

Responses to the Recovery House Questions from 2/9/15 Drafted February 2015

Category I: CITY

1. How was or is this legal? Can we stop this in the future, why or why not? What are the zoning implications and rules applied to this house?

The Hancock County Regional Planning Commission was contacted prior to looking at any home for purchase. We were instructed that the current zoning for Findlay indicates that 5 unrelated adults can live in any residential area of the city. The proposed recovery home comes under this code. In addition, individuals in recovery are a protected class under the Federal Fair Housing Law. As a protected class, they have a right to live anywhere you or I would be able to live.

2. What are the crime rates in Findlay? Greendale?

Please reference the tables below. Unfortunately, given the tight time frame I could not get any neighborhood-specific area information at this time. Our office was able to contact an officer at the Findlay Police Department and he is going to be looking into the crime rates in three different areas/neighborhoods and sending me that information. He said he is new to the job and it would take him a couple days, but he would see what he could do. I will forward you this information once he contacts me.

3. Agency Name	Population	Violent Crime	Property Crime	Murder	Forcible Rape	Robbery	Aggravated Assault	Burglary	Larceny	Motor Vehicle Theft	Arson
Bluffton	175		3					1	2		
Findlay	41,348	77	1,605		19	20	38	262	1,320	23	5
McComb	1,655		5					3	2		
Fostoria	2,942	4	46		1	1	2	17	28	1	
Hancock County Sheriff	28,931	4	248		1		3	90	151	7	

Crime by county 2012 source: http://www.ocjs.ohio.gov/crime_stats_reports.stm

	Violent Crime	Murder and no negligent manslaughter	Rape	Robbery	Aggravated Assault	Property Crime	Burglary	Larceny-theft	Motor Vehicle theft	Arson
Hancock	5	0	2	0	3	198	76	120	2	1

Source: Table 10 – Offenses Known to Law Enforcement by Ohio Metropolitan and Non-Metropolitan Counties, 2013 FBI

City	Population	Violent crime	Murder and no negligent manslaughter	Rape	Robbery	Aggravated assault	Property crime	Burglary	Larceny-theft	Motor Vehicle Theft	Arson
Findlay	41,660	75	1	12	18	44	1,452	221	1,204	27	3

Source: Table 8 – Offenses Known to Law Enforcement Ohio by City, 2013, FBI

Category II: ADAMHS

1. Why communication was handled the way it was? How will future communication and education be handled?

The Board is here to serve and advocate for two of society's most vulnerable populations: those with a mental illness and those who suffer with substance abuse disorders. These are individuals like you and I who just happen to have an illness. As such, they are not subject to scrutiny related to where they choose to live any more than you or I. The Board followed the same procedure that has been done with each of the properties we own (we currently own 11 properties, including Greendale). That process includes: identifying the need for housing; clarifying the zoning that is needed in order to provide that type of housing; identifying properties that meet zoning requirements; purchasing the property and then informing the neighbors (usually via invitation to an open house). In the event we are unable to find a property that is zoned appropriately, we approach the zoning board for changes.

Greendale is the first time that this process has resulted in resistance to our efforts. As a result, our Board will certainly review the process to determine if changes need to be made.

The Board communicates with the general public in a variety of ways: we produce a by-monthly electronic newsletter; host a Facebook page; and publishes an annual report. In addition, there are multiple press releases sent that often result in newspaper articles, radio interviews, press conferences, etc. All meeting of the Board, our Committees and Sub-Committee are open to the public. Regularly scheduled meeting are posted on the website as well as copies of our Board and Committee meeting minutes. The Board is open to hearing about any additional methods of communication which would be beneficial to the community.

2. What are the future plans for this house, the men's house, addiction education and overall care for those in recovery?

The plan is to open two recovery homes by the close of this fiscal year (June 30, 2015); one for women and one for men. Having multiple homes in one neighborhood is contraindicated by science because you don't want to have a concentration of any particular population in a geographic area. We wouldn't want to say "all individuals with mental illness or all individuals with a substance abuse disorder" live a one area any more than we would want to do housing by any other disease, like "all those with cancer" live a specific part of town.

In the spring of 2013, the ADAMHS Board engaged the consulting services of Dr. Michael Flaherty, a nationally known expert in the field of addictions to help our community. With his help, our Board has made a commitment to develop a recovery oriented system of care (ROSC). We started with a large community forum to engage as many members of the community as possible with our efforts. From this, we adopted a "Preamble" that includes our principles of recovery as well as components of a ROSC. This work was then translated into a ROSC Implementation Framework that has become the Board's Strategic Plan. We have chosen this direction because research demonstrates ROSC provides the greatest opportunity for individuals who have an addiction to succeed in their recovery.

A ROSC requires the development of multiple services; the implementation of new assessment and intervention strategies; mobilization of recovery supports; prevention and early intervention; and ongoing evaluation of our efforts.

Recovery Housing is just one component of a ROSC. Our Board was fortunate enough to secure funding for the purchase of two recovery homes; one for men and one for women. These homes are a resource for individuals who have already demonstrated a commitment to recovery and need additional time and support to get their lives back together.

The existing structure to address the transformation of our system into a ROSC includes the following:

ROSC (Recovery Oriented System of Care) Initiative Committees

Purpose: To provide an opportunity for a recovery experience for individuals impacted by substance abuse.

ROSC Leadership Committee: Comprised of a cross section of individuals from the community. Group meets the 3rd Thursday of each month from 7:30 a.m. -8:45 a.m. at the ADAMHS Board Office. This group oversees the overall implementation of ROSC initiative in Hancock County.

Housing Sub-Committee – Working on ensuring there is access to recovery housing. This group meets the 3rd Thursday of each month from 11:30 – 1:00 p.m. at the Board office.

Peer Support Sub-Committee – Working to develop a local peer coaching system so that individuals can be matched with a volunteer that has a lived experience and assist with the implementation of an individual’s recovery plan. This group is also working on transforming our local drop in center, Focus on Friends, to a Recovery Support Center.

To get involved with any of these committees, please contact Amber Wolfrom at awolfrom@yourpathtohealth.org or call 419.424.1985.

Opiate/Prescription Drug Abuse Task Force

Purpose: This group was established in the spring of 2010 to address the Opiate Epidemic. There are three standing committees. Committee Chairs are working to expand use of SBIRT (Screening, Brief Intervention and Referral to Treatment)

Community Awareness Committee- This committee focuses on general community awareness of this issue as well as ensuring ongoing medication collection efforts.

Education Committee- This group is focused on getting education on the issue into our local schools at all education levels.

Medical Committee- This group is focused on educating the medical community; review of overdose deaths; working with pregnant moms; and the distribution of Narcan.

To get involved with any of these committees, please contact Zach Thomas at zthomas@yourpathtohealth.org or call 419.424.1985.

Majors Accomplishments to Date:

- Establishment of a Criminal Justice Division at Century Health – Eight full time direct staff with one full time supervisor
- Continuation of the Performance Improvement Grant by Adult Probation to assist with the cost of the Criminal Justice Division
- Secured Criminal Justice Framework Grant to build policies/procedures for accessing behavioral health services for corrections.
- Full funding for the purchase and renovation of a residential treatment facility.
- Establishment of an Employment Navigator at Job Solutions to assist with a hard to employ individuals
- Implementation of Medicaid Expansion and the Health Insurance Exchanges- Century reduced those without coverage from 40%-10%
- Trauma Learning Community Initiated
- Proposals submitted for:
 - purchase of two recovery homes
 - grant to hire a consultant to put peer coaching in place/recovery support center
 - direct contracts with A Renewed Mind and Choices to increase access to MAT
 - access to detox services
 - expansion of employment services

3. What are the qualities of a good Recovery Home site? Is ADAMHS willing to move the house somewhere else? What locations have worked elsewhere? Why didn't ADAMHS sell the house? Was the location next to the school considered a safety issue?

Recovery housing has been around since 1846. It is also known as recovery residence, sober homes and sober living. Recovery homes exist in all types of neighborhoods. Recovery housing programs tend to fall into four broad categories or “levels” as defined by the National Alliance for Recovery Residences (NARR). The proposed women’s recovery home is a Level II: monitored peer-run residences with a dedicated house manager. Recovery housing is distinct from addiction treatment by its: “homelike environment, self-determined lengths of stay, democratic self-governance, and their reliance on experiential rather than professional authority – no paid professional staff” (White, Kelly and Roth 2012) Recovery housing offer a structured environment with support services, predominantly facilitated by peer providers, for people in recovery to gain access to an interim environment where they can transition from rehabilitation environments to their former lives.

Factors that impact recovery housing include: the neighborhood location; stigma and community attitudes. Smaller, self-governed programs, particularly peer-run and monitored homes, are the most vulnerable to community dynamics. Support from the communities in which they reside is a crucial element for long-term stability.

Social support, self-efficacy, and length of stay in residence (six months or more) are all key components of recovery housing, directly affecting recovery outcomes, including the probability of a relapse.

Longitudinal studies of peer run recovery homes have shown that after 24 months, when compared to individuals who returned to their communities of origin after treatment, peer-run housing residents had significantly better outcomes, including: decreased substance use, decreased rates of incarceration and increased income (Jason et al., 2007a; Polcin et al., 2010). Furthermore studies have shown that living in recovery housing also led to higher rates of employment, ranging from 79-86%.

Although the size and density of the homes influence perceptions, studies have shown a correlation between larger house size and decreased rates of criminal and aggressive behaviors among residents. (Jason & Ferrari, 2010).

The decision about whether or not to move from the Greendale location will be a decision of the full Board. At the January 5, 2015, a commitment was made by the Board Chair, Brian Clark to bring the issue back to the Board for consideration.

There was a letter submitted to the Board office by Mr. Quarrie on 1/20/16. The letter indicated that the offer would expire by close of business on January 27, 2015. This did not provide our Board with ample time to discuss and/or work out any details related to the content of the letter.

The women in the proposed recovery home already have a period of abstinence and are required to participate in peer recovery services. They are considered to be “individuals in recovery”. There are individuals in recovery everywhere: in our schools; churches; places we eat, shop; play, etc. As a result, children are exposed to persons in recovery on a daily basis. It is for this reason that there is no literature or research to support that a recovery home not be close to a school-they are at no more greater risk than anywhere else in the community.

4. How will this impact the levy? Was tax money used for this house? Why buy such an expensive house?

The controversy and division of opinions related to the recovery home will likely have a negative impact on the levy. The Board has benefited from levy support since 1967. It would be devastating to our local system if the levy were to fail. Many are not familiar with the scope of services/programs funded by the Board. The Board funds multiple services for individuals of all ages. This includes, prevention, education, early intervention, treatment and recovery supports (housing, employment, peer support, etc.).

There were two grants awarded to the Board to assist with recovery housing. Each grant provided for 50% funding of the purchase of two homes and 100% of the cost of operations for FY'15. The matching funds for the purchase of the homes come from the Board levy dollars.

The criteria for the home, which were established based on a combination of a review of the literature, attendance at statewide trainings and input from our ROSC and Board Committees, included the following:

- A home with a master suite (so the houseparent would have their own bedroom/bathroom). This was deemed important since the houseparent lives/works at the home full time.

- Individual bedrooms for each resident to avoid the possibility of any confusion over who is responsible for what as well as provide each resident with their own personal space.

- A home near employment opportunities

- A low crime neighborhood

- Low maintenance construction (i.e. brick or siding; good windows; furnace, etc.) in order to keep expenses down in the future once grant funds are no longer available

- The ability of the structure to sustain the 30 year program mortgage imposed by the state as a result of using capital dollars to purchase the home

- Move-in ready since the funds have to be expended by 6/30/15. This prevented the option of build and/or renovate (the use of public dollars requires publically bidding the project, and paying prevailing wages)

Six homes were viewed by the ADAMHS Board Property Manager, Executive Director and a member of the Board. Subsequently two homes were viewed by ADAMHS Board Maintenance Staff and another Board member. The Greendale house was the only one that met 100% of the above criteria. As a result, the recommendation from the ROSC Housing Committee as well as the full Board was to move forward with the purchase of the Greendale property.

5. What are the structure, process and experience of the Board in relationship to the Recovery House?

This is the first recovery home in Hancock County; however the Board has owned properties for many years. The Board purchased its first property in 1991. To date, and including the Greendale home, the purchase owns 11 properties. We have 39 bedrooms across these properties that are rented to individuals with a mental illness and/or substance abuse disorder. Below is a brief description of each property.

The home on Brookside is a 5 bed group home that is staffed 24/7. It is used primarily for crisis stabilization in order to prevent inpatient admission to a psychiatric unit and/or early discharge from a psychiatric inpatient unit.

The two homes on Lotze are known as “Dysinger Lots”. These are each two bedroom homes and are used for independent housing of individuals who have a mental illness and/or a substance abuse disorder that are also low income and not eligible for other housing options in the community.

Greendale is a 5 bedroom home to be used as a Women’s Recovery Home. It is currently unoccupied while the Board does its due diligence as to if the home should remain in the neighborhood.

The two apartment buildings on Grace Blvd each have two, two bedroom apartments. They are used as independent housing of individuals who have a mental illness and/or a substance abuse disorder that are not eligible for other housing options in the community.

The Carnahan property is our Board office.

The Trenton Ave. property is a recovery support center (Focus on Friends) for individuals who have a mental illness and/or a substance abuse disorder.

Main St. is a 3 bedroom home, housing individuals who have a mental illness and/or a substance abuse disorder that are not eligible for other housing options in the community.

Sterling Court is a duplex, with two bedrooms on each side of the duplex. It is used to provide independent housing for individuals who have a mental illness and/or a substance abuse disorder that are not eligible for other housing options in the community.

Blanchard St. is known as Basu Point. There are 15 efficiency units and a one, one bedroom unit for an on-site manager. It is used to provide supervised housing for individuals who have a mental illness and/or a substance abuse disorder that are not eligible for other housing options in the community.

Category III: Education

1. What is addiction and recovery? What is the prevalence in Findlay? Greendale? What recovery systems exist, how do they work, and where is this house in that process? What is the success rate of recovery?

A substance abuse disorder can include use; abuse or addiction. Once someone is addicted to a substance, they are physically dependent. Recovery is when an individual who either abused a substance or became physically dependent on a substance stops using the substance and begins to put their life back together. There is no “one path” to recovery. For some, outpatient counseling is enough; others need the addition of peer supports (peer support services; AA; NA; SMART Recovery, Recovery Support Center, etc.) Others may need inpatient care, residential treatment, detox services, etc. A recovery home is a recovery support service. Individuals who live in a recovery home have a period of abstinence of at least 30-90 days. They are also required to be linked with peer support services.

The success rate of recovery is highly variable. Factors that impact recovery include:

- age of onset
- length of use

- substances abused
- length of abstinence
- family history
- availability of peer and family support
- compliance with treatment interventions
- severity of addiction
- person health status
- social factors such as housing and income

In 2010, the Journal of Substance Abuse Treatment published the results of an exhaustive study on the statistics for former residents of sober-living communities. The research found that at six-month intervals ranging up to 18 months post-treatment, recovering addicts who passed through some kind of structured sober living environment were significantly less likely to face relapse, arrest and homelessness. One of the key findings of the study was that a major factor in the improved outcomes for the subjects was the large and mostly positive community of support that was established in the very early days of sober-living.

2. What information do you have on safety, property values, and recovery for similarly located recovery houses?

The response to this question can be found in Category V: Neighborhood

Category IV: House

1. How will this property/program be maintained both financially and physically?

Property maintenance and upkeep is built into the Housing budget prepared by the ADAMHS Board Office. This budget is part of the larger ADAMHS Board budget and will be adjusted accordingly, as is done with all the other properties owned by the ADAMHS Board.

As this property will be added to the current ADAMHS Board housing portfolio (11 properties, including the Greendale home), the ADAMHS Board Property Manager and Maintenance Staff will be responsible for any major maintenance concerns. The residents of the house and the Resident Manager will be responsible for minor maintenance and upkeep. Minor maintenance concerns consist of simple tasks such as replacing lightbulbs, replacing HVAC filters, cleaning, etc. Major maintenance concerns consist of anything that requires specific time/expertise ranging from plumbing, HVAC, electrical or equipment malfunction, etc.

The Board Property Manager does annual health and safety inspections, often performed more frequently or as requested by residents. In addition, all Board properties are certified by the Findlay Fire Inspector to ensure that all safety/building/fire codes are in compliance. Finally, the Board performs preventative maintenance on all properties in order to mitigate issues that might arise in the future, to ensure that the issues do not become significant and costly. In addition, the ADAMHS Board contracts

for lawn services and snow removal services, and these are provided at all properties within the Board housing portfolio.

If at any time, neighbors have maintenance concerns, they will be welcome to contact the ADAMHS Board to bring issues to light. The ADAMHS Board Housing Program prides itself on providing quick and efficient service to maintenance requests whenever possible.

2. What programs will be put in place to aid in recovery? How will the hostile environment affect their chances?

Per state requirements, no specific recovery programming is to be delivered in the Recovery Residence itself. However, to live in the house, women will be required to sign and adhere to a Program Agreement which will secure their room in the house, and the House Rules. These documents dictate the everyday happenings within the house and indicate that women must seek outside recovery programming as necessary to continue residency. Informal programming, such as Bible Studies, faith-based meetings, book groups, movie nights, etc. may be offered at the request of the residents and as these supports are approved at weekly House Meetings.

A key component of outside programming supports will come from Focus on Friends, a peer-led recovery center. As part of their Program Agreement, signed upon move-in, residents will agree to be responsible for creating and guiding their own Recovery Goals. This will be facilitated by peers with lived experience who receive over 40 hours of training from the state of Ohio through the Ohio Empowerment Center to provide Peer Support, and also by Recovery Guides, trained volunteers with lived experience who come alongside these women to help them achieve and work toward their Recovery Goals. This is the best possible avenue for successful recovery, as it will be controlled and guided completely by the individual desiring recovery, and not rules or stipulations provided by a clinical treatment agency. Self-directed recovery creates greater maintenance of long-term recovery. While their recovery will be self-directed, each individual living in a Recovery Residence does have criteria they must follow in order to live in the home.

Given that structured programming is not directly provided in the house, things like life skills will not be formally taught, however, the women living in the Recovery Residence will have direct access to the Recovery Center at Focus on Friends where many different life skills will be provided. Examples of these include, but are not limited to: money management, coping skills, personal crisis management, resume building, interviewing, job skills, computer literacy, basic life skills such as cooking, lots of “how to access” skills such as transportation and resources. In addition, recovery support groups will be provided.

Other support provided for residents will also be dictated by personal needs and desires. These supports could include, but are not limited to: clinical treatment services; employment support and assistance, transportation, faith-based support, connection to healthcare providers, etc.

When a woman leaves the residence, they will remain connected to the Recovery Center at Focus on Friends and will also continue to be connected with their assigned Recovery Guide. This individual will continue to provide accountability as someone to check in with and to help each woman reach and maintain long-term recovery. These Recovery Guides are trained in Motivational Interviewing, which will help them to address issues that might arise, such as hesitancy to continue to engage in recovery supports. Through this maintained Recovery Guide connection, each woman will have the opportunity to increase their involvement in recovery supports for others and in the peer-led Recovery Center at Focus on Friends, as necessary per their recovery plan.

3. What are the relapse rates and the risks for the community? How often will drug testing happen?

Toxicology testing will occur randomly and upon suspicion of use, should that arise. Toxicology testing will be performed by the Resident Manager using the same methods that Findlay Municipal Court uses, which are admissible in a court of law. If a resident tests positive, they will be immediately dismissed from the program and the residence. In addition, if there is a positive test in the house, the whole house will be searched in order to ensure the safety and wellness of all other residents. This may be conducted in any number of ways, up to and including the possibility of having law enforcement run dogs through the house.

Prior to moving into the home, each resident must have a verified emergency/contingency plan. If a resident is dismissed from the house for any reason, the emergency/contingency plan in place will be activated. This will include, but is not limited to, an emergency contact that will be available to pick them up from the house and a plan to reconnect with treatment services.

Ideally, if relapse occurs, the risk to the community will be minimal. If drug paraphernalia is discovered, staff will contact Law Enforcement and the issue will be turned over to them. If no paraphernalia is discovered and the individual simply failed a toxicology screen, they will be dismissed from the program and redirected toward treatment.

4. What criteria will be in place for the women? How will the residents be chosen? Where in recovery will they be?

In order for a woman to be considered for the house, she must first submit an application to the ADAMHS Board. The application asks many basic questions about demographic information, employment, benefits, children, income, legal issues, medical information, and current treatment providers. In addition, because of the specialized nature of the Recovery Residence environment, there are twelve questions that directly pertain to the woman's path to recovery, why she's seeking this type of residence, and what has/hasn't worked for her in recovery thus far.

In order to be a viable candidate, the applicant must have at least 30-90 days of sustained recovery, although the latter end of that spectrum is preferred. The applicant must not have any significant violent or aggressive criminal history, which will be verified through the appropriate channels. Individuals with a sex offender designation will be considered. Finally, the applicant must be willing and able to submit to the criteria set forth as requirements for living in the Recovery Residence.

Once the application is received by the ADAMHS Board and reviewed for initial appropriateness and viability, the applicant will be interviewed by a representative committee of all parties involved. The committee will be comprised of at least the following: the ADAMHS Board Property Manager, the Focus on Friends Recovery Support Supervisor, the Resident Manager, and an individual with long-term, sustained recovery.

If the interview goes well, the applicant is still interested in living in the home, and the interview committee feels that the applicant is an appropriate fit, a meeting with the current house residents will be set-up, as a group interview. Typically, this will take place at the weekly house meeting. At that point, if the applicant, the residents and the Resident Manager believe that the applicant is a good fit, the move-in process will commence.

5. What kinds of rules will be expected? (I.e. Chores, jobs, daily routine, freedom)

To live in the Recovery Residence, individuals must adhere to both a Program Agreement and a set of House Rules. The Program Agreement encapsulates the basic premise of what the Recovery Residence is and isn't, how it will support the individual on their path to recovery, and provides specific information regarding programmatic stipulations such as: when to pay their program fees, how much is to be paid, and what to do if they are unable to pay. In addition, the Agreement provides basic stipulations about abstinence from alcohol and other drugs, toxicology testing, and what their rights and expectations are as a resident of the house, specifically in terms of self-regulation. For example, the Program Agreement states that all residents must seek employment unless there are extenuating circumstances that have been discussed with and approved by staff. In addition, each resident must pay a program fee to reside in the house, which is used to keep the house sustainable and maintained.

The House Rules encapsulate some of the same issues, but more diligently address day-to-day house proceedings, as well as what it looks like to be a good neighbor within the house and outside of the house. For example, the rules outline smoking policies, curfew, and vehicle requirements, if kept on the property.

Chores will be assigned at the weekly house meeting and agreed upon by all residents. The Resident Manager will ensure compliance.

6. Why not more qualifications for the supervisor? What will be done to ensure the safety and security of the women?

Experience is our best teacher. Residents are more likely to relate to a houseparent that has “lived experience”. More qualifications for an individual in recovery does not mean that that the individual in recovery is more successful in their recovery plan. Unlike in the field of education, where obtaining more degrees indicates greater expertise in the subject matter, recovery is an individual pathway that looks different for every person who is pursuing it. In addition, the skills that will best suit the Resident Manager are not skills gleaned from extensive education, but rather from long-term recovery and attention to detail. There are fairly stringent criteria that have been set forth for the Resident Manager which are outlined in the Position Description below. The individual must also live on the premises, in the house. Creating further barriers to employment in terms of qualifications would make it much more difficult to find an appropriate fit for the position.

Position Description:

This position requires a detail-oriented individual with leadership skills and a passion for helping others recover from a substance use disorder. The Recovery Residence Manager is a full-time, live-in professional with the responsibility of managing and coordinating the Recovery Residence. This includes duties related to administration, housekeeping, and daily living. This position works directly with women in early recovery, providing structure and support to women seeking to establish stable long-term recovery from a substance use disorder.

The Recovery Residence Manager works with women seeking recovery from the time they apply for entry into the program to program completion, or transition to housing in the community. This position is responsible for all program entry and exiting procedures. The Recovery Residence Manager oversees daily operations of the Recovery Residence. This includes managing and coordinating daily housekeeping tasks, leading weekly “House Meetings,” conducting inspections, and making arrangements for random drug testing. This position is also involved in supporting residents to develop recovery plans and teaching residents skills needed to live in recovery. The Recovery Residence Manager works as part of a team and receives regular non-clinical supervision

Candidates for this position must be able to maintain organized records, communicate effectively both orally and in writing, and be able to interact appropriately and professionally with women who are working on their recovery. Candidates must also be able to effectively handle emergency/crisis situations as they arise.

REQUIRED QUALIFICATIONS

- High School Diploma, GED, or willingness to obtain GED
- Must have 2 or more years of sustained recovery from a substance use disorder
- Willingness to obtain additional education including Ohio Peer Supporter training, Basic First Aid, CPF, Mental Health First Aid, and drug testing procedures

- Must be able to live in a shared living situation with other women. Requires maintaining a visible presence in the Recovery Residence, including being present in the residence at night.
- Must have minor house maintenance/repair skills
- Basic computer and keyboarding skills (i.e. Microsoft Word, Excel)
- Knowledge of community resources

7. What will the turnover rate be?

Turnover will be based on the choice of the women living there. A common misconception is that these women are somehow forced to reside in this home. That is not the case – all women will reside in this home by choice. If at some point, they decide they no longer want to live in this home, for reasons of their own choosing or as indicated by their actions, they will then be given the opportunity to leave.

From research and statistics provided about other similarly run, similarly sized Recovery Residences, the average length of stay is about 12 to 18 months. (The best outcomes are achieved with residents stay in the home for at least six months.) This timeframe gives the residents plenty of time to rebuild their lives, sustain stable employment, and work toward achieving other goals they have set for themselves. Since the living environment is so restrictive, typically after this time period, the residents are interested in moving on, moving out into their own apartment or home and achieving newfound stability in the community. There is no imposed limit on the length of stay.

8. Will visitors be allowed and how will that affect the safety of the community?

Visitors to the home will be strictly monitored and will only be granted access to the house by way of staff and resident approval. Visitors are allowed during daytime hours, only with approval by Staff with prior notice of the intended visit. In addition, if other residents in the home are uncomfortable with the visitor for any reason, the visitor may not be permitted to visit. Overnight visits, with the exception of biological children under very specific circumstances, will not be permitted. Visiting areas are restricted to the living room, den, dining room, and the back porch. If a resident of the home does have a visitor, they will be held to the same standards and expectations as the resident. If the visitor cannot comply with those standards and expectations, they will be asked to leave and, if they refuse, law enforcement will be involved.

As visitors will be required to gain prior approval and will only be allowed in the house while staff is present, it is unlikely that the safety of the community would be at risk. However, if a situation arises that would jeopardize the safety of anyone involved, law enforcement will be involved. If the visitor is the cause or instigator of the situation, they would not be allowed to visit in the future. Legal recourse in these situations could mean involving a Protection Order on behalf of a resident or a Trespass Warning, both of which would provide legal and law enforcement protection for the resident and the community against any unwanted visitors.

Category V: Neighborhood

1. What does research indicate about property values?

We have not found any factual information to support that property values will decrease. According to NARR (National Association of Recovery Residences): “The American Planning Association’s Policy Guide on Community Residences (1997) reviewed more than 50 studies and concluded that community residence such as group homes and halfway houses do not have an effect on the value of neighboring properties.”

According to a Fair Housing Toolkit developed by the Housing Alliance of Pennsylvania, “Pick any community in which some form of affordable housing is proposed and you can predict the main arguments of opponents: it will lower property values; crime rates will increase; and the character of the neighborhood will change. While extensive research over more than 25 years has disproved these concerns, they are still raised anew in almost every conflict over affordable housing. Well over 100 studies, conducted by prestigious universities, state and federal government agencies, accounting firms and planning organizations, have concluded that neither conventional public housing, nor affordable private units, nor group homes for people with disabilities has a negative impact on surrounding properties.”

Oxford House Inc. advised that new houses be established in safe, low crime , economically stable neighborhoods with minimal opportunities for relapse (Oxford House, 2002), and research on Oxford Houses indicates that they are typically located in these types of neighborhoods (Ferrari, Jason, Blake, Davis, &Olson, 2006; Ferrari et al., 2009).

2. How might safety be ensured (ex. Increased patrolling by the police)?

Safety of the residents and of the community has been addressed in previous questions. Through discussions over the past two months there has also been a recommendation to add a security camera. If interested, the Board would be willing to initiate efforts to get a “block watch” program up and running in the neighborhood.

The previously referenced Fair Housing Toolkit also states “studies of affordable housing, group homes and emergency shelter have concluded that crime rates are no higher in proximity to those units than in comparison sites.”