

*Washington Alliance for Quality Recovery Residences*

# ***Grievance Policy***

*Accountability, Fairness, and Voice*

## Introduction

The purpose of this policy is to:

- Provide a venue for people concerned about the operation of a recovery residence to provide information that will ensure the successful operation and (if needed) improvement of the residence.
- Provide an impartial process for evaluating whether a recovery residence operator is abiding by the WAQRR/NARR Quality Standards and Code of Ethics.
- Protect the rights of residents, operators, and other stakeholders regarding their relationships within a recovery residence.

Violations of the WAQRR/NARR Quality Standards and Code of Ethics undermine the integrity of the accreditation program and may constitute abuse of the program by an operator. Even one violation of a written standard or ethic may result in temporary or indefinite termination of accreditation status.

## Definitions

**Affiliate:** The organization within a state that certifies recovery residences using the NARR Standard. In Washington, the NARR affiliate is the Washington Alliance for Quality Recovery Residences (WAQRR).

**Anonymous:** Someone not identified by name who is filing or is named in a complaint. This is different from *confidential*, which instead limits who has access to protected information such as the name of the grievant.

**Appeal:** An escalation of a decision to an appeal body or authority usually seeking a reversal of the previous decision of the lower authority. The appeal is a chance for the respondent or grievant to note any concerns with the process that led to the ruling by the Complaint Committee or Board of Directors or to get a second opinion if they believe the findings are unfounded. Appeals should be processed through a separate entity than the original decision-making body, likely the Complaint Committee.

**Bystander:** Someone who is present during an incident but not taking part. Bystanders generally are those people who are filing or supporting complaints based on events they've witnessed directly or through their aftermath.

**Complaint:** An official filing to WAQRR by a resident, staff, neighbor, friend, or family of a resident, or other community member detailing an incident or series of incidents they believe violates the WAQRR Code of Ethics and/or Quality Standards.

**Complaint Committee:** The entity comprising two or more WAQRR staff and/or volunteers that receives, reviews, and investigates complaints and produces a set of findings.

**Confidential:** Something, usually information, intended to be kept private. The WAQRR Complaint Committee may know the name of the grievant in order to process a complaint, but does not share that information with anyone outside of the organization who is not directly involved in the complaint process.

**Decision:** An authoritative determination or pronouncement that is made after it is determined that a respondent has violated WAQRR Quality Standards or Code of Ethics. Decisions are generally made by the WAQRR Board of Directors or their appointed designee.

**Findings:** The determination made by the Complaint Committee, Board of Directors, or appeals entity about whether or not there is reasonable information supporting the complainant's claim. Generally, findings will be limited to whether or not a respondent is in violation of one or more WAQRR/NARR Quality Standard or its Code of Ethics.

**Grievance Process Response Matrix (GPRM):** A reference tool used to establish consistent and fair consequences for substantiated complaints against operators or other respondents using the NARR Quality Standards and Code of Ethics. Noncompliance of specific Standards or Ethics are matched to appropriate remediation measures, monitoring procedures, and/or penalties, depending on the severity of the violation(s).

**Grievant:** The person who files a complaint. This may include both residents and other stakeholders, such as staff, neighbors, friends or family of residents, or other community members.

**Non-Accredited Residence:** A recovery residence that is not accredited by WAQRR. They are not bound by WAQRR standards, WAQRR may however keep records of complaints or other information submitted related to residences which may be referenced if/when the operator applies for accreditation at a later date.

**Operator:** Person(s) who oversee the overall operations of a recovery residence. They are in charge of the structure, rules, and procedures of the house, including maintaining the WAQRR Quality Standards and accreditation. An operator may or may not be the owner of a property.

**Quality Improvement Plan (QIP):** A personalized action plan detailing the steps a respondent in violation of the WAQRR Quality Standards or Code of Ethics will take to improve their performance as an operator/member of recovery housing. Just like someone's relapse prevention plan or personal recovery plan, each QIP is unique and should be formed with the specific respondent and recovery home in mind. Failure to complete the QIP may result in stricter sanctions and other measures on behalf of the WAQRR Board of Directors.

**Recovery Residence:** An intentional abstinence-based living community wherein residents collectively share in the responsibilities of the household and participate in mutual recovery support activities. A recovery residence is defined primarily by its residents, who are all people living with substance use disorders and seeking recovery, as well as its non-clinical setting--meaning the residence is designed and functions as a residential home, not an institutional space.

**Respondent:** The residence operator or other person(s) alleged to have violated the WAQRR Quality Standards or Code of Ethics in an official complaint filing. In most cases this will be the housing operator,

**WAQRR:** The Washington Alliance for Quality Recovery Residences is the organization recognized by the National Alliance for Recovery Residences (NARR) as the accrediting body in the state of Washington. WAQRR accredits recovery residences in Washington State according to the NARR Quality Standards and Code of Ethics. These documents are also referred to in this policy as the WAQRR Quality Standards and WAQRR Code of Ethics.

## **Grievance Policy and Procedures Summary**

When a concern/complaint is filed with the WAQRR Complaint Committee, the committee will attempt to resolve the matter as quickly as possible.

### **Step 1—Reporting and Informal Resolution**

A grievant (resident, neighbor, landlord, or other affected individual) may bring a concern to the attention of the WAQRR Complaint Committee. The complaint can be submitted in writing to: WAQRR Complaints, P.O Box 1978, Mount Vernon WA 98273 or via email to [grievance@waqrr.org](mailto:grievance@waqrr.org). An attempt will be made by the committee or its designee to immediately resolve the issue informally.

### **Step 2: Determination to Investigate**

If the concern cannot be resolved informally, the Complaint Committee will determine if the complaint should be investigated or dismissed due to lack of pertinent information. To be investigated, a complaint must:

- Be in writing.
- Contain at least one grievant's full name.
- Contain a means for WAQRR representatives to contact the grievant(s).
- Include enough specific information to establish a date, place and the grievant(s) involved, or equivalent specific information on which to base an inquiry.
- Contain an allegation, that if found to be true, would constitute a violation of the WAQRR Quality Standards or Code of Ethics. A grievant may have a legitimate complaint against a respondent, but their complaint, even if true, may fall outside of the purview of this process. The complaint does not need to explicitly cite the Quality Standards or Code of Ethics in order to qualify for investigation.

Complaints that will not be investigated include:

- Personal conflicts between residents.
- Complaints about organizations that are not recovery residences as specified by the NARR Residential Levels (I-IV). This would include transitional housing, homeless shelters, or treatment centers that are not accredited as a level IV Service Provider.
- Minor issues that should be resolved internally.
- Issues that have already been resolved.
- Complaints against non-accredited residences
- Incidents that did not occur within the recovery residence or with a residential staff member/operator.

At any time, the Complaint Committee or its designee(s) may request more information from a grievant to determine if the complaint meets these criteria. If it is determined that the complaint doesn't meet the standard for investigation, the complainant and respondent will be notified. Even if a complaint doesn't meet the standard for

investigation, WAQRR may issue non-binding guidance to a respondent for the sake of assisting them in avoiding future complaints.

### **Step 3--Investigation**

WAQRR maintains a log of complaints. If the complaint qualifies for investigation, the complaint and any supporting information is routed to trained reviewers and/or site visitors to investigate each complaint and produce a report of findings. At the start of an investigation, the respondent will be given a copy of the complaint and asked for a written response.

The committee may investigate a reported complaint in a variety of ways which may include, but are not limited to, in-person or phone interviews, an in-person visit to a home or office (announced or unannounced), and communication with other agencies or law enforcement if applicable. A confidential written report will be kept detailing conversations and observations made.

Findings will include whether the information gathered in an investigation supports the conclusion that the respondent has violated the Quality Standards or Code of Ethics, and if so, which standard(s) or ethic(s) apply.

In each case, the Committee will also determine in which of the following categories the violation falls:

Tier 1: Illegal Activity or Violation of State Requirement

Tier 2: Life Safety Concern

Tier 3: General Complaints

Tier 4: Unforeseen Challenges

Tier 5: Opportunities for Improvement

### **Step 4--Decision**

The Complaint Committee will submit its findings to the decision-maker designated by the Board of Directors. In the case that the Complaint Committee finds no violation of the Quality Standards or Code of Ethics, the committee or its designee will notify the grievant and the respondent and the matter will be considered closed.

If the respondent is found responsible for one or more violations, the Board's designee(s) will use the Grievance Process Response Matrix (GPRM) to assign monitoring, remediations, and/or sanctions to the respondent. These will be communicated to the respondent and grievant.

A grievant can expect to receive a response to their written complaint within 30 (thirty) business days.

If a respondent's accreditation has been terminated, it will be reinstated upon completion of a Quality Improvement Plan if one is identified. WAQRR reserves the right to deny reinstatement if the complaint falls into tier one or tier two and/or insufficient evidence exists to determine the concern has been satisfactorily addressed.

### **Emergency Termination**

If the following situations occur, WAQRR reserves the right to terminate accreditation of an operator prior to the conclusion of a full investigation:

- Significant indications exist that the operator is participating in illegal activity of any kind (tier 1).
- Significant indications exist that the safety of residents is compromised (tier 2); and/or
- Significant indications exist that residents are using alcohol and/or illicit drugs in a residence with no corrective action is being taken by the residence operator.

### **Appeal Process Summary**

An operator whose accreditation has been suspended temporarily or indefinitely may appeal the suspension in writing to the physical or email address above within 10 (ten) business days of receiving the suspension decision.

A grievant not satisfied with the decision made in a complaint may also file an appeal within 10 (ten) business days of receipt of the decision.

Appeals of grievance process decisions must include either:

- Additional information that could potentially change the outcome of a finding or decision AND/OR
- An explanation of how those conducting the investigation and decision-making process failed to follow the process outlined in this grievance policy.

A hearing will be scheduled within 10 (ten) business days upon receipt of a written appeal request. During the hearing, the person(s) making the appeal will have the opportunity to address the appeal body (usually by phone or video conference). The appeal body will make a decision on the appeal and all involved parties will be notified in writing within 5 (five) business days of the hearing result.

The appeal body (usually the WAQRR Board of Directors or their designee(s)) will either:

- Agree with the findings reached in the original process and uphold the original decision.
- Change the decision reached in the original process based on new information or process irregularities; or
- Send the matter back to the Complaint Committee for further investigation prior to deciding on the appeal.

### **Concerns About Non-Accredited Residences**

A resident or other affected person may file a complaint against a recovery residence operator who is not accredited by WAQRR. However, since WAQRR doesn't maintain a formal relationship with the operator, potential responses to the complaint are limited. Upon receipt of a complaint, a WAQRR representative may:

- Reach out to the operator to inform them of the concern; or
- Document the complaint and the operator's response in case the operator applies for accreditation in the future.

In the case that an operator against whom a complaint is filed applies for WAQRR accreditation after the filing, the operator may be asked to provide information related to the complaint. Complaints will not be used as rationale for denial of accreditation without an investigation.

Any complaint against a non-accredited recovery residence operator may be filed with the Office of the Washington State Attorney General.

## Appendix A: Rights of Participants

### Rights of Resident Grievants

Grievants have the right to file a complaint if:

- A. **They feel an issue has not been adequately addressed or resolved by the operator.** A grievant will be asked if they brought their concern to the respondent and followed the internal complaint process of the residence. However not having done so will not necessarily negate the complaint depending on the severity of the allegation.
- B. **They believe an operator is in violation of the WAQRR Standards, Ethics, and/or an operator-affiliate agreement.**
- C. **They believe actions taken by the operator violate the law.** This can include Recovery Housing or general housing law, local/state/federal regulations, civil rights, or otherwise potential illegal activity; or
- D. **They believe practices of a home threaten the safety and well-being of its staff, residents, and/or the wider community.**

Resident grievants also are entitled to:

1. Fair and impartial investigation
2. Speedy resolution
3. Protections from retaliation
4. Safety: including relocation help if desired
5. Updates on process including copies of findings and decisions in a timely manner, when applicable
6. The opportunity to offer input on QIP, where applicable
7. Confidentiality: transparency and communication between Committee and grievant about when confidentiality is or isn't possible, including when Committee is obligated to refer issue to government agencies.
8. The right to be sufficiently informed of these rights via website, resident agreement, postings around home, etc.
9. Easy access to complaint filing and instructions
10. Appeal of a decision within 10\_days of a decision.
11. The opportunity to drop a complaint at any time.

### Rights of Community Member Grievants

An affected community member may file a Complaint under the same conditions as a resident), with the additional caveats:

Community members must first alert an operator of their concern through the home's established grievance procedure before bringing it to WAQRR's Complaint Committee.

Note: **for life-threatening, illegal or behavior that otherwise threatens the wellbeing of residents, staff, or the surrounding community, grievant should contact WAQRR at once**, regardless of whether or not an operator has been informed, or if the alleged activity is affecting someone other than the grievant.



Community grievants are also entitled to:

1. Speedy resolution
2. Protection from retaliation
3. Easy access to complaint filing and instructions (i.e., WAQRR & operator websites)
4. Some details in updates—may be limited to protect privacy of residents
5. Receive summary copies of findings and/or decisions in a timely manner, when applicable
6. Ability to drop the complaint at any time
7. Be sufficiently informed of these rights (via website, resident agreement, handouts if someone knocks on door, etc)
8. The opportunity to offer suggestions of remediations or solutions to concern--when the grievant is affected by such decisions
9. Appeal a decision within 10 days of notification of a decision

## **Rights of an Operator**

Note: Staff have the same rights as residents to file complaints against an operator or home, **UNLESS a complaint falls under labor code or other such violations of local, state or federal regulations** (these should be submitted to appropriate government agencies).

Operators have the following rights throughout a complaint process:

1. To be informed in a timely manner of crucial details of a complaint in order to make a response statement, while protecting the identity of the grievant as best as possible. Some information may be withheld in order to preserve confidentiality when applicable.
2. Adequate time to respond to allegations, by way of a response statement, with or without offering supportive evidence to their explanation.
3. Operators are adequately informed of these rights by such means as inclusion of a copy of WAQRR's grievance policy/procedure in application documents during accreditation process, language within an operator-affiliate agreement, and other documentation, including via WAQRR website.
4. Informed in advance of the rights of WAQRR. Particularly the right to collect information in the course of investigations, including unannounced or short notice visits to residence(s) should WAQRR wish to maintain that right.
5. Timely updates on progress of complaints
  - o Receive copy of findings & ruling in a timely manner; information may be slightly redacted to protect privacy of a grievant, when applicable.
6. Input on QIP or other remedial/sanction measures, when appropriate.
7. Can appeal a decision within 10 days of notification of a decision.
8. May request that a case be reviewed by NARR
  - o **NARR will only be able to offer suggestions to an affiliate whether or not procedure/Ruling is appropriate. Nothing**

**NARR contributes in this way may be constituted as a decision and WAQRR is not obligated to adjust or adopt any of NARR's recommendations. Rather, NARR leadership offers guidance for the WAQRR Board and/or Complaint Committee to determine their own course of action.** In order to request a review by NARR, an operator must first exhaust the appeal process as described in this polity.

9. May request copies of WAQRR's records of their Home/Operator history of complaints
  - o Some redactions may be permitted to maintain privacy/confidentiality or law.

### **Rights of the Washington Alliance for Quality Recovery Residences (the affiliate)**

A. WAQRR retains the right to gather information, including but not limited to, interviews, documents, financial statements, receipts, unannounced/short-notice visits, and more.

B. WAQRR retains the right to investigate past complaints made prior to or during the background check process of accreditation regardless of any findings or decisions made during the investigation and response.

1. WAQRR maintains record of all complaints filed against recovery residences, including those that do not warrant further investigation due to lack of scope, such as non-accredited residences.
2. WAQRR representatives may bring up the contents of complaints during the accreditation process by asking the applicant about the incident(s), such as: discussing what practices the operator has changed, if any, since that incident(s); interviewing staff or residents to see if similar incidents have occurred, etc. This wouldn't constitute a formal complaint investigation, but rather a guided line of inquiry during the accreditation process, and therefore is not limited by the time restraints of a formally filed complaint.

C. **WAQRR is not liable for any occurrences that take place *after* its investigators visit a home**, unless there is reasonable information indicating a violation at the time of a visit.

## Appendix B

### WAQRR Grievance Process Response Matrix

Type	Description of RMS Consequence	Level of Severity	Standard	Ethic
Remediation	Mission or values statement policy revision via workshops or other support	Medium	1	
Remediation	Require training on recovery housing state/fed regulations	Low	2	
Remediation	Required reading of resources and a test or other means for operator to demonstrate grasp of regulations and Standard	Low	2	
Remediation	Financial responsibility training, class, or resources (by WAQRR or outside resource deemed acceptable)	Medium	3	
Monitoring	Periodic review of financial statements over X weeks	Medium	3	
Monitoring	Confirmation of refund, reimbursement, etc with documented proof such as receipts or banking statements.	Medium	3	
Remediation	Develop and implement new data collection plan approved by WAQRR oversight	Medium	4	
Monitoring	Periodic reviews of tracking data to ensure regularly updated and/or securely filed over X weeks	Medium	4	
Remediation	Review of Resident Rights statements & other binding documentation; revise according to feedback/Complaint findings	Medium	5	
Monitoring?	Evidence of a house meeting between residents where certain rules are developed by them; residents give input on current rules, including what works (& doesn't); proof that most if not all rules designed by residents are adopted as house rules	Low	7	
Remediation	Staff have X weeks to complete the required training currently lacking for residence level. If not completed by deadline and WAQRR has evidence an untrained staff member has continued to work with residents, certification may be suspended until proof of training	High	10	
Remediation	Proof that all staff completed X cultural competency training (Can be WAQRR-run, something put on by NARR, or another accredited resource)	Medium	11	
Monitoring	Operator informed there will be X number of unannounced inspection over the next X weeks; may be given short warning or inspector may arrive at any time.	High	14	
Monitoring	Proof of rearranging house to provide more communal space.	Low	15	
Remediation	Operator writes/revises a written policy & procedure for staff searches, toxicology screening protocols, and/or how resident prescriptions are ethically handled in home based on WAQRR feedback and complaint findings	Medium	16	

Monitoring	Proof of home improvement, pest control, or other maintenance work with written receipts	Medium	17	
Monitoring	Proof of recent inspection & repair/improvement schedule based on inspection's findings	High	17	
Monitoring	Home must install smoke detectors, carbon monoxide detectors, fire extinguishers, or other safety items according to law promptly. WAQRR will inspect home (1 week) after ruling to ensure items are installed or being installed	Medium	17	
Remediation	Submit written emergency protocol to WAQRR in X weeks, at which point operator will have X more weeks to share written copy & verbal protocol with staff/residents AND train everyone in home to follow procedures.	High	19	
Monitoring	Submit documentation of activities available to resident; random interview with willing resident(s) (possibly including Grievant) after X weeks to see if more activities encouraged/access improved to current activities	Low	20	
Monitoring	Proof/review of a resident's recovery plan including exit strategy--if found lacking, a proper plan must be developed before resident should be exited from home (as long as they are adhering to community agreements; if they are not proof of violation should be documented)	Medium	21	
Remediation	Incorporate more peer recovery support services into weekly schedule, including multiple pathway approaches (e.g., not just SMART Recovery, but also AA/NA, LifeRing, White Bison, All Recovery, etc.)	Low	23	
Remediation	Require training of staff/resident leaders in trauma-informed or resilience-promoting practices; submit proof of completion to WAQRR within X weeks of ruling	Medium	26	
Remediation	Provider brainstorms list of ways in which residents have a voice in determining who they live with; proof that these ideas were discussed with residents and the community voted on which to implement	Medium	27	
Remediation	Operator researches and takes resident suggestions for additional community supports to link residents to such as mutual aid meetings, education/job assistance, family services, health or housing programs, etc. Proof that these resources are then available to residents. Supports should be varied and include multiple recovery pathways. (Can use WAQRR resources as a starting point)	Medium	29	
Monitoring	Provider develops procedure for connecting neighbors with responsible contact when requested; evidence contact is responding to concerns brought to them by sharing with WAQRR documentation structures for how concerns are filed, followed up & tracked	Medium	30	

Remediation	Review of language in resident agreements & staff training documents of how to greet/interact with neighbors; incorporate feedback and complaint rulings in language; inform staff/residents by X date of changes; WAQRR may interview staff/residents to see if they're aware of changes	Medium	30	
Monitoring	Submit neighborhood courtesy rules to WAQRR; will randomly inspect outside of property over X weeks to see if parking, loitering, smoking, or cleanliness are in line	High	31	
Monitoring	Regular check-ins with an WAQRR monitor over X weeks	Low	All	All
Sanction	Suspension pending full review	High	All	All
Sanction	Suspension pending implementation of remediations	High	All	All
Sanction	Unlisted from website pending remediation implementation	Medium	All	All
Sanction	Begin revocation of certification proceedings	Severe	All	All
Monitoring	Proof through interviews with residents that operator does not accept residents whom they cannot support (i.e., because they require a higher level of care than home can provide; particular pathway of home, if any, is not suited for individual; resident asks for support that home cannot give--such as MAT--because of level, staff lacking proper competency training including cultural competency, etc; or other legitimate reasons)	High		1
Remediation	Operator's staff must complete X number of CEUs in Diversity, Equity & Inclusion trainings, particularly on the issue raised in Complaint	High		2
Remediation	Operator writes non-discrimination policy with feedback from WAQRR or complaint findings that is reviewed by proper WAQRR committee before implementation	High		2
Sanction	If Operator found to have discriminated against a resident or staff member, knowingly or unknowingly, they may receive suspension until training, policy, and restitution have been implemented.	High		2
Remediation	Implement suggestions for creating more homelike space over X weeks	Low		3
Remediation	Immediately address safety concerns with oversight from Grievance Committee or other proper WAQRR entity	High		3
Monitoring	Will conduct X number of random visits by monitors who walk through home (may occur with staff search in tandem); if evidence of drugs or alcohol present immediate suspension pending full review.	High		4
Remediation	Unlisted from website pending conversations with WAQRR about recovery pathway parameters and how they are defined by operator & implementation of revisions based on discussion	Medium		5
Sanction	Restitution or refund to resident(s) who were denied access to pathway of their choosing within definition of the residence	High		5

Remediation	Develop a Resident's Rights and Protections Agreement & associated practices; have X weeks to train all staff including resident leaders; gather all staff/residents' signature for agreement	High		6
Monitoring	Proof of encryption software or other security measures have been taken	High		6
Remediation	If Complaint was about a data breach that occurred, require Operator to develop & implement a protocol for informing relevant parties and how to mitigate (future & current) risk	High		6
Monitoring	Submit list of house rules to WAQRR along with X Weeks-worth of logs of rules broken & staff response	Medium		7
Sanction	Suspension pending full review if residents' health, welfare, or safety has been found at risk in the home.	Severe		8
Monitoring	Submit list of house rules to WAQRR along with X Weeks-worth of logs of rules broken & staff response; model same thing with X weeks' worth of documentation on when/why residents are asked to leave house	Medium		9
				10
Sanction	Suspension pending dismissal of staff, immediate exiting of resident(s), or banning of visitor(s) responsible for harassing or threatening behavior; may also pend full review if issue was not adequately resolved/taken seriously within home until Complaint filed with WAQRR	Severe		11
Sanction	Unlisted from website (no referrals) pending review of Operator's in-house grievance policy & procedures vs actual practice	High		12
Sanction	Suspension pending review of Operator's in-house grievance policy & procedures vs actual practice	Severe		12
Monitoring	Proof that Operator has made residents aware of when/why they may be asked to take a drug screening through their Resident Agreement & community discussions	High		13
Monitoring	Documentation of not only when screening was taken & results, but also stated reason why in a tracking document of all residents to ensure consistent and fair implementation	High		13
	What needs to change in the environment to center each resident's recovery needs?			14
Sanction	Unlisting from website or other referral systems until proof of all marketing with misleading or false claims have been removed	High		15
Sanction	Suspension pending full review and proof of all marketing with misleading or false claims have been terminated	Severe		15
Remediation	Training staff on professional boundaries, including refraining from taking a primary role in a relative, close friend, or colleague's recovery plans	Medium		16
Monitoring	Operator demonstrates steps they are implementing to institute more transparency in operational/financial decisions, to be completed in X weeks	Low		17

Remediation	Training staff on professional boundaries, including refraining from developing personal relationships beyond a peer support capacity with residents	Medium		18
Sanction	Removal of staff member who has shown consistent issues with maintaining professional/personal boundaries with residents/staff	High		18
Sanction	Suspension pending further review of operations if found home has a persistent culture of boundary-crossing	Severe		18
Sanction	Suspension pending further review if home or any staff member is found working outside of the scope of residence's level or individual's professional training/credentials	Severe		19
Sanction	Suspension pending revoking of certificate if home or any staff member is found repeatedly working outside of the scope of residence's level or individual's professional training/credentials	Severe		19
Monitoring	Implement and enforce additional house rules about noise, outdoor activities, or other relevant behavior to better promote a safe and peaceful community within the neighborhood	Medium		20