

**BEHAVIORAL HEALTH ADVISORY BOARD  
ADULT SERVICES COMMITTEE  
MINUTES ▪ Thursday, October 5, 2017**

<p><b>Present</b> Nancy Borchard, Co-Chair Gane Brooking, BHAB Catie Sander, NAMI Cici Romero, Pacific Clinics Shana Burns, Telecare Kalie Matisek, Turning Point Foundation Mark Schumacher, Turning Point Foundation Dana Secor, Turning Point Foundation Denise Noguera, VCAAA Tiana Sytes, VCAAA</p>	<p><b>VCBH Managers/Staff Present</b> John Schipper, Adult Division Chief Sevet Johnson, Adult Division Sr. Manager Anna Flores, ADP Manager Edith Pham, BHAB Assistant</p> <p><b>NEXT MEETING:</b> <b>Thursday, November 2, 2017, 10:00 a.m. – 12:00 pm</b></p> <p>Ventura County Behavioral Health 1911 Williams Drive, second floor, Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	<b>Call to Order</b> Co-Chair Nancy Borchard called the meeting to order at 10:10 a.m.		
II.	<b>Approval of the Agenda</b> Ms. Borchard asked the Committee to review and approve today's agenda. Mark Schumacher moved to approve, Gane Brooking seconded. The motion passed unanimously.	The agenda was approved as written. <b>M/S/C</b>	
III.	<b>Approval of the Minutes</b> Ms. Borchard asked the committee to review and approve the minutes of the September 7, 2017 meeting. Gane Brooking moved to approve, Mark Schumacher seconded. The motion passed unanimously.	The minutes were approved as written. <b>M/S/C</b>	
IV.	<b>Welcome and Introductions</b> Ms. Borchard welcomed everyone and asked for introductions.		
V.	<b>Chair Announcements</b> Ms. Borchard noted that Karyn Bates is taking a leave for a while to care for her mother.  Ms. Borchard highlighted some information that appeared in the September 13 <sup>th</sup> edition of the Wall Street Journal. The article is titled Government's Role in Fighting Loneliness. According to the article, people ages 80 and over report being lonely more than other age groups. Ms. Brooking noted that Dawn Anderson of the Ventura County Office of Education has reported that, according to a study of survivors of suicide, isolation and depression are the main causes for suicide. Ms. Brooking welcomes ideas on how to help the older adult population.		
VI.	<b>Public Comments</b> None.		
VII.	<b>Presentation: Ventura County Sober Living Coalition – Teresa Crocker-Chavez, Chair</b> The Sober Living Coalition is an umbrella organization that provides rules, training and home inspection for its members in several Southern California counties. It falls under the fair housing regulations. The houses are peer-run, and the house owners and residents live by the same rules.  Residents must submit to random drug testing. If the results are positive, the residents must move out right away. Residents must not take medications that would cause the tests to come back positive. Residents have to attend meetings, look for work or volunteer. They are responsible for their own food.	Information	

	<p>Since the houses are not licensed, the house managers do not pass out medication.</p> <p>Pregnant women and women who have custody of an infant half the time or less can be accepted, but not women who care for an infant full time.</p> <p>See attached for details, or go to <a href="http://www.SoberHousing.net">www.SoberHousing.net</a></p>		
VIII.	<p><b>Members and Participants Comments</b></p> <p>A. Ms. Brooking noted that she met a retired firefighter who is working on providing showers for the homeless. He is hoping to have the first ones available in November, and to have some in Santa Paula. Ventura's Measure O, which passed last November, adds a quarter cent sales tax to, in part, address homelessness. This year \$300,000 is being set aside for a winter warming shelter. A Request for Proposal (RFP) was put out; however, it appears that potential managers are not interested in a shelter that does not operate year round. Ms. Borchard noted that the Board of Supervisors is researching possible solutions for people who have Section 8 vouchers but cannot find an affordable place to rent.</p> <p>B. Cici Romero noted that Vanessa Cortez is now the main contact for the TAY Tunnel, which celebrated its 10<sup>th</sup> year on September 29<sup>th</sup>. Over 70 people attended the event, including alumni, members, staff and community members. Representatives from the offices of Congresswoman Julia Brownley, State Senator Hannah Beth Jackson, and State Assemblywoman Jacqui Irwin attended.</p> <p>C. Mark Schumacher noted that a Quality of Life program started this week at River Haven. Activities are tailored to each of the six sites where the program is offered; they include recovery groups, socialization and outings. A one-week peer employment training will take place November 13-17<sup>th</sup> for those who have already taken a Wellness, Recovery and Action Plan (WRAP) class. About 16 people can enroll. Sevet Johnson noted that VCBH has hired people with lived experience to teach wrap classes at the clinics.</p> <p>D. Kalie Matisek gave a brief update on a ten-bed transitional housing facility for homeless veterans. The only requirements for referral are that the veterans be homeless and have their DD 214 discharge papers. The program accepts veterans who have a less-than-honorable discharge but not those who committed a sex offense or a recent violent offense. There is an active waiting list. This is a six-month program that follows the harm-reduction model.</p> <p>E. Denise Noguera noted that Area Agency on Aging (AAA) is working with veterans, some with addiction issues, and collaborates with Turning Point Foundation. AAA continues to run the HomeShare program, which pairs low-income home seekers with home owners. More home owners are needed. AAA has been designated as a dementia-friendly organization. It provides community outreach and education events such as the Alzheimer's virtual tour. Ms. Noguera introduced her intern, Tiana Sytes.</p> <p>F. Shana Burns noted that Telecare is going well. It runs the Assist program (Laura's Law) and Ventura Early Intervention Prevention Services (VIPS). Staff is available to present on these programs.</p> <p>G. Catie Sander noted that NAMI has started a ten-week peer-to-peer class. This program helps people living with a mental illness achieve and maintain wellness. NAMI's 1<sup>st</sup> Evening at the Theater fundraising gala will take place on October 21<sup>st</sup> at the Newbury Park High School.</p>		

IX.	<p><b>Update: Behavioral Health Adult Division – Dr. John Schipper</b></p> <p>A. VCBH recently held a four-hour trauma-informed training for law enforcement. About 28 people attended, including some City of Ventura park ambassadors, who serve as the eyes and ears of the police in the downtown district and get to know the homeless living in that area. This training was funded through a Substance SAMHSA grant.</p> <p>B. Dr. Schipper and some Rapid Integrated Support and Engagement (RISE) staff met with BHAB member Kay Wilson-Bolton, who is the founder of the nonprofit Spirit of Santa Paula. The goal of the meeting was to bring better outcomes for the mentally ill homeless in Santa Paula.</p> <p>Dr. Schipper noted that the National Association of Realtors has chosen Ms. Wilson-Bolton, a realtor, as one of the five nationwide recipients of its Good Neighbor Award.</p>	Information	
X.	<p><b>Update: Behavioral Health Substance Use Disorders – Anna Flores</b></p> <p>A. October is National Substance Abuse Awareness Month.</p> <p>B. VCBH's response to the opioid crisis includes:</p> <ol style="list-style-type: none"> <li>1. Overdose kits, which can be picked up at any of its Alcohol and Drug Program clinics, overdose prevention counseling on how to use the kits, and follow-up after using a kit;</li> <li>2. Increase availability to provide medically-assisted detoxification for opioid addiction;</li> <li>3. Ability for the Medical Director to screen for overdose, based on prescribed medications, and outreach to prescribing physicians;</li> <li>4. Review of admission information to analyze trends as they emerge.</li> </ol>	Information	
XI.	<p><b>Adjourn</b></p> <p>The meeting adjourned at noon.</p>		

## Position Statement 37: The Role of Peer Support Services in the Creation of Recovery-Oriented Mental Health Systems

Peer support services present six advantages over traditional mental health and substance abuse services:

- First, there is a sense of gratitude that is manifested in compassion and commitment.
- Second, there is insight into the experience of internalized stigma.
- Third, peer specialists take away the "you do not know what it's like" excuse.
- Fourth, they have had the experience of moving from hopelessness to hope.
- Fifth, they are in a unique position to develop a relationship of trust with their peers.
- Sixth, they have developed the gift of monitoring their illness and managing their lives holistically, including both mind and body.



The Sober Living Network

### Ventura County Chapter

*"That no one seeking recovery shall do so alone"*

**Teresa Crocker-Chavez**  
President

Cell: 805-415-7800  
Email: [teresachavezslc@gmail.com](mailto:teresachavezslc@gmail.com)  
[www.soberhousing.net](http://www.soberhousing.net)

It's never too late to be what you might have been.

~ George Eliot



## MEMBERS LIST

SWEET SURRENDER (formerly Clean Living)

(W) Crystal Coke: 805-444-8412

RUBEN'S PLACE (I West End & II East End)

(M) Ruben Chavez: 805-760-8900

PHILLIPS HOUSE

(M) Matt Phillips: 805-317-5657

KHEPERA HOUSE

(M) Mick Bear: 805-746-3548

VENTURA SERENITY HOUSE I & II

(W) Teresa Crocker-Chavez: 805-415-7800

STEPPING STONES

(M) Manny Marquez: 805-236-9045

NEW HOPE

(M) Ken Hartman: 805-720-8187

MY HOUSE

(M) Richard Y & Genevra Maschler: 805-320-6352

MY MIRACLE HOUSE

(W) Kandi Cassidy: 805-861-0527

VETERAN'S VILLAGE

(M) Donald Hindsman: 805-223-6761

TRIBE INTEGRATED RECOVERY I & II

(II=M & I=W) Dan Kitey: 805-405-4006

LIVING CLEAN

(M) Trevor Roberts: 805-754-8740

HARMONY HOUSE

(C) John Flynn: 805-402-4385

VAN SOBER LIVING

(M) Cornelious Van: 805-760-8231

MOTIVATIONS

(C) Leslie Quinlan: 805-590-6460

HOLLYWOOD BEACH RECOVERY

(C) Berkeley Dains: 805-506-1541

M = MEN    W = Women    C = CO-ED

## Ventura County Sober Living Coalition

*The first step towards recovery is the acknowledgement, then powerlessness.*



[www.SoberHousing.net](http://www.SoberHousing.net)

## OUR PURPOSE

The Sober Living Network is dedicated to the recovery of individuals suffering from substance use disorders. Too many do not have access to affordable, ethically managed and accountable sober living homes as they begin their recovery journeys. The Network sets standards for sober living homes which are the most comprehensive in the nation. We envision the day when every recovering addict and alcoholic in need can avail themselves of these services. We are far from that situation today. Demand for quality sober housing far exceeds supply. That is particularly true for housing that is accessible to those of limited or modest means, and to traditionally underserved (and difficult-to-serve) populations.

The Sober Living Network is a 501(c)(3) nonprofit public benefit organization. We do not own, manage or have a financial interest in any sober living home or treatment facility. We act as a standard setting, instructional, informational, planning and organizational resource to local associations of independent sober living homes which meet our affiliation standards.

We seek to promote excellence in the management of sober living facilities. Our larger mission, however, is to promote individual recovery from drug and alcohol addiction, and in that respect we serve the community at large.



"Home-like environments that differ from traditional treatment settings in that they are residential settings that rely less on professional direction and more on client participation have shown more capability of withstanding the pressures of independent living and less likely to relapse (DeLeon 1997). These environments nurture self-help behavior as substance abusers live together, participate in work responsibilities, and embrace a collective and supportive lifestyle"

~ DePaul University Study,  
2009

*"You are either part of the solution,  
or part of the problem."*



# COUNTY SOBER LIVING COALITIONS

Internet referral listings at [www.soberhousing.net](http://www.soberhousing.net)  
Six day a week sober living referral service 1-800-799-2084

## Membership Benefits

### Referrals

- **800 Number** – The Sober Living Network operates a toll-free referral line for member sober living homes. 1-800-799-2084
- **Website** – Member homes listed on the Sober Living Network website [www.soberhousing.net](http://www.soberhousing.net)

### Exposure

- **Advertising** – The coalitions place ads in recovery publications and event programs

### Cost Savings and Discounts

- **Discounted Liability Insurance** – Coalition members can purchase general liability insurance with Philadelphia Insurance Co. at group rates. The policy properly identifies the property use.
- **Discounted Equipment** – Drug test kits, fire extinguishers, smoke alarms, tattoo removal and other items can be purchased through the coalition at discounts.
- **Donated Goods** – The Sober Living Network is a non-profit organization, thus eligible to receive and distribute donated goods.
- **NAEIR Industrial Donations** – Boxes of maintenance supplies and tools, office supplies, personal care products, toys, Palm PDAs are available for shipping and handling cost.

### Credibility and Respect

- **Quality Standards** – Coalition member homes enjoy a positive reputation as quality housing providers. Member homes are known to have met the requirements set for membership. The quality of member homes is assured through regular inspections. Member operators and staff sign a Code of Ethics governing conduct toward each other and their residents.
- **Respect** – Member homes stand out from non member homes, which are not governed by any set standard of quality. Various legal jurisdictions and service providers are beginning to recognize the difference in referring clients to homes

### Advocacy

- The Sober Living Network and County Coalitions actively monitor political and legal issues that affect sober living homes. It acts as informed advocate on those issues, and has standing to be heard before legislative staff and local regulators.

# SOBER LIVING COALITION INSPECTION CHECKLIST

Updated January 2012

Below are the questions the coalition peer inspectors will be asking when they review your home. Make sure your home is fully prepared prior to the inspection date.

## HEALTH REVIEW

**Every place in the home must be clean, well maintained and free of pest infestation. Piles of newspapers, clothes or other stored materials could create a fire hazard. Below are the principal items to look for:**

1. Any signs of roach or other pest infestation problems?
2. Kitchen and appliances clean and well maintained? At least 1 refrigerator for every 6 residents.
3. Refrigerators' temperature reads 36 to 44 degrees and freezers at approximately 0 degrees.
4. Is adequate and clean food storage space provided?
5. Are any piles of newspapers, clothes or other stored materials creating a fire or safety hazard?
6. Are bathrooms clean and orderly? Do six (6) or fewer residents share a bathroom?
7. Are the furniture and furnishings clean and of reasonable quality?
8. Do all sleeping rooms provide all residents with adequate space?

## SAFETY REVIEW

**Home must meet basic safety requirements. These are the principal items:**

1. Are there smoke detectors in every sleeping room, hallway and outside of kitchen?
2. Is there a fire extinguisher 6 to 8 feet from stove and 4 to 6 feet from the floor?
3. Are carbon monoxide detectors installed in appropriate places (if you have gas appliances or heat)?
4. Are there at least two properly identified exits in case of emergencies?
5. Is the property address on the front of the house clearly visible from the street?
6. Are the home address, emergency and utility phone numbers posted near the telephone?
7. Is smoking prohibited in areas that could be considered a fire hazard or a problem for neighbors?
8. Do smoking areas have approved safety disposal containers for smoking materials?
9. Are there any electric outlets or extension cords that could be considered a fire hazard?
10. Are water heaters strapped and is there a key wrench to shut off gas at the meter? (recommendation only)
11. Do the home and any other permanent structures meet local building and safety codes? (indicate management verification or visual appearance as observed by inspector.)
12. Are the house and grounds well kept and consistent with the quality of the neighborhood?

## MANAGEMENT AND DOCUMENT REVIEW

1. Has the house leader completed the Leadership Training workshop, and does he/she have the basic skills to manage?
2. Is there a clear and concise description of the operation of the home?
3. Are there clear acceptance criteria for all applicants?
4. Is there a Personal Data Information Sheet for each applicant and resident?
5. Is there a resident, lodging or household member agreement?
6. Do the resident rules cover key issues? Are the rules clear and easy to understand?
7. Do the residents have a significant role in the functioning of the home?
8. Is the Coalition grievance policy with Grievance Committee contact information posted in a location where residents can see and read it?
9. Does management provide any recovery or treatment services as defined by State licensing law?
10. Does the home have General Liability coverage of at least \$500,000?
11. Have all management and house leaders signed the Code of Ethics?



## Standard for Quality Sober Living Homes

### Baseline Standard for Committee Review and Comments

Revision draft October 1, 2011

Draft revised March 30, 2012

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#### Introduction and Purpose

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**This Standard sets forth the minimum requirements that any quality sober living home must meet. These requirements are based on the combined experience of hundreds of sober living homes over decades of operation. The Standard is compatible with a wide variety of home organizational models.**

**The revised Standard for Quality Sober Living Homes will, when approved, apply to all sober living homes affiliated with the Sober Living Network through its recognized and affiliated Sober Living Coalitions. The Standard will be maintained by the Network Standards Committee and may be amended in a manner determined by the Network Board of Directors in consultation with its affiliated Coalitions.**

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#### Section 1: Safety, maintenance, appearance, space requirements

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A good home is safe, well maintained, has suitable space for its residents and is in keeping with neighborhood standards.

1. The home's appearance must be neat, and the home and grounds maintained in a manner consistent with other homes in the neighborhood.
2. The home must be equipped and furnished in accordance with Coalition inspection guidelines.
3. The home must meet all health and safety standards established by the Coalition and included in their inspection guidelines.
4. Common areas must be adequate for the number of residents in the home, and must be freely accessible to all residents.
5. The home must, to the extent possible, not give any outward indication that it is a sober living home. Exceptions include signage for homes in commercial zones, homes which are located in commercial or similar structures and homes which are not in single family residential neighborhoods.
6. Garages, outbuildings and similar structures, temporary structures and common areas may not be used as sleeping quarters.
7. Bedroom occupancy must conform to Coalition guidelines.
8. Bedroom and dwelling occupancy may not exceed the dwelling's legal capacity as defined by the town or city's fire and safety codes applicable to all residences in the neighborhood.

9. If the city, town or comparable jurisdiction in which the home is located imposes occupancy limits or other requirements which do not apply equally to all dwellings in the neighborhood regardless of the type of household, violation of such limits is not construed as a violation of this Standard.
10. Homes are expected to be responsive to neighbors' complaints with respect to secondhand smoke. Smoking areas must not abut adjacent property or allow excessive smoke to enter neighboring homes or yards.
11. Coed homes must have separate bathrooms for each gender, provide clearly separated living quarters and otherwise be suitable for a mixed population.
12. Parent/Child homes must provide suitable, safe play areas for children.
13. Parent/Child homes must ensure adequate supervision of children whose parents are absent from the home.

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## **Section 2: Admission requirements, forms, documentation, record keeping and reporting**

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Sober living homes are first and foremost families of people in recovery, living together for mutual support. Appropriate admission guidelines ensure that residents are compatible, and that they are united by a desire to further their recovery from addiction. The application and admission process supports full disclosure to potential residents about their rights and obligations, and establishes a mutual understanding of the recovery goals of the home.

1. Applicants admitted for residence must suffer from, and be in active recovery from, at least one treatable substance use disorder including alcoholism and/or drug addiction, regardless of other addictions or behavioral health conditions from which they may also suffer.
2. All applicants must be able to engage independently in major life activities including eating, dressing, bathing and other activities consistent with independent living.
3. Applicants must have the firm intention of remaining clean and sober, and of actively engaging in a program of recovery.
4. Applicants must be assessed for their ability to become part of a harmonious home environment, taking into consideration the needs of individual residents and the character of the existing resident family.
5. Minors may not be admitted as residents in any home which also houses residents over the age of 18, except for minor children of parents admitted as residents of approved parent/child homes
6. Applicants must be fully informed of all fees and charges for which they will be responsible
7. Homes must disclose refund policies to applicants in advance of acceptance into the home, and before accepting any applicant funds.
8. Applicants must be informed about policies regarding abstinence, toxicology testing, recovery participation and other requirements.
9. Applicants must receive a complete written set of house rules and other requirements of residence.

10. Applications must include the name and contact information for person(s) to be contacted in case of an emergency.
11. Applicants must be advised of house policies on medications, and must explicitly consent to such policies before being accepted as residents.
12. Residents must be informed that the home is a family unit, and that they do not have personal property rights in any specific portion of the home.
13. Applicants must be informed of their rights to avail themselves of Coalition grievance procedures, including contact information for designated Coalition staff.
14. The Coalition will review the home's application and intake documents as part of the inspection process. The Coalition reserves the right to disapprove or request modifications to documents based on policies it publishes and distributes to members. The Coalition will maintain a family of pre-approved intake and related documents for optional use by member homes.
15. Applicant and resident records are confidential documents, and must be treated as such. All such records must be maintained in a secure and locked location either on or off premises.
16. Records maintained electronically must not be accessible to residents or others, except for those explicitly delegated with the authority to view such information.

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### **Section 3: Abstinence, enforcement, testing**

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The heart of the sober living experience is the process of learning how to live a life free from drugs and alcohol. Requirements in this section support the important aspects of enforcing abstinence and of managing relapse situations. Other requirements ensure that toxicology screening is conducted in a consistent and fair manner by competent and trained individuals.

1. The home must document its disciplinary processes for residents who test positive for prohibited substances or who are otherwise determined to be in violation of abstinence rules.
2. The home must have and uniformly enforce a written toxicology testing protocol.
3. The home must document the training given to residents or staff responsible for administering toxicology tests.

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### **Section 4: Resident rights to quiet enjoyment of home and premises**

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Residents are a family, and entitled to the peaceful enjoyment of their home and property. Homes serving both men and women must meet additional requirements to ensure the privacy and safety of their residents. Resident rights to utilize common areas must be consistent with the family nature of the household.

1. Bedroom doors must not have locks, except that a manager in residence, living in a private room, may have a lockable door.
2. Access to bedrooms may be limited to the room's residents.
3. Parent/Child homes serving women with children must not permit adult males to reside in the home.
4. Homes serving parents with minor children must be suitable for such purposes.

5. Access to areas of the home permitted to some residents must be permitted to all residents, with exceptions for designated office and confidential records location as noted elsewhere herein.
6. An office for administrative activities and records storage may be maintained in the home, may be locked, and may be off limits to residents except with permission.
7. Businesses unrelated to or inconsistent with the private residential character of the home may not be operated on the home's premises.

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## Section 5: Inspections

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Regular inspections are part of ensuring, for residents and the public, that your home meets the high standards expected. Cooperation is essential to the proper functioning of the inspection and quality assurance process. These requirements ensure the smooth functioning of the inspection process, and clarify the scope of Coalition inspections.

1. The home must comply with Coalition inspection procedures, including reasonable requests for inspection of the premises and business documents as described in the Coalition's inspection guidelines.
2. The home operator must cooperate with Coalition inspectors in their investigation of complaints involving the home, including providing access to premises, records and persons involved in the dispute.
3. Inspections may include review of remediation steps taken to resolve disputes with either residents or community members.
4. A single gender home may not convert to co-ed without a Coalition re-inspection and certification that the home is suitable for a co-ed population

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## Section 6: House rules

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House rules are an important component of a safe and supportive recovery environment. Homes take a variety of structural approaches in this regard. The Standard does not specify what rules a home may adopt and enforce. Rather it specifies elements which must be present in house rules. Prohibitions include weapons, physical violence, threats of violence, abusive behavior or language. These requirements apply to house rules generally, regardless of the form of home organization or the resident community.

1. Abstinence is required of all residents. Abstinence requirements are not violated for certain medications taken as prescribed by physicians aware of the resident's substance use disorder, and where such medications are consistent with the home's published medication guidelines.
2. House rules must be based on respect for the dignity of the individual.
3. Threats, antisocial conduct, lewdness and behavior which violates the principle of respect for the individual must be strictly prohibited, and the prohibitions must be strictly enforced.
4. All residents must be actively involved in self-directed recovery program activities.

5. Rights of residents to avail themselves of Coalition grievance procedures must be posted in a common area and easily readable by residents.
6. Resident use of marijuana, even with a doctor's prescription, is not permitted. Coalitions may review and approve requests for individual exceptions to this requirement on a case-by-case basis, and may impose additional resident testing requirements in cases where a waiver is granted.
7. Policies on resident medications must be written, disclosed to residents and strictly followed.

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## **Section 7: Resolution of disputes, grievance processes**

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Prompt and effective dispute resolution is an important characteristic of a good home. Formal grievance procedures should be posted. Unresolved disputes and disagreements are detrimental to the recovery character of a home, and damage relations with the community.

1. In the event a resident is asked to leave the home, all reasonable efforts must be made to find alternative lodging, exception for immediate danger to health, safety and welfare of residents or the community.
2. The home must make arrangements with relocated residents for removal of personal possessions on mutually agreeable terms.
3. The home operator must make every reasonable effort to resolve resident disputes amicably and fairly.
4. Disputes between residents and either providers or staff must be resolved quickly and fairly whenever possible. Disputes which cannot be resolved within the family must be referred to the Coalition grievance committee.
5. The home must make all reasonable efforts to resolve neighborhood complaints brought to its attention.

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## **Section 8: Community relationships and good neighbor policies**

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Homes are expected to make a positive contribution to the life of the neighborhood. Homes which cause problems for neighbors are not providing their residents with the living skills that are an integral part of the sober living experience.

1. House rules must foster behavior among residents which is respectful of neighbors and the community.
2. Excessive neighborhood or community complaints are evidence of poor home management, and will be considered as possible grounds for termination of membership privileges.
3. Residents must be given the contact information of a responsible party representing the home, and instructed that the information must be provided to neighbors upon request.
4. A responsible party representing the home must respond to neighborhood complaints within 12 hours of receipt of a complaint, even if it is not possible to resolve the issue immediately.
5. Rules regarding noise, smoking, and loitering must be responsive to neighbors' reasonable complaints.

6. In neighborhoods where street parking is scarce, homes must have and enforce rules regarding parking courtesy such that residents do not monopolize parking in areas immediately adjacent to the home.

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## Section 9: Ethical behavior, business practices

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Ethical behavior toward residents and with the public is essential to maintaining the trust and confidence placed in your home. Residents in positions of authority, paid staff and provider representatives who have contact with residents have a special duty to conduct themselves with integrity and professionalism. All homes must sign and abide by a Code of Ethics. Homes must carry adequate insurance of the proper type, and must meet their financial reporting obligations to staff and contractors.

1. All staff with resident contact must be abstinent on premises and during work hours
2. The home is required to comply with local ordinances applicable to all comparable dwellings in the same neighborhood.
3. Staff who are in recovery must be and remain abstinent at all times, even if not a resident in the home.
4. Staff found to have violated abstinence regulations may not remain in positions of authority or responsibility in the home.
5. The home is required to comply with its Coalition code of ethics, and to be cooperative in Ethics Committee inquiries
6. Advertising and promotional material must not misrepresent physical accommodations, services offered or fees charged.
7. The home may not advertise that it provides treatment or other services for which a license is required, or the equivalent of such services.
8. Staff must never become involved in residents' personal financial affairs, including lending or borrowing money, or other transactions involving property or services, except that the home may make agreements with residents with respect to payment of fees.
9. Applications for new and renewal Coalition membership must be complete and truthful.
10. All staff is subject to toxicology testing on demand if requested to submit to testing by a Coalition officer. This requirement extends to any provider personnel who have regular resident contact.
11. Refunds consistent with the terms of a resident agreement must be provided within 10 business days, and preferably upon discharge.
12. The home must comply with reasonable requests by former residents to retrieve possessions left at the home. Personal possessions may not be retained to offset unpaid resident financial obligations.
13. Staff may not involve residents in outside business interests, except that information about opportunities for paid employment may be provided.
14. The home operator must, within 10 business days, inform the Coalition of any legal proceedings lodged against the home or against anyone in a position of responsibility or authority over

residents if such proceedings relate to or may reasonably affect the operation of the home.  
When in doubt, disclose.

15. No staff member may be sexually or romantically involved with a resident.
16. Violence or threats of violence by staff members against residents are not permitted under any circumstances, either on or away from the property.
17. Home must maintain insurance of the correct type and with minimum stipulated coverage
18. Homes must furnish individuals who are compensated for services, whether as employees or contractors, with Federal and state tax reporting forms within 30 days of the end of each year.

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## Section 10: Activities and services

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Activities should promote recovery and facilitate mutual recovery support among residents. Homes are encouraged to provide a variety of opportunities to engage in life-affirming recovery activities inside and outside the home. However, such activities should be voluntary on the part of residents to encourage independent living skills.

1. Home may not operate treatment programs for which a license is required. Homes affiliated with or under common ownership of organizations providing licensed treatment or mental health services may be Coalition members, provided that such licensed services are not provided in the home.
2. Weekly family meetings of residents are permitted and encouraged.
3. Residents may not engage in a trade or business based in the home which is not permitted in the neighborhood
4. Homes must ensure that residents are actively engaged in their self-determined programs of recovery.
5. Homes may promote activities inside and outside the home, provided that such services do not alter the family nature of the home.

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## Section 11: Training

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It is important that all persons in positions of authority or responsibility in the home, whether they are residents, alumni, non-residents or persons affiliated with the provider organization, receive proper training. The Network provides regular training workshops at locations throughout Southern California to ensure that requirements can be met.

1. Homes must comply with Network training requirements. Regardless of the minimum requirements in place, it is strongly advised that anyone in a position of responsibility or authority in the home receives Network training.
2. When member or home staff changes such that Network training requirements are no longer met, the home must ensure that replacement staff receives required training.
3. The home must ensure that all staff, including resident staff, who administer toxicology tests are trained in the proper administration of such tests, and must document that such training was provided.

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## Section 12: Coalition participation, additional requirements, revision of this Standard

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Good homes are active participants in their local Coalitions. Local Coalition rules dictate the majority of members' requirements and duties. Coalitions also have standards, which complement those detailed herein. Network and Coalition standards change from time to time. Homes may request waivers from some standards, under a formal process administered by the Coalition.

1. A member home must comply with meeting attendance, financial and other requirements established by their Coalition.
2. A member home may appeal adverse Coalition decisions against it to the Network Standards Committee if a home believes that the relevant Coalition regulation is in conflict with Network policy.
3. Homes may petition their Coalition for waivers from elements of this Standard, with certain exceptions.
4. Waiver requests must be in writing, must state the specific requirement or prohibition from which a waiver is requested, must clearly state the reasons for the waiver, and the amount of time for which the waiver is requested.
5. Waivers may not be granted from requirements for abstinence, abstinence verification, participation in resident-directed programs of recovery from addiction, behavioral and certain other requirements. Coalitions maintain and will provide detailed information about the waiver process.
6. Coalitions may impose additional requirements on their member homes, provided those requirements do not conflict with the requirements and prohibitions in this Standard.
7. Homes outside areas with existing, Network-affiliated coalitions may make independent application directly to the Network for membership.
8. This Standard is subject to change, and may be amended according to procedures established by the Sober Living Network in consultation with its affiliated Coalitions.



## The Sober Living Network

**Notice to: Officers of the Los Angeles, Orange, Riverside, San Bernardino and San Diego County Sober Living Coalitions, Coalition Members**

**Re: Policy on Minors in Sober Living Homes**

August 1, 2009

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### Summary

It has long been the policy of the Network that affiliated homes may not accept minors as residents. We have had several reports over the last few years about violations of this policy.

Recently the frequency of these reports has increased. In some instances, we have reason to believe that staffs of some member homes have actively solicited minors as residents. While these may be isolated incidents, we want to make sure that the Coalitions are being sufficiently clear with their membership on this subject. Minors are not to be permitted to reside in member homes, under any circumstances. (Homes for women living together with their children are the sole exception.)

This advisory is intended to provide some background on the laws regulating the care of minors in California. The brief summary is this:

- Any facility caring for a minor under 18 years of age must be licensed.
- Sober living homes are not appropriately licensed, and so are not permitted to care for minors.
- That prohibition applies ***even if written parental consent can be obtained***.
- Consequences for the provider include suspension by their local coalition, and removal from the Network's list of preferred homes.
- Potential legal consequences can include sanctions by the Department of Social Services, action by local government, and the risk of litigation.

The following information was compiled for us by someone who has been a professional in adolescent recovery for over two decades:

### State law and practice

1. *All minors under the age of 18 years are under the jurisdiction of the Department of Social Services (DSS). All facilities treating minors are required to be licensed by Community Care Licensing under the Department of Social Services (DSS). This is done to insure the general safety and overall welfare of the children.*
2. *All facilities treating children must have a designated individual acting as the Group Home Administrator, certified by the Department of Social Services (DSS).*

*Additionally, where adolescents are under the care of someone other than their parents or legal guardians, specific safety measures must be put in place to make sure that the children are kept safe. Prior to hire, all staff must have background checks provided by the Department of Justice completed and fingerprints, processed before hiring. This is to insure that if anyone has put a child at risk or taken advantage of a child in the past or has been*



## The Sober Living Network

*convicted of another type of felony (there are some exceptions if the person has been off probation for more than four years), that this individual will not be allowed to be in any position of supervision or authority over a minor.*

*Sober living homes do not have these measures in place.*

*An issue arises immediately when a sober living home has newly recovering adults and minor residents co-habiting. These recovering adults may be learning to stay sober but are not required to have background checks or fingerprints processed and this puts any minor resident at great risk.*

### **Parental Consent doesn't matter**

Coalition members in the past have asked if they can accept minors if they have written consent from the parents. This is based on the understandable but mistaken belief that parents have the legal authority to delegate the care of their minor children to anyone of their choosing. ***That is not correct. Parents are not permitted to waive state protections for their children in these circumstances, and in the event problems occur, such permission will offer no protection to the care provider.***

Our expert has some concluding advice:

*I have been working in the adolescent treatment field for 24 years. During this time, I have witnessed the institution of many of the rules, laws and regulations that we now follow. Each one of these rules, laws and regulations are in place as a direct result of tragedy: death, molestation, overdose and/or trauma. Needless to say, adhering to these rules today is an important and very necessary safeguard for adolescents in treatment and recovery.*

### **What can happen?**

Any facility which cares for minors must have the appropriate licenses. If you're found to have a minor in residence, the **best** that can happen is that you'll have to return them to the custody of a parent or legal guardian. There are a lot of outcomes which could be worse. You could also be cited for operating an unlicensed adolescent care facility. Such facilities do not enjoy the same fair housing protections extended to sober living. That means you will need a zoning variance from your city. If you opt to become licensed to care for minors, you will not be able to serve adults.

Every Southern California Sober Living Coalition prohibits accepting minors as residents. Failure to comply with this policy will result in suspension from the Coalition, and in removal from the Network's list of approved homes.

If an incident involving a minor in your care occurs, you face the very real risk of being sued for negligence, and/or for failure to comply with State regulations regarding protection of minors. Prior parental consent will provide you little if any protection. Providers having additional questions about their legal liabilities in this situation should consult a qualified attorney.



# Ventura County Sober Living Coalition

## GRIEVANCE COMMITTEE INCIDENT REPORT

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

Person, House, or Agency making grievance: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

VCSLC MEMBER ASSIGNED: \_\_\_\_\_

### GRIEVANCE INFORMATION:

Date of Grievance: \_\_\_\_\_ Received Via:  email  letter  phone  other: \_\_\_\_\_

Name of SLH: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of responsible party(ies): \_\_\_\_\_

### GRIEVANCE DESCRIPTION:

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\*Communication Log (Please attach email strings)

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### OUTCOME:

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VCSLC Notes: \_\_\_\_\_

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Date Incident Resolved: \_\_\_\_\_



# Turning Point Foundation

## PEER EMPLOYMENT TRAINING



**November 13<sup>th</sup>-17<sup>th</sup>, 2017**

**9:00 a.m. to 4:30 p.m.**

Located at:

**THE WELLNESS CENTER**

**2697 Saviers Road**

**Oxnard, CA 93030**

**(805)653-5045**

### **Requirements for class:**

- Must have completed Mary Ellen Copeland 8 Session WRAP class.
- Must be able to attend all five sessions in order to graduate from training.
  - Application deadline October 22<sup>nd</sup>, 2017

To apply, email: [mschumacher@turningpointfoundation.org](mailto:mschumacher@turningpointfoundation.org)

**By October 22<sup>nd</sup>, 2017**

**Interviews will be conducted on Thursday, October 29<sup>th</sup>, 2017**

# Turning Point Foundation

## Peer Employment Application

1. Date of completion of WRAP (WRAP certificate will be required for admission)

2. Identify 5 of your strengths

3. Short paragraph explaining why you are interested in becoming a Peer Support Specialist

4. Prior Employment

5. Education