



PARR (PENNSYLVANIA ALLIANCE OF RECOVERY RESIDENCE)

Application Package for Individual Recovery Residence Providers

March 2014

The mission of the Pennsylvania Alliance of Recovery Residences (PARR) is to create, evaluate and improve standards and measures of quality for all levels of recovery residences. PARR provides a forum for exchanging ideas to include developing uniformity of nomenclature for our field, problem solving and advocacy. We assist existing regional associations in their growth, and foster the development of Recovery Residence Alliance where none exist. PARR is the regional resource for recovery residence providers seeking standards, protocols for ethical practice, training, and state of the art information pertaining to all levels of Residential recovery operations.

Pennsylvania Alliance of Recovery Residences

Attn: Fred Way
1620 Church Street
Philadelphia, PA 1912
fredway@ymail.com



PARR (PENNSYLVANIA ALLIANCE OF RECOVERY RESIDENCE)

Criteria for PARR Membership: Independent Providers

Purpose of the membership criteria

Alliance membership demonstrates that at the time of inspection your recovery residence adhered to and met the minimum standard set by PARR.

The Pennsylvania Alliance of Recovery Residences is an association for quality residences. Once you have met all the membership requirements, your residence will be placed on the PARR website and a membership certificate and logo will be issued for you to display proudly.

The following are the membership requirements.

Complete the membership application and review and review the membership requirements, ethics and inspection checklist:

1. Complete the application and the documents enclosed along with corresponding annual membership fee.

The mailing address is 1628 Church Street Philadelphia, PA 19124

The e-mail address is fredway@ymail.com

Annual membership fees

| | |
|--|----------|
| Annual application fee | \$150.00 |
| Plus these amounts per unit (bed) capacity | |
| Per Level 1 bed | \$0.50 |
| Per Level 2 bed | \$0.70 |
| Per Level 3 bed | \$1.00 |
| Per level 4 bed | \$1.50 |

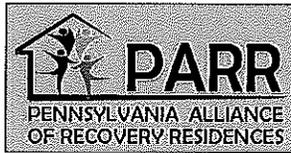
2. After your application and fees have been received you will be scheduled for a site inspection and please have copies of the below documents for our review.
 - a. Copy of zoning license
 - b. Copy of business privilege license
 - c. Copy of certificate of occupancy
 - d. Copy of homeowners of liability insurance
 - e. Copy of lease agreement if you are not the owner of the prope



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3. Pennsylvania Alliance of Recovery Residences – PARR exists to ensure and promote crucial management, operations and ethical standards of recovery residences, as well as to provide training to new and existing homes.
4. Our goal is to help create and foster a safe living environment for those with substance use disorders by certifying Recovery Residences that implement empirically-based recovery principles and practice standards.
5. Yearly training will be expected to teach and promote the standard being set by this association. Completion of the training will be required by all owners, directors and house managers.

All homes will be inspected annually



PARR (PENNSYLVANIA ALLIANCE OF RECOVERY RESIDENCES)

Pennsylvania Alliance of Recovery Residences

Standard for Recovery Residences

Version 1.0

March 2014



STANDARDS CRITERIA

| RECOVERY RESIDENCE LEVELS OF SUPPORT | | | | |
|---|---|--|---|---|
| | LEVEL I Peer- | LEVEL II Monitored | LEVEL III Supervised | LEVEL IV Service Provider |
| ADMINISTRATION | <ul style="list-style-type: none"> • Democratically run • Manual or P&P | <ul style="list-style-type: none"> • House manager or senior resident • Policy and Procedures | <ul style="list-style-type: none"> • Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state | <ul style="list-style-type: none"> • Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state |
| SERVICES | <ul style="list-style-type: none"> • Drug Screening • House meetings • Self help meetings encouraged | <ul style="list-style-type: none"> • House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services | <ul style="list-style-type: none"> • Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house | <ul style="list-style-type: none"> • Clinical services and programming are provided in house • Life skill development |
| RESIDENCE | <ul style="list-style-type: none"> • Generally single family residences | <ul style="list-style-type: none"> • Primarily single family residences • Possibly apartments or other dwelling types | <ul style="list-style-type: none"> • Varies – all types of residential settings | <ul style="list-style-type: none"> • All types – often a step down phase within care continuum of a treatment center • May be a more institutional environment |
| STAFF | <ul style="list-style-type: none"> • No paid positions within the residence • Perhaps an overseeing officer | <ul style="list-style-type: none"> • At least 1 compensated position | <ul style="list-style-type: none"> • Facility manager • Certified staff or case managers | <ul style="list-style-type: none"> • Credentialed staff |

**Pennsylvania Alliance of Recovery Residences
Member Standards**

| 1. Organizational/Administrative Standards | Level I | Level II | Level III | Level IV |
|--|----------------|-----------------|------------------|-----------------|
| 1.1. Recovery Residences are legal business entities as evidenced by business licenses or incorporation documents; | X | X | X | X |
| 1.2. Recovery Residences have a written mission and vision statement; | X | X | X | X |
| 1.3. Recovery Residences have a written code of ethics; | X | X | X | X |
| 1.4. Recovery Residences property owners/operators carry general liability insurance; | X | X | X | X |
| 1.5. Recovery Residences comply with state and federal requirements. If required, documents such as licenses and certificates of occupancy are visible for public view; | X | X | X | X |
| 1.6. Recovery Residences clearly identify the responsible person(s) in charge of the Recovery Residence to all residents; | X | X | X | X |
| 1.7. Recovery Residences clearly state the minimum qualifications, duties, and responsibilities of the responsible person(s) in a written job description and/or contract; | X | X | X | X |
| 1.8. Recovery Residences provide drug and alcohol free environments; | X | X | X | X |
| 1.9. Recovery Residences collect and report accurate process and outcome data for continuous quality improvement; | X | X | X | X |
| 1.10. Recovery Residences have written permission from the owner of record to operate a Recovery Residence on their property; | X | X | X | X |
| 2. Fiscal Management Standards | Level I | Level II | Level III | Level IV |
| 2.1. Recovery Residences maintain an accounting system that fully documents all resident financial transactions such as fees, payments and deposits; | X | X | X | X |
| 3. Operation Standards | Level I | Level II | Level III | Level IV |
| 3.1. Recovery Residences post emergency procedures and staff phone number in conspicuous locations; | X | X | X | X |
| 3.2. Recovery Residences post emergency numbers, protocols and evacuation maps; | X | X | X | X |

**Pennsylvania Alliance of Recovery Residences
Member Standards**

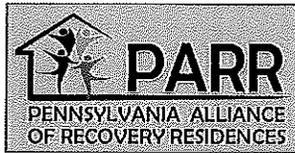
| 4. Recovery Support Standards | Level I | Level II | Level III | Level IV |
|---|---------------|---------------|-----------|----------|
| 4.1. Recovery Residences maintain a staffing plan; | If Applicable | If Applicable | X | X |
| 4.2. Recovery Residences use an applicant screening process that helps maintain a safe and supportive environment for a specific group of persons in recovery; | X | X | X | X |
| 4.3. Recovery Residences adhere to applicable confidentiality laws; | X | X | X | X |
| 4.4. Recovery Residences keep resident records secure with access limited to authorized staff only; | X | X | X | X |
| 4.5. Recovery Residences have a grievance policy and procedure for residents; | X | X | X | X |
| 4.6. Recovery Residences create a safe, structured, and recovery supportive environment through written and enforced residents' rights and requirements; | X | X | X | X |
| 4.7. Recovery Residences have an orientation process that clearly communicates residents' rights and requirements prior to them signing any agreements; collects demographic and emergency contact information and provides new residents with written instructions on emergency procedures and staff contact information; | X | X | X | X |
| 4.8. Recovery Residences foster mutually supportive and recovery-oriented relationships between residents and/or staff through peer-based interactions, house meetings, community gatherings, recreational events, and/or other social activities; | X | X | X | X |
| 4.9. Recovery Residences foster recovery-supportive, alcohol and drug-free environments through written and enforced policies and procedures that address: residents who return to alcohol and/or drug use; hazardous item searches; drug-screening and or toxicology protocols; and prescription and non-prescription medications usage and storage; | X | X | X | X |
| 4.10. Recovery Residences encourage each resident to develop and participate in their own personalized recovery plan; | X | X | X | X |
| 4.11. Recovery Residences inform residents on the wide range of local treatment and recovery support services available to them including: 12 step or other mutual support groups, recover community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities; | X | X | X | X |

**Pennsylvania Alliance of Recovery Residences
Member Standards**

| 4. Recovery Support Standards (Cont.) | Level I | Level II | Level III | Level IV |
|--|----------------|-----------------|------------------|-----------------|
| 4.12. Recovery Residences provide nonclinical, recovery support and related services; | X | X | X | X |
| 4.13. Recovery Residences encourage residents to attend mutually supportive, self help groups and/or outside professional services; | X | X | X | X |
| 4.14. Recovery Residences provide access to scheduled and structured peer-based services such as didactic presentations; | X | X | X | X |
| 4.15. Recovery Residences provide access to 3rd party clinical services in accordance to State laws; | X | X | X | X |
| 4.16. Recovery Residences offer life skills development services; | X | X | X | X |
| 4.17. Recovery Residences offer clinical services in accordance to State laws; | X | X | X | X |
| 5. Property Standards | Level I | Level II | Level III | Level IV |
| 5.1. Recovery Residences abide by all local building and fire safety codes; | X | X | X | X |
| 5.2. Recovery Residences provide each residents with food and personal item storage; | X | X | X | X |
| 5.3. Recovery Residences place functioning fire extinguishers in plain sight and/or in clearly marked locations ; | X | X | X | X |
| 5.4. Recovery Residences have functioning smoke detectors installed. If the residence has gas appliances, functioning carbon monoxide detectors are installed; | X | X | X | X |
| 5.5. Recovery Residences provide a non smoking internal living environment; | X | X | X | X |
| 5.6. Recovery Residences have a community room large enough to accommodate house meetings and sleeping rooms that adhere to local and state square footage requirements; | X | X | X | X |
| 5.7. Recovery Residences have one sink, toilet and shower per six residents or adhere to local and state requirements; | X | X | X | X |
| 5.8. Recovery Residences have laundry services that are accessible to all residents; | X | X | X | X |

**Pennsylvania Alliance of Recovery Residences
Member Standards**

| 5. Property Standards (Cont.) | Level I | Level II | Level III | Level IV |
|---|----------------|-----------------|------------------|-----------------|
| 5.9. Recovery Residences maintain the interior and exterior of the property in a functional, safe and clean manor that is compatible with the neighborhood; | X | X | X | X |
| 5.10. Recovery Residences have meeting spaces that accommodate all residents; | X | X | X | X |
| 5.11. Recovery Residences have appliances that are in working order and furniture that is in good condition; | X | X | X | X |
| 5.12. Recovery Residences address routine and emergency repairs in a timely fashion; | X | X | X | X |
| 6. Good Neighbor Standards | Level I | Level II | Level III | Level IV |
| 6.1. Recovery Residences provide neighbors with the responsible person(s) contact information upon request. The responsible person(s) responds to neighbor's complaints, even if it is not possible to resolve the issue; | X | X | X | X |
| 6.2. Recovery Residences have rules regarding noise, smoking, loitering and parking that are responsive to neighbor's reasonable complaints; | X | X | X | X |
| 6.3. Recovery Residences have and enforce parking courtesy rules where street parking is scarce; | X | X | X | X |



PARR (PENNSYLVANIA ALLIANCE OF RECOVERY RESIDENCES)

Application for PARR Affiliation

For providers not affiliated with a regional recovery residence organization

If you need more space for answers to application questions, please feel free to use a separate sheet. Application forms may be emailed to fredway@ymail.com. Application material sent by postal or express mail should be addressed to:

Pennsylvania Alliance of Recovery Residences
Fred Way
1628 Church Street

Section 1: Organizational Information

Name of organization:

Organization type:

(corporation, partnership, LLC, nonprofit corp., sole proprietorship, etc.)

State of organization or incorporation:

Year founded:

Contact information:

Principal business address:

Mailing address:

Principal contact person, name and title:

Contact phone:

Contact email address:

Website address:

Section 2: Residences operated by this applicant

Please provide information about the recovery residences you operate by completing Schedule 2. If you have more residences than space permits, please provide the same information on the additional residences in a similar form.

Section 3: Standards, codes of ethics, dispute resolution

Do you maintain formal standards for the operation of your recovery residences? Yes No

Do you maintain a code of ethics to which all members subscribe, or do your standards contain provisions equivalent to a code of ethics? Yes No

Do you agree to adopt the PARR Standard for Recovery Residences for all recovery residences operated by your organization? Yes No

Do you have a defined process for resolving complaints from residents and the public? Yes No

Do you maintain and follow procedures for logging and retaining records of complaints about your residences, and the manner in which they were resolved? Yes No

Page 2: Application for PARR Affiliation

For providers not affiliated with a regional recovery residence organization

Section 4: Support for PARR activities and mission

Are you willing to participate in PARR activities and programs? Yes No

Are you willing and able to support PARR-sponsored research initiatives? Yes No

Are you willing and able to contribute financially to the operation of NARR by payment of applicable annual affiliate fees?

Yes No

Do you intend to conform to affiliate requirements which are enacted by PARR for adoption by its affiliates?

Yes No

Do you agree to cooperate with PARR in efforts to resolve complaints received by PARR about the affiliate or about its individual members? Yes No

Section 5: Affiliate fees

Total annual affiliate fees (from Schedule 1):

Certification

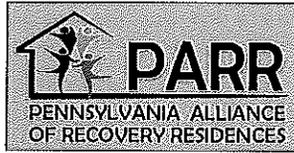
I certify that this application is supported by the applicant organization named above, and that I am authorized to submit this application on its behalf.

Signature _____

Name:

Title:

Date:



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Schedule 1: Fee calculation for your organization

Affiliate fees for recovery residence providers are based on residential capacity provided at each level of service. For a description of service levels please see Attachment 1. PARR established this fee approach to ensure an equitable distribution of financial support across affiliates of different sizes, average resident capacities and service levels.

This table will help you calculate the affiliate fee for your organization based on your capacity at each level of service. Enter the total member capacity for each service level in column (a). If you're completing this form on your computer, the calculations should be done automatically in the form. The total fee is the sum of the \$150 application fee and the capacity-based charge based on your capacity and service level characteristics.

| | | | |
|---------------------------|--|---------------------------------|---|
| 1 | Annual application fee | | \$ 150.00 |
| Capacity-based fee | | | |
| | | (a) Total capacity (beds) | (b) Per-bed fee |
| | | | (c) Total for level (beds x per-bed fee) |
| 2 | Level 1 | <input type="text"/> | \$ 0.50 |
| 3 | Level 2 | <input type="text"/> | \$ 0.70 |
| 4 | Level 3 | <input type="text"/> | \$ 1.00 |
| 5 | Level 4 | <input type="text"/> | \$ 1.50 |
| 6 | Total capacity-based charge (sum of column c) | | <input type="text"/> |
| 7 | Total affiliate fee (line 1 + line 6) | | <input type="text"/> |

If you're completing this form on a computer, the total fee amount should calculate automatically.

Copy the total in line 7 to the total affiliate fee line in Section 5 of the application above. This amount is due upon application.

If you have any questions about this worksheet, please email PARR at fredway@ymail.com

Schedule 2: List of covered recovery residences

Please provide the following information for each recovery residence you operate. All recovery residences you operate must be included. Item notes are provided below the tables. Information for additional residences should be provided on a separate sheet. Note that information for each residence spans the two tables below.

| | Residence name | level of support [1] | residence capacity | gender(s) served [2] | accepts minors? | responsible person | monthly fees | state licensed? [3] |
|---|----------------|----------------------|--------------------|----------------------|-----------------|--------------------|--------------|---------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

| | Residence name | residence address | City | State | ZIP |
|---|----------------|-------------------|------|-------|-----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

Notes to residence information tables

[1] Highest level of recovery support provided in this residence, as defined in the PARR Standard for Recovery Residences

[2] Men, women, co-ed, women with children, men with children or families with children

[3] "Yes" if residence is licensed by the state as a substance abuse treatment or mental health facility, or for another state-licensed use

Application checklist

This checklist is for your use, and will help insure that your application materials are complete. We request that your application and supporting information be sent electronically. Reference letters may be sent to us either electronically or by mail.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Completed application including residence information and fee table |
| <input type="checkbox"/> | resident agreement, house rules and informational material provided upon application for residence |
| <input type="checkbox"/> | letters of recommendation, mailed by reference source directly to PARR |
| <input type="checkbox"/> | policies & procedures, operating standards or equivalent information provided to residence staff |
| <input type="checkbox"/> | code of ethics if not included in above |
| <input type="checkbox"/> | residence photos |
| <input type="checkbox"/> | affiliate fee payment |
| <input type="checkbox"/> | inspection scheduled |
| <input type="checkbox"/> | inspection completed |

Electronic application materials should be sent to fredway@ymail.com. Please send checks, hard copy applications and recommendation letters to:

Pennsylvania Alliance of Recovery Residences
ATTN: Fred Way
1628 Church Street
Philadelphia, PA 19124

Make checks payable to the Pennsylvania Alliance of Recovery Residences.