



**Town of Provincetown
260 Commercial Street
Provincetown, MA 02657**

**Board of Health
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PUBLIC MEETING

The Provincetown Board of Health held a public meeting on Tuesday, June 21, 2016 at 2:00 p.m. in the Caucus Hall on the First Floor of Town Hall located at 260 Commercial Street, Provincetown, MA.

Attendees: Tom Donegan, Provincetown Board of Selectmen; Steve Katsurinis, Vice Chair, Provincetown Board of Health (PBOH); Dr. Janet Whelan, PBOH; Betty Williams, PBOH; Elise Cozzi, PBOH; Det. Meredith Lobur, Provincetown Police Department; Michelle Jarusiewicz, Provincetown Housing Specialist; Gloria McPherson, Town Planner; Chris Hottle, Provincetown Council on Aging (PCOA); Andrea Lavanets, PCOA; Maggi Flanagan, Homeless Prevention Council; Forest Malatesta, OCHS/Community Navigator Program; Dikke Hansen, OCHS; Dan Gates, AIDS Support Group of Cape Cod; Max Sandusky, Unit 10/AIDS Support Group of Cape Cod; Kim Powers, AIDS Support Group of Cape Cod; Jill Brookshire, AIDS Support Group of Cape Cod; Georgia Neill, Gosnold; Jesse Centamore, Gosnold; Ralph Pena, Orleans District Court Probation; Ron Irwin, Community Housing Council; Elaine Anderson, Community Housing Council; Morgan Clark, Provincetown Health Department

[Steve Katsurinis called the meeting of the Board of Health to order at 1:58 pm. Present were Mr. Katsurinis, Betty Williams, and Elise Cozzi.]

I. Opening Remarks – Steve Katsurinis, Board of Health Vice Chair

Mr. Katsurinis set the background for calling the meeting – there's a need, there might be community support, there may be funding through CPA or other funding source. Want to start a conversation about what sort of housing Provincetown needs, what the models are, what might work in Provincetown, and how the Town can support.

Mr. Katsurinis introduces Kim Powers from the AIDS Support Group of Cape Cod, who also owns/operates a sober house in Falmouth for almost 10 years (Power Place). The intent is to have a discussion with an open question/answer format.

Ms. Powers introduces the new certification of sober houses process through MASH (Mass Association for Sober Housing) and reviews the history of sober homes in the US. Most sober homes are not state funded, are run by private entities or non profits and funded through the rent charged. Compared to a halfway house, which is run by the state, sober houses are the next step.

Sober houses are a clean environment to start over in.



[Janet Whelan enters meeting]

The basics: In a single home, required to have 1 bathroom per 8 women or 10 men. Must have a house manager who is paid and does not pay rent, lives in a single room, and lives there full time. No more than 2 people per room. Required to have at least a \$500,000 insurance policy. Need an outdoor area and designated smoking area. Set of policies. Drug testing and breathalyzer.

On the Cape there's only 1 treatment model. Gosnold has 60 beds for detox, insurance usually only covers 5 days in rehab. Most people don't get the 14 days of treatment as the new law permits. After, there is no next form of treatment. Need to make sure that the 12 step meeting infrastructure is nearby as well.

Data from Power Place:

- 412 residents in almost 10 years
- 334 she could track
- 54% of those she could track self-report as still sober
- 38% relapsed within 18 months
- 46 are currently in treatment
- 17 are incarcerated
- 11 overdosed

When running a sober house, it's important to have a strict set of rules. Other addictions and problems will arise. Consistent management is key. MASH provides a Code of Ethics that is also important. At Power Place residents can stay as long as they need to – one has currently lived there for 3 years. The average is 6 months.

Running a sober home for men tends to be easier.

Don't want to kick someone out for inability to pay rent. Powers Place relies on St. Vincent DePaul and Recovery Without Walls and other groups to help with rent. A successful home needs the demand too.

The key to recovery is a safe place to live. The outer/lower cape doesn't have anything past Orleans.

Tom Donegan asked about other models like safe housing first. Ms. Powers responded that a different model would increase costs – would need staff 24/7. Medication requires constant surveillance.

Dan Gates asked if homes tend to cluster by substance of choice? Ms. Powers said she tries to keep a mix in her home but notices waves of applicants as well.



Mr. Gates asked how to screen or train house managers. Ms. Powers requires that they've been sober for at least 2 years and that they start and end with love. House managers are hard to replace and need coverage right away.

When asked about start up costs, Ms. Powers responded that it costs at least \$10,000 to start a home for furniture etc. 1 fridge per 5 people. Want to have 6 months of mortgage payments in the bank. She charges \$160/week which includes everything. Residents buy their own food or are given referrals to pantries. Can lock food cabinets.

Morgan Clark asked about whether there are regular house meetings? Ms. Powers said they have weekly 2 hour Thursday meetings where they discuss chores, meetings attended, sponsors, feelings, counseling, plan for next week. On Sundays they hold house meals and check ins.

Ms. Powers spoke about the difficulty locating other services for residents – in Falmouth her residents might have to wait 3 months to see a psychiatrist, and medication is important to their needs.

Chris Hottle asked about eligibility criteria. Ms. Powers says she tries to keep a mix of ages and substance addictions. She also screens for medication – there are some treatments she doesn't allow in the house. Also prefers if they've been sober for 30 days after detox. People come from all over.

Elaine Anderson spoke about the active AA community in town and wondered if a sober house could come out of an existing AA community? Ms. Powers said that residents definitely have to work a 12 step program. Jesse Centamore said that he runs homes where AA comes in weekly to run a meeting in the home to get the residents familiar with the program. Ms. Powers says that in her home there's a mandatory commitment bi-monthly and holds an AA meeting at the house monthly. If someone comes to the home who is not from the area, they're immediately paired with someone else so they're not isolated.

When speaking about her relationship with probation and parole, Ms. Powers said she has built a great working relationship with both probation and parole. Mr. Katsurinis asked Probation Officer Ralph Pena about what he sees as needs on this end of the Cape. Mr. Pena responded that there's an incredible need. He's the only probation officer from Eastham to Provincetown, and in that area there isn't one sober home. Most of his clients are on Mass Health. If they don't have a sober house to go to after detox, they fall through the cracks. The closest IOP is in Orleans, and many of his clients don't have licenses to get to treatment. Mr. Pena hasn't seen a judge in Orleans mandate sober housing, but Ms. Powers has in Falmouth.

Ms. Anderson asked how one decides to get into this field? Ms. Powers says it's very rewarding – especially the success stories. She's seen her residents get their kids back. She works closely with DCF. She loves seeing how the community comes together to help her residents out. Maggi Flanagan commented on how hard it is because there's nothing in between for early sobriety.



Ms. Hottle asked about the experience with neighbors. Ms. Powers recommends being up front with neighbors and to work with them throughout. It's best to have a good relationship with the neighbors. Though HUD laws allow sober homes of a certain size through their laws for homes for the disabled, it's easier to have neighbors support the project from the beginning.

Steps for Provincetown that were discussed include:

- Locate a property
- Identify a focus group or working group
- Rally community for supports and fundraising

Georgia Neill remarked that Gosnold is present to bring information back to the administration and might be interested in pursuing or supporting a sober home in Provincetown.

Ms. Flanagan spoke about the Canal House in Orleans – Lower Cape CDP owns, Gosnold manages, was purchased through a church and HUD grant. Orleans Housing Authority funds 2 beds through HUD funding.

Mr. Donegan spoke about how there are at least 25 12-step meetings/week in Provincetown plus Al Anon. It is embedded in the community and we do have people in recovery.

Mr. Centamore gave some statistics from Gosnold: 60% of Gosnold patients get referred to sober houses – not all on the Cape. At least 24-30 people have asked him personally about sober housing options from Wellfleet to Provincetown, there is a demand. And most people know there are no options, so that number isn't indicative of actual need.

Mr. Donegan asked about the need from the police's perspective. Det. Meredith Lobur said that her department and probation see a lot of people who need a place to go. The community can be toxic but it can also be a healing place.

Mr. Pena spoke of the number of probationers with both substance abuse and mental health issues. He's seen folks who can't make it here leave and then come back because this is where they feel home – they have friends and the community is tolerant. Then there are folks who come back but don't flourish.

Mr. Donegan spoke about the community building functionality.

Det. Lobur said that a sober home won't fix everyone. But for a lot of people she sees, it would be great. Also pointed out that splitting across gender lines might not work in Provincetown.

Mr. Donegan asked more about the issue of dual diagnoses. Ms. Powers said that it depends on the severity of the mental illness. There are people that her home just can't serve. She also noted that gender preference matters as well as sex addictions may arise and having single gender homes doesn't solve that issue.



Mr. Donegan asked the Council on Aging staff for their input about the need in Provincetown. Ms. Hottle and Andrea Lavenets said that it might be changing, but generally the need they see is for alcohol and some prescription abuse. Mr. Donegan asked about veterans, the COA said the Vet Agent would be their primary support. Ms. Flanagan said that the Vietnam vets she works with are generally resistant to help.

Mr. Donegan asked about whether meth use/abuse triggers differ needs. Ms. Powers said that there's no treatment for meth on the Cape, so a sober home is farther along in the process. There's no detox, no medication currently. Max Sandusky and Mr. Gates spoke about how intertwined meth and sex are in the gay male community and how difficult recovery support services can be. Ms. Powers spoke about how she adds a component for sex addiction at her home, particularly for sex workers and sex addicts.

Mr. Donegan asked if it's a problem to mix alcohol users or opiate addicts with meth addicts. Mr. Centamore thinks no, because everyone needs help. He thinks it's about building the core supports and can always add components as needed.

Mr. Donegan asked what the best model is and where the most demand is in Provincetown. Ms. Powers suggested that Provincetown start by serving men, and decide who the town wants to run the home. Mr. Centamore suggested aiming for 6 people or less because that's easier to open and operate.

Mr. Gates spoke of the concern about where they would go afterward – where does someone graduate to if they make it through a sober house in Provincetown? Mr. Centamore suggests not worrying about that. Sober housing is always a liability – it's not a program, its independent living.

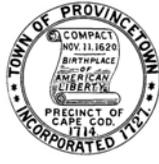
[Steve Katsurinis leaves at 3 pm. Still have a quorum.]

Ms. Powers said that MASH can help with legal and other issues and guidance.

Mr. Donegan asked about the funding side of things – any advice? Ms. Powers said that typically everything is privately funded. Mr. Centamore suggested identifying the needs of the community and go about customizing a solution that works for the needs of the community. Need to make Provincetown a supportive area and build a movement. There's no question that there's a demand/need. In Falmouth there are sober houses everywhere and they are always full.

Mr. Donegan asked the Provincetown providers what they saw as the next steps. Ms. Anderson asked about reaching out to the AA community – that was generally discouraged due to the model of AA. There is a round up in October that would be a good place to garner more community support.

Michelle Jarusiewicz said that Community Preservation Funds probably could not be used for a sober home due to the need to provide year round income eligible housing. She didn't foresee a way to model a sober home to provide a year round lease.



Ms. Powers said that Rockport used a mock model to get community support at Town Meeting for a sober home.

It was decided that the next meeting would occur soon after Labor Day to discuss moving forward.

[meeting adjourned by Betty Williams at 3:34 pm]