

GUIDE FOR CERTIFICATION PROCESS

POLICIES AND PROCEDURES

The Policies and Procedures Manual houses the best and most promising practices for your Recovery Residence, with descriptions of how support is provided, and business is performed in compliance with The National Alliance for Recovery Residences (NARR) Standards, Florida Association of Recovery Residences (FARR) Standards, and Florida statute requirements.

This guide is being provided to assist Recovery Residence Providers with the process of drafting a Policies and Procedures Manual for the FARR (re)certification.

All Policies, Procedures and/or Protocols need to be listed by “Page #”, and “Paragraph #”, on FARR Compliance Documentation Checklist, provided in application process, in addition to submitting/uploading manuals to FARR.

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Mission Statement (I-III)

Per Standard(s) 1.1, 1.11, 2.2a-e

Definition: A Mission Statement defines the what an organization’s purpose is.

In compliance with the NARR/FARR Standards and Core Principles, a Mission Statement of the Recovery Residence needs to apply to the “priority population”, (i.e., those in recovery from substance use disorder, gender, etc.); along with any other focus or needs being offered through the support of the Recovery Residence being reflected in the Mission Statement.

Vision Statement (I-III)

Per Standard(s) 1.2; 11.1; 2.2

Definition: A Vision Statement outlines what an organization is envisioned to become and achieve over time.

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing the defined direction and objectives of the recovery residence.

Code of Ethics (I-III)

Per Standard(s) 1.2 Florida Statute 397.4871

Definition: A “Code of Ethics”, document may outline the mission and values of a business or organization; how individuals within an organization approach to problems based on the Core Values and Principles that the organization is held to.

In compliance with NARR/FARR Standards and Core Principles, all persons working in a FARR Certified Recovery Residence are expected to execute and adhere to the NARR and FARR Code of Ethics. It is the obligation of all Recovery Residence owners/operators and staff to value and respect each resident and to put individuals’ recovery and needs at the forefront of all decision making. The policy and procedure to meet this standard is evidenced by:

- Policy and procedure that ensures that NARR and FARR Code of Ethics Form is included in all employee files, documenting that the NARR and FARR Code of Ethics has been reviewed and signed by all individuals employed by, or volunteering with the Recovery Residence organization. (NARR and FARR Code of Ethics and Code of Ethics Form can be found on FARR website - narronline.org and farronline.org);
- Policy in which all completed FARR Code of Ethics Signature Forms are included in employee/volunteer/manager file.
- Recovery Residence may have a policy in which they have their own Code of Ethics for their agency, and these documents would also be required to be part of employee/volunteer/manager file; and provided to FARR for assessment.
- Policy and procedure that ensures that FARR receives all completed Code of Ethics Signature Forms, signed by employee.

Confidentiality (I-III)

Standard(s) 1.09

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing how an organization protects the privacy of its residents.

This would be evidenced by a policies and procedures that:

- Outline the maintenance, privacy and storage of residents' files;
- Provide applicable training for employees/volunteers, regarding client confidentiality;
- Outline of how recovery residence ensures that (new) residents have a clear understanding of the need for confidentiality within the community at the recovery residence;
- The clear practice that addresses how communication is established regarding residents with third parties. These may include reciprocal releases with care providers, Release of Information form, or "business associate agreement", completed by and with permission of resident.
- This would also include notification of involuntary discharge and/or reoccurrence of use to emergency contact, referring treatment provider, probation/parole officer, case manager, etc, when applicable.

Resident Screening (I-III)

Standard(s) 1.06, 1.08, 1.11

In compliance with the NARR/FARR Standards and Core Principles", policies and procedures need to be in place addressing the screening of prospective residents consistent with the home's "priority population" and the "Recovery Path" that the prospective resident is pursuing. Policies and procedures need to include:

- Details specific to that "priority population", and through what procedures the necessary elements are available at the recovery residence for this population to be supported on their "Recovery Path". Inherently, this is with the understanding of what level of support the recovery residence offers and how it meets the varying individual needs of prospective residents;
- Policy and procedure that discloses what elements preclude acceptance or admission to Recovery Residence, as well as any criteria that would exclude acceptance or admission to Recovery Residence.

Resident Orientation (I-III)

Standard(s) 1.03 1.06, 1.08, 2.18, 2.19, 2.30, 3.32

In compliance with the NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing the New Resident Orientation process through which new or returning residents receive an understanding of agreements, rules, policies, and rights and are provided an introduction to their peers, the residence and the surrounding community. This would be evidenced by:

- Protocol to ensure resident gains understanding of their rights and recovery resident's expectations in support of recovery path and goals;
- Orientation practices or protocols in place to assist resident with adjustment to the recovery residence and recovering community, along with any materials provided to resident, such as a Resident Handbook, to include:
 - 1) schedule for Recovery Residence obligations;
 - 2) mutual aid group meeting lists;
 - 3) houses of worship;
 - 4) emergency and managing staff contact information;
 - 5) peer contact information;
 - 6) local maps, including public transportation information when indicated;
 - 7) Recovery Residence rules or guidelines.
- Policy that outlines methods through which new residents are introduced and acclimated to home, bed assignment, storage spaces, emergency exits and emergency designated meeting location;
- Practices that are in place to ensure a safe and sober living environment, as in drug testing, and hazardous items searches.

If at this time, financial obligations are addressed, that policy and procedure should be evidenced by:

- Documentation used to explain financial obligations related to resident and/or their family;
- Policies resulting in the forfeiture of "deposits" or fees and the time table for the return of any refund or credit balance due to resident or resident account.

Please note FARR does not accept general acknowledgments on receipt. Residents would need to be orientated to, agree, and consent in writing to each of the items listed on the Compliance Documentation Checklist – Resident Orientation Section appropriate to provider Level of Care.

Hardship/Scholarship Assessment (if applicable) (I-III)

Standard(s) 1.03, 1.06

In compliance with the NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing financial consideration being made for “Hardship” (financial aid or scholarship).

Any practice or protocol in place that assesses “need” for financial assistance, or “appeal” for financial aid, at any point in the residents’ stay at recovery residence, in direct relationship to the recovery residence fees, needs to be evidenced in this policy and this procedure. Any financial assessment forms and related financial contracts or agreements, along with any follow-up forms need to be presented to FARR. Policy and procedure should require completed forms, assessments and reconciliations to be included in resident file. Agreements along with time tables for any “re-payment”, deferred payment or payment plan, needs to be evidenced in this policy and ensuing procedure.

Compensated Residents Policy (if applicable) (I-III) Standard(s) 1.02, 1.03, 1.06, 1.13, 1.16, 1.17, 2.29

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing work done by resident whether through salary, wages or reduction in rent or fee. This would be evidenced by:

- written agreement/form completed between Recovery Residence Operator and “compensated resident”, reflecting residents’ entering into agreement willingly along with description of compensation;
- record of ongoing work completed, and accounting of any compensation applied to fees;
- wherein resident is being paid wages, appropriate tax documents are completed
- procedure for and verification that the resident being placed in the role of “compensated resident”, has received appropriate training and orientation relating to employment duties (i.e., ethics, confidentiality, etc.), as if newly employed;
- policy for and description of ongoing “performance support”, procedures in place for compensated resident (when indicated), defaulting to the optimal benefit and choice of resident, and evidence of that;
- policy and procedure reflecting that termination of employment will not affect the status of, “compensated residents”, wish to continue to reside at recovery residence and continue to receive support for his recovery.

Good Neighbor Policy (I-III)

Standard(s) 4.35, 4.36, 4.37

In compliance with NARR/FARR Standards and Core Principles, due diligence needs to be taken to ensure that Good Neighbor Policies and Procedures are in place. The recovery residence needs to be compatible with the neighborhood, responsive to neighbors' concerns, and have courtesy rules. The policies and procedures would outline how recovery residence has accomplished this through/by:

- Policy and procedure that ensures that there are no indications that recovery residence home is anything other than a typical single-family household;
- Policy and procedure that ensures the ongoing maintenance of property and structures;
- Policies and procedures that provide neighbors with the contact information of responsible person(s) to respond to neighbors' concerns;
- Policies and procedures ensuring that during orientation, resident is apprised of appropriate decorum and interaction with neighbors and/or concerned parties;
- Rules in place and procedures and accommodations that are responsive to neighbors' concerns with:
 1. noise
 2. loitering
 3. parking
 4. lewd or offensive language
 5. cleanliness of public space surrounding property
- Policies and procedures pertaining to parking, sensitive to neighborhood and in compliance with municipal parking ordinances.

Hazardous Items Search (I-III)

Standard(s) 1.06, 1.16, 2.25, 3.33

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place outlining the recovery residence necessitating a search. Policy and procedure should include:

- List of prohibited items along with 'consequences', or expected actions to be taken upon discovery of prohibited or hazardous items;
- List of prohibited items necessitating hazardous items search, along with consequences and actions included in orientation packet and/or Resident Handbook.

Emergency Plan (I-III)

Standard(s) 3.33, 3.34

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place to ensure a safe home and that an emergency and/or disaster plan exists, and that residents and employees/volunteers are familiar with it. This may be evidenced by:

- Policy and procedure involving a plan in the event of evacuation for each location to include floor plans with exits clearly marked and a designated meeting location outside of each property;
- Policy and procedure regarding the posting of emergency information in homes;
- Policy and procedure regarding the contacting of emergency contacts/next of kin of residents in the event of an emergency;
- Policy and procedure outlining protocol for medical emergency and overdoses; (including the reporting of any overdoses and/or deaths to FARR Administration.
- Policy and procedure outlining hurricane planning and implementation;
- Policy and procedure in the event of fire and any materials provided for fire safety.

Medication Storage and Use (I-III) Standard(s) 1.06, 1.09, 1.10, 1.15, 1.16, 1.17, 2.18, 2.19, 2.25, 2.30, 3.33,

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place surrounding Medication Storage and Use. (In the cases of MAT residents, Recovery Residences will adhere to MAT Protocol/Policies and Procedures and Promising Practices for MAT, as developed by FARR. This documentation will be part of residents' file. Storage and Use of medications in the cases of MAT residents is addressed in MAT Policies and Procedures and Promising Practices for MAT, as developed by FARR.)

This is evidenced by:

- Policy regarding prescription and nonprescription medications permitted and prohibited at recovery residence;
- Policy regarding approval of medications at time of orientation or during the course of stay;
- Policy and procedure addressing record of medication that resident is taking and possesses;
- Policy and procedure surrounding communication with health care professional by recovery residence for ongoing support of recovery planning as it relates to medication (see confidentiality);
- Policy and procedure outlined for the safe storage of all medications and whatever accommodations recovery residence makes for this (i.e., safes, lockers);

- Policy and procedure for alternative staff emergency access to medication when staffing varies from scheduled staff access;
- Policy and procedure for documentation of staff observation of resident medication self-administration, when being monitored by staff (med log);
- Policy and procedure for medication noncompliance and protocol when detected.

Drug Testing (I-III)

Standard(s) 1.01, 1.06; 1.16; 1.17; 2.25

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place that provide and support an alcohol and illicit drug-free environment. Policies and Procedures need to be in place and would be evidenced by:

- Policy and procedures for administration of drug testing of residents by recovery residence to include:
 1. Information regarding type of tests employed – instant urine drug screen, breathalyzer, alcohol detection swab, confirmation, etc.;
 2. Policy and procedure surrounding frequency and scheduling of routine testing for substance or alcohol use;
 3. Policy and procedure regarding interim testing when suspicion warrants;
 4. Policy and procedure for utilizing outside toxicology lab, if applicable, and resident consent.
- Fee schedule regarding routine testing for substance or alcohol use with instant on site detection and financial responsibilities for outside toxicology labs;
- Policy and procedure used to impart drug testing protocol and consent with residents;
- Protocol for supervision/observation of tests by staff (when applicable);
- Policy and procedure utilized to document results of drug and alcohol testing at recovery residence and staff member oversight.

Reoccurrence of Substance Use (Relapse)(I-III) Standard(s) 1.04,1.06, 1.15, 1.19, 2.25, 3.33

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing the reoccurrence of substance use, and/or alcohol. These would-be evidenced by:

- Protocol in place in the event that substance or alcohol use has been detected with description of support offered when resident has relapsed with Substance Use Disorder including:
 - 1) procedures that would ensure resumption of sustainable recovery plan and,
 - 2) description of efforts made by Recovery Residence to prevent ongoing substance use;

- Policy and procedure for notifying care professionals resident has approved Recovery Residence to contact;
- Policy and procedure for notification of “next of Kin”, and/or “sober supports”, resident has approved Recovery Residence to contact;
- Outline of conditions required and under which resident may be re-admitted to Recovery Residence that include current residents;
- Policy and procedure followed in pursuing appropriate medical intervention;
- Policy and procedure surrounding addressing the “relapse” event with community, to ensure an ongoing positive recovery culture;
- Policy regarding documentation of residents vacating Recovery Residence without notice and/or prematurely.

Discharge (I-III)

Standard(s) 1.01, 1.03, 1.04, 1.15, 1.19, 2.25, 2.26, 3.32, 3.33

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing discharge assistance, be it because of having successfully completed planned stay or an emergent event, necessitating vacating premises prematurely, such as substance abuse (see policy and procedure for “Reoccurrence of Substance Use”), or major rule violation. These would be evidenced by:

- Policy and procedure providing support for residents transitioning out of recovery residence, having successfully completed;
- Policy and procedure for clear communication of rules and consequences for major rule violations, specifically those resulting in “immediate discharge”, status;
- Policy and procedure for communicating commitments, both financial and necessary progress in recovery, especially when policy dictates that “lack of progress” may result in discharge and any policy that results in discharge secondary to abandonment of placement at Recovery Residence (not returning from a “pass”);
- Procedure through which policies surrounding commitments for successful and involuntary discharge, both financial and programmatic are related;
- Policy and procedure regarding any personal property left on premises of Recovery Residence upon the residents’ vacating or discharging, and policy surrounding residents’ property that has been left at Recovery Residence, along with any timeline for property resolution;
- Policy and procedure for clear understanding of financial obligations of resident and of Recovery Residence when credit balance or refund is due to resident, along with time table for reconciliation of account;
- Policy and procedure for notification by Recovery Residence of discharge status to “next of kin”, and caregiving professionals of resident;
- Policy and procedure that promotes alumni community of Recovery Residence and community, at large.

Grievance (I-III)

Standard(s) 1.02, 1.06, 1.15

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place that residents have been introduced to, have access to, and can submit a grievance to the administration of the Recovery Residence and, if applicable FARR. This would be evidenced by:

- Policy and Procedure that includes review and resident consent of Grievance policy upon intake and/or orientation;
- Policy and procedure to address any grievances presented to administration including time frame for resolution of grievance;
- Policy and procedure that allows for unresolved grievances to be taken to accrediting body (Florida Association of Recovery Residences);
- Policy and procedure that ensures documentation of grievance and resolution becomes part of residents' file;
- Policy and procedure needs to dictate that Grievance Policy is posted in conspicuous common areas in each location and/or housing unit;
- Policy and procedure that ensures maintenance of Recovery Residence website, when website exists, providing link for to file grievance with FARR.

FARR grievance procedure and grievance webform can be found on farronline.org.

Life Skills Development (II-III)

Standard(s) 2.20, 2.22, 2.27

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing routine services offering support for the development of Life Skills and/or classes. The evidence of this in Policy and Procedure Manual would be:

- Contract or agreement with any counselor or vocational consultant presenting or having meeting with residents on a regular basis as part of Staffing Plan, if applicable;
- Overview of formal classes, along with supporting materials;
- Policy and procedure that assesses residents for life skills development on an ongoing basis;
- Policy and procedure that links resident with any outside resources.

Maintenance and Repair/Upkeep (I-III)

Standard(s) 3.31, 3.33, 3.35

In compliance with NARR/FARR Standards and Core Principles, policies and procedures need to be in place addressing upkeep of residences, including reparations and safety inspections. This Policy addresses the “physical plant”, that is the home. This is evidenced by:

- Policy and procedure providing for staffing of maintenance personnel to ensure properties are in compliance with the NARR/FARR Standards.
- Policy and procedure for residents to report maintenance issues;
- Policy and procedure for resolving maintenance issues in a timely manner;
- Policy and procedure for ongoing, routine self-safety assessments with record of inspections.

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STAFFING DOCUMENTS

Employee/Volunteer Background Screening

Policy and procedure for conducting Level II background screening on all Owners, Directors, CFO's, and CRRAs as required by 397.487 (6).

Policy & Procedure for conducting background screenings on all other staff, managers, and volunteers outside of the requirements established by 397.487 (6). Policy should include any disqualifying offenses in which the provider would exclude employment/oversight of residents/clients.

Procedure should be inclusive of "hiring" requirements as well as the removal and notification to FARR of an individual that is arrested during his/her employment with the provider as required by 397.487.8 (c)

Documentation packet should include all forms necessary to complete all background screening, including data necessary for local regulatory agencies to conduct background screening as outlined in Policy and Procedure for staffing, accommodations for staff to make necessary plans for screening and financial provisions for screening should be accounted for (i.e., fingerprint screen).

Staff Certification and Verification Policy and Procedure (Required at Level III Only)

Wherein staff requires state or local "certification", documents reflecting procedures to verify certification need to be included in employee file.

FARR Level III Certified providers are required to employ certified staff appropriate to the population they serve. Policy & Procedure should identify what certifications/credentials each position must achieve/hold/maintain.

Prior to employment ensuing, references and verification policies need to be implemented and recorded to be retained in employee file. Procedure should outline the providers protocol as such.

Staff Development Plan (Required at Level III Only, highly recommended at Level II)

In compliance with FARR Standards and requirements established by 397.487, all owners, directors, staff, managers, and volunteers are required to complete FARR Certification trainings. Policy & Procedure should outline steps, timeframes, and documentation to support such.

The development plan should also detail the necessary skills and resources needed/provided to support each position held in accordance with the providers mission/vision and the population served.

Wherever indicated and possible, any opportunities for improvement of staff and peer support performance should be taken. This may include training opportunities, support of staff attendance at recovery focused programs or presentations as well as skills development.

Peer Leadership Policy

The Recovery Residence policy and procedure describing the system through which peers are involved with Recovery Residence leadership in positive ways should have corresponding documents, describing how individuals may ascend in leadership status.

Staffing/Peer Leadership Job Descriptions

In compliance with FARR standards, job descriptions for each position held must be provided to Certification Staff for assessment.

Job Description should be inclusive of duties and responsibilities, including specific time necessary for duties to be carried out and performance support (supervision), anticipated and provided, as well as skills/education/licensing and/or certifications required for each position.

This description should outline how and in what manner peer leadership is engaged.

Staff Evaluation Policy and Procedure (Required at Level III Only)

Staff Evaluation Policy and Procedure would include process through which staff/employee performance is evaluated, including frequency of evaluation, employment probationary period, as well procedure for resolving grievances or complaints referring to staff. Expectations for resolutions should be recorded and when resolved, should be documented.

Peer to Peer, staff to staff, as well as self-administered evaluations referred to during formal evaluation should be outlined in procedure. Any supporting documentation should be included.

Sample of Staffing Weekly Schedule

Sample staffing schedule should include when and which staff member is generally or scheduled to be onsite at each location through each day of the week.

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---------|--------|--------|---------|-----------|----------|--------|----------|
| 6AM-1PM | JOHN | JOHN | JOHN | JOHN | JOHN | CORBIN | CORBIN |
| 1PM-6PM | | | | | | | |
| 6PM-6AM | STEVE | STEVE | STEVE | STEVE | STEVE | CORBIN | CORBIN |

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RESIDENT ORIENTATION HANDBOOK

The Resident Orientation Handbook is a guide for the new resident as they enter the phase of their recovery plan in which they will be residing in Recovery Residence. The Handbook outlines the Policies and Procedures of the Recovery Residence as they directly apply to new resident to aid in the adjustment to new environment that is going to be supporting them in this crucial phase of their recovery plan. Please note residents will need to consent to each of the required policies via signature, this can be achieved via electronic signature or manually. FARR does not accept general acknowledgements of receipt.

RESIDENT APPLICATION

This is the document that will be completed by prospective/incoming residents, following screening, that lists pertinent personal information from the resident for the purposes of Recovery Residence perusal and acceptance, as well as in to have as documentation in resident file.

Information obtained should include, but is not limited to:

Resident contact information, emergency contact, list of medications, medical issues, criminal history,, probation/parole/fleeing status, sexual predator/offender status, substance use history, and detox/treatment/housing history.

Recovery Residence may choose to include on this form resident information regarding recovery pathway and plan, as well as other pertinent information to include next of kin and emergency contact. as well as Recovery Residence guarantee of payment (guarantor), along with resident permission to be in contact with guarantor in application and/or in confidentiality permission statement.

Application process should include verification of financial terms, financial obligations and that policy and, including policies that would result in the forfeiture of “deposits” or fees and the policy, procedure and timing of any refund or credit balance due to resident or resident account.

POLICIES REGARDING CONFIDENTIALITY AND PRIVACY

Within this section of the Resident Orientation Handbook, a clear description of residents’ responsibility to honor the privacy and confidentiality of fellow residents, as well as the need for discretion within the community at large. Staff may be trained in communicating the need for confidentiality.

During this phase of the orientation, residents may provide Recovery Residence permission to contact and speak with care-givers, family members and others so that communication may be established with concerned third parties, when indicated and in the best interest and at the request of the resident. This may be a form included in the Resident Orientation Handbook and/or be completed separately.

During this phase of the orientation, based on information provided by resident, Release of Information (ROI) form, or “business associate agreement”, should be completed by the resident. When appropriate, request that resident complete ROI’s of any medical, mental health care provider and/or court liaison that requires such a release and permission for provider to speak with Recovery Residence.

STAFF/MANAGEMENT CONTACT SHEET

Resident Orientation Handbook should include a current “contact sheet”, listing all staff and/or names, phone numbers and any other information through which contact can be made with responsible staff. Residents should also be apprised of where these current contact sheets can be found posted within the residence.

PROGRAM FORMAT (PHASES, STAGES OF PROGRESS)

The requirements to progress within the structure, where applicable, in the Recovery Residence is evidenced by consistent adherence to Recovery Plan. Any “phasing” or attainability of more independence and autonomy in Recovery Residence, should be included within the Resident Orientation Handbook. Wherein, status/stage is dependent upon length of stay, employment status, and/or completing elements of a continuing care plan/Recovery Plan and commitments, should be outlined and residents’ understanding needs to be ensured. Likewise, any event that would result in loss status should be communicated. Providers program format should detail how successful completion of programming is achieved.

SAMPLE OF RESIDENT WEEKLY SCHEDULE

When applicable, any obligatory meetings or scheduled support offered within and by Recovery Residence for residents needs to be listed and included in Resident Orientation Handbook Sample Schedule. When applicable, schedules should include curfews per Resident Rules/Guidelines.

Any House Rules/Guidelines that list minimum attendance at Mutual Aid Support Groups, and/or Continuing Care, as prescribed by care providers, should be considered when scheduling, if applicable.

Any requirements that residents have for chores in Recovery Residence should be represented in the sample of schedule.

HOUSE RULES AND CONSEQUENCES

The Resident Orientation Handbook should include rules/guidelines and any possible consequences for infraction of such. This part of the Resident Orientation Handbook should outline expectations in support of recovery paths and goals of all residents. Resident Orientation Handbook, should include schedule for Recovery Residence obligations, and what would constitute a violation of obligation or rule. This should include:

- Clear communication of commitments and necessary progress in recovery, especially when policy dictates that “lack of progress” may result in discharge;
- Curfews, “up and out” rule, and time to be spent out of the house, if indicated;
- Rule/Guidelines addressing visitation/guests;
- Rule/Guideline addressing overnight passes, away from Recovery Residence;
- Any policy that results in discharge secondary to abandonment of placement at Recovery Residence (not returning to Recovery Residence);
- List of prohibited items necessitating hazardous items search, along with consequences;
- Good neighbor courtesy rules
- Rules in place to safeguard the residence community and physical property

House Rules/Guidelines and obligations should outline all rules that would result in consequences and/or otherwise compromise the integrity of the safe and sober recovering environment. Consequences should also be listed with corresponding violations/infractions.

GOOD NEIGHBOR POLICY AND CONSENT

Resident Orientation Handbook should include Good Neighbor Policies and Procedures that are in place. This section should lead to residents’ understanding that Recovery Residence is compatible with the neighborhood, responsive to neighbors’ concerns, and has courtesy rules. Policies and procedures that are sensitive to neighborhood and Recovery Residence should address:

- noise
- loitering
- parking
- lewd or offensive language
- cleanliness of public space surrounding property
- music
- smoking
- traffic
- privacy
- providing contact information for responsible staff (when applicable)

HAZARDOUS ITEMS SEARCH POLICY AND CONSENT

The Resident Orientation Handbook should include House Rules/Guidelines along with policies and procedures in place outlining the recovery residence necessitating a search. Policy and procedure should include:

- List of prohibited items along with 'consequences', or expected actions to be taken upon discovery of prohibited or hazardous items;
- Consent from resident to have belongings, person, and/or vehicles searched during the course of their stay for any of the listed prohibited items.

MEDICATION STORAGE AND USE POLICY AND CONSENT

Policies and procedures in place surrounding Medication Storage and Use should be outlined in Resident Orientation Handbook. This should include:

- Prescription and nonprescription medications permitted at recovery residence and House Rule addressing this;
- Record of medication that resident is taking and possesses (when applicable);
- Policy and procedure surrounding communication with health care professional by Recovery Residence for ongoing support of recovery planning as it relates to medication, when applicable (see confidentiality);
- The safe storage of all medications and whatever accommodations recovery residence makes for this and resident responsibility for medication storage;
- Access to medication when stored by Recovery Residence staff and plan for obtaining medication when staffing varies from scheduled staff access;
- Guidelines for staff documentation of medication self-administration by resident, when applicable, and access to documentation (med log);
- Reiteration of House Rules/Guidelines relating to medications and consequences in the event of infractions or non-compliance.

DRUG TESTING/TOXICOLOGY POLICY AND CONSENT

Resident Orientation Handbook should contain practices and consent surrounding drug testing in Recovery Residence. This should include:

- Information regarding type of tests employed – instant urine drug screen, breathalyzer, alcohol detection swab, etc.;
- Interim testing utilizing outside toxicology lab, and when this is warranted;
- Resident consent for utilization outside toxicology lab;
- Fee schedule regarding routine testing for substance or alcohol use on site and financial responsibilities for outside toxicology labs;
- Consent for supervision/observation of tests by staff (when applicable);
- Resident permission to provide drug log results to caregivers (see confidentiality).
- Consequences for failure to submit to alcohol and/or drug testing requirements

DISCHARGE POLICY AND CONSENT

Resident Orientation Handbook should list the support in place addressing discharge assistance, be it because of having successfully completed committed stay at Recovery Residence or an event resulting in the vacating of premises prematurely, such as substance abuse (see policy and procedure for “Reoccurrence of Substance Use”), major rule violation or abandonment of placement at Recovery Residence (failure to return). This list of support in Resident Orientation Handbook should include:

- Support for residents transitioning out of recovery residence, having successfully completed;
- Clear communication of rules and consequences in the case that a major rule violation resulting in “immediate discharge”, status;
- Clear communication about discharge secondary to abandonment of placement at Recovery Residence (not returning from a “pass”);
- Individual property/medications left on premises of Recovery Residence upon the residents’ vacating or discharging, with any timeline for property resolution;
- Clear understanding of financial obligations of resident and of Recovery Residence when credit balance or refund is due to resident, along with time table for reconciliation of account;
- Notification by Recovery Residence of discharge status to “next of kin”, and caregiving professionals of resident;
- Promotion of alumni community of Recovery Residence to be shared with discharging residents;
- Referral to safe alternative dwelling and/or higher level of care for residents in the event of discharge prior to commitment, conducive to resumption of and sustainable recovery plan, wherever possible.

EMERGENCY/NON-EMERGENCY POLICY, PROCEDURE AND CONSENT

Resident Orientation Handbook should outline policies, procedures and protocols in place to ensure a safe home the emergency and/or disaster plan in place.

Orientation should include introduction of resident to safety plan including residence address, and the plan in place in the event of evacuation for location to include floor plan with a designated meeting location outside of each property;

In addition to Emergency Plan in Resident Orientation Handbook posting of emergency plan needs to be posted in homes and shown to resident. This information should include:

- Plan in place regarding the contacting of emergency contacts/next of kin of residents in the event of an emergency;
- Protocol for medical emergency and overdoses and location of Narcan in residence, should the provider choose to acknowledge presence as such to its residents;
- Procedure hurricane planning and implementation;
- Policy and procedure in the event of fire and any materials provided for fire safety.

EMERGENCY/NON-EMERGENCY CONTACT SHEET

Operators should include a list of emergency and non-emergency contact information to responders and resources in their community. Considerations to include:

- Non-Emergency Police
- Detoxes
- Hospitals
- Shelters
- Suicide Hotline
- Reporting agencies providing oversight of recovery residence provider (DCF/FARR)

RESIDENT RIGHTS AND REQUIREMENTS

Within this section of the Resident Orientation Handbook, resident is apprised of agreements, and terms at Recovery Residence. This would include:

- An understanding of Recovery Resident “priority population”, and the goals that Recovery Residence has to offer support for a sustainable recovery plan for that population;
- Requirements and guidelines, and process for reporting concerns without consequence
- Financial terms and obligations, including deposits, and refund policies;
- Policies and procedures regarding any personal property left in the home should be addressed in this section as well.
- Clearly communicates residents fair housing rights
- Rights regarding access to financial transactions made by or on behalf of the resident
- Rights regarding access to provider policies and procedures and copies of consent forms signed by the resident

FARR has developed a standardized set of Resident Rights and Responsibilities that is available to providers for adoption and implementation. A downloadable copy is available at www.farronline.org or can be provided upon request to assigned certification staff member.

GRIEVANCE POLICY, PROCEDURE AND CONSENT

Resident Orientation Handbook should outline the procedure in place that residents have been introduced to, have access to, and to submit a grievance to the administration of the Recovery Residence and, if applicable FARR. This would include:

- A resident consent of Grievance policy to be signed;
- Process in place to report concerns along with chain of command
- Time frame for resolution of grievance, when submitted;
- Notification of unresolved grievances to be taken to accrediting body (Florida Association of Recovery Residences);
- Location of Grievance Policy posted in common areas in each location and/or housing unit;
- Referral to Recovery Residence website, when website exists, providing link for to file grievance with FARR. FARR grievance policy can be found on farronline.org.

GRIEVANCE FORM

Grievance Form is to be included in Resident Orientation Handbook, as well as accessible in shared areas of each Recovery Residence location. In addition, Resident Orientation Handbook should direct resident to Recovery Residence website, where link to FARR Grievance form can be downloaded or direct to FARRonline.org for Grievance Form.

MAINTENANCE REPAIR REQUEST FORMS

The procedure through which residents may report maintenance issues to management should be included in Resident Orientation Handbook.

RESIDENT LEASE/GUEST/RENTAL AGREEMENT/FINANCIAL AGREEMENT

The lease/rental agreement should be included in Resident Orientation Handbook for completion. The information on this form to be completed should include:

- Name and address of record of resident;
- Address in which resident will be residing;
- Deposit and rental fees and terms for payment;
- Any costs in which a resident could or would be responsible for. (lockbox, drug tests, key, etc.)
- Refund policy and/or forfeiture terms
- Minimum length of stay
- Guarantor for financial obligations, and permission to contact them (see confidentiality);
- Any violation or infraction to rules/requirements that would result in immediate termination and involuntary discharge

COMMUNITY RESOURCE GUIDE

Resident Orientation Handbook should include mutual aid group meeting lists, houses of worship, public transportation maps, locations of Recovery Community Centers, "Recovery Friendly" employers, doctors, dentists, local parks, gyms, grocery food markets, as well as civic organizations that Recovery Residence participates in through volunteering.

LOCATION DOCUMENTATION

Please note required documentation must be submitted for each property operated by the recovery residence provider. Failure to register all locations operated by the recovery residence, regardless of level of care, will result in denial, suspension, and/or revocation of certificate of compliance. New properties need to be reported and registered within 72 hrs. of opening and residents being admitted.

ACKNOWLEDGMENT LETTER AND/OR LEASES FROM PROPERTY OWNERS (IF LEASED)

Providers who lease their properties from third party individuals or entities must provide FARR with acknowledgment letter(s) from property owner(s) confirming knowledge of property use. If these terms are included in the executive lease, a copy of the lease may be provided.

COPY OF GENERAL LIABILITY INSURANCE ACORD STATEMENT (COI)

Certified providers are required to hold and maintain General Liability coverage. FARR does not dictate coverage requirements/limits and recommends working with an insurance agent to obtain the appropriate amount of coverage for its organization.

FARR requires that providers send only the COI or Acord Statement. Complete coverage binders will not be reviewed.

It is required that FARR is listed as an additional named insured:

Florida Association of Recovery Residences
326 W. Lantana Rd
Lantana, FL 33462

Physical locations covered under policy should be listed under description of operation / location / vehicles or as an attachment if more space is required.

Policy should be in the name of the legal entity of the organization applying for or renewing their certification. Explanation should be provided with any applicable supporting documentation in the event of other.

SAFETY SELF-ASSESSMENT CHECKLIST

Routine maintenance and safety inspections should be conducted and documented by provider. A log of such inspections should be maintained at each location and available to certification staff upon request.

Inspection checklist should include fire/safety safeguards, property standards defined by NARR Quality Standards, and verification that required postings have not been removed or altered.

FARR has developed a standard Safety Self-Assessment Checklist that is available to providers for adoption and implementation. A downloadable copy is available at www.farronline.org or can be provided upon request to assigned certification staff member.

EVACUATION MAP(S)

An evacuation map of each house is required to be provided to FARR and posted in common areas of each house. Evacuation map should include a layout of each property/unit with bedrooms and exits clearly marked. A designated meeting location outside of each house should be listed in the event of emergency.

GUIDE FOR CERTIFICATION PROCESS

RECOVERY SUPPORT DOCUMENTS

REFERENCE NARR STANDARDS/ RECOVERY SUPPORT DOMAIN 18-29

Recovery support documentation is defined as any guides/documents/ forms used to mentor and monitor an individual's development and participation in their recovery plan. Such documentation is broken down into two groups: Program/Administration Documents and Recovery Progress Documents.

Examples

Administration

- Home Sign-out Sheet
- Overnight Pass Requests
- Release of Information
- Incident Reports
- Level Ups
- Written Warnings
- Drug Testing Log
- Rent Logs
- Grievance Forms
- Maintenance Repair Requests
- Discharge Summary

Recovery Progress

- Recovery Planning Instrument
- Relapse Prevention Plan
- Relapse Planning Agreement
- Goal Sheets
- Mutual Aid Group Tracker
- Recovery Capital Assessment
- Progress Notes
- 12 Step Workbooks
- Gratitude Logs
- Sponsor Check-Ins
- House Meeting Minutes

Providers should develop recovery support documentation per their programs need, requirements, recovery path, and priority populations served.

One primary objective of Standards compliant recovery housing is to promote, foster, and support resident development of recovery capital. Research demonstrates that length of stay in a recovery residence coupled with meaning activities within the community enhances recovery capital.

FARR requires providers to evidence they are monitoring resident's engagement in a minimum of three meaningful activities.