



# **Tennessee Alliance of Recovery Residences**

## **Affiliate Application Packet**

*V. 9.23*

## Recovery Housing Definitions

### NARR

- Recovery houses are important interventions in the continuum of care that are designed to prevent relapse by providing recovery supports to individuals in early recovery; all recovery housing should have a clear operational definition that accurately delineates the type of services offered and to what degree or intensity these services are provided.

### National Council

- Recovery Housing refers to safe, healthy and substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.

## SAMSHA

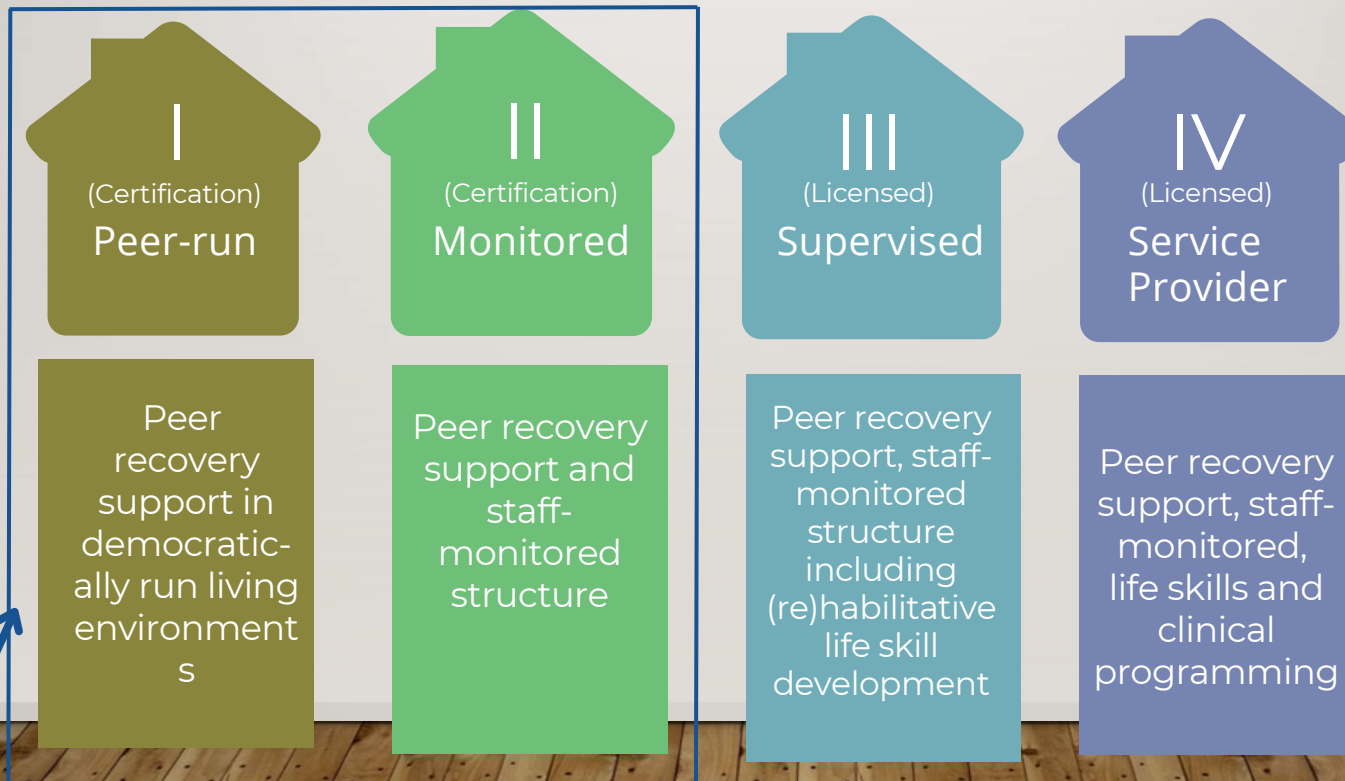
- Recovery housing is an intervention that is specifically designed to address the recovery person's need for a safe and healthy living environment while supplying the requisite recovery and peer support.

*\*Please contact TN-ARR for further references, if desired\**

# NARR RECOVERY RESIDENCE LEVELS

\*In compliance with the Stopping Addiction & Fostering Excellence (SAFE) Act

TDMHSA Currently Only Allows the Certification of NARR Level 1 & 2 Recovery Homes



According to the SAFE Bill (Section 5, 33-2-1401; 7) and in cooperation with the TDMHSA any buildings separate from the main facility can be certified as a level 1 or 2 Recovery Home

\*NARR level 3 & 4 Recovery Homes require licensure in the state of Tennessee as they provide clinical services under roof of the recovery residence

## Affiliate Responsibilities

1. Recovery Residences are social model/experiential model based, substance free environments following all state and federal laws that must have a policy recognizing Medically Assisted Recovery (MAR), Drug Testing Policy, Financial Transparency Agreement and Medication Management Policy.
2. Recovery Residences accept and accommodate persons recovering from addiction with/without co-occurring mental health disorders.
3. Recovery Residences **DO NOT DISCRIMINATE** and are inclusive across all fields.
4. Recovery Residences require applicants to voluntarily commit to a substance free recovery pathway, self-admit to the environment and promote recovery/social model language.
5. Certified Recovery Residences have signed and abide by Tennessee Alliance of Recovery Residences Code of Ethics
6. Owner/Operators of individual recovery residences are to attend Tennessee Alliance of Recovery Residences affiliate meetings at least once quarterly (attendance is recorded).

7. Recovery Residences are recertified annually and are responsible for alerting TN-ARR when their yearly certification is due.
8. Recovery Residences must maintain the levels of ethics and standards required to pass certification, pass annual recertification walkthrough and welcome visits from TN-ARR members at random.
9. Owner/Operators and staff attend trainings, educational events and other matters related to best practices in the field of recovery housing provided by or suggested by TN-ARR that support the National Alliance of Recovery Residences Standards and Ethics (attendance is recorded).
10. Owner Operators attend the yearly NARR national conference when possible (volunteer opportunities are available to help with cost).
11. Recovery Residences encourage their residents to be community involved, a contributing member of society as whole and engaged in activities focused on being of service to others in the area.
12. If changes are made to existing recovery residences or if new recovery residences are added to an organization, it is the owner/operator's responsibility to immediately report said changes to TN-ARR.



## Tennessee Alliance of Recovery Residences

### *Affiliate Application*

If you need more space for answers to application questions, please feel free to use a separate sheet. Application forms may be submitted via email to [tnarrtennessee@gmail.com](mailto:tnarrtennessee@gmail.com), or sent by postal or express mail should be addressed to:

**Tennessee Alliance of Recovery Residences**

**P.O. Box 120114 Nashville, TN 37224**

*\*A one-time \$250.00 administrative fee is due at the time of submission\**

*This may be remitted via check to the above address or by Venmo to @bonnie-stringer-1*

### **Section 1: Residence Information**

(Check those that apply)

\_\_\_\_\_ **New Affiliate**

\_\_\_\_\_ **Existing Affiliate**

\_\_\_\_\_ **Total Number of Male Beds**

\_\_\_\_\_ **Total Number of Female Beds**

\_\_\_\_\_ **Total Number of Non-gender Specific beds**

\_\_\_\_\_ **Total Number of Other Beds**

**Name of Organization:**

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**Recovery Residence Level** (as defined by chart on pg. 4): \_\_\_\_\_

**City of Recovery Residence:** \_\_\_\_\_

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Website address:** \_\_\_\_\_

**Residence is:** (check those that apply)

\_\_\_ **Owned by affiliate**

\_\_\_ **Leased from third party**

**Year founded:** \_\_\_\_\_

**Number of homes:** \_\_\_\_\_

**Number of bedrooms:** \_\_\_\_\_

**Number of bathrooms:** \_\_\_\_\_

**Type of Structure:** (Number all that apply)

\_\_\_ **Single family home**

\_\_\_ **Apartment Building**

\_\_\_ **One or more apartment units**

\_\_\_ **Condominium unit**

\_\_\_ **Duplex or triplex**

\_\_\_ **No structure**

**Other:** \_\_\_\_\_

**Currently in Operation?** (check) \_\_\_ **Yes** \_\_\_ **No**





**Serving:** (Check all that apply)

\_\_\_\_\_ **Men**      \_\_\_\_\_ **Co-ed**

\_\_\_\_\_ **Women**      \_\_\_\_\_ **Men w/children**

\_\_\_\_\_ **Women w/children**      \_\_\_\_\_ **Other**

**Is Residence approved by any state or national associations?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

## **Section II: Affiliate Information**

**Owner/Operator's name:**

\_\_\_\_\_

**How is organization licensed? (Ex: LLC, 501c3, Partnership, Corporation, etc.)**

\_\_\_\_\_

**What state is affiliate organized in?** \_\_\_\_\_



**Owner/Operator's address:**

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**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Owner/Operator's Phone Number:** \_\_\_\_\_

**Owner/Operator's Email:** \_\_\_\_\_

**Does the applicant own or operate a licensed drug and alcohol facility?** \_\_\_Yes \_\_\_ No

**If yes, name the licensed program or facility:**

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**Are you willing to fully participate in TN-ARR activities?** \_\_\_Yes \_\_\_No

**Have you read and understood the requirements?** \_\_\_Yes \_\_\_No

**Have you reviewed the NARR recovery residence 3.0 standards-compendium?**

(Can be found at <https://narronline.org/wp-content/uploads/2019/02/NARR-Standard-Compendium-v3.pdf> )

\_\_\_Yes \_\_\_No

**Have you reviewed and signed the Code of Ethics?**

(Found on pg.13 of the Affiliate Application Packet)

\_\_\_Yes \_\_\_No



**Section III: Contact Information**

**Primary Contact:**

**Name:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_

**Secondary Contact:**

**Name:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_



**Section IV: Applicant Signature**

*I certify that this application is supported by the applicant organization named above, and that it has delegated to me the authority to submit this application on its behalf.*

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## Tennessee Alliance of Recovery Residences

### *Code of Ethics*

**TN-ARR affiliates** will commit to conducting their business honestly and ethically wherever we operate in the State.

We strive to constantly improve the quality of our services and operations and create a reputation of honesty, fairness, respect, integrity, responsibility, trust, and sound business judgement.

Dedicated to the belief in the dignity and worth of all human beings. It cannot be emphasized enough that illegal or unethical conduct on the part of affiliates, tarnishes the image of TN-ARR.

TN-ARR affiliates do not compromise their principles for short-term advantage. The ethical performance of this organization is the sum of the ethics of the men and women who serve here.

**All are expected to adhere to high standards of professional and personal integrity.**

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#### **Personal Statement**

If a Recovery Residence owner or manager is found to have violated any of the above code of ethics of the Tennessee Alliance of Recovery Residences after receiving appropriate notice and an opportunity to be heard, such violation may subject restrictions of the individual for review and penalties. These penalties may include, but are not limited to, public reprimand, suspension, or revocation of membership. This action does not curtail any of the other rights and remedies of the parties to redress, nor shall a determination of a violation rise to the level of proof as if the matter were heard in a court of competent jurisdiction.

**My signature below indicates my agreement to abide by the code of ethics.**

Name of Potential Affiliate: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## List of Potential Residences

### Residence address:

Street and house Number:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of resident beds: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence Level in accordance with NARR levels (graph on pg. 4 for reference):

\_\_\_\_\_

### Residence address:

Street and house Number:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of resident beds: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence Level in accordance with NARR levels (graph on pg. 4 for reference):

\_\_\_\_\_



**Residence address:**

Street and house Number:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of resident beds: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence Level in accordance with NARR levels (graph on pg. 4 for reference):

\_\_\_\_\_

**Residence address:**

Street and house Number:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of resident beds: \_\_\_\_\_ Male \_\_\_\_\_ Female

Residence Level in accordance with NARR levels (graph on pg. 4 for reference):

\_\_\_\_\_

*If you have more residences than provided space, please list on a separate sheet of paper following the above format or contact TN-ARR for more listing sheets.*

# CERTIFICATION VS. LICENSURE IN TN

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## CERTIFICATION

- Operate under Best Practices and ethics defined by NARR, SAMHSA, and the National Counsel
- Self pay and Voluntary admittance
- No clinical/medical services under roof, although we may refer to those resources
- Peer staff vs. licensed employees
- Client/Person first language and philosophy vs. Authoritarian (example: I UNDERSTAND vs. YOU MUST)
- Residential family style properties
- Focuses on safety, individual accountability, early recovery foundations, and life skills
- Certification comes from TN-ARR vs. State (Department of Mental Health and Substance Abuse)
- NARR levels 1 and 2

## LICENSURE

- License through the state of TN to operate
- Generally, insurance supported (IOP, PHP, halfway house, residential treatment, detox, transitional living, group home)
- Follow medical/clinical and Department of Mental Health and substance abuse criteria
- Has staff with license credentials
- Emphasis on chronic care vs. continuum of care
- Utilization of case files according to specialized standards to manage the client
- Generally agencies
- NARR levels 3 and 4 (provided the living space is under a separate roof)