



Town of Provincetown

Public Meeting – Sober Housing

Wednesday, September 21, 2016

Multi-Purpose Room, Veterans Memorial Community Center
2 Mayflower Street, Provincetown, MA

The Provincetown Board of Health held a public meeting on Wednesday, September 21, 2016 at 2:00 p.m. in the Multi-purpose room at the Veterans Memorial Community Center located at 2 Mayflower Street, Provincetown, MA.

Attendees: Tom Donegan, Provincetown Board of Selectmen; Mark Phillips, Chair Provincetown Board of Health (PBOH); Steve Katsurinis, Vice-chair, PBOH; Betty Williams, PBOH; Elise Cozzi, PBOH; Michelle Jarusiewicz, Provincetown Housing Specialist; Andrea Lavenets, Provincetown Council On Aging; Dikke Hansen, Outer Cape Health Services; L. Forrest Malatesta, Community Resource Navigator; Georgia Neill, Gosnold; Michael McGonigle, Sober Residency Coordinator, Gosnold; Dan Gates, Aids Support Group of Cape Cod; Martha Gordon, Recovery 349 and Open Door Way; Sarah Ireland, Sober Community Case Manager, RN; Joseph Girouard, Community Member; Cid Bolduc, Member of Recovery Community; Susan Leonard, Recording Secretary; and Laura Marin, Health Agent, Provincetown Health Department

Call to Order: Steve Katsurinis called the meeting to order at 2:07 p.m. Board of Health members present were Steve Katsurinis, Elise Cozzi and Betty Williams. Mark Phillips, Chair of the Board of Health joined the meeting at 2:15 p.m. The meeting continued to be chaired by Mr. Katsurinis. Elise Cozzi left the meeting early; however, a quorum was maintained.

I. Review of last meeting – June 21, 2016

Minutes of the last meeting were distributed to everyone present at the meeting. The attendees introduced themselves to each other while the minutes were being reviewed.

Mr. Katsurinis stated that during the previous meeting there was hopeful discussion regarding the need for sober housing in Provincetown. There are several different models. There is no real sense yet of what would work or what is needed in Provincetown. He asked if there is a model that focuses on a particular need or piece of the recovery issues in Provincetown?

a. What should this initiative be called? Is “sober” the right term? Steve Katsurinis, Board of health Vice-chair.

Mr. Katsurinis has been approached by several people asking what “sober” housing means. What is the standard for determining sobriety? If someone relapses while a residing in sober housing are they no longer welcome? How long does someone have to be sober to qualify? Who determines if a person qualifies as being sober?

Dan Gates suggested that “recovery” housing may be a broader term. Some people in recovery see sobriety being from all substances, while other individuals may be focusing on abuse of just one substance while still using alcohol, for example.

Michael McGonigle, stated that the definition of sobriety is abstinence from alcohol and recovery is restoration to the same or greater state of wellbeing. He added that sometimes a relapse is the motivation for recovery. He prefers the recovery idea.

Mr. Katsurinis asked if they should be looking at it as recovery housing. Ms. Cozzi wanted to know if this means that someone has to have gone through a detox process in order to be eligible? Mr. Katsurinis stressed that recovery is a process. If someone is in that process then they are part of the population that is being targeted. Words have meaning and we should be sure that what we are calling it is what we mean it to be. Recovery seems to be a better terminology of what we mean. Mr. Donegan said he thinks that the house would define itself. Whether it is total abstinence, recovery with relapse or a safe place from drugs and alcohol.

b. Different models that could be deployed

Mr. Katsurinis said that the size and population of who is being served may lead to modifications of some of the models that are seen elsewhere on the Cape. Why would any of these models be appropriate in Provincetown? What do we think might work here?

Sarah Ireland asked if it had been discussed as a “dry shelter” for homeless versus sober housing at the previous meeting? Mr. Katsurinis replied this is the first time the group has discussed what might work. This is exactly the type of conversation we want to have. Ms. Ireland said she has worked with both populations in the past. In her experience, sober housing emanates from an organization such as Gosnold who screens individuals who have appropriate medical and psychiatric care in place.

Mr. Gates added that it can be looked at through drug of choice. We may want to consider if we want any type of program associated with the house; for example, therapist lead groups on maintaining abstinence specific to a particular drug, sexuality and sober living. Ms. Ireland suggested job rehabilitation might be considered as one of the support programs offered.

Cid Bolduc referenced a passage from the minutes of the previous meeting that describes sober housing as being the next step after state run half-way houses. It is a $\frac{3}{4}$ house; early recovery has already been achieved. The expectations are different. Ms. Ireland said the staffing and therapy is completely different in these two models. Sober housing would expect residents to meet their therapy and support external to the building.

Mr. Katsurinis raised the question about whether this would be a transient living situation or would it be someone’s permanent home? There are people who are homeless who are interested in achieving sobriety and need a place to live and there could be others who have been already been in treatment somewhere and need a place to land. We don’t know where we fall on this spectrum although there is need in all aspects of recovery.

Mr. Donegan said he has been approached by business owners who see the need for safe, sober housing for employees who are caught in addictive behavior.

Ms. Hansen would like to have more data. Georgia Neill said not only the biggest need should not just be looked at. We should first consider where we would be most successful and then go onto the next population once we know how to make it work. She imagines it as sober housing for newly

sober individuals who need the extra safety of a sober house to stabilize and have solid recovery. Mr. Gates sees people having to leave town because it just is not safe for them here.

c. What are some of the challenges to be overcome?

Mr. Katsurinis asked what are the elements of success? At the outset, you have to look at the funding model. How does this get paid for? Without figuring this out it won't go any further. Ms. Williams agrees. Where do we start? She thinks a sober housing makes sense. It is all very lofty; we need a plan, money and a location.

d. What resources are available?

Mr. Gates suggested it might be partially funded through the voucher program. Clients who fit the recovery model who also have housing vouchers might fit. He asked how the Provincetown Housing Authority works? Michelle Jarusiewicz replied that the Housing Authority takes seniors and individuals with disabilities and families. It does not fit the sober housing model. It is also extremely income restricted.

Although she is not familiar with sober housing models, she stated that first you will have to gather data from the various agencies and some sort of plan in order to access funding. Before you can use a voucher you will need to have a place. The only funding she is aware of for sober housing at this time is "gap funding" through Mass. Housing. You might be able to piece it together, but you will have to have a solid plan.

Mr. Donegan asked if a 3-bedroom unit at Province Landing could be used on a rotational basis for individuals, referred by local agencies, who are in recovery? Ms. Jarusiewicz replied that funding of Province Landing from State and Federal agencies have an approved tenant selection plan. There would be no rotating people in and out of an apartment. The math for income qualification would be difficult with 3 people sharing a unit.

Mr. Phillips stated the first thing to be done is to determine the target population and what type of treatment needed. That would determine the type of facility that needs to be developed. Ms. Jarusiewicz replied that if someone gives you the space then that drives the conversation.

Joseph Girouard asked if there are any funds through NAMI? Mr. Katsurinis said he knows there are some grants through SAMSA. There is a way for people, recently in recovery, to access federal voucher programs for housing, although it is not a lot of money. He does not know to what degree the State participates in the program.

Mr. Katsurinis said he agrees with Mr. Phillips that the target population needs to be identified. It would make the conversation much easier to drive. There is a lot of need; he doesn't know where to begin to define the population. Perhaps, the providers in Provincetown could be asked what it would look like if they could design the program. Have them identify a population that they are serving or would like to serve and what would be needed from the Town to make it work.

Mr. Gates said there is a definite need of his clientele in Provincetown for treatment of crystal meth addiction support, but elsewhere on the Cape, opiates are the biggest need. He envisions something based on the Pride Institute in Minnesota. After someone attains some degree of abstinence, they are a set up in a sober house/safe haven with 5 to 10 beds and support from for programming from an agency such a Gosnold for "in home" therapeutic treatment.

Lisa King stated that there is clearly there is a need in Provincetown. The best use of our resources is to serve the people who live here. The biggest risk, which she saw happening in Falmouth, is that the sober houses attract people from all over the region. The relapse rate is so high that once they go through the sober house and meet new running buddies the concentration of relapsed users becomes very high. The big issue is a lot of these people cannot go home, so they wind up hanging around the area with their new friends. How do we best serve the clients in recovery and how do we respond to their relapses in the community? Her goal is to be very specific in helping the local population in need. We are doing someone a disservice if there is not a spectrum of support in place.

Georgia Neill stated that most of the local Gosnold clients do have some sort of housing, although it may not be very secure. It is very important to serve the clients newly in recovery who do not have secure housing; it is a fragile population. The therapy component could be worked out, as needed, for the residents of the house.

Cid Bolduc suggested that the Foley House population could be a test situation.

Mr. Gates described the early years of Foley House as being for HIV+ people who were chronically homeless with a hospice component. Now, it is more long term, stable housing for HIV+ people run by the Provincetown Housing Authority and managed by the Aids Support Group. It is funded through a voucher system and the Department of Public Health.

Martha Gordon thinks that a collaboration with Wellfleet would be beneficial. In February, Recovery 349 held a forum attended by 75 people. The response from the attendees who are in recovery was that “after care” was of utmost importance – sober housing, job rehabilitation and other support services. Ms. Gordon asked what is the plan for clients leaving a sober house?

Mr. McGonigle responded that, in his experience with a year-long sober house residency, provided the tools and intensive therapy sessions that enabled him to get his own place. If you give someone the support and a place to live for a year or two and they are not ready to live independently, it is not your problem. There is only a certain length of time a sober house can go. If someone follows the guidelines it works. It comes down to how willing are you to stay clean?

Ms. King asked if sober housing is regulated by the State? Has it changed? Mr. Katsurinis replied that he thinks it is regulated through the funding mechanism. The regulation describes what a sober house is in order to get State funding for it. Ms. King asked how do we put in place protections for clients to ensure a profit making sober house is run properly and provide quality services? There are some holes in services out there.

From the Board of Health perspective, it sees a need and wants to connect people with the services, in a broad level. If there is a for-profit model out there that works, it does not make him automatically against it.

Ms. Neill added that there is a certification a sober facility can get. It is spelled out and leads to a quality home. Ms. King suggested that the Board of Health build in a requirement for this certification. Mr. Katsurinis replied that the Town cannot regulate something that the State has already regulated. The Board of Health can help enforce the regulations.

Mr. Katsurinis summed up that the lack of data has to be solved before we can determine which population we can effectively serve. He would like to focus on getting the data that is needed for the outer Cape as a whole. Ms. Gordon suggested that Barnstable County could do some of the research.

Mr. Katsurinis suggested that we want to know the following data:

- ~Who many need treatment?
- ~ Who needs treatment, but can't get it?
- ~Who is in treatment on the Outer Cape? What kind of treatment?
- ~Who defines themselves in recover and has housing?
- ~Who defines themselves in recover and does not have housing?

Mr. Donegan said there is a path to recovery. What is the barrier to getting it done? What are the steps to come into place to accept funds and solicit funds? Our behavioral health professionals are over-burdened. There is no housing. If it is purely a real estate problem we have \$1,500,000 in trust for housing that may begin to address this. Three people may not qualify for affordable housing, but a market rate house may be different. This may be the simplest problem to solve because we have needs that across all groups.

Ms. King stated that affordable housing requires several background checks and credit checks in order to qualify. It is a complicated process. Affordable housing is very different from sober housing. She is not sure that someone struggling with addiction or in early recovery would have the wherewithal to pass these tests. She also mentioned that there is a lot of money coming from the federal Government to address the opiate crisis. Maybe there is a way to get the money because of the opiate crisis and have that umbrella cover people who have other addictions. There are special earmarks for rural communities.

Ms. Jarusiewicz pointed out that all non-profits have data. Outer Cape Health for example must have some data we can start with. Then we can get a sense from the community of where the need is greatest.

Mr. Phillips stated that we should choose something that is achievable to focus on first and do it well. Then it can be expanded upon into more complex needs. Do we want to focus on alcohol addiction or other substance abuse? If it is substance abuse, do we focus on a particular substance? Do we want acute housing or housing for someone who is relatively stable? The answer to these questions would help us focus on what we want to do.

Mr. Katsurinis asked how do we make that decision without the data?

Ms. Ireland said that it is an entirely different staff you need for acute care. Mr. McGonigle said that there is usually 30 days of treatment before someone can enter a sober house.

Ms. Gordon mentioned that she takes calls for Open Door from people looking for a place to stay who can't be admitted to Cape Cod Hospital because they haven't over dosed. It is almost impossible to help them. They go back on the street after detox.

e. Mutual and Individual Next Steps

Mr. Katsurinis would like to convene a group of providers who can share the data they have access to. Are we asking too much from the providers to share their data and to design a model? The Health Agent will be asked to convene a working group of the local providers

Ms. Hansen said she would love to be part of this. Outer Cape can come up with data from electronic records.

Ms. Jarusiewicz said that any trends should be noted and anecdotal information should be provided, as well

Mr. Donegan mentioned that the State is encouraging Provincetown and Truro with funding to come up with regional solutions and expansion of services together. This may be a place to use the State Compact funding.

Mr. Katsurinis responded that perhaps the Truro and Provincetown Boards of Health should have a joint meeting to discuss this. Wellfleet should be included, also.

Ms. Neill said the Department of Public Health has data available. Anytime someone enters an addiction program, the provider fills out a form detailing drug of choice and housing questions. She realistically doesn't have time to reach out to DPH on this.

III. Questions

Ms. Gordon mentioned there is a program called Housing First in Colorado she has been trying to get more information about. It is a whole housing complex model for recovery.

IV. Approval of Minutes

June 21, 2016

Motion: *Motion to approve the minutes of Tuesday, June, 21, 2016*

Motion: Betty Williams Seconded: Mark Phillips Vote: 3 – 0 - 0

Mr. Katsurinis informed the attendees that a working group for provider to discuss data and sober housing models will be scheduled. The next meeting will be sometime in the next 6 to 8 weeks.

Mr. McGonigle suggested that someone reach out to the Community Housing in Eastham.

Adjournment:

There being no further business, the meeting was adjourned at 3:35 pm.

Respectfully submitted,

Susan Leonard

Approved by _____ on _____, 2016