



## Bucks County Recovery House Association

PO BOX 1053 Levittown, PA 19058

Ms. Jennifer Smith, Secretary  
Department of Drug and Alcohol Programs  
2601 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110

Re: Standards for Drug and Alcohol Recovery House Licensure  
28 Pa. Code 709.131 – 709.153

Dear Madame Secretary,

Please accept this correspondence as an effort to express our concerns in regard to the new Standards for Drug and Alcohol Recovery House Licensure found at 28 Pa. Code 709.131 - 709.153. To provide context for this correspondence, it is important you understand who I am and the organization I represent.

I am the former Chair of the Bucks County Drug and Alcohol Commission, the Single County Authority in Bucks County, and am currently the Vice-Chair of the Bucks County Recovery House Association (BCRHA). I do not own a recovery house and my association with the BCRHA is strictly voluntary. The BCRHA is a group comprised of seventy-four (74) recovery houses located in Bucks County. The owners of these homes have voluntarily agreed to comply with a set of standards aimed at promoting safe and sober living for individuals in early recovery.

Furthermore, our homes have entered into a Memorandum of Understanding with the Court of Common Pleas of Bucks County that functions to promote cooperation, communication, and transparency with the Adult Probation and Parole Department and the Bucks County Correctional Facility. As a result of this long-standing agreement, probationers/parolees under supervision of the Bucks County Adult Probation and Parole Department must reside in member homes of the BCRHA if they are discharged to live in recovery housing.

The need for the BCRHA initiated for many of the same reasons that DDAP has sought to develop a Licensing Program for Drug and Alcohol Recovery Housing: unscrupulous recovery house owners taking advantage of an at-risk population that is new to recovery. In addition to mandatory standards that all houses must meet, the BCRHA has a Residential Advocacy Committee purposed to address complaints of residents, local and county officials, and residents of the communities in which the homes are located. Furthermore, and perhaps most importantly, our standards are designed to not only address the physical characteristics and appearances of a home, but also establish minimum guidelines that each home must use to monitor and promote sobriety of their residents.

As a group, the BCRHA applauds DDAP's efforts and welcomes increased standards to promote safe and sober living for those new to recovery. In fact, we believe the BCRHA and our model of cooperation with local government had potential to serve as the archetype for DDAP's Licensing Program. Nevertheless, we feel obligated to bring to your attention some issues we see as problematic,



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impractical, and contrary to the intentions of the Licensure Program. Our concerns are summarized as follows:

**A. While The Licensure Program Is Intended To Promote A Safe Living Environment For Those In Recovery, It Is Our Belief The Program Will Only Benefit Unscrupulous Owners That Have Rejected High Standards For Recovery Houses.**

In Bucks County, at least 74 recovery houses have chosen to voluntarily join the BCRHA and meet the standards required to be a member. As a result of that membership, all persons under supervision of the Adult Probation and Parole Department are required to live in a BCRHA home. This agreement is mutually beneficial for all parties: 1) residents get to live in quality, safe, and sober homes, 2) the Courts are assured that offenders on supervision are in a residential setting that offers the best chance for those in recovery to remain sober, 3) owner/members are required to communicate positive drug tests, curfew violations, and other significant events to the Adult Probation and Parole Department - thus assisting the supervising officers as to ongoing issues with their offenders, and 4) as a result of voluntarily submitting to a set of high standards and establishing a Residential Advocacy Committee to handle complaints and other issues, owners are assured that residents will be required to live in a BCRHA home and will not be able to relocate to a cheaper home that has refused to commit to BCRHA standards.

Generally speaking, the fee to live in a BCRHA home is in the range \$150-\$175 per week. This fee covers a bed, linens, basic food items, four dinners per week, and utilities. As you can see, for \$25 per day, this is a cost-effective way to obtain structured, safe, and sober living. Notwithstanding these benefits, BCRHA homes regularly lose unsupervised residents (not on probation or parole) to local houses that will not agree to meet higher standards. Residents that live in recovery houses are usually just released from jail or residential treatment. Quite literally, this population has no money and no resources. It is common for BCRHA owners to receive no payment from residents for at least 4 weeks – two weeks to find a job and another two weeks to get paid. Without the BCRHA's agreement with Bucks County to require offenders to live in approved homes, residents would undoubtedly transfer to homes that choose not to comply with higher standards in exchange for cheaper rent and more lenient rules.

This scenario happens frequently when unsupervised residents move into a BCRHA home. Without the requirement to live in a BCRHA home, these unsupervised residents are frequently "poached" or "recruited" by non-BCRHA owners at treatment or in Alcoholic Anonymous meetings. For the most part, these residents are leaving BCRHA homes to transfer to homes that are only slightly cheaper but offer less structure and more lenient rules. Although \$15-\$20 per week may seem insignificant to some, to a resident making \$7.50 - \$10.00 per hour, this is an enticing lure.

From the details released thus far, BCRHA homes have estimated they will need to raise weekly rents in the amount of \$20-\$45 to offset the increased costs associated with becoming a licensed house. What the proposed licensing program does not address, however, is that there is nothing requiring residents to stay in the licensed homes. For example:



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ABC Recovery House has decided to become a licensed home with DDAP. To comply with the requirements, they have agreed to install fire escapes to their homes' second and third floors, submit to annual audits, and comply with training requirements. As acknowledged by the proposed regulations, the owners will offset these costs by passing it along to residents in the form of rent. Accordingly, ABC's rent will increase to \$180 per week. Meanwhile, XYZ Recovery House has chosen not to become a licensed home with DDAP and their weekly rent will remain at \$155. Additionally, XYZ advertises they do not have a curfew, do not drug test, and do not incur the additional costs of licensing.

Mr. Smith is about to be released by a residential treatment facility that he was required to attend. The treatment facility refers Mr. Smith to ABC as he has no-where else to live and they are a licensed home. Mr. Smith goes to ABC and learns he is on "black-out", is unable to call his girlfriend, and is not allowed to be out of the home past 9 p.m. As required per house rules, Mr. Smith attends a local AA meeting and learns that he can save \$25 per week by moving to XYZ and will not have to pay the back rent he accrued while living at ABC. As an added bonus, he can see talk to his girlfriend and stay out to midnight or later.

From experience, I assure you that most residents will choose to move to XYZ. As a result, ABC has increased their costs AND lost a resident as a result of becoming a Licensee. In response to recovery house owners that have raised this concern, DDAP has advised that potential residents will choose licensed facilities' with higher rent as those homes offer a higher quality living environment. This response is not realistic. The biggest up-front cost of the proposed regulations is the requirement of recovery houses to have two means of egress from each floor of the home. Recovery houses are family homes, not treatment facilities. Most homes, including my personal residence that is close to 4,000 square feet, do not have two stair cases to the second floor. Effectively, this regulation is going to require all homes to install unsightly fire escapes on their neighborhood homes at a very significant cost. To think a resident very new to recovery is going to choose to pay higher rent to live in a home with a costly fire escape is unrealistic.

When Mr. Smith leaves ABC for XYZ, the result will financially reward those homes who have expressly chosen to avoid licensing and higher standards and at the same time discourage homes from becoming licensed. The missing link in the proposed licensing program is there is no requirement that the resident remain in a licensed home. The program only requires the treatment facility refer to licensed homes, not remain in one. The referral is financially irrelevant to a home if the resident can move two weeks later. This is why the BCRHA model works as residents referred on supervision must remain in approved homes and cannot relocate to cheaper houses that lack standards and associations with local authorities. As currently constructed, I respectfully submit that the Licensing Program will only encourage homes that avoid higher standards and will discourage good, quality homes from participating in the program.



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## **B. The Classification and Definition of Licensees Will Cause Them to be “Zoned-Out” of Local Ordinances**

The proposed regulations define a drug and alcohol recovery house as “a nonhospital, residential facility, providing one of the following [drug and alcohol services]:

- (i) Residential treatment and rehabilitation services.
- (ii) [Transitional living services] Housing in a drug and alcohol recovery house.
- (iii) Short-term detoxification services”

Recovery houses in Bucks County operate as family-style dwellings. Residents complete chores together, shop for food together, and prepare family meals together. Recovery houses do not provide treatment for drug and alcohol or mental health services. Their purpose is to provide a safe and sober living environment, not “residential treatment” or “short-term detoxification services” as defined.

Our recovery homes are predominantly located in areas zoned “residential”. From even a cursory reading of the proposed regulations, it appears the simple act of providing a recovery house a “license” would classify it alongside residential treatment providers and short-term detoxification centers. Aside from the goal of promoting sobriety, recovery houses have nothing in common with residential and detoxification treatment providers. Recovery houses are not halfway houses. Recovery houses have historically not required licensing by the Commonwealth because they, by definition, do not provide treatment. If recovery houses provided treatment, they would not be allowed in areas zoned residential. By changing the definition of “licensed facilities”, it is believed that BCRHA homes would immediately be “zoned-out” of residential areas.

As previously stated, we strongly encourage the Commonwealth pass legislation designed to improve the quality of recovery housing. Nevertheless, it is important to recognize that recovery house owners are an easy political target. Most recognize that recovery housing is necessary, but very few residents want to live near a recovery house. The BCRHA is strongly opposed to being classified and defined as similar to residential and detoxification treatment providers. We further aver that any houses in Bucks County that become licensed will immediately run afoul of local zoning ordinances. We believe local government will attempt to utilize this proposed legislation to “zone-out” the homes that applaud higher standards while promoting homes that will continue to operate without rules, standards, or a legitimate desire to actually help those suffering from addiction.

## **C. The Proposed Legislation States Licensees May Not Discriminate Against Medicated Assisted Treatment but Does Not Define “Discrimination”.**

The proposed regulations state that a Licensee shall not discriminate against residents that are prescribed medicated assisted treatment (MAT). While the BCRHA denounces discrimination against any person suffering from a disability, we question what discrimination against persons utilizing MAT actually means. Every owner/member of the BCRHA allows residents who are prescribed vivitrol, an antagonist that blocks receptors in the brain so they cannot be activated by opioids, to live in their



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recovery houses. Other forms of MAT, namely methadone and suboxone, are allowed by some owners, but not all. This is for good reason.

Like every community, owners of recovery houses are not homogenous in philosophy and thought. Most suffer from addiction and many have maintained sobriety via the 12 Steps taught through Alcoholics Anonymous. Many in that community hold a sincere belief that you cannot be "sober" if you replace one narcotic for another. Stated otherwise, methadone and suboxone are widely recognized as drugs that can be abused and diverted to get a person high. Accordingly, all of our owners allow MAT, but only some allow all forms of MAT.

We believe these distinctions do not constitute discrimination, but rather, personal choices by owners who have dedicated their lives to assisting others maintain sobriety. Owners can only preach what they have practiced. Alcoholics Anonymous and those who became sober through the program often believe people are not sober unless they are totally abstinent of all mood and mind-altering drugs. To require all recovery houses to accept all forms of MAT is not fair or practical.

In terms of treatment providers, some doctors prescribe vivitrol, some methadone, and others suboxone. It is rare to find a practitioner that prescribes all forms of MAT. Likewise, it is unreasonable to expect all recovery house owners to allow all forms of MAT. It is important to remember that all residents of a recovery house are suffering from addiction. To have MAT stored in the home, or even people prescribed and under the influence of suboxone or methadone, is a trigger for those in addiction. Recovery houses owners should be afforded the same discretion as doctors. It is inappropriate for owners to discriminate against MAT, but they should certainly be afforded the ability to decide which form of MAT is best for their homes.

If owners cannot decide which form of MAT is best for their houses, I do not foresee any owner/members of the BCRHA applying to become a Licensee. We believe it is possible to respect the personal philosophies that have led our owners to become pillars of our recovery community while still offering diverse housing options for residents. We respectfully request clarification that requires all owners to accept MAT but not requiring all owners to allow all forms of MAT. If this practice works for the medical community, it should also work for recovery housing.

## **D. The Requirement For A Financial Audit And Disclosures Is Unnecessary**

The proposed regulations appear to require Licensees to perform an annual audit of their finances by a certified public accountant. Several BCRHA owners have spoken to their accountants and report that the cost of an annual audit will be between \$10,000 and \$15,000. We believe this annual cost to be unnecessary and designed to prevent a fraud that should not be allowed to occur in the first place.

The regulations direct that Licensees may assist a resident in managing their finances. While a Licensee can assist a resident in developing a budget, we believe it is improper for a Licensee to control a resident's finances. The legislation correctly prohibits Licensees from being a power of attorney or guardian for their residents but seemingly allows a Licensee to hold and control a resident's money.



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Owners/Licensees should not be holding money for their residents and we fail to understand why the regulations allow this form of a relationship.

The purpose of a recovery house is to provide safe and sober living while teaching residents basic activities of daily life. The holding of a resident's funds alters that relationship and violates well-defined boundaries. In addition, it appears the provision allowing Licensees to hold money for resident's is the reason DDAP seeks to require an annual audit and substantial amounts of financial record keeping. We strongly believe Licensees should not hold or control a resident's finances and that if this provision is removed from the legislation there will be no need for annual audits and financial disclosures.

## **E. The Requirement For Two Means Of Egress From Each Floor Is Unnecessary**

Under the Safety and Emergency Procedures section of the proposed legislation, Licensees must maintain a minimum of two exits on every floor to which residents have access. The rule continues by stating that "portable ladders and rope escapes at windows are not considered exits". We believe this requirement to be unnecessary, excessive, and for most owners, impossible.

As stated above, recovery houses are family homes. In regard to the BCRHA, the overwhelming majority of our houses are located in communities that are zoned residential. Homes in these areas do not have fire escapes, even if they are occupied by a family with eight (8) children. We fail to see why parents with eight (8) children would not be required to equip their homes with fire escapes while recovery homes would have such a mandate. Without question adults in a recovery house would be expected to handle a fire emergency far better than small children. This mandate seems discriminatory against persons in recovery as they are the only homes being compelled to install full and permanent fire escapes.

The expense of a metal fire escape with stairs mounted to a home is estimated to be between \$15,000 - \$25,000. This expense, as DDAP acknowledges, will be passed on to residents in the form of higher weekly rent payments. No resident is going to choose to live in a home because it is equipped with a fire escape and homes that choose not to become Licensees will not have to incur this cost. Once again, while the intent of the regulation is to make licensed homes safer, the effect will only bolster unscrupulous homes with no interest in complying with increased standards.

We are also concerned that local zoning ordinances will prohibit the installation of these fire escapes. Picture the neighborhood in which you reside, do any of those homes have full, metal staircases connecting to your second floor? If you were a neighbor, would you want to see a cumbersome fire escape every time you look at your neighbor's home? No homeowner wants that in their residential neighborhood. Likewise, we highly doubt that our local zoning officers are going to allow commercial fire escapes on suburban homes in Bucks County. We feel this requirement is far too costly while offering little benefit, is discriminatory, and is highly likely to run afoul of local zoning ordinances.



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## F. Discrimination In Regard To Transgender And Intersex Residents

The BCRHA and its members oppose all forms of discrimination. The legislation proposes that a "licensee may not discriminate against an individual or staff on the basis of age, race, sex, religion, ethnic origin, economic status, disability, sexual orientation or gender identity or expression."

Addressing concerns of potential Licensees during the comment period, DDAP responded:

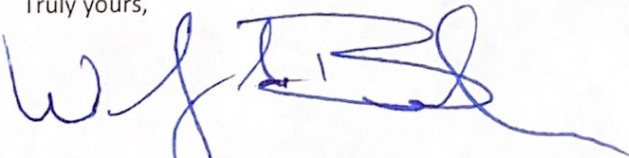
A wide range of situations may arise to the level of the house manager and licensee that could be perceived as threatening the comfort, safety, and protection of all residents in the house. While a licensee may or may not have the means to provide for an LGBTQIA-friendly physical plant, such as single bedrooms and all-gender bathrooms, all residents must understand that the licensee may not discriminate against a resident, staff person, or volunteer on the basis of gender identity. If there is discomfort among residents due to any range of situations, including a resident's gender identity, the licensee must resolve it on a case-by-case basis in accordance with applicable policies and procedures".

We request DDAP offer a more substantive answer on this issue. Gender identity is a complex issue in which the majority of society does not have experience navigating. Potential Licensees are asking DDAP how to handle specific situations presented by transgender and intersex individuals seeking to reside in single-sex homes. It is unfair for DDAP to side-step this issue by advising Licensees to resolve the situation in a manner in accordance with applicable policies and procedure. Licensees are explicitly asking DDAP for guidance on an issue the Department itself is creating. Licensees want to operate their homes lawfully and should be assured if they follow DDAP's guidance, it will absolve them of civil liability should problems arise.

We would like to once again thank DDAP and Legislators for attempting to raise standards for recovery homes across the Commonwealth. We recognize that your efforts are designed to help residents and the recovery community, but we feel compelled to raise the aforesaid concerns in an effort to achieve the stated goals of this legislation. We look forward to further discussion on the above issues.

If you would like to discuss these or any other matters related to recovery houses, I welcome you to contact me at your earliest convenience.

Truly yours,



W. Joshua Buchanan  
Vice-Chair, Bucks County Recovery House Association