

Risky Business

The Search for Standards and Ethics
in Sober Living Recovery Residences

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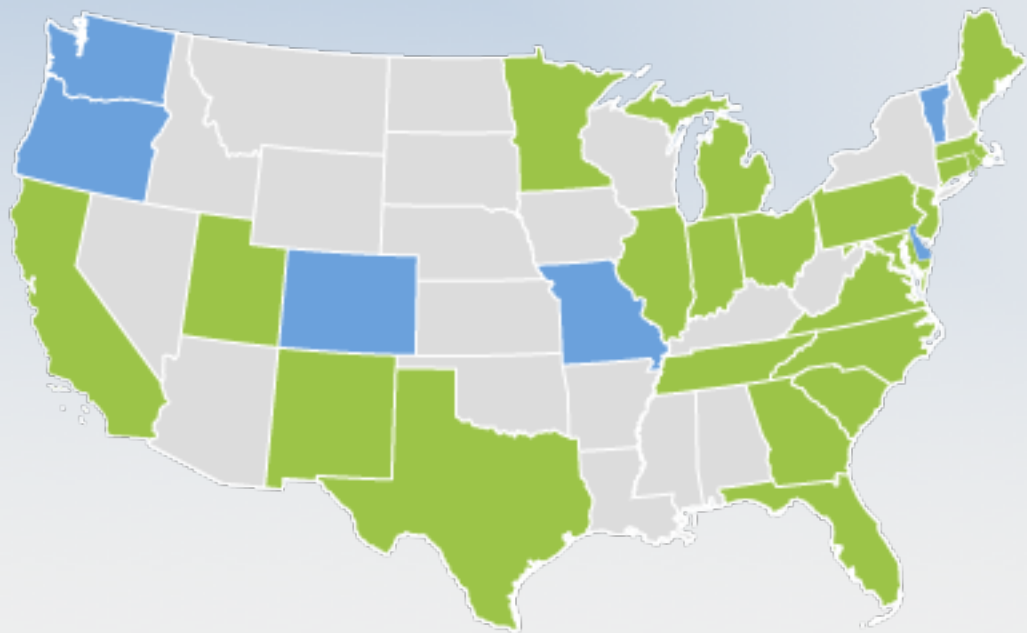
Objectives

1. Participants will identify recovery residence systems that are certified, i.e. adhere to a national standard and ethics code.
2. Attendees will be able to discern processes to ethical, professional alignments within the continuum of care to truly implement a chronic care model of treatment within their own organizations.

What is NARR?



National Alliance for Recovery Residences (2017)



- Established 2011
- 22 state Affiliates at various stages of development
- Representing >2,500 certified recovery residences
- Where >25,000 persons in recovery live

Recovery Residence Support Model: “The Bigger Picture”

Regional Certifying
Organizations
Nationwide



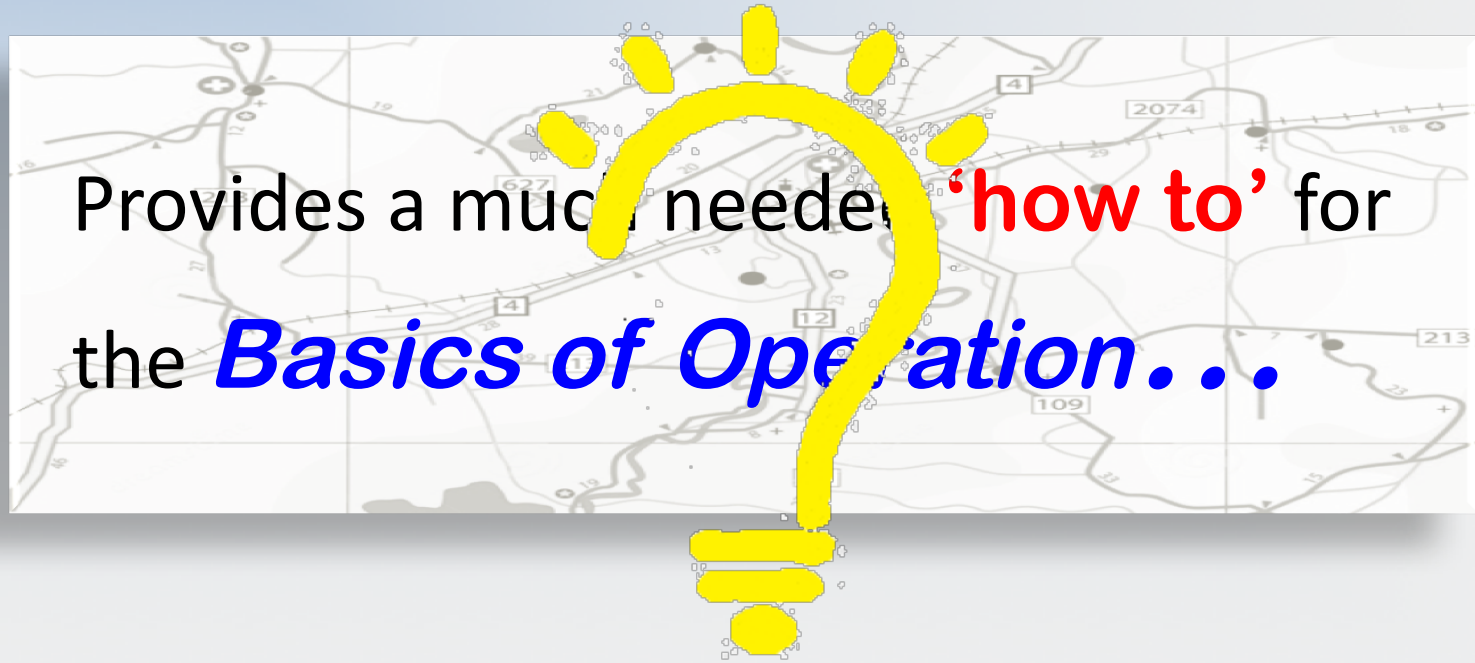
National
Standards
Based on
**Best
Practices**



Certifying Organizations Implement Standard,
Monitor Compliance

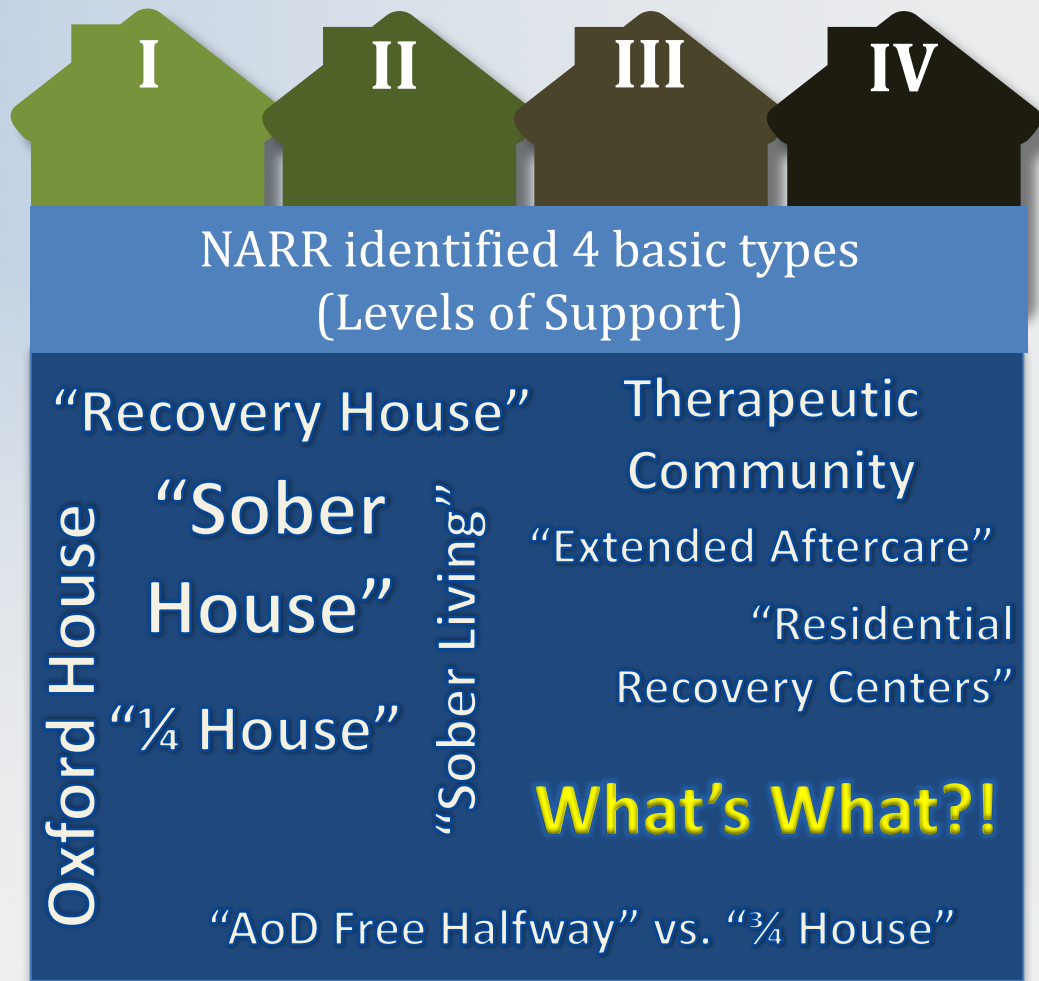


Recovery Residence Standard

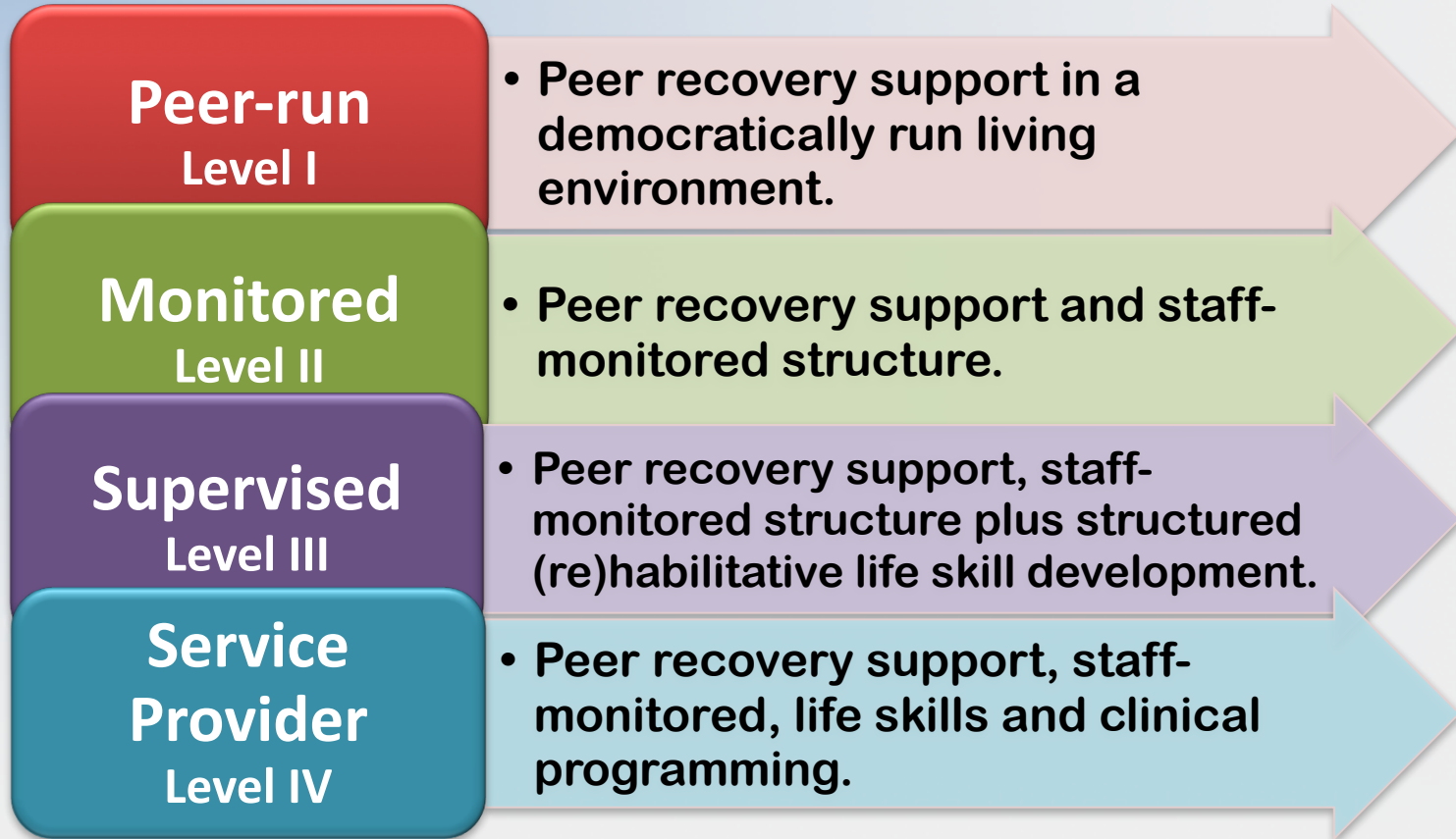


NARR Establishes a Common Language and Framework

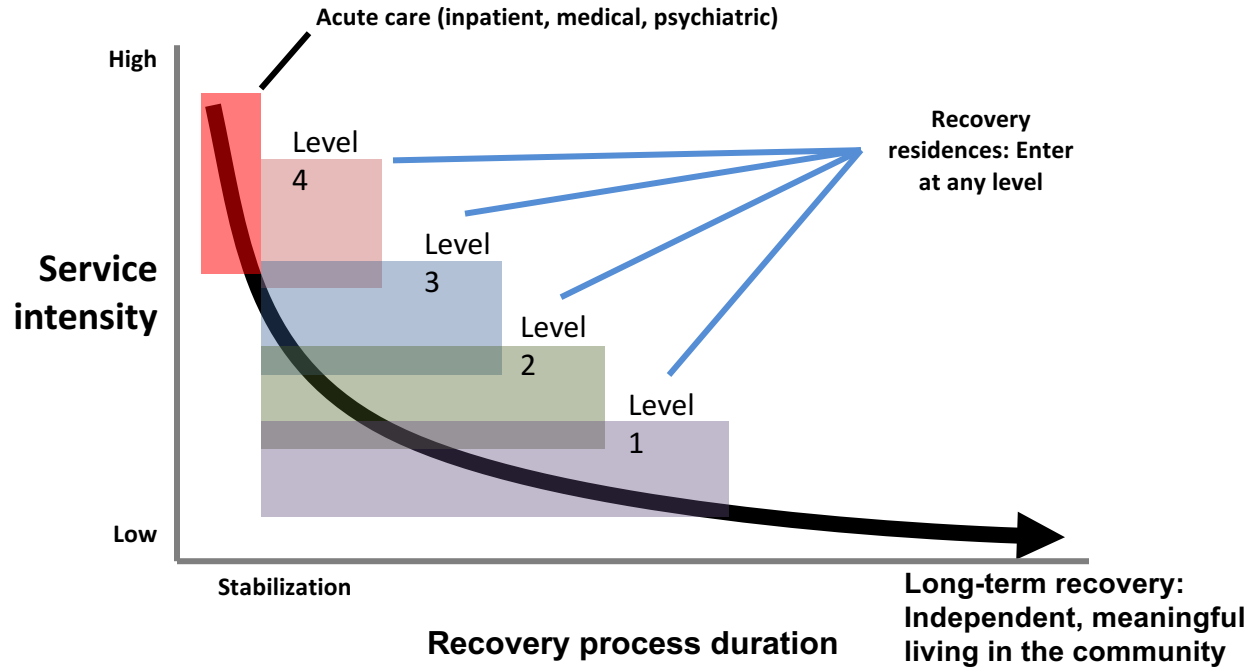
Inclusive framework of choices
Recovery Residences
4 Levels of Support



NARR Levels



Recovery Residences in the Continuum of Recovery



NARR. (2012). A primer on recovery residences: Frequently asked questions. National Association of Recovery Residences. Accessible at www.narronline.com.

In the news

Sober home task force raid
Feds charge six in S... the fraud scheme.



Sober-living home operators
scheme (Los Angeles).



Typical Ethical Challenges for Recovery Residences?

- Maintaining appropriate boundaries
- Confidentiality
- Staying in our lane re: scope of work
- Promoting (not compromising) choice
- Marketing and referral practices

Red Flags for Recovery Residences Today

- ❗ Free 'rent' in exchange for going to an IOP
- ❗ Lab (testing) companies that offer monetary compensation in exchange for their services...or RR's that offer 'free rent' in exchange for insurance card
- ❗ Exclusive agreements with referral sources; referrals not in the best interest of the resident, not promoting choice
- ❗ Embellishing on marketing/outreach
- ❗ Ethical outreach vs. solicitation
- ❗ Grateful residents or families offering gifts/money

Red Flags for Recovery Residences Today

- ❖ Promoting a resident to 'staff' too early...and/or without suitable training
- ❖ Unclear and/or inconsistent financial boundaries –
i.e. resident can't pay fees but is a good carpenter so he is offered to fix a deck at staff's personal home...not an uncommon scenario and many don't know this is not ok...
- ❖ Discharging a resident for any reason without a next step plan or recommendation
- ❖ Sharing information without a release

Recovery Residence Systemic Problems



Separate Development and History

- Traditionally marginalized service, operated mostly by individuals
- Few barriers to entry, low apparent costs and requirements to open
- Little professional or community support – truly the “last house on the block.”

Financing and Payer-Driven Problems

- Insurance Fraud
- Inducements and kickbacks
- Toxicology
- Patient Brokering
- Recovery residences are both bait and co-conspirators

Unprecedented Growth

- Awareness of chronic nature of the disease, professional community referrals
- ACA – OP care is approved for longer time, and many of that population need safe, supportive places to live while receiving services
- Raw cost – individuals and families – lower this way than out of pocket for LT residential

Lack of Objective Standards

- Exemption from most regulation (lower levels, most states)
- Not generally connected to other systems of care
- State health care agency orientation – “If we don’t license/regulate it, it’s not part of our world.”

Lack of support

- Institutional
- Community (with some exceptions)
- Resources for process improvement, standards implementation
- Residents and residences (some exceptions including re-entry, ATR, some state programs)

Uninformed Consumers

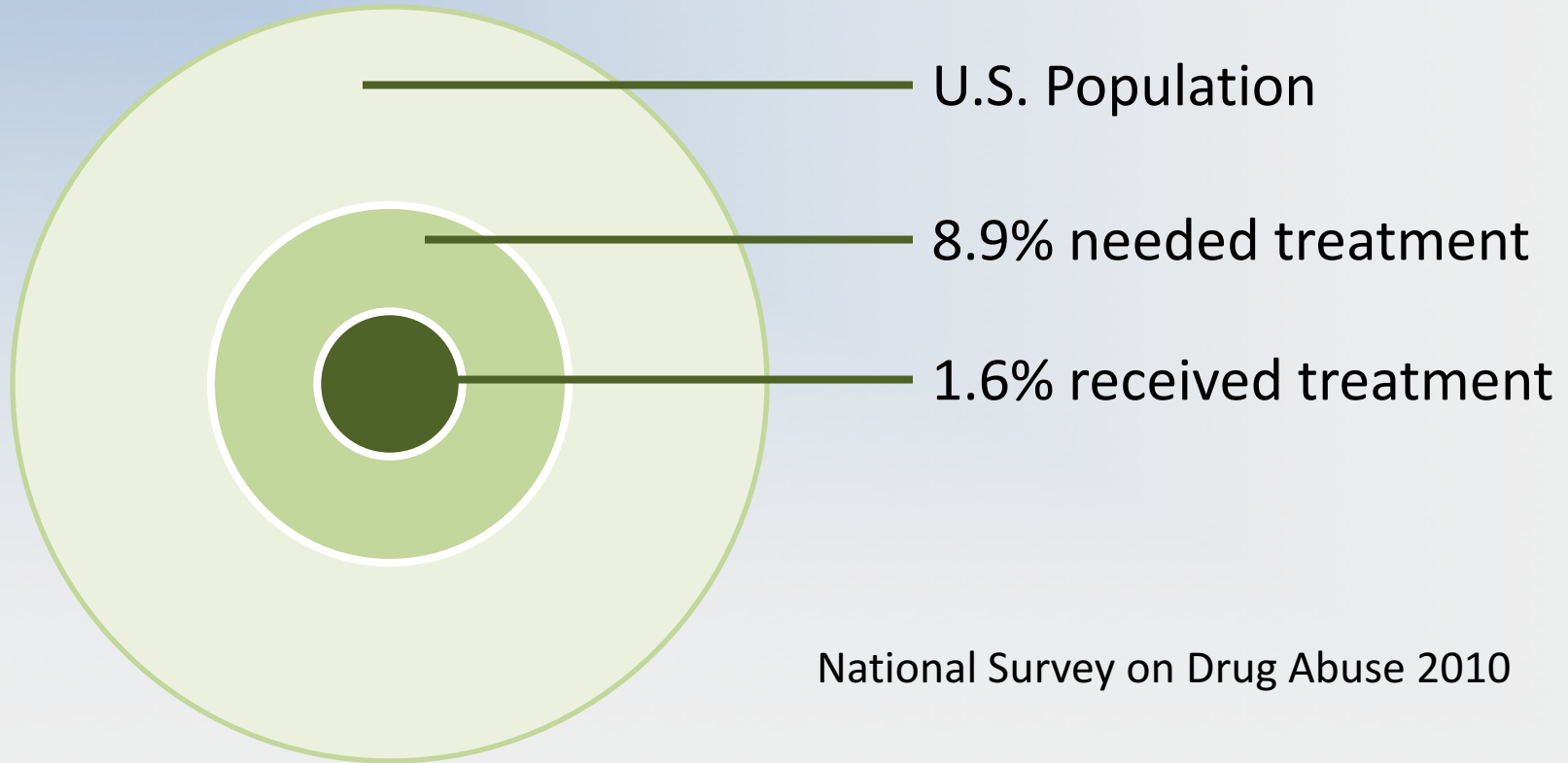
- Quality
- Services offered
- Suitability of an individual for a residence (or residence level generally)
- Credible referral sources
- ***Creates conditions rife for abusive marketing***

Unethical Marketing

- Web-based business models
- How can a call center properly assess an individual's needs?
- Unrealistic promises
- Selling what someone wants, or what they need?

These are all symptoms of a much bigger issue...

System Failure



NAATP Outcomes Pilot Program

- 63% of those entering treatment had at least one prior treatment episode.



***If addiction is a
chronic disease,
why do we treat it
with acute episodic
interventions?***

“The acute care model of addiction treatment in the United States as we have evolved it over the 40 years is politically and scientifically not sustainable.”

“...Interventions so brief it has little probability of success”

“Not a personal failure...a systems failure”

-- William White

(source: [youtube.com/user/williamwhitepapers/](https://www.youtube.com/user/williamwhitepapers/)
Life Beyond Treatment - Session 1 Chapter 2)

“We are routinely placing individuals with high problem severity, complexity, and chronicity in treatment modalities whose low intensity and short duration offer little realistic hope for successful post-treatment recovery maintenance.”

William White Papers, December 14, 2013

Paradigm shift from acute to chronic care

Acute care model

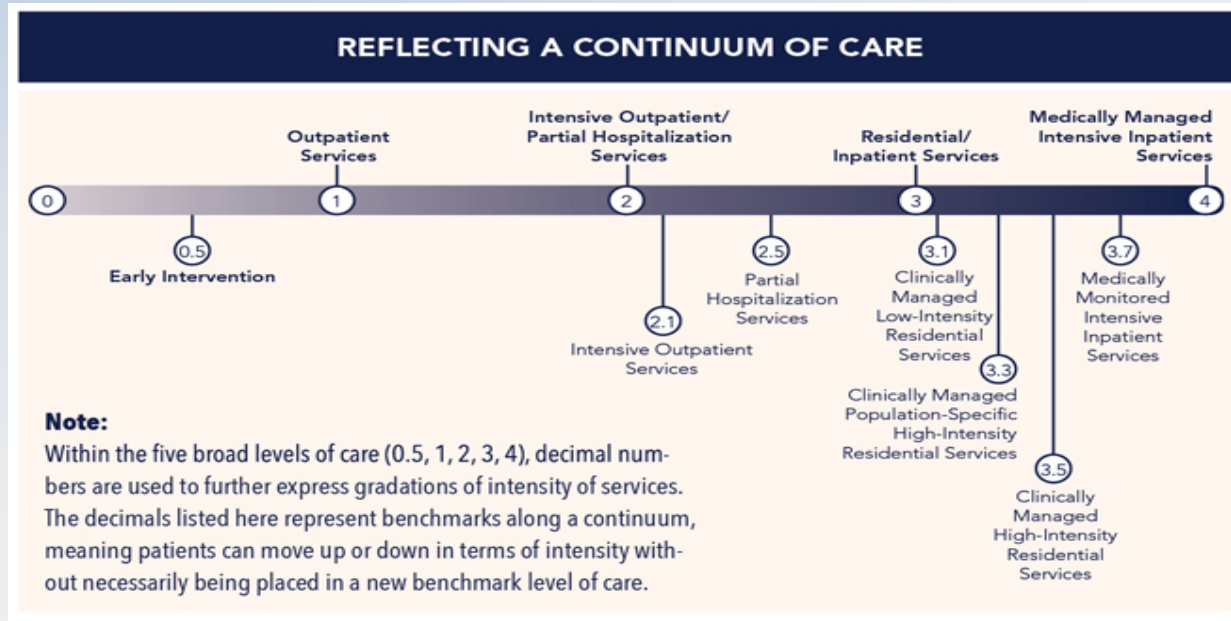
- Focus on disease process
- Disease management

Chronic care approach

- Focus on recovery process
- Recovery management (RM)

Solution

Practice Continuum of Care

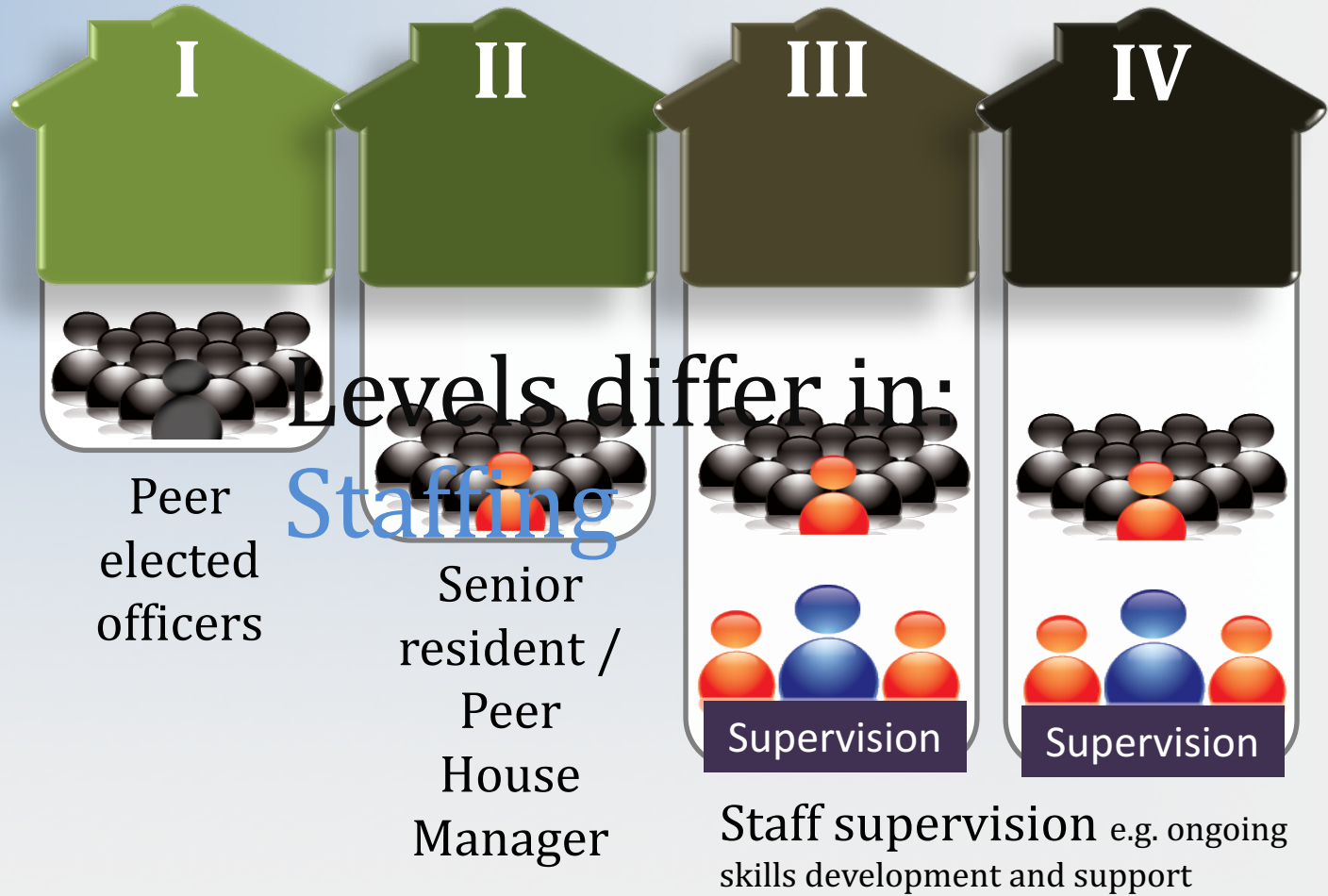


Aftercare....becomes Continuing Care

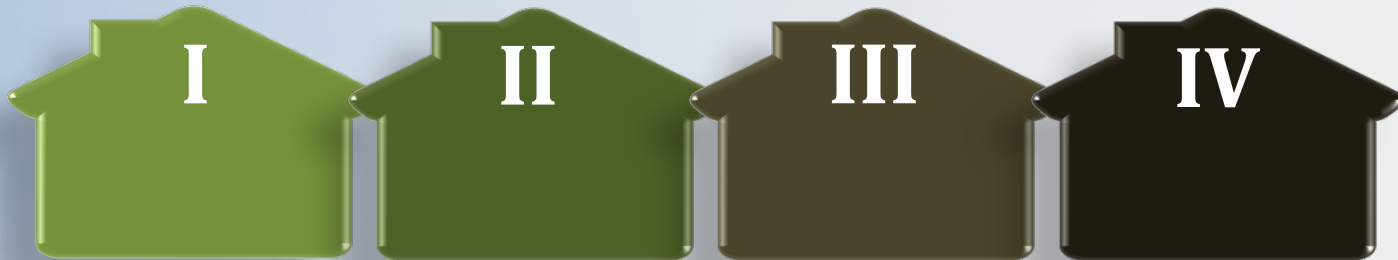
Continuing Care plan Starts on Day 1 of
Initial (vs. Primary) Treatment

**Is the level of care referred
appropriate to the needs?**

Levels differ in: Staffing



Levels differ in: Service Bundles



I
Housing – safe, stable housing that is recovery supportive

II
Social Model – sociocultural elements & structure that promote ubiquitous support, accountability & connectedness

III
Peer Recovery Support

- Formal one-on-one (e.g. coaching)
- Formal groups (e.g. support groups)

IV
Life skills

e.g. job readiness, budgeting

Trend: IOP/PHP + RR

Clinical

One size does not fit all:
Recovery residences a fit?
If so, which is right for
whom? i.e. Variables?



Solutions

- Standards recognition, and third party accountability in their implementation; effective response to complaints
- Combine with training and technical assistance
- Reduce cost barriers to participation
- Commitments from other stakeholders – public health, treatment community, other referral sources
- Give providers reasons to comply (incentives and sanctions)

Current examples

- Massachusetts
- Ohio
- Florida
- Indiana, Rhode Island
- California – legislation introduced

Qualities of Ethical Recovery Residences:

- Are accountable
- Implement Social Model
- Work effectively within a Recovery Oriented System of Care (ROSC)
- Are mindful and **strive to implement outcomes**

NARR Ethics Code

All persons working in NARR Affiliate organizations, (recovery residence owners, operators, staff and volunteers) are expected to adhere to the following Code of Ethics.

It is the obligation of all recovery residence owners/operators and staff to value and respect each resident and to put each individual's recovery and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:



NARR Ethics Code

1. Assess each potential resident's needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the resident for referral in or outside of the residence.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy and personal rights of each resident.

NARR Ethics Code

7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.
11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.

NARR Ethics Code

13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment and protect the privacy of resident information.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.

NARR Ethics Code

- 17. Sustain transparency in operational and financial decisions.
- 18. Maintain clear personal and professional boundaries.
- 19. Operate within the residence's scope of service and within professional training and credentials.
- 20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.



The Gold Standard

Excellence in Action



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Affiliates

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Emerging

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www.narronline.org



Latest News





NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS



Thank you for the opportunity to provide this information
about recovery residences.