



California Consortium of
Addiction Programs and
Professionals

Inspiring Excellence, Promoting Change

STANDARDS

FOR SOBER LIVING ENVIRONMENTS

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STANDARDS
FOR
SOBER LIVING ENVIRONMENTS

Sober Living Environments (SLE) is a term generally used to describe a specific type of housing. SLE's offer a housing alternative to individuals who are recovering from alcohol and or drug addiction. These environments are not subject to licensing by any State agency and are not subject to certification or accreditation. Other terms used to describe such housing are "recovery residences" "cooperative housing for recovering people", "resident-run housing", "sober cooperative living", "alcohol, drug free living centers", etc. All of these arrangements have something in common in that they are intended for cooperative living of individuals who are recovering from alcoholism or drug addiction. Resident responsibility for the environment sets it apart from formal recovery programs.

There is a great need for sober housing in our communities. Experience has shown that persons who have completed a residential program of recovery or have stabilized in Alcoholics Anonymous need to live in a sober environment in order to maintain sobriety and recovery. Many persons who leave organized programs do not have a home to go to, nor can they afford individual housing, which is recovery conducive. Cooperative housing offers a bridge to independent living.

Sober Living Environments come in all sizes and configurations - from freestanding homes to apartment buildings. If more than six people who are not related to each other (not a "family") live together they may need to have some sort of a use permit from the governing district in which they live. Some local jurisdictions require health clearance and there may be a need for review by the local fire marshall.

SLE's must not require residents to attend programs or counseling sessions, however certain rules may be set as provisions of residency. House rules may include curfew, smoking, chores, payment of rent, and attendance at house meetings, and A.A. /N.A. meetings, and must include prohibition of any use of alcohol and or drugs.

A sober living home may or may not have paid staff. The role of the staff must be clearly for management of the housing and not for management of individuals.

The environment must be recovery conducive and space should be adequate to accommodate each individual comfortably and with dignity and respect.

Attention should be given to the health and safety of all residents and therefore the home should meet minimum fire and health standards.

STANDARDS

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2101 ARCHITECTURAL ASPECTS OF RECOVERY-CONDUCTIVE HOUSING

Architectural aspects of design should be similar to those for regular residences with a few important differences.

- (a) Sociopetality: Design should encourage residents to contact each other incidentally, informally, and without status barriers. Mundane contacts with each other during the course of the day are the medium for recovery in a well-designed setting.
- (b) Communality: Space should be available for all residents to meet for community meetings, and to attend community events (parties, meals, holidays, celebrations).
- (c) Security: Entrance and exit must be controlled. This means that informal perimeter security and monitoring of the front door are necessary. Human security (people circulating through the facility) is far preferable to electronic security.
- (d) Durability and quality of furnishings: Only the highest quality fixtures, materials, appliances and furniture should be used. The extra investment in the beginning repays itself many times over.
- (e) (f) (g) Upkeep and appearance: Repair, maintenance, cleanliness, and attractiveness are critical elements in the life of the house. The upkeep and appearance of the house are a metaphor for the lives of the residents. This includes grounds and driveways surrounding the home.
- (h) (i) Personalization and comfort: Residents should feel the place is their own. This means allowing room for personal possessions, decorating one's own area, etc.

(Reprinted with permission, "The architecture of recovery: Prospects for the Nineties for housing low-income people with alcohol and drug problems", Friedner D. Wittman, Clew Associates, presented April 10, 1992, at a Conference on Recovery-Conducive Affordable Housing Strategies, University of California, San Diego.)

- (j) Respect for neighbors: Good neighbor policies assure that the home and its residents are accepted as part of the community. This means that residents will be mindful of noise levels of conversations, designated smoking areas that will not affect the neighbors, and walking on sidewalks and paths to destinations.

2102 SPACE

- (a) Space should be adequate to accommodate each individual comfortably and with dignity and respect.
- (b) Each home shall have a living room area with adequate space for participants to assemble for social or other group activities.
- (c) Each home shall have a dining area suitably furnished for group or individual meal service.
- (d) Sleeping rooms shall be adequate to provide a bed and private space for each resident. These areas shall not be used for any other purposes.
- (e) Bathrooms shall be conveniently located and sufficient to provide adequate facilities for health, hygiene and privacy for each resident.
- (f) Kitchen facilities shall provide cooking and storage space to meet the needs of the home and its residents.
- (g) Personal storage should be provided for each resident.

2103 FIRE SAFETY

The following minimum fire prevention requirements shall be followed:

- (a) There shall be no smoking in bedrooms;
- (b) Smoking is allowed outside only and smoking materials shall be disposed of safely;
- (c) There shall be no accumulation of clothing, newspapers, or cartons in the living/sleeping areas;
- (d) Stoves and cooking areas shall be kept clean of grease accumulation;
- (e) Furniture and drapes are treated with fire retardant materials
- (f) Smoke detectors fire extinguishers, and CO2 detectors shall be installed;
- (g) Exit doors shall be clearly marked and readily available;
- (h) Fire drills from sleeping areas should be encouraged;
- (i) Buildings with 2nd floor shall have emergency fire ladders clearly marked.

2104 HEALTH STANDARDS

The following minimum health maintenance measures shall be followed:

- (a) There shall be adequate space for food storage;
- (b) All food shall be stored in covered containers, or properly wrapped;
- (c) Perishable items shall be refrigerated and adequate refrigeration in good repair shall be available;

- (d) All dishes and cooking implements shall be washed upon use;
- (e) There shall be adequate hot water for dish washing;
- (f) Bathroom space shall be adequate for number of residents;
- (g) Bathrooms shall be kept clean on a daily basis;
- (h) Bathrooms shall provide personal privacy;
- (i) There is a policy for drug testing.

2200

Article 2. Management

2202 MANAGERS RESPONSIBILITY

The person in charge of the facility shall be clearly identified to all residents and on the premises (a). This should be an individual or designated individual within the group. This person shall be responsible for the maintenance and safety of the building. (b) If the person is designated, the lines of authority must be clearly defined. (c) The manager should be the keeper of the “good neighbor” policy and liability insurance and copies should be available and visible in the home.

2203 STAFFING

(a) – (f) Staffing may or may not be necessary depending on the nature of the housing. At a minimum, someone must be responsible for the safety of the building, someone must be available to maintain records, to collect rent, and to register and check-out residents, and to maintain rules of the house. The resident group may choose to have other staff available such as cooks, grounds keepers, etc. Staff shall not provide any direction to the residents but shall be available for appropriate management of the physical plant.

2300

Article 3. Record Keeping

2301 RESIDENT RECORDS

- (a) The manager in charge of the residency shall maintain formal records. Records fill several important roles: they allow management to track the person served and provide a sense of order. The following record keeping standards are applicable to SLE:
- (b) Personal Data Form: Biographical personal data that provides an identification profile and emergency contact. Personal data requirements should be consistent with the organization's record and profile data requirements. Length of sobriety, prior recovery experience, and source of referral are appropriate.

- (c) Resident Log: This is a continuing record of residents as they enter and exit residency. The log includes referral into the home and circumstances of exit. Management thus has available a quick review of residents registered in a given year, along with the number of people moving out and why.
- (d) Resident Fee Payment Record: This record indicates the amount of resident fee due, and the date and amount of actual payment.
- (e) Sign-in, Sign-out Sheets: For the safety of the residents and in case of emergency, the designated person must know the location of each resident. Sign-in and Sign-out sheets are available and in a prominent place in the home.

2400

Article 4. House Rules

- (a) The rules of the house must be clearly defined. Optional rules will depend on the needs of the population to be served, should not be over burdensome, and must be consistent with residency needs.
- (b) No drinking of alcohol or items containing alcohol or using illegal drugs at any time.
- (c) No alcohol, items containing alcohol or illegal drugs shall be brought onto the premises at any time.
- (d) Rent must be paid on time.
- (e) Mandatory attendance at a weekly house meeting.
- (f) A policy on drug testing is available and equally applies to all residents and staff if utilized.

2500

Article 5. Residency Requirements

- (a) The residency requirements must be clearly defined and at a minimum should include:
- (b) A desire to live a clean and sober life style.

- (c) Completion of a formal alcohol or drug recovery program, or documented stability in a self-help group.
- (d) A willingness to abide by all the house rules;
- (e) A signed residential agreement on file for each resident.

For questions concerning these standards, or the registration process:

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