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.

Note: MASH considers the term staff to mean any individual in a role of authority within a certified sober home.

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. 	☐ Accounting system reflects all charges and payments, including those from 3 rd 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 3 rd party	Provide financial statement for one current resident. Review resident agreement to confirm refund language.
3.d. A policy and practice that residents be informed of	payors?	

payments from 3rd party payers for any fees paid on their behalf.	☐ I inform residents about our refund policy prior to signing a resident agreement and include 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: Resident Rights Financial obligations, 	□Residents receive a formal orientation. Resident is provided with copies of the following □Resident Rights, □Resident Agreement containing financial information	Review resident file. Operator will offer information on their process when a resident transitions from the home. Please explain how you inform residents of your emergency procedures?
 Services provided Recovery goals Relapse policies Policies regarding removal of personal property left in the residence. 19.c. Documentation that residents are oriented to emergency procedures. 	□Grievance process, □Emergency procedures □House rules □Communicable Disease Policy □Good Neighbor Policy □ Policy on property left behind □Process involves explaining all services that are provided as well as expectations of resident	Do you collect emergency contact information?
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		Verify grievance policy, resident rights, are posted or in common area.

posted or otherwise available in		
common areas.	Do you have weekly house	
7.e. Evidence that residents have the opportunities to be	Do you have weekly house meetings where residents may	
heard in the governance of the	bring up questions, concerns, or	
residence; however, decision	comments?	
making remains with the	comments:	
operator.	☐ The residents support each	
operator.	other in recovery and work with	
	the peer leader to ensure the	
	home has a positive recovery	
	environment?	
8.a. Peer support interactions	How do residents provide peer	
among residents are facilitated	support for others and model	
to expand responsibilities for	recovery principles?	
personal and community	☐ Residents are expected to	
recovery.	provide peer support for others	
	and model recovery principles	
8.c. Evidence that residents'	How are residents' recovery	
recovery progress and	progress and challenges	
challenges are recognized, and	recognized? Can you provide an	
strengths are celebrated.	example?	
9.a. Evidence that management	Is the peer leader able to take	
supports staff members	time to work on their own	
maintaining self-care.	recovery, spend time with	
9.c. Evidence that staff are	family, and engage in recovery	
encouraged to have a network	support activities outside the	
of support.	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	☐ House managers/ staff are	
supported in maintaining	provided training on how to	
appropriate boundaries	maintain appropriate	
according to a code of conduct.	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 		Interviewer confirms compliance.
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. 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 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.	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 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.	Review resident file.

	How do you collect a resident's emergency contact information?	
19.d. Verification that Naloxone is accessible at each location, and appropriate individuals are knowledgeable and trained in its use.	☐ We have at least two doses of unexpired Naloxone in the premises and residents are informed on the location of, and the proper administration of, Narcan/Naloxone. How are the residents trained in administering Naloxone?	Confirm during site visit.
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.	What resource directories/flyers are available for residents?	Look for postings, resources.
22.b. Staff and/or resident leaders educate residents about local community-based resources.	What are some of the local resources you share with residents?	Tell operator about our resource spreadsheet.
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 know checked provisions herein for all or		vith the MASH standards and the
Signature:	Date	2:
Print name and title:		
Interviewer:		