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# RECOVERY RESIDENCE: HOW TO MANUAL

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**Division of Mental  
Health and Addiction**

Dear Future Landlord,

Half-way house. Transitional living. Sober home. These are all alternative terms for Recovery Residence. They are probably the terms that you may be more familiar with or have heard before. In an effort to unify and encompass all the terms being used to define the same services being provided, the National Alliance of Recovery Residences coined the term “Recovery Residence”. It helps to not only make sure that all service providers are on the same page, but it also accurately describes the residential modality of recovery support. At a bare minimum, recovery housing and peer supports are the services that are provided by recovery residences.

This manual was commissioned by the Indiana Family and Social Services Administration Division of Mental Health and Addiction as a “how to” guide to assist you through the process of becoming a Recovery Residence. It is intended to be used as a point of reference as you navigate through the process of establishing your residence. Whether you already own a property that you want to transition into a Recovery Residence, or you are at the “thinking about it” stage, this manual is designed to help and support you along the way. It is recommended that your organization team members who are responsible for working on the Recovery Residence program development read this manual in its entirety prior to initiating this process. There is a considerable amount of information that is shared which provides important steps to more effectively and efficiently guide your team in the development of your residence.

Most importantly, these suggestions and recommendations were obtained through conducting focus groups with directors and staff of current recovery residences throughout the state. They have offered their guidance and expertise with creating a recovery residence to ease this process so that it is more successful for your organization. The manual does not give all of the answers, but it will ask many questions, which will allow you the opportunity to explore how you want to operate your residence. Remember, this is your organization and your residence. We wish you the best in your endeavors.

This manual was created by Blanc Consulting Group on behalf of the Division of Mental Health and Addiction.



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# HOW TO GET STARTED

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# Laying the Foundation

## Establish a Budget

While your motivation or mission may be different from a for-profit business, you still need to understand your income and expenses in order to be successful. Since you may have no past information to go on, a budget must be created using your best estimates. Some things to think about before you begin:

- Have you reached out to the Indiana Affiliation of Recovery Residences for technical assistance opportunities?
- What do you need to open the door on the first day?
- What will your fixed costs be on a continuing basis? (e.g. staff, mortgage/rent, utilities, etc.)
- What will your variable costs be on a continuing basis? (e.g. client “rent”)
- What can you contribute to keep costs low? (e.g. furniture)
- What can you get as donations? (e.g. toiletries, food)
- What can you do without? (e.g. decorations)

Start by thinking about what will be needed on day one, in order to open the doors of your Recovery Residence. This can typically be broken down into four categories: facility costs (house), fixed assets (capital costs such as furniture), materials and supplies (e.g. office supplies, marketing), and other costs (license, permits, consultants fees, etc.). The next step will be to establish the monthly expenses and consider those costs that typically do not change from month to month (mortgage/rent, utilities, phone, insurance, employee costs, etc.).

Lastly, you will want to estimate your monthly income. It is vital that you are realistic here. For example, you most likely will not be at capacity from day one. This means that you will not be collecting rent from residents 365 days of the year. Your budget will be your guide during your first year. A sample budget has been included in the Appendix to provide an example of this process.

The following areas should be considered when developing a budget:

1. You will note that there are start-up costs in the budget. This is all the funding that will be necessary to open the doors of the Recovery Residence. You will need to have these costs included in your budget.
2. This budget example is for a 12-bed Recovery Residence. In the Income section, please note that the budget does not start with all 12 beds occupied. There is a ramp up

period. All beds are not full until month four. It is recommended to be conservative with your estimates, not only regarding your program, but also with your budget.

3. Lastly, it is strongly recommended that you open doors with a reserve large enough to operate for no less than two years. This will safeguard you against unexpected costs and emergencies, allow the Recovery Residence to operate without relying on income from residents, and help to ensure longevity of your business. Please note that on the sample budget the expenditures will exceed the income for the first several months, so having the reserve will help defray these “start-up costs”.

## Identify Funding Opportunities

The organization is getting ready to address a basic need for individuals who are at a vulnerable point in their recovery. Typically, individuals enter a Recovery Residence early in their recovery. Residents are still learning about recovery and are re-learning life without substances. By providing some basic needs for them such as shelter, food, and a safe place, they can focus on their recovery. These services need to be provided for the residents for the foreseeable future; therefore, it is very important to consider the recommendation that funding be developed and secured for at least two years.

The organization may consider a variety of options for funding the residence for this initial two-year period. These could include, but not be limited to:

- Financial Institution Loans
- Accessing board member or key stakeholder assistance
- Donations/fundraisers
- Corporate sponsorship

## Build a Board of Directors

Having a board of directors is a best practice for any business, regardless of the size or for-profit or non-profit status. Boards are the businesses backbone for growth. They are the people that help to advise you on the best way to create and manage a quality Recovery Residence. The board can help you develop ideas for growing the business, managing client/resident satisfaction and best practices with the Recovery Community. Lastly, boards provide some accountability to the management team within the business.

Bo Ilsoe, with Nokia Growth Partners, a global venture capital firm, has spent more than 30 years in operations and investments. Along the way, he has had the opportunity to learn a thing or two about what an effective, well-run board looks like. He shares in a blog post on

VentureBeat, that “building a board is incredibly challenging, yet getting it right is critical to setting the tone for success from the start” (Ilsoe, 2017). In his post, he shares eight steps to building a strong board of directors. Below is a summary of those steps.

1. Look beyond your investors: You must remember that an investor does not automatically deserve a board seat. Often times, individuals or companies that invest in organizations/agencies do so for their own specific interest or agenda. That interest or agenda may not match with the agenda or interest of the organization, which can ultimately detract from, rather than add value to, a board. Bo also notes that, “(S)imilarly, while the founder is an integral part of the team, he/she is not always the best fit for a board seat” (Ilsoe, 2017).
2. To help set the stage from the top, find a board president with experience; one who has been there before: Bo notes that choosing a board president based on non-board work experience is a mistake. He recommends that the person should have five to 10 years of experience working on a board and must be able to manage diverse stakeholders, both internally and externally. Additionally, a board president should play the role of coach or mentor to the CEO/Executive Director. They should be able to redirect by suggesting corrective actions, assist with hiring, and fundraise. They should be someone that augments the management team and helps them perform at higher level. The board’s president and CEO/Executive Director should never be the same person (Ilsoe, 2017).
3. Be transparent and keep communication lines open: Be upfront about board changes. Keep dialogue with board members consistent, open, and truthful. Doing this will ensure your board members are not blindsided when changes do occur. It ensures continued trust. This also applies in identifying new external candidates; make sure that you are including current members in the selection process.
4. Board size: While the ideal board size varies, Ilsoe believes that the magic number is five , with a maximum of seven. He thinks that keeping the number small “ensures diversity of view while retaining discipline, focus, engagement and commitment” (Ilsoe, 2017).
5. Plan for the long run: “The best boards have the right mix of skills, abilities, and perspectives, so think carefully and holistically about whom you choose for your board. Be particularly thoughtful in selecting your board president. The board president will play a critical role in shaping your organization’s culture and guiding it along the path to success. Also consider that you’ll likely work with each person for five to seven years — so make decisions with the long term in mind” (Ilsoe, 2017).
6. Avoid applicants actively seeking board seats: “A good rule of thumb is to avoid people who actively put themselves forward for board positions. These people are likely more interested in their own goals than in the goals and interests of your (organization). Your best choice is likely too busy to worry about their next board position, which means you’ll have to actively convince them to work with you” (Ilsoe, 2017).
7. Set clear expectations to build trust: Putting the right team together is only the start. Now you have to make the board work, and make meetings functions, to your benefit. Transparency and clear communication are going to continue to be important here. The mantra of “Under promise, and over deliver” is a safe bet here. However, be careful of



selling yourself and the organization short. You have goals and expectations to meet too. It's also important to spend time together as a board outside of meetings. Make sure to cultivate relationships through an annual, full day strategy meeting and occasional dinners or outings to bolster board morale (Ilsoe, 2017).

8. Make meetings meaningful: Board meetings are often a drag. Yet the responsibility ultimately lies with you, as the CEO/Executive Director, to make sure they are successful. You should come to the meeting with a “plan of action in place and be prepared to take charge, manage expectations, be demanding when needed, and stay candid about the good, the bad, and the ugly. Pre-meeting preparation is essential; ensure materials are distributed in advance and that board members have had adequate time to review information and arrive at the meeting ready to discuss the real issues. While meeting cadence varies, I urge companies to take advantage of sub-committees and outside experts to address specific issues. This allows smaller groups to meet more frequently to tackle particular matters of regulation, compensation, recruiting, lobbying, etc., and report back results to the CEO and board-at-large” (Ilsoe, 2017).

Building the right board takes time, patience and considerable effort. However, the outcome will ultimately benefit your organization.

## Find a Location

Now that the budget and the board have been established it is time to find a residence. First, an organization must consider zoning. All buildings, whether businesses or homes, are zoned for a particular occupancy. For example, commercial properties, which house retail stores or offices, are generally zoned as a C-1 Property and cannot be used as residences without a special permit or variance. Zoning is controlled by local units of government, and because of this, there are many different terms possible. Below are a few basic terms to note that will be helpful when reviewing properties:

- R-1 Property: Generally, this designates a zoned area where only Single-Family Residences are allowed.
- R-2 Property: Generally, this designates an area where single family and 2 family residences are allowed. An example would be a duplex.
- R-3 Property: R-3 and higher generally provide for different levels of multi-family residences.
- C-1 Property: Commercial Property where retail, office and other similar commercial uses are allowed.
- C-2 Property: C-2 and higher designate varying degrees of commercial uses that provide for a more intense use of the land, such as garages, motor vehicle repair facilities, gas stations and the like. Reading the local zoning ordinance carefully is recommended to determine the allowed uses.

- I-1 Property: I-1 generally signifies a light industrial property. Often in a light industrial property commercial uses are allowed, along with light manufacturing. Light manufacturing designation allows plants that have a low impact on the surrounding area. Light industrial uses generally do not allow for loud disturbing noises or noticeable discharge of gases or fluids. Again, local ordinances should be carefully reviewed and considered.
- I-2 Property: I-2 and higher zoning classifications generally allow for more intense use of the property. These areas are reserved and promoted for manufacturing. These areas are necessary for jobs and productivity but having the recovery residence next to one may not be desirable. Again, consult the local ordinance for the specific allowed uses.
- A Property: Agricultural Property is a growing zoning classification. In an agricultural area, zoning is now often used to try and preserve the farming character of the area. Agricultural zoning often requires very large lots for placement of a single home; for example, up to 25 acres or more. There is a growing trend to use zoning to preserve the undeveloped parts of our country.
- PUD Property: This does not stand for any type of property in particular. PUD stands for Planned Unit Development. A PUD zoning designation is especially created to allow a development that does not fit into or comply with the requirements of the usual zoning classifications. For example, condominium complexes are often Planned Unit Developments. The condominium will have a greater density of housing than allowed by normal Residential Classes. If the developer convinces the local board that administers the zoning ordinance that the development would benefit the community, then the developer would be allowed to build the Planned Unit Development. It is possible to have a PUD for residential, commercial (such as a shopping mall) or industrial (such as an industrial park) properties. Be sure to check and see if any PUDs are in the area being considered, that might affect the value and enjoyment of the property and prospective residence.
- Special Use Permit: Sometimes the local board will allow different uses than the stated use(s) in a particular area. For example, a doctor's office normally does not have high traffic, noise or other nuisance features. Having the doctor's office in a residential area promotes the public good and does not harm the surrounding values, as well as a developer who may want to build an apartment complex into a commercial area. The zoning classifications (R-1, R-2, C-1, C-2, I-1, I-2 and A) will often have allowed different uses spelled out in the ordinance. Typically, these are allowed only if they enhance the area and do not harm the value and use of surrounding properties.
- Zoning Variance: Sometimes a use is not contemplated by a zoning ordinance, but the use would be of such value to the community that the local board administering the zoning will allow the use as a variance. Such a use could be a power plant placed in an otherwise agricultural/residential area. The uses are not specifically compatible, but the tax base would generate significant revenue for the local government so that the use is allowed for the common good. There are also variances that are less imposing on an area but were simply not contemplated when the ordinance was adopted. (Porter & Bergman, 2005)

It is strongly recommended that a realtor be hired when looking for a residence. A realtor will only show you properties that are already zoned to allow what you want to do. However, if there is already a property being considered, then an architect can help with navigating the local government requirements in requesting a special use permit or zoning variance if necessary. The location must be zoned correctly in order to pass a fire inspection by the local fire marshal (Please note that verification of a fire inspection is a required item by INARR and DMHA).

It is not possible to specifically identify the exact local government agency that you need to reach out to in order to begin to navigate the zoning process for your property as this differs across the state. It is best to start with the city/town government in the area of the recovery residence. The local zoning ordinances can be found within the city/town's codes. The American Planning Association, Indiana Chapter can also be used as a resource. Their website is [www.indianaplanning.org](http://www.indianaplanning.org). It is also difficult to estimate the amount of time or a cost associated with this process, as it will vary for each property. It is estimated that an architect's time would be anywhere from \$100-\$250.00/hr. Please note that written permission from the property owner to operate a Recovery Residence is necessary per INARR standards.

## We Have the Property – What is Next?

### Home Repairs

A property has been obtained, but it may need some repairs in order to get ready for habitation. Based on the skill level of organization staff, there are many things that can be completed internally, such as painting and small repairs. However, if there are major repairs that need to be done, such as tearing down walls or replacing floors, and the repairs are above or beyond the level of expertise of the staff, it is strongly recommended that professionals are hired to complete the repairs or renovations. Remember that people will be living here, and the residence needs to be a safe environment for them. This is not the place to cut corners. An organization can potentially save expenses in other areas by requesting donations for furnishings, paint and/or needed supplies. It is important to refer to INARR Standards, DMHA standards, and the local zoning codes of the residence to ensure that standards are being met for all repairs. As a reminder, the structural, electrical, gas, and plumbing repairs should only be completed by certified workers.

## Americans with Disabilities Act

It is recommended that an architect be consulted to determine if the residence is subject to the Americans with Disabilities Act requirements. Every location and local government have different zoning requirements and regulations. The requirements for the residence's location will need to be followed. You can access basic information at [www.ADA.gov](http://www.ADA.gov), and learn more about the qualifications and changes needed to make to the residence in order to stay up to code. Based on the law, reasonable accommodations must be made for persons with disabilities. (Information and Technical Assistance on the Americans with Disabilities Act, n.d.)

## Insurance

Liability coverage and any other insurance appropriate for the level of care being provided will need to be acquired. An insurance broker/agent will be able to assist with the best options for the coverage needed. The level and type of insurance needed will be different for every Recovery Residence and business.

## Networking

An important part of beginning any business, but particularly one which will rely on referrals, is networking. It is essential that the organization administration effectively market their mission and services to the community, as well as the Recovery Community (including other Recovery Residences). The following are a few recommendations:

- In Indiana, every community has a Local Coordinating Council. Consider becoming a member of the local community's LCC. You can find out more about the local LCC at [www.in.gov/cji](http://www.in.gov/cji).
- Each county has a Community Correction board. The board meets on a regular basis, and typically allows for presentations from community providers. This would be a good opportunity for the organization to share its mission and to market the program.
- Create a presentation about the Recovery Residence and the services offered or how your residence is structured and present to: probation, court, public defender's office, and prosecutor's office.

In addition to establishing amicable relationships with criminal justice partners, it is recommended to get to know the treatment and service providers in your area. The Recovery House will be providing the lowest level of care unless the residence is a Level IV residence. Therefore, relationships will need to be established with other treatment providers in order to

refer residents when other community or treatment services are needed, as well as to market and promote the residence. Some important services to consider accessing include:

- **Case Management:** A majority of the residents will have a lot going on when they first arrive at the residence. Some will be there because they decided they wanted a change in their life, and that drugs/alcohol were no longer worth it. However, a majority will most likely be there because they are under some form of supervision and they have nowhere else to go. One of the things they need help with is managing all the systems they are trying to navigate: court, probation/parole/community corrections, SUD services, addressing health care, making doctor appointments, finding a doctor, finding a job... the list could go on and on. Having a referral source to help them manage all of this is vital, particularly if what the individual requires is not part of the services offered at the residence. Connect2Help 2-1-1 can always be utilized as a resource for locating services in the area. In addition, the residence can be listed as a source in 2-1-1.
- **Detoxification:** This will allow the organization to have a referral source in the event that there is a resident that (a) needs detoxification prior to entering the residence or (b) relapses while staying at the residence and needs assistance.
- **Education:** It is always a good idea to know the local GED resources to assist clients that may not have received their high school diploma. In addition, being able to assist or direct clients in the right direction, should they want to pursue higher education, would be recommended.
- **Employment:** It will be necessary for the residents to find employment early in their stay in order for them to pay for their received services, pending how the residence program is established. Therefore, having resources to assist the residents with locating employment will be critical. It is recommended that the staff develop a relationship with the local Workforce One office, as well as establish relationships with local business owners. This could include businesses that hire on a regular basis and would be willing to take a chance on those individuals that reside in the residence.
- **Faith-based Community:** Many people have some sort of belief system. Therefore, having connections with the faith-based community will allow referrals to be made to the local faith institutions. Additionally, a lot of faith-based organizations may have resources available for the clients such as clothes or bus passes. They may also hold 12-Step meetings in their locations.
- **Food Pantries:** Food Pantries are a great resource for clients to access if they are in need of food sources. One thing to remember: if Recovery Works funding is being utilized, the residence must purchase food for at least one meal per day, which means that free food cannot be utilized for that meal. Please refer to the Recovery Works service manual for all guidelines.
- **Medication Assisted Treatment –** For some residents, medication assisted treatment is their chosen path of recovery. It is important to be able to support all residents and their chosen recovery paths.
- **Mental Health service:** Some residents will require additional mental health services, such as individual therapy/counseling. They may have anxiety, depression, trauma, or other needs that require a professional to help them work through.

- Neighborhood Associations: These formal neighborhood organizations are a great way to build relationships with neighbors and help avoid “Not In My Back Yard” (NIMBY) situations. It is recommended that the administration and staff have representatives attend meetings held by the Neighborhood Associations. Attending these meetings, provides the opportunity to meet the neighbors and begin to build relationships and answer their questions regarding the operations and services provided by the residence.
- Residential Care – Sometimes the level of care provided will not be enough for some of the residents. In some cases, they may require more accountability and services than is offered at the residence. In order to meet the needs of the residents, a higher level of care, such as a residential stay, may be needed. Be prepared for this scenario by already having a referral source established.
- Skills Training: Some of the residents have been so involved with the behaviors and realities of substance use, that they may not have learned basic life skills like budgeting or grocery shopping. Residents may need to be referred to programs or services that help them learn how to “live life” on a daily basis.
- Substance Use services: Depending on the level of care offered, the residence may not provide Substance Use Disorder services. Therefore, a referral will need to be made for those that need these services. Some may benefit from group sessions, or some may be court-ordered to attend some kind of SUD services.
- Healthcare Navigator: Having a relationship with a healthcare navigator may be very helpful for your clients to access healthcare in a timely manner.

Building relationships and trust with all of these referral sources will pay off in the end. The more effort put into these relationships, the more the organization will benefit. It will be easier to refer residents and know that they will receive quality care and receive appointments in a timely manner.

## Neighbor Relations

Building strong relationships with the neighbors are equally as important as referral sources. The neighbors and the organization staff need the opportunity to “get to know each other” to begin to develop and establish mutual trust. Taking the time to build a relationship with the neighbors, and establishing your organization as a good neighbor makes it easier for the neighbor to call the organization first to address any problems or issues. The following are some recommendations on how the residence can establish itself as a good neighbor:

- Be considerate of the neighbors
- Don’t play loud music or make excessive noise
- If smoking is allowed, establish the area to make sure it doesn’t drift into your neighbor’s home

- Make sure the residence's outdoor area is neat and well maintained (lawn is mowed, no overgrown bushes/trees, no trash in yard, etc.)
- Get to know the neighbors (have an annual party, offer tours before the residence opens so people know what's going on at the residence, etc.)
- Make sure that residents are parking appropriately and not blocking driveways or the street

These are just a few examples. If there is a conflict between the residence and a neighbor, or a resident and a neighbor, handle it immediately. Do not allow it to escalate and attempt to handle it calmly and prudently. Always try to resolve problems in person, not via text or email, so the message is much less likely to be misconstrued.

## Development

### Who are you? Mission and Vision

A mission statement is a formal way to explain the organization's core purpose and values. A good mission statement clearly states the purpose of the organization and the goals needed for success. According to BusinessDictionary.com, a mission statement "is a written declaration of an organization's core purpose and focus that normally remains unchanged over time" (mission statement , n.d.). A mission statement defines the organization's cause and is intended to be an internal document that inspires and informs the team in order to achieve the company's goals. Most mission statements fall between two to four sentences in length and are not more than 100 words in total.

A vision statement defines what the organization wants to pursue for its cause. What are the future aspirations of the organization's efforts? A vision statement is defined "as aspirational description of what an organization would like to achieve or accomplish in the mid-term or long-term future. It is intended to serve as a clear guide for choosing current and future courses of action" (mission statement , n.d.). A vision statement is typically longer than a mission statement and defines the desired depth and breadth of the organization's future. A vision statement should inspire others to act for the future.

Some examples include:

LinkedIn

**Mission:** To connect the world's professionals to make them more productive and successful.

**Vision:** To create economic opportunity for every member of the global workforce.

### Uber

**Mission:** We ignite opportunity by setting the world in motion.

**Vision:** Smarter transportation with fewer cars and greater access. Transportation that creates more job opportunities and higher incomes for drivers.

### Alzheimer's Association

**Mission:** To eliminate Alzheimer's Disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

**Vision:** A world without Alzheimer's Disease.

## Policies and Procedures

The organization's Policies and Procedures Manual will be one of the most important documents to be created and implemented. It will allow the administration to be able to enforce rules within the residence, for both residents and staff. Below is a list of recommended content for your manual:

- Admissions criteria and procedures – What will be the criteria for an individual to be admitted to the residence? What will the application process look like? Will there be an interview? Or an assessment?
- Alcohol and Drug Use Policy - Be sure to include a list of prohibited items and procedures for associated staff searches.
- Assessment – What is the resident intake assessment process? What assessment tool(s) will the staff be using? \*This policy/procedure is only applicable for Level IV Recovery Residences.
- Collect Demographic information – This should include emergency contact information, and the release of information form for that emergency contact.
- Confidentiality- There must be policies and procedures in place that guarantee that the information shared by these clients is safe and secure. How is the organization going to keep residents' personal information secure, and limit staff access? How does the organization intend to comply with applicable confidentiality laws?
- Consumer Rights – What are the procedures to ensure the protection of your resident's rights? Their right to a safe sober living environment? Their right to be informed on any changes that affect them directly in a timely manner?
- Curfew Policy – Will there be a curfew policy? And if so, what will it be? For example, all residents need to be home by 10:00 pm.



- Discharge Planning – An important part of getting a resident ready for the end of their stay at the residence is planning for their discharge. What are the procedures regarding that process? \*This policy/procedure is only applicable for Level IV Recovery Residences.
- Drug Screen Policy and/or Toxicology Protocol – When and why to complete a drug screen on clients? What happens if they have a positive test result?
- Emergency Procedures – Procedures for: fire, tornado, overdose, additional emergency situation; should include important numbers (9-1-1, police, fire, etc.). There should be evacuation maps posted in obvious places around the home.
- Employee Policies – Remember that this is the Policies and Procedures manual for both residents and employees. Employee policies will need to be included in the manual as well, such as whether or not the organization would employ a resident, staff/resident relationship guidelines, employee code of ethics, etc. The INARR Standards are a good resource for items that should be included in this area.
- Exposure policy – What happens if someone is exposed to bodily fluids and/or a contagious disease?
- Good neighbor policy – Provide the neighbors with your contact information, or the house manager’s contact information. Should an incident arise, this allows the neighbors to contact someone immediately with their concerns. Include a time frame for response in the policy and an example of how interactions will be handled. Some possible examples of concerns could include: smoking, loitering, lewd/offensive language, gestures or actions, cleanliness of property, etc.
- Grievance Policy – What is the procedure in place should a resident have a complaint?
- House chores – Will residents have to clean up the house? How will that be determined? Will there be a schedule and assignments?
- House Rules – What are going to be the “deal breakers” in your residence? This would include the rules that, if broken, would cause you to ask a resident to leave. Some examples could include: positive urine screens; missing attendance at a weekly resident meeting; not meeting curfew; etc.
- Intake process – Once they have met admission criteria, what will the intake look like? What papers do they need to fill out? (A list of recommended forms will be mentioned later in this manual.) What processes do they need to be shown? (e.g. what to do in case of an emergency, where their space/bed is, who their roommates are, where they can store food, how they can make this their home and be safe in it, etc.)
- Kitchen rules – Residents should be involved in food preparation in some capacity.
- Locations – While this is not a policy – the organization will want to include addresses for all operational sites, including any site where services are provided.
- Medication Assisted Treatment – What will the organization’s policy be around this? There are some great resources available about this service and Recovery Residences through the National Alliance of Recovery Residences (NARR)(This is located at: [https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH\\_MAR-RH-Brief.pdf](https://narronline.org/wp-content/uploads/2019/03/NARR-C4-NCBH_MAR-RH-Brief.pdf)).
- Mission/Vision Statement – The organization’s mission and vision statements should be included along with the policies and procedures in the manual.
- Naloxone Procedures – What happens if someone overdoses? Who is trained to use Naloxone? Where is it stored? What happens after the incident?

- Nondiscrimination Policy - Will everyone be accepted in your residence? Is there any reason why they could not be accepted? For example, is the residence suitable for someone in a wheelchair? If not, do you have a statement that shares that all reasonable accommodations will be made?
- Organizational Structure – Take the time to outline/map what the organizational structure is. For example, who answers to who, etc. Include the Board of Directors.
- Parking policy – Where should residents park? In the driveway? On the street? An assigned spot?
- Peer Leadership/Mentors – What are the criteria, guidelines, and expectations for peer leaders/mentor roles within the residence? What does resident-to-resident peer support look like? How is that facilitated and managed? The policy should include written responsibilities, role descriptions, guidelines and/or feedback for peer leaders/residence leaders.
- Personal space rules – Are residents to make their beds every day? What about requiring that their personal space is cleaned up?
- Population served – What will be the population served? Men only? Women only? Co-ed? Pregnant women and children? A special population, such as LBGTO, or 18-25, or HIV positive?
- Prescription and Non-prescription Medication Policy – This should include usage and storage; policies should be consistent with your Resident level and any relevant state laws.
- Programming – What are the residents to walk away with at the end of their stay? Is the residence to just be a safe, sober environment for them, or to offer services and a structured environment? The organization will have to determine what the structure of the residence looks and feels like for the residents. What are they expected to do while they are in the residence? What is their specific schedule? How are the residents' recovery goals met? Do they have to work/go to school/volunteer? Do they have to participate in mutual aid/caregiving? How are they going to participate in or create social/physical activities? Are they going to participate in daily/weekly community activities/programming?
- Recovery Plan – Every resident should have a Recovery Plan that is resident-driven. It should include an exit plan/strategy. The intent is that residents increase their recovery capital through things like recovery support and community service or work/employment while staying at the residence. The recovery plan will be an outline of how they build their recovery capital during their stay. A policy should be created to guide how staff help to build recovery plans for residents.
- Relapse policy – What will be done if someone relapses while staying in the residence? While it is understood that they cannot stay in the residence, there should be a plan in place for a referral to a higher level of care. In addition, there should be a guideline in place for when a person is asked to leave and when they are not. For example, if a resident relapse at night, they should not be asked to leave in the middle of the night as it puts them at further risk.
- Removal of personal property – If a resident breaks rules and is asked to leave, what happens? What is the policy concerning removing personal property?
- Resident Financial Responsibility – It is imperative to be honest and straightforward in conversations with residents about their financial responsibilities in order to live in the

home. It is strongly recommended that the organization have an easy to read form for clients that outlines exactly what they will owe on a weekly basis and in total if they stay for the duration of the intended program. Take the time to explain these details and have the conversation upfront, as it decreases problems in the future. This policy should also include issues such as refunds.

- Resident Input – Explain how residents can provide feedback, inform and guide operations, advocate for community- building, govern, help make rules, and have a voice in determining who they live with. This is their home, and they need to feel some ownership.
- Resident Progress – As clients progress in their recovery plan/treatment plan, it is important to document progress. What will be the policy/procedure for documenting resident progress? \*This policy/procedure is only applicable for Level IV Recovery Residences.
- Resident Rights – What are the rights of the residents while staying in the residence? What are the things that are promised to be provided for them?
- Safety and Health Policy – create a policy that encourages residents to take responsibility for their own and others’ safety and health
- Safety Inspection Policy – Should include inspection of the following: functional smoke detectors in all bedrooms spaces and elsewhere as code demands; functional carbon monoxide detectors; functional fire extinguishers placed in plain sight and/or clearly marked; regularly documented inspections of the smoke detectors, carbon monoxide detectors and fire extinguishers; fire and other emergency drills that take place regularly and are documented
- Smoking Policy – Policy should state that residence is either smoke-free or available only in a designated location
- Social Media – At all times the resident MUST be protected and their community privacy and confidentiality. How is that going to be accomplished?

The above recommendations are in no particular order of importance and are not to be seen or interpreted as a complete listing for an organization. There will likely be other policies and procedures that will be required to be implemented on an ongoing basis. Ultimately, the organization is responsible for the development and initiation of their policies and procedures. However, this listing is being provided to give the organization a good start on this process.

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# PROCESS AND CERTIFICATIONS

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# State, City, and County Certification Processes

## State

The first step in the process and certifications is to become a legal business entity within the state of Indiana. First, decide how you would like to structure and form your business. The Corporation Division with the Office of the Secretary of State is willing to help but is unable to offer legal advice. If legal guidance is needed, it is recommended to find an attorney that specializes in business law. For information on how to structure and form your business, a good resource to access is: [www.in.gov/sos/business/2428/htm](http://www.in.gov/sos/business/2428/htm). This page includes information on formal structures, as well as information needed to form a business. Another excellent resource is the link to the State of Indiana website, [www.INBiz.in.gov](http://www.INBiz.in.gov), which can be utilized to set up a business.

## City/County

The local city or county government is where any special use permits or zone variance information is located. Typically, an organization will need to work with the City's/County's Code Enforcement Office. As shared earlier, it is strongly recommended to work with professionals to request these permits or variances. An architect or building engineer is equipped to assist with the nuances of the processes. In the long run, it will save time, energy, and money to hire someone to assist with the process, rather than trying to navigate it alone.

Along with requesting permits or variances, the city/county will also oversee the residence inspection. Typically this will be done with the local fire department to ensure that the residence meets all of the necessary fire codes associated with the zoning for the residence. It is recommended to ensure that the residence is zoned properly first before requesting an inspection.

## Indiana Affiliation of Recovery Residences

The Indiana Affiliation of Recovery Residences is an affiliate chapter of the National Alliance of Recovery Residences. INARR is a non-profit agency that was developed in order to support Recovery Residences. Their stated mission is, "To create, evaluate and improve standards and measure of equality for all levels of recovery residences. INARR provides a forum for exchanging

ideas to include developing uniformity for our field, problem solving, and advocacy” (Levels of Recovery Residences, n.d.). Their philosophy is to support Recovery Residence providers in their efforts of providing “quality recovery-oriented housing opportunities to persons in recovery who seek to reside in abstinence-based, peer supportive environments” (Levels of Recovery Residences, n.d.). They believe that recovery should be person-driven, and done in an environment that meets their unique needs, while also meeting the basic needs of “safety, dignity, and respect” (Levels of Recovery Residences, n.d.). INARR’s intent is to provide a fair certification process for those Recovery Residences that meet the National Alliance of Recovery Residence standard and the INARR Code of Ethics. Additionally, they are available for support, training, and advocacy. Additional information regarding the INARR organization can be found on their website at [www.inarr.org](http://www.inarr.org).

In calendar year 2017, legislation was passed that mandated that the Division of Mental Health and Addiction certify Recovery Residences in order for them to receive state or federal funding. DMHA elected to have the certification process conducted through a third party. INARR was chosen as the vendor to handle the certification of Recovery Residences. If an agency is interested in pursuing state or federal funding from DMHA (i.e. Recovery Works, grants, etc.), it MUST be certified by INARR.

In order to become a certified residence and associate with INARR, the first step is determining the level of the home. There are four levels:

- Level I: Peer Run
- Level II: Monitored Residence
- Level III: Supervised Residence
- Level IV: Residential Treatment (different from clinical/ASAM definition)

Each level provides a different degree of support and has different standards that must be met. INARR provides tools to help with determining the level of a residence, which is located on their website. Once the level has been determined, an application will need to be completed (which is also on the INARR website). One application must be completed per each property being certified. Along with the application, a signed assurances form must be submitted. This is a statement acknowledging that the residence(s) are in compliance with all local and state rules that may affect the recovery residence(s). It is the organization’s responsibility to be aware of, and in compliance with, any and all regulations.

Once the application has been submitted, it is recommended to prepare for the inspection. In order to prepare, it is recommended to take time reviewing each standard and making sure that the written statements, documents, policies, procedures, etc. for each standard is available. Having a large binder where all of the documents are organized will be helpful for the reviewing process.

The next step will be having the residence(s) inspected by someone within INARR. Inspections are done by peer review inspections, meaning they are typically conducted by individuals that are in the Recovery Residence industry. The peer review team will be checking to make sure the residence meets the required standards. Once the inspection is complete, the results will be compiled, shared, and reviewed by INARR staff. INARR will provide the organization with written documentation of the inspection results, along with the residence status, or if necessary, any required areas of improvement with accompanying timelines. Once the inspection is considered approved, the application is submitted to the INARR Board for final approval. After all applicable standards are met, the residence will receive official notification of its certification and INARR Associate designation.

It is important to note that a peer review may not be scheduled until the residence has been operating at or around 60% resident capacity for two months or longer. Additionally, certification must be renewed every two years. Certification renewal includes the organization being up to date on the annual fee and the bi-annual peer review inspection.

If the staff have any questions about the INARR process they should contact the INARR organization directly to request assistance.

## Department of Mental Health and Addiction

The Division of Mental Health and Addiction is an agency within the Family Social Services Administration. One of their roles is to certify addiction providers. If it is determined through the application process with INARR that the residence will be a Level IV residence, it is recommended to first apply to become a certified provider through DMHA. Level IV Recovery Residences have licensed and credentialed staff providing addiction services. Clinical-level services are typically provided on-site. Due to the level of care being provided, this requires that the agency be certified by DMHA.

There are forms and several requirements that must be met in order to be certified by DMHA. They are as follows:

### Addiction Treatment Service Providers – Outpatient (ASO) (≤10 employees)

- Application – State Form 55376
- Documentation of Direct Service Providers – State Form 52810
- Statement of Understanding and Compliance with 440 IAC 4.4
- Policies and Procedures that include the following:
  - Legal Name

- Description of organizational structure, mission statement, services provided, populations served
- Locations of all operational sites
- Procedures to ensure protection of consumer rights IC 12-27
- Confidentiality 42 CFR 2
- Admission Criteria 440 IAC 4.4-24.5(c)
- Consumer Intake Assessments 440 IAC 4.4-2-4.5 (d)
- Treatment Planning 440 IAC 4.4-2-4.5 (f)
- Consumer Progress 440 IAC 4.4-2-4.5 (h)
- Discharge Planning 440 IAC 4.4-2-4.5 (i)
- At least 50% of direct service providers must be licensed and credentialed as follows:
  - LCSW, LMHC, LMFT
  - Psychologist
  - Physician
  - APN or certified nursing specialist
  - An individual credentialed in addictions counseling by a credentialing body approved by the division (i.e. CADAAC, Recovery Coach)
- At least one must be credentialed in addictions

#### Addiction Treatment Service Providers – Regular (ASR) (≥11 employees)

- Application – State Form 55376
- Statement of Understanding and Compliance with 440 IAC 4.4
- Policies and Procedures that include the following:
  - Legal Name
  - Description of organizational structure, mission statement, services provided, populations served
  - Locations of all operational sites
  - Procedures to ensure protection of consumer rights IC 12-27
  - Confidentiality 42 CFR 2
  - Admission Criteria 440 IAC 4.4-24.5(c)
  - Consumer Intake Assessments 440 IAC 4.4-2-4.5 (d)
  - Treatment Planning 440 IAC 4.4-2-4.5 (f)
  - Consumer Progress 440 IAC 4.4-2-4.5 (h)
  - Discharge Planning 440 IAC 4.4-2-4.5 (i)
- Copy of accreditation letter from an accrediting agency approved by DMHA. Also include a copy of the full accreditation agency report, the accrediting body’s survey recommendations and the organizations response to the recommendations. If accreditation has been applied for but not yet received, the organization must provide proof of application. (For information about temporary certification, please refer to 440 IAC 4.4-2-3-3.5.).



To access the rules and regulations through the State of Indiana website, it is located at: <http://www.in.gov/legislative/>. Click on "Administrative Code" in the publication's column, then click on "Title 440". For additional information on the certification application, please visit [www.in.gov/fssa/dmha/2943.htm](http://www.in.gov/fssa/dmha/2943.htm). For questions regarding the process, email the Certifications and Licensure team at [DMHA-CL@fssa.in.gov](mailto:DMHA-CL@fssa.in.gov).

## Recovery Works

The last step for certification is the easiest. There are three forms that must be filled out for Recovery Works: the application, a W-9, and the direct deposit form. Once the forms have been completed, please submit them to [Recovery.Works@fssa.in.gov](mailto:Recovery.Works@fssa.in.gov). All three forms can be found on the Recovery Works website, located at: [www.recoveryworks.fssa.in.gov](http://www.recoveryworks.fssa.in.gov).

Once the Recovery Works team begins to process your application, they will contact the organization to get information about who should have access to the billing system, the Web Infrastructure for Treatment Services, and DARMHA, the data management system. The employee that is responsible for the intake process will need access to DARMHA. It is recommended that the owner/Executive Director and one other back up person have access as well. All staff will be entered into the WITS system, but not all staff will need access. Please refer to the Recovery Works Policies and Procedure Manual for a guideline as to how staff should be designated in WITS.

Once the organization has been set up in DARMHA and WITS, the residence can begin accepting Recovery Works referrals. This will be the final certification in the process.

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# BEFORE YOU OPEN

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# Establish Paperwork

The development of the forms that the organization utilizes is important as it sets the tone for the overall structure, management and operations of the residence. These forms typically directly relate to the organization policies and procedures. It makes the organization appear professional, particularly if all the forms have a uniform look, with the same font, your logo, etc. When the forms and documents look professional, the organization will generally be taken more seriously. Below are some examples of forms that should be prepared:

- Recovery Meeting Sheet
- Behavioral Standards Understanding and Agreement
- Chore Sheet
- Community Check In Form
- Confidentiality Agreement
- Critical Incident Form
- Drug and Alcohol Use Policy
- Exit/Discharge Form
- Financial Agreement
- Group Confidentiality
- HIPAA Notice
- House Rules Agreement
- Liability Waiver
- Media Release
- Medication Information
- Monthly Goal Setting
- Nondiscrimination
- Notice of Privacy Practices
- Overnight Leave Request
- Pre-entry Screen – Screener questions that help staff determine if the resident is a good match for the residence
- Recovery Plan
- Referral Form
- Release of Information
- Resident Entry Form – Basic information about the resident
- Resident Program Attendance Log
- Resident Rights and Responsibilities
- Search for Hazardous Items
- Transportation Release – Allows staff to transport resident
- What to do in case of an emergency – Return to use plan, suicide ideation

This initial listing is not to be interpreted as an all-inclusive listing of Recovery Residence forms. It is likely that additional forms will need to be developed, along with additional policies and

procedures on an ongoing basis. The Massachusetts Alliance for Sober Housing, another NARR affiliate, has great resources for forms. Below are two links to help the organization get started:

- <https://mashsoberhousing.org/wp-content/uploads/2016/07/Recovery-Residences-101-Forms-Package.pdf>
- <https://mashsoberhousing.org/wp-content/uploads/2019/07/Website-Sample-sober-homes.pdf>

## Hire and Train Staff

### Hire

The hiring and training of staff is a very important part of the process prior to opening the residence. A Level I Residence will not require any staff, as it is a fully peer-run residence. Levels II through IV will need staff and the specific level will dictate the amount of staff necessary for operations. Overall, when considering the hiring of staff:

- Background Checks – The organization will want to establish a background check or due-diligence practice for all staff that are hired. It is recommended this be done for any level of staff, regardless of their level of interaction with residents.
- Certification – The organization will want to have a procedure in place to verify staff certifications when necessary. (e.g. Peer Coach certification, licensure, Community Health Worker Certification, etc.)
- Hiring Process – The organization will want to ensure that its hiring process puts people in roles that are most appropriate for the level they will be working in. For example, if someone is going to be promoted, it is recommended to make sure that the staff member is versed and trained in the Social Model of recovery and utilizes the best professional practices.
- Job Descriptions – These should include, at a minimum, responsibilities, necessary certification/licensure, lived experience credential, the need to facilitate access to community-based resources, eligibility, knowledge, skills, abilities needed to deliver services.
- Staff Code of Conduct – How to ensure that staff maintain proper boundaries.
- Support and Self-care – How are staff members supported and how is it ensured they maintain self-care? Are they encouraged to have their own network of support? Is staff expected to model that same support through genuineness, empathy, respect, support and unconditional positive regard?

## Staff Development

Once staff are hired, the training process begins. In order to ensure that the residence is providing quality services, all staff must have comprehensive orientation training and ongoing development of their skills. Below are some examples of the training that should be provided upon hiring and orientation of new staff:

- Adult Needs and Strengths Assessment – This is a requirement of DMHA through Recovery Works. If it is decided to utilize Recovery Works, someone on the team will need to become ANSA- certified, and that person will be required to give this assessment to every resident with a Recovery Works referral.
- Assessment – How are assessments done?
- Compliance – The organization will also want to have staff be aware of and help maintain compliance with all of the certifications. They can do this by being aware of all of the policies and procedures that were developed to obtain the certifications.
- Cultural Competency
- First Aid
- HIPAA and Confidentiality
- Intake Process
- Naloxone Training
- Notes – For billing purposes, it is recommended that staff are trained on the proper way to take and document notes of services provided.
- QPR – Suicide Prevention Training
- ROSC Model Training – Recovery Oriented Systems of Care

The following are links to good resources for trainings:

- DMHA: <https://www.in.gov/fssa/dmha/index.htm>.
- Project Echo: <https://oudecho.iu.edu/get-involved/>
- Substance Abuse Mental Health Services Administration: <https://www.samhsa.gov/>
- Addiction Technology Transfer Center Network: <https://attcnetwork.org/>

Ongoing staff development is highly recommended by incorporating a training development plan for all staff. This can be accomplished by either establishing individual goals for each staff member via their annual evaluation, or by developing an overall training plan for all staff. For example, every other month at an all staff meeting, bring in an expert to provide training on a relevant topic.

Lastly, provide on-going support to staff. Make sure a positive, supportive, and productive work environment is created in the organization and residence that acknowledges and celebrates their achievements and professional developments.

# Billing Process

Prior to opening the doors, it is recommended that the organization establish the costs for residents. Once the billing rate has been determined the organization should establish a billing process. It is recommended that this process include which day of the week or month the rent will be collected. Questions to be considered regarding this process also include: Will late payments be allowed? If so, will there be a penalty? Will everyone be charged the same rate, regardless of their funding source (self-pay, Recovery Works, another grant, etc.)? These are all things that will need to be determined and be included in a written agreement signed by the organization and the residents at admission.

When residents pay, the organization will need to produce a statement outlining how much they have paid and for what services. This statement needs to be provided to residents in a timely manner. In addition to a statement for the resident, the organization must maintain clear records of what has been charged and what has been paid for each client. A system will need to be developed that works effectively for the organization. Whether a specialized tool such as QuickBooks, Wave, etc. is purchased, or it is maintained through Excel spreadsheets, the organization will need to find what works best for their process. It is necessary that payments from third parties are clearly denoted in the system as well. For example, if a payment from Recovery Works is received, it is recommended a note be made of this for each client.

If billing Recovery Works, that program has provided great resources to assist with the billing processes on their website at, [www.RecoveryWorks.fssa.in.gov](http://www.RecoveryWorks.fssa.in.gov).

## Referral Relationships and Processes

Most of the residents will come from referrals via the relationships that have been developed by the organization's team in the community. It is recommended that the organization establish a process for how referrals are accepted and determine if they are a good fit for the residence. Creating a referral form is the easiest way to accomplish this process. The form can be sent to the referral partners, and they can fill it out and submit it as needed. The form can also be located on your website for easy access at any time.

On the referral form it is recommended that the organization gather some basic demographic information about the potential resident so that they can be contacted to schedule an interview. Information about the referral source should be included so that they can also be

contacted as needed for any additional information as needed. If there is any other basic information that the organization would like to collect up front, that is not already part of the application, it should be included in the referral form (e.g. any criminal justice information, mental health/substance use history information, etc.).

Once the form is finalized, it is recommended to establish a central location for all referrals to be submitted. A dedicated email account is ideal, such as [RecoveryHouseInfo@gmail.com](mailto:RecoveryHouseInfo@gmail.com). It is recommended that the email account for referrals be general, and not a specific person's email. However, make sure that a specific person (with a back-up staff person) is assigned to check that email daily.

Be sure to maintain your relationships with your referral partners. Every so often set up a time to retrain them on how the referrals are completed and received by your organization. This is especially important when considering referral partner staff turnover and loss of information. That is always an opportunity for the staff to meet the new staff at the referral source and share with them what makes the residence unique.

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# ONGOING PROCESS AND MANAGEMENT

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# Household Management – Level II – IV

As shared earlier, there are different levels of Recovery Residences. The level of the Recovery Residence will determine the amount of household management and oversight that needs to take place. Below is a breakdown of how each should look. (This information is provided from the INARR website. (Levels of Recovery Residences, n.d.))

## Level I – Peer-Run Recovery Residence

Level I homes are democratically run and have no external oversight or supervision. The state of Indiana relies on the Oxford House Model for Level I Residences. For information on this model, please visit [www.oxfordhouse.org](http://www.oxfordhouse.org).

## Level II – Monitored Residence

Level II often includes residences that are single-family, or apartment-style living and are overseen by a House Manager or Senior Resident. The House Manager or Senior Resident role is typically a paid position. This setting is structured and may have scheduled, peer facilitated support services. Residents are strongly encouraged to be involved in self-help and/or treatment services. Typically, house meetings are utilized as a main form of communication. Level II may or may not utilize drug screens to confirm abstinence.

## Level III – Supervised Residence

Level III offers a high level of support and typically is very structured. There is a clear hierarchy that provides administrative oversight and support to service providers (certified staff, case managers, facility manager, etc.). Clinical level care is provided by service providers in the community; however, support services (skills training, case management, employment services) are provided at the residence.

## Level IV – Residential Treatment

This is the highest level of structure for a Recovery Residence. This level is one step below clinically managed residential services. This level of care is operated by a licensed treatment provider and includes an organizational hierarchy with licensed and credentialed staff. Clinical and support services are typically provided on site.

The different levels will all require different levels of staffing, different schedules and different levels of management, based on the intensity of the level of care being provided.

It is recommended that it be determined how behavioral issues, breaking the house rules, or resident-resident disagreements are managed at the residence. Being prepared and being proactive in addressing those issues prior to them occurring will ease and better organize the process.

## Data Collection

Data collection will be invaluable to the organization as it grows. If the organization becomes a Recovery Works provider, it will be required to collect certain demographic data and assessment data. As a member of INARR, it will also be asked to collect data to support INARR outcome measures. However, collecting an organization's own data is necessary, so it can document and demonstrate success.

Demographic data will not be enough to demonstrate success. It is recommended that the organization find a set of tools that measures how residents are doing at intake, and at designated time points throughout their stay at the residence. Texas Christian University's Institute of Behavioral Research (<https://ibr.tcu.edu/>) has free evaluations available for behavioral health providers to use. There is a wealth of knowledge on their website to assist with finding the right evaluation tool.

Once a tool is chosen, data from residents will be gathered at intake and discharge, and at least one other time during their stay at the residence. The time interval selected must be consistent. For example, the organization may select the time intervals at intake; then 90 days from intake; and upon discharge. This allows a pattern of change to be seen in a resident. When the data is aggregated, patterns of success can be identified, as well as any areas of needed improvement.

## Working with Others

A large part of ensuring that the residents receive the care they need, lies in the relationships and knowledge that the staff have developed. In addition to ensuring established relationships with referral services, which will sustain the business, it is recommended to ensure a comprehensive knowledge of where to send the clients for referrals when the residence cannot meet their needs. As mentioned earlier in the network section, it is recommended to have a network of providers to whom referrals can be made when necessary.

It is important to remember that when making a referral for a client, typically a Release of Information (ROI) for the client will be needed. This will allow the organization staff to speak with the referral agency about the resident. For example, if a client is referred to a Community Mental Health Center for Substance Use services, the staff will need to have an ROI in order to speak with the resident's therapist about services or why they are making the referral.

In addition to working with referral sources, it is recommended to establish relationships with other Recovery Residences in your community. Sometimes the organization will get referrals that are not a good fit for the residence. It is important to be able to have options in order to make a referral to another residence that could be a better option for the resident. The best way to know if another Recovery Residence is a better option is to learn about their program by building a relationship. In some communities, there are meetings established for the Recovery Residences that allow them the opportunity to come together and share their services and programs.

## Working with the State

If the organization elects to become a Recovery Works provider, there will be certain expectations that are required to be met. All of those expectations are listed in the Recovery Works Policies and Procedures Manual, which can be found at [www.RecoveryWorks.fssa.in.gov](http://www.RecoveryWorks.fssa.in.gov). One of those expectations is documenting your services properly. For each service, Recovery Works provides a service definition. Within the service definition, the exact information they are looking for in a service note is provided. For example, for peer services, the following information in a service note must be provided:

- Date service was rendered
- Start and end time of service
- Report of the participant's status on the identified outcome measures
- Description of what happened in the session
- How this interaction will assist the participant in moving forward in their recovery
- What is the specific plan for next steps, including the participants actionable items, including date, time and type of next contact?

The following is an example of a proper service note:

*On August 29, 2019, from 9 – 9:30 a.m. client met with peer specialist to work towards his goal of finding a recovery support system. At this meeting, the client and specialist discussed different 12-step type meetings, such as AA and NA, and how they typically operate and the flow of the meetings. Additionally, they looked up different meeting options and navigated a*

*bus schedule so the client can attend both an AA and NA meeting. The client will try both types of meeting before their next meeting on September 1, 2019, at 9 a.m. Today's interaction assisted the client in moving forward in his recovery because he is looking for ways to maintain his sobriety through mutual self-help groups.*

At some point, the Recovery Works team will do an audit, and they will look for service notes and documentation that match what is required for each service definition. If the information needed is not present, there will be repercussions that could include a corrective action plan or termination.

It also is important to check email regularly. The Recovery Works team will communicate via email on a semi-regular basis. If assistance is needed, is it recommended to reach out to them via email at, [Recovery.Works@fssa.in.gov](mailto:Recovery.Works@fssa.in.gov).

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# APPENDIX AND RESOURCES

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# Appendix

# Resources

## References

- About Us*. (n.d.). Retrieved August 29, 2019, from inarr.org: <https://www.inarr.org/about-us/>
- Ilsoe, B. (2017, July 2). *8 Steps to building a strong board of directors*. Retrieved August 23, 2019, from VentureBeat: <https://venturebeat.com/2017/07/02/8-steps-to-building-a-strong-board-of-directors/>
- Levels of Recovery Residences*. (n.d.). Retrieved August 29, 2019, from INARR: <https://www.inarr.org/certification/application-process/levels-of-recovery-residences/>
- mission statement* . (n.d.). Retrieved August 27, 2019, from BusinessDictionary.com: <http://www.businessdictionary.com/definition/mission-statement.html>

## Additional Website Resources

- Find an Architect: [www.aia.org](http://www.aia.org)
- For information on DMHA Certification: [www.in.gov/fssa/dmha/2943.htm](http://www.in.gov/fssa/dmha/2943.htm)
- Indiana Affiliation of Recovery Residences: [www.inarr.org](http://www.inarr.org)
- Local Coordinating Council information: [www.in.gov/cji](http://www.in.gov/cji)
- Massachusetts Alliance for Sober Housing: <https://mashsoberhousing.org>
- National Alliance of Recovery Residences: [www.narr.org](http://www.narr.org)
- Oxford House: [www.oxfordhouse.org](http://www.oxfordhouse.org)
- Recovery Works: [www.RecoveryWorks.fssa.in.gov](http://www.RecoveryWorks.fssa.in.gov)
- State of Indiana Business information: [www.INBiz.in.gov](http://www.INBiz.in.gov)
- State of Indiana Legislative Code: <http://www.in.gov/legislative/>
- State of Indiana Secretary of State: [www.in.gov/sos/business/2428/htm](http://www.in.gov/sos/business/2428/htm)
- Texas Christian University: <https://ibr.tcu.edu/>
- Indiana Planning Association: [www.indianaplanning.org](http://www.indianaplanning.org)
- Americans with Disabilities Act: [www.ADA.gov](http://www.ADA.gov)

DMHA: <https://www.in.gov/fssa/dmha/index.htm>.

Project Echo: <https://oudecho.iu.edu/get-involved/>

Substance Abuse Mental Health Services Administration: <https://www.samhsa.gov/>

Addiction Technology Transfer Center Network: <https://attcnetwork.org/>