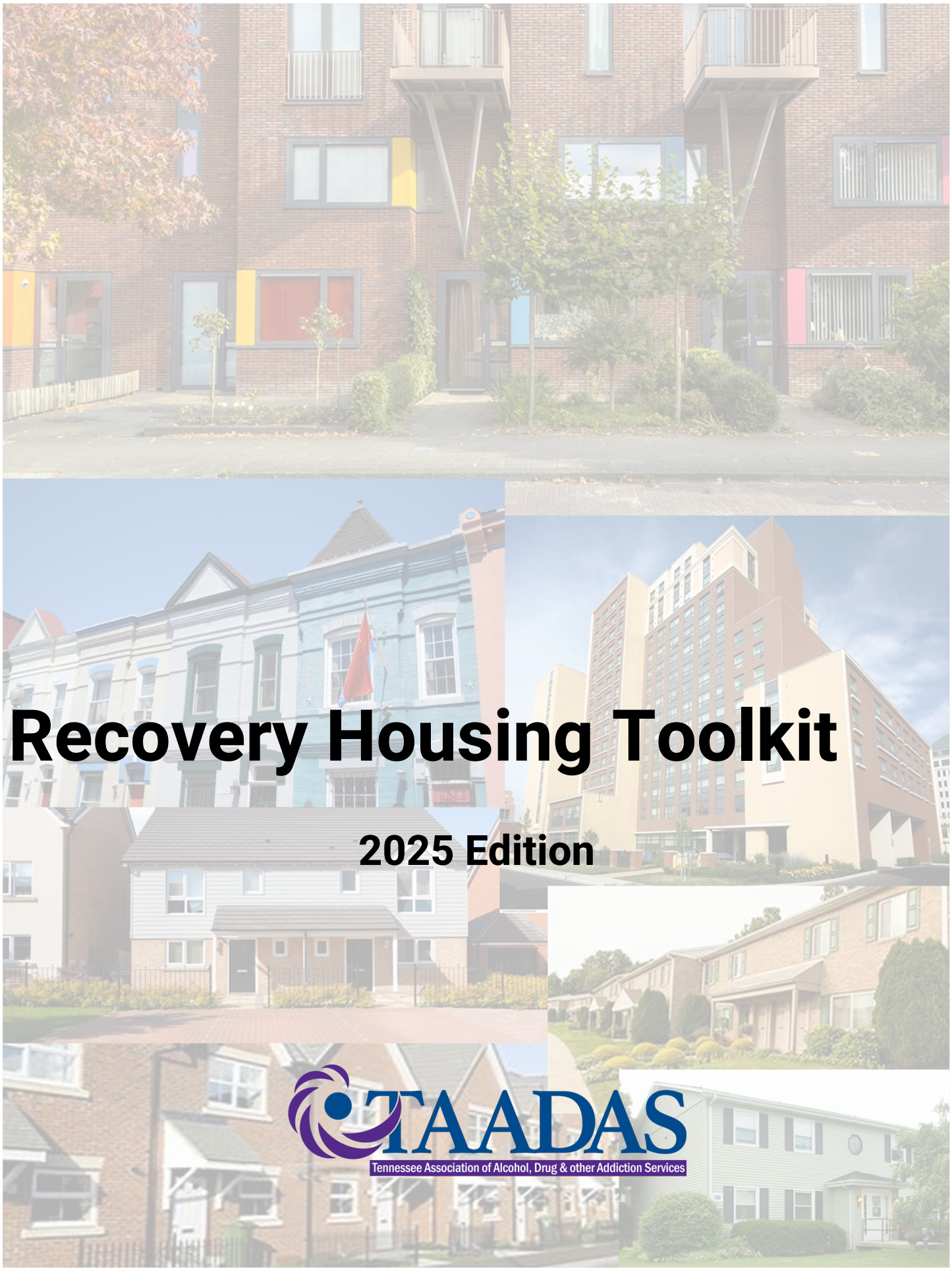


Recovery Housing Toolkit

2025 Edition

TAADAS

Tennessee Association of Alcohol, Drug & other Addiction Services

Table of Contents

This Toolkit is intended to offer general guidance as to the nature of recovery housing services that can be provided in Tennessee and provide an outline of key areas of decision making that are part of operating a recovery residence. The information contained in this document is not intended to provide legal advice but to guide the process for individuals seeking to support those in recovery.

Introduction

Putting together a toolkit on recovery housing implies a need to provide a foundation to grow and develop recovery housing in Tennessee. TAADAS recognizes that for years, recovery housing providers have worked together to find ways to build and promote recovery housing with great success.

We want to support the recovery community and recovery housing providers in this effort. Over many years as TAADAS held Recovery Roundtables across the state, recovery housing was cited as a needed resource.

The lack of recovery housing and the lack of safe, quality recovery housing were missing in every community we visited. It is our hope that this toolkit provides some tools to support new providers.

As a result, we have worked with several entities to bring this toolkit to fruition.

Our thanks to many recovery housing providers who participated in its development as well as the **Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and TAADAS members** for their assistance, review, and support.

What is a Recovery Residence?

What Is a Recovery Residence?

There are many descriptions and types of housing that are available for those in recovery – halfway houses, sober homes, transitional housing, etc.

Tennessee Code in Section 33-2-1401: (7) defines “recovery residence" as a residence classified as a single family residence, as defined in § 13-24-102, or any other premise, place, or building that provides a substance-free living environment centered on supervised, monitored, or peer-led support that assists individuals in recovery from substance use disorder with services that promote long-term recovery, including direct connection to other peers in recovery, mutual support groups, and recovery support services but does not provide any medical or clinical services, treatment, or medication administration on-site except for verification of abstinence.”

Certain recovery housing labels are specific to the population they serve, such as a halfway house that typically serves people coming out of incarceration or treatment. There are models that exist because a funding source has named and defined a particular practice. For example, each certification entity has definitions of a recovery residence.

There are many models because some models don’t work for some people, and offering choices is a best practice. **“Recovery residence’ is a broad term describing a sober, safe, and healthy living environment that supports recovery from alcohol and other drug use and their associated problems.**

What is a Recovery Residence?

Many thousands exist in the United States that vary in size, organization, and target population. Many recovery residences also offer peer recovery support. In Tennessee, facilities that provide professionally delivered clinical services must be licensed by TDMHSAS.

The **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers a more detailed definition describing "recovery houses" that further delineates the purpose of recovery housing:

> "Recovery houses are safe, healthy and family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery.
>
> Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery, mutual support groups and recovery support services.
>
> Substance-free does not prohibit prescribed medications taken as directed by a licensed prescriber, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring Disorders." (SAMHSA, "Recovery Housing: Best Practices and Suggested Guidelines").

Whatever type of recovery residence you offer, it should be as safe and clean as possible. Ensuring adequate space for individual accommodations as well as communal activities will also help manage the safety and cleanliness of your home and help you manage other issues that could arise.

Tennessee Recovery Housing Definitions

In Tennessee, several terms and types of housing for those in recovery exist. Many terms are used interchangeably even though they are defined distinctly.

For example, the term "halfway house" is used by two different entities and is defined differently by each. Some terms and definitions are below:

- **Sober home** (Sober Living – Social model): temporary or permanent housing that provides a supportive sober environment while living with peers also in recovery. Typically, these houses have a house manager. Non-clinical support services such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) can be provided.

Tennessee Recovery Housing Definitions

- **Recovery housing**: a generic term for housing provided for those wishing to live a sober life-style. This housing can be communal or individual units. It can have oversight by a house manager or program manager.

  This housing can include access to or provide clinical and support services. This housing can be integrated into the larger substance using community.

- **Transitional house**: temporary housing that transitions residents from treatment, incarceration, or children's services custody to the community. It can be communal or individual units. Any sober living requirements would be set by the funder.
- **Transitional housing or halfway house** (Corrections): a department-approved facility that meets all local housing and zoning rules. Those providing treatment to offenders must provide documentation of licensure and must comply with the requirements for halfway houses established by TDMHSAS.
- **Halfway house** (mental health and substance abuse): a transitional residential program providing services to serve recipients with alcohol and/or drug abuse or dependency disorders, with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. These programs are licensed by TDMHSAS.
- **Oxford House**™: evidence-based communal sober housing that is entirely peer led. In 1988, Congress enacted P.L. 100-690, the Anti-Drug Abuse Act. This act included a provision that required all states to establish a revolving loan fund to provide start-up funds for groups wishing to open sober living environments based on the Oxford House model.

  Such loans of $4,000 pay the first month's rent and security deposit and thereby accelerate the rate at which individual recovering people can find affordable housing.
- **Housing First**: a U.S. Department of Housing and Urban Development term to describe housing programs provided to low-income or otherwise marginalized communities. This can include veterans' housing or Section 8 housing for example.

  This housing cannot have a sober living requirement. There is a recognition that having a safe living environment promotes personal stability, harm reduction, and abstinence.

The **National Alliance of Recovery Residences (NARR)** is an association that has a Tennessee chapter (TNARR) that promotes access to safe, quality recovery residences. They publish many resources as well as information and support for the development of recovery residences.

The *NARR Primer* offers an excellent basis for understanding what a recovery residence is, its primary purpose, the services they provide, and other considerations.

Recovery House Types

Recovery residences of all types foster a sense of community. All recovery housing offers alcohol- and substance-free living environments and predominantly uses a social model as the foundation of recovery. They are differentiated by the intensity of staffing governance and recovery support services, all contributing to the supportive community.

The following housing levels are supported by the **American Society of Addiction Medicine (ASAM)** categorization of different treatment and recovery programs, so the terms "levels" and "types" can be used interchangeably and are illustrated in the chart below.

Level I Type P (Peer-run) recovery homes are democratically governed environments that strictly maintain an alcohol- and illicit substance-free lifestyle. The Oxford House™ is the most recognized example, included in SAMHSA's National Registry of Evidence-based Programs and Practices. These residences foster a strong recovery-supportive culture through established house rules and peer accountability, with democratic governance as their defining characteristic.

Level II Type M (Monitored) facilities, often called sober homes, play a crucial role in providing recovery housing free from alcohol and drugs. These environments foster safe and supportive living by establishing house rules and promoting peer accountability. A senior resident or House Manager ensures a positive atmosphere for everyone. Typically, these homes offer essential recovery support services and life skills training, which are less intensive than those in Level III programs. This allows residents to navigate their recovery journey effectively.

Level III / Type S (Supervised) offers weekly, structured programming that includes peer-based recovery support services, such as resiliency groups and personalized recovery plans, along with essential life skills development such as job readiness and budgeting. Staff are trained and often come from recovery themselves, providing valuable insight and empathy. This level is designed for individuals needing more intensive support in building their recovery capital than Levels I and II offer.

Level IV Type C (Clinical) integrates social and medical models, typically utilizing a combination of supervised peer and professional staff. In addition to providing peer-based recovery support, recovery support services, and life skills development, Level IV also offers clinical addiction treatment. Level IV requires a TDMHSAS license.

Recovery House Types

RECOVERY RESIDENCE TYPE				
Recovery Residence Types	NARR Type			
Bundled Services	P	M	S	C*
Living environment free from alcohol and illicit substances	X	X	X	X
Mutual aid and social model milieu	X	X	X	X
Recovery support services delivered by professional staff†			X	X
Life skills development program			X	X
Treatment services				X
Governance and staffing				
Democratically elected leaders	X			
Appointed resident leaders and/or managers		X	X	X
Trained and/or credentialed peers (Type S) or staff (Type C)			X	X
Supervised staff			X	X

† Recovery support services include formalized services delivered by paid staff

* RR Type C programs are a subtype of the ASAM criteria level 3.1 and should meet the level 3.1 service characterics standards: Text in **bold** represents the primary differences between the two types of care. The unique addition of a governance structure within RR Type C, including resident leaders and/or managers, supports individual self-management skills and promotes each individual taking responsibility for the wider recovery community.

Support in Recovery Housing

Recovery residences house those individuals in recovery. Recovery residences provide recovery support meetings, placement and support (IPS), supported employment programs like vocational rehabilitation, financial management classes, connections to social supports (e.g., educational opportunities, food stamps, transportation), or other recovery support services. Those are considered recovery programs and are not clinical services.

SAMHSA describes four major elements of recovery: health, home, purpose and community. They offer a more detailed definition describing the function of "recovery houses":

> "SAMHSA strongly supports the use of recovery housing as a key recovery support strategy to assist individuals living with substance use and/or co-occurring mental health disorder in achieving and sustaining recovery.

Support in Recovery Housing

Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime in recovery. It is critical that recovery housing programs function with sound, ethical, and effective standards and guidelines which center on a safe, healthy living environment where individuals gain access to community supports and recovery support services to advance their recovery" (SAMHSA "Best Practices for Recovery Housing" 2023)

The *NARR Primer* definition of recovery is often cited by authorities such as ASAM. The *ASAM Criteria*, 4th Edition, incorporates the foundational definition of the social model of a recovery residence from the *NARR Primer* and further states that recovery residences "enable the individual to continue building recovery capital and addressing barriers to recovery while providing safe and healthy environments in which skills vital for sustaining recovery are learned and practiced" (ASAM, 4th edition, page 383).

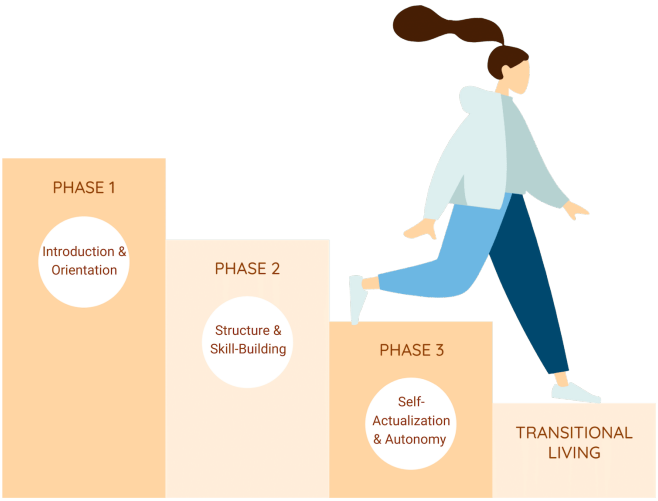
Credentialing entities identify recovery residences based on the type, intensity, and duration of support offered. It is important to understand these levels of support so individuals with substance use disorder and/or co-occurring mental health conditions may have a basis for understanding how to choose an appropriate recovery residence to meet their desired level of support for the sake of their sustainable recovery.

The grid on page 5 illustrates the support that can be provided at various levels of recovery housing. Living in a group sobriety situation is a level of peer support, and it is the defining component of support in all the levels of care. Additional programming and access to programs like AA and NA can be beneficial. This toolkit has a section that describes recovery capital and ways to build it so it can be incorporated into a recovery home.

Anyone who wants to support those in recovery can do so by reinforcing **wellness**. A person's wellness can be defined as their "state of being in good health, especially as an actively pursued goal." Wellness is not static; it is an ongoing collection of choices an individual makes every day.

Wellness is often said to have seven dimensions, or domains. These seven domains of wellness, illustrated in this graphic by addictionpolicy.org, encompass the broadest range of human needs. The first step toward wellness is identifying how the seven domains of wellness relate to and influence each other.

Recovery Progression

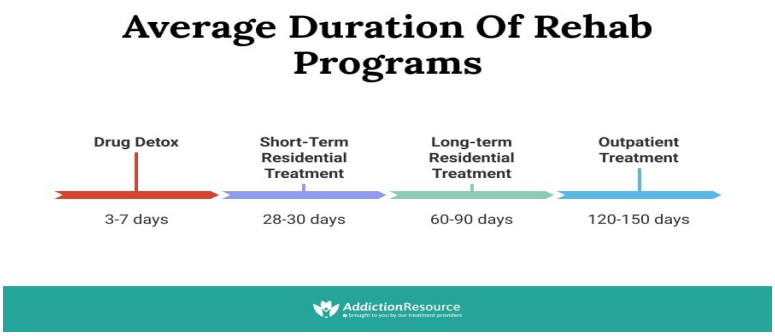


Each recovery residence determines the types of recovery progression they can and should support during the course of someone's stay. Building recovery capital and having a trauma-informed environment, for example, is discussed later in this toolkit. **Finding your definition of recovery as a recovery home operator will inform your decisions about the type of recovery residences you want to offer.** Whatever model or type of recovery housing is the best fit for your recovery residences, it needs to be open and flexible so that each resident has a safe place to define their own recovery path using the supports and environment you offer.

The illustration above shows a way for individuals to progress through a recovery residence. It does not mean that the recovery residence itself should offer skill building or self-actualization groups. Instead, recovery residences can link their residents to these types of programs. You may want to consider how this progression could fit into a recognition of independent living readiness. Some recovery homes have a way to recognize seniority or ability among residents that reinforces these concepts (see the section on "Resident Engagement" on page 28).

Skill building in recovery can include things like budgeting or responsibility for chores. It can also mean skills managing cravings or depressive thoughts. There are rules about whether a recovery residence can provide certain types of skill building. If you are certified, the certifying agency will have guidance for this. In Tennessee, if a recovery residence provides clinical services of any kind, you must have a license from TDMHSAS.

Recovery starts with treatment, but recovery never ends. It is a lifelong commitment and a recognition that recovery is part of the journey of living. In other words, recovery is a lifelong commitment that overlaps and intertwines with treatment. Withdrawal management and



treatment are comparatively short pieces of this process. Treatment sets the stage for what needs to be addressed in recovery. To carry on the metaphor, the stage changes during the course of the play.

No two people's recovery is the same. This toolkit is written with an acknowledgment that everyone's recovery journey and the "play" they are producing is unique and should be tailored to them. **The same is true for every recovery residence**. Each is unique and offers individual, flexible supports that can meet the needs of their residents. There are few absolutes in life or in recovery.

This toolkit offers recovery home operators the parameters to inform their decisions about the kind of home they want to provide. It's important for providers to review all the parameters for offering recovery housing, the allowable scope of services or recovery support, and protocols for referring residents to other supports.

Tennessee SAFE Act and Certification

Tennessee's **Stopping Addiction and Fostering Excellence (SAFE) Act** was passed in 2018 and amended in 2021. It authorizes cities, towns, and metropolitan governments (referred to collectively as "municipalities") to adopt certain ordinances regarding "sober living homes." Under the Act, a municipality may adopt an ordinance requiring uncertified or unlicensed sober living homes to display in a prominent place a sign stating, among other things, that it is a sober living home, that it is not licensed by the state, and that the home does not provide treatment services. A person or entity that knowingly violates this requirement will be subject to action by the attorney general and reporter or a person under the Tennessee Consumer Protection Act (a template for such signage is available in the *Appendix* of this Toolkit).

For homes that choose to become affiliated or certified with nationally known entities, current law also grants a municipality discretion to adopt an ordinance encouraging sober living homes to become chartered by a 501(c)(3) nonprofit organization, which organizes homes into chapters and is governed by a council and board of directors that maintain the sole right to charter, and revoke the charter of, a home. Alternately, the home may elect to comply with the requirements for recovery residences prescribed by an organization that is an affiliate of a 501(c)(3) that pre-screens new affiliates, makes them adhere to a code of ethics, and requires an annual contribution based on the number of recovery residences. Some of the recognized levels of support (levels 3 and 4) can be clinical in nature and may require licensure rather than certification.

The sponsors of this legislation intended for it to encourage national accreditation of sober-living homes to ensure their management abides by a strict code of ethics and provides a safe and healthy living environment for patients in recovery. Facilities not adhering to national accreditation standards risk losing licensure and facing penalties. The SAFE Act creates the best possible environment for recovery while protecting communities from poorly managed facilities with no accountability.

Subsequent updates to this law incorporated SAMHSA's *Best Practices for Recovery Housing*. A link to that material is available the *Appendix*.

The SAFE Act prohibits treatment facilities and recovery homes from:

(1) Referring drug tests to an out-of-network laboratory if an in-network laboratory is reasonably available to meet the patient's drug testing needs;
(2) Ordering or performing confirmatory testing in the absence of a documented medical or legal need for the testing;
(3) Entering into any contract or agreement with a third-party payor that includes any inducement or incentive to reduce or limit services to a level or duration below what is in the best clinical interest of the patient; or
(4) Requesting, receiving, or retaining payment for substance use disorder treatment services provided to a patient as a result of conduct described in (1), (2), or (3).

This law requires TDMHSAS to establish and maintain on its website a list of organizations. This bill defines an "organization" as any nationally recognized recovery residence standards organization, any affiliate of any nationally recognized recovery residence standards organization, or grantees of any state or federal department or agency. These agencies include Oxford Houses which are nationally recognized as safe, supportive housing options for adults in recovery from alcohol abuse and/or drug abuse.

Tennessee SAFE Act and Certification

Under the SAFE Act, the Tennessee Department of Correction is required to:

(1) Recognize the approved recovery residences as approved placements for those persons with substance use disorder to community supervision;
(2) Indicate which placements for community supervision are approved recovery residences; and
(3) Establish preference for approved recovery residences by encouraging placements in the residences.

The law prohibits a licensed or certified service provider, judge, or magistrate from referring anyone to a recovery residence, including a recovery residence owned or operated by the referent, that is not recognized or certified by an organization, or funded by a state or federal department or agency.

A licensed or certified provider that violates this prohibition will be subject to the suspension or revocation of the provider's license or certificate by the appropriate licensing or certification board and the imposition of civil penalties as authorized under the laws governing the profession.

A judge or magistrate who violates the prohibition will be subject to disciplinary action by the board of judicial conduct. The law also sets out factors that the service provider, judge, or magistrate must consider in referring someone to an approved recovery residence, which include the culture of the recovery residence, levels of care, and the nature of the current residents.

Tennessee legislated a definition of recovery residences and minimum standards for entities that certify recovery housing. The definition is effective January 1, 2026. Being certified assures the community and residents that you follow a code of ethics and best practices. TDMHSAS will determine the certification entities that qualify under these standards and offers a list on its website. Some of the agencies available in Tennessee listed by TDMHSAS that can accredit, certify, or recognize recovery housing include:

Commission on Accreditation of Rehabilitation Facilities - CARF

CARF International Headquarters
6951 East Southpoint Road, Tucson, AZ 85756-9407
Toll-free: (888) 281-6531 / Fax: (520) 318-1129

The Joint Commission on the Accreditation of Healthcare Organizations -JCAHO

The Joint Commission
1 Renaissance Boulevard, Oakbrook Terrace, IL 60181
630-792-5800

National Sober Living Association—NSLA

PO Box 1301, Bismarck, ND 58502

(701) 516-2912
nationalsoberliving@gmail.com

Recovery is the New High

Recoveryisthenewhigh.com/recovery/housing

TN Alliance of Recovery Residences - TNARR

PO Box 120114

Nashville, TN 37212-0114

(615) 500-4434

tnarrtennessee@gmail.com

Business Plan

Creating a business plan requires developing your financial model and service provision model. It is an integral part of taking the vision for your organization and making it tangible.

When applying for business loans and/or grants, banks and other funding sources will request your business plan as part of the process of evaluating financial support for your recovery home.

The **Small Business Administration (SBA)** is a valuable resource for developing your business and other resources to help your Recovery Home organization thrive. Refer to sba.gov/plan for more details.

There are two types of business plans listed on the SBA website:

- **Lean Startup Plan:** This consists of a brief explanation of the organization, infrastructure, finances, and customers. The business plan section referenced above features nine components you can include and a template if this is the plan you choose.
- **Traditional business plan:** This is required if you apply for loans. It enables you to keep your mission statement and goals aligned with the organization's plans for the future. The components can be structured in a way that makes sense for your organization; again, see the business plan section.

Here are sample components to include in a traditional business plan. Most funding sources will require a similar or more detailed plan. All templates can be found online or on sba.gov/plan.

Executive Summary

The executive summary should include a description of the business, your mission statement, organizational leadership structure, employees, and location of the business. This section will also include financials and plans for growth and funding. This is the section where you will highlight your organization and mission so that you stand out from similar organizations.

Company Description

This is the section where you share the strengths of your business and how your recovery home supports the recovery journey by helping people build a strong foundation. Does your organization focus on women or men? Families or single parents? People recently released from jail or prison? You get the idea. Be specific in explaining how you fill a need in the community that only your organization can do.

Market Analysis

In this section you will review what you are providing, what similar businesses are doing, the strengths of your organization, and areas of improvement to ensure success.

Business Plan

Organization and Management

This is where you describe the legal structure of your company. Are you a nonprofit? Who is on your board? Are you incorporated? Are you an LLC? Do you have a partnership or limited partnership? Some of this may not pertain to you when starting your organization. However, these answers can help you decide how to initially structure it.

Service or Product Line

This is where you describe your

recovery home structure. What are the services provided to your tenants?

Remember: just because the

information seems like something many in the recovery community

understand, the people reviewing loans and grants will most likely not be

familiar with the benefits of recovery housing and specifically, your recovery home.

Marketing and Sales

This will change and evolve over time. Consider how you will you spread the word of what makes the residence(s) unique within the recovery housing

community. How will people find your organization and what is the referral process? What strategies do you plan to incorporate in the marketing plan?

Funding Requests

This section of the business plan involves specific financial details of your organization. In this section you will include how much money you are requesting and how it will be used to support the organization. Be as detailed as possible. This information will be in conjunction with the financial projections described below.

Financial Projections

You need to convince the lender that you are financially stable enough to pay back the loan and they are investing in a unique business with plenty of opportunities for growth. What is your five-year plan?

Be very specific and prepared with all of your financials in order. Tell the story of your business with your

financials. This is a supplement to funding requests and you are strongly encouraged to incorporate graphs and charts to help tell your financial story.

In closing, this section is just an outline for your business plan and will be unique to your organization. Having a detailed business plan will enable you to put your dream of a successful, supportive recovery

residence into one document for use as a guidepost. Compiling this information into a cohesive document will help you identify areas of focus and those that need more attention so you can develop your organization as you envision.

Nonprofit vs. For-Profit

The key difference between a nonprofit and a for-profit recovery housing organization is the financial differentiation and the motivation for its formation. The for-profit organization is built to serve the business owners. The nonprofit organization is built to serve the society at large. For-profit organizations can be in the form of a company, sole proprietorship, or partnership company. A nonprofit organization can be in the form of community organizing entity, a trust, clubs, society, committee, association, etc.

Purpose

Nonprofit recovery houses focus on providing housing and support services to individuals recovering from substance use disorder without the goal of making a profit. The success is measured based on an organization accomplishing its philanthropic mission and raising funds to maintain its programs and

remain sustainable.

For-profit recovery houses are privately owned and funded largely through resident fees. They prioritize financial stability and may adjust their services based on market demand. The assets are owned by the non-profit itself, not the founders or administrators. For-profit organizations can be in the form of a company, sole proprietorship or partnership company.

Funding

Nonprofit recovery houses rely on diverse funding sources which can include government and private foundation grants, private donations, monthly subscribers and community support. Many housing

essentials are purchased through community drives and organization wish lists. Start-up costs are

typically covered by fundraising events and donors who feel called to the mission and vision of the

organization. Nonprofits can also seek out bank loans and mortgages.

For-profit recovery houses remain sustainable through charging a fee for a room, bed and recovery

services. Through best practices and meeting high ethical standards, they typically form relationships with residential programs that recommend recovery housing as a next step in the continuum of recovery care. Building a reputation for providing excellent services and care is essential to maintaining a revenue stream that is profitable for the operator. Start-up costs for the for-profit organization are usually

provided by the partners or the owners of the business and/or through bank loans or local investors.

Diversity of Audience

For-profit companies can have a much more defined target audience than that of a nonprofit. In a

for-profit, the company seeks to reach and establish a relationship with consumers who will purchase their products/services to help generate revenue. This relationship creates a continual feedback loop,

allowing the company to increase its revenue and expand its offerings to reach new target audiences. The for-profit organization will have admittance criteria, but admittance also depends on the ability of the person to pay the required fees charged.

Nonprofit organizations are typically created to assist those without financial resources and who do not have the ability to pay fees that a for-profit organization charges. Rather than delivering a product or

service directly, nonprofits are typically approaching their audiences with a message about a product,

service or action. Nonprofits must reach a more diverse audience which can include volunteers, donors, corporate sponsors, and the general public. Nonprofit organizations have a broad view of the audience. In most cases, people can join, contribute, and become members voluntarily.

Nonprofit vs. For-Profit

Leadership

The executive leadership of a for-profit recovery house oftentimes has a stake in the financial success of the organization. Whether a privately held small business or a large corporation with a board of directors and stakeholders, leadership responsibilities are distributed in a way that is conducive to the overall objectives of the organization. Many leaders are called to open a recovery house to assist and serve those living with substance abuse.

The executive leadership of a nonprofit is typically led by a board of directors who hires an executive director to guide the future of the organization without possessing direct financial ownership.

The federal government requires a minimum of three board members to acquire 501(c)3 tax -exempt status. The executive director is hired to balance financial concerns alongside the mission of the organization.

Meetings of the board of directors include review of the previous board meeting minutes, financial statements, fundraising, program updates, events, and other information pertaining to the mission and stability of the recovery program.

Organizational Culture

The culture within a nonprofit is aligned with the mission of the organization and sets the tone for all decisions made with regard to the program, staffing, board of directors, volunteers and wraparound services provided. Nonprofits can use performance indicators to achieve outcomes for grants and communicate to funders.

With a goal of financial gain, the culture within the for-profit organization tends to focus on finances and business metrics such as key performance indicators. Many leaders are called to open a recovery house to assist and serve those living with SUDs while also providing an income for themselves. The culture lends itself to serve the person seeking recovery.

Taxation

Typically, nonprofits are registered as a 501(c)3 organization which means that they are able to provide their services as a public good without rendering a portion of their earnings back to the government. Likewise, individuals and companies donating to these organizations are able to write off their

contributions as tax deductible.

Staff

Staffing structures for both a for-profit and nonprofit organization can vary based on the number of people served, financial stability of the organization, and the level of services it provides. Nonprofit organizations often engage the assistance of volunteers called to its mission. Volunteers typically complete specific trainings for their position.

Both for-profit and nonprofits follow state guidelines for interviewing, screening, and onboarding new employees. With regard to recovery housing, many employers look for candidates with field experience and certifications such as CPRS and/or LADAC. Employees must be HIPPA compliant and observe confidentiality agreements for all residents.

Best Practices

Best Practice 1	Be Recovery-Centered
Best Practice 2	Promote Person-Centered, Individualized and Strengths-Based Approaches
Best Practice 3	Incorporate the Principles of the Social Model Approach
Best Practice 4	Promote Equity and Ensure Cultural Competence
Best Practice 5	Ensure Quality, Integrity, Resident Safety and Reject Patient Brokering
Best Practice 6	Integrate Co-Occurring and Trauma-Informed Approaches
Best Practice 7	Establish a Clear Operational Definition
Best Practice 8	Establish and Share Written Policies, Procedures and Resident Expectations
Best Practice 9	Importance of Certification
Best Practice 10	Promote the Use of Evidence-Based Practices
Best Practice 11	Evaluate Program Effectiveness

ASAM describes NARR levels of care in their most recent standards. While the ASAM Dimensional

Admission Criteria do not recommend specific types of recovery residences, integrating the NARR-defined recovery residence types as featured in the ASAM criteria recommendations promotes access to both addiction treatment and recovery support services. It also provides a roadmap on creating a unified network of services to enhance treatment outcomes.

As stated in SAMHSA's 'Housing Supports Recovery and Well-Being: Definitions and Shared Values': "Safe, stable housing is essential to a person's health and well-being. For people in recovery from a substance use and/or mental health condition, housing is a vital recovery support and a key social determinant of health. Various housing models provide supportive environments for people with substance use and mental health conditions..."

SAMHSA cites 11 best practices listed in the chart below. They provide an overarching framework that improves upon and extends the foundational policy and practice work that has guided the development of recovery housing to date. SAMHSA recommends that recovery house operators, stakeholders, and states and jurisdictions use these best practices as a guide when enacting policies and designing programs to provide the greatest support for recovery, safety, and quality of life for individuals living in recovery housing. More best practices are listed in this manual starting on page 31.

Promoting Safe Quality Recovery Housing

Recovery Housing Best Practices Legislation

In addition to the legal information cited on pages 17– 19, there is specific legislation to promote safe quality recovery housing. Ensuring Access to Quality Sober Living of the Substance Use-Disorder

Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 (Subtitle D, SEC. 7031) mandate that the U.S. Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, must identify or facilitate the development of best practices for operating recovery housing.

Quality Recovery Housing

The SUPPORT Act requires SAMHSA to provide "best practices for operating recovery residences" throughout the United States. In 2019, SAMHSA published *Recovery Housing: Best Practices and Suggested Guidelines* (referred to throughout this Toolkit) as part of this effort.

Additionally, the **Eliminating Kickbacks in Recovery Act (EKRA) of 2018** prohibits accepting or paying kickbacks for referrals to recovery homes, clinical treatment facilities, or laboratories. It seeks to eliminate the influence of patient brokers who recruit patients and shop them to the highest bidder. These brokers frequently defraud patients and offer them bribes. To fund the kickbacks paid to brokers, facilities and brokers push patients to expensive private insurance (often government-subsidized). They may even pay insurance premiums for the duration of the treatment. Likewise, drug treatment urine drug testing is a multi-billion-dollar business, so lucrative for treatment clinics that they refer to it as "liquid gold." As a result, facilities frequently overuse expensive urine drug testing, reaping huge profits from the insurer. EKRA prohibits any recovery home, clinical treatment facility, or laboratory from paying kickbacks to anyone.

Tennessee's SAFE Act (described on pages 10-11) reiterates the prohibitions against patient brokering or any kind of kickbacks, and it goes further by offering other consumer protections. Specifically, the SAFE Act requires recovery homes not affiliated with a credentialing or licensing entity to post a sign indicating that they hold no certification. This allows potential residents and families to make informed decisions about choosing to live at that location.

Recovery Housing Best Practices and Guidelines

Several entities specializing in recovery and recovery housing publish best practices and guidelines for recovery residences. Tennessee actively legislates minimum standards for entities that certify recovery housing. TDMHSAS is responsible for determining the certification entities that qualify under these standards and will publish a list on their website.

Would I want my family member living there?

Several of those entities are listed below, along with entities that publish guidelines but do not certify housing. These guidelines can be helpful in helping you meet certification standards. All these guidelines are available for free through the TAADAS Clearinghouse at taadas.org. Excerpts from some of these guidelines appear throughout this Toolkit and in the *Appendix*.

These guidelines and best practices are published by:

- National Council on Mental Wellbeing—Building Recovery: State Policy Guide for Supporting Recovery Housing
- SAMHSA—Best Practices for Recovery Housing
- NARR—Publications including Social Model Recovery and Recovery Housing 2024 - NARR Standards (Certification)
- Sober Living Network—Standards for Quality Sober Living Homes
- National Sober Living Association—Provider Checklist
- Recovery Research Institute—Review of Housing Standards

Funding Opportunities

Funding sources for recovery housing vary from community to community. Some municipalities and counties support and fund recovery housing in Tennessee; check with your local government officials for information. It is important to cultivate relationships with your local government officials to support funding and also the mission and presence of recovery homes. Joining local organizations such as the Lions Club, Kiwanis, or other civic organizations will help you identify other community opportunities. Trade associations like TNARR, TAADAS, or your local chamber of commerce can provide you with information on local and state initiatives and support for your recovery homes.

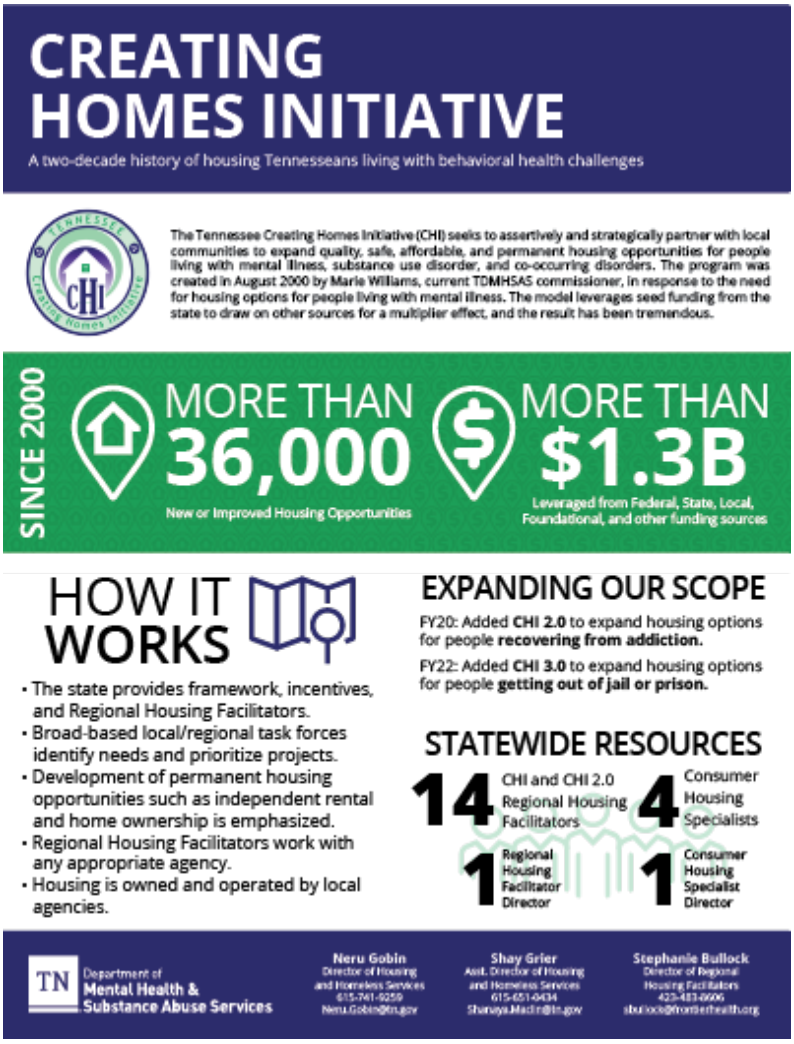
Private foundations can also support recovery homes. Foundation conglomerates such as the Community Foundation of Middle Tennessee broker grants for other foundations. The Tennessee Nonprofit Network can provide guidance on funding opportunities and foundations in your area, and the Center for Nonprofit Management in Middle Tennessee offers the same guidance and information.

Local banks can also provide grants or low/no cost loans to recovery housing providers. Every bank is required under the Community Reinvestment Act of 1977 to fund community projects. A good place to seed support for your recovery house is the bank where you do business. Encourage your bank leadership to tour your program and learn more about recovery. This gesture can address any stigma the bank lenders may hold about recovery and help them see the potential in supporting your program. Showing bank lenders how your residents return to the community as productive, employable individuals will be important for the bank to see first-hand.

Federal grant opportunities are announced at grants.gov. These include U.S. Housing and Urban Development (HUD) as well as mental health and substance abuse grants from SAMHSA. You can sign up for grant announcements at the same website.

Tennessee's Creating Homes **Initiative (CHI)** has several different components. CHI 2.0 can fund recovery housing building projects and their operating costs. CHI 2.0 employs Regional Substance Use Housing Facilitators who can answer questions about the funding. These representatives can help with other grant applications as well.

These professionals are located within the states' seven mental health planning regions to work in collaboration with the **HUD Continuums of Care** as well as other community stakeholders to create and develop safe, affordable, quality, permanent housing options for people diagnosed with opioid use, or other substance use disorders.



Legal Issues

Information on legal issues and their citations are listed here for your information and are only a brief review of potential issues. Please consult local officials and an attorney regarding compliance with these regulations or any others.

Legal Issues Surrounding Recovery Housing in Tennessee

To understand the zoning laws in Tennessee around recovery housing, it's important to understand the relationship between the Americans with Disabilities Act (ADA) of 1990 and substance use disorder. The ADA prohibits discrimination against people with disabilities and ensures them the same rights as everyone else to participate in activities of society.

Under the ADA, substance use disorders (SUDs) are considered disabilities, and people with SUD are protected from discrimination. The SUD must be diagnosed by a practicing, licensed physician, and there are some nuances to the definition.

Alcohol addiction, whether current or past, is considered a disability under the ADA, but the ADA only allows protections for those in recovery and not currently engaging in illegal drug use. People prescribed suboxone or other medications for SUD are defined as in recovery and protected under the ADA (see American Addiction Center's FAQ at americanaddictioncenters.org/rehab-guide/addiction-disability for more details). Though the ADA does not pertain to housing discrimination, it does provide protection in the administration of municipal services.

According to Tenn. Code Ann. § 13-24-102, homes for people with disabilities are classified as "single family residences" as long as they conform to certain rules: "For the purposes of any zoning law in Tennessee, the classification 'single family residence' includes any home in which eight or fewer unrelated persons with disabilities reside, and may include three additional persons acting as support staff or guardians, who need not be related to each other or to any of the persons with disabilities residing in the home."

Therefore, recovery houses are properly located in neighborhoods zoned for single family residences.

There are other national laws regarding housing discrimination, such as the Fair Housing Act (FHA). While the FHA prohibits discrimination in the provision of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin, it defines "handicap" very specifically to exclude "current, illegal use of, or addiction to a controlled substance." As such, the FHA does not protect individuals with substance use disorder from housing discrimination.

Recovery housing can be provided as allowed in a single family residence and, as such, are subject to the rules of that household or program (see the program form in the *Appendix*) or it can be provided through a rental agreement.

Tennessee has established rules and standards for rental housing and access. One important statute is the Tennessee Uniform Residential Landlord and Tenant Act (Tenn. Code Ann. § 66-28-101).

The Act states that the landlord shall "(c)omply with requirements of applicable building and housing codes materially affecting health and safety; (m)ake all repairs and do whatever is necessary to put and keep the premises in a fit and habitable condition; (k)eep all common areas of the premises in a clean and safe condition; and in multi-unit complexes of four (4) or more units, provide and maintain appropriate receptacles and conveniences for the removal of ashes, garbage, rubbish and other waste from common points of collection subject to § 66-28-401(3)."

By statue, the Landlord Tenant Act only applies in counties with a population greater than 75,000 as of the 2010 U.S. Census. These counties include Anderson, Blount, Bradley, Davidson, Greene, Hamilton, Knox, Madison, Maury, Montgomery, Rutherford, Sevier, Shelby, Sullivan, Sumner, Washington, Williamson, and Wilson. Tenants in these counties can file a complaint with the Tennessee Consumer Affairs Division.

Legal Issues

Filing a complaint does not result in a home visit. Consumer Affairs will attempt to contact the landlord to help mediate the situation. If the landlord agrees to mediation, then mediation can occur. If a landlord does not agree to mediation, then legal action is the standard response.

The Tennessee Department of Health's FAQ for renters (https://www.tn.gov/health/cedep/environmental/healthy-homes/hh/renters.html) is included in the *Appendix* of this Toolkit. The webpage includes one-pagers on renters' rights, which differs based from county to county.

Tennessee has also established minimum standards for rental housing as per Tennessee Code Annotated § 68-111-101 through § 68-111-108 in Chapter 1200-1-2. The rules cover basic equipment and facilities, light and ventilation, temperature, and sanitation.

The Fair Housing Act

This is federal legislation and Tennessee also has a TN Fair Housing Council (tennfairhousing.org)

§ 3604. DISCRIMINATION IN THE SALE OR RENTAL OF HOUSING AND OTHER PROHIBITED PRACTICES (f) (1) To discriminate in the sale or rental, or to otherwise make unavailable or deny, a dwelling to any buyer or renter because of a handicap of—

(A) that buyer or renter,

(B) a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or

(C) any person associated with that buyer or renter.

(2) To discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling, or in the provision of services or facilities in connection with such dwelling, because of a handicap of—

(A) that person; or

(B) a person residing in or intending to reside in that dwelling after it is so sold, rented, or made available; or

(C) any person associated with that person.

The Fair Housing Act (FHA) provides that "handicap" means, with respect to a person—(1) a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance.

Reasonable Accommodation under the Fair Housing Act are defined at 42 USCS § 12132:

(3) For purposes of this subsection, discrimination includes—(B) a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling;

The Americans with Disabilities Act

The ADA does not pertain to housing discrimination, but it does provide protection in the administration of municipal services. The ADA definition of discrimination based on disability is as follows: "Subject to the provisions of this title, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity."

Discriminatory Practices Under the ADA, - §42 USCS § 12182(b)(2)

(i) the imposition or application of eligibility criteria that screen out or tend to screen out an individual

with a disability or any class of individuals with disabilities from fully and equally enjoying any goods, services, facilities, privileges, advantages, or accommodations, unless such criteria can be shown to be necessary for the provision of the goods, services, facilities, privileges, advantages, or accommodations being offered. This includes access to service animals, physical accommodation, and Medication Assisted Treatment (MAT). Access to MAT should not be prohibited or limited for staff or residents by the owner or operator of a recovery home" (visit www.ada.gov/file-a-complaint to register an ADA complaint).

Associational Protection—42 U.S.C. §12182(b)1(A)

(iv) Individual or class of individuals. For purposes of clauses (i) through (iii) of this subparagraph, the term "individual or class of individuals" refers to the clients or customers of the covered public accommodation that enters into the contractual, licensing or other arrangement.

(E) (iv) Individual or class of individuals. For purposes of clauses (i) through (iii) of this subparagraph, the term "individual or class of individuals" refers to the clients or customers of the covered public accommodation that enters into the contractual, licensing or other arrangement.

Department of Housing and Urban Development (HUD)

Under HUD regulations a handicap means, with respect to a person, a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being

regarded as having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance. As used in this definition:

(a) Physical or mental impairment includes:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or

(2) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

Other HUD Definitions:

(b) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(c) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

(d) Is regarded as having an impairment means:

(1) Has a physical or mental impairment that does not substantially limit one or more major life activeties but that is treated by another person as constituting such a limitation;
(2) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of other toward such impairment; or
(3) Has none of the impairments defined in paragraph (a) of this definition but is treated by another person as having such an impairment.

Safety Inspections

Information on inspections and codes process may be subject to federal or local regulation depending on the issue. The **International Building Code** is the most universally accepted standard and is the primary source of information in this Toolkit. Tennessee state law typically cites these regulations, and many of those citations are listed in this section. In some cases, local codes are cited below as examples of how the regulations can be presented.

While regular city or fire marshal inspections are necessary and may be required, your facility should have regular fire safety inspections conducted by staff. Having routine fire drills should be a part of your

facility's policy and practice. TAADAS recommends maintaining general liability insurance for your facility, consulting your local officials and an attorney regarding compliance with these regulations, and reviewing the fire safety and general safety checklists in the *Appendix*.

Fire Safety

Section 1026.1 of the 2006 Edition of the International Building Code dictates that in addition to the means of exit required within the chapter itself, provisions shall be made for emergency escape and

rescue in Group R as applicable in Section 101.1 and Group I-1 occupancies. Every sleeping room on the first, second, third and fourth story or within basements of Group R occupancies must have at least one operable window or exterior door approved for emergency exit or rescue. This exit must open directly into a public street, public alley, yard or court.

Recovery Homes that don't provide any clinical services are generally zoned as single family residences or R1. (see next page for definitions of zoning classifications.)

Exceptions:

1. Group R1 occupancies with an approved automatic sprinkler system in accordance with Section 903.3.1.1.

2. Group R1 occupancies with sleeping rooms provided with a door to a rated corridor or balcony with access to two remote exits in opposite directions.

3. The emergency escape and rescue opening may open onto a balcony within an atrium provided the balcony provides access to an exit and the dwelling unit or sleeping room has an exit not open to the

atrium.

Safety Inspections

Every building, whether a family home, recovery residence, or program space should have a regular means to show residents all safety systems; to regularly check all safety and egress systems; and should have a supply of naloxone on hand.

EXAMPLE: January 28, 2022 Codes in Davidson County, TN: Exceptions 17.04.030

"Family" means one of the following:

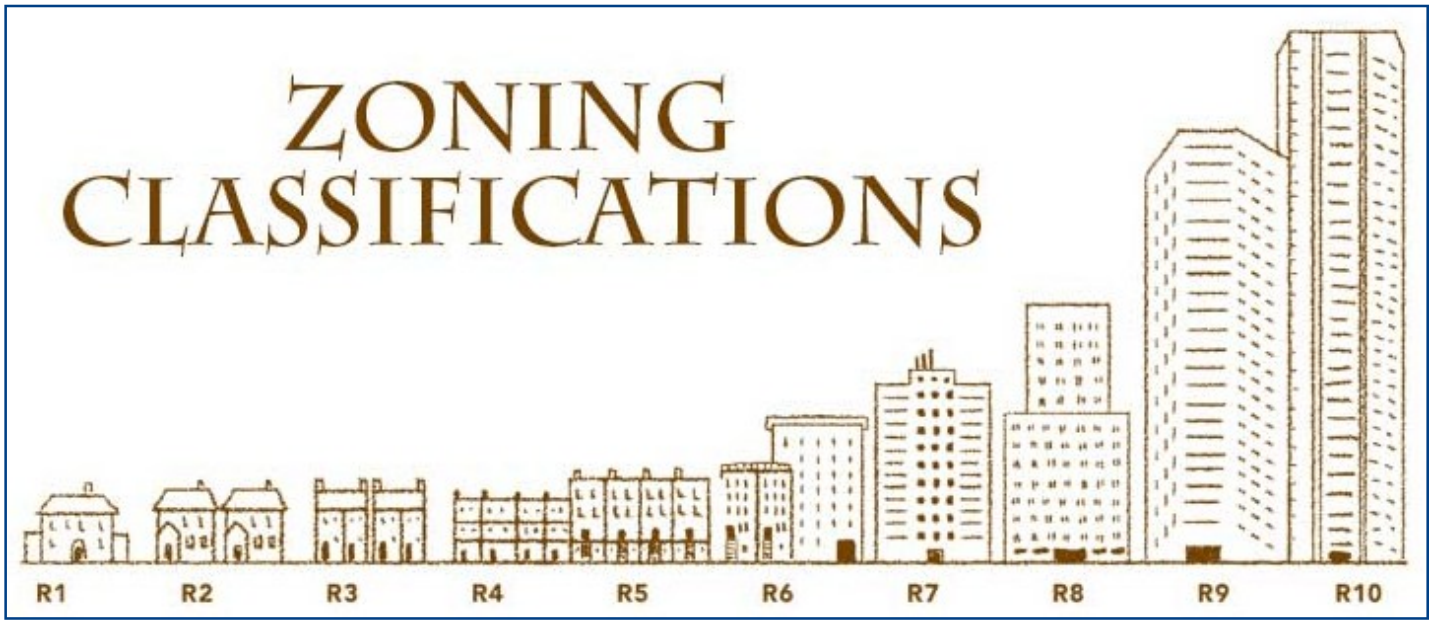
1. An individual, or two or more persons related by blood, marriage or law, or, unless otherwise required by federal or state law, a group of not more than three unrelated persons living together in a dwelling unit. Servants and temporary nonpaying guests having common housekeeping facilities with a family are a part of the family for this code;
2. A group of not more than eight unrelated mentally retarded, mentally handicapped, or physically handicapped persons, including two additional persons acting as house parents or guardians, living together as a single housekeeping unit in accordance with Tennessee Code Annotated § 13-24-102. For purposes of this subsection, "mentally handicapped" and "physically handicapped" includes persons being professionally treated for drug and/or alcohol dependency or abuse. For the purposes of this subsection, "mentally handicapped" does not include persons who are mentally ill and, because of such mental illness, pose a likelihood of serious harm as defined in Tennessee Code Annotated § 33-6-501, or who have been convicted of serious criminal conduct related to such mental illness.

Tennessee Code Annotated § 13-24-102 is referenced and reproduced in the "Legal Issues" section of this Toolkit; see page 17.

Section 13-24-103 - Precedence over other laws. This part takes precedence over any provision in any zoning law or ordinance in Tennessee to the contrary. T.C.A. § 13-24-103 Acts 1978, ch. 863, § 2; T.C.A., § 13-2403.

Zoning

Single family residence categories are listed according to the size and nature of the space but generally are indicated by the letter 'R' in the zoning designation. Other types may include agricultural, commercial or industrial facilities.



Staff Management

Both nonprofit and for-profit organizations generally have employees and sometimes interns. Nonprofit organizations may also have community service workers and volunteers. The specific differences in these two entities are explained more in section 2 of this Toolkit. Whatever their role, each worker should have a clear understanding of who supervises their work, how often, and in what form that supervision occurs. Recovery home leadership should proactively address integrating these workers into a recovery housing environment where they can work together effectively.

Nonprofit organizations generally begin with a few employees and build their staff over years as the organization grows. An organizational chart can take on many branches as services expand or growth occurs. Employees have paid positions with a job description, set hours, and set pay determined by the organization and agreed upon by both parties. They have certain expectations of their employers and generally can move up into different positions as they learn new tasks or receive more training. Employers want to hire committed candidates who will show up and contribute to the cause of the organization.

Recovery housing operators have a responsibility for screening, training, and supervising staff and volunteers. Recognizing that many persons with lived experiences and criminal records are drawn to the field, a conviction history may not be an automatic disqualifier. While operators may look beyond offenses related to possession and use of substances, a history of violent offenses should be considered a red flag. The operator should realize their own risk and that of their residents in hiring individuals with this type of history.

In the nonprofit world, there are no occasions for “that’s not my job” statements. When tasks need to be done, a team approach is appreciated and generally expected. One management tool is a strengths-based approach when an employee, during the first few months of employment, may show a high level of involvement or preference for one project or task over another. Many nonprofits allow volunteers to cultivate those strengths and possibly teach others in a peer-led atmosphere. Under this model, individuals who are not confident or familiar with certain skills or tasks can learn from another employee who is well-versed in those areas. Under this approach, people are continually engaged in teaching and learning from one another.

Appreciation is also a helpful tool in managing employees. If employees feel useful, helpful, and appreciated in their work, they will have a better outlook and work experience in general. Nonprofit work is usually goal-, cause- or outcome-based, and employees generally share the same mission and vision of the organization where they are employed. Positions can be full-time, part-time, or PRN and will be included in an organizational chart at the level of the position for which they are hired.

Interns are usually referred by a local college so that a student may get practical work-related experience in a short amount of time. They have flexible schedules and hours to fit around their class work and are generally unpaid; however, they show up when expected and perform job duties as if they were a paid employee. They are challenged to apply their specific learning and course of study and explore job opportunities in their field. They have defined goals, and progress is measured by their supervisor for college credit. If you would like interns at your facility, you can reach out to a nearby state college department of social work.

Staff Management

Community service workers are usually ordered by a judge or specialty court to complete a set number of hours by a certain date to satisfy a sanction or sentence. These workers must be supervised and documented, and their work communicated to the court system. Community service workers are interviewed about their specific skills and talents before assigned hours. This prevents them from engaging in meaningless tasks and boosts their self-esteem. They may enjoy yard work, cleaning, painting, sorting donations, or even cooking. Some community service workers may be unhappy about being required to complete these hours. They are not paid, and even though scheduled, may not show up. If treated with respect and a positive attitude, they will show up repeatedly until their work hours are completed. You may even find they will continue to work after they complete their volunteer hours.

Volunteers Needed!

Your local Recovery Home

We need your help with a variety of opportunities including:

- Tutoring
- Painting
- Teaching classes of interest
- Sorting donations

You pick the dates and times you would like to help!

To start the process, please print this form and fill in the contact information below. Bring or Mail the form to our location:

123 North Anywhere Street
Kindness, Tennessee, 00001
OR
Localrecoveryhome@abc.net

Name	
Adress	
City, Sate, & Zip	
Phone	
E-Mail Address	
Area of Interest	
Days of Week & Time Available	

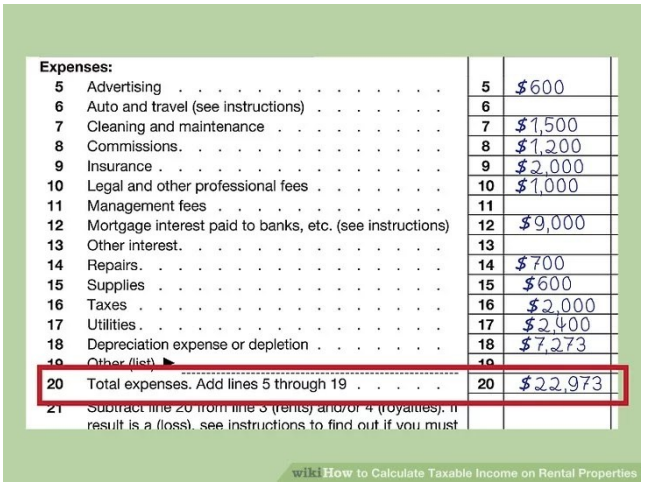
Volunteers are part-time unpaid individuals who donate their time and/or services to an agency. They may be part of a work group, religious group, or simply believe in the organization's mission. A volunteer may only visit an organization once but may later become a valuable resource. Volunteers don't work for the organization and are best managed with a team approach. It's important to use the word "we" when communicating with them so they feel part of the mission. Volunteer schedules can be flexible and they may sign up for a specific project or an annual event. When appreciated, volunteers will show up again and again (see the volunteer form above, also included in the *Appendix*). Remember to show appreciation and communicate the value and impact of the tasks volunteers provides within your agency.

Rent and Cost of Providing Services

In general, it costs more to live in a recovery residence with a higher level of care. Costs vary widely, correlated with market price of local housing and the level of support provided. Of the four Levels of Support identified by some certifying agencies, the higher ones tend to be more expensive because they must meet higher standards for staffing levels and services provided. However, the Levels of Support are *not* a quality rating system. A variety of services within and across Levels of Support should be available to meet people's recovery support and financial needs throughout their recovery process.

Payment terms vary, but residents can expect to pay monthly or weekly fees. They usually sign an agreement committing themselves to a minimum length of stay and adhering to clearly stated house rules that support the recovery of the person and the community. Typically, there is a refundable deposit or a non-refundable

administration fee required on or before move-in. There also may be additional fees or fines for items like extra services or late payments; these should be clearly listed in the agreement.



Expenses:		
5 Advertising	5	$600
6 Auto and travel (see instructions)	6	
7 Cleaning and maintenance	7	$1,500
8 Commissions	8	$1,200
9 Insurance	9	$2,000
10 Legal and other professional fees	10	$1,000
11 Management fees	11	
12 Mortgage interest paid to banks, etc. (see instructions)	12	$9,000
13 Other interest	13	
14 Repairs	14	$700
15 Supplies	15	$600
16 Taxes	16	$2,000
17 Utilities	17	$2,400
18 Depreciation expense or depletion	18	$7,273
19 Other (list) ▶	19	
20 Total expenses. Add lines 5 through 19	20	$22,973
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must		

wikiHow to Calculate Taxable Income on Rental Properties

Sustainability

Most recovery residences, particularly types P and M, are primarily self-funded through resident contributions. In contrast, recovery residences offering higher levels of support—such as clinical or structured recovery services—often receive additional funding from federal, state, or private sources. Some communities also provide housing assistance funds, and collaborating with existing housing providers can offer valuable insights and potential partnerships.

Historically, recovery residences have been self-funded and community-driven, eventually becoming self-sustaining through the collective efforts of residents and volunteers. Start-up costs are typically financed by the housing provider, an investor, a grant, or a nonprofit organization. Residents are expected to work, pay rent, and contribute to the household as part of their recovery journey. When residents are unable to meet their full financial obligations, housing providers often offer short-term scholarship beds or access other local funding resources. Volunteer staff and peer leadership are essential to the financial and cultural sustainability of these homes.

The least structured types of recovery housing typically rent or buy residential properties, avoiding large capital investments. Their largest start-up expenses are usually capital improvements and furnishings to accommodate residents. Maintenance and utilities represent the main ongoing operational costs.

Facilities that are more structured or offer clinical services require more substantial investment due to higher staffing needs, administrative costs, and higher investment in facilities and equipment.

Overall, recovery residences are not designed to be highly profitable ventures. Many individuals entering recovery lack the financial resources to afford even modest housing costs. Additionally, occupancy rates fluctuate, and operational expenses can be significant. It often takes several years for a recovery residence to recover start-up costs and achieve steady, positive cash flow.

Accountability

Whether rent is collected weekly, monthly, or other cycle, it is important that you provide each resident a receipt when they make their payment. Ensure that any rent payments allowed under federal and state law are covered by a relinquishment of public assistance benefits such as SNAP, TANF, or other assistance is acknowledged by the resident and given voluntarily as part of the rent payment. It is imperative that recovery residence operators understand the potential for their own legal consequences for any mandatory benefits procurement and relinquishment. Accounting for collected rent from clients residing in recovery residences requires a high degree of accountability and integrity.

Landlord Tenant Law and Recovery Housing

Recovery housing can be provided per a landlord/tenant agreement or as an exception to Uniform Residential Landlord and Tenant Act under TCA 66-28-102 (c)(1). Under this law, recovery residences may provide sober living as part of a program in a single family residence, an institution, or as if the site were a hotel, treating residents as visitors, subject to removal based on the guidelines of that site. See legal issues section for additional information.

TCA 66-28-102 also states that "(r)esidence at an institution, public or private, if incidental to detention or the provision of medical, geriatric, educational, counseling, religious, or similar service" is not governed by this chapter.

House Guidelines

Recovery housing can be provided per a landlord/tenant agreement or as allowed under TCA 66-28-102 (c) (1). Sober living may be provided as if the site were a hotel, treating residents as visitors—subject to removal based on the guidelines of that site. Therefore, it is important to document the status of your facility as well as the guidelines for expected conduct.

All recovery residence guidelines or rules should be written and posted, with a copy given to each resident. If you choose to use a written application process, the application should reference any guidelines and include access to a copy.

<u>Categories to consider for house guidelines:</u>

Exit immediately for the following (could include access to respite) examples:

- Substance use
- Clients' rights and grievance procedure
- Violence and/or threats of violence (physical, verbal, sexual or otherwise implied; this includes towards others and self)
- Bringing or using any kind of weapon on the property
- Destruction or stealing of property
- Continued problems, breaking the rules and disruptive behavior

Other rule categories:

- List of rules
- List of contraband
- Length of stay
- Work/job search
- Transportation (i.e., riding with staff)
- Rent expectations
- Health and safety (fire exits, bedbugs, etc.)
- Possessions
- Community areas, such as television and entertainment centers
- Laundry, including linens
- Meals / food
- Phone use and access
- Smoking
- Curfew / leaving the facility
- Visitation
- Emergency situations, including releases of information
- Drug screens, with clear expectations regarding witnessing of the test
- Grievance process
- Moving out/discharge process

A review of the rules should be part of the admission process and should include a signed resident acknowledgment of the rules and grievance process.

Being a Good Neighbor

There is sometimes an attitude or opinion called “Not In My Back Yard” (NIMBY) when people oppose the siting of projects or developments close to their homes. Being a good neighbor will help the community accept the residents of your recovery home. Recovery homes need to be accessible and responsive to neighborhood concerns, especially if the neighborhood is predominantly renters or homeowners. These neighbors prefer to know people living in their community and may feel unsettled with a rotating group of residents but over time may become more accustomed to the situation.

What if you cultivated a feeling of gratitude among your neighbors? Looking out for others makes you a good neighbor. If you keep a watch on your home using cameras and you notice loose shingles on the house next door; tell them. If you have tools to loan your neighbors, do so. Join or start a neighborhood watch. Make yourselves irreplaceable, and be the neighbors you would like to have.

Your residents may find this a difficult rule to understand if they have not lived in a community with a sense of shared responsibility. As adults, caregivers, clinicians, or peer support, we tend to believe that others know what we do. Even when working with newcomers, sometimes we assume that their moral compass somehow resembles ours. Our clients may have never been taught the basic skills to be a good neighbor. When we remember that our residents may know nothing about being a good neighbor, we can celebrate and applaud them when they demonstrate neighborly actions and attitudes.

There will be times that residents leave your program without notice. One of the biggest concerns for the community surrounding your recovery home are the issues that arise when those residents have no means for transportation, housing, or sustenance. Planning for urgent exits will enable you to offer the appropriate assistance in these circumstances. Consider how respite care could help mitigate some of these urgent exits.

Consider guidance for your residents that reflects the nature of the neighborhood and the population that you serve. The guidelines below are taken from a provider in an urban setting:

1. Do not walk in the neighbors’ yards or park on the street.
2. Do not throw trash or cigarette butts in our yard or theirs.
3. If you smoke, it must be outside, and if you are outside, wear clothes—not underwear or pajamas.
4. No music on the porches or outside, even in a car if other people can hear it outside of it.
5. No squealing tires, revving motors, or repairing vehicles on property.
6. No loud voices on the porch or yelling across the street—ever—but especially not after 9 PM.
7. No walking up and down the sidewalk or in the yard on a cellphone. If you need privacy for a conversation, please go to your room.
8. No sitting in cars in the driveway—yours, your family’s or your sponsor’s.
9. No swearing or vulgar language or conversations outside. This includes “war stories.” (If you wouldn’t tell your grandma, they don’t want to hear it).
10. If you see something, say something or do something. If you see trash, pick it up, even if it’s not yours. If your housemates are being loud outside, ask them to lower the tone. If you hear swearing, remind them we have neighbors. And by all means, if you hear “war stories,” remind them how grateful we are that we don’t have to live like that anymore and turn the conversation toward recovery! We lead by example.

Testimonial: Being a Good Neighbor

"We had one sweet lady, Miss Mary, that owned her home and lived next door, so we went to meet her with a plate of sweets on move in day. We offered to mow her grass that summer every week as we mowed ours. We also had some girls with clean time volunteer to help her clean out her cabinets and make meals for her on occasion. I gave her my cell number to call me if anyone disturbed her or was bothering her in any way. She never did. In fact, when 'Pill-Popping Peggy' got kicked out, she called to ask me to please get that house for my folks, because 'we don't want any more of those undesirables in our neighborhood.' Miss Mary moved to an assisted living facility two years ago, but we still stay in touch and have been friends for almost fifteen years.

"We took old ugly houses and gave them a facelift. We painted porches, planted rose bushes, cleaned up the fence lines, and mulched the flower beds in the spring. We eventually met all of our neighbors, offered to be good neighbors, showed them kindness and eventually got the undesirables out. From that one house, we now have nine on this street and have purchased seven of them. We have cut up trees that have fallen in neighbors' yards, cleaned up for folks after flooding, picked up trash all over our neighborhood and adopted our street."

"We are members of the Chamber of Commerce and do volunteer work with them. We show up for our neighbors and neighborhood. Most of our folks have spent some time in jail, so a part of our program is to give back to the community we took from for so many years. This integrates our people in the community and teaches social skills they may have never known. An old-timer told me early on: 'To build self-esteem, do estimable acts.'"

Resident Engagement

Recovery housing can create an empowering environment centered on resident participation and personal growth, both of which are essential for achieving lasting recovery. By actively engaging in the recovery community, individuals cultivate a strong sense of ownership and accountability that

enhances their commitment to recovery and self awareness. Opportunities for growth within recovery housing offer pathways to further personal and professional development, equipping residents with the

necessary skills for independent living and long-term success. As you identify residents' skills or interests, you can link them to vocational training and employment support programs, including job readiness assistance and partnerships with local businesses that help residents build career skills and achieve financial independence.

There are many ways to build this kind of engagement. Some ways to support residents' recovery is to promote skill building activities (see "Recovery Capital" on page 29). Other ways to promote engagement are:

- Participation in supportive activities, such as weekly house meetings and mentorship programs helps create a vibrant network of encouragement and accountability. Allowing residents to voice their opinions on house rules, conflict resolution, and daily operations fosters a sense of worth and investment in their living space.
- Structured routines that include daily responsibilities, planned activities, and personal goal setting help residents build the healthy habits essential for lasting recovery. Recovery housing also provides valuable opportunities for personal and professional growth, allowing residents to gain vital skills for independent living and long-term success.
- Vocational training and employment support programs, which include job readiness assistance and partnerships with local employers, empower residents to develop career skills and achieve financial independence.
- Leadership development opportunities, like house management roles and mentorship positions, build confidence and a sense of responsibility, enabling individuals to act as role models within their housing and in the community.
- Educational initiatives like GED programs, community colleges, financial literacy programs, relapse prevention training, and life skills workshops provide residents with the knowledge and tools

  necessary for success after recovery housing.

Recovery housing emphasizes resident participation and growth opportunities, cultivating self-sufficiency, stability, and lasting success in sobriety while enriching the entire peer-led recovery model.

Long-term recovery planning, encompassing graduated levels of care, alumni programs, and aftercare support ensures continued stability as individuals transition to independent living. By prioritizing resident participation and growth opportunities, recovery housing promotes self-sufficiency, stability, and enduring success while embracing the peer-led recovery model.

Recovery Capital

Recovery housing is recovery capital for an individual.

According to author and researcher William White, the concept of recovery capital was introduced by Robert Granfield and William Cloud in a series of articles and their book *Coming Clean: Overcoming*

Addiction without Treatment. Granfield and Cloud define recovery as the volume of internal and external assets to initiate and sustain recovery from severe alcohol or other drug problems. White states, "Recovery capital is conceptually linked to natural recovery, solution-focused therapy, strengths-based case management, recovery management, resilience and protective factors, and the ideas of hardiness, wellness, and global health."

There is an added functionality to this concept, however. The resources, or capital, a person needs

depend heavily on the severity of a person's substance use disorder and the resources they already have available. A person who has severe substance use disorder but little recovery capital, is more likely to benefit from professional treatment and post-treatment support services. However, a person with moderate or severe substance use disorder and high recovery capital may require fewer resources to find and maintain recovery.

In other words, recovery capital is the total resources that a person has available to find and maintain their recovery. Put simply, recovery capital can help sustain recovery and reduce the risks of returning to use by increasing a person's support system. Recovery capital can determine the success of natural and assisted recovery, improve coping strategies and enhance the quality of life in long-term recovery, and end addiction careers. We must be mindful of increasing resources to marginalized communities when addressing recovery capital.

Accessing supports necessary to cultivate recovery capital while living in a recovery residence is key to helping a resident maximize the value of their stay and make a successful transition to independent living.

Information on the Recovery Capitol Index definition and tools can be found at:

RecoveryCapital.io

Recovery Capital

Recovery capital is such a critical part of building a life of long-term recovery that as recovery housing providers, you must look at ways to support your residents in the process. Of course, different forms of recovery housing will be able to help different residents.

One way to begin the process is to sit down with your client and conduct an assessment to determine the areas in which they have built a strong foundation in recovery capital and where they need extra support.

The assessment could look at some of the following areas:

Supports

This can include family, recovery support, Twelve Step programs, church or other spiritual supports. Is the support person heavily involved in the person's life and if so, is the support a positive influence on the person? If not, does the client know how to set boundaries with that person ?

Skills Assessment

There are many ways to assess someone's skills. What skills does the client have that will lead to a successful recovery and beyond? What are some areas that the client can focus on for growth? What behaviors or ideas are preventing the client from being successful?

Relapse Prevention

Building and maintaining recovery capital will go a long way toward preventing relapse. In the relapse prevention process, residents will learn about triggers—they are inevitable — and what to do when they occur. Each residence will have their own guidelines and expectations if the resident relapses. However, by helping the residents — or guiding them to people who can work with them on building recovery capital — the rate of relapse is lessened.

Self-Improvement

Most recovery residences are not set up to provide counseling. However, residences can direct clients to resources for treatment of trauma and mental health issues, especially since co-occurring disorders are common among people with a history of substance use disorders. Self-improvement can also look like healthy eating, exercise, and education. Since each person is unique, each aspect will look

different, but anything to build confidence and self-esteem will work towards long-term success.

Educating Others

Many people entering recovery residences have harmed others with their substance use, and their families or other supports do not understand why they return to using the substance of choice. By teaching residents about recovery, you empower them to educate those in their lives about addiction and ways to support them without causing more harm. The owners of recovery residences have a unique opportunity to help dispel myths around addiction and break the stigma that can keep people in the cycle of relapse-recovery.

SAMHSA's working definition of recovery is "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential." So recovery is defined by the person and has many facets.

The extent to which each residence can help its residents in assessing their own recovery capital will vary depending on the type of housing. There are wonderful resources available to support each residence in determining what will be feasible for their housing. You may not be able to provide all the support listed, but you can connect them with resources that can. You can find some of these resources in the *Appendix*.

Referral Process & Transitions

Admission to a recovery residence and determining any transition issues require making detailed inquiries. A sample admission screening form is in the *Appendix*. Please note that entering into a group living situation is stressful. While it may seem like a point of accomplishment and happiness, good stress is still stress and should be acknowledged to the resident. Best practices for referrals and transitions in recovery housing are crucial for ensuring continuity of care, maintaining supportive environments, and promoting long-term recovery. **Best practices are in bold font in this section.**

A sober living home supports an individual's recovery. It is an alternative to going from an immersive care environment directly to an unstructured home environment. Because sober living homes replicate normal, everyday life situations while instilling healthy habits, they help reduce the chance of relapse. They also enhance the skill building that needs to take place for newly sober individuals to be successful in the community. As a result, being aware of transition issues and managing this process is something a recovery home should incorporate into the admission and discharge processes.

- **Develop a Clear and Consistent Referral Process:** This will help alleviate some of the challenges of the transition but also provide the basis for any supports the resident will need.
- **Define Eligibility Criteria**: Establish clear eligibility criteria for accepting residents into the recovery housing program. This might include the level of substance use, mental health needs, readiness for a recovery environment, and other relevant factors.
- **Use a Collaborative Approach**: Work with referring agencies like hospitals, detox centers, probation/parole officers, treatment centers, and community organizations to ensure that they understand the program's requirements and can appropriately refer clients.
- **Utilize Screening and Assessment Tools**: Conduct thorough screenings and assessments to ensure that incoming residents are a good fit for the recovery housing environment; assess their medical, psychological, and social needs before admission.

Some of the most common challenges when transitioning after rehab include:

- Feelings of isolation
- Missing your rehab support counselors and therapists
- Not being able to relate to others such as friends and family
- Feelings of guilt, shame, or judgment from family members
- Lack of purpose or direction
- Facing familiar drug or alcohol use triggers
- Facing issues from one's life prior to rehab (financial, career, social, etc.)
- Feelings of depression, anxiety or general stress
- Being overwhelmed by the amount recovery work ahead.

Once admitted, sober living homes can help residents with actions that will guide them throughout recovery such as:

- Making amends with friends and family members affected by one's substance abuse
- Finding a job or occupation
- Locating long term housing
- Adjusting to sober living in an unstructured environment.

Recovery homes can help residents develop a recovery plan. Sometimes these plans are initiated in

treatment environments. Following a carefully designed plan that addresses relapse prevention allows residents to identify triggers that may entice them to use once they are living in the community. Triggers are also identified after they return to the community and will need additional clarification. Identify healthy coping skills and emergency contact numbers for times of high-stress or high-cravings/urges so that your residents know what to do and have healthy ways to manage triggers in daily life. The *Appendix* contains a sample relapse plan. Working towards recovery capital is covered in a following section.

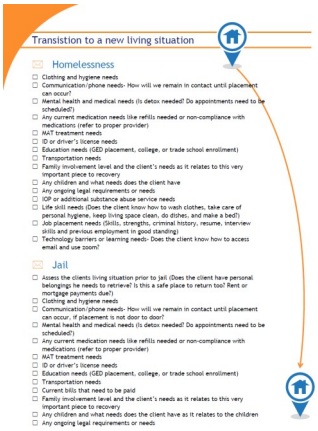
Integrated Care and Collaboration

No one recovers alone. Substance use fosters isolation with your and modeling care coordination for your residents will help them see the benefits of working with a team and finding community.

- **Coordination with Treatment Providers**: Maintain open communication and coordination with treatment providers, including outpatient services, therapists, and case managers. This ensures that residents receive holistic support and services throughout their stay, which will foster better outcomes for residents.
- **Wraparound/Case Management Services**: Facilitate access to wraparound services such as vocational training, legal aid, health services, and peer support by creating networks. This helps address the broader needs of residents as they transition into or out of the recovery housing environment.
- **Cross-Training Staff**: Train staff on how to recognize when a resident might need a higher level of care or specialized services and how to connect them with these services.

Gradual Transitions for Stability

The recovery residence should consider outlining steps for transitioning to the next type of living situation for the resident. This inspires hope and clarifies the skill building that is needed for this transition. Clarifying the steps for transitions will help the resident visualize and identify progress as well as create a new daily routine. Many of these steps will involve planning for needed funds. Key entry transition points include jail, homelessness, and MAT programs which are identified in a checklist (right) in the *Appendix*. There is a template recovery plan in the *Appendix* as well.



- **Step-Down Approaches**: Implement step-down housing options where residents can move from more structured environments to more independent living situations. This helps ease the transition into greater self-sufficiency.
- **Continuity in Peer Support**: Encourage residents to maintain connections with peers from the recovery housing program even after transitioning to other living arrangements. This ongoing support can be vital for long-term recovery.
- **Follow-Up and Check-Ins**: Periodically check in with residents who have transitioned out of the housing program to ensure they continue to have support and address any challenges they may encounter in their new living situation.

Person-Centered Transition Planning

Making individualized recovery plans with each resident will help you plan for the needs of all the residents in your recovery home. Every transition has consequences for the all the people living in your home. Helping residents understand the importance and ramifications of transitions will help your home remain a stable living environment.

- **Individualized Transition Plans**: Create individualized plans for residents moving into or out of the

recovery housing. This plan should address their specific needs, goals, and support systems.

- **Warm Hand-Offs:** Where possible, facilitate warm hand-offs rather than just providing contact information. This could include making a personal introduction between the resident and the next care provider or accompanying the resident to their first appointment with a new service provider.
- **Support Network Engagement:** Engage family members, peers, or other support systems during transitions. This will foster a sense of community and stability for the resident.

Documentation and Confidentiality

Informed consent should ensure residents understand and fully consent to the information being shared during the referral process. Identify who will receive their information and why it is being shared. You are building trust and engagement with your residents during this process.

- **Accurate Documentation:** Keep detailed records of referral sources, the needs of each resident, and the outcomes of the referral process. This information is valuable for improving future referrals and understanding patterns in resident needs.
- **Confidentiality Protocols:** Maintain strict confidentiality throughout the referral and transition process, and where health information is retained, ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other privacy regulations. Share information only with parties who have the appropriate consent and need-to-know basis.

Empowerment and Resident Choice

Assisting residents to take control of their own life and choices is very rewarding for the resident and home operator. This process can be inspiring or very daunting to those who have little experience making good choices. Letting residents make mistakes in a safe environment helps them understand how to take responsibility for their actions and learn new coping skills.

- **Involve Residents in Decision Making:** Involve residents in planning their transitions and selecting new housing or services. Empowering them in the decision-making process increases their engagement and ownership of their recovery journey.
- **Flexible Transition Timelines**: Recognize that each resident's needs are different, and some may require more time than others to transition. Flexibility with timelines helps reduce anxiety and prevents premature discharge.
- **Empathy and Compassion**: Practice empathy and compassion during the referral and transition process. Acknowledge the emotional aspects of change for residents and provide reassurance and support throughout.

Feedback and Continuous Improvement

These practices aim to create a seamless process in which residents feel supported, respected, and equipped to continue their recovery journey. By focusing on person-centered approaches and fostering collaboration between all parties involved, recovery housing can be an integral part of a comprehensive recovery ecosystem. Many certification and licensure entities are looking for data driven practices and decision making.

- **Solicit Feedback**: Collect feedback from residents about their experience with the referral and transition process. This can be done through surveys, focus groups, or individual conversations.
- **Adjust Processes Based on Feedback**: Use the feedback to improve the referral and transition processes, ensuring they remain resident-centered and effective.

  Quality Improvement Programs: Establish quality improvement programs to continually evaluate and enhance the effectiveness of referral and transition strategies.

Integrating MAT in Recovery Housing

Integrating Medication-Assisted Treatment (MAT) services into recovery housing requires careful planning and coordination to ensure a seamless transition for residents while supporting their recovery journey. Medications for addiction treatment are primarily used for treating those with an opioid use disorder but may also be used to treat alcohol use disorder. Medications can be used in every phase of treating these disorders to support a person throughout their long-term recovery. TennCare has a network of MAT providers that have been chosen for the excellence in providing these services called the "Be Smart Program." Aligning yourself with these providers will ensure that you have up-to-date knowledge of best practices in that field.

Maintenance medications may be used to:

- Ease cravings
- Support abstinence from drug use
- Moderate activity in damaged brain pathways.

SAMHSA's "Best Practices for Recovery Housing" has a list of considerations. Here are best practices for managing referrals and transitions in recovery housing with MAT services:

Clear Policies on MAT Acceptance

It is a violation of the Americans with Disabilities Act to discriminate against housing persons using MAT. Making it clear that your facility understands this requirement is important to convey and acknowledge to all residents and applicants.

- **Explicit MAT Policies**: Clearly define policies regarding the acceptance of residents using MAT, such as methadone, buprenorphine, or naltrexone. This includes specifying which medications are accepted and any requirements for residents using MAT.
- **Education for Staff and Residents**: Train staff on the benefits, risks, and myths about MAT. Ensure residents understand that MAT is a valid recovery approach to foster a supportive environment.
- **Consistency with Recovery Philosophy**: Ensure that the approach to MAT aligns with the broader recovery philosophy of the housing program, focusing on safety, risk reduction, and the well-being of residents.

Coordinated Referral Process for MAT Services

- **Collaboration with MAT Providers**: Build relationships with local MAT providers, including outpatient treatment centers, clinics, and pharmacies. This helps create a referral network to ensure that residents have easy access to MAT services.

Seamless Integration of MAT into Resident Care Plans

- **MAT as Part of Individualized Plans**: Incorporate MAT into each resident's individualized recovery plan, ensuring it is considered as part of their overall treatment approach.
- **Medication Adherence Support**: Work with MAT providers to ensure that residents understand their medication schedule and have the necessary support for adherence. This might include providing secure storage options for medications.
- **Regular Coordination with MAT Providers**: Establish regular communication channels with MAT providers to monitor progress, address any side effects, and ensure the medication regimen remains effective and safe.

Integrating MAT in Recovery Housing

Supporting MAT in the Recovery Housing Environment

- **Creating a Stigma-Free Environment**: Address any stigma related to MAT use within the recovery housing environment. Educate residents about the role of MAT in recovery to foster a culture of understanding and acceptance.
- **Peer Support Integration**: Encourage peer support from residents who may be using MAT or have experience with it. Peer-led discussions and support groups can provide additional encouragement and reduce isolation.
- **Monitoring and Safety Protocols**: Implement safety protocols for MAT medication, including secure storage to prevent misuse or diversion, and regularly checking in with residents using MAT to address any concerns or challenges.
- **Stigma Reduction**: Incorporate empathy-based workshops for all staff to reduce stigma, challenge misconceptions, and promote a non-judgmental, inclusive approach to MAT.

Gradual Transitions and Step-Down Approaches for MAT Users

- **Flexible Step-Down Housing Options**: For residents using MAT, a gradual step-down approach can be beneficial. This might involve moving from more structured to less structured housing while maintaining access to MAT services.
- **Continuity of Care During Transitions**: When a resident transitions to a different housing option or back into the community, coordinate with MAT providers to ensure continuity of care. This includes arranging for continued access to medication and regular appointments with their MAT provider.
- **Follow-Up and Aftercare Planning**: Provide follow-up support and aftercare plans that include ongoing access to MAT, ensuring residents have resources like transportation to appointments and contact information for local MAT providers.

Data Management and Confidentiality

- **Compliant Information Sharing**: Ensure that data sharing complies with HIPAA regulations and respects the privacy of the resident. Obtain informed consent for any information sharing.
- **Documentation of MAT in Care Records**: Accurately document the use of MAT in residents' records, noting the type of medication, dosage, and any coordination with providers. This helps track progress and ensures informed care during transitions.
- **Resident Consent and Empowerment**: Empower residents by involving them in the process of sharing their information with MAT providers, giving them control over what is shared and understanding why it is necessary.

Feedback and Continuous Improvement with MAT Integration

- **Regular Feedback from MAT Residents**: Collect input from residents using MAT about their experience , focusing on how well their needs were met and any barriers they faced.
- **Review and Adjust MAT Policies**: Regularly review policies related to MAT in your housing, ensuring that they remain responsive to the needs of residents and aligned with best practices in the field.
- **Quality Improvement Efforts**: Use feedback to implement quality improvement strategies.

By integrating these practices, recovery housing programs can better support residents using MAT, ensuring a cohesive approach that respects each individual's recovery path. This approach emphasizes collaboration, individualized care, and a supportive, stigma-free environment, ultimately fostering a smoother transition and a higher chance of sustained recovery for residents using MAT.

Relapse Issues: Trauma-informed Policies

What does it mean to be trauma-informed?

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

(SAMHSA, *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach)*

What are ACEs (Adverse Childhood Experiences)?

When children experience abuse, neglect, or trauma, the potential for toxic stress exists and can affect brain development, future health outcomes, personal resilience, family dynamics, and ultimately

community well-being. There's scientific research that shows a link between exposure to ACEs and changes in our DNA. ACEs can affect not only children and adults today, they can affect future

generations. Scientific evidence also shows that resilience is possible.

Adverse Childhood Experiences/Adverse Community Environments (ACEs) are traumatic experiences that disrupt child development. The more exposure to trauma, the more likely there will be negative long-term consequences. Science tells us...

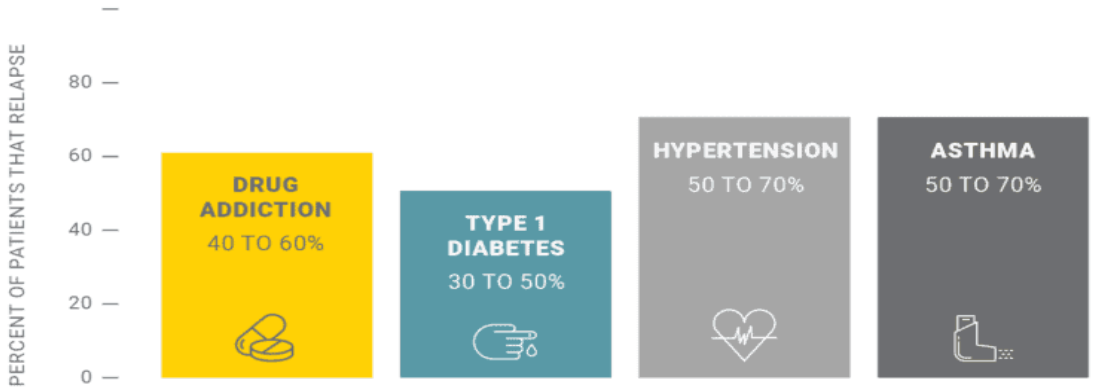
- our brains develop and have the most "plasticity" between birth and the age of 25
- toxic stress, when unaddressed, causes developmental setbacks in children's brains and potential lifelong challenges (emotional, physical, social) that may also impact future generations
- ACEs know no geographic, demographic, or socio-economic boundaries
- ACEs include exposure to: abuse, neglect, mental illness, substance abuse, family separation, poverty, discrimination, bullying, witnessing violence, or having an incarcerated parent.

Science also tells us positive experiences in infancy and early childhood build strong, healthy brains and lay the foundations for emotional and social successes throughout life. For further reading, see The Family Center "About ACES" (www.familycentertn.org/about-aces).

Relapse

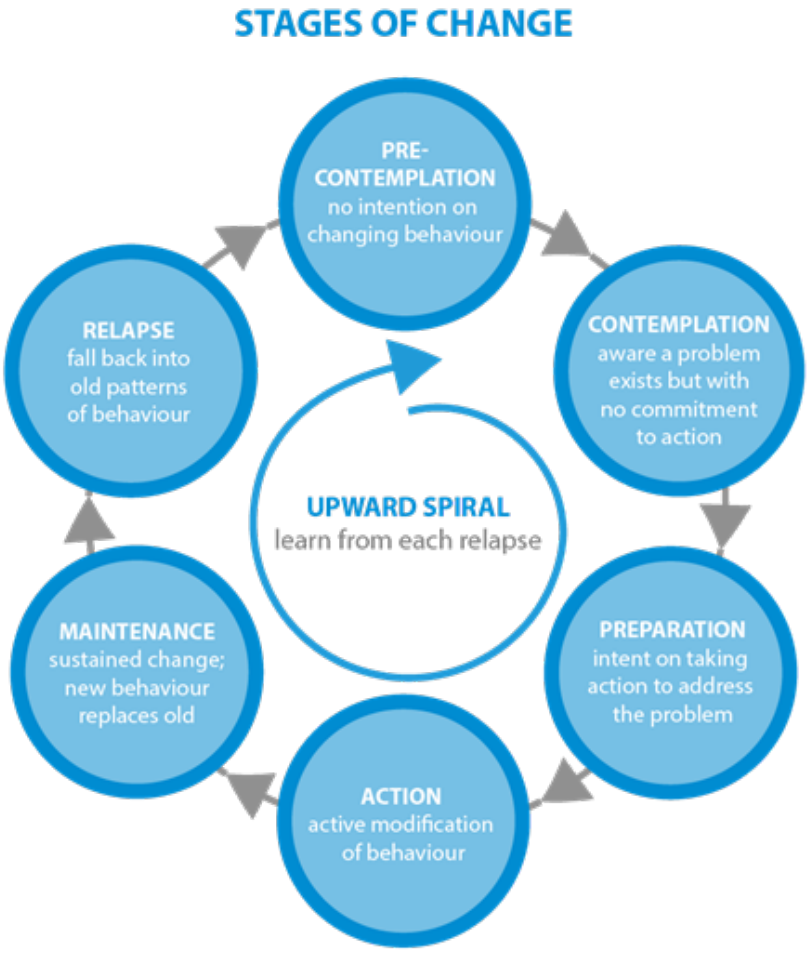
Relapse is not a part of recovery; it is a symptom of active addiction. Relapses often occur during the recovery process and is not uncommon or unsurmountable. Relapse is a component of many chronic diseases like hypertension, diabetes and asthma. Note the relapse rates in the chart below.

Encourage residents to create a recovery plan as a part of your intake process in case of a relapse. See the *Appendix* for a sample recovery plan.



Relapse Issues: Trauma-informed Policies

Change is a process. Deciding to change is only one step in that process. Pre-contemplation or considering change is also a step that lays the foundation for that decision. Supporting people in all stages of change is important to helping that person sustain change. The stages of change are illustrated below.



https://news.illinoisstate.edu/2017/06/achieving-wellness-goals/summer2016-stages-of-change/

Relapse Issues: Trauma-informed Policies

How do you handle relapse in a house? Some options are temporary dismissal; a house member vote or meeting to discuss consequences or options; or requiring more meetings or treatment.

Address the possibility of relapse at the time of application. What are your referral sources and how "stable" is the person being referred? Ask questions like: How long has the person been sober? How can you substantiate that claim? What is the person's motivation for wanting to live in recovery housing?

Recovery residences are abstinence-based. They differ from Housing First models that have no rules prohibiting alcohol use. There is also "wet housing," which permits alcohol or drug use, and "damp housing," which discourages substance use but does not exclude individuals who use.

Abstinence definition

Abstinence is a term thrown around frequently in recovery meetings and treatment settings. But what does it mean? The answer? It depends.

Some people define abstinence as the complete avoidance of mood-altering substances. This means staying away from the drug of choice completely. It may also means avoiding other substances that can result in intoxication (i.e., even if the person considers painkillers as the "drug of choice," they may also abstain from drinking alcohol).

> Abstinence works because it's very black-and-white. It's a straightforward format to follow, and that simplicity can make the process easier to follow. Many members of AA and other 12-step groups promote abstinence for these reasons. The premise is simple: don't put certain drugs in your body- at any costs!
>
> That said, abstinence can become complicated in certain situations. For example, what if an individual gets involved in a serious injury that warrants crisis medical attention? Would he or she be able to take opioids- or is that considered breaking abstinence?
>
> What if someone has a history of chronic relapsing and has had several close calls with overdosing? Would medication-assisted treatment be a better approach than total abstinence?
>
> The Edge Treatment Center. "Medication-Assisted Treatment Vs. Abstinence: What Everyone Needs to Know". Last modified August 18, 2021. www.theedgetreatment.com/medication-assisted-treatment-vs-abstinence-what-everyone-needs-to-know

How do you substantiate if abstinence is violated? What qualifies as a relapse?
Your policy for verifying a return to use can include self-reporting, drug testing, eyewitnesses, behavior change, or pill counts. Misuse of psych meds—even if prescribed — can be a violation. The use of kratom, CBG or CBD—even where these substances are legal —can also be a violation. If someone is taking these for a medical condition then the prescriber should be verified. Make sure your policies are clear as to what verification tools are used and in what circumstances. Note that best practices include the use of MAT, when taken as prescribed, as conforming to the abstinence definition. See the Recovery Plan Template in the *Appendix* for guidance.

Policies and Procedures

Besides having rules for residents (see page 25), recovery home operators should consider policies and procedures for the operation of the home. Some commonly held policies address the issues below. Policies for staff and volunteers may be similar, but certain aspects of appropriate behavior apply to both. See page 41 for specific guidance for volunteers.

Having an open environment where rules and clients rights can be discussed and clarified is important. Having regular house meetings to discuss any and all issues should be considered as part of your policies. Please also consider the following as you develop your operating policies:

Safety
Please see page 20 for guidance on fire safety rules. Each recovery house should have a fire escape plan and routes of escape clearly displayed. Each house should have a plan for weather emergencies; threats from visitors, residents, or staff; and a plan of action for law enforcement visits.

Medication management
It is not legal for a recovery residence operator to have, hold, or dispense prescribed medications (see TDMHSAS CHAPTER 0940-05-17). You can provide a safe or locked space for each resident to safeguard their medications. Locked medication boxes can often be obtained through local prevention coalitions.

MAT policy
As stated on page 19, recovery homes cannot prohibit residents from using MAT or from having their MAT medications on premises. Policies may include how it can be stored by the resident.

Harassment and discrimination policy
Staff should be aware of policies that foster an environment free from all forms of unlawful harassment, whether it is due to race, color, religious creed, sex, national origin, ancestry, age, gender, physical or mental disability, marital status, sexual orientation, medical condition, or any other characteristic protected by federal, state or local law.

Gift and favors
Staff may not give or accept gifts, payments, fees or services or other favors that influence, or appear to influence, the performance of their duties. All in-kind and financial donations must be received by staff through proper donation procedures.

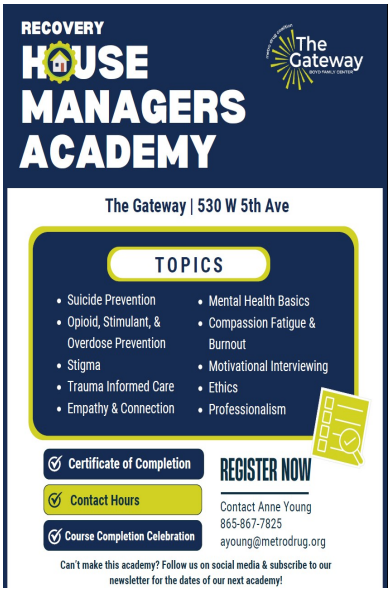
Confidentiality policy
Staff should not discuss any actions/incidents or use anyone's name(s) with outside entities.

Client relations
Residents and alumni should be treated with dignity and respect. Staff must maintain a professional attitude in all dealings and activities. Staff should be prohibited from dating or pursuing social, romantic or sexual relationships with program participants.

Grievances
Documenting a conflict resolution and grievance procedure will help ensure fair and equitable solutions to issues as they arise. Anyone with problems or concerns related to their position or other employees or volunteers should be encouraged to discuss those issues with an appropriate administrator and be informed of grievance procedures in your policies.

Training for Operators

Training in some areas may be required if your recovery home is contracted with a state department or is licensed or certified. Please ask about any such requirements. You may be required to have a drug testing policy, a good neighbor policy, or one that collects emergency medical information for your residents. Training is recommended in areas such as CPR, naloxone administration and overdose management, crisis intervention, and ethics. CPR and overdose training are often provided free through your local health department. Access to naloxone, overdose, and naloxone training may also be provided free by contracting your local Regional Overdose Prevention Specialist identified on the TDMHSAS website (www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html).



The **Metro Drug Coalition in Knoxville** provides a free House Managers Academy that covers vital skills for those who manage — or are interested in managing — a recovery residence. With the goal of improving the quality of recovery residences, this program offers twenty hours of training on
important topics related to suicide and overdose prevention, motivational interviewing , ethics, professionalism, and more. By completing this program, participants are better equipped to support their residents and handle the challenges of managing recovery housing. This training includes a certificate of completion (see the flyer at right to for enrollment information).

The Fletcher Group is a nonprofit primarily doing business in Kentucky that provides resources, consulting, and education nationwide. The Fletcher Group has a Recovery Housing Portal (recovery-housing.org/training) whose Rural Recovery Housing Learning Center provides free online training for recovery housing providers. You can dedicate a few minutes each day or several hours per week on this curriculum, as it is provided in modules designed for busy schedules. The website also has a Recovery Resource Library. NARR has a 20 module online workshop for operators that is available through TN-ARR.

If you operate as a nonprofit, you will want to train your board to provide appropriate and ethical oversight; please access the Guidebook published by the **Tennessee Secretary of State** at sos.tn.gov/charities/guides/a-guidebook-for-tennessee-nonprofits.

The **Center for Nonprofit Excellence** has courses for new nonprofits and administrators. They provide training in such topics as grant writing, financial management and ethics. The fees to join this association are reduced for new providers. Their trainings are priced for members and non-members. You can sign up for training announcements and join at www.cnemt.org.

The **Tennessee Nonprofit Network (TNN)** is a statewide association of nonprofits that connects them to resources, decision-making forums, and networking opportunities and also provides training and conferences. Learn more at tnnnonprofits.org.

You should consider training to help define and maintain qualified staff. Hiring staff members who are trained in addiction, recovery, and healing-centered care will require you to understand these skills. House managers should have experience in recovery, though it may not need to be a job requirement. Minimum training addressing safety issues like a fire exit plan, crisis intervention, and overdose should be considered. Implement a continuing education regimen to ensure staff is up to date on emerging trends in recovery and staying ahead of the curve on any problems that may present themselves.

Training for Operators

General Training: Training in policies and procedures should occur at the initial hire for staff and regular intervals thereafter. A policy and process for the annual review of policies regarding health, safety, security and legal issues (see page 39) should be in place. This could include policies on incident reporting, the grievance procedure, clients rights, and responsibilities. These policies should address the same issues as listed below for volunteer management. Aside from regular mandatory training on health, safety and security issues, determine the top policy issues you face as an operator and regularly review them with staff.

You need to provide time for your staff to complete these trainings. Copies of your policies and procedures should be on site. Both NARR and the National Association of Sober Living (NSLA) offer annual conferences that provide tremendous mentorship support for new operators. That networking will provide the most targeted guidance for people like themselves, from people like themselves, that a new operator can find.

Peer Recovery Specialist Certification: CPRS training is not a substitute for ongoing training of staff. The skills needed to become a CPRS would be valuable for your employees but a CPRS is a peer mentoring role and could conflict with the role they would have as a staff person responsible for the oversight of residents. CPRS have their own code of ethics.

Volunteer Training: Volunteers who work or assist residents of your recovery home may come from a local church or an AA group. As a result, they may not have experience with recovery goals or programs. Because they represent your program by virtue of their presence and role, you will want to treat them much like staff. They need and deserve training to understand their role and limitations. A sample volunteer handbook is available for your review courtesy of Healing Housing (see healing-housing.org/wp-content/uploads/2024/12/Volunteer-Handbook-HH-2024-_FINAL.pdf). Please consider having a volunteer manual and/or training on such topics as listed here or on page 39.

Harassment & Discrimination Policy: Volunteers should be aware of policies that foster an environment free from all forms of unlawful harassment, whether that harassment is because of race, color, religious creed, sex, national origin, ancestry, age, gender, physical or mental disability, marital status, sexual
orientation, medical condition, or any other characteristic protected by federal, state or local law.

Gift and Favors: Volunteers may not give or accept gifts, payments, fees or services or other favors that influence, or appear to influence, the performance of their duties. All in-kind and financial donations must be received by staff through proper donation procedures.

Confidentiality Policy: Volunteers and agencies should prohibit discussion of any actions/incidents or use anyone's name(s) with outside entities.

Client Relations: Residents and alumni should be treated with dignity and respect. Staff are prohibited from dating or pursuing social, romantic or sexual relationships with program participants.

Grievances: Encourage discussion of any problems or concerns with an appropriate administrator and promote the availability of a grievance procedure. Grievance policies should be for staff, volunteer and resident use.

Appendix and Sources

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National Council for Mental Wellbeing. "Building Recovery: State Policy Guide for Supporting Recovery Housing." Last modified February 10, 2022. Available URL: www.thenationalcouncil.org/resources/building-recovery-state-policy-guide-for-supporting-recovery-housing

National Council for Mental Wellbeing. "Demonstrating the Value of Recovery Housing: Technical Expert Panel Findings ." Last modified February 10, 2022. Available URL: www.thenationalcouncil.org/resources/demonstrating-the-value-of-recovery-housing-technical-expert-panel-findings

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SAMHSA, Housing Supports Recovery and Well-Being: Definitions and Shared Values; Housing Supports Recovery and Well-Being: Definitions and Shared Values Housing Supports Recovery and Well-Being: Definitions and Shared Values

Paquette K, Pannella Winn LA. The role of recovery housing: prioritizing choice in homeless services. *Journal of Dual Diagnosis.* 2016 Apr-Jun;12(2):153-62. doi: 10.1080/15504263.2016.1175262. Epub 2016 Apr 11. PMID: 27064834.

Resources:

Tennessee Department of Corrections, Transitional Housing: https://www.tn.gov/correction/redirect-agency-services/approved-transitional-housing.html

TDMHSAS Addiction Recovery Programs (ARP): (615) 532-7807

TDMHSAS Creating Homes Initiative (CHI) : (615) 741-9259

TDMHSAS Office of Licensure: https://www.tn.gov/behavioral-health/licensing.html

Appendix:

TELEPHONE PRE-ADMISSION INTERVIEW

Date: _____ Interviewed by: _____

Name: _____Contact Info: _____Age: _____

How did you hear about us? _____

Drug or Drugs of Choice: _____

How much sobriety time do you have? _____

When do you want to move in? _____

Have you stayed at Midsouth Sober Living before and/or been a client of First Step? _____

If yes, explain (were you asked to leave, etc.)_____

Did you complete treatment or are you leaving early? (If tx not complete, explain) _____

_____

_____

Or, how long have you been in treatment? _____

_____

Do you have a mental health diagnosis or have you ever had one? _____

_____

If so, what medications do you take for mental health? _____

_____

_____

Do you take any prescribed narcotics? If so, what? _____

_____

Have you ever had seizures? _____When? _____

Do you take any medication for seizures? If so, what? _____

Do you have any physical disabilities? If so, what is it and do you take any medications?

_____

_____

Any physical disabilities that would prevent you from using stairs? _____

Have you ever been charged with a violent crime (rape, aggravated assault or other aggravated crime, arson, manslaughter/murder)? When? _____

_____

_____

Do you have any pending legal issues? If so, what is it? _____

_____

_____

Are you on probation? If so, what is the name and contact info for your probation officer?

_____

Are you required to register as a sex offender? If yes, explain (charge, date, etc.)_____

_____

Do you have a job? _____ If not, do you plan on getting one? _____ Any leads or referrals?

_____

_____

TELEPHONE PRE-ADMISSION INTERVIEW

Rent is $100 per week. How are you going to pay rent? _____

_____

_____

"There are specific income eligibility requirements for housing at our facility. I have to ask you some questions about your income to determine if you qualify. When I say 'income,' I am specifically asking about wages, tips, bonuses, commissions, business income, interest, dividends, Social Security, SSI, disability, welfare assistance including food stamps, SNAP and TANF, alimony, child support, trust fund payments, or any other monies that you are receiving. We need to know about all of your sources of income."

(*If employed*) How much do you make on your job? _____ per _____

Do you have any other sources of income (just you, not your spouse)? Y / N

If yes, list all:

Source _____ Amount _____ per _____

Source _____ Amount _____ per _____

Source _____ Amount _____ per _____

Applicant stated that she has no other sources of income. _____ _____

Do you have a valid, unexpired driver's license or state ID? _____ From what state? _____

Do you have a Social Security card? _____

We have a lot of rules. Examples: pick up after yourself, get along with others, outside smoking only, we expect you to attend 12 step meetings, take MH medications if any are prescribed

However, the rules that people have the most questions about are:

1. Curfew is: Sunday thru Thursday 10:00pm - Friday and Saturday 11:30pm. If you are not employed, not on disability, and/or not going to a 12 step meeting, then your curfew is 7:00pm Sunday thru Thursday and 8:00pm Friday and Saturday.
2. 90 meetings in 90 days.
3. We do random drug testing.

Case Manager Packet

Client Name: _____ **Entry Date:** _____ **Exit Date:** _____

Initial	Date	
_____	_____	TN ARP SCREENING TOOL-8 PAGES (signature required)
_____	_____	WHM EMPLOYMENT & BENEFITS FORM(signature required)
_____	_____	TITLE VI NOTIFICATION (signature required)
_____	_____	WHM FAIR HOUSING NOTIFICATION (signature required)
_____	_____	WHM MEDICAL RELEASE OF INFORMATION (signature required)
_____	_____	WHM SMOKING POLICY (signature required)
_____	_____	WHM WEAPON FREE POLICY (signature required)
_____	_____	WHM MEDICATION POLICY (signature required)
_____	_____	LEAD BASED PAINT PAMPHLET GIVEN-RECRIPT SIGNED
_____	_____	LEAD BASED PAINT DISCLOSURE OF INFORMATION (signature required)
_____	_____	TN Code Annotated 66-28-102(c)(1) (signature required)
_____	_____	YMCA GUIDELINES (signature required)
_____	_____	CLIENT GOALS (signature required)
_____	_____	ISSUE LOCK SERIAL #: _____

_____ _____ Send TN-ARP PAGES (3), EMPLOYMENT/BENEFITS FORM, AND PICTURE OF CLIENT to the office.

Fire Drill /Report Check List

Note: This report is to be completed immediately after a fire or a fire drill and a copy placed in the inspections file of each house.

General information

Date:_____ Building Location: _____ Floor: _____

Time Drill Began :_____ Time Floor Cleared: _____ Elapsed Time: _____

Evacuation Location: _____ Drill Conducted by: _____

Communication

Y N Fire Alarm heard clearly in all areas.
Y N Public address system heard clearly in all areas .
Y N Fire Department notified. Time: _____ or Simulation/Drill: _____
Y N Inspection Team notified.

Evacuation Team

Y N Team members reported to respective stations.
Y N Team members carried out all assigned duties (stairwell monitoring, floor search, head count, etc.)

Fire Containment

Y N All doors closed but not locked.
Y N Fire extinguishers taken to location of fire.

Utilities

Y N Electrical appliances turned off.
Y N Lights Left on.
Y N Ventilating system (HVAC) shut down.

Records/Valuables

Y N Important files, documents, cash payments secured or prepared for removal.

Remarks/Recommendations

Explain all **No** answers, courses of action for corrections, comments, problems encountered, etc.

_____
_____
_____
_____

Signed_____ Safety Coordinator

FIRE DRILL PARTICIPANT SHEET

HOUSE_____

DATE_____

CONDUCTED BY_____ SIGNATURE_____

	NAME:	INITIAL:
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____

NSLA NETWORK INSPECTION CHECKLIST

Below are the questions the NSLA inspectors will be asking when they review your home. Make sure your home is fully prepared prior to the inspection date.

HEALTH REVIEW

Every place in the home must be clean, well maintained and free of pest infestation, fire or safety hazards. Below are a few examples of items to look for:

1. Any signs of roach, ant or other pest infestation problems.
2. Kitchen and appliances clean and well maintained.
3. At least one refrigerator for every six (6) residents.
4. Adequate and clean food storage space provided.
5. No clutter, piles of newspapers, clothes or other stored materials creating a fire or safety hazard.
6. Bathrooms are clean and orderly. No personal hygiene items in shower or bath areas.
7. Six (6) or fewer residents share a bathroom.
8. The furniture and furnishing are clean and of reasonable quality.
9. All sleeping rooms provide all residents with adequate space and storage.

SAFETY REVIEW

Home must meet basic safety requirements. Below are a few examples of items to look for:

1. Smoke detectors in every sleeping room and kitchen.
2. A fire extinguisher must be placed 6 to 8 feet from stove and between 4 to 5 feet from the floor.
3. A fire extinguisher on all levels of the house, 4 to 6 feet from the floor.
4. A carbon monoxide detector installed on each level of the house.
5. Properly identified exits properly identified in case of emergencies.
6. The property address on the front of the house clearly visible from the street.
7. The home address, emergency and utility phone numbers are posted in a highly visible location for residents.
8. No smoking allowed inside the houses.
9. Smoking is prohibited in any areas that could be considered a fire hazard or a problem for neighbors. The smoking areas have approved safety disposal containers for smoking materials
10. The home and any other permanent structures meet building and safety codes.
11. The house and grounds are well kept and consistent with the quality of the neighborhood.

MANAGEMENT AND DOCUMENT REVIEW

1. The owner and house leader/manager has completed the NSLA Training workshop within 1 year of submitting application and has certification from the NSLA or other accepted sober living training (individual review of completed training by NSLA Board).
2. There is a clear and concise description of the rules and regulations of the home.
3. There are clear acceptance criteria for all applicants.
4. There is a Personal Data Information Sheet for each applicant and resident with emergency contact numbers.
5. Every resident/household member has signed a household agreement that covers all the rules.
6. The home has a general liability coverage policy.
7. All owners, managers/leaders have signed the Code of Ethics.

TN Code Annotated 66-28-102(c)(1)

The Resident shall occupy the premises in accordance with all laws and regulations pertaining thereto. Resident shall return the premises at the termination of residency in the same condition as received, ordinary wear and tear. This agreement shall terminate in the event that the premises are destroyed, other than negligence of the Resident, or upon taking of the property under legal authority of eminent domain.

Resident at _____is pursuant to TN Code Annotated 66-28-102(c)(1), which states residence at an institution, public or private if incidental to detention or the provision of medical, geriatric, educational, counseling, religious, or similar service is not subject to the provision of the Uniform Residential Landlord and Tenant Act of Tennessee. In other words, this agreement is not a lease and notice is not required to discharge a resident for violation of environmental guidelines.

Signature_____ Date_____

SAFETY INSPECTION RECORD

Revised DATE

Address MONTH OF _____YEAR 20_____ INSPECTED BY (signature) _____

Initial If Operational	Inspected Item(s)	If Corrections Needed, date to be completed	Comments
	Exit signs posted at each exit and easily visible		
	All outside lights operational		
	All hallways cleared of objects		
	No space heaters on premises		
	Clean/Change HVAC filters (20X30X1)		
	Flashlights operational		
	First Aid kits fully stocked		
	Exit map posted		
	Fire drill conducted and participant list attached		
	Smoke Detectors operational		
	Upstairs Hallway		
	Laundry		
	Bedroom #1		
	Bedroom #2		
	Bedroom #3		
	Bedroom #4		
	Bedroom #5		
	Annual Changing of Smoke Detector Batteries		
	All Fire Extinguishers fully charged		
	Main floor		
	Laundry		
	Basement		
	Oven & Refrigerators Clean and Operational		

NOTICE: THIS IS A RECOVERY RESIDENCE THAT IS DESIGNED TO ASSIST MEN AND/OR WOMEN WHO DO NOT REQUIRE MORE STRUCTURED TREATMENT ENVIRONMENTS TO RECOVER FROM SUBSTANCE USE

DISORDER; **HOWEVER, THIS RESIDENCE MAY NOT COMPLY WITH**

NATIONAL OR STATE STANDARDS. THIS RESIDENCE IS NOT LICENSED OR FUNDED BY THE TENNESSEE DEPARTMENT OF MENTAL HEAL TH AND SUBSTANCE ABUSE SERVICES AS IT IS PRIVATELY FUNDED AND DOES NOT PROVIDE TREATMENT SERVICES. IF YOU ARE IN NEED OF TREATMENT SERVICES, PLEASE CALL THE TENNESSEE REDLINE AT

1-800-889-9789. IF YOU WOULD LIKE ADDITIONAL INFORMATION

REGARDING ADDITIONAL SUBSTANCE USE DISORDER SERVICES AND RESOURCES, **INCLUDING ADDITIONAL INFORMATION REGARDING**

APPROVED RECOVERY RESIDENCE OPTIONS, PLEASE VISIT THE

TENNESSEE DEPARTMENT OF MENTAL HEAL TH AND SUBSTANCE ABUSE SERVICES WEBSITE AT https://www.tn.gov/behavioral-health.html.

THIS IS A NOTICE POSTED PURSUANT TO TENN. CODE ANN. § 33-2-1402.

(Must be printed on a sign at least eleven inches (11 ") in height and seventeen inches (17") in width)

RECOVERY PLAN IN CASE OF RELAPSE

WHAT TO DO IF I RELAPSE WHILE A RESIDENT AT *NAME of Recovery Home:*

Inform house manager or other staff immediately.

Call sponsor to get advice.

Be completely honest about what happened.

Understand that relapse may result in some sort of redemptive plan which may include immediate, temporary, or permanent dismissal from the program.

Where is a safe place I might go or call if I need to relocate on a temporary basis until things can be sorted out? (Example, Guest House, Mission, Family, Friends, Detox, etc.)

People/place I could contact or go in this situation:

Name/place _____Phone # _____

Name/place _____Phone# _____

Name/place _____Phone# _____

Name/place _____Phone# _____

SAMPLE EXIT PLAN

{Company Heading) (Company Name)

EXIT PLAN FOR (Client Full name)

(Client Name) completed the 90-day halfway house program.

The client is moving to (Client's new residence)

Upon leaving the (Company name) halfway house program, I, (Client Name), do with this agree to take the following steps to help ensure my continued abstinence from all mood and mind-altering

substances and to help ensure my successful transition to independent living:

- I will reside in a "_____" residence.
- I will attend at least four (4) NA/AA meetings per week.
- I will continue to fulfill my obligations to the courts and meet my probation requirements.
- I will meet with my permanent sponsor at least once weekly and continue to work a supervised

  12-step program.
- I will continue to establish positive peer associations and develop effective behavior patterns and

  coping skills to aid me in my recovery.
- I will maintain permanent employment with _____
- I will follow these steps to the best of my ability and will remain in close contact.
- I will meet with the (Company name) staff as a follow-up to my treatment.
- The staff of (Company name} will provide a link to the Tennessee Recovery App, as a tool for "aftercare." An invi-

  tation will be sent to the phone to accept or decline.

My Safety Plan

Step One: Things that put me at risk of an accidental overdose:

(Risks include the use of medications or illicit drugs, methods of use, history and health factors)

Step Two: Actions I can take to reduce my risk of overdose.

(Consider Steps that address the risks identified in step one)

Step Thr~~ee: Things I do regularly (or wish to do)~~ to stay well

(Consider ways to take care of your physical and mental health)

Step Four: People who support my wellness and who I can ask for help

Name: Name:

Volunteers Needed!

Your local Recovery Home

We need your help with a variety of opportunities including:

- Tutoring
- Painting
- Teaching classes of interest
- Sorting donations

You pick the dates and times you would like to help!

To start the process, please print this form and fill in the contact information below.

Bring or mail the form to our location:

123 North Anywhere Street

Name	
Address	
City, State, & ZIP	
Phone	
Email Address	
Area of Address	
Days of Week & Time Available	

Recovery is the New High Certification

THE CERTIFICATION PROCESS

Recovery Is The New High, along with its Recovery Housing Advisory Board, places significant emphasis on the certification of recovery residences. The organization has collaborated with state legislators, the Tennessee Department of Mental Health and Substance Abuse Services, and other recognized entities to uphold the highest standards in recovery residences throughout the state of Tennessee.

The certification process consists of a decisive four-step procedure designed to ensure your success. After you submit your initial application, a knowledgeable staff member will promptly contact you to discuss your specific situation and provide you with the " Recovery Is The New High Best Practice Model. "

Once you have carefully examined this comprehensive best practice model, we will schedule a meeting to conduct an in-depth internal review of your current policies and procedures. This session will allow us to discuss any necessary adjustments and ensure that all aspects are aligned with industry standards. The goal of this meeting is to finalize your part 1 assessment, setting a solid foundation for moving forward. Please come prepared with any questions or feedback you may have, so we can make the most of our time together.

Upon successfully completing our comprehensive internal review, we will proceed with a thorough physical inspection of your property. This inspection is designed to verify that your facility aligns with the quality standards established by the best practice model. Additionally, we will ensure that it meets the minimum requirements set forth by the Tennessee Stop Addiction and Fostering Act. This step is crucial in maintaining our commitment to excellence and adherence to regulatory guidelines, as we seek to provide a safe and supportive environment.

After successfully completing both inspections, you will receive a certification that indicates your successful fulfillment of the internal review and inspection processes. This certification serves as a testament to your dedication and adherence to high standards in recovery practices, reinforcing your commitment to excellence and continuous improvement in this vital area.

Department of Health—Healthy Home Renter Rights

Sourced from Tennessee Department of Health. "Healthy Homes-Renters." Last accessed June 5, 2025. Available URL: www.tn.gov/health/cedep/environmental/healthy-homes/hh/renters

“Renting is different from home ownership in that the renter must rely on someone else to make repairs. The renter may not be able to make changes to the home without permission. A renter has both rights and responsibilities. Renting can be a good option for many people to maintain a healthy home

environment, both indoors and outdoors. Whether you rent a house, apartment, duplex, mobile home or cabin you can keep the seven healthy homes principles. Remember that good health begins at home.

Renters are responsible for cleanliness and safety. You may rent without any formal agreement, or you may have a lease agreement. The most common type of renter in Tennessee is a renter who signs a lease agreement to pay rent each month throughout the year. Renters may be asked to provide a security deposit. Lease agreements are legally binding contracts. You are responsible for following the terms of your lease. Some lease agreements have addendums such as pet policies, pest control contracts or for reporting water damage. You are responsible for: paying your rent on time, paying any late fees, keeping the place clean and safe, not letting anyone else damage it, not breaking the law, disposing of your garbage, and following your landlord’s rules. If you break your lease, then it may become a legal issue.”

The Tennessee Department of Commerce and Insurance posts “Tips for First-Time Renters” as well as “Tips on How to Spot Rental and Moving Scammers.”

What can I do to keep my rental home a healthy home?

There are eight basic principles to maintaining a healthy home.

1. Keep it **Dry**. - Damp homes provide a good environment for mites, roaches, rodents and molds.
2. Keep it **Clean**. - Clean homes help reduce pest infestations and exposure to contaminants.
3. Keep it **Pest-Free**. - Exposure to mice and cockroaches may increase asthma attacks. Improper pesticide treatments for pest infestations can worsen health problems, since pesticide residues in homes can pose health risks.
1. Keep it **Safe**. - The majority of children’s injuries occur in the home. Falls are the most frequent cause of residential injuries to children, followed by injuries from objects in the home, burns, and poisonings.
2. Keep it **Contaminant-Free**. - Avoid exposure to lead, radon, carbon monoxide, pesticides, asbestos and environmental tobacco smoke. Keep in mind exposure is often higher indoors.
3. Keep it **Ventilated**. - Studies have shown increasing fresh air in a home improves respiratory health.
4. Keep it **Maintained**. - Poorly-maintained homes are at risk of being unhealthy.
5. Keep it **Thermally Controlled**. - Houses that do not maintain adequate temperatures may place the safety of residents at increased risk from exposure to extreme heat or cold.

If you use these principles as a guide, you can maintain a safe and healthy home. If you are having a problem maintaining any of these principles, other parts of this website will have information and

resources to help you.

What if I have an unhealthy condition in my rental home?

If you have an unhealthy condition in your rental home, then it may be your responsibility to fix the problem or it may be your landlord’s responsibility to make repairs. Read your rental lease agreement. Comply with any requirements for cleanliness or safety. Report any needed repairs to the landlord as they arise. Putting your concerns in writing is best. This creates a record of your concerns. Repairs to your rental home should be made in a reasonable amount of time. The amount of time may be listed in your lease. If your landlord has not made repairs in a reasonable amount of time, you may need to communicate more directly, such as with additional written complaints or a face-to-face meeting. If your landlord continues to neglect your concerns, you may need to pursue legal action.

Transistion to a new living situation

Homelessness

- ☐ Clothing and hygiene needs
- ☐ Communication/phone needs- How will we remain in contact until placement can occur?
- ☐ Mental health and medical needs (Is detox needed? Do appointments need to be scheduled?)
- ☐ Any current medication needs like refills needed or non-compliance with medications (refer to proper provider)
- ☐ MAT treatment needs
- ☐ ID or driver's license needs
- ☐ Education needs (GED placement, college, or trade school enrollment)
- ☐ Transportation needs
- ☐ Family involvement level and the client's needs as it relates to this very important piece to recovery
- ☐ Any children and what needs does the client have
- ☐ Any ongoing legal requirements or needs
- ☐ IOP or additional substance abuse service needs
- ☐ Life skill needs (Does the client know how to wash clothes, take care of personal hygiene, keep living space clean, do dishes, and make a bed?)
- ☐ Job placement needs (Skills, strengths, criminal history, resume, interview skills and previous employment in good standing)
- ☐ Technology barriers or learning needs- Does the client know how to access email and use zoom?

Jail

- ☐ Assess the clients living situation prior to jail (Does the client have personal belongings he needs to retrieve? Is this a safe place to return too? Rent or mortgage payments due?)
- ☐ Clothing and hygiene needs
- ☐ Communication/phone needs- How will we remain in contact until placement can occur, if placement is not door to door?
- ☐ Mental health and medical needs (Is detox needed? Do appointments need to be scheduled?)
- ☐ Any current medication needs like refills needed or non-compliance with medications (refer to proper provider)
- ☐ MAT treatment needs
- ☐ ID or driver's license needs
- ☐ Education needs (GED placement, college, or trade school enrollment)
- ☐ Transportation needs
- ☐ Current bills that need to be paid
- ☐ Family involvement level and the client's needs as it relates to this very important piece to recovery
- ☐ Any children and what needs does the client have as it relates to the children
- ☐ Any ongoing legal requirements or needs

- ☐ IOP or additional substance abuse service needs
- ☐ Life skill needs (Does the client know how to wash clothes, take care of personal hygiene, keep living space clean, do dishes, and make a bed?)
- ☐ Job placement needs (Skills, strengths, criminal history, resume, interview skills, and previous employment in good standing)
- ☐ Technology barriers or learning needs- Does the client know how to access email and use zoom?

✉ Detox, Mental Health Facility, Residential Treatment, or MAT

- ☐ Assess the clients living situation prior to treatment (Does the client have personal belongings he needs to retrieve? Is this a safe place to return too? Rent or mortgage payments due?)
- ☐ Clothing and hygiene needs
- ☐ Communication/phone needs- How will we remain in contact until placement can occur?
- ☐ Mental health and medical needs (Any appointments that need to be scheduled or have already been scheduled?)
- ☐ Any current medication needs like refills needed or non-compliance with medications (refer to proper provider)
- ☐ MAT treatment needs
- ☐ ID or driver's license needs
- ☐ Education needs (GED placement, college, or trade school enrollment)
- ☐ Transportation needs
- ☐ Current bills that need to be paid
- ☐ Family involvement level and the client's needs as it relates to this very important piece to recovery
- ☐ Any children and what needs does the client have
- ☐ Any ongoing legal requirements or needs
- ☐ IOP or additional substance abuse service needs
- ☐ Life skill needs (Does the client know how to wash clothes, take care of personal hygiene, keep living space clean, do dishes, and make a bed?)
- ☐ Job placement needs (Skills, strengths, criminal history, resume, interview skills and previous employment in good standing)
- ☐ Technology barriers or learning needs- Does the client know how to access email and use zoom?