



California Consortium of
Addiction Programs and
Professionals

Inspiring Excellence, Promoting Change

Certified Recovery Residence Standards

Version March 2021

Welcome to Recovery Residence Certification with CCAPP

“Recovery residence” is a term generally used to describe a specific type of housing. Recovery residences, also known as sober living environments, offer a housing alternative to individuals who are recovering from alcohol and or drug addiction. Other terms used to describe such housing are “cooperative housing for recovering people,” “resident-run housing,” “sober cooperative living,” “alcohol, drug free living centers,” “congregate living communities,” as well as others. All of these arrangements have something in common in that they are intended for cooperative living of individuals who are recovering from alcoholism or drug addiction. In California, these residences are not subject to licensing by any state agency, but may voluntarily choose to adopt national standards by certifying with CCAPP.

Resident responsibility for the environment sets it apart from formal treatment programs. There is a great need for quality recovery residence housing in our communities. Experience has shown that persons who have completed a residential program of recovery or have stabilized in Alcoholics Anonymous need to live in a recovery environment in order to maintain sobriety and recovery. Many persons who leave organized programs do not have a home to go to, nor can they afford individual housing, which is recovery conducive. Cooperative housing offers a bridge to independent living. Recovery Residences come in all sizes and configurations - from freestanding homes to apartment buildings.

Any number of people may live in a recovery residence as long as local regulations regarding square footage for living space are not exceeded. People who are not related to each other and choose to live together as a family do not need obtain a permit from the governing district in which they live; they are protected by state and federal law from discriminatory zoning requests that may violate fair housing and disability laws. Some local jurisdictions will require certain health and safety requirements for any type of rental property which may require a recovery residence owner or operator to comply with. These are not considered discriminatory and must be followed.

Recovery residences must be cognizant of state licensing laws for addiction treatment. They must not require residents to attend programs or counseling sessions, however certain rules may be set as provisions of residency. House rules may include curfew, smoking, chores, payment of rent, and attendance at house meetings, and A.A./N.A. meetings, and must include prohibition of any use of alcohol and or illicit drugs. A recovery residence may or may not have paid staff. The role of the staff must be clearly for management of the housing and not for management of individuals (clinical). The environment must be recovery conducive and space should be adequate to accommodate each

individual comfortably and with dignity and respect.

Outline of Standards

CCAPP uses standards approved by the National Alliance for Recovery Residences (NARR) to certify residences. NARR created standards for four levels of residences. CCAPP certifies recovery residences at Level 2. By request, CCAPP may also certify a Level 1 residence (typically Oxford House models). CCAPP does not certify level 3 or 4 residences as clinical services are provided in them which would require licensure as an alcohol drug treatment program in California. Following are tables which detail Level 2 requirements that are used to determine certification status for CCAPP Recovery Residences. Numbering may not appear sequential as levels 3 and 4 are deleted.

Domain 1 Administrative Operations

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

Domain 2 Physical Environment

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

Domain 3 Recovery Support

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

Domain 4 Good Neighbor

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

Domains, Core Principles and Standards

1 Administrative and Operational Domain			
A.			
	1.		
		a.	A written mission that reflects a commitment to those served and identifies the population served which, at a minimum, includes persons in recovery from a substance use disorder.
		b.	A vision statement that is consistent with NARR’s core principles.
	2.		
		a.	Documentation of legal business entity (e.g. incorporation, LLC documents or business license).
		b.	Documentation that the owner/operator has current liability coverage and other insurance appropriate to the level of support.
		c.	Written permission from the property owner of record (if the owner is other than the recovery residence operator) to operate a recovery residence on the property.
		d.	A statement attesting to compliance with nondiscriminatory state and federal requirements.
		e.	<p>Operator attests that claims made in marketing materials and advertising will be honest and substantiated and that it does not employ any of the following:</p> <ul style="list-style-type: none"> • False or misleading statements or unfounded claims or exaggerations; • Testimonials that do not reflect the real opinion of the involved individual; • Price claims that are misleading; • Therapeutic strategies for which licensure and/or counseling certifications are required but not applicable at the site; or • Misleading representation of outcomes.
		g.	<p>Policy and procedures that ensure the following conditions are met if the residence provider employs, contracts with or enters into a paid work agreement with residents:</p> <ul style="list-style-type: none"> • Paid work arrangements are completely voluntary. • Residents do not suffer consequences for declining work. • Residents who accept paid work are not treated more favorably than residents who do not. • All qualified residents are given equal opportunity for available work. • Paid work for the operator or staff does not impair participating residents’ progress towards their recovery goals. • The paid work is treated the same as any other employment situation. • Wages are commensurate with marketplace value and at least minimum wage.

			<ul style="list-style-type: none"> • The arrangements are viewed by a majority of the residents as fair. • Paid work does not confer special privileges on residents doing the work. • Work relationships do not negatively affect the recovery environment or morale of the home. • Unsatisfactory work relationships are terminated without recriminations that can impair recovery.
		h.	Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the operator may make agreements with residents with respect to payment of fees.
		i.	A policy and practice that provider has a code of ethics that is aligned with the NARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the recovery residence, to include owners, operators, staff and volunteers.
	3.		
		a.	Prior to the initial acceptance of any funds, the operator must inform applicants of all fees and charges for which they will be, or could potentially be, responsible. This information needs to be in writing and signed by the applicant.
		b.	Use of an accounting system which documents all resident financial transactions such as fees, payments and deposits. <ul style="list-style-type: none"> • Ability to produce clear statements of a resident's financial dealings with the operator within reasonable timeframes. • Accurate recording of all resident charges and payments. • Payments made by 3rd party payers are noted
		c.	A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement.
		d.	A policy and practice that residents be informed of payments from 3 rd party payers for any fees paid on their behalf.
	4.		
		a.	Policies and procedures regarding collection of resident's information. At a minimum data collection will <ul style="list-style-type: none"> • Protect individual's identity. • Be used for continuous quality improvement and • be part of day-to-day operations and regularly reviewed by staff and residents (where appropriate).
B.			
	5.		
		a.	Documentation of a process that requires a written agreement prior to committing to terms that includes the following: <ul style="list-style-type: none"> • Resident rights • Financial obligations, and agreements • Services provided • Recovery goals • Relapse policies • Policies regarding removal of personal property left in the residence
	6.		
		a.	Policies and procedures that keep residents' records secure, with access limited to authorized staff.

		b.	Policies and procedures that comply with applicable confidentiality laws.
		c.	Policies and procedures, including social media, protecting resident and community privacy and confidentiality.
C.			
	7.		
		a.	Evidence that some rules are made by the residents that the residents (not the staff) implement.
		b.	Grievance policy and procedures, including the right to take unresolved grievances to the operator's oversight organization.
		c.	Verification that written resident's rights and requirements (e.g. residence rules and grievance process) are posted or otherwise available in common areas.
		d.	Policies and procedures that promote resident-driven length of stay.
		e.	Evidence that residents have opportunities to be heard in the governance of the residence; however, decision making remains with the operator.
	8.		
		a.	Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.
		b.	Written responsibilities, role descriptions, guidelines and/or feedback for residence leaders.
		c.	Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated.
D.			
	9.		
		a.	Evidence that management supports staff members maintaining self-care.
		b.	Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.
		c.	Evidence that staff are encouraged to have a network of support.
		d.	Evidence that staff are expected to model genuineness, empathy, respect, support and unconditional positive regard.
	10.		
		a.	Policies that value individuals chosen for leadership roles who are versed and trained in the Social Model of recovery and best practices of the profession.
		b.	Policies and procedures for acceptance and verification of certification(s) when appropriate.
	11.		
		a.	Policies and procedures that serve the priority population, which at a minimum include persons in recovery from substance use but may also include other demographic criteria.
		b.	Cultural responsiveness and competence training or certification are provided.
	12.		

		a.	Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.
		b.	Job descriptions require staff to facilitate access to local community-based resources.
		c.	Job descriptions include staff responsibilities, eligibility, and knowledge, skills and abilities needed to deliver services. Ideally, eligibility to deliver services includes lived experience recovering from substance use disorders and the ability to reflect recovery principles.
	13.		
		a.	Policies and procedures for ongoing performance development of staff appropriate to staff roles and residence level.
		c.	Evidence that supervisors (including top management) create a positive, productive work environment for staff.

2. Physical Environment Domain

E.			
	14.		
		a.	Verification that the residence is in good repair, clean, and well maintained
		b.	Verification that furnishings are typical of those in single family homes or apartments as opposed to institutional settings.
		c.	Verification that entrances and exits are home-like vs. institutional or clinical.
		d.	Verification of 50+ sq. ft per bed per sleeping room.
		e.	Verification that there is a minimum of one sink, toilet and shower per six residents.
		f.	Verification that each resident has personal item storage.
		g.	Verification that each resident has food storage space.
		h.	Verification that laundry services are accessible to all residents.
		i.	Verification that all appliances are in safe, working condition.
	15.		
		a.	Verification that a meeting space is large enough to accommodate all residents.
		b.	Verification that a comfortable group area provides space for small group activities and socializing
		c.	Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.
		d.	Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.
F.			
	16.		
		a.	Policy prohibits the use of alcohol and/or illicit drug use or seeking.
		b.	Policy lists prohibited items and states procedures for associated searches by staff

		c.	Policy and procedures for drug screening and/or toxicology protocols.
		d.	Policy and procedures that address residents' prescription and non-prescription medication usage and storage consistent with the residence's level and with relevant state law.
		e.	Policies and procedures that encourage residents to take responsibility for their own and other residents' safety and health.
	17.		
		a.	Operator will attest that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.
		b.	Operator will attest that the residence meets local health and safety codes appropriate to the type of occupancy (e.g. single family or other) OR provide documentation from a government agency or credentialed inspector attesting to the property meeting health and safety standards.
		c.	<p>Verification that the residence has a safety inspection policy requiring periodic verification of</p> <ul style="list-style-type: none"> • Functional smoke detectors in all bedroom spaces and elsewhere as code demands, • Functional carbon monoxide detectors, if residence has gas HVAC, hot water or appliances • Functional fire extinguishers placed in plain sight and/or clearly marked locations, • Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers, • Fire and other emergency evacuation drills take place regularly and are documented (not required for Level I Residences). • Fire escape ladder required for each level in a multi-story home if the home as only one staircase leading to upper level(s).
	18.		
		a.	Policy regarding smoke-free living environment and/or designated smoking area outside of the residence.
		b.	Policy regarding exposure to bodily fluids and contagious disease.
	19.		
		a.	Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.
		b.	Documentation that emergency contact information is collected from residents.
		c.	Documentation that residents are oriented to emergency procedures.
		d.	Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.

I.			
	27.		
		a.	Residents are involved in food preparation.
		b.	Residents have a voice in determining with whom they live.
		c.	Residents help maintain and clean the home (chores, etc.).
		d.	Residents share in household expenses.
		e.	Community or residence meetings are held at least once a week.
		f.	Residents have access to common areas of the home.
	28.		
		a.	Engagement in informal activities is encouraged.
		b.	Engagement in formal activities is required.
		c.	Community gatherings, recreational events and/or other social activities occur periodically.
		d.	Transition (e.g. entry, phase movement and exit) rituals promote residents' sense of belonging and confer progressive status and increasing opportunities within the recovery living environment and community.
	29.		
		a.	Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.
		b.	Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors.
		c.	Residents attend mutual aid meetings or equivalent support services in the community.
		d.	Documentation that residents are formally linked with the community such as job search, education, family services, health and/or housing programs.
		e.	Documentation that resident and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services.
		f.	Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community

4. Good Neighbor Domain

J.			
	30.		
		a.	Policies and procedures provide neighbors with the responsible person's contact information upon request.
		b.	Policies and procedures that require the responsible person(s) to respond to neighbor's concerns.
		c.	Resident and staff orientations include how to greet and interact with neighbors and/or concerned parties.
	31.		

		a.	<p>Preemptive policies address common complaints regarding at least:</p> <ul style="list-style-type: none"> • Smoking • Loitering • Lewd or offensive language • Cleanliness of the property
		b.	Parking courtesy rules are documented.