

ILLINIOS ASSOCIATION OF  
EXTENDED CARE

STANDARDS

FOR RESIDENTIAL, HALFWAY HOUSE,  
RECOVERY HOMES AND OTHER SOCIAL  
MODEL RECOVERY PROGRAMS

*Adopted November 1996*

These Standards have been  
prepared for IAEC  
by  
Susan B. Blacksher, NCRS, CAS  
Based on Standards developed  
By the joint efforts  
and experience  
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(CAARH)

**CHAPTER 1**

**STANDARDS**

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**STANDARDS  
FOR  
RESIDENTIAL RECOVERY HOMES  
HALFWAY HOUSES  
AND OTHER  
SOCIAL MODEL RECOVERY PROGRAMS**

**Social Model Recovery Program Characteristics**

**Please note: Residential Social Model Recovery Programs including Recovery Homes and Halfway Houses. The terminology will differ depending on the location of the program.**

Social Model Recovery Programs are specifically community-based, designed systems of alcohol and other drug recovery services that are characterized by:

1. Provisions of a non-drinking, drug-free environment which encourages the development of life patterns conducive to sobriety and good health.
2. Encouragement of independence and personal responsibility on the part of participants.
3. Encouragement of participants to develop interpersonal relationships and social skills.
4. Provisions of a peer group of participants to develop interpersonal relationships and social skills.
5. Establishment of opportunities for meaningful involvement or tasks and specific roles for participants.
6. Alcoholism and other drug addiction education and introduction to recovery resources for participants.
7. Informational services for alcoholics and other drug addicts and their families.
8. A program of non-drinking, drug-free social interaction which may include parties, dinners, dances, picnics, etc.
9. A community educational resource for those providing services to alcoholics and other drug addicts.
10. Orientation and involvement of participants in appropriate community services.
11. Linkage to community services, i.e. vocational rehabilitation, hospitals, courts, social service departments, physicians, counseling agencies, Alcoholics Anonymous, Narcotics Anonymous and other self help programs.

**1100. Article 1. General Provisions**

1101. DEFINITION RESIDENTIAL SOCIAL MODEL: A Residential Social Model or Recovery Home or Halfway House is a community based, peer-group orientated, residential facility that provides food, shelter, and recovery services in a supportive, non-drinking, drug-free environment for alcoholics and other drug addicts who do not require care and supervision. Services provided by a recovery home shall include individual and group recovery planning, alcohol and other drug recovery education, group support, recreational activities, and information about and assistance in obtaining health, social, vocational and other community services.

The home must be cheerful, warm and accepting and provide an environment within which the recovering alcoholic or drug addict has the opportunity to make a positive change in life style.

The home must encourage involvement of the residents in the community.

Home programs must be designed to meet the needs of the target population served, and program objectives must be described in measurable terms.

**1102. PRECEPTS FOR RESIDENTIAL RECOVERY PROGRAMS.**

- a. The major goal of recovery homes or halfway houses is to provide an environment where men and women recovering from alcoholism or other drug addiction will experience a sober, functioning life style and return to the community as responsible individuals.
- b. The home environment must motivate the resident to function in many social areas and assist them, when necessary, in areas where they have difficulty meeting their needs.
- c. The home environment must be as compatible as possible with that of the community to emphasize those personal strengths which will facilitate a resident's reentry into the community.
- d. The home will emphasize "well-being" and build resident's strengths, giving time and opportunity for personal growth.
- e. Recovery homes or halfway houses and help residents learn living skills by providing opportunities for socializing with other people who have similar needs and goals.
- f. The residents in a home provide each other with peer group identification and support during periods of adjustment to a life without alcohol and other drugs.

- g. Homes must give residents opportunity for self-government consistent with their abilities and behaviors. Each resident should have a stake in the home, its welfare, and future.
- h. Recovery homes or halfway houses should permit a division of tasks and provide explicit roles in which residents can grow as they work toward readjustment to the community.
- i. Homes should provide accurate information for residents to obtain necessary community services.
- j. To insure their stability, homes should not be solely dependent financially on any single source.
- k. Homes may provide specialized services depending on needs demonstrated by participants.

1103. RESIDENTIAL RECOVERY SERVICES may offer any or all of the following services:

- a. **Social Setting Detoxification/ Sobering Services**: Service period is usually one to seven days.
- b. **Primary recovery**: Orientation; introduction of resident to recovery resources; evaluation of resident's needs. Services period is usually one to twelve months.
- c. **Supportive recovery**: Support in a residential setting for persons who are not yet ready for independent living. Service period is usually one to twelve months.
- d. **Long-term residency**: Service for persons whose self-sustained recovery progress is slow. Service period is indeterminate.
- e. **Cooperative living**: Living arrangements for recovering alcoholics or drug addicts whose lifestyles are stable and who do not need structured programs. May be permanent or long-term. May also be known as Sober Living Environment.

1104. DEFINITION NON RESIDENTIAL SOCIAL MODEL PROGRAM: A Non-residential Social Model Program is a community based program that provides a sober supportive environment, offers services to persons with alcohol and or other drug related problems and educated the surrounding community concerning such problems in order to reduce alcohol and other drug related problems including alcoholism and other drug addiction.

1105. PRECEPTS FOR NON-RESIDENTIAL SOCIAL MODEL PROGRAMS:

- a. The major goal of non-residential social model programs is to offer a variety of services to assist persons in developing a lifestyle that supports sobriety. The activities range from unstructured opportunities to meet peers in a comfortable alcohol and other drug-free setting, to more structured activities such as alcohol and other drug discussion and

education groups, social and recreation events, and appropriate topical groups and family services.

- b. The program will emphasize community alcohol and other drug problems in discussion and education of group activities.
- c. The program will include methodologies to identify individual and family alcohol and other drug related problems and establish a referral system for services not available through the program.
- d. The program will have an alcohol and drug-free activities area on a drop-in basis and provide space or meetings o A.A., Alanon, and other mutual self-help programs.

1106. NON-RESIDENTIAL SOCIAL MOEL PROGRAMS are one of the following:

- a. Drop-in centers;
- b. Neighborhood recovery centers;
- c. Other

1107. STATEMENT OF PHILOSOPHY AND OBJECTIVES. Each social model residential and non-residential recovery program shall have a written statement of philosophy and measurable objectives. The statement should include, and the philosophy and objectives must reflect the following:

- a. Group to be served (age, gender, ethnic groups);
- b. Geographical area served;
- c. Level and type of services to be delivered;
- d. Overall recovery objectives for the target groups, Objectives shall be two types – outcome and process. Outcome shall reflect the intended results of the program and process, and the means to accomplish the outcome objective.

1108. PROGRAM EVALUATION. Each social model residential and non-residential recovery shall report program activity in a manner which allows quantitative and qualitative assessment of program objective achievement. Minimal records which must be maintained are:

- a. Number accepted for participation monthly;
- b. For residential programs: Number and reasons for departures and length of stay;
- c. Other records maintained may allow data collection of the above by age, sex, and ethnic breakdown.
- d. Measures of effectiveness.

**1200.**

**Article 2. Administration**

1201. ORGANIZATION. Social model recovery programs operated by private, non-profit corporations shall have a board of directors which can effectively assess community needs related to alcohol and other drug problems. The purposes and goals must be written in Articles of Incorporation, bylaws or the board of directors' minutes. Staff must have written statements defining program, personnel and operational policies and job descriptions or the social model recovery program included in operational manuals.

Social model recovery programs operated by public agencies shall have a governing or advisory body charged with the same responsibilities as those described for the private agency.

1202. DIRECTOR. The governing board shall provide a Director for the organization and clearly define areas of responsibility.

1203. STAFF. Staff shall be sufficient in number and sufficiently trained to assure the proper delivery of services and the fulfillment of requirements specified in these standards.

1204. POLICIES. Each social model recovery program shall have a written policy statement containing requirements or admission or participation, program guidelines, reasons for departures and any fees including the amount to be charged to the participant.

1205. PARTICIPANTS RECORDS. Each social model recovery program shall keep records or each participant which shall contain the following:

- a. Name
- b. Social Security number
- c. Last previous address
- d. Date of birth
- e. Family or personal contact in case of illness
- f. Name of referring person or agency
- g. Gender
- h. Date of each admission
- i. Date of each departure
- j. Basic medical information
- k. Other information as may be required elsewhere in these standards.

- I. The program may require additional information for each participant depending on the program needs, funding agency needs, and that which would be required to perform program and participant evaluations.

1206. FINANCIAL RECORDS. Financial records shall be kept in accordance with general accounting practices and shall include monthly operating statements and provision for periodic audits.

1207. FINANCES. Each social model recovery program shall prepare an annual financial plan which predicts income and operating costs that allow them to maintain required standards.

**1300.**

**Article 3. Participant Reception**

1301. All social model recovery programs will operate on a nondiscriminatory basis providing all recovery services in accordance with state and federal laws. In residential programs initial assessments will be performed to reinforce the environment of the home, referring individuals who are not appropriate for the program to appropriate resources if available which may provide for their individual needs.

A Social Model recovery Program may establish admission policies targeting specific populations such as members of religious, ethnic, gender, or special language, needs and groups.

All admissions shall be voluntary.

**1302. MEDICAL ASSESSMENT RESIDENTIAL SOCIAL MODEL PROGRAMS.**

- a. Immediately prior to, or within thirty (30) days following the admission of a person, the home shall obtain evidence of a recent medical assessment of the person which:
  - 1. Establishes whether there are findings of communicable tuberculosis, or other infectious or contagious diseases which would preclude residence of the person in the home.
  - 2. Provides a record of prior medical and related social services.

**1303. RESIDENT AGREEMENT-RESIDENTIAL PROGRAMS.**

- a. All residential programs shall have a written agreement with each resident. Such agreement shall be completed prior to or written seven (7) days after admission and shall be dated and signed by the Director or authorized representative and by the person admitted. The original of the completed agreement shall be retained and a copy shall be given to the resident.
- b. The agreement shall specify:
  - 1. The services to be provided by the program.
  - 2. The fee for basic services and a list of charges for services not included in the basic rate.
  - 3. The conditions for modification of the agreement, including provisions for at least thirty (30) days prior written notice of any basic rate change.
  - 4. The conditions under which refunds will be made.
  - 5. That service shall at all times be provided without discrimination.
  - 6. Conditions under which the agreement may be terminated.

7. That no person shall be summarily asked to leave except for specified reasons.
8. Conditions under which a person may be restricted to the program.

1304. PERSONAL RIGHTS – RESIDENTIAL PROGRAMS.

- a. All residential programs shall provide residents with a list of the following basic rights:
  1. To be accorded dignity in their personal relationship with staff and other persons.
  2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.
  3. Not to be subjected to corporal or unusual punishment, humiliation, mental abuse, withholding of monetary allowances or punitive interference connected with daily functions of living, such as eating and sleeping.
  4. To be informed by the program of the provisions of law regarding complaints, confidentiality, including, but not limited to, the address and or procedures for registering complaints and telephone number of the complaint receiving unit of the Department of Alcohol and Drug Programs.
  5. To have written freedom to attend religious services or activities of their choice and have visits from spiritual advisor of their choice. Attendance at religious services, whether in or outside the program shall be completely voluntary, except where stipulated in the admission agreement.
  6. To leave or depart the program at any time, except where outlined in the admission agreement.
  7. To have communications to the program from the participant's relatives, guardian or conservator answered promptly and appropriately.
  8. To have access to individual storage space for his/her private use.
  9. To have access to medical care or other services.
  10. To receive assistance in exercising the right to vote.

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## Article 4. Program Guidelines

### 1401. SERVICE CHARACTERISTICS.

- a. Social Setting Detoxification: With a hospital for adequate medical backup, detoxification is provided to alcoholics and drug addicts in a warm, calm, supportive, home-like environment within which a person can recover from the effects of intoxication and make plans for the future. The two primary functions of the program are:
  1. Assistance during recovery from the effects of intoxication.
  2. Orientation to community recovery resources leading to referral and contact with the resource of choice.
- b. Primary Recovery: The Primary Program provides short-term, intensive, evaluative, and introductory efforts. Orientation is offered either within the home or in cooperation with external programs that will provide a full-time intensive introduction to the recovery process.
- c. Supportive Recovery Program: Services and programs are provided to recovering alcoholics and drug addicts in a transitional stage to facilitate improvement of life styles and alleviate the need for alcohol and other drugs. Program assists personal recovery and includes social interaction tools such as: individual and peer group education sessions, recreation programs, and personal recovery planning. Persons are also assisted in obtaining vocational employment training and other services.
- d. Long Term Residency: This service is provided for alcoholics and drug addicts who require more time to assume self-sustained recovery. Residents are assisted in obtaining medical, dental, social services. It also offers a structured life-adjustment and socialization program. Self-reliance and self-government are encouraged to the greatest possible extent. Work, recreation, and social activities are structured to expand personal potential. Medical and social services are obtained outside the facility. Whenever possible residents should be encouraged to make the transition to home or cooperative living arrangements. Length of stay is indeterminate.
- e. Cooperative Living: Residents receiving this service have made positive life adjustments and are capable of sustaining a cooperative living arrangement. Persons must have a continuing income. Further recovery support may be obtained outside the facility (A.A., church, social clubs, ect.).
- f. Non-residential services: Provide recovery opportunities for individuals and their families, increase community awareness about alcohol and drug problems and educate community groups and agencies.

These centers will, in a meaningful way, provide for the service seeker a place to be comfortable and a feeling of belonging somewhere.

An alcohol and drug-free environment is available to individuals with needs of attaining or maintaining sobriety.

Services and programs are provided to alcoholics and drug addicts and their families who reside in the community and who are in need of support education and referral. The non-residential program services address alcohol and or drug related problems at the individual, family and community level.

#### 1402. RECOVERY HOME/HALFWAY HOUSE PROGRAM

- a. The Recovery Home/Halfway House Program is an experiential environment where a variety of program activities are organized to support the natural process of recovery. Some of the activities are educational and analytical in nature focusing on internal realities and awareness of the stages of recovery. Others are reality-orientated tasks, work assignments and group involvements that offer opportunities for direct experiential learning and determine the nature of group interaction.

This experiential knowledge is the basis of program authority. In the recovery home/halfway house the recovery person learns by “doing” recovering rather than by receiving help or “treatment”.

- b. In the home the learning relationship is between the person and the program, as opposed to between the person and a “counselor”. Rather than changing the individual (case management) the home staff manages the environment and provides tools in order to maximize recovery opportunities for individuals and serve as positive role models.
- c. In the reciprocal learning process everybody both gives and receives help; the resident is at the same time consumer and provider of services.
- d. The fundamental framework for the program is the dynamics and the values of the self help movement as expressed in the wisdom of the A.A. group. Along these lines the recovery home/halfway house program focuses on the experience of surrendering and transformation of belief systems as the key to successful recovery.
- e. The program also recognizes that alcoholism and drug addiction is part of a reciprocal relationship between individual and the social context. Therefore, changes at the level of the individual are seen as able to effect the alcoholism and drug addiction at the level of society, and vice versa.

1403. RESIDENT INVOLVEMENT. It is recommended that self worth be promoted by involving the resident in home operation, household chores, and general duties of the home, Resident involvement must be considered as part of the recovery home/halfway house program.

The resident must be encouraged to be a member of the home community with responsibility to this community. Resident involvement entails active participation with his/her new reference

group as well as increased responsibility for making program decisions. This involvement during primary recovery period may be limited to performing housekeeping or simple maintenance chores. As a resident's recovery progresses, additional opportunities may include meal and recreation planning, direction of renovation projects, participation in community activities, or in policy decisions.

A progression schedule should be developed outlining residents responsibilities and opportunities for growth consistent with an individual's recovery progress. The formation of a resident council is encouraged. A council provides a method for residents to become involved in and responsible for decisions affecting their lives in the recovery program.

Resident involvement must be viewed as an investment in the program rather than an imposition.

**1404. SOCIAL, RECREATION AND SPIRITUAL ACTIVITIES.** Social model alcohol and drug programs shall make provisions for social, recreation, and spiritual activities in accordance with the interests and abilities of participants, including but not limited to the following:

- a. Participants shall be encouraged to join with other members of the program in various leisure-time activities designed to promote social relationships.
- b. Participants, wherever possible, shall be encouraged to engage in community activities.
- c. Programs should make spiritual resources available:

Attendance in religious services or A.A. or other "self-help" meetings held in the program shall be on a completely voluntary basis, unless otherwise specifically agreed in the participant agreement.

**1405. COMMUNITY BASE.** A Social model alcohol or other drug program must provide for community input and viable relations with agencies and groups within the general community. Programs should encourage staff, board members or other qualified persons to give informational talks to interested service clubs and other groups. The social model alcohol or other drug programs is to be considered part of the community's response to alcoholism and drug addiction.

**1406. USE OF COMMUNITY SERVICES.** A social model alcohol and other drug program should be thought of as part of a network of services provided in the community. Therefore, the social model alcohol and other drug program should use all available existing community service resources to enhance its program, rather than duplicate them within the program.

Participants should be encouraged and aided in seeking needed medical care, social services family, marital, vocational, and legal counseling; psychiatric evaluation and treatment in the community.

1407. COMPLEMENTARY SERVICES. Social model alcohol and other drug programs provide information and referral services to the community. Some residential social model alcohol and other drug programs function as alcoholism and or drug addiction service centers with full programs for non-residents. The number of the following services and programs may be provided by an individual social model alcohol and other drug program depends on the capability within the program and the needs of the community.

- a. Evaluation and Referral: This is a non-residential function, which assists the alcoholic or drug addict or the family member who seeks help to assess needs and obtain linkage for recovery services.
- b. Recovery Orientation Program: This service consists of education for the alcoholic and drug addict on recovery resources. Many social model alcohol and other drug programs have residents and non-residents in the same orientation program.
- c. Advocacy Program: A service that helps the alcoholic or drug addict obtain fair and equal treatment from social service agencies, medical facilities, and mental health centers which serve the area population. Advocacy programs provide informational services for alcoholics, drug addicts and their families.
- d. Social Interaction Program: A social interaction program is designed to provide new patterns of social action with in a community for the recovering alcoholic or drug addict population. The program will include all levels of social interaction in non-drinking, drug-free environments, parties, dinners, dances, etc. Recovery homes in some instances provide this service in the community in coordination with A.A. groups, Alano clubs, fellowships and Alumni groups.
- e. Community Education Program: This program is designed to inform the public of the abuse potential of alcohol and other drugs, the symptoms of alcohol and o drug related problems in various stages; available community resources; and to effect change in community attitudes toward alcoholism, drug addiction and alcohol and other drug use. This program will provide speakers for church groups, agencies, schools, service clubs, community organizations, ect. Educational programs specifically designed to meet the needs of the courts can also be initiate and provided by expanded program staff. This will allow the educational contacts to be directly related to services.
- f. Professional Education: This program is designed to educate doctors, nurses, social workers, rehabilitation counselors, employment counselors, teachers, etc., concerning the true nature of alcohol and drug problems and concerning effective means of communicating with persons who need help.

1408. FOLLOW-THROUGH. The program staff should make continuous efforts to maintain contact with former participants. Such contact aids the continued social, vocational, and general life adjustment of the participants.

Among the ways a program can maintain contact with former participants are the following:

- Alumni Associations.

- Circulating a newsletter.

- Sponsoring annual or semi-annual get-togethers or outing.

- Using former participants as program volunteers.

- Mail and phone contacts.

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**Article 5. Staff**

1501. STAFF QUALIFICATIONS. Program personnel shall be sufficient in number and adequately trained to maintain a positive environment and to support the achievement of program objectives and shall be positive role models.

The personnel shall meet the following qualifications and requirements:

- a. All program staff who are in contact with participants shall:
  - 1. Be in good health and physically, mentally and occupationally capable of performing assigned tasks;
  - 2. Provide a supportive environment for participants without abuse, exploitation or prejudice;
  - 3. Have the ability and willingness to conform to applicable laws, rules, regulations and standards;
  - 4. For residential programs: Have on file in the facility, available for inspection, a certificate showing that during the preceding years each individual has submitted to an examination that shows the person to be free from active tuberculosis.
  - 5. Model in one's own life, the tenets of recovery.
  - 6. Sign and adheres to a Code of Ethics

1502. DIRECTOR.

- a. Shall be capable of giving personal services to participants and directing the work staff and shall serve as a positive role model.
- b. Must demonstrate and maintain:
  - 1. Good character and reputation of personal integrity.
  - 2. The ability to work with the capacity to relate to alcoholics and other drug addicts.
- c. Education and Experience: Shall have sufficient education, training or experience within a social model alcohol or other drug program to assure the implementation of the program.

Specifically:

1. The ability to make and keep records and see that they are maintained;
  2. High school graduation or its equivalency;
  3. Ninety hours of classroom training in the field of alcoholism and other drug addictions
  4. Two years of experience working in a social model alcohol and or other drug program;
  5. A minimum of three years of continuous sobriety if alcoholic or drug addict;
  6. A commitment to abstinence from alcohol and other mind altering drugs, whether alcoholic or non-alcoholic.
- d. Special Training: Shall have an interest and willingness to participate in activities which increase skills and understanding of alcohol and other drug problems, alcoholism, drug addiction, and social model recovery.

**1503. PROGRAM PERSONNEL.** The term Program Personnel in this section is meant to include program directors, house managers, assistant managers, addiction specialists, program aides, program assistants, advocates, coordinators, resident trainees, facilitators, and other terms used to identify social model program staff who maintain direct contact with participants and facilitate recovery activities.

Education and Experience:

- a. Must demonstrate and maintain:
  1. Good character and reputation of personal integrity;
  2. The ability to work with and the capacity to relate to alcoholics and other drug addicts.
  3. Positive role model.
- b. A background of education, training or experience which assures the ability to effectively communicate with program participants, work with the community resources and facilitate recovery activities.
- c. Special Training: Shall have an interest and willingness to participate in activities which increase skill, understanding of alcoholism, drug addiction, and social model recovery.

**1504. STAFF SPECIAL QUALIFICATIONS AND PARTICIPATION RATIO.** The following qualifications and ratios apply to program staff only. "Program" is defined as activities directly involving participants in groups and other recovery opportunities.

The personnel records of each staff member shall be available for review and shall include a job description for the position the individual is currently holding and a description of the individual's qualifications and experience.

The personnel record of each staff member shall document that individual's participation in training.

All program staff shall recognize their interdependency and common concerns with participants and shall maintain, and be part of a reference group with which the participants can identify staff attitudes and behaviors shall support the recovery environment and shall encourage staff and participants to share life experiences.

All staff shall demonstrate ability to work with and relate to intoxicated individuals. New staff members shall demonstrate this ability before being given full staff responsibilities.

Program personnel should have the following additional qualifications:

- a. Ninety hours of classroom training in the field o alcoholism; and drug addiction.
- b. Ability to make an keep records;
- c. The ability to recognize abnormal physical and mental behaviors, including those conditions which require medical evaluation and/or emergency procedures;
- d. Knowledge of local community referral sources;
- e. Ability to identify recovery needs;
- f. Ability to effectively use social model support concepts and develop meaningful recovery activities;
- g. A minimum of two years of continuous sobriety.

NOTE: It is assumed that the program personnel are under the supervision of the Director. Assisting personnel with a minimum of six months of sobriety shall be considered trainees under the direction of senior staff.

Staff participation should be as follows:

- a. Detoxification programs with a capacity of six (6) residents or less shall have a minimum of one (1) qualified program staff member who meets the qualifications of program director or program assistant. Larger programs shall have one (1) staff per ten (10) residents on duty at all times. An additional staff member should be on call.
- b. Primary recovery program staff is in attendance seven (7) days per week.
- c. Supportive recovery program staff is on duty during scheduled activities.

- d. Cooperative Living – No formal program staff required as residents in this service have achieved life adjustment sufficient to allow self-direction. Where service is conducted in separate facility, a manager may be desirable.

NOTE: When a program is coed, there shall be included within the staffing pattern an appropriate distribution of women and men staff and shall be available at all times.

## 1600.

### Article 6. Physical Plant

#### 1601. ARCHITECTURAL ASPECTS OF RECOVERY-CONDUCTIVE HOUSING

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

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.

Community: Space should be available for all residents to meet for community meetings, and to attend community events (parties, meals, holidays, celebrations).

Security: Entrance and exits must be controlled. This means that perimeter security and monitoring of the front door are necessary. Human security (people circulating through the facility) is far preferable to electronic security.

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.

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.

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.)

#### 1602. SPACE

Space should be adequate to accommodate each individual comfortably and with dignity and respect.

Common areas should be large enough to provide space for all residents to eat together and to attend meetings.