

## RECOVERY HOUSE ZONING

### **Definitions:**

**RECOVERY RESIDENCES (A.K.A. sober homes):** Recovery residences provide a structured, supportive environment for individuals recovering from addiction, promoting the acquisition and practice of vital recovery skills. With varying levels of support, from peer-driven to medically supervised settings, these residences are pivotal in nurturing the journey to sobriety and wellness.

**NARR:** “National Alliance for Recovery Residences (NARR) is a leading nonprofit organization dedicated to expanding the availability of well-operated, ethical, and supportive recovery housing across the United States. Established to set and maintain high standards for recovery residences, NARR's goals include ensuring that individuals in recovery have access to safe and recovery-focused living environments that support their journey towards long-term recovery. NARR is a national organization with a unique two-tier organizational structure that combines national reach and influence with state-level knowledge and accountability. We operate in partnership with a network of state-level affiliate organizations which implement NARR’s standards and programs in their states.”

**BOARDING HOUSE (not a recovery house):** A lodging house at which meals are provided (for paying guests)

- Boarding houses typically house unacquainted individuals without a mutual shared purpose other than lower cost living.
- In boarding homes, residents rent a room, have keyed entry to that room, and are the only ones with access to that room.
- Recovery residences operate as a family unit, where the home is no different than a familial living arrangement. Meals are cooked and shared together, time is spent together in common areas, etc.
- Certified recovery residences require structure, accountability and oversight.

**HOTEL/INN/MOTEL (not a recovery house):**

An establishment providing accommodations, meals, and other services for travelers and tourists.

**RESIDENT DETERMINED LENGTH OF STAY:** Residents may stay in recovery residence as long as they would like, so long as they are in agreement/following the rules/conditions of the recovery residence

**TRANSIENT:**

**2025 Rhode Island General Laws**

**Title 42 - State Affairs and Government**

**Chapter 42-63.1 Tourism and Development**

**Section 42-63.1-2. Definitions:** “Tourist or transient” means any use of a residential unit for occupancy for less than a thirty (30) consecutive day term of tenancy, or occupancy for less than thirty (30) consecutive days of a residential unit leased or owned by a business entity, whether on a short-term or long-term basis, including any occupancy by employees or guests of a business entity for less than thirty (30) consecutive days where payment for the residential unit is contracted for or paid by the business entity.

**General Definition:** Lasting only for a short period of time; impermanent

Staying or working in a place for only a short time.

## **ONGOING QUALITY ASSURANCE AND COMPLIANCE MONITORING.**

**NARR AFFILIATION:**

RICARES serves as Rhode Island's NARR Affiliate.

– Key Requirements for Affiliation with NARR:

- **Adherence to NARR Standards**

All affiliates and providers must commit to upholding the rigorous NARR quality standards, ensuring safe, ethical, and effective environments for recovery.

- **Continuous Quality Improvement**

A dedication to ongoing evaluation and enhancement of recovery services, driven by feedback from residents and alignment with the latest research in the field.

- **Community Engagement**

Active participation in local, state, and national discussions on recovery housing policies and practices to advocate for the rights and needs of individuals in recovery.

- **Educational Commitment**

Engagement in educational initiatives to train recovery residence staff, inform residents,

and enlighten communities about the critical role of recovery residences in the continuum of care.

- **Ethical Operations**

Upholding the highest ethical standards in operations, resident care, and community interactions, ensuring transparency, integrity, and respect in all endeavors.

## **NARR CERTIFICATION:**

For a recovery residence to become NARR certified in the State of Rhode Island, house owner/operators must:

- Review required readings/documents related to recovery house operations.
- Complete a pre-inspection checklist related to the physical property safety and ethical requirements.
- Adhere to NARR standards and code of ethics.
- Provide required documents that ensure the operation of a safe, legal, and ethical recovery residence.
- Submit a formal application for certification for RICARES' review.
- Undergo extensive physical inspection (several hours), to ensure the physical and environmental safety of the home, including occupancy limits and fire safety measures.

RICARES provides free and ongoing technical assistance and training to all NARR certified recovery residences in RI to ensure continuous compliance, quality assurance, and service delivery enhancement.

To maintain active certification, recovery residences must undergo full inspections every two years. RICARES can revoke a recovery residence's certification if they fail to meet requirements.

## **BENEFITS OF NARR CERTIFICATION:**

- Certified recovery residences receive no cost training, technical assistance and support from RICARES.
- Certified is required to receive state funding and referrals from state-funded agencies.
- Certified recovery residences are engaged within a network of other certified recovery residences for support and guidance.
- Certification increases credibility of a recovery residence.

## **NARR ALIGNED INSPECTION CHECKLIST (Most relevant, see attachments for more):**

When inspecting the physical safety of the recovery residence as it relates to occupancy limits and fire safety measures RICARES, per NARR standards, look for:

- **TWO MEANS OF EGRESS ON EVERY FLOOR, WHICH INCLUDES:**
  - o doors/stairways of direct building exit
  - o Egress windows (windows must be able to stay open on their own, large enough for egress and a reasonable means for residents to reach the ground—ladder, fire escape, etc.)
- **ACCESSIBLE AND WELL-MARKED FIRE EXITS**
- **UP-TO-DATE EVACUATION PLANS/FIRE SAFETY PLANS:**
  - o Evacuation plans must be visible and reviewed with all recovery house residents.
  - o Evacuation plans must be posted on every floor
- **IN-DATE AND ACCESSIBLE FIRE EXTINGUISHERS ON EVERY FLOOR**
- **SMOKE AND CARBON MONOXIDE DETECTORS**
  - o KITCHEN: Smoke detectors in or near every kitchen and carbon monoxide detectors present anytime gas appliances are installed
  - o BEDROOMS: Smoke detectors in every bedroom and detectors for smoke and carbon monoxide (if gas heat is used) in landings outside of bedrooms
- **ELECTRICITY:**
  - o Lighting in the common hallways
  - o Outlets, light switches and fuse boxes properly covered with no cracks or breaks in the cover plates/doors (three-prong outlets grounded properly)
  - o light/electrical fixtures securely fastened without any hanging or exposed wires.
  - o Fusebox is accessible.
- **OCCUPANCY (ensuring no overcrowding):**
  - o Number of bedrooms per floor
  - o Adequate space per person in each bedroom (50 sqft. of space per person)

## **NARR STANDARD (Outline only, see attachments for more):**

### **Outline of the Standard**

#### **Domain 1 Administrative Operations**

Principle A. Operate with integrity: Standards 1-4

Principle B. Uphold residents' rights: Standards 5 and 6

Principle C. Create a culture of empowerment where residents engage in governance and leadership: Standards 7 and 8

Principle D. Develop staff abilities to apply the Social Model: Standards 9-13

### **Domain 2 Physical Environment**

Principle E. Provide a home-like environment: Standards 14 and 15

Principle F. Promote a safe and healthy environment: Standards 16-19

### **Domain 3 Recovery Support**

Principle G. Facilitate active recovery and recovery community engagement: Standards 20-25

Principle H. Model prosocial behaviors and relationship enhancement skills: Standard 26

Principle I. Cultivate the resident's sense of belonging and responsibility for community: Standards 27-29

### **Domain 4 Good Neighbor**

Principle J. Be a good neighbor: Standards 30 and 31

## **NARR TRAINING REQUIREMENTS (For RICARES staff):**

Any staff working under or related to the recovery housing program are required to take the 30-hour NARR training course and obtain certification of completion. This ensures NARR-aligned service delivery, oversight, and quality assurance of certified recovery houses by RICARES staff.

## **BHDDH/942-STOP Grant:**

For recovery houses to receive the funding from BHDDH, they are **REQUIRED** to become NARR certified by RICARES. Non-certified recovery houses are not eligible to receive state funding.

“942-STOP (401-942-7867) is the RI Hope & Recovery Hotline, facilitating screening for financial support eligibility and placement into **state-funded certified recovery housing**. Eligible individuals may be placed on a **waitlist**.”

*RI Department of Behavioral Healthcare and Developmental Disabilities and Hospitals (BHDDH)*

## **942-STOP WAITLIST:**

When an individual seeks financial assistance from the 942-STOP grant, they will be placed on a waitlist until a grant-funded bed at a recovery residence becomes available. The waiting period can range from a few days to a few weeks.

**RESEARCH:**

<https://psychiatryonline.org/doi/10.1176/appi.ps.201300243>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8748296/>

<https://www.washingtonpost.com/archive/lifestyle/magazine/1989/11/12/the-oxford-house-experiment/f48142e1-877e-469e-bf1f-aa6acc605e56/>

# OXFORD HOUSE NATIONAL PROFILE

## OXFORD HOUSE™ 2024 FAST FACTS

From March, 2024 to July, 2024, members in Oxford Houses across the country were asked to take a confidential, anonymous survey. 25,345 members were presented with the survey, and 23,415 members responded, resulting in a participation rate of 92.4%.

DEMOGRAPHICS		HOUSES & BEDS	
<b>Age</b>		Houses: Men [2,650]; Women [793]; Women/Children [466]; Men/Children [120]	4,029
Average Age	41	Beds: Men [23,235]; Women [10,275]	33,510
Age Range - Youngest	17	New Oxford Houses opened in 2024	487
Age Range - Oldest	82	<b>BEFORE OXFORD HOUSE</b>	
<b>Gender</b>		<b>Members primary substance of use</b>	
Male	68.0%	Alcohol	31.5%
Female	30.4%	Methamphetamine	30.0%
Prefer not to answer	0.7%	Opioids (Heroin)	20.1%
Non-Binary	0.4%	Cocaine	8.2%
Transitioning - MTF/FTM	0.4%	Opioids (Prescription)	4.7%
Other	0.1%	Cannabis	3.2%
<b>Race</b>		Prescription Medication	1.7%
White (Non-Hispanic)	69.6%	Hallucinogen	0.4%
Black	11.3%	Inhalant	0.2%
Hispanic	6.7%	<b>Jail</b>	
Multiple Races	6.0%	Reported prior incarceration	65.7%
Native American / Alaska Native	4.1%	Members under state supervision	34.2%
Asian	1.0%	Average number of times members have been arrested in relation to their addiction	5
Native Hawaiian / other Pacific Islander	1.4%	For members that have been incarcerated, average total months spent in jail or prison	26.2
<b>Marital Status</b>		<b>Homelessness</b>	
Never Married	57.2%	Reported prior homelessness	71.8%
Divorced	25.9%	Average number of times members have been homeless	3.2
Separated	8.7%	Average longest period of homelessness (months)	13.0
Married	5.1%	<b>Residency Prior to Oxford House</b>	
Widowed	3.0%	With Family	22.2%
<b>Employment Status</b>		Homeless	18.4%
Employed for wages	77.0%	Rented Home	14.4%
Out of work and looking for work	8.9%	Apartment	11.3%
Disability/SSI	6.1%	Half-way House	10.7%
Self-employed	4.1%	Jail/Prison	11.6%
Retired	2.2%	Owned Home	5.8%
A student	0.9%	Hotel/Motel	4.4%
Out of work but not currently looking for work	0.8%	Hospital	1.3%
<b>Academic Status</b>		<b>MEMBER RECOVERY</b>	
Average Years of Education	11.8	Average length of sobriety (days)	650
Percentage of Highschool Graduates	73.0%	Members who have reported opioid misuse	55.6%
Percentage With Some College	32.1%	Members who have ever used Medically Assisted Treatment	38.6%
Percentage of College Graduates	9.5%	Members who have reported stimulant misuse	77.9%
<b>Monthly Income</b>		Average Number of times members tried to get clean or sober	6.3
Under \$500	7.4%	Average number of times a member has been to detox without continuing to treatment	2.2
\$501-\$1,000	14.0%	Average amount of 12-Step meetings attended per week	3.6
\$1,001-\$2,000	34.0%	Members attending Counseling AND 12-Step Meetings	44.2%
\$2,001-\$4,000	27.9%	Self-Reported Member Health (1 Unhealthy - 5 Healthy)	3.9
More than \$4,000	4.9%	<b>MEMBER EXPERIENCE</b>	
Prefer Not to Answer	11.9%	Average length of stay for current members in an Oxford House (days)	387.5
<b>Veterans</b>	6.1%	Importance of Oxford House to members' recovery (1 Unimportant - 5 Important)	4.7

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