation is that every resident get an annual flu vaccine if they are not prohibited because of allergies e.g., to eggs.[[4]](#footnote-4) 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](https://www.cdc.gov/flu/prevent/egg-allergies.htm) can get a flu shot (depending on advice from their health care provider).

**People who SHOULD NOT get the flu shot:**

* Children younger than 6 months of age are too young to get a flu shot.
* 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](https://www.cdc.gov/flu/prevent/egg-allergies.htm) for more information about egg allergies and flu vaccine.

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

# **General Individual Guidelines for Addressing COVID-19**

Much is still unknown about COVID-19, but some guidelines have been provided by the CDC to help 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 the CDC must be referenced for updated guidelines as more is learned about the virus and its spread.

Some of the basic guidelines are similar to recommendations for the spread of colds and other respiratory diseases including handwashing and covering your coughs by coughing into the fold of your arm and not into your hands. To protect you the CDC recommends:[[5]](#footnote-5)

**These general guidelines should be made available to everyone in the RH.**[[6]](#footnote-6)

**Wash your hands often**

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

**Avoid close contact with others**

* **Inside your home:**Avoid close contact with people who are sick**.**
  + If possible, maintain six (6) feet between the person who is sick and other household members.
* **Outside your home:**Put six (6) feet of distance between yourself and people who do not live in your household.
  + Remember that some people without symptoms may be able to spread virus.
  + [Stay at least six (6) feet (about two arms’ length) from other people](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html).
  + Keeping distance from others is especially important for [people who are at higher risk of getting very sick](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html).

**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](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) in public settings and when around people who don’t live in your household, especially when other [social distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) measures are difficult to maintain.
  + Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
* Do NOT use a mask meant for a healthcare worker. Surgical masks and N95 respirators are critical supplies that should be reserved for healthcare workers and other first responders.
* Continue to keep about six (6) feet between yourself and others. The mask is not a substitute for social distancing.

**Cover coughs and sneezes**

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

**Protect yourself**

* [Social distance](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) by staying at least six (6) feet apart from others with whom you do not live.
* CDC recommends that people wear masks in public settings when around people who don’t live in their household, especially when other [social distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) measures are difficult to maintain.
* Seek out a “buddy” in the facility who will check on you if you are not feeling well and make sure you are getting necessities, including food and household essentials.

**People at-risk**

* Keep up-to-date lists of medical conditions and medications, and periodically check to ensure you have a sufficient supply of your prescription and over-the-counter medications.
* Contact your healthcare provider to ask how you can best protect yourself from contracting COVID-19 and about getting extra medications to have on hand for a longer period of time or consider using a mail-order option for medications.
* Be aware of serious symptoms of if you have underlying conditions, of [COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) symptoms, and know who to ask for help or when to call 911.

**Know where to get information**

* Make sure you know how your facility is going to communicate COVID-19 information: for example, email, websites, social media, hotlines, automated text messaging, newsletters, and flyers.

**The facility**

* COVID-19 prevention supplies should be provided in common areas. These supplies include soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, [masks](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) that are washed or discarded after each use.
* Non-essential volunteers and visitors in shared areas should be limited or avoided.
* Staff should avoid entering residents’ rooms or living quarters unless it is necessary. Staff should use virtual communications and check ins (phone or video chat), as appropriate.

**Common spaces**

Be flexible, rules may change for common areas. Maintain 6 feet of [social (physical) distance](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) between yourself and everyone that you do not live with. This may mean there will be alternatives to activities, cancelled activities, or closed areas. If you see people in areas that are small, like stairwells and elevators, consider going one at a time. Here are some examples of how the rules in common spaces may change:

**Shared kitchens, dining rooms, laundry rooms, bathrooms**

* Access should be available, but the number of people should be restricted so that everyone can stay at least six (6) feet apart from one another.
* People who are sick, their roommates, and those who have higher risk of severe illness from 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](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) such as washing instructions and handling of dirty laundry should be posted.
* Sinks could be an infection source and residents should avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

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

* Consider closing or restricting the number of people allowed in at one time to ensure everyone can stay at least six (6) feet apart, except for essential activities only, such as water therapy.
* [Considerations for operators of pools and other aquatic venues](https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/aquatic-venues.html)

**If a resident has or thinks they have COVID-19**

**Managers/Operators**

Residents should notify the RH House Manager/Owner/Operator if they think they may or have a confirmed case of COVID-19. If managers receive information that someone in their facility has COVID-19, they should work with the [local health department](https://www.naccho.org/membership/lhd-directory) 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](https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html) (Follow link to CDC page)

**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](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when it is necessary to be in shared spaces.
* Avoid using public transportation, ridesharing, or taxis.
* These guidelines should be made available: [What to do if you are sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)
* [Isolate if you are sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html)

# **COVID-19 – Coronavirus Questionnaire for Entry of New Resident**

* 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 to urgent care, the ER, or to their primary health care provider.
* If a resident has a fever or any 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 a 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 six (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 the CDC. The CDC does not have specific recommendations for RH, so these recommendations are 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 **houses people overnight**:

* Follow Interim Guidance for [US Institutions of Higher Education](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html) on working with state and local health officials to isolate ill persons and provide temporary housing as needed. <https://safesupportivelearning.ed.gov/resources/interim-guidance-administrators-us-institutions-higher-education>
* Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.
* In areas where ill persons are being housed in isolation, follow <https://stacks.cdc.gov/view/cdc/85700>
* This includes **focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons by reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons as needed.**
* In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

**How to clean and disinfect**

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

**Hard (non-porous) surfaces**

* Wear disposable gloves when cleaning and disinfecting surfaces. Disposable gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer’s instructions for cleaning and disinfection products to be used. [Clean hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) immediately after gloves are removed.
* If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

**Soft (porous) surfaces**

* For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  + If the items can be laundered, launder in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry the items completely.
    - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) and that are suitable for porous surfaces.

**Electronics**

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

**Linens, clothing, and other items that go in the laundry​**

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

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

# **Other Communicable Diseases**

Other communicable diseases that often affect those in aggregate living arrangements include viral infections such as gastroenteritis as well as some bacterial infections. For example, several viruses may cause viral gastroenteritis. Norovirus being a 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 are important to prevent spread of the disease. Fortunately, the recommendations for COVID-19 also apply to reducing the spread of other illnesses. It is appropriate for unknown infections of any sort to be evaluated by a qualified physician. In some cases, the involvement of the local health department may be required to identify and eliminate the source of these diseases and for 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 added information becomes available guidelines may change according to medical and scientific recommendations. Although, CDC does not have specific recommendations for RHs, other congregate living examples may be available. By following the CDC guidelines, you can protect yourself and those under your care and supervision.

1. <https://www.cdc.gov/hiv/basics/hiv-testing/getting-tested.html> [↑](#footnote-ref-1)
2. <https://www.cdc.gov/hiv/basics/prevention.html> [↑](#footnote-ref-2)
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing,-Diagnosis,-and-Notification>

   [↑](#footnote-ref-3)
4. <https://www.cdc.gov/flu/prevent/whoshouldvax.htm> [↑](#footnote-ref-4)
5. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/> [↑](#footnote-ref-5)
6. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> [↑](#footnote-ref-6)