

Providence Journal – “Unregulated sober houses are a vital resource”

By Tom Mooney, Journal Staff Writer

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## *Unregulated sober houses are a vital resource*

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Sean Barker, who had been treated for heroin addiction for years, was found dead at Jeremiah House, a sober house in Warwick, in 2006. He is shown with his mother, Janina Fera, at his wedding in 2003. Fera has lingering questions about her son's death.

Photo courtesy of Janina Fera

Late day sunlight streams into the house that serves as Tami Jarvis's oasis, when her cell phone starts ringing.

“Hi honey,” she says to her 11-year-old daughter. Angelica is home from school. She wants to know when her mom plans to take her out shopping for a little friend's upcoming birthday party. “I'll call you back in a little bit,” Jarvis tells her.

For the time being, Angelica lives with her grandmother while her mother, a recovering heroin addict, tackles the daily challenge of sobriety in this inconspicuous Cape, known to its seven housemates as Miracle House.

“When people come out of prison or finish a treatment program, they say: ‘What do I do now? How do I pick myself up?’” says Jarvis, who is 35. She’s lived at the house in Cranston since October and works part-time at a local coffee shop. “Most addicts don’t have a home or even basic necessities like food and clothing. Places like this help us get back on our feet. I want to get my life back.”

For years sober houses, like Miracle House, have been critical way stations for recovering alcoholics and drug users; low-profile, often self-run establishments where, through group support and abstinence, the addicted have a chance to go clean. Hospitals and detox centers discharge patients to them. Paroled prisoners pass through as part of their gradual return to society.

But for such a vital link in the recovery process, sober houses remain unregulated endeavors whose eligibility standards and services vary widely. Some, like Miracle House, operated by the Rhode Island Council on Alcoholism and other Drug Dependence, require tenants to submit to random urine screenings, attend regular addiction meetings and participate in counseling programs. Many others have few eligibility requirements and provide little more than a bed.

Yet 40 sober houses in Rhode Island have shared in an \$8.3 million federal grant that since October 2007 has, among other things, subsidized the rent for tenants like Jarvis.

Even the biggest advocates of sober houses say it is time to implement standard services to better serve clients who desperately need them.

“One of the things we heard over and over again from folks was they had difficulty identifying where sober houses were and what services they offered,” says Sandra Del Sesto, director of the Institute for Addiction Recovery at Rhode Island College, which last year set off to inventory all the houses in Rhode Island.

How many sober houses are actually in the state?

“We have absolutely no idea,” Del Sesto said as the inventory began. Many sober houses have been around for years and are affiliated with agencies, such as the Rhode Island Council, which provide reputable treatment programs. Others have no connection at all to substance abuse services; they can spring up and close down within a few months, she says.

The institute has since turned completion of the sober house inventory over to RICARES, another substance abuse advocacy group. “For us,” Del Sesto says, it’s “an issue of access. It’s been a very informal service that’s been provided within the recovery community for many years... All we wanted to do was inventory them: How many beds do you have? What is the rate? Admission criteria? Kitchen privileges? Private bath? Are they on a bus line?”

Miracle House is one of 10 sober houses run by the council. Prospective tenants — many of whom are transitioning from residential treatment programs or prison — must have been sober for at least 30 days. They must attend three addiction meetings a week, have a sponsor and agree to random drug testing. Most are referred to regular counseling and are either working or actively searching for a job. They must attend regular house meetings, too.

The council prefers to call their sober houses recovery houses because tenants receive more than just a substance-free living environment, said David Walsh, who died last month after a long illness as this story was being reported. Walsh was the executive director of the council.

“Anyone who is coming into one of our recovery houses is getting a step up from just a sober house,” he said. “We’ve had some great success and we’ve had relapses, but relapses are part of recovery.”

Walsh said, “I get nervous when I hear somebody just wants to start a sober house. It sounds easy to have a piece of property and say ‘Gee, I’m going to put a sober house on it.’ I don’t know how much concern there is about the sobriety as opposed to having a house and trying to make money from it — not that you can make a lot of money by the time you pay all the utilities and expenses.”

After Rhode Island applied for the \$8.3 million federal Access to Recovery grant in 2007, the program’s Washington director, Roula K. Sweis, made several trips to the state to speak with officials at the Department of Mental Health Retardation and Hospitals who would oversee the grant’s spending.

“Very early on, the [state] administrators communicated the need to provide more structure and standardization within the sober units,” said Sweis. She recalled one conversation with Rebecca Boss, MHRH’s then-coordinator of the ATR grant. “She said, ‘we’re having issues with our sober housing. The sober houses that we have are very accustomed to doing their own thing. What we want to do is have much more vigilant supervision among the sober houses.’ ”

Sweis said “There was a need to ensure clients didn’t go into these houses and hang out for six months and that they weren’t prepared for a plan to keep them sober.”

So, with her help, MHRH officials began designing protocols that require those sober houses benefiting from ATR money to make sure tenants are at least enrolled in some substance abuse counseling, either at the house or elsewhere, when they move in. MHRH officials also improved how perspective tenants learn about sober houses.

“I was concerned that [Rhode Island] had so many sober houses enrolled, yet when you look at the list of [houses] you couldn’t tell much more about them than its name and address,” said Sweis. “Clients weren’t making an informed decision about sober houses.”

With federal funding, grant coordinators hired a photographer to take pictures of each sober house participating in the ATR program.

The photographs were uploaded to a computer program which now offers prospective tenants a virtual tour of every house, including services and eligibility standards. Prospective tenants take the virtual tour with a counselor as they prepare to leave a hospital, prison or treatment program and assess their next step in recovery.

The ATR grant initially offers each tenant about \$120 a week for rent — the average rental rate. After two months the rent subsidy gradually decreases with the hope that after five months the tenants can pay their own way.

Boss, the former grant coordinator, says if a sober house isn't complying with its protocols or not monitoring tenants the way it should, there's an investigation.

“We do go out and review sober houses that we have through ATR,” she says. “They have to supply us with incidence reports in the event of an assault, an allegation of abuse, if someone has had an overdose, was suicidal, any of those things, they have to submit incident reports to us.... And we are looking at developing a single set of standards to hold each recovery house that we're going to fund accountable for implementing.”

The goal is to prevent what happened to Sean Barker on Valentine's Day 2006.

The 32-year-old recovering heroin addict had moved into Jeremiah House, a 2½-story Victorian on Elmwood Avenue in Warwick, four days earlier.

Barker, who had been in and out of treatment programs and other sober houses for years, was discharged after a 10-day stay at Butler Hospital for his addiction and depression. The hospital arranged to have him go to Jeremiah House because no other sober house had room, said Barker's mother, Janina Fera. (Fera once worked as an assistant in The Journal's features department.)

Unlike many sober houses, Jeremiah House, which now participates in the ATR grant program, has no live-in supervisor. Instead the property's co-owner, Matthew Geisser, runs the house from his family's scale business next door. It boards about eight men.

Around 3:30 that afternoon, Barker walked over from the sober house to see Geisser, a police report states. Barker waited by Geisser's desk for several minutes while Geisser finished a phone call. Then he borrowed \$15, telling Geisser he wanted to buy his mother a Valentine's Day gift.

Barker's bed consisted of a mattress and a box spring on the floor. About 4:50 p.m. that Valentine's Day, another client in the house, Barry Beauchamp, was cooking in the common kitchen. He told the police he knocked on Barker's door to ask if he wanted anything to eat. The door was slightly ajar. Beauchamp told the police he saw Barker lying on his back on the mattress with his knees bent and that he looked dead.

The police found a syringe and an empty packet of heroin under Barker's body.

In an interview, Geisser said he often loans his tenants money: "I'd rather they borrowed the money from me than from each other so it doesn't cause problems."

Geisser says he takes in many men who literally have no other place to go. "Lots of times they've burned so many bridges their family won't take them in," as was the case with Barker. "I let them stay here or it's under a bridge."

For almost four years now Barker's mother, Janina Fera, has pondered the same questions: Did her son use the money Geisser had given him to buy the heroin that killed him? (Geisser says he doesn't know.) And why would Butler Hospital refer him to a sober house that offered so little of the services he needed?

Butler Hospital refused to discuss Barker's case, citing confidentiality laws.

Speaking generally, Dr. Alan Gordon, chief of the addiction program at Butler, said that since insurance companies no longer pay for many residential treatment programs in Rhode Island, options are limited where a recovering addict looking for transitional housing can go.

"It is unbelievably frustrating," says Gordon. "Sober houses are very critical and they are usually started by well-meaning people who I don't think go into this to make a lot of money. But for us in the field, with so much experience, we know how difficult it is to treat these people and many [sober house workers] just are not skilled."

Gordon says, "There are some that work well and some that don't. There isn't any quality control. At best they run on a shoe-string budget without any medical or professional training. Some have rules, like random drug screens, and others don't.

"So we work with those places because there is nothing else out there."

For Tami Jarvis, her sober house is indeed a miracle house.

"I know how difficult it is to get out of the cycle of addiction," she says. "Where do you go if you don't have a place like this for support? I wouldn't have the money to have an apartment if it wasn't for the ATR grant. What do you do? Where does it end? I believe it ends with me, here and now."

#### BY THE NUMBERS Sober houses in Rhode Island

In October 2007 the state began receiving federal funding through a grant aimed at curbing substance abuse. Sober houses have been one of the recipients of the Access to Recovery grant.

\$8.3 million

Amount of money the state has received through the ATR grant. \$500,000

Amount of ATR money used specifically for rent so addicts can stay in sober houses. 1,976

The number of alcohol or drug addicts who have used ATR money to stay in sober houses.40

Number of sober houses currently enrolled in the ATR program.

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