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Independent Regulatory Review Commission

Dear commission members,

I am writing in response to the final omitted regulation provided by The Department of Drug and Alcohol Programs IRRC number 3294. As to not create a divide between myself and DDAP I wish to remain anonymous. I do not wish to create any possible adversity between myself and the department. I am not adequate in the law or have no formal education in law. I am very confused and muddled over the new revised regulation. What I can say is that I am a member of Alcoholics Anonymous with a substantial amount of time in recovery from substance abuse. I also have worked in the addictions field for a very long period of time as well. I am very educated in SUD and competent in my field of work in addictions. I help others recover daily and have witnessed individuals turn their lives around for the better tremendously.

The first thing I would like to address is the department's understanding of Drug and Alcohol recovery houses. It has been stated many times that the department is not referring to recovery homes as *medical* rehabs or facilities; however, it is still being addressed in the sense that these recovery homes are being held to the same exact standards as *medical* drug and alcohol facilities in order to be licensed. Removing the terms used in those facilities did not change the fact that recovery homes are still being addressed as if they are medical alcohol and drug facilities. Recovery houses our “HOMES". It is a sober living environment where an individual lives with other recovering individuals who help support each other in their journey. Sober living homes are considered step down homes and the last step of support in the recovery community. These homes have been working for decades. The homes hold a maxim of 7 individuals at the most. Not 150-200 as rehabs do. It is this way to give clients more in depth personalization on their recovery. They are not clients, they are people. I will refer to them as clients in this letter so as to not confuse and complicate between parties. The individuals follow a curfew, are randomly urined, must attend a twelve step fellowship, find a sponsor, complete a daily chore and so fourth. These homes are meant to help individuals adapt back into society and give them responsibilities and daily structure. The individuals are able to come and go as they please, unlike a rehab or halfway house. The clientele in these homes are all adults. Sober homes are available for individuals so they aren't just thrown on the streets with nowhere to go. The amount of paperwork, competent staff, or safes for holding clients personal items etc. does not inflect the desire of an individual's determination to stop using and living a new way of life. That desire can only come from truly within the individual. An addict must hit their own personal bottom before *anyone* or anything can make them stop using.

DDAP referred to recovery house owners as “unscrupulous” people looking to enrich themselves. However I find that statement very misleading as these owners are small time business owners and rarely make an “enormous profit” most owners are in “recovery” themselves and do this out of the kindness of their hearts. Not to make a big buck but to really help individuals. Drug and alcohol facilities ARE however, making an enormous profit

quadrupled by what these mom and pop owners receive. Yes, owners do make money as everyone needs to make a living in life and these homes are full time jobs and investments for some individuals. Recovery homes ask their clients to only pay roughly 140.00 a week (560) a month including and offering food and beverages, utilities paid for, internet, cable TV, all kitchen utensils, paper products, new bed linens, and are all fully furnished homes etc. They do this so it is possible for an individual who is usually just starting out to have a safe drug free place to live.

The department is also referring to overdose deaths as in being connected to the physicality of recovery homes. Recovery homes do in fact help people to not overdose. Everytime a client is sober in a recovery home another family members loved one is not on the streets subjected to drugs and overdoses. These homes do decrease the amount of deaths. There are tens of thousands of addicts in the state of Pennsylvania who do not live in these homes and are subjected to death each day they use. Overdoses happen everywhere, in the person's personal home, the streets, their family's home and even already licensed drug and alcohol facilities experience death by overdoses etc. It needs to be *reiterated* that recovery homes are not a cause of overdoses. There are many other factors and contributions throughout this epidemic. I know I can safely say and speak for others when I say that a major cause of these contributions is the significant increase of MAT (medication assisted treatment) contributed and condoned by DDAP. Since the increase of these medications overdoses have significantly rised. MAT has become increasingly popular in the last 3 years and is now pushed on recovering individuals who don't need it. An example would be a 21 year old who is not physically addicted to opioids goes into a treatment center and the Doctor offers and tells her it is necessary to keep her clean and will help her. Now she really is addicted to opioids and cannot get off the subutex, methadone etc. It prolongs the process and relapse is extremely likely. I have witnessed non maintenance houses with alumni that are outstanding in numbers.(clients who came in and stayed sober long after). The last contribution I will state is the influx of tainted and cut drugs by the individuals who are "unscrupulous" individuals looking to enrich themselves. Fentanyl (synthetic man made heroin) is the most deadly form of any opioids, is extremely popular and has flooded our country within the last few years. It is readily available and very easy to obtain by *any* individual who is looking to acquire it.

Another concern of mine is that the majority of sober living homes do not have paid staff or paid house managers. The house manager is usually a member of the house and a volunteer who has acquired some clean time (usually over a year) and has proved themselves dedicated to their recovery and a good support person. They help the residents to follow the rules of the house and provide adequate support. They keep a report for the owners when the owners are not around. The owners obviously can't be there 24/7. Most owners and people in recovery run these homes themselves, make sure rules are being followed and grant adequate consequences if a client isn't working their program properly. So staff members need to be hired to be on staff 24/7 ? That's an additional **$85,000** or so a year with 7 residents or so, that is not covered in the regulation.

Willing they want to hire people at a decent liveable wage who will provide the support and run their program the way they intend it to be implemented. As I can imagine is hard to do. The regulation doesn't provide much detail on their description of a house manager. DDAP's description of a house manager is not accurate or correct to what these homes really entail and are demonstrating in their daily business affairs.

This still won't be possible if you add up what the residents pay a month times the number of residents and then deduct costs in order to run the business, financially these homes will go bankrupt, be in debt, and be forced to shut down.

** IMPORTANT**
$140 a week (x4 weeks) = $560 Monthly Per Person
$560 (x7 individuals) = $3,920 Monthly revenue for all clients.
$3,920 (x12 months) = **$47,040 Yearly revenue before ANY EXPENSES.**

Expenses DDAP estimated:
Plant requirements - $500.00
House Manager - $35,000
Staff - $28,000
Staff trainings - $200
Accounting documentation- $ 2,500
Administrative costs - $ 3,500
Fire ladder for 2 exits on each floor above the ground floor ($100 each) - $200.00

DDAP's yearly estimate in expenses is - **$69,900**

Examples of other business expenses not mentioned by DDAP annually would include:
Mortgages - $17,000
Utilities - $6,000 for a home of 7 including internet, phone, and home entertainment.
Repairs and maintenance - $9,000
Property taxes - ?
Home Insurance - $1,000

= **$33,000**

$69,900 + $33,000 = $102,900 in expenses annually.
$47,040 (total revenue) - $102,900 (expenses) = **$ - 55,860**

This leaves the business at **- $55,860** in total revenue.

The estimate of plant requirements at $500.00 dollars, is not plausible.

A concern of mine is that rehabs should have the right to be able to decide on who they refer their clients too. It should not be the right of DDAP to dictate whom they refer their clients too. Rehabs are private companies not owned or operated by DDAP, they only ensure licensure from DDAP or acquire funds by. How can DDAP tell these facilities who they must and or cannot refer their clients too? I have worked in rehabs for many years and I believe the staff is well educated and competent enough in knowing whom to refer too. After all, counselors, social workers, and aftercare workers are required to have a bachelor's degree or higher in their field of work. If one of their patients wants to go to a home that is not licensed will the rehab let them? Will they need to talk them out of it ? This regulation should not include recovery homes who take referrals by clients on state insurance in PRIVATE facilities. close to all private facilities take state insurance now. Owners most likely rely on these referrals from agencies that receive state insurance. This requirement should only refer to whom DDAP *personally refers to, or provides funds too*. Out of my scope of competence, does DDAP have the legal right to enforce these facilities to provide DDAP's nature of business and how they provide rather than their own? This regulation will hurt drug and alcohol facilities as well and produce a trickle down effect. Some homes have been around forever and have a good standing and reputation within the recovery community and these businesses. This will affect the medical facilities and the clients of these said facilities and trickel on to them as well.

Needing to have the clients rent increased in order for a house to receive licensure will have an immeasurable impact. Residents usually come in broke and bankrupt with nothing left. They simply won't be able to afford these costs.They can hardly already afford the costs of $140.00 a week. My estimate would be 65% of individuals will not be able to pay a higher rent. You have to remember 65% of these individuals have lost their jobs due to SUD, have criminal backgrounds, have lost ties with their families, are young with no formal education and/or might have experienced homelessness when they come in. A numerous amount land jobs paying only a minimum wage. As an example and estimate If it was calculated that an individual would need to now pay $200 + a week in being generous and at making $7.25 an hour, that would leave them with about $200-300 left for the whole month in spending money. How would a resident ever save up and move out ? Or purchase a vehicle to get to a new job ? Or provide for their children ? Or go back to school ? They won't be able to because the residents are also mostly responsible for buying their own food, clothing, and personal items.

If a resident is referred to one home can they then be moved to a home that isn't licensed by the same company? A Lot of recovery homes will have an intake house and once the client has completed a certain time frame after six months, or a year, or so fourth will move their client on to a house with less structure and freedom to really help them adapt back into society. This really helps them to make sure they are able to live on their own without the guidance and support a

recovery home provides first. Will the recovery home be able to move a referred client this way? As the regulation states it seems the referred individual will need to remain in an intake house when they could really benefit from a more in depth transition into society first. Also, if a home has one home that's licensed and another that's not under the same company and same program how does that make sense? A home will have mandatory meetings at a location with all the same clients together, and might take them to meetings together, outings and so fourth. Is a resident in the licensed home allowed to fellowship and have camaraderie physically in the other home that's not licensed?

Did DDAP come up with a legal lease specifically for recovery homes? If there is one it is not in the regulation for the public. If a resident does in fact have the money and refused to pay can they be evicted? It clearly states in the regulation twice "a resident will not be required to surrender cash". How does that work, if these homes operate off of a client's rent? Legally, how long does the recovery home need to hold and keep safe a person's valuables and belongings if they leave without their belongings? (it happens a lot). The homes might not have storage space. Storage space would need to be calculated in the final cost as well. I know that it is 30 days for a drug and alcohol facility. It seems these owners will have to hire someone such as in legal counsel to help impose and imply the new regulations. Such as in writing the contrats, unusual incident statements, emergency notifications, all rules and procedures, and evictions etc. To make sure they are legally covering everything and not leaving anything out that will have them break any standards and create conflict. That's another **$60,000** + a year ?

The documentation states *"that facilities must not discriminate against individuals who are on MAT".* So a recovery house that is only abstinence must take individuals who are on MAT? My personal experience is that you cannot **mix** MAT and abstinence into the same housing. This creates the urge of sharing between clients. And possible relapse for an individual who is not on maintenance. Someone who is not on maintenance will absolutely get high off of MAT medication when they are clean. Some MAT users display the symptoms of under intoxication. Next they specifically state *"this regulation does not prohibit residents from administering their own medication"*. So clients have the opportunity to freely hand out their medication then ? Shouldn't a Nurse or medical staff need to be hired for individuals on MAT? Urges will come to abstinence clients around individuals on MAT. And this will be extremely hard for them to recover. Also, how can you discriminate against a housing that is not competent in MAT. The clients deserve to have a staff that is well educated and has experience with it rather than having uneducated or uncompetent staff providing MAT services.

For the reporting of diseases to the CDC, a Doctor would first need to diagnose a disease and outbreak before anyone could report it. Residents and staff cannot medically diagnose anyone without a medical background and license. This gives the opportunity for inaccurate diseases and

outbreaks to be reported. Does the recovery house have the legal right to force a client to go see a doctor? What if a client has no health insurance at the moment, and cannot see a doctor?

This regulation seems to be not helping the public at all but rather hurting them tremendously. DDAP needs to see first hand what happens in these communities, talk to people who are working and living in recovery, have first hand real life experience, and the clients recovery houses serve, not behind their desk with only experience in academic literature. I do mean this with the utmost respect. It seems they have no first hand idea of what is really happening in our communities and in these homes. DDAP kept mentioning how Oxford homes hold the proper standards they expect and already implement some of their guidelines, however clients do not seek out Oxford homes and they definitely are not places that are popular among the recovery population. Nor do Oxford homes hold a strong structure/recovery program. Oxford homes are not homes that have stipulations and guidelines that promote to an individual's sobriety. They are rather a place to live, then a place to recover. No matter the nature of the recovery services one receives an individual in recovery must be willing and ready to change. Once an individual is ready and has hit their own rock bottom will they really begin to live a little differently and stay sober. No person, place, or thing can change someone who's not yet willing. I understand the nature of what DDAP wants but, this right here isn't the solution to this addiction pandemic. This is increasing the problem for many many reasons above and below. DDAP defined the definition of a recovery house as -*"SUD who may benefit from supportive housing, a substance-free environment, and peer camaraderie"*. So why all this other stuff as if recovery homes are hospitals and medical facilities.

Also how can the public be ensured that the DDAP licensure department isn't going to discriminate or be biased to certain individuals or certain recovery homes while seeking licensure or during licensure? Can recovery homes submit a complaint against DDAP or their staff members ?

These homes now need to fill out incident reports whenever someone goes to the hospital for a stomach ache and send that to DDAP?

In the section State Competition-
*Is this a **competition** so they can deflect on who receives state funding and grants? Are they trying to isolate some homes because of decreased and scarced funding? They specifically stated that hopefully clients from other states will come and seek recovery homes in PA.* Or are they trying to receive monies for funding and their other sources? And blame it on overdoses. If so they are the "unscrupulous" individuals they speak of. One of the reasons I have to believe this is below.

Under The State Government cost section-

They stated that they would make 150,000 in defraying their costs of $341,411 to implement the regulation; however, they are only calculating that from 600 recovery homes. That figure is not accurate and is only coming from the individuals who signed up to receive emails in order to be updated on the status of this regulation. Plenty of businesses also have more than one home and will need to seek licensure for those other homes as well. I have talked with many owners who stated that they had no idea this licensure was even happening. There are many more recovery houses affected by this and who will seek licensure. DDAP will most likely benefit from this regulation. When they are stating that they will not. Also, will they impose more costs after finizaled? And in the future ? Such as fines, late penalties, or actions the department deemed un-ample, etc?

DDAP stated that they would spend on "Personnel —**$279,849.97** "Including salary and benefits for 2 Drug and Alcohol Licensing Specialists and I Drug and Alcohol Licensing Supervisor". I am really unsure of where they came up for this number as I found those jobs under the PA commonwealth website for very different amounts. These are the references I found below from 2018.

(Drug and Alcohol Licensing Specialist)

$47,883.00 - $72,822.00 Annually
https://agency.governmentjobs.com/pabureau/job_bulletin.cfm?jobID=1949177&sharedWindow=0

(Drug and Alcohol Licensing Supervisor)

$54,690.00 - $83,052.00 Annually
https://agency.governmentjobs.com/pabureau/job_bulletin.cfm?jobID=1949378&sharedWindow=0

Even at the **top dollar** amounts of those jobs it still does not add up to $72,822.00 X(2) + $83,052.00 = **$228,696** (refer above). That stated they would spend **$279,849.97** under their salary and benefit amounts. Even if salaries were increased from 2018, we all know they were not increased that much nor are they paying the top dollar amounts to individuals.

I could keep going but to be respectful of your time,

Thank you sincerely.