Certain NARR/Massachusetts Alliance for Sober Housing standards require "evidence" or "verification" that the practice of the organization applying for certification meets this standard. The Massachusetts Alliance for Sober Housing gathers evidence and verifies compliance through an on-site review. All organizations seeking certification by MASH are required to provide evidence or verification of the following listed elements. If an element is missing, MASH may request that you update your documentation and/or practice or provide a formal response. During the on-site review, reviewers will ask questions about your organizations policies and procedures, and verify that the organization is implementing the practices as written in the documentation.

Operator:_____

House:_____

Standard		Comments
Current MASH Standards	Operator has read and is familiar with the current MASH standards.	
2i. A policy and practice that provider has a code of ethics that is aligned with the NARR code of ethics. There is evidence that this document is read and signed by all those associated with the operation of the sober home.	□ Operator is able to show the interviewer copies of the Code of Ethics signed by operator and peer leaders.	Show interviewer.
 3.b. Use of an accounting system which documents all resident financial transactions such as fees, payments, and deposits. 3.c. A policy and practice documenting that a resident is fully informed regarding refund policies prior to the individual entering into a binding agreement. 3.d. A policy and practice that residents be informed of payments from 3rd party payers for any fees paid on their behalf. 	 Accounting system reflects all charges and payments, including those from 3rd parties. Please tell me how you document fees/charges? How do you provide a receipt when asked? How do you inform residents that you have received payments for them by 3rd party payors? I inform residents about our refund policy prior to signing a resident agreement and include 	Provide financial statement for one current resident. Review resident agreement to confirm refund language.

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	the refund policy in a written form.	
5.a. Documentation of process that requires a written agreement prior to committing to terms that includes the following:	 Residents receive a formal orientation. Resident is has reviewed the following Resident Rights, 	Review resident file. Operator will offer information on their process when a resident transitions from the home. Please explain how you inform
 Resident Rights Financial obligations, and agreements Services provided 	 Resident Agreement containing financial information grievance process, emergency procedures 	residents of your emergency procedures?
 Recovery goals Relapse policies Policies regarding removal of personal property left in the residence. 	□House rules □Communicable Disease Policy	
19.c. Documentation that residents are oriented to emergency procedures.	□Good Neighbor Policy □ Policy on property left behind □Process involves explaining all services that are provided as well as expectations of resident	
6.a. Policies and procedures that keep residents' records secure, with access limited to authorized staff.		Confirm any onsite storage of records in locked area.
7.a. Evidence that some rules are made by the residents that the residents (not the staff) implement.	Tell me how residents have a say in developing some rules?	
 7.c. Verification that written resident's rights and requirements (e.g., residence rules and grievance process) are posted or otherwise available in common areas. 7.e. Evidence that residents 	Do you have weekly house	Verify grievance policy, resident rights, posted or in common area.
have the opportunities to be	meetings where residents may	

heard in the governance of the residence; however, decision making remains with the operator.	 bring up questions, concerns, or comments? The residents support each other in recovery and work with the peer leader to ensure the home has a positive recovery environment? 	
8.a. Peer support interactions among residents are facilitated to expand responsibilities for personal and community recovery.	How do residents provide peer support for others and model recovery principles? Residents are expected to provide peer support for others and model recovery principles	
8.c. Evidence that residents' recovery progress and challenges are recognized, and strengths are celebrated.	How are residents' recovery progress and challenges recognized? Can you provide an example?	
 9.a. Evidence that mentors supports staff members maintaining self-care. 9.c. Evidence that staff are encouraged to have a network of support. 	Is the peer leader able to take time to work on their own recovery, spend time with family, and engage in recovery support activities outside the home? The operator has a dedicated strategy to check in with staff to ensure that they can complete their duties and maintain their own recovery (if appropriate) and self-care.	
9.b. Evidence that staff are supported in maintaining appropriate boundaries according to a code of conduct.	House mentor/ staff are provided training on how to maintain appropriate boundaries. Give example how?	
9.d. Evidence that staff are expected to model genuineness, empathy, respect, support, and unconditional positive regard.	How do residents and peer leaders interact with one another?	

12.a. Job descriptions include position responsibilities and certification/licensure and/or lived experience credential requirements.	I have written Job descriptions that are signed by peer leaders or mentors.	Review signed Job descriptions during site visit.
13.c. Evidence that supervisors (including top management) create a positive, productive work environment for staff.	 Operator demonstrates evidence of a positive work environment, including Ability for peer leaders to bring concerns to superiors Leadership model positive recovery principals Leadership are aware of any struggles and successes in the house Adequate resources are provided for peer leaders to perform their duties Peer leaders are not overworked 	
 15. a. Verification that a meeting space is large enough to accommodate all residents. 15. b. Verification that a comfortable group area provides space for small group activities and socializing. 15.c. Verification that the kitchen and dining area(s) are large enough to accommodate residents to share meals together. 15.d. Verification that entertainment or recreational areas and/or furnishings promoting social engagement are provided. 		Interviewer confirms compliance.

 17.c. Verification that the residence has a safety inspection policy requiring periodic verification of: Functional smoke detectors in all bedroom spaces and elsewhere as code demands, Functional carbon monoxide detectors, if residence has gas HVAC, hot water, or appliances, Functional fire extinguishers placed in plain sight and/or clearly marked 	 Please tell me you practice concerning: 1. How often do you check to see all smoke and carbon monoxide detectors, and fire extinguishers are present and operating correctly? 2. How do you document these inspections? (dated checklist?) 3. How often do you conduct evacuation drills and how do you 	
 sight and/or clearly marked locations, Regular, documented inspections of smoke detectors, carbon monoxide detectors and fire extinguishers, Fire and other emergency evacuation drills take place regularly and are documented. 	 drills, and how do you document them? 4. Do you have an outside gathering spot where residents should meet in the event the house needs to be evacuated? 	
19.a. Verification that emergency numbers, procedures (including overdose and other emergency responses) and evacuation maps are posted in conspicuous locations.		Confirm during site visit.
19.b. Documentation that emergency contact information is collected from residents.	 I collect resident emergency contact information. How do you collect a resident's emergency contact information? 	Review resident file.
19.d. Verification that Naloxone is accessible at each location, and appropriate individuals are	We have at least two doses of unexpired Naloxone in the premises and residents are	Confirm during site visit.

knowledgeable and trained in its use.	informed on the location of, and the proper administration of, Narcan/Naloxone. How are the residents trained in administering Naloxone?	
21.b. Evidence that residents increase recovery capital through such things as recovery support and community service, work/employment, etc.	 Operator works with resident to identify recovery community support activities and helps resident attend Operator helps resident identify recovery capital needs, and works with resident to form goals on their recovery plans to meet those needs 	
 22.a. Resource directories, written or electronic, are made available to residents. 22.b. Staff and/or resident 	What resource directories/flyers are available for residents?	Look for postings, resources. Tell operator about our resource spreadsheet.
leaders educate residents about local community-based resources.	What are some of the local resources you share with residents?	
23.a. A weekly schedule details recovery support services, events, and activities.		Review postings/calendars/schedules.
26.c. Evidence that mechanisms exist for residents to inform and help guide operations and advocate for community- building.	During house meetings, are residents given the opportunity to raise issues or make suggestions?	
27. Sustain a "functionally equivalent family" within the residence by meeting at least 50% of the following (a-f)	 Residents are involved in food preparation. Residents have control over who they live with. 	
	□ Residents help maintain and clean the home e.g., chores.	

	 Residents share in household expenses. We have house meetings at least once a week. Residents have access to the common areas of the home. 	
 28.a. Engagement in informal activities is encouraged. 28.c. Community gatherings, recreational events and/or other social activities occur periodically. 	How do you encourage residents to socialize by engaging in informal activities (common meals, celebrations, outside events)?	
 29.a. Residents are linked to mutual aid, recovery activities and recovery advocacy opportunities. 29.b. Residents find and sustain relationships with one of more recovery mentors or mutual aid. 29.c. Residents attend mutual aid meetings or equivalent support services in the community. 	 We provide residents with 12 step meeting lists, info on local recovery centers, etc. We encourage residents to attend 12 step meetings and to obtain a sponsor. 	
29.f. Residents are encouraged to sustain relationships inside the residence and with others in the external recovery community	Residents are permitted to participate in recognized recovery community meetings and events that support their chosen pathway to recovery	
31.b. Parking courtesy rules are documented.	Please tell me what you inform residents concerning parking in the area?	

I certify that to the best of my knowledge my organization complies with the MASH standards and the checked provisions herein for all our MASH certified homes.

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Signature:_____

Date:_____

Print name and title:_____

Interviewer:_____