

CCAPP Recovery Residence Inspection Checklist

If the RR has paid work agreements with residents, are these agreements compliant with NARR section A.2.f?

- RR has paid work agreements with residents and is compliant with subsection 2g.
- RR has paid work agreements with residents but is not compliant with subsection 2g.
- RR does not have paid work agreements with residents.

Does the RR have a code of ethics aligned with the NARR code of ethics and have 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? (NARR A.2.h).

- The RR has a compliant code of ethics and has evidence that all those associated with the operation of the recovery residence read and sign this document.
- The RR does not have evidence of ethics code compliance.

Does the RR use an accounting system which documents all resident financial transactions, such as fees, payments and deposits? (NARR A.3.b)

- Statements of a resident's financial dealings with the operator are made within reasonable time frames.
- Accurate recording of all resident charges and payments.
- Payments made by 3rd party payers are noted and residents are informed.
- There is no accounting system used or the accounting system used does not meet the above requirements.

Does the RR have written documentation of an orientation process that ensures residents understand agreements, policies and procedures prior to committing to terms? (NARR B.5.a)

- Resident rights are explained
- Financial obligations, and agreements are explained and agreed to
- Services provided are outlined
- Recovery goals are discussed
- Relapse policies are explained
- Policies regarding removal of personal property left in the residence are discussed
- None of the above.

Does the RR protect resident information? (NARR B.6.a).

- RR has policies and procedures that keep residents' records secure, with access limited to authorized staff.
- RR does not do this adequately.

Does the RR involve residents in its governance? (NARR C.7.a, C.7.c, C.7.d, C.7.e)

- Evidence that some rules are made by the residents that the residents (not the staff) implement.

- Verification that written resident's rights and requirements (e.g. residence rules and grievance process) are posted or otherwise available in common areas.
- Policies and procedures that promote resident-driven length of stay.
- Evidence that residents have opportunities to be heard in the governance of the residence; however, decision making remains with the operator.
- None of the above.

Are residents involved in a developmental approach to recovery? These are only required for Level 2 Residences. (NARR C.8.a, C.8.c)

- Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.
- Evidence that residents' recovery progress and challenges are recognized and strengths are celebrated.
- None of the above.

Do staff members model and teach recovery skills, behaviors, and needs? These are only required for Level 2 Residences. (NARR D.9.a, D.9.b, D.9.c, D.9.d)

- Evidence that management supports staff members maintaining self-care.
- Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.
- Evidence that staff are encouraged to have a network of support.
- Evidence that staff are expected to model genuineness, empathy, respect, support and unconditional positive regard.
- None of the above.

Are potential and current staff are trained or credentialed appropriate to the residence level? These are only required for Level 2 Residences. (NARR D.10.a, D.10.b)

- There are 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.
- There are policies and procedures for acceptance and verification of certification(s) when appropriate.
- Neither of the above.

Are staff culturally responsive and competent? These are only required for Level 2 Residences. (NARR D.11.a, D.11.b)

- There are 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.
- Cultural responsiveness and competence training or certification is provided.
- Neither of the above.

Is there a social model-oriented supervision of staff? These are only required for Level 2 Residences. (NARR D.13.a, D.13.b)

- Policies and procedures for ongoing performance development of staff appropriate to staff roles and residence level
- Evidence that supervisors (including top management) create a positive, productive work environment for staff

- Neither of the above.

Is the residence comfortable, inviting, and meets residents` needs? (NARR E.14.a-i)

- Verification that the residence is in good repair, clean, and well maintained.
- Verification that furnishings are typical of those in single family homes or apartments as opposed to institutional settings.
- Verification that entrances and exits are home-like vs. institutional or clinical.
- Verification of 50+ sq. ft. per bed per sleeping room.
- Verification that there is a minimum of one sink, toilet and shower per six residents.
- Verification that each resident has personal item storage space.
- Verification that each resident has food storage space.
- Verification that laundry services are accessible to all residents.
- Verification that all appliances are in safe, working condition.
- None of the above.

Is the living space conducive to building community? (NARR E.15.a, E.15.b, E.15.c, E.15.d).

- Verification that a meeting space is large enough to accommodate all residents.
- Verification that a comfortable group area provides space for small group activities and socializing.
- Verification that kitchen and dining area(s) are large enough to accommodate all residents sharing meals together.
- Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided.
- None of the above.

Does the RR promote safety in the home? (NARR F.17.a, F.17.b, F.17.c)

- Operator attests that electrical, mechanical, and structural components of the property are functional and free of fire and safety hazards.
- Operator attests 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.
- Functional smoke detectors are in all bedroom spaces and elsewhere as code demands.
- There are 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 1 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).
- None of the above.

Does the residence plan for emergencies, including intoxication, withdrawal and overdose? (NARR F.19.a, F.19.b, F.19.c, F.19.d)

- Emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.
- There is documentation that emergency contact information is collected from residents.
- There is documentation that residents are oriented to emergency procedures.
- Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.
- None of the above.

Does the RR engage residents in recovery planning and development of recovery capital? (NARR G.21.a, G.21.b, G.21.c)

- There is evidence that each resident develops and participates in individualized recovery planning that includes an exit plan/strategy.
- There is evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.
- None of the above.

Does the RR promote access to community supports? (NARR G.22.a, G.22.b)

- Resource directories, written or electronic, are made available to residents.
- Staff and/or resident leaders educate residents about local community-based resources.
- Neither of the above.

Does the RR provide mutually beneficial peer recovery support? (NARR G.23.b)

- There is evidence that residents are encouraged to practice peer support interactions with other residents.
- There is evidence that residents are taught to think of themselves as peer supporters for others in recovery.
- Neither of the above.

Is a respectful environment maintained? (NARR H.24.a, H.24.b)

- Evidence that staff and residents model genuineness, empathy and positive regard.
- Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community-building.
- Neither of the above.

Does the RR create a "functionally equivalent family" within the residence as evidence by meeting at least 50% of the following? Please click the ones that apply. (NARR I.25.a-f)

- Documentation that residents are involved in food preparation.
- Documentation that residents have a significant voice in determining with whom they live.
- Documentation that residents help maintain and clean the home (chores, etc.).
- Documentation that residents share in household expenses.
- Documentation that family or residence meetings are held at least once a week.
- Documentation that residents have access to the common areas of the home.

- None of the above.

Does the RR foster ethical, peer-based mutually supportive relationships among residents and staff? (NARR I.26.a-d)

- Engagement in informal activities is encouraged.
- Engagement in formal activities is required.
- Community gatherings, recreational events and/or other social activities occur periodically.
- 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.
- None of the above.

Does the RR connect residents to the local community? (NARR I.27.a-f)

- Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities.
- Residents find and sustain relationships with one or more recovery mentors or mutual aid sponsors.
- Residents attend mutual aid meetings or equivalent support services in the community.
- Residents are formally linked with the community such as job search, education, family services, health and/or housing programs.
- Residents and staff engage in community relations and interactions to promote kinship with other recovery communities and goodwill for recovery services.
- Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community.
- None of the above.