Center for Community Engagement at Chestnut Health Systems

STARTING A RECOVERY HOME

Readiness Self-Assessment

Use this self-assessment to decide whether you are ready to open or operate a recovery home in Illinois. This tool is for planning and education only. It is not legal, financial, licensing, zoning, or compliance advice. Requirements vary by state, county, and municipality, so consult your municipality's code enforcement office, qualified advisors, and applicable state agencies before taking action. If you still have questions, review the Frequently Asked Questions for Landlords document.

How to use this assessment: For each readiness area, rate your current status from 0 to 3, then write your evidence, gaps, and next steps.

Score	Meaning
0	Not started or unknown
1	Started, but major gaps remain
2	Mostly ready, with a few items to confirm or complete
3	Ready, documented, and assigned to a responsible person

Scoring guide: Add your scores across all sections. 0–8 means you are in early exploration. 9–16 means you are building readiness but should not launch yet. 17–22 means you are close and should resolve remaining gaps. 23–24 means you appear ready to proceed, pending legal, zoning, licensing, financial, and safety review.

1. Business Plan and Financial Strategy Readiness

- I have assessed local demand, competition, referral sources, and the unique role this home would have.
- I have a written program structure that addresses house rules, recovery expectations, curfews, chores, meetings, peer support, and support services. Review the Sample House Rules for ideas.
- I have estimated startup costs, ongoing expenses, resident fees or rent, timing of rent collection, and realistic revenue sources.
- I have identified funding options, including loans, grants, donations, or partnerships. See the Recovery Housing Funding Source Document.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

2. Mission, Vision, and Resident Fit Readiness

- I have a written mission and vision that explain why the home exists and what recovery-supportive environment it will provide.
- I have defined the priority resident population and the level of structure, peer support, and services the home can responsibly provide.
- I have a fair, consistent screening process that focuses on recovery housing need, safety, and fit, while avoiding discriminatory practices.
- I understand Fair Housing Act protections related to substance use history and have reviewed the Recovery Housing Stigma Fact Sheet.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

3. Location and Facility Readiness

- I have identified a safe, quiet, accessible location near transportation, jobs, recovery meetings, healthcare, and other community supports.
- The property can safely accommodate the planned number of residents, including bedrooms, bathrooms, kitchen space, common areas, storage, and accessibility needs.
- I have a plan for neighborhood communication and community engagement to address stigma and build trust. Review the Recovery Housing Stigma Fact Sheet.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

4. Legal, Licensing, Zoning, and Insurance Readiness

- Zoning and building codes: I have confirmed residential zoning, occupancy limits, building requirements, and inspection expectations with the appropriate local authorities. Review the Recovery Housing Compliance Checklist.
- Certification or licensure: I have determined whether the home will seek IAEC/NARR certification, IDHS/DBHR licensure, listing on the Recovery Residence Registry, or another applicable approval pathway.
- Permits and inspections: I have identified required fire, health, safety, structural, and local inspections and know who is responsible for completing each one.
- Insurance: I have consulted an insurance professional about appropriate coverage, such as general liability, property, social services liability, workers' compensation, and commercial auto coverage when applicable.
- Standards and resident rights: I have reviewed NARR standards, ethical expectations, resident rights, grievance procedures, confidentiality expectations, and Fair Housing Act considerations.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

5. Staffing and Governance Readiness

- I have decided whether the home will use professional staff, peer leaders, volunteers, a house manager, an operations manager, or a combination.
- I have written role descriptions, supervision expectations, training requirements, and accountability systems.
- I have clarified the difference between the landlord or property owner role and the operator or operations manager role, including who is responsible for daily operations, rule enforcement, safety, documentation, and resident support.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

6. Operations, Safety, and Resident Support Readiness

- I have written policies for admissions, resident agreements, house expectations, medication practices, relapse or recurrence response, conflict resolution, emergency procedures, and discharge or move-out procedures.
- I have procedures for documentation, confidentiality, resident rights, grievances, incident reporting, and regular policy review.
- Naloxone is available, staff or house leadership are trained in its use, and overdose response expectations are clearly understood.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

7. Community and Referral Network Readiness

- I have identified referral partners, including treatment providers, recovery community organizations, support groups, healthcare providers, courts or reentry partners, employers, and community organizations.
- I have a plan for outreach, referral communication, eligibility expectations, and community education, and ongoing relationship-building.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

8. Sustainability and Continuous Improvement Readiness

- I have a process for monitoring resident feedback, occupancy, finances, incidents, outcomes, staffing, and program effectiveness.
- I have a plan for reviewing policies, training, budget assumptions, community relationships, and compliance tasks at least annually.
- I have identified what must be true before expanding to additional beds, properties, or service levels.

Score 0–3	Evidence already in place	Gaps or next steps	Owner/date

The Center for Community Engagement is funded in full or in part through a State Opioid Response Grant (TI085769) to the Illinois Department of Human Services, Division of Behavioral Health and Recovery, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.