MENTAL HEALTH & ADDICTION SERVICES
Ohio

Recovery Housing Development Guidebook

ORH
Ohio Recovery Housing
www.ohiorecoveryhousing.org

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Introduction

This document is a guide to assist persons interested in the development of housing that provides a sober living environment for those in recovery from substance use disorders. It is also a supplement to the OhioMHAS Quality Housing Criteria. Operators who wish to pursue local, state or federal funding are required to ensure they adhere to the OhioMHAS Quality Housing Criteria; however even those who don't may find this guidebook helpful to ensure they are satisfactory housing operators and business owners.

This guide provides information, best practice guidance and available resources. However, this guide is only a starting point. It is not possible for this guide to include all the information and knowledge you will need to operate effective recovery housing. Using this guide is also not a guarantee of success or funding from OhioMHAS ADAMHS Boards or certification by Ohio Recovery Housing. In addition to using this guide, you will also likely need to consult with experts such as accountants and attorneys.

Recovery housing is only one component of the continuum of care for people with substance use disorders. To be successful, you must develop relationships with other organizations that provide services and supports. Before you get started, ensure you fully understand what is involved in starting, owning and operating a recovery residence.

Definition of Recovery Housing

Recovery housing means housing for individuals recovering from alcoholism or drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other alcoholism and recovery assistance (ORC 340.01). It is important to note that ***recovery housing is not treatment***. Residents in recovery housing can stay in recovery housing for as long as needed and as long as they are following the house rules, guidelines and are making appropriate payments for rent and fees.

In Ohio there are three different levels of recovery housing. These levels of housing differ depending on the organizational structure of the house, as well as the level of support and services that are offered within the house:

Level 1: *Peer-led, democratically run homes that include community/house meetings, on-site and off-site support groups and outside clinical services. No on-site paid staff. Generally single-family residences.*

Level 2: *Homes that include a structured, peer-accountable, and highly supportive setting. Involvement in clinical treatment services is available and encouraged. Primarily single-family residences, but can include other types of dwellings. This environment must include at least one staff position.*

Level 3: *The highly structured setting offers supervised living and qualified staff who are connected to a larger, often clinical organization. Support services include life-skill development, such as budgeting, and employment skills. Community providers may offer services on-site for residents. Peer support and recovery action planning are still the central focus of support.*

You can use the "What Level Are We?" quiz to determine what level of recovery housing your future home may be.

Levels of Recovery Housing

The National Alliance of Recovery Residences Recognizes four levels of recovery housing. In Ohio, Level IV recovery residences are considered residential treatment providers and must be licensed by the Ohio Department of Mental Health and Addiction Services. While such treatment providers can certainly implement elements of the social model of recovery and find some information in this guide helpful, they must follow the requirements set under Ohio law for licensed residential treatment providers. The information in this guide is specifically targeted towards Level I, II and III recovery housing operators. Much of the information in this guide applies to all levels of recovery housing, but these levels to differ in the following important ways. The chart below is a summary to give you an idea of how the Levels differ. Please see more detailed information in the following sections for additional guidance.

The following information is from the NARR Levels of Recovery housing:

NARR Levels	1	2	3
Administration	Democratically run; Manual or P&P	House manager or senior resident; policies and procedures	Organizational hierarchy; administrative oversight for services providers; policy and procedures
Services	Drug screening; house meetings; self help meetings encouraged	House rules provide structure; peer run groups; drug screening; house meetings; involvement in self-help and/or treatment services	Life skills development emphasis; clinical services utilized in outside community; service hours provided in house
Residence	Generally single family residences [1]	Primarily single family residents; possibly apartments or other dwelling types	Varies- all types of residential settings
Staffing	No paid positions within the residence; perhaps an overseeing officer	At least one compensated position	Facility manager; certified staff or manager for appropriate service; staff are present when residents are present

In addition to the guidance on the levels provided by NARR, the following offers further explanation of how the different levels of support differ.

Decisions about residents moving in	Residents take the lead in deciding who moves in with support from operator	Operator makes decision about who moves in with support from residents	Operator makes decision about who moves in. Residents may have input on developing move in process

1 Many Level II recovery homes are also multi-family, apartment, and dorm-style housing.

Resident Selection	Home must have a process for ensuring residents are at a point in their recovery where they do not need monitored environment and are able to help others. Many homes require at least six months in recovery or a successful stay in a Level III or Level II recovery home prior to moving in	Residents able to live in a home that is monitored but does not have 24/7 staff support. While not required, many homes look for at least 30 days in recovery.	Residents may be very early in recovery but are not actively under the influence of alcohol or illicit substances. Recovery homes must have staff support in the home whenever residents are present
Recovery Planning	Recovery planning typically focuses on maintaining long-term recovery. The resident sets their own goals, identifies strategies, and asks for help when needed to achieve goals or with setbacks. Recovery home checks in with residents on at least a monthly basis and available if resident requests additional support.	Recovery planning focuses on fully transitioning/ sustaining long-term recovery. Recovery house helps resident develop skills such as identifying their own goals, thinking through strategies to meeting those goals, and making plans. Focus on life-skills development for implementing plans and maintaining recovery. Recovery home meets with residents at least once a week to check in on plans.	Recovery planning focuses on completing treatment plan and/ or maintaining positive outcomes achieved during treatment. Plan may be integrated with treatment plan. Plan also includes life skills development, development of recovery capital, as well making initial connections to social service programs and supports. Recovery home meets with residents at least weekly, with newer residents often needing more support.
Family oriented Environment	Residents responsible for meals. Residents responsible for house chores and basic maintenance. Residents decide on if they would like additional rules such as a curfew. Residents may come and go as they please. Residents may use common areas of the home at all times (while being reasonable and considerate to housemates).	Residents responsible for preparing meals, but some food may be provided by operator for those who may not have enough income to purchase their own food. Residents responsible for house chores and basic maintenance. While there is a curfew in the home, and a strategy to ensure it is upheld, residents came come and go as they please. Residents may use common areas of the home at all times (while being reasonable and considerate to housemates)	Home may provide meals, but residents must have the ability to prepare their own or have snacks if they want. Home may have larger commercial kitchen or larger dining area to accommodate all residents. Residents may be working and may leave to go to work or engage in job seeking. Newer residents are often asked to remain in the home or follow buddy or mentor systems.

Laws Pertaining to Recovery Housing

Recovery Residences are not certified or licensed by the State of Ohio. There is a voluntary certification offered by Ohio Recovery Housing (ORH), which is encouraged by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Learn more about the process and other technical assistance offered by ORH.

OhioMHAS does, however, require adherence to their OhioMHAS Quality Housing Criteria for operators to access funds available through the Alcohol Drug and Mental Health (ADAMHS) Boards or directly available through OhioMHAS. Many of the directives included in this document are included in the Criteria, with additional instructions given in this guidebook for clarification.

Operators of recovery housing must follow all laws pertaining to Ohio Landlord Tenant Law and Federal Fair Housing Law.

Operators of recovery housing must also follow all local zoning, building and municipal codes in their communities. Operators should contact their local government to learn more about these laws.

Administrative and Operational Considerations

As a recovery housing operator, you will be operating a business and must ensure that you have an appropriate business plan, budget and organizational structure.

Create a mission statement

Having a well-defined mission statement will help you stay focused as you develop your business plan. A mission statement will also help you communicate to your future residents and your community what you are accomplishing through the operation of the recovery house. Involve people in recovery and other community leaders as you seek to establish your mission statement. Consider the following as you establish your mission statement:

- Why does your recovery house exist?
- Who does your recovery house seek to serve?
- How do you plan on serving your target audience?
- What is your role in your community?

Identifying your organization's structure

You will want to determine your business' legal structure. You can form your organization as a for-profit or non-profit organization. If you decide to form the organization as a for profit business, it can be formed legally as a Sole Proprietor, Partnership, Limited Partnership, Limited Liability Company, C-Corporation or S-Corporation. Definitions of these business structures are available through the IRS.

Many recovery residences are structured as 501c3 nonprofit corporations. If your organization is registered as a 501c3 nonprofit corporation, you are expected to abide by Ohio Revised Code 1716, the Ohio Charitable Trust Act and the Ohio Charitable Organizations Act. You are responsible for all legal expectations of operating as a non-profit including reporting, maintaining records, providing financial data, etc. Instructions or questions on how to become a charitable organization and responsible operations should be directed to the Ohio Attorney General's Office.

Because the formation of your business has legal and tax consequences, it is suggested that you consult with a qualified accountant or attorney to discuss these options and learn more about what you need to do

to ensure that your organization is registered with the appropriate entities and is in compliance with all laws and regulations.

Employer Identification Number (EIN)

Once you have decided upon your legal structure, you will be able to apply for an Employer Identification Number (EIN), which is a unique, nine-digit number assigned by the IRS to small businesses. You can apply for your EIN online. The principal officer, general partner, grantor, owner or trustee must have a valid Taxpayer Identification Number (Social Security Number, EIN or Individual Taxpayer Identification Number) to use for the online application. The online process will issue you an EIN immediately.

State registration

You will also be required to register your business with the Ohio Secretary of State, whereupon you will be issued State of Ohio Incorporation documents. Register online here. Contact the Ohio Secretary of State, Business Services division with any questions.

Establish a business bank account

Establish a bank account that is for your organization. Be sure to keep this bank account separate from your personal account. Use this account only for your official business related to your organization.

Establish fiscal policies

It is recommended that you consult with an accountant or an attorney to establish fiscal policies and procedures. These policies and procedures will help you ensure that you are appropriately tracking your income and your expenses. These fiscal policies should also include internal controls to help protect you against potential fraud.

If you decide to operate as a non-profit organization, you should also have policies that address issues such as conflict of interest, budgeting and financial reporting. An accountant or attorney can help you develop these policies. The Ohio Association of Non-Profit Organizations also has sample fiscal policies and documents that you can use as templates.

You will also need an accounting system that allows you to implement the fiscal policies as designed. When designing your accounting system ensure that you are able to quickly produce receipts for residents. You should also be able to produce a resident statement of account upon request. An accountant can help you develop an appropriate system.

Insurance

You will need adequate insurance not only that protects the home, auto and business from damages but also protects you legally. You will want to review your automobile insurance (if you are transporting residents), homeowner's insurance, general liability insurance and worker's compensation insurance. In addition, you may want to consider whether you need to purchase health insurance for yourself or offer health insurance for your employees. Consult with an insurance agent to ensure that you have coverage for your insurance needs.

Develop a business plan and budget

A well-written business plan helps you lay out your goals, track your progress as your operation gets started. A well-written business plan can also help you demonstrate to potential funders the benefit and value of your organization. It can also help you avoid common mistakes.

The Small Business Administration has information and templates on how to create a business plan. Below are some components key to recovery housing that can help you develop your business plan.

Perform a market analysis

A market analysis looks into the size of the market considering both volume and value. The market analysis allows you to identify your target audience, what competition you may face, and the economic environment. A market analysis will help you determine if the market is large enough for your to build a sustainable program.

The U.S. Chamber of Commerce has created an online market analysis guide for small businesses.

When you perform your market analysis you will likely need to talk to many community partners to get a sense of the overall market. See the section later in this document on building partnerships for more information on potential partners for you to reach out to when conducting this analysis.

Determine your budget

One of the most difficult parts of running a recovery home is determining a budget. The following information is provided to help you get started but should not be considered a complete or comprehensive list. You will likely have additional considerations depending on your operations and community.

Determine your start-up costs

There are many costs to consider when you are starting recovery housing. The list below will help you see what costs you need to account for to start the recovery house. What you will need may vary depending on your target population and the specific supports you will be providing.

- Costs associated with acquiring the house (see OCCH Recovery Housing Project Toolkit for complete listing of potential costs)
- Costs associated with property improvements (see physical property section for minimum requirements) (see OCCH Recovery Housing Project Toolkit for complete listing of potential costs)
- Zoning, permits and inspections (see physical property section for suggested inspections)
- Furniture
- Appliances
- Starting supplies (cleaning supplies, linens, toiletries, food)
- Office supplies (paper, pens, file folders, cabinets)
- Computer and software
- Printer
- Start-up costs for a bank account and checks
- Operator and/or staff training
- Reserve of funds for initial vacancies
- Reserve of funds for unexpected expenses

Determine your on-going costs

You will also have ongoing expenses associated with operating your recovery house. The list below is to help you get started with what you will need to account for on an ongoing basis.

- Mortgage or rent payments
- Insurance payments
- Property and other taxes
- Bank and account fees
- Utilities (water, gas, electricity, Internet, cable)

- Trash pick-up or removal
- Cleaning supplies
- Toiletries
- Office supplies
- Transportation costs
- Marketing and promotion costs
- Costs of any resident activities and house meetings
- Salaries for staff
- Set aside for a prudent reserve

Determine how much to set aside for a prudent reserve for on-going maintenance and unexpected expenses

Operating recovery housing involves financial risk. You can help mitigate this risk by setting aside a specific amount each month to develop a prudent reserve of funds. This fund can be used to make major repairs or ongoing maintenance that may be needed. You should also consider that you may need a reserve of funds for emergencies or unexpected expenses.

Consider the following major expenses when determining how much to set aside on a regular basis to cover major or unexpected expenses:

- The condition of the property and when to replace or repair the roof, windows, siding, driveway/parking lot, etc.
- The condition of appliances and when to replace them
- The condition of the paint, flooring and furniture and if they will need to be replaced or repaired
- The condition of the furnace, water heater, air conditioner, etc. and when they will need to be replaced or repaired
- How often you will have a vacancy and expected duration of vacancy
- How often you will have a resident who will not be able to meet their financial obligation

Establish your operating budget

Examine your total start-up costs, monthly maintenance costs and potential revenue to determine if you have enough funds to establish and support a business. Establish a budget that is both a short-term budget and a long-term budget for major on-going expenses.

Use the Ohio Capital Corporation for Housing asset management tools

Ohio Capital Corporation for Housing (OCCH) and OhioMHAS have developed the Recovery Housing Project Toolkit and Proforma Spreadsheet, available online here. This guide can be helpful in navigating funding applications, including those offered by OhioMHAS. Once you have a general idea of your expenses, the toolkit and accompanying spreadsheet can help you further construct your recovery house project and answer additional budgeting questions.

- Will the population I intend to house be able to afford this rent? If not, are there other sources of revenue available that I can seek out to offset the cost?
- Are there adjustments that can be made to the budget so as not to jeopardize the integrity of the home?
- Are staff costs appropriate?

Identify revenue sources

As an operator of an organization, you must closely manage your budget to ensure that you have enough revenue to cover your expenses. Funding opportunities for recovery housing are limited and funding is not

guaranteed. Many operators charge fees to residents to cover the costs of expenses. However, many people who need this recovery support are low-income and may not be able to afford a fee. Each funder has its own requirements and process for your organization to receive funding. Understanding any expectations of funders prior to program development can help save time and money.

Possible funding opportunities may include:

- Fees paid by residents
- Ohio Capital Corporation for Housing Bridge Financing
- Alcohol Drug and Mental Health (ADAMHS) Board funding
- OhioMHAS Capital Planning
- Federal Home Loan Bank Affordable Housing Program (AHP)
- Ohio Housing Finance Agency (OHFA) Housing Development Gap Financing (HDGF)
- Private foundation grants or funds
- Donations (for eligible entities)

Additional funding opportunities may periodically be made available through OhioMHAS. You can be notified by signing up for the monthly e-Update newsletter.

Prohibition against patient brokering

H.R. 6, passed in September 2018, includes language which specifies that those who knowingly and willingly pay or receive kickbacks for referring an individual to a recovery home or clinical treatment facility may be fined or imprisoned. (Section 8122).

Operators shall not participate directly or indirectly through the use of another person, entity or technology, referring or recommending a resident or other individual to a provider in exchange, or anticipation of an exchange, for any economic benefit, including but not limited to, a rebate, refund, commission, preference, patronage dividend, discount or other item of value.

Recovery housing may have multiple funding sources. As the recovery housing operator, it is important that you understand how your operation is funded, and if there are any public dollars being provided to you. It is recommended that if you enter into any contacts or agreements where someone else is paying the fees for residents that you have such agreements reviewed by an attorney with expertise in health care fraud laws to ensure that you are in compliance with laws regarding health care fraud, anti-kickbacks and patient brokering.

Recovery Supports

While the business and organizational planning is often the most daunting part of starting a recovery house, you must also work to ensure that you are ready and able to establish an appropriate recovery environment in the home that provides an environment free from alcohol and illicit drug use, peer support and connection to treatment and recovery supports in the community.

About the Social Model of Recovery

The social model of recovery is a helpful model for understanding the development of positive recovery environments. The social model approach is based on "mutual-help group strategies to create and facilitate a recovery environment, involving program participants in decision making and facility governance, using personal recovery experience as a way to help others, and emphasizing recovery as an interaction between the individual and their environment." [2] The following methods of promoting recovery supports in recovery

2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220294/

housing are based on the social model of recovery.

Creating an environment where relapse is prevented

A major component of recovery housing is maintaining an environment free of alcohol and illicit drug use. You must develop written policies that address key aspects designed to provide support to prevent relapse and ensure the environment is free from illicit drugs and alcohol. It is highly recommended that you have these policies reviewed by an attorney to ensure you are also in compliance with Ohio Landlord Tenant and other applicable laws. This section contains strategies for you to create and maintain such an environment.

Create a code of conduct that promotes relapse prevention

Every recovery home should have a code of conduct that all residents agree to adhere to. The Code of Conduct is used to help set expectations for residents and staff and help ensure a positive living environment. The code of conduct is not a punitive tool that is used for controlling resident behavior. Instead, the code of conduct provides structure, support and ensures mutual understanding. The Code of Conduct is a critical piece of the culture of the recovery home and addresses many aspects of such culture.

The Social Model of Recovery promotes an environment where residents are actively engaged in setting and promoting a positive recovery culture. Therefore, the Code of Conduct should be developed with the highest amount of participation from residents possible and written in a fashion that emphasizes resident choice and involvement. New recovery homes should work with people in recovery, ideally people who have experience living in recovery housing, as they develop their Code of Conduct. The following are suggestions provided to get you started thinking about the Code of Conduct, but you are encouraged to discuss with your residents and make adjustments appropriate for your program and target population.

Important Note: It is important to note that residents and operators can work together to make reasonable accommodations to the Code of Conduct to meet the individual medical, disability or other related needs of a resident.

Each recovery home is different and residents are expected to play an active role in the creation and maintenance of the code of conduct. Therefore, each recovery home will have a different code of conduct that is appropriate for their living environment. The following are key elements for you and your residents to consider as you develop the Code of Conduct.

You may also include elements in your code of conduct that are appropriate for your target population and individual programming:

- Maintaining a drug and alcohol-free living environment
  - Residents agree to not use or possess illicit drugs or alcohol
  - Searches of resident property (be sure to check with an attorney about appropriate practices with regards to landlord tenant law)
  - Residents agree not to possess other items that may not be supportive of a positive recovery environment.
  - Agreement to read, understand and uphold the home's policy on prescription and non-prescription medication.
- Relapse Prevention
  - Residents agree to participate in required activities, such as and other required recovery support activities.
  - Residents expected to support one another
  - Residents agree to read, understand and uphold the home's policy on visitors and guests.

- Residents agree to be home at a certain time and to use any tools provided to let others know where they are (such as sign in and out boards, calendars or books).
- Active Engagement in Recovery and Recovery Planning
- Residents agree to seek employment, volunteer or engage in service activities or education opportunities.
- Residents agree to engage in recovery planning and make progress towards their individual recovery goals.
- Residents agree to implement recommendations of their treatment providers and will follow up with any treatment providers regarding clinical recommendations.
- Residents will find and/or maintain a relationship with a sponsor or other mutual aid supporter.
- Residents agree to be honest with treatment, health care and dental professionals about their history with addiction.

- Establishing and maintaining a safe and healthy household
  - Residents agree to complete chores.
  - Residents agree to only store food in designated areas.
  - Residents agree to conduct general upkeep of the property and report issues as soon as they occur.
  - Residents agree to appropriate hygiene and other COVID19 protocols such as handwashing, wearing masks in public, and additional cleaning.
  - Residents agree to not share personal information about others in the home with those who do not live in the home.
  - Residents agree to smoke only in designated areas (or the property is smoke-free, depending on your individual home's policy).
- Establishing and Maintaining Community within the Home
  - Residents agree to treat each other, staff and volunteers with respect.
  - Residents agree to handle conflict appropriately.
  - Residents agree to ask for help when needed.
- Being a Good Neighbor
  - Address any potential neighborhood specific issues such as parking and noise.
  - Residents agree to read and understand your home's policy on addressing neighbor concerns.

Once you have determined the content of the Code of Conduct, add a signature line. Each resident should sign a copy of the code of conduct when they move in and keep a copy for their own records. A copy should also be placed in the common area of the home.

Changing your code of conduct

As your organization grows and changes, you may find that you need to update or change your code of conduct. This is certainly appropriate, as the Code of Conduct should adapt to the changing needs of the community. Any changes to the Code of Conduct should be discussed with residents to ensure understanding. Do not make changes without first ensuring that there is genuine understanding among current residents of the changes.

Policies for upholding the code of conduct

Even in environments where everyone initially agrees to the Code of Conduct, there can be circumstances where people do not uphold what they had agreed to. The following strategies can be used to monitor and document that residents are upholding the code of conduct:

- Appropriate drug testing policies that screen residents for illicit drug or alcohol use.
- Implementing sign in and sign out logs to ensure residents are respecting curfew/ overnight pass

rules.
- Implementing calendar sharing or use texting or other apps to ensure residents are checking in with someone about where they are going during the day.
- Implementing visitor logs to ensure residents are upholding policies regarding visitors.
- Checking the home to ensure chores are completed and the environment is clean.
- Buddy or mentor systems where new residents are partnered with a senior resident to help them get to know the environment and the house.
- Frequent meetings with residents to discuss and document recovery plans and address any issues as they arise.
- Honest discussion during weekly house meetings to address issues as a community and discuss potential solutions.

If a resident is found to not be upholding the code of conduct, the house needs to have a plan for addressing this. This should include a discussion with the resident, and the resident and the operator coming to an agreement on how the resident will, in the future, follow the appropriate code of conduct.

Develop srategies to help residents develop positive, prosocial relationships

One of the most beneficial aspects of living in recovery housing for residents is the ability to live in a home where residents live together and support one another. In the social model of recovery, residents not only seek help, but also provide support to one another as peers. Residents care about one another, hold each other accountable in positive ways, and find ways to celebrate successes and help each other face challenges. Recovery homes must have a formal strategy to help residents develop such relationships.

All recovery homes can engage in the following activities to help promote positive relationships:
- Establish buddy or mentor systems where new residents are paired with those who have lived in the house longer. The buddy or mentor will help the resident meet others.
- Establish group mealtimes where residents cook and share meals for one another.
- Allow residents to plan group social activities based on the interests of those in the home, including picnics, movie nights, sports viewing parties, or other activities.
- Provide a safe environment where residents feel comfortable bringing up concerns and problems
- Allow residents to choose their own roommates
- Establish rituals and routines where residents are recognized for their successes.
- Providing support group meetings where residents can discuss surrender of attitudes and behaviors that promote addiction and embrace attitudes and behaviors that promote hope, learning, growth, positive action and uplifting others.
- Establish Good Neighbor policies where residents engage in community service together. Design volunteer activities so teamwork is required and residents work together to accomplish the project.
- Ensure all residents have essential items such as food, clothing, toiletries. Provide these items to residents who are low-income and can not afford them. This allows residents to know that their basic needs are met, so they can focus on positive development and build positive relationships.

The following strategies are provided by level but can be considered across levels as appropriate for the specific residences:

Level III Homes
- Level III homes may purchase food for residents. If meals are provided, ensure residents are able to eat together as group. Explore setting aside a day weekly where residents can cook for one another or small groups of residents can cook for one another.

- Ensure all staff, no matter their role, are trained on and understand the basics of the disease of addiction, recovery, and the social model of recovery. Ohio Recovery Housing offers frequent free trainings on these topics.
- Provide resources and encourage any of your staff who are peers in recovery to have a support system and to appropriately monitor their own recovery.
- Ensure all staff, no matter their role, have training on appropriate boundaries between residents and staff.
- Encourage staff to attend social events and fun activities with residents and create a culture where residents feel safe in sharing challenges and successes.
- Provide training and resources for staff on creating trauma informed approaches in recovery housing.
- Encourage residents to contact staff if they notice a resident who is struggling or may need additional help.
- Encourage residents to let staff know about successes that they or others in the house have achieved so residents can celebrate such successes.
- Establish resident councils where residents have the ability to establish prosocial activities and strategies for the home.

Level II Homes

- Establish group meal times. While residents may not always be able to eat together due to work or other schedules, some homes have found success in establishing a at least weekly meal where everyone must be present.
- Provide house manager training on positive relationships and appropriate boundaries with residents.
- Encourage all residents to check in with one another, identify when other residents are struggling, and help them reach out for additional help or support when needed.
- Set aside time at house meetings for residents to share successes and challenges and learn from one another.
- Establish rituals to help residents celebrate successes with one another.
- Ask residents to bring ideas for social activities.
- Allow residents to decide who will complete what chores or to trade chores.
- Encourage residents to connect with community partners, learn about activities, and engage appropriately.

Level I Homes

- Establish meal times where everyone eats together. While residents may not always be able to eat meals together due to work or other schedules, many level I homes rely on at least weekly meals together as a way to encourage positive relationships. As the home is peer run, residents can establish what days and times work for them, and how meals will be prepared.
- Ensure house meetings happen at least weekly, where residents have space to give and receive support with challenges or successes.
- Support residents in their efforts to engage in fun, sober social support activities as a group.
- Allow residents to determine how chores are done and who will do them.

Engage Residents in Resident Driven Recovery Planning

As a recovery housing operator implementing the social model of recovery, you will be ensuring that residents have person-centered recovery plans. You must be prepared to support residents no matter what pathway to recovery they choose. You must also establish a culture in your house that is supportive of residents and their chosen pathway to recovery. These pathways can include but are not limited to 12-step programs, peer recovery supports, medication-assisted treatment and/or faith-based recovery programs.

Resident driven recovery plans are not treatment plans, but ways for residents to identify and achieve recovery goals.

Level III and Level II environments offer a high level of recovery planning support. Residents engage in some sort of assessment process to help them determine areas of need. William White's recovery capital scale is a commonly used tool. Once residents identify areas of support needed, the home works with residents to determine action steps the resident can take. The recovery home follows up with the resident to ensure that next steps were taken and help resident with any barriers that they may encounter. Residents may need more frequent meetings when they first moved in and are getting established, but homes should meet with all residents at least weekly about their recovery plans.

Level I recovery environments are peer-driven. Residents should already have some sort of recovery plans established prior to moving in and residents should be comfortable with sharing their plans and supporting one another. Level I recovery homes check in with residents in the home to ensure that they are available to assist residents with any barriers that they may face and connect residents to needed services. Residents in recovery housing need to be available to provide accountability and support for each other on their plans. Residents should check in with one another at weekly house meetings to provide support and encouragement and help others identify when they need to ask for additional help.

There are many different ways for you and your residents to engage in this type of planning and support, you need to find a way that works for your home and your target population. Resources to help you include:
SAMHSA Evidence Practice Resource Center
Research on recovery housing
Resources available through SAMHSA Partners for Recovery
Best Practices for Preventing and Addressing Relapse in Recovery Housing
William White Recovery Capital Scale

Decide how prescribed medications will be handled in the home

Recovery homes do not dispense, prescribe or assist residents directly with their medications. Recovery home staff should never handle a resident's medication for them. However, recovery residences do all they can to support the resident in their ability to take their own medications as prescribed and keep them secure. This includes medications that are prescribed as a part of medication-assisted treatment (MAT) or medication-assisted recovery (MAR).

Depending on the level of support offered in your home, you may implement a variety of strategies to ensure that residents are appropriately managing their own medications. At minimum your houses medication policy should address:

How all medications should be stored.
Any medications that may potentially be diverted should be kept in a locked location. In Level III homes, residents may be required to store medications in a locked room that only staff can open, with each resident having their own individual locked container inside the room. In Level II and Level I homes residents should be provided with a secure place to lock their medications. Other medications, including over the counter medications should be always be stored in appropriate locations, out of sight of other residents.

How the house will require residents to track their medications.
Residents should track prescription medications using medication logs. A template is included in the appendix of this guide. In Level III homes staff can support residents by observing and helping residents

complete their medication log. In Level II and Level I homes residents can complete their own medication logs and have these logs checked according to house policy.

What will happen if medications go missing.
House policies need to be clear that residents are responsible for their own medication and that they must follow the home's policy. Recovery homes need to be sure that residents have tools and support for securing their medications. Home should be clear with residents what will happen if the home discovers that medications are missing.

More information and best practice guidance on MAT in recovery housing can be found on the Ohio Recovery Housing website. There is also a free online training for operators of recovery housing about implementing best practices for MAT.

Develop a resident rights statement

As a recovery housing operator, you will be creating a culture and environment in your home that is respectful of the rights of people in recovery and a culture that supports recovery. Residents not only need to understand what is expected of them when they live in a recovery home, but they should also know what they can expect and how they can expect to be treated when living in your recovery home. At minimum, residents have all of the rights that are offered to them under the law. All recovery residences seeking to meet the OhioMHAS Quality Housing Criteria should ensure resident rights as consistent as possible with OAC 5122-30-22.1. Operators may want to consult an attorney to draft rights and grievances procedures that are consistent with this law. A template statement of resident rights is available in the appendix.

Hold regular house meetings

All recovery homes should have house meetings at occur weekly. These meetings help residents stay connected. What you do at regular house meetings will vary on your home's size, target population, and what residents need at any given time. However, all house meetings should have time for residents to:

- Talk about their recovery plans. Share what goals that they are working on and what progress they are making.
- Share any successes that they have had and celebrate.
- Share any concerns that they have with others and work out solutions.
- Get important reminders such as updates to policies and procedures, updates on resources that are available, and be reminded of critical information (such as safety plans).
- Check in with residents to ensure that they are engaging in agreed upon community activities and meetings and engaging in employment or service hours agreements.

Consider the following strategies to help create a positive environment for house meetings

- Have residents cook and share a meal before or after the meeting.
- Play an ice breaker game that can help residents get to know one another better.
- Ensure the house meeting takes place in a comfortable place where there is room for everyone.
- Use a house meeting log to help keep track of residents attending house meetings, and what they talked about and shared.
- Assign a resident to come up with a meditation, discussion question, or topic of the week for everyone to discuss the following week to help everyone get to know one another.
- For larger homes, consider allowing residents to have smaller house meetings as well, so there is enough time for residents to share and not be rushed. For example, a larger home can have house meetings by floor.
- In Level I homes, residents schedule and run the house meetings. In Level II and Level III homes

consider allowing more senior residents to lead portions of the meeting and discussion or come up with activities for the residents to do together at the house meeting.

Determine what recovery supports will be available

Recovery residences must provide recovery supports within the home. Recovery houses do not offer treatment services, but they are expected to offer connection to treatment services if the resident has a need and desire for treatment services.

Create a list of defined supports that your house will provide to residents. At minimum, recovery houses provide:

- Peer support
- Resident-driven recovery planning
- Connection and referral to community resources
- House meetings
- An environment supportive of long-term recovery

Level 3 recovery houses are also required to have a weekly schedule of recovery support activities and formal life skills development activities.

Your house may also provide transportation, food, employment connection services, recovery coaching or formal referrals or other services and supports.

Develop a plan for addressing disruptions to recovery should they occur

Recovery homes must take proactive steps to prevent relapse within in recovery housing. Recovery homes also need to be prepared to handle a relapse should one occur. Homes should take appropriate steps to ensure that they have appropriate emergency and safety protocols which are addressed later in this guide. Homes should also ensure that they have a supply of Naloxone within the residence and that all staff and house managers are trained and all residents are offered an opportunity to be trained on its use. Free naloxone kits and trainings are available in many communities through Project DAWN.

The best time to discuss relapse is before it happens. Best practice is to work with residents, individually, when they move into the home on a plan for what will happen should they experience a relapse. This plan should be implemented after any immediate medical needs are addressed and include:

- Treatment providers, mutual aid supports and recovery coaches that can be contacted for additional support of the resident.
- Next steps the home will take to address the relapse and expectations of the resident.
- A safe space that the resident can go and a person they can contact if they need to leave the home to support the health and safety of the other residents.

Recovery homes are encouraged to implement policies and practices that allow residents to remain in the home's program, if possible, after a relapse has occurred. Immediate termination of residency will likely result in further deterioration of their condition and put them at risk of death. Homes should consider the following when determining if a resident can remain in recovery housing:

- The circumstances of the relapse.
- Having the resident screened by a treatment provider to if there is a need for further treatment services.
- Review of relapse prevention plans and what changes can be made.
- If the home has the ability to provide additional needed supports based on review of the relapse

prevention plan.
- If the resident remains interested in recovery and recovery housing.
- The impact of the relapse on other residents in the home.

If a resident determines that they are no longer interested in recovery housing, the home must provide information on any available housing, treatment or other community resources.

Emergency Response Plans

The safety and well-being of the resident who has experienced a relapse should be addressed immediately. Each occurrence should be evaluated and addressed. The home needs to:

- Have an emergency response plan to address potential overdose.
- Naloxone needs to be available in an accessible location.
- All staff and house managers need to be trained in how to use Naloxone, residents should be aware of the location and offered training.
- Emergency phone numbers should be posted in common locations of the house.
- Any resident who experiences a suspected overdose or seems to be in medical distress should be referred immediately for medical treatment.

Addressing disruptions in recovery as a community

Recovery homes that implement the social model of recovery exist as a community. In addition to concern over the resident who has experienced a relapse there is also concern for the health, safety, and well-being of other residents in the house who are seeking to live in recovery. Homes can address the concerns with other residents by ensuring physical safety and checking to make sure the home is free from alcohol or illicit substances. Homes can also have a discussion as a group and support one another. Homes should also review relapse prevention plans with all residents and allowing for adjustments based on any new concerns. Recovery homes should also have partnerships in the community with providers of other services to connect residents who may need additional support. More detailed guidance on these strategies is available in the Best Practice Guidance for Preventing and Addressing Relapse.

Work to develop residents as leaders

The social model of recovery is one where experience in recovery is valued, and as residents grow in recovery housing, they develop into leaders. Mainly, this means that residents are encouraged to see themselves as examples for those who are newer to recovery and understand the importance of modeling positive recovery behaviors for others. Recovery homes can engage in the following strategies to help residents grow as leaders:

- Allow residents to lead portions of house meetings, morning meditations, or other meetings
- Ask a resident to check on the daily house chores and remind others to complete them
- Ask a resident to check in on everyone at curfew. Ask this resident to engage with others, ask them how their day was and what is going on with them
- Have residents help others who are not working or on probation find service work or volunteer projects
- Switch roles of residents on a regular basis to give everyone an opportunity to grow in leadership
- Have more senior residents take an active role in orientation for new residents, such as being the ones who show them around the house, explain the house code of conduct, and answer questions
- Allow residents to plan and organize informal social activities
- Encourage residents to share their experiences and strategies with others and encourage them to give one another advice and support as peers

- Establish a formal resident council and allow this council to have input on the recovery home's policies and goals. For newer homes, invite people in recovery and former residents of recovery housing to serve on a council.

Build Partnerships with Other Organizations

Recovery housing is one component of a continuum of care for people with substance use disorders. As a recovery house operator, you will be responsible for ensuring that if a resident needs treatment, recovery services or other supports, that you are able to connect him/her/them to those supports in the community.

You should become familiar and develop partnerships with other organizations and community members. A great way to build partnerships with other organizations is to look for opportunities to become involved in the local recovery community, such as participating in local recovery coalitions or task forces. Participation in these groups will allow you to build relationships with your community and learn more about the resources to help your residents.

Partners to consider include:

- ADAMH Boards
- Recovery support organizations or groups
- Peer-run organizations
- Drug courts and re-entry task forces
- Departments of public health
- Substance abuse and/or mental health treatment providers
- Social service providers (child and family services offices, domestic violence groups, workforce development agencies, etc.)
- Workforce Development Programs (One-Stop Centers, Job Search Programs, Employment Readiness Programs, etc)
- Housing partners (local and statewide homeless task force, affordable housing advocates, fair housing advocates, etc.)
- Hospitals

Help residents plan for moving out

Residents in recovery housing may stay in housing as long as they are upholding the terms of their resident agreement, are upholding the Code of Conduct, and are actively working on their individual recovery plans. However, residents will eventually want to move out of recovery housing.

The earlier you can start helping residents get prepared to move out, the better. The following are ongoing strategies you can implement to help residents when it comes time for them to move out:

- Assist residents in identifying any sources of debt that may prevent a resident from moving out of the recovery home, such as back utility bills.
- Work with residents on establishing a budget and saving money while they are living in recovery housing so they can afford any potential moving expenses, such as first month's rent or deposit. The Consumer Financial Protection Bureau has a free resource: Your Money, Your Goals that can be used to help residents in this area.
- Ensure residents are notifying any relevant entities of their plans to move out, such as parole officers, drug courts, or child protective services case workers.
- Update resident's recovery and relapse prevention plans to ensure that they are connected to supports to help them once they move out.

- Provide the resident with a list of resources that are available to them in the community that they may need, such as rent and utility assistance, recovery support programs, food assistance programs, and others.
- Provide residents with a list of questions to ask future potential landlords such as, is trash pick up included? Is heat and/or electricity included? See this list from Apartments.com
- Invite alumni to come back to the home to share their successes with residents, see friends, and keep connection to relationships that they built while living in the recovery home.

Physical Property

A major component of the recovery environment is the physical property itself. There are many considerations when selecting the property that will become a recovery house among them are the legal requirements surrounding whether or not the building you have chosen can be utilized for this purpose. It is highly suggested that you ensure that the potential location of your recovery house is appropriate before acquiring the property.

Identify an appropriate location

A tool developed by OneEighty in Wooster for use in locating community properties is available for your use in the Appendix. Other items to be considered when identifying the property are listed below.

- Is the neighborhood safe and drug-free?
- Is public transportation available nearby?
- What treatment and recovery services are in the area?
- Is the neighborhood well-maintained?
- How much parking is available for residents?
- Are there street parking restrictions?
- Is there outdoor space available and accessible for residents?
- What medical facilities are available?
- Are there spiritual/religious centers nearby?
- Is shopping convenient?
- Are there other community resources nearby?
- Are there employment opportunities available?

Ensure the property meets all zoning, building and fire safety codes.

Recovery housing must meet all zoning, building and fire safety codes. Consult with your project architect, the local building code enforcement office or the Ohio Department of Commerce for assistance with the items listed below.

Zoning

Consult with local zoning and housing departments to determine what type of building use is allowed in what zones. Zoning classifications vary by jurisdiction, so it is necessary to research restrictions in the community in which you are located. Be very clear about the zoning and/or building restrictions in the neighborhood(s) in which you are planning to locate and don't be afraid to ask questions.

Building codes

Two building codes govern the design and construction requirements for all buildings in the State of Ohio, Ohio Building Code (OBC) and Residential Code of Ohio (RCO). 'Recovery Houses' are not defined in either and may fall into either of these codes. Consult OhioMHAS' OBC Guidance Document for additional information on this topic. Ohio Administrative Code 4101:1-1-01 provides instructions as to change in use to

a building or structure and the requirement for a Certificate of Occupancy prior to use. When the occupancy type of a building is changed or when an addition or new building is completed, documentation that matches its current use must be obtained before the structure can be legally occupied.

In addition to the state building codes, your local community may also have codes specific to jurisdictions that you must follow. Local communities usually have codes pertaining to occupancy, rooming house rules/ registration and other regulations that may go beyond the state or federal laws.

You should contact your local building code enforcement office to learn more about any building codes that apply to you, either by the state or in the local community. You should inquire on how you can obtain a Certificate of Occupancy (which in some areas may be called a certificate of use or certificate of appropriateness).

Some localities do not oversee this process and may refer you to the State of Ohio Board of Building Standards.

Ensure you have appropriate inspections.

To meet the OhioMHAS housing criteria and be eligible for funding, fire and safety inspections must be completed annually (or as otherwise dictated by your local municipality) and dated by certified inspectors. In addition, the structure must at a minimum:

- Meet Housing and Urban Development (HUD) Housing Quality Standards (HQS) as completed by an authorized inspector; or
- Have a completed home inspection showing no structural defects; or
- Have a completed Ohio Recovery Housing (ORH) dwelling inspection checklist. The ORH dwelling inspection is available to those who already have or are seeking ORH associate certification.

Even if your home is not going to be receiving funding from OhioMHAS, you should consider having the home inspected for fire safety on a regular basis.

Meeting the OhioMHAS Quality Housing Criteria for Physical Property

All recovery housing in the state of Ohio needs to follow all zoning, building, fire safety and health-related codes. The following additional requirements refer to the OhioMHAS Quality Housing Criteria, which is required for all recovery housing that is funded by OhioMHAS or local ADAMHS boards.

Recovery housing operators need to ensure the physical setup of the home allows all individuals adequate privacy and safety. The physical space should also contribute to the establishment of a positive recovery culture, be supportive of peer support interactions and be home-like as opposed to institutional in nature.

The elements listed below are required within the OhioMHAS Quality Housing Criteria, however OhioMHAS has created a reasonable accommodation process should your setting have difficulty meeting an individual component.

- Houses should have all elements of a typical home such as kitchen, dining room, laundry, living room and bedrooms.
- The physical layout should be reasonable, so residents have freedom to use the common areas as they wish and do not require residents to follow a strict schedule.
- No more than two adults per bedroom (documented accommodation may be provided by OhioMHAS). Children are not included in this count for OhioMHAS purposes, but be aware that children and infants often are considered for occupancy purposes.

- No more than 16 adults (including staff who live on site) total living in a single-family structure (Documented accommodation may be considered by OhioMHAS. OhioMHAS reserves the right to evaluate all Recovery Residences in excess of 16 adults to ensure they are in compliance with the entirety of the Criteria prior to any funding approval).
- Recovery housing that is operated in an apartment type structure must have 450 square feet for individual unit.
- A minimum of 70 square feet for the first bed and 50 square feet for each additional bed shall be allotted in each bedroom.
- There must be at least one sink, one toilet and one shower per six residents.
- Each resident must have his/her/their own personal item storage space and food storage space in areas where they can access them at any time.

Ensure a home-like environment

A major component of the social model of recovery is a physical environment that is safe, home-like and encourages resident interaction and support. It is important that you set up the physical space and establish a house culture for use of the space that promotes mutual respect and peer support interactions. To meet the OhioMHAS Quality Housing Criteria:

- If individuals share bedrooms, every effort should be made to ensure that residents have a choice in their roommate.
- Residents should have access to the common areas of the house at any time.
- There should be a clear policy about visitors and guests. Residents should have a reasonable expectation of having guests at reasonable hours, while also allowing the operator to maintain appropriate occupancy of the home and the safety of the recovery environment.

You should also consider the following elements to create a home-like environment:

- Furniture in the home should be in good condition and appropriate for a home-like environment.
- All furniture should be used for its intended purpose.
- Residents should have their own key code or a key to the house.
- There should be enough space in the dining room and living room for all of the residents to gather.
- Social activities, games and other materials should be provided to encourage residents to informally gather and build relationships.
- Decorations should encourage a homelike environment. Items such as rugs, picture frames, curtains and ensuring walls are nicely painted are was to create a welcoming environment.
- Ensure residents have needed supplies to live in the home, such as sheets, towels, cleaning supplies, toiletries and other needed items. Keep the house stocked and contact local social service agencies if there is a resident with a particular need.

Staffing

If you are operating a Level 3 recovery house, you are required to have staff in residence at the recovery house. If you are operating a Level 2 recovery house, you are required to have a house manager, and this person is typically a staff person, but could also be the owner of the house acting as the house manager. While Level 1 houses are peer-run, the operator will have responsibilities related to maintenance of the building, ensuring a positive recovery environment in the home, as well as being available for maintenance requests and emergencies.

Ensure compliance with labor and tax laws

It is highly suggested that you consult with an attorney to ensure that your house is following all state

and federal labor and tax laws. If you are a non-profit organization, you should also ensure that you are in compliance with charitable law regarding volunteers if you plan to use volunteers in your organization.

Determine your staffing needs

In a previous section, you created a list of recovery supports that your recovery home would provide. For each listed recovery support, determine the following:

- Who will be responsible for ensuring that recovery supports is delivered?
- How many hours per week will be required to provide recovery supports?
- Who will supervise this activity and ensure that recovery supports are provided?

Examine this list to determine how many staff positions you will need, and if it is possible to fill the staff positions with the resources you have available.

Employment practices

After determining your staffing needs, you should develop job descriptions and employment applications for your potential employees.

Individuals working at your recovery house should complete an employment application and be thoroughly vetted prior to hire. Essential elements of hiring practices include:

- Job descriptions—each employee should have a job description. This needs to include:
  - Position title
  - Who the person reports to and supervisory obligations
  - Job duties
  - Purpose of position
- Employment application. This application should ask questions that will help you determine if the person is qualified for the job.
- Hiring protocol. This should include how the organization ensures that a person is qualified for a particular position. This protocol should include, at minimum, a review of the employment application, employee interview and checking employee references. You are required to follow all laws regarding background checks. See section below regarding background checks.
- Staff training—Once individuals are hired, you should have a process for ensuring that all staff understand organizational policies and procedures and other related training for their specific role in your organization.
- Staffing plan—You can use the chart you used previously to determine your staffing needs. This chart should tell you how you plan to ensure that the services and supports you offer at your recovery house are appropriately staffed. You should also have a plan in case there is a vacancy or if a staff person is unable to make it to work on any given day.

As you develop your employment policies and practices, keep in mind that recovery housing is meant to provide peer support and be resident-driven. You should ensure that your hiring and employment practices ensure that staff selections are made based on recovery principals and that staff are expected to model recovery principals to residents.

Background checks

Background checks should be conducted as required by federal, state and local law on all staff, including volunteers who may have direct and regular interaction with residents. It is up to you as an organization to create a policy concerning background checks that is in compliance with local, state and federal laws. This includes federal laws that protect the applicant from discrimination based upon race, national origin, sex,

or religion, disability, sexual orientation, genetic information and age. The Equal Employment Opportunity Commission (EEOC) enforces these laws. You need to consider:

- If background checks are performed
- Who is subject to background checks?
- Which background checks will be performed?
- How often checks will be performed?
- How will the organization respond to the results of the background check?

It is highly recommended that you contact an attorney to assist you in understanding these laws as you develop your policy.

Wages, payroll and employer taxes

Hiring employees means you have the responsibility of processing payroll and accounting for taxes. Part of your staffing policy and procedure should be tracking work schedules and monitoring time so you can process payroll. State and Federal labor laws set minimum wage. More information on the current minimum wage can be found at the Ohio Department of Commerce. You can choose to pay hourly or a salary so long as the total amount paid divided by the total number of hours worked is equal to at least the minimum wage. Federal law requires you to pay overtime pay for time worked over 40 hours each work week for non-exempt employees. Contact the US Department of Labor with any questions.
Workers' Compensation insurance provides wage replacement and medical benefits to employees injured in the course of employment. Contact the Ohio Bureau of Workers' Compensation to determine what amounts, if any, you are required to pay.

Taxes

As a business and employer, you are required by law to pay state and federal taxes. Below is a brief list of the taxes you can expect to pay:

Federal:

- Federal Insurance Contributions Act (FICA): Social Security tax and Medicare tax
- Self-Employment Contributions Act (SECA): Social Security tax and Medicare tax for those individuals who work for themselves
- Federal Unemployment Tax Act (FUTA): A tax used to fund state workforce agencies

State:

- Collected based on income; higher the income, the higher rate an individual pays in taxes

State Unemployment Insurance Taxes are funds used to pay employees who lose their job through no fault of their own. You are required to pay unemployment insurance taxes under the Ohio unemployment compensation law if you meet either of the following requirements:

- You have at least one employee in covered employment for some portion of a day in each of 20 different weeks within either the current or the preceding calendar year; or
- You paid wages of $1,500 or more to employees in covered employment in any calendar quarter within either the current or the preceding calendar year.

Forms to complete:

- Ohio Employee Withholding Certificate Form IT4: Determines income bracket for state taxes.
- IRS form W-4: Determines income bracket for federal taxes. New form should be completed if marital status or number of dependents changes.

- I-9 form, Employment Eligibility Verification: Determines citizenship.
- IRS form 940 or 940-EZ: Pays FUTA

You can register your account, pay unemployment insurance taxes and report wages paid to employees on a quarterly basis on the Ohio Department of Job and Family Services website. Questions regarding this program can also be submitted via this website.

Employment tax payments are paid to the Ohio Department of Taxation, which is responsible for the collection of employer withholding, unemployment compensation and workers' compensation payments. Use the Ohio Business Gateway as a quick and easy way to register, file and pay your taxes online.

You may also have to pay property taxes and any taxes that are levied by your county or city.

Staffing Considerations by Level of Support

Recovery homes at different levels of support require different staffing needs. The particular structure of your staffing plan will vary depending on the size of your organization, your target population and your specific program. Common considerations across all recovery homes by level of support include:

Level I: Residents must be able to contact the operator 24/7 in case of an emergency. Recovery home should meet with and get updates from the residents on a regular basis. Recovery home should have strategies for ensuring the home remains free from alcohol and illicit drugs, and that any property maintenance issues are addressed. Operator should ensure that there is a supply of naloxone in the house.
Level II: Recovery homes must be monitored. This means that they must also be available 24/7 in case of an emergency and ensure property maintenance issues are addressed. Additionally, there must be an identified person who:

- Check in with residents daily to ensure that someone knows where residents are throughout the day. This can include using sign-in and out boards, keeping calendars, or using texting or other communication apps so someone knows, in general, where residents are during the day.
- Has a regular presence in the home to ensure that the Code of Conduct is being upheld, including house chores
- Performs regular safety checks to ensure Naloxone is present in the home, all safety equipment is in place and working appropriately and any potential safety hazards are addressed
- Is available if residents have questions or needs support
- Meets with residents on at least a weekly basis to discuss and document recovery plans
- Orients new residents to the home, the program and helps them get acquainted with the environment
- Explains all of the policies, procedures and guidelines before moving
- Ensures that house meetings happen at least weekly
- Is able to monitor residents for warning signs concerning relapse and is able to connect them to more support as needed

In smaller organizations where there is only one home, there may be only one or two people who perform these duties. In larger organizations with multiple properties, these duties may be split among multiple people or a single person may perform the same duties across multiple properties. Recovery home operators can be flexible, as long as these duties are addressed and it is clear to residents who they may contact for what purpose.

Formal agreements are needed between the recovery home and any house managers. There are many

allowable arrangements for staff based on your organization structure and the person's specific duties within the home. Contact a human resources expert or an attorney for guidance on how to best structure your employment agreements with your house managers.

Level III: Recovery homes have paid staffed. There must be staff present whenever residents are present. Level III recovery homes must have staff available who can:

- Meet with newer residents frequently to ensure that they are acclimating to the environment
- Checking in with all residents on at least a weekly basis to discuss and document recovery plans
- Staff are available to ensure that the Code of Conduct is being implemented and are available to address any issues with residents as soon as they occur
- Staff perform regular safety checks to ensure Naloxone is present in the home and all safety equipment is in place and working appropriately
- Staff run regular safety protocols to ensure all staff are aware of safety plans
- Staff screen residents prior to move-in and explain all rules and policies prior to move in
- Ensure that staff meetings happen weekly
- Engage in life skills development for residents, either by providing programming directly or partnering with other organizations in the community
- Plan and engage residents in informal recovery support activities
- Able to monitor residents who have warning signs concerning relapse and communicate appropriately to any treatment providers or community partners to address potential issues
- Able to assist residents in helping them connect to needed services, such as transportation, employment, food and other services

There is no requirement that staff receive specific training or certification prior to working in recovery housing. However, once hired, all staff should be informed about the social model of recovery, the disease of addiction and the recovery process and provided training specific to your recovery home. Annual reviews should occur with staff at least annually. Contact an expert in human resources or to learn more about legal obligations as an employer, as well as best practice skills for supporting and training employees.

Staff code of conduct

Level III recovery homes must have a Code of Conduct that staff members agree to uphold. This code of conduct has similar considerations to the resident Code of Conduct, but should also address the following:

- Staff should never become involved in the personal financial affairs of residents, including lending or borrowing money.
- Staff agree to respect the rights of residents
- Staff agree to not engage in behaviors or actions that are discriminatory
- Staff should maintain appropriate boundaries with residents including but not limited to prohibiting romantic relationships between staff and residents
- Staff agree to maintain confidentiality of residents and uphold the home's confidentiality policy
- Staff should model positive recovery principals and behaviors

Level III recovery homes should have a plan in place in case a violation of the staff code of conduct is noted. Residents should be informed of the staff code of conduct and how they can bring up concerns about staff and have them appropriately addressed.

Developing your Organization's Policies and Procedures

Written policies and procedures are necessary documents for your organization. These policies and

procedures help you make consistent and appropriate decisions, as well as articulate culture, expectations and resources to residents and your community. You should have these policies and procedures in place prior to the official establishment of your recovery house.

During the previous sections in this document, you developed protocols and made decisions concerning several policies, including mission statement, fiscal policies, recovery planning policies, and relapse prevention and relapse planning protocols. There are also additional policies and procedures that you should create prior to opening your recovery house. It is important that these policies be written and that everyone in your organization understand and follow them consistently.

Emergency and disaster prevention and planning

Recovery homes need to take appropriate steps to prevent emergencies and disasters as well as prepare for a potential emergency or disaster. See previous sections for specific guidance on how to prevent and respond to a resident relapse.

This section mainly focuses on other types of disasters that may occur.

Your emergency and disaster prevention and planning policy should contain information on both what steps you will take to prevent a potential disaster , as well as how you will become and maintain preparedness for a potential disaster.

Considerations for appropriate disaster prevention include:

- Developing a safety checklist that is used at least monthly. This checklist should ensure any safety equipment is working as well as address any potential safety hazards. The Red Cross and Federal Emergency Management Agencies have basic checklists that are designed for families that can get you started. Be sure to adjust these checklists to include checking that supplies for Naloxone are in the house.
- Ensuring your other policies and procedures, such as your Code of Conduct instruct residents to not tamper with safety equipment, such as removing batteries from smoke alarms
- Ensuring your other policies and procedures, such as your Code of Conduct, instruct residents to take basic safety precautions, such as not using candles, storing items appropriately, and other safety precautions.
- See previous guidance on required safety inspections.

Considerations for appropriate disaster preparedness include:

- Ensuring you have adequate supplies in case of an emergency.
    - The Red Cross has a checklist for creating an emergency response kit
    - The Red Cross also has a checklist for stocking a basic first aid kit. Again, be sure you have supplies of Naloxone on hand.
    - Check these supplies whenever you perform your other safety checks
- Become knowledgeable about disaster and emergency response organizations in your local community. Learn about what potential services they offer. Reach out to them and ask for advice on how to prepare for a potential disaster. Take advantage of any trainings or educational resources they offer.
- Collect emergency contact information from each resident upon move in. Ensure this information is accurate. Check with the resident on a periodic basis to ensure that the contact information is up to date.
- Post emergency response phone numbers in obvious locations around the house. Make sure this

information is accurate. These phone numbers should include local emergency response, as well as a phone number of someone at the organization that should be contacted once it is safe to do so. There must be someone residents can contact 24/7 in case of an emergency.

Considerations for developing emergency and disaster response plans include:

- Create plans for different types of emergencies or disasters that may occur in your community. See previous guidance on preventing and addressing relapse. Other emergencies and disasters to consider include physical health emergencies, mental health emergencies, fires, floods, tornados, inability to drink or use water, prolonged power or heat outage, or damage to the building. This guidance by the CDC was designed for larger employers, but it contains much helpful information as you think through potential plans
- Clearly write out your response plans
- Make sure a written copy of these plans is available in the home in a common location.
- Educate residents upon move-in, as well as on a regular basis to ensure understanding. If you have a resident move into the home with a disability that requires assistance during an emergency, be sure to update your plans appropriately

These policies should apply 24/7. You should also consider having a written policy and procedure for ensuring that any safety equipment mentioned in the above policies are in good working order. This includes checking fire extinguishers, checking batteries in smoke/carbon monoxide detectors and all other safety equipment on a frequent, scheduled basis. The checks of equipment should be documented and recorded.

More information on how to create a disaster plan is available at ready.gov.

Grievance procedures

The social model of recovery promotes an environment where residents' rights are respected and they have formal ways to express their concerns. Residents who have a concern or a grievance should have a way to formally express their concerns and have them addressed by the operator. It is highly encouraged the residents, staff and operators work together to resolve any concerns informally prior to engaging in a formal grievance process. However, if the resident feels that the concern cannot be handled informally, he/she/they must be able to engage in a formal process. This policy should outline a process by which a resident is able to bring forward a concern regarding the denial or abuse of any resident's rights, what you are committed to doing to address and respond to the concern, and how you will keep documents and records related to the concern. This policy should include clear timelines for both you and the resident related to grievances. Grievances must be allowed to be referred to a parent organization, if applicable. Names and contact information of such organizations should be provided with the grievance policy.

While recovery houses are not required to become licensed by the OhioMHAS, if the recovery house seeks to have state or local funding, they are required to have grievance policies that meet similar standards to the "Resident Rights and Grievance Procedure" (5122-30-22.1) and "Client Rights and Grievance Procedures" (5122:2-1-02).

This means that residents must be able to submit a grievance to you in writing, that there is a clear process for filing a grievance and that this process is communicated (both in oral and written form) to all residents in the home. The information must be accessible in a place where it is easily seen, and copies must be available to residents when requested. While grievances are not anonymous, they should be confidential. Grievances should record, in writing, the date, time, description of the incident and any names of people involved. As

an operator, you need to respond in writing to a resident letting him/her/them know you have received his/her/their grievance, your plan for reviewing or investigating the grievance, your timetable for completing this review, and your contact information.

You should be able to complete your review or investigation and provide a written response. If this is not possible, you need to inform the resident and provide a reason why the investigation can't be completed within this timeframe. At your conclusion, you will need to provide appeal information to the resident should he/she/they be dissatisfied with your decision.

You need to keep all written records of grievances for at least three years. It is highly recommended that you contact an attorney to assist you in understanding these laws as you develop your policy.

Neighbor concerns

As a recovery house, you will be a part of your local neighborhood. You can avoid concerns from neighbors by having clear resident expectations that address neighborhood issues, such as parking, smoking, trash, noise and language. See previous section on the resident code of conduct. However, you should be prepared if a neighbor has a concern and the neighbor attempts to contact you or one of your residents about his/her/their concern.

It is recommended that you develop a plan for how you would like these questions and concerns to be handled. Your neighbor concerns policies should include:

- The name and contact information for the person responsible for handling neighbor concerns.
- The amount of time a neighbor can expect to hear back from that person.
- How residents are expected to interact with neighbors who have concerns.

All neighbor concerns should be addressed promptly and professionally.

There are laws that protect people in recovery from discrimination. If you would like to know more about these laws, you can receive brief advice on federal fair housing law issues from the Coalition on Homelessness and Housing in Ohio or Ohio Recovery Housing.

Resident selection

As an operator, you need to have clear policies around referrals and accepting new residents. All recovery homes need to have a process for resident selection that not only looks at eligibility for any applicable financial support, but also to ensure that the person understands the environment of home and what expectations are. Implementing the social model of recovery, homes rely on residents who move in the home to maintain a positive and healthy recovery environment. Potential residents must be willing to agree to participate in this environment, meaning that they will be expected to follow the Code of Conduct, participate in recovery supports, as well as be expected to interact with others and provide informal support.

Recovery homes also need to be aware of and in compliance with all federal fair housing laws. Recovery homes should work with an attorney to ensure that they are collecting appropriate information from residents during the resident selection process and not collecting information that may be potentially discriminatory against residents.

It is critical that you match the level of support available in your home to the particular needs of your residents. While there is no set amount of time that a person needs in recovery to live in any particular level of recovery homes, the amount of time in recovery does need to be considered, along with other factors to

determine if the home can meet the residents needs.

In Level I homes residents must be able to demonstrate that they are able to live in recovery in a peer supported environment. Many Level I recovery homes require at least six months in recovery or a successful stay in a Level III or Level II recovery home prior to moving in. Homes must ensure that the resident has already built sufficient recovery capital to not only receive support but provide it to others in the home. Residents should already have experience in identifying and working towards recovery goals and need little assistance in developing their recovery plans. Residents currently living in the recovery home should be taking the lead on making decisions if a new resident is able to move into the home.

In Level II homes, residents must be able to demonstrate that they are able to live in an environment that is monitored, but not staffed 24/7. Residents are able to agree to follow a Code of Conduct and participate in resident led recovery planning efforts. Residents are able to live in community and uphold a positive recovery environment. Residents must have some sort of voice or say in the resident selection process, while the final determination may remain with the operator.

In Level III homes, residents may be very early in recovery but not actively under the influence of illicit drugs or alcohol. Residents who need medical monitoring or care should be referred to appropriate services. Residents may have the ability to make suggestions and influence the resident selection process, but the operator is responsible for implementing the process.

Homes also need to be sure to have strong non-discrimination policies to ensure compliance with federal fair -housing and other non- discrimination laws.

If your home is unable to meet the needs of a particular resident, you must be able to make a responsible referral to appropriate service in the community, such as another recovery home, treatment center, housing program or other social service agency.

If you are at a point where you have more requests for moving in than you have space available, develop a policy or procedure for a wait list. Include in this policy how you will contact residents on the waitlist if a space becomes available and how long that person has to respond to your notification.

Confidentiality

An element of operating a recovery home is allowing for residents to have a reasonable expectation of confidentiality. Recovery housing may have multiple funding sources. As a recovery housing operator, it is your responsibility to understand what requirements you have with your associated funding sources. If you or your organization provide treatment services, partner with treatment services providers, provide health care services or partner with health care services providers, you may be subject to legal requirements regarding how resident information can be collected, stored and shared.

All residents should feel safe and comfortable living in the home and participating in recovery activities, peer support and working on their recovery goals. Your confidentiality policy should outline:

- What the house will do to ensure resident information is private. At minimum, keep resident records in a locked cabinet with access restricted to designated individuals and password protected computer
- What expectations are for residents with regards to privacy and confidentiality

If your house has agreements concerning releases of information with health care professionals, ensure that you read these agreements carefully and that you have a confidentiality policy that is consistent with your

agreements.

Requests for maintenance

As a property owner, residents will likely have maintenance issues and requests. Having a good policy and procedure in place for residents to make these requests will save you time and resources, and help residents understand how to report small requests before they turn into major problems. You should tell residents:

- Who to report maintenance requests to
- Have a plan appropriate for addressing such requests
- You must ensure that any requests concerning pests or rodents are addressed immediately

Build your Policy and Procedures Manual

Now that you have developed your organization's policies, it is time to put them all together into a comprehensive location. Having all of your policies in one location will help you keep track of your policies and procedures and ensure that they are on hand for easy reference. You may choose to have a manual or handbook for residents with all policies and procedures that pertain to them, and another manual for you as the operator and any staff members.

Policies and procedures you should include in your resident manual include:

- Mission and goals—see page 5
- Description of services provided—see page 16
- Description of population served—see page 2
- Resident Code of Conduct
- Resident capacity
- Emergency contact information
- Emergency policies—see page 25
- Disaster plan—see page 25
- Resident rights and grievance procedures—see page 26
- Non-discrimination policies and procedures—see page 27
- Move-in procedures and resident selection process—see page 27
- Waiting list—see page 27
- Staffing policies—see page 21
- Confidentiality documentation—see page 28
- Relapse policy and procedures—see page 10
- Medication handling—see page 14
- Housing conditions and requests for maintenance

Operators may also want to consider the following as part of the resident packet:

- Verification of income or statement of no income
- Authorization to run a credit check, if required
- Checklist of unit condition before or at time of occupancy
- Procedures for requesting and making repairs, including request forms and completion and/or time estimate forms
- Resident council agreement or arrangement
- Procedures and/or forms related to notice of intent to enter or inspect premises

The following policies pertain to the operators of the house. You may choose to have a separate manual for you as the operator and any staff that includes the policies listed above as well as the following:

- Fiscal policies—see page 4
- Operating budget: Short-term (monthly) and long-term (three-to ten-year) budgets should be created to ensure sustainability and fiscal responsibility—see page 6.
- Building maintenance: This policy document should indicate needs for upkeep and maintenance that ensures compliance with applicable laws. This policy may be created in collaboration with the operating budget to account for the management and operation of the housing, as well as unexpected replacement or maintenance items.
- Resident records: Homes must make every effort to keep resident information secure. Information about who has access should be included in a policy.
- Staffing policies and procedures—see page 13

Refer to Ohio Recovery Housing (ORH) standards and the National Association for Recovery Residences (NARR) standards for guidance on appropriate policies and procedures. You may also contact Ohio Recovery Housing for technical assistance or support if you need help developing a specific policy or procedure.

Resident Lease Agreements

Once you have your business plan and budget, your property is ready, you have plans for an effective recovery environment, and you have compiled all of your policies and procedures, you are ready to put together your lease agreement. The lease agreement will likely refer to much of the information addressed earlier in this document.

Leases, housing or resident agreements refer to written agreements between residents and owners/operators. The agreement must be written, in compliance with state and local landlord-tenant law, Fair Housing, non-discrimination policies and must be legally enforceable by both parties. It is not allowable to offer or require a waiver of these rights, either in written or verbal form. It is strongly advised that you use legal counsel to review your lease and any requirements contained therein.

A lease is a mutually agreed upon document, the main purpose of which a landlord agrees to provide a safe and clean space to a tenant. The tenant agrees to pay rent on time and live by the rules of the house. Below is a list of items that leases for recovery homes should include, at a minimum:

- The name of the operator, address of the property and the name of the resident
- The length of the agreement
- The list of recovery supports provided (see page 9)
    - Language that makes it clear that residents have opportunities to make informed choices about who they engage with regarding recovery supports.
- Clear Financial expectations
    - Rent—how much the rent is, when it is due, what happens if payments are late.
    - Rent Deposits—If a deposit was made, in what amount, when it was due, and when and how a resident can request his/her/their deposit back.
    - Additional fees—If the house charges fees for any other services, such as food, transportation or utilities, these must be made clear. If fee changes are made after a resident moves in, amendments must be included to the lease and both the operator and resident must be in agreement to the terms.
- Resident property—what happens if a resident leaves property in the home after the end of the lease agreement?
- Termination procedures
    - When and how the operator may end the agreement and steps an individual can follow to

request a review of appeal of the termination of residency (As a landlord, you must comply with ORC Chapter 1923).
    - When and how the resident may request to end the lease agreement.
- Consent to release information (if applicable)
- Statement of resident rights (see page 33)
- House rules or resident expectations—these clearly outline what is expected of residents (see page)
- House policy on visitors (see page 33)
- Grievance procedures (see page 33)
- Change of terms—when and how the operator or resident may change the terms of the agreement
- Signature of both the operator and the resident
- Date of signature

Orientation Process

While your resident lease agreement will contain much important information, you must also have a defined orientation plan which ensures that residents are informed of everything they need to know to live safely and comfortably in the home. **You are responsible for ensuring that each resident fully understands all policies and procedures before moving into the home or making a payment to you.** You should dedicate a significant amount of time when the resident moves in to ensure that he/she/they is aware of the following:

- The lease agreement and all the terms and conditions
- Introductions to staff and other residents—ensuring residents know who to go to if they have a question or need something.
- Tour of home—review of condition of property prior to move-in.
- All house rules—including rules on curfews, prohibited items not allowed in the home, house chores, etc.
- How the house maintains a drug- and alcohol-free living environment
- How medications should be stored and recorded, if applicable
- Expectations around house meetings and other recovery activities
- Confidentiality polices and expectations
- Emergency and disaster procedures
- An introduction to the neighborhood and any neighborhood rules (such as parking)
- Collection of emergency contact information for the resident
- Grievance policies and procedures
- Relapse prevention protocol and relapse plan
- Recovery planning expectations and goals
- Requests for maintenance and repairs
- Policy regarding visitors or guests
- Where the resident manual is in the house

Appendix—Additional Resources

These additional resources have been made available by organizations not affiliated with the Ohio Department of Mental Health and Addiction Services or Ohio Recovery Housing. Some resources are not specific to recovery housing, but may be helpful to you as you seek to establish a successful organization. The resources listed are general in nature and are no substitute for specialized advice from a professional such as an attorney or CPA

Best Practice Resources and Guidance

The following resources provide best practice guidance and advice on specific topics:

1. Considerations for business structure—This blog post outlines helpful considerations for you as you consider which business structure is most appropriate for your organization.
2. Guide to Reasonable Accommodation in Housing Under the Fair Housing Act—This provides you more information about your obligations as a housing provider to provide reasonable accommodations under the Federal Fair Housing Act.
3. Disability Rights Ohio—Housing Accommodations and Modifications for people with disabilities—This resource provides answers to frequently asked questions about modifications in housing for people with disabilities.
4. Ohio Attorney General Resources for Nonprofits—The Ohio Attorney General offers publications, trainings and other resources for nonprofit organizations.
5. Ohio Capital Corporation for Housing Green Development Companion—This companion outlines green elements that you can consider having in your recovery housing project. Green elements are not only positive for the environment, but may also save you operational costs.
6. Ohio Recovery Housing Best Practice Guidance on MAT in Recovery Housing—This guidance provides operations information and best practices on MAT in recovery housing.
7. Ohio Department of Mental Health and Addiction Services Guidance on Building Codes—This provides guidance on how recovery housing operators can approach the Ohio Building Code.
8. Ohio Recovery Housing Toolkit for Handling NIMBY issues—This guide provides information and advice about how to handle potential NIMBY (not in my backyard) issues.
9. American Society of Addiction Medicine—Primer on 42 CFR Part 2—This guide provides information on 42 CFR Part 2, a law that covers privacy protections afforded to alcohol and drug abuse patient records.
10. HIPAA for Professionals—U.S. Department of Health and Human Services—This site describes covered entities and their responsibilities under HIPAA, a law that covers privacy and security related to health care information.
11. U.S. Small Business Administration—Guide to Writing a Business Plan—The U.S. Small Business Administration provides this guide for individuals seeking to establish a small business in the U.S. This guide is not specific for recovery housing, but it does cover all elements of a business plan that can be applied to many types of small business, including recovery housing. Use this guide in conjunction with the Ohio Recovery Housing Cost estimate Worksheet and the OCCH Recovery Housing Project Toolkit.
12. Ohio Capital Corporation for Housing Recovery Housing Project Toolkit —This toolkit provides details about how to approach recovery housing projects which seek to use Ohio Department of Mental Health and Addiction Services capital funds.
13. Workbook on how to create a mission statement—This workbook outlines an exercise that you, your board of directors, your community or other partners can use to help you develop an effective mission statement for your organization.
14. William White Papers Recovery Capital Scale and Plan—This guide and plan can be used to help residents establish a basic resident-centered recovery plan.
15. University of Vermont Extension Tool for Developing a Staffing Plan—You can use this exercise to help you develop a staffing plan for your recovery home.

16. Employers Resource Association (ERA)—This is a nonprofit, human resources consulting organization that provides training, compliance, counsulting and salary surveys to over a thousand employers. Visit to learn more about becoming a member and having free unlimited access to ERA's HR Hotline, Employee Handbook Template and HR Central Library to answer all of your employment questions.
17. CDC Emergency Action Plan Template – This template is designed for larger employers and businesses, but much of the content may be helpful to you in developing your plan. This kit is designed for families. Both resources can be used to find a balance appropriate for your home.
18. Ohio Recovery Housing Best Practice Guidance on Preventing and Addressing Relapse in Recovery Housing – This best practice guide provides guidance for operators seeking to use the social model of recovery as a tool to prevent and address relapse in recovery housing.
19. Consumer Financial Protection Bureau Your Money Your Goals – financial empowerment materials that are designed to help organizations that seek to help people meet financial goals. Tools will help you work with your residents to build their knowledge, skills and resources.
20. Red Cross – Fire Safety Checklist – a checklist designed for families with suggestions for basic fire prevention. The Red Cross also has a checklist for a well stocked first aid kit.
21. Federal Emergency Management Agency Fire Safety checklist - a checklist designed for families with suggestions for basic fire prevention.
22. Project DAWN – Ohio based resource to provide Naloxone and associated training and education to communities.

Samples and Checklists

Completing these checklists and sample documents will assist in helping you develop policies and procedures. It is highly recommended that you carefully review any sample documents to ensure that they accurately reflect your practices. Having practices that do not match written policies places your organization at risk. It is also recommended that your polices are reviewed by legal experts to ensure you are in compliance with fair housing, landlord tenant, confidentiality and other laws.

The following are provided as starting points and are not comprehensive of all factors that need to be considered for policies. As the operator, the ultimate responsibility for ensuring appropriate policies and compliance with such policies is up to you.

1. Resident Records Checklist
2. Sample Communicable Disease Policy
3. Sample Emergency Policy
4. Sample Good Neighbor Policy
5. Sample Grievance Policy
6. Sample Lease Guidance
7. Sample Maintenance Request Form
8. Sample Notice of Intent to Enter and Inspect Premises
9. Sample Resident Relapse Policy
10. Sample Resident's Right
11. Sample Safety Equipment Checklist
12. Sample Visitor Policy
13. Sample Medication Log
14. Recovery Housing Cost Estimate Worksheet
15. House Selection Criteria

www.ohiorecoveryhousing.org