

Priority Population

Priority Population refers to shared objectives and characteristics within the peer community. One such shared objective for electing to reside in recovery housing is to achieve sustainable recovery from a substance use disorder.

The table below offers examples of shared characteristics that may further define the priority population served by the provider. All provider locations might serve the same priority population or individual residences might serve differing populations. The provider should evidence a staffing plan adequate to meet the needs of each peer community.

Gender Specific	LGBTQ	Pregnant Women	Boomers
Couples	Suboxone Titer(AB)	Abused, Exploited & Battered Women	Older Adults
Coed	Women w/ Children	Emerging & Young Adults	Veterans
First Responders	Spanish Speaking	Corrections Reentry	Sexual Offenders

The application for Voluntary Certification requires the Primary CRRA to identify the priority population served by each residence location. Multiple characteristics may be selected. (*Example: Female, Veterans*) An opportunity to identify other characteristic(s) than those presented above is provided in the **Residence Section** of the application for Voluntary Certification.

Why is identifying the “Priority Population” served by the provider at a particular residence important?

NARR Quality Standard 11 reads “**Are culturally responsive and competent**” as is evidenced by:

.01 *Policies and procedures that identify the priority population, which at a minimum includes persons in recovery from substance use but may also include other demographic criterion.*

.02 *A staffing or leadership plan that reflects the priority population's needs*

.03 *Documented cultural responsiveness and competence trainings that are relevant to the priority population.*

NARR Quality Standard 24 reads “**Provide a physically and emotionally safe, secure and respectful environment**” as is evidenced by:

.01 *Policies and procedures, such as applicant screenings, that establish the home's priority population and cultivate physically and emotionally safe environments for discussing the needs, feelings and sustaining recovery-supportive connections.*

.02 *Policies that promote resident determined lengths of stay that support health and safety of the household/community*

Facilitate Peer Engagement:

One of the important outcomes sought through residency in standards-informed, recovery housing is to experience enhanced recovery resiliency. Often this outcome emerges, in part, from developing an ability to engage in and sustain honest, transparent relationships. Residing in a peer community with

persons who share common foundational qualities deliberately facilitates such outcomes. While residents are certainly encouraged to celebrate their many unique characteristics, commonalities provide a basis for empathic support and the formation of healthy bonds. Quality providers take intentional steps to build and sustain communities that engage peer leaders and alumni in support of a defined priority population.