KERN COUNTY MENTAL HEALTH
CLINICAL SERVICES HOUSING UNIT

CERTIFICATION GUIDELINES

FOR

SOBER LIVING ENVIRONMENT (SLE) FACILITIES

Revised June 2016

SOBER LIVING ENVIRONMENT FACILITIES
CERTIFICATION GUIDELINES

Kern County Mental Health
3300 Truxtun Avenue
Bakersfield, California 93302-1000
661-868-6601

CHAPTER I: PERSPECTIVE, PURPOSE AND DEFINITIONS

Introduction

The Kern County Mental Health's Clinical Services Housing Unit (CSH) offers an array of treatment and recovery services. The division monitors the safety and standards of certified programs, with input from Probation Department, Sheriff's Office and other divisions within the Mental Health Department. Sober living environment (SLE) facility providers who seek to enter this continuum of care and gain the benefits of certification must comply with the requirements of these guidelines. In this way, the County can offer individuals referred to SLE facilities a safe haven from influences of drugs and or alcohol as they pursue their individual treatment programs.

Perspective

Kern County sober living environments must be certified pursuant to these guidelines prior to receiving county-based referrals or funds. The Kern County Mental Health Department, Clinical Services Housing Unit shall implement these guidelines consistent with the individual personal rights of the residents and the community welfare.

In addition to certification, the CSH unit may establish additional standards and monitor those SLEs with which Kern County Mental Health has contracted for services. These certification guidelines do not limit the Clinical Services Housing Unit's ability to establish standards and to monitor those contracted facilities**.**

The Purpose of the Certification Program

The purpose of the certification program is to ensure a full continuum of substance use disorder treatment and care, promoting a recovery-orientated environment and ensuring public safety.

Definitions

The following general definitions shall apply to terminology used in these guidelines, except where specifically noted otherwise:

1. DHCS: Refers to the California Department of Health Care Services, and is the sole state agency responsible for oversight of non-medical drug and alcohol recovery services.

2. ADULT: Refers to an individual who is eighteen (18) years of age or older or an emancipated minor.

3. ADULT FACILITY: Refers to a residential alcohol or drug abuse recovery or treatment facility that is designed to serve adults.

4. ALCOHOLICS ANONYMOUS (A.A.): Usually abbreviated AA, is a 12-step recovery program that has helped many people stop the use of alcohol. The original program was focused on spirituality, religion, and God having an impact on changing a person's life, but depending on the program, these 12 steps may be altered for the audience. AA is completely confidential, and it is assumed that all participants will remain anonymous.
5. APPLICANT: Refers to an individual who has applied for certification for a particular staff position within a facility, or to a director who has applied for the certification of a particular facility, depending on the context in which the term is used.

6. APPLICATION FOR CERTIFICATION: Refers to any and all forms and attachments submitted by an individual seeking certification for a particular staff position, or submitted by an individual seeking certification for a particular SLE facility.

7. C.A.A.D.A.C.: Refers to the certification status as Certified Alcohol and Drug Abuse Counselor.

8. CAPACITY: Refers to the maximum number of persons authorized to reside in a certified SLE at any one time.

9. CERTIFICATE OF COMPLIANCE: Refers to the certificate awarded to a facility that has met the certification qualifications established in these guidelines.

10. CERTIFIED SLE: Refers to an SLE that complies with these guidelines and has chosen to be certified according to these guidelines.

11. COMPLAINT: Refers to a formal or informal negative allegation regarding a possible violation of the certification guidelines and may include, but not be limited to, criminal activity, resident safety, good neighbor policy, zoning issues, and staff or resident use or sale of drugs.

12. CONVICTION: Refers to a final judgment on a verdict or finding of guilt, a plea of guilty or a plea of *nolo contendere* for all felony or misdemeanor cases.

13. COUNTY: Refers to Kern County.

14. COUNTY REFERRAL: Refers to a person who is directed to a treatment facility or SLE by any court, County department or other county provider. The referral may still be under the supervision of the court, county department or agency.

15. DAY: Refers to a calendar day unless otherwise specified.

16. DEFICIENCY: Refers to failure to comply with certification guidelines and may be cause for denial of certification or notice of sanction.

17. DIRECTOR/FACILITY ADMINISTRATOR: Refers to the individual responsible for the overall management of an SLE.

18. FACILITY: Refers to a certified SLE, and includes those facilities that accept County referrals or funds.

19. GOOD NEIGHBOR POLICY: Refers to the assurance that all certified SLEs operate in a manner that preserves positive relationships within the community and adheres to local laws and regulations.

20. KERN COUNTY MENTAL HEALTH CLINICAL SERVICES HOUSING UNIT (CSH): Refers to the operating unit of the Department responsible for SLE certification and compliance.

21. MANDATORY QUARTERLY TRAININGS: Refers to scheduled quarterly trainings provide by KCMH CSH unit and Kern County Probation Department.

22. POSITIVE TEST: Refers to a resident's positive test result for alcohol or drug use.

23. PREMISES: Refers to the land, buildings, or other structures included in the certification issued for an SLE.

24. PROGRESS REPORT: Refers to the written or oral indications of a resident's overall progress in the SLE in which he or she is participating as a result of a court order or condition of probation.

25. RELAPSE: Refers to an instance or period during which a resident uses drugs and/or alcohol during or following participation in a substance use disorder treatment program.

26. RESIDENT: Refers to an individual who resides in a certified SLE.

27. RESIDENTIAL: Refers to a live-in substance use disorder treatment facility.

28. REVOCATION OF CERTIFICATION: Refers to a disciplinary action recommended by the CSH unit and imposed upon an SLE following non-compliance with these certification guidelines. In an emergency that jeopardizes public safety and/or the safety of the residents, the CSH unit may revoke certification subject to further review. When revocation occurs, all County-referred residents are removed from the SLE and the SLE may not accept further County referrals until the revocation is lifted.

29. SANCTION: Refers to a disciplinary action designed to secure enforcement of the certification guidelines through the imposition of a penalty for a violation of the guidelines.

30. SOBER LIVING ENVIROMENT COMMITTEE: Refers to a committee consisting of collaborative partners, Probation Department, Sheriff's Office and other divisions within the Mental Health Department. The committee monitors the safety and standards of certified programs, make recommendations regarding disciplinary action recommended and sanctions.

31. FACILITY ENVIRONMENT CERTIFICATION COORDINATOR: Refers to the Kern County Mental Health CSH unit Administrator, or his or her designee, responsible for the overall management and coordination of the SLE certification program.

32. SOBER LIVING ENVIRONMENT (SLE): Refers to a facility that offers an alcohol-free and drug-free residence for individuals, during or following participation in a substance use disorder treatment program, without any on-site drug or alcohol treatment services. A

certified sober living environment (SLE) is one that complies with these certification guidelines.

33. SUSPENSION OF CERTIFICATION: Refers to a disciplinary action taken by the Clinical Services Housing Unit to rescind certification for a specific period of time pursuant to these guidelines, during which time the facility may not receive any referrals from any court, County department or agency. Residents of the SLE prior to the suspension may remain in the SLE.

34. UNUSUAL OCCURENCES: Refers to any event or situation that has occurred at the SLE facility that may have caused, or has the potential to cause, physical or psychological harm to individuals who are receiving services from the SLE facility. This definition also applies to visitors.

CHAPTER II: CERTIFICATION PROCEDURES

Who Must Obtain Certification

1. Any adult sober living environment operating in the County of Kern that receives County referrals or funds must be currently certified by the Clinical Services Housing Unit and shall have a current and valid certificate of compliance on file with the CSH unit. Facilities not receiving County funds or referrals are exempt from the certification guidelines.

2. The certification guidelines apply to any person, firm, partnership, association, corporation, county, city, public agency, or other county governmental entity that operates, establishes, manages, conducts or maintains a facility providing twenty-four (24) hour a day sober living environment services.

3. The certification guidelines do not prohibit an individual or business from operating a sober living environment that is not certified, but those facilities will not receive referrals from the County.

Certification of Each Physical Facility

1. An SLE facility shall meet the certification guidelines for each physical building.

2. The Facility Certification Coordinator will conduct a site inspection of the facility with or without advance notice, and upon presentation of proper identification, in order to determine compliance with the certification guidelines. The certification coordinator shall not access individual resident files of voluntary residents who have not been referred by the criminal justice system without consent, a court order, or application of an exemption to 42 CFR Part 2. The waiver and authorization of the voluntary resident does not constitute permission to access the voluntary resident's files.

Requirement to Post Certificate of Compliance

1. Each certified facility shall post the certificate of compliance in a place where it may be seen by anyone entering the facility.

Staff Certification

1. Prior to certification of a facility, all personnel shall have passed a criminal justice background check as set forth in Chapter 4.

2. The facility shall, within twenty-four (24) hours, notify the certifying body of any changes in its certified staff, or of any changed circumstances that would affect the certification status of certified personnel.

Who May Apply for Certification

Any private or non-profit adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity may apply for certification consistent with the County's policy on nondiscrimination and equal opportunity.

How to Apply for Certification

Application information may be obtained through contact with the Kern County Mental Health Department by phoning (661) 868-7865. Monthly orientations are held to review the application process with prospective applicants.

Review of Certification Checklist

1. The Facility Certification Coordinator will:
    a. Review each prospective applicants policies and procedures manual to determine completeness and compliance with the certification guidelines;
    b. Complete a site inspection to assess the applicant's compliance with the certification guidelines;
    c. Issue to the applicant a certificate of compliance or a written notification of denial of certification within thirty (30) days of receipt of a completed application; and
    d. Specify the basis for denial, if any.

2. The Facility Certification Coordinator may terminate the review of an application if:
    a. The applicant fails to take action to correct the conditions or to provide the missing information that served as a basis for the denial of certification, unless good cause is shown for the delay.
    b. Fire clearance for the applicant's facility is denied.
    c. The applicant fails to conform to applicable zoning and land use ordinances.
    d. The local agency has denied a land use settlement and all other administrative appeals have been exhausted but no judicial stay has been obtained.
    e. The applicant knowingly provides any false information on the application.
    f. The Probation Department or other recognized entities provide information to the certification coordinator that warrants denial of the application. This may include information such as arrest records or other information willfully withheld from the certification coordinator.
    g. The applicant submits a request to withdraw the application.

3. Termination of the review process shall not be considered denial of the application.

Withdrawal of Application

1. The applicant may withdraw an application for certification by submitting a written request to the Facility Certification Coordinator.

2. Withdrawal of an application for certification shall not prohibit the certification coordinator from taking action to deny an application for certification on grounds other than the withdrawal.

Requirement to Submit New Application for Certification

Certification shall automatically terminate by operation of law whenever the applicant does one of the following:

1. Sells or transfers a majority or controlling interest in the ownership of the facility, unless the transfer of ownership applies to the transfer of stock when the facility is owned by the applicant as a corporation and when the transfer does not constitute a majority change in ownership;

2. Voluntarily surrenders the certificate of compliance;

3. Changes location;

4. Dies, if the applicant is a sole proprietor;

5. Abandons the facility, either actually or constructively; or

6. Substantially modifies the facility including, but not limited to, the number of persons served.

Period of Certification

Initial certification will be valid for one (1) year from the date of issuance, then two (2) years thereafter with quarterly, annual and unannounced visits during the initial and subsequesnt certification periods. It may be renewed, upon application of the SLE provider, and approval of the certification coordinator.

Renewal of Certification

1. No more than thirty (30) days prior to the expiration date noted on the certificate of compliance, the Facility Certification Coordinator shall notify the director/facility administrator of the SLE of the date when certification will expire. Failure to receive notice does not relieve the applicant/provider of the duty to renew the certificate of compliance in a timely fashion.

2. The director/facility administrator shall contact the Facility Certification Coordinator to make an appointment for completion of a site visit.

Denial of Facility Certification

The Facility Certification Coordinator may deny a facility's application for certification for any of the following reasons:

1. Review of the application indicates that the applicant is not in compliance with the certification guidelines.

2. The applicant fails to remedy any identified deficiency(ies).

3. The Probation Department, Sheriff's Office or other recognized entity provide information to the Facility Certification Coordinator that warrants denial of the application. This may include information such as arrest records or other information willfully withheld from the Facility Certification Coordinator.

Notice and Right to Reconsideration

If the Facility Certification Coordinator denies an application for certification, a written notice shall be sent to the applicant that includes the following:

1. An explanation of the reason(s) for denial.

2. A detailed list of any corrections required for the deficiency(ies) specified in the notice.

3. A specific time period for compliance.

4. Notice of the applicant's right of reconsideration in accordance with these guidelines.

5. Notice of the applicant's right to appeal a denial of reconsideration in accordance with these certification guidelines.

Procedure for Reconsideration

1. If a facility's application for certification has been denied, a facility may file a written request for reconsideration with the Facility Certification Coordinator, within ten (10) days of the date of the notice of the denial of certification. The certification coordinator is not responsible for the non-receipt of the request for reconsideration.

2. The Facility Certification Coordinator shall schedule a meeting, to be held no more than thirty (30) days after receipt of a timely request for reconsideration.

3. The Facility Certification Coordinator shall conduct the reconsideration meeting, at which time the applicant may present documentary evidence and witnesses.

4. Within ten (10) days after the reconsideration meeting, the Facility Certification Coordinator shall send a written decision, sustaining, modifying, or reversing the previous decision.

5. After the reconsideration meeting, the certification coordinator's decision shall become final, unless the applicant files an appeal pursuant to these guidelines.

CHAPTER III: MONITORING CERTIFIED FACILITIES

1. The Facility Certification Coordinator will monitor and review each certified facility at least annually during the certification period in order to determine continued compliance with certification guidelines. Quarterly and unannounced monitoring reviews may also be conducted during the certification period.

2. The Facility Certification Coordinator and/or other criminal justice entity may conduct a site inspection of the facility with or without advance notice and upon presentation of proper identification, in order to determine compliance with the certification guidelines. The Facility Certification Coordinator will not access individual files of residents who have not been referred by the criminal justice and/or mental health system without informed consent, court order or application of any an exemption to 42 CFR Part 2.

3. The Facility Certification Coordinator may conduct private staff and resident interviews and inspect the facility.

4. After completion of the monitoring inspection, the Facility Certification Coordinator will prepare a written report for the facility director. A copy will be maintained in the Clinical Services Housing Unit files.

5. If the inspection reveals deficiencies in the facility, a written notice of all deficiencies shall be mailed to the director within twenty (20) days of the completion of the monitoring review report.

6. The notice of deficiency shall specify:
   a. The section numbers of the certification guidelines or code section of each statute or regulation which has been violated;
   b. Any expected corrections for each deficiency;
   c. The date by which corrections shall be completed; and
   d. Procedure for appeal according to Chapter IV of the certification guidelines.

7. The director or his or her designee must provide the Facility Certification Coordinator with a written response within ten (10) days from the date of the notice of deficiency in which compliance corrective actions taken are demonstrated. Sanctions may be imposed if this requirement is not met.

Investigation of Complaints
A complaint is a formal or informal negative allegation regarding a possible violation of the certification guidelines and may include, but is not limited to, criminal activity, resident safety, good neighbor policy, zoning issues, and staff or resident use or sale of drugs.

Complaints Regarding Criminal Activity
All complaints regarding alleged criminal activity will be immediately reported to the law enforcement department having jurisdiction over the area where the SLE is located.

Complaints Regarding Certification Guidelines

1. Any person may file a complaint regarding a violation of the certification guidelines by filling out a KCMH grievance form or contacting the Facility Certification Coordinator.

2. To the extent possible, no investigation will disclose the name of the complaining party, if he or she requests anonymity.

3. The Facility Certification Coordinator shall investigate all complaints filed against a facility or a staff member.

4. The Facility Certification Coordinator may conduct a site visit, with or without advance notice, as a part of any investigation of any facility.

5. The Facility Certification Coordinator will complete a written report of the investigation.

6. If the written report discloses deficiencies, a written notice listing all deficiencies shall be mailed to the director within ten (10) days of the completion of the investigation.

7. The notice of deficiency shall specify:
   a. The section numbers of the certification guidelines or code section of each statute or regulation which has been violated;
   b. Any expected corrections for each deficiency;
   c. The date by which corrections shall be completed; and
   d. Procedure for appeal according to Chapter II of the certification guidelines.

8. The director or his or her designee must provide the certification coordinator a written response within fifteen (15) days from the notice of deficiency in which compliance and corrective actions taken are demonstrated.

Emergency

If the CSH unit or other criminal justice entity determines there is an emergency that jeopardizes the public safety, or the safety of the facility, they may recommend to the Facility Certification Coordinator that referrals to that facility be suspended pending further investigation. Other affected parties shall be immediately notified concerning said suspension by Kern County Mental Health Clinical Services Housing Unit Administrator.

Purpose of Sanctions

1. Sanctions are designed to:
   a. Protect the safety of the community, staff and residents;
   b. Assist the certified facility in maintaining a quality level of continuing care and service.

2. All sanctions shall be handled on an **individual** basis.

Types of Sanctions
The Facility Certification Coordinator may impose one or more of the following sanctions for a violation of the certification guidelines:

1. **Informal Reprimand:** Suitable for a minor violation, an oral reprimand may include coaching or counseling to assist the facility in exploring remedies. Informal reprimand will remain on file for 2 years.

2. **Formal Reprimand:** For a serious violation, a letter of reprimand containing a description of the problem and recommended corrective action will be sent to the offending facility and will become a permanent part of the facility record.
    a. **Suspension of Certification:** If the violation is very serious, or if serious violations are repeated, the Facility Certification Coordinator may suspend the certification of the facility for a period of time during which the facility may not receive further resident referrals from any County agency or department. Current program residents at the time of suspension may be allowed to remain and complete the program.
    b. **Revocation of Certification:** The most serious disciplinary action is the revocation of facility certification. In situations where the public, staff or residents are determined to be in immediate danger, the Facility Certification Coordinator may immediately revoke the facility's certification, subject to later review. Revocation of certification is for an indefinite period of time. Upon certification revocation, all residents referred by any County department or agency shall be removed from the facility. All fees paid for the month of revocation shall be pro-rated and refunded to resident(s). The facility shall not receive any additional County-referred residents until further notice.

3. If circumstances exist that would not place the public, staff or residents in immediate danger, but could possibly warrant certification revocation, the Facility Certification Coordinator may recommend that certification be revoked as a disciplinary measure, subject to the provisions for appeal in Chapter VI.

4. The Clinical Services Housing Unit Administrator or designee and involved criminal justice entities shall meet and confer prior to invoking any sanction.

5. Once revocations of certification have been imposed on a facility or on an individual, the Facility Certification Coordinator shall send a written notice of sanction to all involved criminal justice entities.

Right to Appeal Imposed Sanctions
Any individual or facility has the right to appeal any sanction imposed pursuant to the provisions in these guidelines.

Failure to Follow Imposed Sanctions
Failure to comply with an imposed sanction may result in the imposition of a more severe sanction, up to and including permanent revocation of certification.

CHAPTER IV: GENERAL CERTIFICATION GUIDELINES

Facility and Staff Compliance with Guidelines
Failure of a facility and/or staff to follow the certification guidelines may result in the termination of facility certification, or in the imposition of sanctions on the facility.

Resident Court Orders and Treatment Plan

1. The facility management shall cooperate with all of the residents' court orders, and shall accommodate the residents' schedule for his or her substance use disorder treatment and/or mental health outpatient treatment plan and court appearances.

2. Failure to comply with a resident's court orders shall be considered a serious violation of these guidelines and may result in the suspension or revocation of certification.

Resident Selection for Facility and Public Safety
In order to safeguard facility residents, staff, visitors and neighbors, and in order to provide transparency with regard to facility criteria for referral purposes, each certified sober living environment shall have documented facility exclusionary criteria. Each facility shall have a policy of resident selection that includes, but is not limited to screening, accepting or denying residents with the following charges:

1. Felony sexual offenses

2. Felony arson crimes

3. Violent felonies

4. Serious felonies

These convictions do not automatically preclude an individual from being accepted to a facility unless stipulated in the facility exclusionary criteria. If the facility after screening a potential resident, finds that he/she has a conviction of the above mentioned crimes, the director of the facility will determine whether they are able to accept the resident. Any facility that accepts residents convicted of the above mentioned crimes must however, include a resident disclosure informing each resident at time of intake that they may at times accept residents with these convictions.

Confidentiality Waiver
All residents referred from the criminal justice system, or from any court, county department or agency shall sign an irrevocable waiver of confidentiality at the time of admission into the residence, and the facility shall maintain that waiver in its records. This waiver shall allow all courts, county departments, or agencies with an interest in the resident to access information concerning the resident.

Good Neighbor Policy
The County of Kern is committed to providing community-based recovery services for individuals engaged in the substance use disorder treatment system. As such, all certified facilities must ensure

that residents are supervised, homes are maintained, and that staff and residents conduct themselves in a responsible manner preserves positive relationships within the community. This "good neighbor" conduct requirement shall include but is not limited to the following:

1. The applicant shall confirm that the facility and proposed use complies with all applicable zoning and use regulations;

2. The applicant has chosen a site that ensures that group homes and SLEs are dispersed throughout the county, rather than concentrated in a particular neighborhood or community.

3. The applicant has a good neighbor plan that may be put into effect as soon as the facility opens in order to maintain a positive reputation in the community. This plan will reflect the facility's desire to be members of the community.

4. Interior and exterior facilities are maintained and in good repair, in a manner that conforms to neighborhood standards with regard to facility conditions, landscaping, painting and décor.

5. Each facility should have a written procedure to govern responses to neighborhood complaints.
   a. Each facility will ensure that the neighboring residents are advised of the facility's complaint procedure.
   b. Each facility should assign one person to handle neighborhood complaints in a positive manner.
   c. If a neighborhood complaint is legitimate, each facility should immediately address the problem to prevent recurrence. If the complainant is not satisfied with the results, the complainant should be encouraged to contact the Clinical Services Housing Unit Administrator at the Kern County Mental Health Department.

6. Staff shall properly supervise all residents.

7. Staff and residents should adopt an attitude reflecting their desire to be productive members of the community.

8. Staff and residents shall use only the back yard for outside activities (e.g. socializing and smoking), not the front yard.

9. Staff and residents shall not play radios outside the facility or in a manner that would disturb neighbors or other residents inside the home.

10. Staff and residents shall not borrow items or money from the neighbors.

11. Staff and residents shall not use loud, abusive or vulgar language in or around the facility.

Policy and Procedure Manual

Each facility shall maintain a policy and procedures manual on site, which shall be available to staff members. The policy and procedures manual shall contain the following:

1. Employee procedures:
    a. Job descriptions for all staff positions.
    b. A formal staff discharge procedure.
    c. An organizational chart of the entire agency, depicting lines of authority.
    d. An Equal Opportunity Employment statement.
    e. A procedure to immediately notify the CSH unit Administrator of changes in the facility's administrative staff.
    f. A Drug-Free Work Place policy, including procedures for compliance with the California Drug-Free Work Place Act and the provisions of California Government Code § 8350, *et seq.*, and a procedure to advise all staff and residents of changes in these policies.

2. Non-discrimination procedures:
    a. A written prohibition against sexual harassment.
    b. A written prohibition against discrimination in the provision of services as provided by state and federal law, and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000 (d)]; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 [29 USC 1681]; the Americans with Disabilities Act of 1990 {42 USC 12132}; Title 45 of the Code of Federal Regulations, Part 84; the provisions of the Fair Employment and Housing Act [Gov. Code § 12900, *et seq.*], and the regulations promulgated hereunder [Title 2, California Code of Regulations, § 7285, *et seq.*]; Title 2, Division 3, Article 9.5 of the Government Code, commencing with 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with 10800.
    c. A written prohibition against discrimination of the Lesbian, Gay, Bisexual, Transgender (LGBT) community.

3. Other policies and procedures to be included:
    a. A written prohibition against the inappropriate use of prescribed medications at the facility.
    b. A written prohibition against personal and financial conflicts of interest.
    c. A written standard of professional ethics for the staff, including a prohibition against personal relationships between staff and residents.
    d. A written policy for drug and alcohol testing of staff and residents.
    e. A written Good Neighbor Policy.
    f. A written drug and alcohol relapse policy and procedure, specifying actions to be taken in case of either staff or resident relapse.

Resident Files

The facility shall provide assurance information that resident files are maintained in the following manner:

1. All files shall be kept in a locked cabinet.

2. Each resident shall have a single file and its contents shall not be commingled with another resident's file.

3. Access to files shall be limited to the director and other specified personnel who must access the files.

Resident Log

The facility shall maintain a continuing record of all residents as they enter and exit the facility. Logs shall be maintained for at least one (1) year after the last entry therein. Logs shall include in-and-out records of the date, time and resident's name for each entrance to and exit from the facility.

Individual Resident File Contents

Individual resident files shall contain, at a minimum:

1. A file content face sheet to maintain organization.

2. Standard form(s) authorizing disclosure of information to applicable criminal referring agencies.

3. Date of the resident's entry and completion or termination date from the facility, including the circumstances of his or her exit from the facility.

4. The resident's fee payment record, including date and amount of each payment, period covered by payment, individual receiving payment, and balance if any.

5. An initialed and signed copy of the rules, regulations, intake forms and sliding fee schedules that have been individually signed and dated by the resident upon entry into the program.

6. Copies of all progress reports and all correspondence concerning the resident Documentation that the reports have been sent to the referring agency or any other government referral source when applicable.

7. Dates and results of all drug and alcohol tests. Documentation that the drug and alcohol test results has been sent to the Probation Department or any other governmental agency as appropriate.

Fee Schedule

1. Each facility shall have a written fee schedule that is provided to all residents and is posted at the facility.

2. Each facility may use the individual's financial assessment completed by their treatment provider to determine his or her ability to pay.

3. Each facility shall advise all residents of the exact fees required for the program as well as any fee payment policies or procedures, at the time the resident is admitted into the program.

4. No facility shall charge a resident more than the actual cost to the facility for supplies or staff time.

5. No facility shall charge a resident a relapse or re-entry fee.

6. Upon a resident's admission to the facility, it shall inform the resident what items are provided to the residents, and which items the residents must provide.

Commingling of Funds
All facilities shall have a policy to advise staff that they may not commingle their funds with resident funds.

General Assistance
In order for a facility to accept a resident's General Assistance rent allowance, the facility shall follow all procedures required by the Kern County Department of Human Services.

Payment of Fees
Each facility should have a written policy regarding fee payments, advance fee payments, delinquent payments or payment plans, and refunds, which must be approved by the certification coordinator.

Resident Receipt for Fees
Each facility shall provide a written policy regarding the payment of fees, providing the resident with a receipt that contains the resident and program names, the purpose of the fees, the date and the name of the person issuing the receipt, and the time period for which the fees are being paid.

Authorized Personnel
The facility will have a written policy that lists the person(s) authorized to provide reports, letters, and/or other correspondence to any court, county department or agency. The facility shall instruct staff and residents that pursuant to California Penal Code § 134, it is a felony to prepare or produce any type of written instrument that is false or antedated, if that instrument is to be presented for any judicial trial, proceeding or inquiry.

Each facility shall submit accurate resident progress reports to the appropriate court, county department, agency, or office, upon request or as required by the terms of the criminal justice referral.

Deficiencies
1. A deficiency means a failure to comply with the certification guidelines, and may be a cause for denial of certification or a notice of sanction.

2. A deficiency includes, but is not limited to any of the following:

    a. Code violations for capacity, fire or zoning ordinances.
    b. Good Neighbor Policy violations for excessive noise, parking, or frequent police activity.
    c. Physical building defects due to unsafe structures or unkempt furnishings.

d. Maintenance defects in the building's plumbing, heating/cooling units or upkeep.
e. Unsanitary conditions in food preparation and storage, or in bathrooms.
f. Unsafe conditions on the premises, or with facility equipment.
g. Lack of resident or staff supervision resulting in violations of rules or conduct.
h. Staff non-compliance with facility procedures.
i. Unsafe or inappropriate treatment of residents.
j. Staff non-compliance with reporting requirements, including failure to notify the Probation Department that a resident was terminated from the program, or left the program before completion.
k. Failure to attend SLE mandatory quarterly trainings.
l. Failure to report unusual occurrences to the CSH unit Administrator or designee.

Unusual Occurrences

An unusual occurrence is any event or situation that has occurred at the SLE facility that may have caused, or has the potential to cause, physical or psychological harm to individuals who are receiving services from the SLE facility. This definition also applies to visitors.

Unusual occurrences may be but are not limited to:

1. Intentional injury (not suicide attempt) requiring emergency medical treatment
2. Allegations of abuse of individual/visitor
3. Medication prescription and/or administration errors
4. Allegations of unethical relationships or other unprofessional conduct by staff
5. Observation and information regarding:
    a. Questionable or inappropriate staff behavior related to individual/visitor care
    b. Suspected violation or professional licensure and/or ethics
6. Possibility or threat of legal action and/or negative media attention
7. Death other than suicide
8. Death by suspected or known suicide
9. Suicide attempt requiring emergency medical treatment (EMT)
10. Individual injured/reported injuring themselves
11. Individual injured staff/another individual served or visitor at the facility
12. Unauthorized/inappropriate release of protected health information
13. Individual/visitor is victim and/or perpetrator of physical, sexual or verbal assault.
14. Criminal activity requiring law enforcement involvement

The Director is responsible for reporting unusual occurrences to KCMH CSH unit Administrator.

Plan of Correction

1. Upon receipt of a notice of deficiency, within thirty (30) days the director of the facility must submit to the Facility Certification Coordinator written verification of correction for each deficiency identified in the notice of deficiency, including the date of correction.

2. If the director cannot correct a deficiency by the date specified in the notice of deficiency, he or she must submit a written Plan of Correction (POC) to the certification coordinator. The POC must be submitted prior to the date specified in the notice of deficiency, must specify the steps taken to correct the deficiency, and state the date by which each deficiency will be corrected.

3. In reviewing the POC, the certification coordinator will consider:

    a. Any potential safety hazards presented by the deficiency(ies);
    b. The number of residents impacted by the deficiency(ies); and
    c. Any documentation submitted by the director to substantiate the proposed POC.

4. Within fifteen (15) days of receipt of the written correction verification and/or POC, the certification coordinator must notify the director in writing whether it has been approved or if additional action is needed.

5. The certification coordinator may conduct follow-up visits to determine if the facility has corrected all deficiencies specified in the notice of deficiency. Other county departments, if applicable, may conduct follow-up visits as well.

6. If a follow-up review indicates that a deficiency has not been corrected on or before the date specified in the notice of deficiency or the date outlined in the approved POC, the Facility Certification Coordinator may impose a sanction pursuant to these guidelines.

CHAPTER V: STAFF MINIMUM CERTIFICATION REQUIREMENTS

Staff Required to Submit to Background Investigations

1. Before a facility is certified, each staff member is subject to a background investigation, including criminal history information and disqualifying convictions, pursuant to Penal Code § 11105(b), if their duties and responsibilities involve:
    a. Direct resident supervision
    b. Unsupervised contact with residents
    c. Access to resident medications
    d. Access to resident money or financial documents
    e. Providing any oral or written reports to any criminal justice entity or other provider about resident progress.

2. The staff positions listed above may include but are not limited to, the following (SLEs are not required to have all positions on staff):
    a. Director
    b. House manager
    c. Peer coordinator
    d. Consultant
    e. Advisor
    f. Administrative staff
    g. Driver
    h. Kitchen coordinator/manager
    i. Security guard
    j. Facility manager

3. The director may designate the exact title of each staff member. Each staff member's application must include a detailed description of his or her duties and responsibilities. Based upon the staff position to be filled and the description of the duties and responsibilities contained in the staff member's application, the certification coordinator shall make a determination if the staff member requires a background investigation and what other certification criteria may be applicable before the staff member may receive certification.

4. Staff will be subject to random drug testing during the course of employment.

Staff Applications

All applications for new staff shall be submitted to Facility Certification Coordinator prior to employment and in the case of unforeseen emergencies or vacancies; applications must be submitted within forty-eight (48) hours of the emergency hire.

Content of Staff Applications

1. The application and supporting documents for all facility staff positions shall contain the following:
   a. A definition and detailed description of the staff position to be filled.
   b. The name of the facility, and the address and phone number of the prospective employer.
   c. The name of the facility director.
   d. The full name of the applicant, and any and all prior names used.
   e. The current residence address and telephone number of the applicant.
   f. The applicant's Social Security Number.
   g. The California Driver's License or identification card number of the applicant, as well as any out-of-state driver's license or identification card numbers of the applicant.
   h. Any formal education or academic achievements of the applicant.
   i. A list of the applicant's prior specific work experience.
   j. An indication of the applicant's criminal gang participation, involvement, or affiliation.
   k. Criminal background check, Live Scan if potential employee has lived out of county or state.

2. The applicant shall sign the application under penalty of perjury.

Falsifying Information on Staff Applications

1. A person shall not falsify information on an application for certification or allow information known to be incorrect to be presented on an application for certification.

2. Knowing and falsifying information on the application for certification shall be good cause for a denial of certification or for termination of an existing certification.

Minimum Requirements for Director and Head of Administrative Staff

1. Education and Experience: The director shall demonstrate that he or she has the education, training, and/or experience to aid in the rehabilitation of a drug and alcohol addicted and/or

criminal justice referral, shall meet at least one of the following minimum requirements, and shall provide proof that such requirements have been met:

a. Possess a four-year college degree, or
b. Possess the California Association of Drug and Alcohol Counselors (C.A.A.D.A.C., C.A.D.C.) certification or an equivalent certification, or
c. Possess four years' experience as a house manager, counselor, supervisor, or other related experience that would aid in the rehabilitation of a drug and alcohol-addicted and/or criminal justice referral.

2. The director is ultimately responsible for all staff members. Administrative staff members supervise staff and residents. Each director may choose titles for these positions; however the minimum background requirements for the individuals who fill these positions must be as set forth in the certification guidelines. The director shall be responsible for writing and signing all resident progress reports to all criminal justice entities, county departments and agencies.

3. The director is responsible for reporting unusual occurrences.

4. The director, or designee, must attend quarterly mandatory trainings as scheduled.

Improper Staff Conduct

A certified staff member shall not have a prior history demonstrating improper conduct that includes but is not limited to the following:

1. Forging or falsifying documents to any courts, county agencies, departments, licensed treatment facilities or sober-living environments, or presenting documents known to be forged or false.

2. Falsifying staff or resident drug tests or presenting the results of drug tests known to be false.

3. Engaging in inappropriate behavior with residential staff or residents at a certified residential treatment facility or a certified sober living environment, including but not limited to the following:
   a. Sexual assault or harassment
   b. Any sexual relationship
   c. Physical assault
   d. Embezzlement or other theft-related conduct
   e. Selling or furnishing drugs or alcohol to residents
   f. Entering into any financial agreement, venture, or proposition with a resident

Sobriety

1. If the applicant for executive director of the SLE is a former drug or alcohol user, he or she should have a minimum of five (5) years sobriety, and may be participating in a continued program of personal enhancement and recovery.

2. An applicant for any other position in the facility, if he or she is a former drug or alcohol user, should have a minimum of one (1) year sobriety, and may be participating in a continued program of personal enhancement and recovery.

3. All staff will be subject to random drug tests as appropriate and /or deemed necessary, with or without cause.

Criminal Convictions, Probation and Parole

1. "Criminal Convictions" refers to a final judgment on a verdict or finding of guilt, a plea of guilty or *nolo contendere* for all misdemeanor and felony offenses, including those offenses set out in previous sections (see Resident Selection for Facility and Public Safety).

2. "Criminal Convictions" do not include:
   a. Any arrests or detentions that did not result in a conviction.
   b. Any traffic infractions.
   c. Any conviction, for which the record has been judicially sealed, expunged or has been statutorily eradicated.
   d. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.
   e. Any conviction stay for which a pre-trial diversion program has been successfully completed pursuant to California Penal Code §§ 1000.4 and 1000.5.

3. No certified staff member shall have convictions for any of the offenses listed below, unless a period of five (5) years has elapsed since the completion of parole or probation for the offense(s). Each facility shall have a policy of staff selection that includes, but is not limited to the following:

   a. No staff member may have a conviction for any felony sexual offenses pursuant to California Penal Code §§ 261, 262, 264.1, 265, 266a, 266b, 266c, 266d, 266e, 266f, 266g, 266h, 266i, 266j, 269, 285, 286, 286.5, 288, 288.1, 288.2, 288.5, 288a, 289, 289.5, 289.6, 311.2, 311.3, 311.4, 311.10, 311.11, 314, and 647.6.

   b. No staff member may have a conviction for any felony arson crimes pursuant to California Penal Code §§ 451, 451.1, 451.5, 452, 452.1, 453, 454, and 455.

   c. No staff member may have a conviction for any violent felonies, including any of the crimes identified in California Penal Code § 667.5(c), and exclude, for the purposes of this section, those enumerated in subparagraph A above.

   d. No staff member may have a conviction for any serious felonies, including those felonies identified in the California Penal Code § 1192.7 and exclude, for the purposes of this section, those enumerated in subparagraph A, above.

4. No staff member may have any pending criminal charges or any outstanding warrants.

5. If a staff member has **any** convictions, he or she shall have completed drug diversion, deferred entry of judgment, formal probation, court probation, or parole a minimum of eighteen months prior to applying for certification.

Gang Affiliation
No facility staff member shall be currently affiliated with or participate in any criminal activity associated with a criminal street gang, prison gang, or criminal motorcycle gang.

Replacement or Appointment of Director and House Manager
In order to be assured that a facility continues to meet the certification standards for residents, staff, facility and neighborhood safety, a permanent director or house manager shall be replaced as soon as possible, but no later than three (3) months from the date the position becomes vacant.

Interim positions must be filled no later than seventy-two (72) hours from the time the position becomes vacant, preferably with persons who meet the minimum qualifications for the position under the certification guidelines.

Denial of Staff Application for Certification
The Facility Certification Coordinator may deny a prospective staff member's application for certification for any of the following reasons:

1. A review of the application indicates that the applicant is not in compliance with the minimum staff requirements outlined in these guidelines.

2. The applicant fails to remedy each deficiency identified in the written notice.

Staff Denial Notice and Right to Reconsideration
The Facility Certification Coordinator will send a written notice to an applicant if certification is denied that shall:

1. Explain the basis for denial.

2. Detail the correction(s) required to remedy any noncompliance specified in the notice.

3. Specify the compliance date by which time all corrections to the application must be complete and the application reviewed again.

4. Advise the applicant of his or her right of reconsideration and appeal in accordance with these guidelines.

The compliance date by which time all corrections to the application shall be complete may not exceed thirty (30) days from the date of the written notice. The denial of certification shall not take effect until the day after the compliance date.

Staff Procedure for Reconsideration

1. If a staff member's certification has been denied, the applicant may file a written request for reconsideration with the Facility Certification Coordinator, no later than ten (10) days from the date of the notice of the denial of certification.

2. The certification coordinator shall schedule a meeting with the applicant no later than ten (10) days after receipt of a timely request for reconsideration.

3. At the scheduled meeting, the applicant shall be given an opportunity to present witnesses and documentary evidence.

4. The meeting will be conducted informally and without the technical rules of evidence. The certification coordinator may consider all evidence he or she deems reliable, relevant and not unduly repetitious.

5. The certification coordinator shall send the applicant a written decision, sustaining, modifying, or reversing the previous decision.

6. After the meeting, the decision by the SLE certification coordinator shall become final, unless the applicant files an appeal, according to the procedures in these guidelines.

CHAPTER VI: APPEALS AND HEARINGS

Right to Appeal the Denial of Certification or the Imposition of a Sanction

If a facility has been denied certification, or a sanction has been imposed on a facility, and the Facility Certification Coordinator has denied the appeal for reconsideration, the director may file an appeal to the CSH unit Administrator**.**

Staff Right to Appeal Denial of Certification or Imposition of Sanctions

1. If a staff member has been denied certification and the Facility Certification Coordinator has denied the appeal for reconsideration, the applicant may file an appeal to the Clinical Services Housing unit Administrator.

2. If a sanction has been imposed on a staff member, he or she may file an appeal to the CSH unit Administrator. An appeal for reconsideration to the Facility Certification Coordinator is not available for an imposition of a sanction.

Certification Appeals Committee

The Certification Appeals Committee shall consist of six (6) members selected from the following: Two (2) staff members of the Kern County Probation Department, two (2) staff members of the Kern County Sheriff's Office and two (2) staff members of Kern County Mental Health

Duties of the Certification Appeals Committee
The Certification Appeals Committee shall:

1. **Meet AD HOC to review concerns, issues, or considerations of certified SLEs;**

2. **Review the recommendation of the Facility Certification Coordinator when there is an appeal for a denial of a certification or sanction;**

3. **Review and update certification guidelines at least one time per year, and as needed.**

Sanction Appeals

1. Upon determination that sanctions will be imposed, the Facility Certification Coordinator will provide to the director of the facility written notification of the grounds for sanctions and of the extent of the sanctions. The notification will include a copy of the appeal procedures set forth herein.

2. Before the sanction is imposed, the facility or staff member shall have an opportunity to take voluntary corrective action, unless the basis for the sanction poses an immediate danger to the health, safety or welfare of the public, staff or residents.

3. If the facility decides to appeal the sanction, the appeal shall be in writing, and shall be received by the Facility Certification Coordinator within fifteen (15) days of the date of the notice of sanctions.

Procedures for Certification Appeals Meeting
Meeting shall be conducted as follows:

1. An individual staff member may appeal the imposition of personal sanctions imposed just as a director may appeal the imposition of a sanction on a sober living environment.

2. If a sanction is appealed in a timely manner, the Facility Certification Coordinator will schedule an appellant meeting with the SLE Housing Administrator to provide supporting evidence within fifteen (15) business days, and will notify the appellant of the date.

3. Written notice of the Housing Administrator's decision will be provided to the facility within ten (10) days after the close of the meeting.

4. The decision of the Housing Administrator is final.

CHAPTER VII: MINIMUM OPERATIONAL REQUIREMENTS

The sober-living environment shall be a twenty-four (24) hour community living environment, which includes the following components:

1. Regular meetings between the persons served and program personnel.

2. Opportunities to participate in activities that would typically be found in a home, such as cooking, housekeeping, gardening, and social interaction.

3. Each home shall have a living room area with adequate space for residents to assemble for social and/or other group activities.

4. Adequate personal space to accommodate each resident comfortably and with dignity and respect, with privacy and security of personal property.

5. A homelike and comfortable setting.

6. Evidence of individual personal possessions and decorations, indicating residents can feel welcome.

7. Daily access to adequate nutritious meals and snacks.

8. Procedures regarding the assignment of roommates.

9. Opportunities to access community, cultural, recreational and spiritual activities, from the SLE or from other sources.

Residency Requirements
The residency requirements must be clearly defined. At a minimum, they should include:

1. The desire to live a clean and sober lifestyle.

2. Participation in a formal alcohol or drug recovery program, or documented stability in a self-help group.

3. A willingness to abide by the house rules as documented in a signed residential agreement.

4. Restriction to the facility for the first thirty (30) days of residence, except for employment or job search, and for treatment or AA/NA meetings.

House Rules
The rules of the house must be clearly defined. Optional rules will depend on the needs of the program participants, should not be over burdensome, and must be consistent with resident needs. At a minimum, these rules must include:

1. No drinking of alcohol or items containing alcohol, or using illegal drugs is permitted at any time.

2. No alcohol, items containing alcohol or illegal drugs shall be brought onto the premises at any time.

3. Attendance at weekly house meetings shall be considered mandatory.

Management Responsibility

The person in charge of the facility shall be clearly identified to all residents. This person shall be responsible for the maintenance and safety of the building. If the facility manager designates responsibility to another individual, lines of authority shall be clearly defined.

Attendance to mandatory quarterly trainings coordinated through the Kern County Mental Health Department.

Staffing Requirements

1. There should be adequate staff on site, based on the needs of the programs served and the residents. The program should have a system for the on-call availability of supervisory staff members, seven days per week, and twenty-four hours per day.

2. Staff members assigned to this program shall have training in cultural competence, and shall be representative of the cultures of the persons served.

3. Staff responsibilities include the following: At a minimum, someone must be responsible for the safety of the building(s) and residents; someone must be available to maintain records, to collect fees (if applicable), to register and check out residents, and to maintain house rules. Other staff may be available, such as food service, grounds keepers, etc.

4. All staff must be trained in procedures to be followed in cases in which a resident may show signs of a mental health crisis.

5. At least one supervisory staff member shall be present on the facility grounds at any time a program participant is present.

Intake and Admission

1. The facility shall have a written intake and admission procedure.

2. During the intake and admission appointment the facility staff shall:
   a. Review the potential resident's overall treatment plan recommendations from other referral sources.
   b. Assist the potential resident in implementing any treatment-related court orders.
   c. Identify any of the potential resident's prescribed medications.
   d. Provide the potential resident with a copy of the facility rules and procedures, and document same.
   e. Require the potential resident to sign all consent forms and confidentiality waivers.
   f. Assist the potential resident in reading, initialing, and signing all forms.

Physical Environment

1. The environment of the SLE 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 media for recovery in a well-designed setting.

2. Heating and cooling units shall be sufficient to keep residents comfortable at all times, and shall be in working order.

Facility Compliance to Codes and Permit Requirements
Prior to certification each certified sober living environment shall:

1. Apply for or be granted a determination of zoning conformance.

2. Possess all required permits.

3. Meet fire safety standards, including those monitoring occupancy limits, smoke detectors and the emergency exit plan.

4. The following minimum fire prevention requirements shall be followed at all times:
   a. There shall be no smoking inside the building, by staff, residents or visitors.
   b. Smoking materials shall be disposed of safely in appropriate outdoor refuse containers.
   c. There shall be no accumulation of clothing, newspapers or "clutter" in the living and sleeping areas.
   d. Stoves and cooking areas shall be kept clean of grease accumulation.
   e. Smoke detectors and fire extinguishers shall be installed according to fire marshal regulations and requirements.
   f. Exit doors shall be clearly marked and readily available.
   g. Fire drills from sleeping areas shall be conducted and recorded in a master drill log.
   h. Emergency exit routes should be clearly posted.

Health Standards
1. Facility standards for cleanliness shall include, at minimum, the following:
   a. Facilities shall ensure that kitchen and dining areas are kept clean.
   b. Food shall be stored in sealed containers in the refrigerator(s).
   c. Refrigerator(s) is kept clean at all times (inside and out).
   d. Stove(s) and oven(s) are kept clean and free of grease buildup to prevent a fire hazard.
   e. Dining room meets the needs of the number of residents in the facility.
   f. Kitchen garbage is taken out daily to prevent health hazards.

2. Facilities with <u>food service included</u> in the program fees shall adopt, at minimum, the following standards:
   a. Admission orientation includes the scheduled times for each meal and dining rules.
   b. Those individuals who are employed receive lunches suitable for consumption at their work site.
   c. Meals are made available for those individuals who will be absent at the time of the meal and have requested a meal be reserved.

3. Facilities <u>not including food service</u> in program fees shall adopt, at minimum, the following standards:
   a. Provisions allowing access to kitchen and cooking areas at all reasonable times.

b. Admission orientation shall include policies regarding meal preparation, along with posted notices in the kitchen area.
c. Provide locked dry food storage containers and/or cabinets to reduce the potential for borrowing or theft of another's food.
d. Procedures should be in place to ensure personal food items are labeled and are accessible only to the owner of the item.

4. The following minimum health maintenance measures shall be followed:
   a. There shall be adequate hot water for dish washing and bathing.
   b. Bathrooms shall be kept clean on a daily basis.

5. Have a written pest control policy that includes:
   a. Checking for bed bug, lice or scabies or any other general pests upon admission
   b. Method for controlling bed bug, lice or scabies or other general pests
   c. Plan to monitor infestation until individual/residence is cleared.

Living Space

Prior to certification each sober living environment facility shall:

1. Be properly maintained and clean inside and outside.

2. Maintain adequate living space for each resident in the bedrooms and bathrooms as follows:
   a. Each resident shall have his or her own bed which is on a bed frame and located in a bedroom.
   b. The bedrooms shall not be overcrowded, and shall not be used for any other purpose.
   c. Each bedroom shall include designated closet and dresser space made available for each resident.
   d. Bathrooms shall be conveniently located and sufficient to provide adequate facilities for hygiene and privacy for each resident.
   e. The bathrooms shall be clean, provide privacy and contain adequate soap and toilet paper.

3. Maintain proper security, including:
   a. Appropriate locks on all doors and windows.
   b. Control of non-residents entering the facility.
   c. Identification of the staff person in charge of the facility.

4. Make available kitchen facilities or services.

5. Provide the residents with a copy of a food preparation and service policy if meals are not included in the program fees. Such a policy shall include the following:
   a. The kitchen shall be clean and food shall be properly maintained and stored.
   b. Kitchen facilities shall provide cooking and storage space to meet the needs of the home and the residents.
   c. There shall be adequate seating in the dining area for the residents.

6. Designate a community living area that shall be available to all residents for meetings and guests for SLE house meeting and house events such as parties, holidays and celebrations.

7. Provision should be made to address the need for:
   a. Smoking and nonsmoking areas
   b. Quiet areas
   c. Adequate personal space for privacy
   d. Security of property
   e. Areas for visits

Male and Female Sober Living Environment Facilities
Single gender facilities are required.

Visitation Rules
Each certified sober living environment facility shall have a written visitation policy that includes the following safeguards:

1. All visitors shall sign in and out of the facility, using his or her full name.

2. All visitors shall leave the facility no later than 10:00 p.m.

3. There shall be designated visiting areas that are located in the common living areas of the facility.

4. All staff, residents and visitors shall be clean and sober while on the premises.

5. Visitors shall not be left alone in the facility at any time.

6. No adult or child visitor shall stay overnight in the facility unless the facility is specifically licensed by the state of California for such purpose, or unless such visitation is pursuant to court order. Regardless of any court order, no facility may have an adult or child visitor stay overnight unless the certified sober living environment has appropriate facilities to protect the safety of the overnight visitor.

7. Regulations regarding children visiting the facility shall include:
   a. Specific hours for visits
   b. The type of supervision required
   c. Restriction of children to the common areas

Designated Supervisory Personnel
1. Each certified sober living environment facility shall have a house manager or director who resides at the facility.

2. Each facility shall have designated supervisory personnel available twenty-four (24) hours per day.

3. During each day, all residents shall be actively involved in treatment, education, employment, looking for work, counseling, or other activities appropriate to the treatment and recovery process.

House Meetings
The facility shall hold at least one house meeting per week solely to discuss housekeeping and personal roommate issues.

Record Keeping
The manager in charge of residency shall maintain formal records on each resident. Records fill several important roles, allowing management to track the person served, and to provide a sense of order. The following record keeping standards must be followed:

1. Resident Record: Biographical personal data that provides an identification profile, emergency contact(s) and name of physician(s). Personal data requirements should be consistent with the organization's record and profile data requirements. Length of sobriety, prior recovery, and source of referral are appropriate. Also included should be pertinent information regarding each resident's personal treatment plan, goals and objectives, and a signed Residential Agreement.

2. Resident Log: This is a continuing record of residents as they enter and are discharged from the program residence. The log includes referral into the home and circumstances of exit from the program, so that management and staff have a quick review of residents registered in a given year, along with the number of people moving out and why.

3. Daily Entry and Exit Log: This is a continuing record of residents as they enter and exit the facility. It will include a record of the time and date they leave the residence, and will record the resident's destinations, and expected time of return. This will give staff the ability to track movement of residents for reasons other than treatment.

Resident Schedule
1. Each resident shall provide facility management with his or her work and/or education schedule along with the address and telephone number of the place of employment or education.

2. Each resident shall notify the management and treatment program staff or case manager of any change in his or her treatment, work, education or other activity schedule.

Curfew
All facilities shall have a resident curfew of no later than 11:00 p.m. from Sunday through Thursday, and 12:00 a.m. (midnight) on Fridays and Saturdays. In coordination with the treatment provider, a facility director or house manager may, on a case-by-case basis, give an individual permission to stay out past the curfew in order to go to or from work. Permission may be granted in the case of emergencies. The treatment coordinator or case manager and the referring criminal justice agency must be informed of curfew waivers when applicable.

Overnight passes may be provided to residents, with the approval of the treatment provider and referring criminal justice agency. Residents must be in good standing in both the treatment program and in the SLE, when applicable.

Prescribed Medication

Each facility shall have a written policy regarding the use and storage of a resident's prescribed medications. Medications must be properly secured. This rule concerning the storage of medications does not apply to those medications, such as an asthma inhaler, to which medical necessity requires the resident have immediate access. The facility shall not dispense medication but must make it available to residents.

Drug and Alcohol Testing

1. A referring criminal justice agency may impose and provide drug and alcohol testing to a resident. The SLE shall also require drug and alcohol testing.

2. The cost of the testing may be either:
   a. Assumed by the SLE
   b. At the client's expense
   c. Included in the monthly resident fee
   d. Or other arrangements identified in writing.

3. All residents may be tested at random to protect the safety and integrity of the facility and the residents. Testing shall occur at intake and no less than one time per month. A testing log shall be kept in a master file and all testing results maintained in the resident file. Testing on suspicion is always encouraged.

4. Positive drug tests of residents shall be reported immediately to the referring criminal justice agency in accordance with the requirement of the referring agency.

5. Drug testing standards shall be contained either in a resident handbook or part of the intake agreement, and residents shall sign acknowledgement of receiving notification of what to expect.

6. SLE providers shall have a written policy identifying how many positive tests are allowed before discharge. This information shall be contained in the agency's intake agreement or resident handbook.

7. SLE providers shall specify the criteria for re-entry of individuals who may have relapsed.

///