

WELFARE-TO-WORK COMMISSION

Of the

Suffolk County Legislature

PUBLIC HEARING ON SOBER HOUSES

Recovery For Whom?

*Creating a Network of Safe and Effective "Sober Homes"
For Suffolk Residents who are Chemically Dependent*

Members Present:

Richard Koubek - Chairman/Welfare-to-Work Commission/SC Legislature

*Kathy Liguori - Vice-Chair/Owner-Operator of Tutor Time Child Care
Learning Centers/Medford & Middle Island*

Peggy Boyd - Family Service League

Mike Stoltz - Clubhouse of Suffolk

Ed Hernandez - Deputy Commissioner/SC Dept of Social Services

Ellen Krakow - Nassau-Suffolk Law Services

Michael Haynes - Long Island Cares

*Peter Barnett - Executive Director/Wyandanch Homes & Property
Development Corporation*

Jack Caffey - Administrative Aide to Presiding Officer William Lindsay

Bridget DePasquale - Catholic Charities

Rob Greenberger - FECS

Also in Attendance:

Dr. Stephen Dewey - North Shore Long Island Jewish Hospital

Karen Boorshtein - Family Service League

Joseph Gelber - Family Service League

Steven Wolf - Advocate for Recovering Addicts

Jose Hidalgo - New York State OTDA

Roxanne Adams - New York State OTDA

Steve Kamvakis - Representing Joe Williams/Commissioner of FRES

Bertha Griffin - Owner/Sober Home in Wyandanch

*John Sicignano - President/Mastic Park Civic Association
2nd Vice-President/ABCO*

Robert Briglio - Attorney/Nassau-Suffolk Law Services

Jessica Pentecost - Outreach Project

Don Seubert - Resident of Medford

Mary Dinizio - Recovering Addict

Jennifer Arma - Resident of Center Moriches

Allaura Cicero - Resident of Mastic

Debra McKernan - Smith Point Beach Property Owners

Pamela Burner - Resident of Oakdale

Verbatim Transcript Prepared By:

Alison Mahoney & Diana Flesher - Court Reporters

*(*The hearing was called to order at 9:11 A.M. *)*

VICE-CHAIR LIGUORI:

Can we all please stand for the pledge of allegiance.

Salutation

LEG. BROWNING:

Okay. Good morning, everyone. I am Legislator Kate Browning and I'd like to say a special thank you to the Welfare-to-Work Commission for working with me to put this together. The Welfare-to-Work Commission formed a Sober House Committee because of issues that I have raised, and I feel it's time, we need to do something about that. So I'd like to start with letting you know, I've been in office since January of 2006 and one of the most important issues in various parts of my district has been sober homes. Individuals have gone into communities where homes are most affordable, purchased them and turned them into boarding homes. The landlords have recruited the tenants from various rehab programs and the DSS centers and it appears there's a network that has joined forces to recruit their tenants; they have no concern for the well-being, only the all mighty dollar.

When I hear the word sober home, I think more of a drug home because of the experiences I've had with them and my constant calls, you know, the constant calls I've had from residents about illegal activity in and around the homes. Parents are afraid to allow their children to play in the street if a sober home is next to them and that's not fair to the community. The communities most affected are the working class and low income communities, hard-working families who purchased their homes and want the American dream of owning a home and raising a family in a safe environment. When a sober home is nearby, their property values have now dropped and that investment that they worked so hard for is now -- it's not worth anything.

Assemblywoman Ginny Fields sponsored a bill to regulate sober homes and Governor Pataki vetoed the bill because OASIS said they could regulate without legislation. Five years later, there's no regulation, no oversight and the problem has spiraled out of control. Through my legislation, we tried here in the County to take control and the problem is that State DSS informed me that the County has no jurisdiction and prohibits us from enforcing the County laws. The towns try to enforce their laws and they're prohibited from enforcing their laws.

I'll finish by telling you about a man who came to my office. You know, he sat across from me crying. He told me he couldn't live in the sober home that he was in because there was -- I'm sorry. It's very hard when grown people come to you, grown adults come to you and say, "I can't live there anymore." You know, the drugs were running rampant and there was bed bugs and we have moved him to a better home. I've received calls from the Mastic Ambulance Company that they had a call to a sober home for drug overdose. Single-family homes have anywhere from 10 to 30 plus in a home, and this is what government money is paying for? You know, why is government not treating this person in need of drug and alcohol rehabilitation like a human being? They're not throw-away people, they need help, they need services to help them to become productive citizens, and they need a safe environment, free from temptation while they're in rehab programs.

The bottom line is that the status quo can't continue and everyone needs to wake up, get their act together and do the right thing by taxpayers, communities that are being abused and the people who are in dire need of rehabilitation. Government is throwing taxpayer dollars out of the window and the person in need of help has been thrown to the wolves. With that, I will pass on to our Chair -- Co-Chair?

CHAIRMAN KOUBEK:

No, Chair.

LEG. BROWNING:

Oh, sorry; our Chair, Richard Koubek, to pick up where I left off.
Thank you.

CHAIRMAN KOUBEK:

Thank you, Legislator Browning. Welcome. Welcome to the Public Hearings sponsored by the Welfare-to-Work Commission. The title of the hearing is "Recovery For Whom? Creating a Network of Safe and Effective "Sober Homes" for Suffolk Residents who are Chemically Dependent." And for those of you who have an editorial bent, you will notice on the agenda that "sober homes" are in quotes.

Let me first begin with a statement about the Welfare-to-Work Commission. We are created by the Legislature, we report to the Legislature, we were created in 2003. We have 21 seats assigned by the Legislature and our mission is to advise the Legislature on policies and procedures related to people on welfare and people who have left welfare and, I would add, people in danger of having to go on to welfare. So our mission, really, is to look at the very poor and the working poor, as well as people specifically assigned to Public Assistance and receiving Public Assistance.

I'd like now for each of the members who are present today to introduce themselves, beginning over here, and just state, if you would, your affiliation.

MR. BARNETT:

Hello. My name is Peter Barnett, I'm Executive Director of Wyandanch Homes and Property Development Corporation.

MR. CAFFEY:

Good morning. My name is Jack Caffey, I'm the Administrative Aide to Presiding Officer Bill Lindsay for the Suffolk County Legislature.

MS. DEPASQUALE:

Good morning. Bridget DePasquale from Catholic Charities.

MR. GREENE:

Rob Greenberger from FECS.

VICE-CHAIR LIGUORI:

Kathy Liguori from Tutor Time Child Care Learning Centers and Vice-Chair of the Commission.

MS. BOYD:

Peggy Boyd, Family Service League.

MR. STOLTZ:

Mike Stoltz, Clubhouse of Suffolk.

DEPUTY COMMISSIONER HERNANDEZ:

Ed Hernandez, Deputy Commissioner, Suffolk County Department of Social Services.

MS. KRAKOW:

Ellen Krakow, Nassau-Suffolk Law Services.

MR. HAYNES:

Michael Haynes, Long Island Cares.

CHAIRMAN KOUBEK:

Thank you. I would also like to thank the members of the Sober Homes Planning Committee, Hearing Planning Committee. Our commission meets once a month, on the second Friday of the month. We always have a quorum, it's an incredibly hard-working group. And in addition to that, we have five working committees, one of which is the committee that planned this hearing. If you

go to the website of the Suffolk County Legislature and you go to "on-line documents", "committees/on -- line documents", you will find our record, our minutes are posted there, previous reports are posted there and you will see the work for the commission.

And I would like to thank the members of the committee who -- of the commission who planned this hearing today; Co-Chairs Peggy Boyd and Mike Stoltz, Legislator Browning, Rob Greenberger, Roland Hampson from the Department of Social Services who is not here today, Bridget DePasquale from Catholic Charities, and Cathy Ayers-Lancilotta who served as a consultant in preparing this hearing. I heirs is a Director of Chemical Abuse Services at Catholic Charities.

Just a few words of focus, if I could, adding to what Legislator Browning said. Alcohol and drug dependence are problems that plague all income groups on Long Island. This is not, as you know if you read Newsday or you just look around in your own neighborhoods, it's not a problem that affects only the poor. I think what our commission is focusing on is the fact that alcohol and chemical dependence has a particularly burdensome affect on the poor. For one thing, it's a major factor in welfare dependency, and when you have a drug or an alcohol problem, the likelihood of your falling out of the mainstream and requiring public assistance, then falling into trouble with meeting the requirements of public assistance are very, very high. So how these folks are treated is a priority for this commission. And as we got into the sober homes issue, for me it was an incredible learning experience because I had heard of sober homes, I had heard they were a problem, I didn't know how much of a problem, nor did I understand, speaking for myself, what a problem it's going to be to fix them. Because as you see, we're saying "sober homes" in quotes because the reality is there is no legal standing for something called a sober home. The people who reside in them are treated as -- in many cases, not in all cases, there are good sober homes -- but in many of these sober homes these folks are treated, as Legislator Browning said, as throw-away people. They're not respected by the community, they're not a priority for government, and so they're packed into some very difficult situations, and yet -- housing situations, and yet they are a protected class; the Americans With Disabilities Act protects them. And so you have a protected class of people living in homes that have no legal standing, with no government body taking responsibility for those homes. And attempts around the country, not just here on Long Island, to structure those homes with regulations have been struck down in the courts as discriminatory against the protected people, the chemically dependent people who reside in them. So it's a kind of catch-22 that this commission believes can be resolved.

It's going to be very difficult and we take on this responsibility with great seriousness, beginning today. There will be a second hearing on October 30th, 9-1 at the Riverhead Town Hall, it's a week from today. We will then be probably meeting with some agencies and individuals after the hearings to continue to compile information. We do have some reports that are going to be presented to us, not today live but they will be filed with the Clerk, including a report from the New York State Office of Alcohol and Substance Abuse Services, OASIS, which has oversight over many of the programs that help chemically-dependent people. So we're going to continue to look and research and then prepare a report, probably early next year, with recommendations that would be submitted to the County Legislature to whom we are charged to report. That is -- that is the process.

I would say that this is part two of this commission's look at housing on Long Island. Two years ago we sponsored a hearing, two hearings, titled "Affordable For Whom?", and that was a look at the lack of affordable housing on Long Island. That produced a report with about 15 recommendations, many of which were adopted by the county in various ways, and even by the State. So we are now looking at housing again, but this time a very unique type of housing; again, a housing with no legal standing that's supposed to house a protected class of people. What do we want to know about sober homes? These are the questions that we're looking at. "What is a sober home?", in quotes. Are they doing their intended jobs? How should sober homes properly fit in to their community? What types of sober homes do we need? What is the ideal sober home for a community? And what can -- and this is important, watch the levels of government -- what can New York State, what can Suffolk County, what can towns and villages do create, regulate and monitor this housing?

So we're going to be looking for everything from town code changes, code enforcements, policies and procedures, funding, State funding, County funding. This is an issue that has gone on far too long, it needs to be addressed, and so that is our purpose beginning today with this hearing. So I thank you all for coming.

We would like now to begin with the first of our presentations. We will have two presentations -- three presentations today. One is going to be the opening presentation, that will be followed at eleven o'clock by a very high-tech patch-in; we will be speaking with folks from the California Sober Living Homes Network. They have been attempting to address this problem in California, they'll be patched in with teleconference and some sort of electronic presentation. At 11:45, we will be hearing from the Commissioner of Social Services, Gregory Blass, and in between you will have an opportunity to speak. Before we go to our first presenter, though, let me yield the microphone to our committee co-chairs, each of whom has a statement.

MS. BOYD:

Thank you, Dick. And thank you for all of you that are in attendance this morning. For the record, I think it's important for the Welfare-to-Work Commission Subcommittee to state there are a number of individuals that are unable to join us this morning; we're not sure if they're choosing not to join us or are unable to join us for other reasons. Hopefully at our second date, October 30th, we'll see some of these individuals. The list includes people from -- actually, individuals from the Federal, State, County and town level, as well as service providers. It is our hope to gather as much information through this hearings -- through these hearings so that we can put together a comprehensive report with recommendations. So again, that list is important and we'll submit in writing who, in fact, was abutted.

MR. STOLTZ:

Good morning, everybody. Similarly, I thank you all for your attendance and your participation. I look forward to working with this group to learn as much as we possibly can and be able to make some thorough and effective recommendations.

My involvement with this issue comes from having run a mental health agency for people with psychiatric disabilities for nearly 20 years. Since the downsizing of the State psychiatric hospitals, there clearly has been a greater recognition of people who are duly involved, who have a psychiatric disability as well as a substance abuse diagnosis and issues. And many of the people who are duly affected also come into our social services system where they are housed in places that do not meet the complexity of their needs. So I'm hopeful that along the way, we'll learn a lot of alternatives and be able to give some vision and direction to creating better housing for people who are in recovery from substance abuse and mental illness as well. Thank you.

CHAIRMAN KUBEK:

Okay. So let's -- thank you both. Let's now go to our first presentation. The title of the presentation I think reflects our mission with this sober homes hearing; the title of the presentation is "An Overview of the Fragility of Chemically Dependent People". This is a very fragile population, and I would now like and invite Dr. Stephen Dewey from North Shore Long Island Jewish Hospital to give us some insight into just how fragile these folks are. And thank you very much, Doctor, for attending.

DR. DEWEY:

Thank you very much for having me. What I'd like to do to begin with is to acknowledge my co-workers. The work that I'll present today we all did at Brookhaven National Lab prior to my departure, under the auspices and directions of Dr. Joanna Fowler and Dr. Nora Volkow. In their infinite wisdom, the Department of Energy chose to redirect our funding which resulted in the ending of the Substance Abuse Research at Brookhaven Lab. And we've -- I've now taken this whole program over to North Shore LIJ where the work will continue there, but it's going to stop at Brookhaven due to the redirection of funding, as they call it.

I'm here this morning just to give you a little overview of what we do and what we've studied in substance abuse -- I've been a substance abuse researcher for nearly 30 years -- and show you exactly what we see every day in our substance abuse population. The images that I will show you are real, they're from real people, they're from all over Suffolk County and Nassau County; they're not changed, they're not altered in any way. You can look at them and see, as well as I see, what I see every day and show you exactly just how fragile these individuals are.

We use a camera at Brookhaven, and now at North Shore, called a Positron Emission Tomograph. A Positron Emission Tomograph is an instrument that allows us to see how the brain functions, not how the brain looks. This is a very important distinction because any changes you see in a disease process represents a change in function as opposed to a change in anatomy. So if you do an MRI scan or you do a CAT scan on a substance abuser or on an Alzheimer's patient, you're less likely to see any changes than if you go and you actually look at how the brain is living. And I think probably the best example I can give you is a very simple one, and that's just looking at the effects of age.

What you see here is a normal PET-Scan. The images you see is covered with a rainbow scale where red is a great deal of activity, that means the brain is very active, and blue means the brain is inactive. If you look at a five day-old baby, you can see that the brain is not terribly active; a six year-old boy, the brain is extremely active; and as we get older, our brains become less active. What's important here and the take-home message is we now have an instrument, a very powerful instrument, that allows us to see function. The CAT scan, the MRI or the X-ray of these three individuals would all appear normal; the PET Scan allows us to see just how different they are functionally.

For the past 25 years, we have been studying virtually every drug of abuse that's out there in young individuals to our senior citizens. Believe it or not, substance abuse crosses all age ranges. In elementary schools it's inhalants; kids still sniffing glue, kids still sniffing nail polish remover, kids still sniffing white-out. In our adolescent population, school districts, which I talk to every week, they're abusing all kinds of drugs, the most common today is heroin. As we get into our older population, we see more stimulants like drugs including Ritalin, Adderall. As we get older, the drug population and the kind of drugs that people abuse change. But the message here is that we have studied all drugs of abuse in real people, in real time, and the imagines that you're going to see are in real people, done in real time.

What you're looking at now are a series of scans. This is the base of the brain of a couple of thousand people added up, and you see these are individuals who are heavy marijuana users. Now, marijuana is obviously a very popular drug, I see it in elementary schools, middle schools and high schools, and I am told constantly that it is without any effect. In actuality, Marijuana does meet DSM-4 criteria for an addictive drug, it is an addictive drug and it produces all the symptoms associated with addiction.

The three primary spots that you see, these two purple spots and the center spot, represent those changes in the brain which appear to be permanent. This middle spot is your hypothalamus, regulates hormone release, it also plays an important role in feeding behavior. Now, if you're an adolescent child and you start to smoke pot and you start to alter hormone release, hormones play a very important role in how our body changes. As we go through adolescence, we go through puberty and our body changes as a consequence of a release of hormones that circulate in our blood and provide a whole host of changes, including but not limited to heart rate, blood pressure, secondary sex characteristics, all of these things. When we smoke marijuana, we use marijuana, we permanently alter the ability for our body to regulate hormone release. When you alter hormone release, you alter a whole host of behaviors, the least of which are things like changes in puberty. But serious things, including things like your ability to maintain a normal behavior, people become aggressive, agitated, because hormones play a very important role in the way we conduct ourselves, whether we're angry or sad, the manifestation of those behaviors.

These two spots that we see here are the amigdula. The amigdula is a very important part of your

brain that plays a very important role in keeping you alive. As we sit here and if we hear a train whistle off in the distance, it's not relatively significant to us; a train whistle, as we sit in this room today, is not terribly significant. But if we're driving across a series of railroad tracks and we hear a train whistle, that becomes extremely significant. The amygdala is that part of your brain which imparts significance to your surrounding environment. That is if you're driving across a railroad track and you hear a train whistle, your amygdala alerts you that you need to pay attention to the sound of that whistle. If you lose your amygdala, and that's what we see happens in chronic marijuana use, you lose the ability to make things that are in your environment that should become salient or important not so. A classic example is if you're walking up a series of steps, we pretty much unconsciously can walk up a series of steps because our brain is wired to teach us how to walk up steps; if you lose your amygdala, you lose that property.

The most common -- what we have seen, the most common cause of household accidents are a result of people who smoke pot, because they're unable to carefully examine the environments around which they are. They're not being told like their brain should be telling them that the surface of a stove is hot; they're not being told that the edge of a knife is sharp. So what you see with marijuana use is a huge increase in regular common household accidents and now we know why; we know that marijuana abuse changes your hypothalamus which can cause profound changes in behavior and we know that it changes your amygdala which produces profound changes in your ability to be safe.

Alcohol. We have been studying alcohol, obviously, for many, many years. A typical alcohol study, for those of you that have never seen one, where you take an individual, this is a normal PET-Scan, areas of red the brain is very bright and active; get an individual intoxicated and you can see that their brain goes from normal activity to very, very low activity, and this part of their brain actually shuts off. So what we have shown in the study of alcohol is that in the presence of alcohol, when someone is intoxicated, their brain becomes hypometabolic which means their brain doesn't work like it normally should, and certain aspects of their brain, the cerebellum, shut off. Now, the cerebellum's primary role in our behavior is balance, and for those of you who have seen people intoxicated, we see that they don't balance very well.

We don't need to be doing fancy PET-Scans to understand the behavioral consequences of alcohol, but let's look at what happens to individuals who are chronic alcohol users. On your left is a normal control PET-Scan of a 55 year-old male who is a non-drinker, that is a normal control PET-Scan. On your right is the PET-Scan of an alcoholic who has been abstinent for 20 years. You can see, as well as I can see, that alcoholism produces a profound change in brain function, that is the brain becomes hypometabolic which means the brain isn't working as efficiently as it should be, and we can see this time and time again. The manifestations of this metabolic state are many; high incidence in depression, high incidence in changes in mood, aggressive behavior, passive aggressive behavior. We see as a consequence of alcoholism profound changes in people's behavior that's directly related to the fact that their brains are no longer working like they should be.

Now, the story gets a little more complicated. In a normal population, as you saw in the previous slide, the individual goes from a hypermeta -- a normal metabolic state to a hypometabolic state when they're intoxicated. If we take an alcoholic who is continuing to drink, not like this individual who's abstinent but one who is continuing to drink, when they are sober, their brains appear hypometabolic; when they are intoxicated, their brains become normal metabolic. If you've ever asked alcoholics why they drink, the number one answer you will receive is, "Because it makes me feel normal," and that is exactly what we see in the PET-Scan. In the presence of alcohol, in an alcoholic individual, the brain is functioning normally. So what happens is they go from a state where their brain is hypometabolic, their brain is not functioning normally as it should, to a state where the brain is functioning normally. And that again produces a profound series of changes in behavior; they say they feel better, they say they feel normal, they don't get intoxicated.

So what we've learned is that the disease of alcoholism is one characterized by a profound change in how the brain works; that is that in the presence of alcohol the brain works normally, in the absence of alcohol the brain works very abnormally. So you can see that this is an extremely difficult cycle

to break. You're asking somebody to stop drinking, to stop making them feel normal, and this is one of the biggest battles that we're waging. Alcoholism is a disease characterized by the presence of alcohol making individuals feel normal. So when asked to drink, they rarely tell you that they do it to get drunk, they tell you that they do it to feel normal, and we see this time and time again.

Cocaine. Cocaine is a very serious problem that we have been studying for obviously many, many years. Just like alcohol, it's in every school district. In 1994, I started an outreach program in my own local school district which was at the time about 400 kids K-12. Through program has grown to where I speak in virtually every district in Suffolk County and Nassau County, and I reach between a hundred and 120,000 kids a year. And cocaine is an enormous problem. And just to show you how big a problem it is, the study that you're looking at here is a very, very simple one.

We can make a very simple comment; every drug of abuse, whether it's the coffee in your Starbucks or it's cocaine, every drug of abuse in your brain raises brain dopamine; every drug of abuse elevates dopamine, and the degree to which it does that tells us something about how addictive it is. So for example, nicotine; nicotine might increase brain dopamine levels 80 or 90%; methamphetamine might increase dopamine levels a hundred thousand percent, so we're talking about a huge difference. And let's put that into some kind of perspective. My son, who's not a terribly great math student, who gets a 95 on a math test, might get an increase in brain dopamine of about 10%, he feels great that he did well on his math test. You need to compare a normal response to a normal event, a math test of about a 10% increase in brain dopamine to a drug like methamphetamine or cocaine which will raise dopamine levels a hundred thousand percent. So these are the ranges that we're dealing with; they are profound and they are provocative and they are consistent.

The study that you're looking at here was done at Brookhaven where we brought a normal cocaine abuser into the imaging center; this was an individual who was an active cocaine abuser. We measured his brain dopamine, we got these levels that we call 100%, that's his normal level, whatever his age/match level was, and when we showed him this picture -- for those of you who don't know what this picture is, that's a couple of fingers on a razor blade cutting up white powder on a piece of glass, that's what they do before they snort cocaine, they cut it up into smaller pieces so they can get more of it into their brain when they snort it. When that individual looked at the image, all he did was saw the picture you're seeing, his brain dopamine levels went up 500%.

The take-home message here is something we've known forever; the number one cause of relapse to drug-seeking behavior are environmental triggers. When substance abusers are placed in an environment with other substance abusers, or when they are placed in environments to which they have associated substance abuse, those cues, those environmental triggers are the number one cause of relapse. So when they're with their friends, when they go to a home where they've abused drugs, when they pass street corners where they've bought drugs, all those environmental cues trigger an increase in brain dopamine which produces cravings. So when we talk about environments within which people -- these people live, we need to understand that those environments themselves can produce cravings, withdraw and all the symptoms associated with addiction. This simple picture caused this individual to relapse. And to those of you who are not cocaine abusers and to those of us in this audience who are not cocaine abusers, this picture has no relevance. To those individuals who do abuse cocaine, it has all the relevance in the world.

Now when we talk about the fragility of these individuals, let's just take a look at their brains and see how these brains have changed. On the left is a normal control individual, you can see the two bright orange spots, that's brain dopamine; we can measure it, we can see it, we can get a good number on it non-invasively and in real time. The picture in the middle is a cocaine abuser one month after his last dose. The picture on the right is the same cocaine abuser four months after their last dose, and we've studied this individual eight years after their last dose and they look exactly like they do on the right. Cocaine abuse destroys brain dopamine. When you destroy brain dopamine, you lose the ability to feel pleasure from anything. Remember, dopamine is a chemical

that allows us to feel pleasure from normal events. Remember the test score for my son, being with your family, being with your friends, a Friday afternoon, things that normally make you feel pleasure, you lose the ability to do so.

Cocaine abuse destroys the ability for individuals to feel pleasure.

So what happens is this starts the addictive process. If you can't feel pleasure, then you will seek ways to do so; that can include abusing more drugs, that can include going to places where you did abuse drugs, that can include seeking out individuals with whom you've abused drugs, because all of those environmental triggers will raise dopamine levels that you have left to make you feel a little better.

So the process begins and the process is measurable, the process is quantitative and the process is reproducible.

If you look at these same cocaine abusers, on your left is a normal control individual who has not abused cocaine; in the middle is a cocaine abuser. Now, if you think back on that image you saw in the beginning of a five-day old baby, there wasn't a whole lot of brain activity. You can see this cocaine abuser one week after his last dose and you can see that his brain is profoundly affected. This is how fragile this drug of abuse is; it produces a complete hypometabolic state in the brains of people who use it.

Now, if your brain is that hypometabolically blunted, then you have a whole host of behavioral problems that can include but are not limited to things like higher executive function, and what that means is being able to make the right decision, being able to say yes and being able to say no. You need the front part of your brain, the frontal cortex of your brain, which in this individual is shut off, to tell you what's right and what's wrong, and when you abuse cocaine you lose that ability. So you lose what's called higher order executive function.

We see it in all our cocaine abusers, we can measure it, we can quantitate it, and again, it's reproducible. So you can see as well as I can see that substance abuse, in this case cocaine, produces profound changes in how the brain works. It actually removes the individual's ability to make proper decisions; proper decisions that include yes or no, and it's reproducible and it appears to be somewhat irreversible. Over time, about 10 to 20% of it comes back, but it doesn't come back to normal.

When we associate -- when we put these individuals in rooms with other cocaine abusers who are also hypometabolic, whose brains are also like this, you can imagine, if you're in a room of 30 people who don't have the ability to know the difference between right from wrong and don't have the ability to act on what's right or what's wrong. The problem intensifies because one person will become a follower, one person will stand up and decide to do something and the others will follow because they don't know any better, they simply can't act, their brain no longer works in a manner consistent with allowing them to evaluate a series of data, evaluate an environment, evaluate a potential outcome. One of these things that we hear all the time in these people is they never think ahead, they never think of the consequences ahead. They think like the kids we see think, they're all in it for the immediate response. They're all in it for instant gratification. They never think ahead, they don't think even an hour ahead, they don't think a day ahead, they certainly don't think a week ahead. And we can see this in their brains very easily, very reproducibly and very consistently.

Methamphetamine is a drug that's here, it's clearly in our school districts, I've seen it in all the school districts that I've been associated with and talked to. It didn't used to be here, in the year 2000 it wasn't, we used to bring our methamphetamine abuses from the west coast, today we get them right from Suffolk County, right from Nassau County and we have no trouble finding them. We have absolutely no trouble finding them. Methamphetamine is the most addictive drug that we have ever seen. It is made in people's homes by simply purchasing cold medicines that contain Pseudoephedrine. If you look now, many pharmacies actually control the sale of things like Chlorocidin, they control the sale of these cold medication because people are breaking them down and making methamphetamine, and it's extremely simple to make.

Before I came here this morning, as I always do before I go to a school, I Googled "methamphetamine recipes", and you can come up with 39,000 hits on how to make methamphetamine. It's simple to make, it's made in people's homes, it's actually made in some school districts, they found meth labs in some school districts here on the Island; it's here. It is the most addictive drug we have ever seen. It is also the most destructive drug we have ever seen. What you're looking at is a 12 year-old girl and the brain of a 12 year-old girl where you see normal dopamine receptors. This is a 12 year-old girl who got into Methamphetamine, she got into it about a milligram, she took it by mouth and she has destroyed greater than 90% of her dopamine receptors. She has what's called End-Stage Parkinson's Disease. Her six year-old sister is in the same condition. Methamphetamine will produce Parkinson's Disease in patients who abuse it. Methamphetamine is highly toxic to the dopamine system, it kills dopamine neurons on contact and it produces Parkinson's Disease, and we see it here, we see it in our school districts.

When we study methamphetamine abusers, they typically have signs of Parkinson's Disease, they typically have cognitive decline, they typically have changes in their frontal cortex, they also run into the same problems with losing the ability to say yes or no. Craving for methamphetamine represents the highest craving score of any drug of abuse, any drug of abuse, the number one drug that has the highest craving score is methamphetamine.

Heroin. We have seen an enormous increase in the use of the Opiates. I've been talking to school kids since 1994 and I can tell you here today that the greatest increase in any single drug over the last 15 years that I have seen is heroin in the last year. Now, over the last 15 years these drugs go in cycles, cocaine comes and goes, heroin comes and goes, phencyclidine, the hallucinogens, come and go. Heroin is here in a huge way. I have not been to a school district in the last year where people haven't told me, "Heroin is here." Now, the reason that heroin is here, we believe, is due to the prescription pain medications that are routinely prescribed for appropriate indications, the medication is left in the family's house. As an example, people who have wisdom teeth extracted, which can be a routine four or five day course of medication for pain management, and they're getting a script for four months of Vicodin or four months of Oxycontin, and what happens is these drugs remain in the individual's home and the kids get them. So if you go into people's homes and go into their medicine cabinets, they undoubtedly have a bottle full of Vicodin or a bottle full of OxyContin, and what I hear when I ask them about it is they say, one, it costs them a lot of money to get it so they don't want to throw it away and, two, they want to have it in the event that in a week from now they twist their ankle, they have some medication for the pain, they don't have to go back to the doctor, pay the copay, they already have the meds. These drugs are extremely addictive.

What you're looking at here are scans of a young man who snorted heroin, which is the most common form of use now, just a decade ago it was injectable, now it's being refined and made in a powder so it's easier to use, people snort it. And what you see are huge white-matter lesions in their brains following the snorting of heroin. So when we talk about heroin abuse, we're talking about the same thing in terms of changes in brain dopamine, we're talking about the same thing in terms of changes in loss of higher order cognitive function, but now we're adding to it changes in white-matter. When you start to change white-matter, white-matter is that part of the brain that sends signals throughout the brain. So what happens is you develop what are called Leukoencephalopathies which can manifest in a whole host of behaviors. The brain changes, the brain can't communicate, one side doesn't know what the other side is doing, they don't know what they've done, they don't know how to respond to something, they don't know how to appropriately address the situation that they're faced with and it becomes extremely addictive, and this is exactly what we see in individuals who are abusing the opiates. And of all the drugs, the drug -- the easiest, the easiest drug to get addicted to are the opiates.

This is what happens to how the brain lives. In an opiate abuser, we lose parietal cortex function. Parietal cortex is that part of your brain that's really been associated with intellect. Now, that's kind

of a broad term, and it doesn't mean that you can't add two numbers correctly, it means that you really lose your common sense. And heroin abusers really use lose their common sense, they lose their ability to perform in matters consistent with what you would consider a common sense response, and we see this in all of our heroin abusers. It, again, is reproducible and we can see it and measure it.

We also see profound changes in the back part of the brain. The back part of the brain is associated with vision, we all see with the back of our brain. Heroin abusers will typically start to develop issues with vision, it's one of the first signs that we see. But the question that always gets asked to me in school districts is how does it start? It starts at home. It starts with kids getting in to prescription pain medications that parents have left in their house; I hear this time and time and time again. And if you go to a school district, and I go to the school districts all the time, you can get the value of the drug. A Vicodin tablet will sell for \$20, an Oxycontin tablet will sell for \$25, an 80 milligram tablet will sell for \$30. Heroin will sell for between \$4 and \$10; it's cheap, it's abundant and it's incredibly addictive. It produces changes instantly, after a single dose, it can produce an addictive state after a single dose, and these people lose the ability to say no. So again, if you put them into an environment where they are placed with other heroin abusers who are facing the same problems, they just manifest themselves. You don't have someone helping them, you have someone who's sharing the same problem, and we see it over and over.

And again, if we just look at the addictive drugs that we've talked about -- cocaine, alcohol and heroin -- these are normal dopamine receptors, this is what happens when you abuse the drugs; you can see it as well as I do. These drugs produce a destruction in brain dopamine. When you lose brain dopamine, you lose the ability to feel pleasure from normal events, that produces profound changes in your behavior. If you can't feel happy being with your family, then you will seek out another way to feel happy, and we hear this from families all the time; "This is my child, the boy or girl to whom I gave birth, but it's not the kid who grew up with me." They no longer like to play football, they no longer like to play X-Box, they no longer like to be with their friends, they no longer like to be in the band, I hear it time and time again and it's directly related to the fact that these drugs are destroying brain dopamine, irreversibly and these kids are losing the ability to feel pleasure from normal environmental cues.

And I will end on this. If I had to -- when I go to elementary schools and I talk to kids about drugs they're abusing, one in five kids in elementary schools abuse inhalents on Long Island, one in five. That number becomes four out of five in kids in 8th grade; four out of five kids in 8th grade have abused an inhalent. Now, this can include something as simple as smelling gasoline from a gasoline can to as complicated as huffing nitrous oxide from whipped cream cans that they purchase at King Kullen or nail polish issue remover. And when we talk -- back in the days when I was in medical school, they used to talk about marijuana being the gateway drug. Well, in fact the data do not support that notion. The data do support that the number one gateway drug are inhalents. And when we get into elementary schools and 20% of kids K-6 are abusing inhalents, this is the problem that we're going to face and it just gets worse, I have had school teachers bring me empty bottles of cigarette lighters, cigarette lighters contain butane and kids huff butane. More kids die from butane than any other drug in high school with the exception of alcohol.

So I will end there. I'm happy to answer any questions that anyone has and I hope I have been able to give you a general overview. We've obviously studied every drug of abuse, but I've just focused on a handful. Thank you.

CHAIRMAN KOUBEK:

Dr. Dewey, thank you so very much. I'm personally stunned as what I just learned. And I would say as a former high school teacher, as a parent and a grandparent, I am really grateful that you are speaking to as many kids as you are about this.

Let me begin with something I just learned which is that -- and I did not know that alcohol and perhaps some of these other drugs are required to feel normal; I didn't quite get that. So the return to normalcy comes from the abuse that -- I mean, is that the process?

DR. DEWEY:

Right. And it's just unique, it's really unique to alcohol. The alcohol -- the typical alcoholic, they have a higher incidence of depression, they have a higher incidence of -- a general feeling of apathy, withdrawn. And what we see is when those individuals become intoxicated, their behavior, you can obviously do a whole bunch of neurosite testing and rate their behaviors. They become much more what you would expect for someone their age; they're energetic, they're engaging, they're happy to talk about things that they're normally happy to talk about, they're happy to engage with their family, they're happy to engage in conversations with people with whom they work. What you'll see in the workplace is they'll tend to be more integrated into the work process, whatever it is their job is doing. When they're sober, they're absolutely different. They are -- they tend to be more lethargic, apathetic, less engaging because their brain is functioning at such a low level that the normal stimuli -- as we sit in this room today, all -- there's a whole host of things going on that we're subconsciously not paying attention to; the lighting, the sound, the people in the room, the flags behind you, these are all things that we pay attention to Subconsciously, but the alcoholic tends not to because his brain is functioning so low when he's sober that he's not really paying attention to his surrounding environment. When he drinks or when she drinks, all of that changes, they now become aware of their surroundings, they become aware of what's going on in the office, they become aware of changes in climate, they become aware of the weather, they become aware of the people with whom they're working. So it's -- they will tell you that it makes them feel -- they won't say that it makes them feel better, they'll say it makes them feel normal, and that's exactly what we hear, it makes them feel normal.

And in fact, to be honest, when you see them intoxicated, and not intoxicated falling down drunk on the floor, but intoxicated to the point where they are legally intoxicated, they are -- they appear absolutely normal to you and I. You can engage them in a conversation about current events, you can talk to them about their family, you can talk to them about their jobs and you'd never know it, and it's exactly what we see.

CHAIRMAN KOUBEK:

So in effect, they're seeking normalcy through abnormal behavior.

DR. DEWEY:

That's absolutely correct.

CHAIRMAN KOUBEK:

Okay. So then my second question, and then we'll open it to the panel, would be I was really impressed by your statement that environments are a major trigger of relapse. So maybe you could comment on the situation that has brought us together today which is the fact that there are certain sober homes -- and I want to stress certain sober homes, not all -- where you have people packed in who have no supervision, they're unregulated homes and so they may be in day treatment, you know, to get sober, but then return to a home at night an environment where they're surrounded by people seeking normalcy by drinking and no one is stopping them. So what would you say as a professional to that?

DR. DEWEY:

It is a recipe for disaster. It's one of the things that we have to pay attention to. Our -- it's very easy for me to show you the biological and the biochemical confounds of substance abuse; they're very easy to see, they're very easy for us to understand. It's the psychological component that becomes far more complex, and what you see is -- and what we see is when our -- when we -- we obviously recruit people into the imaging center. They volunteer for these studies, they're under no obligation to come, they're perfectly safe when they come, and what they will tell you is the biggest problem is if they go back to a place where they have been abusing drugs, they relapse, and that's

exactly what we see. And what you'll hear time and time again and you'll see ads on TV where they have you go to these very elaborate, very fancy treatment centers, it's an environment they're not used to, it's an environment they've never been in, it's an environment where they have not abused drugs, and that's all part of the process that people believe will help -- and, in fact, does -- help them get off the drugs, because it's an environment that they haven't yet associated with using the drugs.

Now, the problem is in many of these places drugs get in, and before long they start to associate some of those treatment homes with substance abuse. But when they go back to these homes about which you're speaking that are not supervised as well as they should be or they're not monitored as well as they should be, you're virtually asking for the impossible; you're asking for someone to go back to a place where drugs are abused and not abuse them. And the number one cause, you saw it as well as I saw it, and that's just a simple case, that's just someone who hadn't been abusing cocaine terribly long who just saw a picture. Now, imagine if that individual goes into a home where someone is actually using, the smell, the number one cue is smell; smell is one of the most powerful cues we have. Vision is certainly a powerful cue, but smell is much more. So you can imagine that if you have somebody going back and they're smelling alcohol or they're smelling the heating up of a crack pipe or they're smelling the melting of heroine, that is a much more powerful cue than a simple paragraph. So it becomes a very, very big problem.

CHAIRMAN KOUBEK:

Thank you. Do any members of the commission -- let me just ask the stenographer, can you read the names?

MS. MAHONEY:

Yes.

CHAIRMAN KOUBEK:

Okay, great. Okay, so we begin with Vice-Chair, Kathy Liguori.

VICE-CHAIR LIGUORI:

Thank you, Dr. Dewey. As a parent of a sophomore in college and a parent of a sophomore in high school, I have learned so much in these last two years of being a naive parent to a now a very aware parent of the effects of drug abuse, and I can't thank you enough for your work. But my questions are this. If -- as I've seen that some of these students have used heroin, they've used Oxycontin, all of that, and they go into rehab and they take Zboxin and then they relapse, what happens to them? And also, my second question would be what would you recommend to keep people in recovery?

DR. DEWEY:

As a father of a junior in college and a 17 year-old son, I can absolutely relate to your comments. To address your first question, treatments with drugs like Methadone or Zboxone for heroin dependency are very effective treatment strategies; they differ in how they work and they differ in their goals. Methadone is merely a replacement strategy where you trade one addiction for another. Methadone is as addictive as heroin. The difference is if you're giving a controlled substance, Methadone, that is manufactured under GMP, or Good Manufacturing Practices, by a big pharm drug company, that's far safer than going and scoring heroin on the street which may contain 1% heroin, 90% heroin and a whole host of other things.

So with respect to those treatment strategies you talked about, they're both good treatments, methadone is a replacement treatment, Zboxone is not a replacement, Zboxone is Bupernorphine, it's a drug that's designed to take away -- to bind up the opiate receptors so an individual doesn't -- if an individual goes out and uses heroin, they don't get high, so it's targeted primarily at blocking the reward should someone go out and get high. So it's kind of a replacement strategy -- it's a

strategy designed to block the reward. So two different approaches, both of which I think are effective, both of which have their drawbacks. You know, we hear the methadone stories all the time that you've got to go to the clinic and the clinics are never in nice places and that becomes problematic. Buprenorphine is a script that's written, a pill you can take in the privacy of your own home; a huge advance in my opinion.

Your second question is one that's much more difficult; what would I recommend. I wish I had that answer because I panic about my two kids all the time, and I'm in this business. What I would recommend is -- what I do believe very strongly in is educating kids early on. Many times I will go to school districts where I'm told, "You know, I understand that you go out and speak to school districts, but there are no drug problems here"; I hear it quite a bit. "It's great to have you come in, but we don't have that problem", when, in fact, I have never been in a school district that doesn't have that problem. So part of it is recognition, is being aware, is acknowledging the problem exists. Once you acknowledge the problem exists, and we have some information that we can share, I think education plays an important role. It's not going to solve everything. It might not solve 10%, but it's a start. And I've been doing this so long and I've had kids that I talked to in 2nd grade that when they got their diplomas in their senior year have thanked me for never doing anything because they were listening -- they remember listening to me in 3rd grade.

So I think you have to educate, I think you have to get immediately involved if you suspect any kind of behavior in your child. You have to be extremely vigilant, because these behaviors associated with these drugs manifest subtly, as simple as your kid not liking something that they used to like. You know, you might request question them about it, "Why don't you like that?", you know, "You used to play the flute in the band." I had this issue with my son who quit band and right away thought -- so you have to get in aggressively, I believe, engage your kid, watch them very carefully, ask them questions about changes that you notice in their behavior. And of course on top of all of this is adolescence, and adolescence -- there's all kinds of changes going on in adolescence; they go from one day to the next, you know, they're Jekyll and Hyde. So you've got to just play the watching game and you've got to be really involved. That's the only answer I can give you.

VICE-CHAIR LIGUORI:

From your experiences of working with the school districts, and I know how this is growing in epidemic proportions and I'm almost frightened that a right of passage for a parent to go looking for colleges for their high school student may suddenly become a horrific nightmare that they may have to be looking for a rehab and a sober home.

DR. DEWEY:

Absolutely, that's absolutely true. It's a nightmare. And I just went through this with my daughter looking for colleges, it's an absolute nightmare that they may, instead of looking for colleges, looking for treatment facilities.

VICE-CHAIR LIGUORI:

What happens when a person takes heroin or Oxycontin, rehabs, takes Zboxin and then they go into this vicious cycle; what happens to them at that point? Is that what happened -- why people die from these overdoses?

DR. DEWEY:

Yes. What you'll see is a biochemical process called super sensitivity, and it's very common, it's very well-known and it's very well described. As you take drugs like cocaine or heroin or marijuana, the brain is a very dynamic structure, it changes constantly. So let's just go with the heroin example. As you use heroin, your brain will change the number of receptors that it has, if there's a lot of heroin on board, your brain will actually get rid of the receptors to which it finds because your brain is always trying to maintain some kind of balance. So as you use heroin and heroin levels go up, the receptor numbers go down, so that's a straight forward process. It's just called homeostasis. When you stop taking heroin, like you said, then what happens is the brain returns the receptor numbers back to normal, but what it does is it makes those receptors super sensitive.

So what happens is somebody stops taking heroin, and you saw this with John Belushi, you stop taking heroin, you up regulate your receptors, they become super sensitive, in some period of time after that you take a single dose of heroin and it kills you, because your receptors are now super sensitive to the presence of heroin. So that's what we see and that's what happens with substance abuse; your brain changes in the absence of the drug as you wash out or as you get clean, but if you relapse, the likelihood that your relapse will produce a catastrophic event goes way up.

VICE-CHAIR LIGUORI:

Thank you.

CHAIRMAN KOUBEK:

Peter Barnett?

MR. BARNETT:

Yes, Doctor. Could you go back one slide? I don't know if that's possible. One of the things that I was fascinated with, you said there's a point where a person becomes irreversible to cure themselves. So on these three things -- cocaine, alcohol and heroin -- point do they become irreversible.

DR. DEWEY:

That's a really good question, and I wish I -- I wish as a scientist I had an answer for you. What I can tell you is we don't have the luxury of studying cocaine abusers or heroin abusers day one, day two, day three, day four. So we don't have the luxury of -- one of the things I guess I should have began with, I should have started with is by saying that substance abusers are not -- tend not to be the most honest population. So when we talk to them and we take histories, we have to go with what they tell us. So I'd like to have an answer for you, I'd like to be able to say after 10 doses, after 20 doses; I don't have that answer. That's one of the many answers -- many questions that we've been trying to find out.

I think that there are ways to get to that. One of these things now is some states have approved marijuana use for medicinal purposes, so we can actually track people who have never used marijuana and watch them as they're using it for chemotherapy and people are doing that to get just directly to that question. And I think it's one of the things -- speaking, again, as a parent, putting my Dad hat on -- it's one of the things that scares me the most. We don't know, and we also don't know if it's a fixed number across the board. You know, for Susan it might take two doses but for Michael it might take 10, we don't know. We do know that there are certainly cases where people have tried cocaine once and it's killed them. We're all familiar with Len Bias, or maybe many of us are familiar with Len Bias, he was a basketball player who used cocaine and died, he had never used it before.

So I wish I had an answer to your question. I think the fact that I don't just adds to my fear that I can't tell you when they reach that point of no return. I can tell you that a single dose can be fatal and I can tell you that there are people that have been abusing for 20 years. So it's really -- it's like Russian Roulette in many respects.

MR. BARNETT:

The same with the alcohol?

DR. DEWEY:

The same with the alcohol. We have a better -- we have a little better understanding with the alcohol, not much better. It's clearly -- one thing we can say -- one thing we can say about all of these drugs is the younger you are when you start, the greater the loss, the greater the effect. So that's why we have to be very -- I'm personally very concerned about these elementary school kids who are huffing, sniffing glue still, and it's here on Long Island. I mean, it's here, I see it all the time.

Alcohol, we have a little better -- we have a little better understanding, and there are a couple of comments that we can make.

One is it appears to be faster in individuals who have a family history of alcoholism, specifically in individuals borne of an alcoholic parent; that is an alcoholic parent who was an alcoholic prior to conception. It appears to be a little faster in those individuals, which leads us to believe that there's clearly a genetic predisposition to alcoholism, which isn't a surprise when you look at the data across the world.

We know that the quantity -- the binge drinking, which is a real issue -- again, I have a daughter in college, I hear all the stories -- that binge drinking tends to bring this on quicker than long-term chronic use. Binge drinking is extremely dangerous because it produces not only respiratory arrest, which can be fatal, but it produces profound changes that greatly exceed what I've shown you here. The imagines I showed you here are alcoholics who are progressively drinking alcohol steadily, not the binge drinkers who are far worse.

We do have a better understanding. Within a couple of years of alcohol consumption, we can start to see changes in the brain that appear permanent that look better in the presence of alcohol. So we can make some comments that it would appear that within a couple of years, and these are people over the -- obviously over the age of 21 because we can't study younger, that it takes a couple of years before these changes begin to develop, and that tends to be consistent with what we hear about people saying that they've become an alcoholic. So we do have a better understanding of the alcohol story but not a great understanding.

MR. BARNETT:

Thank you very much.

CHAIRMAN KOUBEK:

Peggy Boyd.

MS. BOYD:

Doctor, thank you for your work and coming this morning. I've been thinking about some of the literature I've read, and typically a stay in a sober house has been three to six months as part of a transition back to life in their former environment. Is that timeframe, based on your expertise, enough time? Given the damage and the ability that, you know -- given the damage and some of the effects the abusers have on -- has had on the brain?

DR. DEWEY:

What I would say to you is the scientific data would suggest that it's not, in that you can take people who have been clean for three months, six months, a year, you can take people -- and these are studies that have been done many times from the 60's when people were abusing heroin and they were abusing the psychedelics and they were abusing phencyclidine and they were abusing pot, and you can take people from the 60's and still show them a cue and they will have a dopamine response. Now, you obviously can't put people in homes for 40 years, but it seems to me that three months to six months is short. We certainly see in cocaine abusers, a year after their last dose they have a huge response to an environmental trigger. I understand that it's to suggest that you need to go -- to suggest increasing length of time means more and more money to be spent, but as a scientist I can tell you that we see changes in people a year later, two years later who have been clean.

So my scientific answer would be probably not, but I also have to be realistic and say that three months or six months is certainly better than nothing, I think. In certain -- certainly better than nothing in some of these homes, it's certainly not better than nothing in others.

MS. BOYD:

Thank you.

CHAIRMAN KOUBEK:
Legislator Browning.

LEG. BROWNING:

Thank you. It always amazes me what you do. I know we talked at one time and you mentioned about a treatment that you're hoping will be approved some time next year; would you like to elaborate on that?

DR. DEWEY:

Sure. All -- you might ask yourself what does all of this come to? I mean, I'm not here just to show you pretty pictures, or striking pictures, however you want to term them. What all this information has led to is we have a wonderful understanding of what the biochemical process of substance abuse is. We have a very good understanding of what happens, how it happens, the rate at which it happens, and the selectivity of the processes, the change.

Borne out of all of this information, I took a drug that I thought would be an approved drug, a drug that's been used since 1976, a safe drug, a drug that's used in pediatric kids for epilepsy, and thought that it might be very effective for treating substance abuse, because remember, every drug of abuse, whether it's the caffeine in your Starbucks in the morning or it's methamphetamine or heroin, it works by increasing brain dopamine, and the level to which it increases brain dopamine tells you how addictive it is. My apologies for being redundant. So I took a drug that blocked brain dopamine release and the theory was very, very simple; if you have an individual who's abusing cocaine or abusing heroin, they're doing it for a purpose. The alcoholic is doing it to feel normal, the cocaine and heroin abusers are doing it to feel high. If you take away that reward, you take away the incentive to use the drug. So this drug that I took blocks those increases in brain dopamine and it blocks it very, very effectively, very strongly and for a long period of time.

Now, one of the things that we had to be concerned about is we don't want to stop normal environmental elevations in brain dopamine. If you go home tonight to your husband or wife or to your kids, you want to feel good about being with your family, you need to be able to have dopamine levels increase. So I can't give a drug that blocks dopamine completely; I mean, I could, we do it to schizophrenic patients, how we treat -- that's how we treat them, but it has a host of side effects. So this drug only blocks drug-induced increases in brain dopamine. It does not block natural induced increase in brain dopamine. So that means if you take it and you go and you see your kids or it's Friday afternoon or you're going on a family vacation, you'll feel just as great as you normally would feel. But if you take cocaine or if you take heroin, you will not get a reward.

That drug has -- we've gone through phase I testing, we've completed three double blind placebo-controlled trials phase II testing, and it has been shown to be strikingly effective. We are now in phase III testing which is kind of getting to the dosing issues and we're moving forward with it, and that drug came out of all of this work. So not only have we defined the disease, but we believe, I believe, that we have worked and developed a drug that will be very effective for treating all addictions because all additions are based on the same biochemical mechanism.

LEG. BROWNING:

When do you expect to see it on the market?

DR. DEWEY:

When do I expect to see it? Well, you know, the FDA is really -- we have to complete another phase -- we have to complete a another phase II trial, we just completed our third with 180 patients, randomized, double-blind placebo control, that was very effective. We have to do another one that's bigger, it will probably be 360 patients, double-blind, randomized placebo control. We're doing the phase III stuff simultaneously, phase III is just developing the dose, so that's kind of an easy process, and developing the dosing regiment; are you going to take one pill a day, two pills a day,

three pills a day?

We had our first press conference in this in 1998 and I made the mistake at that time of saying it will be out in five years, which would have been 2003; we're 2009 now and it's not out. So a couple of years, I would think.

LEG. BROWNING:

Thank you.

CHAIRMAN KOUBEK:

Jack Caffey.

MR. CAFFEY:

Good morning, Doc. And thank you for this total education and thank you for your professionalism to society.

The question I have is you had mentioned that -- the question was asked from the floor here, the horseshoe, about over occupancy in these so-called sober homes. It is my understanding, and I'm not a layman here and if there is -- I believe that there's no stupid question if you don't have the answer.

DR. DEWEY:

Absolutely.

MR. CAFFEY:

It is my understanding that you have group therapy --

DR. DEWEY:

Yes.

MR. CAFFEY:

-- for people who are dependent upon drugs and substance abuse and so on.

DR. DEWEY:

Yes.

MR. CAFFEY:

Now, these people are asking questions and going through their experiences of how they started and so on and so forth --

DR. DEWEY:

Yes.

MR. CAFFEY:

-- and they're educating each one; is that correct?

DR. DEWEY:

Yes.

MR. CAFFEY:

Okay. What happens after they leave that particular area and now go to a sober home with five or six other people and they're still within that environment, and these may be the same people that are opening it up and discussing their problems, but yet come back to a new environment where there is no professional person there anymore and they relapse to their substance abuse.

DR. DEWEY:

Right. It -- that's a good question. And you're absolutely correct that treatment strategies, psychotherapy -- psychotherapeutic approaches are predicated on group environments where they talk in groups, you're absolutely correct. They have been shown to be extremely effective. I'm an advocate -- a very good advocate of AA, I believe it's important to talk to people, I believe it's important to engage in discussions of what everyone has experienced because it helps people understand what's out there. I think you run into trouble when you put individuals into an environment with others who have not had that kind of similar experience. I don't really know enough about the kind of treatment strategies that are offered in sober homes to comment on whether or not they would be effective inasmuch as it's one thing to work in a group, as you mentioned, and to discuss what goes on in the addictive process, in the cycle of addiction; it's another thing to take an individual out of that kind of treatment environment and put him, he or she into a home with people who have not had that experience, so have not bought into, if you will, the philosophy behind it.

So based on just the pure science that I know, it would seem to me that that would be a risk -- a higher risk of having somebody relapse if they're put into an environment where they're with people who have not gone through some kind of group therapy. It's just -- it's a sense I have because what we see, often what we see is people will -- our subjects will relapse -- a good example is if you have a kid -- if you have an individual who's trying to get clean and his family is playing no role in that process, the family is not involved, the family doesn't go to the meetings, the family has nothing to do with it, the kid is doing it on his own or she's doing it on her own; that kid is getting no support from people from whom they need support. So I think it would be difficult to put them in an environment -- I think you would increase the likelihood of relapse if you put them into an environment of people who have not had at least some kind of common treatment, psychotherapeutic treatment approach.

MR. CAFFEY:

I understand what you're saying, but let's take say six people that may be going through therapy.

DR. DEWEY:

Right.

MR. CAFFEY:

And those six individuals may live in the same room or same house.

DR. DEWEY:

Right.

MR. CAFFEY:

And for a period of time that they're in the environment with a professional --

DR. DEWEY:

Yes.

MR. CAFFEY:

-- they're going through therapy.

DR. DEWEY:

Yes.

MR. CAFFEY:

Now, when they go home, they have all been taught and been educated and gone through their experiences, and I'm sure that it will relate even further when they get back to home, when they start discussing their personal things --

DR. DEWEY:

Right, yes.

MR. CAFFEY:

-- or the pressures or anxieties or whatever. Why would it not be the same in therapy if those six individuals -- what you're saying -- I know it's a very difficult question.

DR. DEWEY:

I think it would be. I think you're right. I think if you're talking about six people who have gone through the same kind of treatment, who have together gone through the same kind of psychotherapy, and now they go out back to their homes, I think -- I think it would be -- I think it would be equally effective across all six of those people. So I think that's a really good situation. The situation I -- maybe I misunderstood. The question was if you take one of those six people and put them in a group with five others who have not had that kind of psychotherapy, that's a recipe for disaster. But if you take the six people and they've all had a common, then they go out, I think that that's a far better strategy.

MR. CAFFEY:

Okay.

DR. DEWEY:

Yes.

MR. CAFFEY:

I think I have one other question, because we're going to go to the younger element. As far as your professionalism and your going around, do you know if every school district in Suffolk County, for example, if they have a program just like you have shown given to the students on a regular basis; and if there isn't, what suggestion would you make to have this done? Because I know everyone in this room has learned today some enormous type of experiences, what you have shown here.

DR. DEWEY:

I can -- it's a very easy question to answer. The answer is no, not all the school districts have this. And I can take it a step further and I can say school districts don't want it, some school districts don't want it. I've been doing this for 15 years and there are school districts I've never been in. So the answer to your question is no, there's not uniform involvement, there are school districts I go in three times a year; I was in Mt. Sinai last night and I've been there three times. So there are some school districts who are attacking this head-on, aggressively, there are some school districts who absolutely don't.

Now, how would I get them more involved? I'm on the Board of Education for the Eastern Suffolk BOCES and the Eastern Suffolk BOCES Board of Education oversees all 51 school districts in eastern Suffolk. I would do something through Eastern Suffolk BOCES either through the school district Superintendents, and I've spoken to school District Superintendents. I think that's probably the easiest way, because you have to get -- it's very easy. I've had many parents come to me and say, "You have to come to my district, you have to come talk to my district," and then they get held up by the administration. So I think you have to get buy-in from the District Superintendents first.

MR. CAFFEY:

Now that you mentioned Superintendents, how about even further, the school boards?

DR. DEWEY.

Well, I've talked to school boards and I've had school boards -- I've had say the same thing to me, that we'd rather you not come to the school, because we --

CHAIRMAN KOUBEK:

Yeah, if I could just jump in, Dr. Dewey and Jack, we're running very, very behind. And I think your questions have really called attention to a third facet here which is not only do we have a very

fragile population that you have -- this has been amazingly informative, for me as a layperson. And again, a fragile population put in to environments that trigger their behaviors, environments that are unsupervised. But we also are in a climate of denial, which is what Jack is getting at. So we have a community that's denying the problem exists.

DR. DEWEY:
Absolutely.

CHAIRMAN KOUBEK:
So I want to thank you for all you've provided. What I'd like to ask of you is the commission, as I said, is going to be meeting with folks. If we could follow-up with -- if we have some questions or meet with you separately?

DR. DEWEY:
Absolutely.

CHAIRMAN KOUBEK:
It's been amazingly helpful to us.

DR. DEWEY:
I would just end by saying if you could -- I do all my school talks for free, there's no charge, there's no cost. If you could somehow come up with a way to get districts to have me come in, I'd go into every one of them; I just don't know how to get there, I've tried. But if you guys have a better way of getting into school districts than I do, and I'm sure you do, I go to districts no cost, they don't pay a dime for travel, nothing; I'd be happy to do every one of them.

CHAIRMAN KOUBEK:
That could be one of our recommendations. I mean, we will go before the Legislature with specific recommendations and that clearly could be one of them, that the Legislature and the County Executive call upon the school districts to ask you to come for free to do the kind of wonderful work you're doing. So again, our thanks --

DR. DEWEY:
Thank you.

CHAIRMAN KOUBEK:
-- for what you have provided; really, really excellent.

Applause

DR. DEWEY:
Thank you very much.

MR. CAFFEY:
If I may, Mr. Chairman?

CHAIRMAN KOUBEK:
Yes.

MR. CAFFEY:
It's amazing how we concentrate, or we're talking about school districts. Some school districts go into schools and they start searches and stuff through lockers and whatnot and they've hired special guards and all this stuff for the school districts, which ultimately winds up costing the school board money and, of course, it's all passed on to the taxpayer.

CHAIRMAN KOUBEK:

Right.

MR. CAFFEY:

So while we're doing one thing, we're missing another thing, and it's typical of government. And I would think that if the government of the State of New York, who complains all the time about the funding for schools over Long Island, ought to make it a law that that kind of counseling and this kind of professional be mandatory in every school district.

CHAIRMAN KOUBEK:

Well, that could be a recommendation. Thank you.

We're going to go to public participation with this caveat that at eleven o'clock -- our apologies for the delay in our agenda, but obviously this was a very, very rich presentation. At eleven o'clock we will be patching in a presentation from California.

But let us begin with the public comments. Each person has five minutes, members of the panel do have an opportunity to ask questions. We've been joined by Legislator Ed Romaine, we welcome you. And with us in the audience is Katie Horst from Governor Patterson's Office and Elise Dressler from Assemblywoman Patricia Eddington's Office. But let's begin with the first card, Steven Wolf. You can stand at the --

MR. WOLF:

At the table?

CHAIRMAN KOUBEK:

Either one, or you could sit. Are you comfortable sitting, Steven? Would you like to sit?

MR. WOLF:

No, that's okay.

CHAIRMAN KOUBEK:

Okay. And we have a new microphone system, you need to hold the button as you speak.

MR. WOLF:

Okay. Can you hear me? You caught me off guard this morning, being the first one to come up here. I'm not a public speaker by any means. But this issue is very, very important to me, so I feel very compelled to speak to you on it.

My name is Steven Wolf. I've been in the recovery process for 17 years. I've lived in and out of these sober homes for over ten years, so -- let me calm down a little bit, you caught me off guard. There's a lot of serious stuff going on out there in these sober houses that have to be addressed. I personally -- I'm also a student, I want to be a chemical dependency counselor. I was very impressed with the Doctor talking to you today to give you an idea of what goes on with chemical dependency and the whole brain issue. And the thing that I want to talk to you about is a little bit about the recovery process and what we need to do with that. All the stuff that happens in the brain, to undo it, it takes time, abstinence, but more importantly, the behaviors that go along with it.

I know for me, I had to make a lot of changes in my life to get recovery. All right? This idea that, you know, you go to a rehab for 30 days and you come out and you're all better, this idea that all a person needs to do is just not use chemicals and they're going to be fine; it's not true, it's not even close. All right? Recovery takes work. And, you know, like my first sober house in 1998, I learned how to use heroin in the sober house. I had never touched the stuff, you know what I mean? You have no idea how devastating to people, a person, to leave a treatment center or a hospital with the

idea they want to get recovery and then live in a house where a bunch of people are using chemicals; I mean, it's unbelievable. It totally defeats the purpose of what we're trying to do, and I thought that was to help people.

I made up -- All right, the first question was what is a sober home. First of all, you know, for the intention of moving on with this thing, I would really like to see the whole term "sober house" eliminated. Sober homes today have gotten a bad name for themselves; I don't even tell people if I'm living in a sober house. The stuff that's been going on in these houses, it doesn't promote recovery, which is what I like to see. I would like to see anything we change or are able to make happen, I would like to see them called recovery homes because that's what we're trying to do, is help people in recovery.

Now, a sober home is a house where those people recovering from addictions feel safe and supported in their efforts to remain sober. In a sober house, they will learn how to live responsibly. It is where a person can learn to like themselves again. To define a sober house, we can use Oxford House as a good model, and I have a copy of their manual, not all of it with me. But I want you to look at this, the idea of a really good sober house. Where we're at now is we don't have anything. I can show you documentation of models of sober homes that work, work very well, how they're run, what they do to run, but what's going on right now, it's not even close.

Are sober homes doing their intended jobs? Currently most are not. If we are looking strictly to provide housing for those in need, then, yes. We don't need to call these homes sober homes, though. I have lived in many so-called sober homes only to end up living with those using chemicals. These users were not even addressed by the current managers or owners. For example, I learned how to use heroin in my house, I stated that before.

How should sober homes properly fit in their communities? Sober homes, if managed correctly, could fit properly in any community. From the outside, a properly managed house would blend in in any residential community. Community members could also help with monitoring these homes by keeping them informed of what's going on in these sober houses instead of sneaking around, you know, trying to get over, which is a big part.

What type of sober homes do we need? We need homes that are monitored by outside sources, mainly government, that comply with written law.. they should support recovery and deter people from using chemicals in these houses. There must be enforced consequences for those that violate these sober house rules.

What is the ideal sober home for the community? The ideal sober home supports recovery and, at the same time, does not interfere or cause any inconvenience on members of the community. The house promotes safety for those living in the home and surrounding the community. And what could our government do? All right, there's a lot of things I could address right now, we're not there yet but, you know, talking about registering these houses, having a manager; there's a lot --

CHAIRMAN KOUBEK:

If you could sum up, sir? Time is up, if you could sum up.

MR. WOLF:

-- of different things going. Okay, thank you.

CHAIRMAN KOUBEK:

Okay. Are there any questions?

LEG. BROWNING:

Yeah, I'll ask one.

CHAIRMAN KOUBEK:

Yes, Legislator Browning has a question.

LEG. BROWNING:

Mr. Wolf? First of all, I want to say thank you. I've received your e-mails and the fact that based on -- your experience will certainly help us when we make recommendations on what needs to be done. You said for the past ten years you've been living in different sober homes.

MR. WOLF:

Uh-huh.

LEG. BROWNING:

You know, one of the problems I've seen in my district is the numbers of people in the home. Have you lived in homes where there's been excessive numbers of people in the home exceeding, say, what the town law permits?

MR. WOLF:

Absolutely. Well, you know, you can't get around it, according to the owners, because of money problems. You know what I mean? You know, have I been in a 10 X 10 room with two of us in it? Absolutely. And I can understand the owner's point of view on it, because they're only getting the 309 from DSS, it can be rough. Is that a problem? Yes, but, you know, all these issues with proper living and everything, it really doesn't matter if these people aren't sober. You understand what I'm saying? It's very complicated but, yes, it is going on, yes.

LEG. BROWNING:

How many have been in a home, like the maximum amount of people in a home?

MR. WOLF:

I've been in homes, one-family, with ten, twelve people in them.

CHAIRMAN KOUBEK:

Did you say you were in a 10 X 10 room with how many people?

MR. WOLF:

Two. In other words, you can fit two beds in there and there's like four feet in between the beds, that's what we're doing.

CHAIRMAN KOUBEK:

Yeah. Okay. Any other questions?

LEG. BROWNING:

One last one. I know you had mentioned about the 309, I know that DSS pays 460. Have you experienced residents who have been asked to pay more, in excess of what, say, like DSS is paying or what the government allows?

MR. WOLF:

Yeah. Well, that's kind of funny, too, because some of the houses I've been, all of a sudden they work on a sliding scale; you know, it depends on what your income is, that's based on what you pay. The 449, my understanding, that's if you're making meals for them. That's a whole other story, too, we can't get into that right now, but yeah.

LEG. BROWNING:

Okay.

CHAIRMAN KOUBEK:

Thank you, sir.

MR. STOLTZ:

I have a question.

CHAIRMAN KOUBEK:

Oh, I'm sorry. Michael? Michael Stoltz.

MR. STOLTZ:

Hi, Steven. Congratulations on how much sobriety you've put together and good luck with your education and thank you for coming here.

A simple question; where were you living and what was going on that allowed you to become clean and sober?

MR. WOLF:

I would really like to give my housing credit for that, but honestly I have to say it was me and the foot work that I put in; you know, going to my 12-Step Programs, I've had some great counselors along the way. You know, I've worked very hard for what I was doing. And this is why I'm at a point right now that not only are we not supporting them, but people aren't getting the message anymore. I've sat outside clinics and talked to some of the young people and just say, "Have you ever gone to an NA meeting?", "What is that?" You know, the recovery message is just simply getting lost out there.

MR. STOLTZ:

Thanks.

CHAIRMAN KOUBEK:

Thank you very much, Steven, for sharing your story. It's a very personal and touching story and you've brought quite a bit of expertise as well. Thank you.

MR. WOLF:

Thank you.

CHAIRMAN KOUBEK:

The next speaker is Karen Boorshtein from Family Service League.

MS. BOORSHTAIN:

Good morning. I'm Karen Boorshtein, the President and CEO of Family Service League. And with me is Joe Gelber, he's our Coordinator for one of our Chemical Dependency and Substance Abuse Centers located in Bay Shore. And I want to thank the commission for this hearing to better understand issues related to sober housing, what can be done to create safe and effective housing for people in recovery.

Family Service League is licensed, among many other things, by the Office of Substance Abuse and Alcohol Services, and of course the Office of Mental Health; And additionally, we have a number of programs that serve the homeless. As a result of this work, we're acutely aware of the challenges presented by this population. We understand this population has a multitude of problems which include social, physical, emotional, substance abuse, financial issues with relatively few available housing options.

Conversely, we fully understand the negative impact unsafe, unsupervised, over crowded houses has both our neighborhoods, communities and residents of these homes. We recognize the delicate balance between the need of the town to ensure that houses are safe and compliant with local zoning laws and the need for individuals in recovery to have housing available. We know firsthand the tremendous need for clean, safe, responsible and effective housing options compatible with the neighborhoods where they operate, for those who are chemically dependent and striving for

recovery.

Simply put, drug-free housing does work and prevents relapse. We recognize housing stability is a linchpin in the recovery process. Unfortunately, far too often our clients share serious concerns about their living conditions in some sober homes, not all, and we've learned that each of those homes vary widely in their methods for helping residents obtain sobriety. Therefore, we submit the following recommendations. We support fair housing and believe strongly that there needs to be some regulatory controls over recovery homes. We support the drafting of quality standards for providers, and certainly we agree that it is difficult to find housing in Suffolk County for the 309 rate.

You've heard this morning -- and Dr. Dewey, I agree, your presentation was wonderful, and you hear about the fragility of those who are suffering and dealing with chemical dependency and substance abuse and you've heard from Steven the difficulty that he's endured. What we also want to say is that's not exclusive, it's not across the board. There are sober homes across the County where people are in good homes and doing well, but there are others, as we know and why we're here today to look at what other options are there. It's complex, we know that, we know it involves the different levels of government, but it's something that I think we all need to strive for. Thank you.

CHAIRMAN KOUBEK:

Thank you. Is your colleague going to speak as well? Is Joe going to speak?

MS. BOORSHTAIN:

Not unless you have questions for us.

CHAIRMAN KOUBEK:

Okay. Are there any questions? Okay, thank you very much.

MS. BOORSHTAIN:

Thank you.

CHAIRMAN KOUBEK:

Thank you very much. We are now going to patch in to California where we will be hearing from Jeff Christianson, Project Director of California's Sober Living Network, and Debra Parker.

*(*Setting up telephone conference*)*

MR. CHRISTIANSON:

Hello?

CHAIRMAN KOUBEK:

Good morning.

MR. CHRISTIANSON:

Good morning.

CHAIRMAN KOUBEK:

We're just doing our technical hook-up here. So let me first ask if the audience can hear the -- can you hear the speaker from California?

MS. MAHONEY:

Are you pressing the button on the microphone?

CHAIRMAN KOUBEK:

It's on, the microphone is on.

MR. CHRISTIANSON:

Would you like me to talk.

CHAIRMAN KOUBEK:

Okay, can the audience here? Yes, okay. So if and your colleague could introduce yourselves. Let me welcome you to this hearing. The title of the hearing is "Recovery for Whom? Creating a Network of Safe, Effective Sober Homes For Suffolk Residents Who Are Chemically Dependent".

We are aware that there are many, many problems with the fact that we have a protected class of people who are very fragile. And here in New York, I don't know about California, I think it's a national problem, but in New York we have them living in homes that have no legal standing and no regulations and no real parameters. Some of the homes are doing a good job, many are not. It's our understanding -- and I want to personally thank Kathy Ayers-Lancillotta for arranging for this hook-up. It's our understanding that California is on the cutting edge of trying to come up with some solutions. And so we welcome you to the hearing and maybe now you could introduce yourselves.

MR. CHRISTIANSON:

Great. My name is Jeff Christianson, I'm the Project Director of the Sober Living Network.

MS. PARKER:

And I'm Debra Parker, I'm the Project Director of the Solutions for Treatment Expansion Project for Futures Associates funded by the California Endowment.

CHAIRMAN KOUBEK:

Okay. Thank you both for joining us. And Let's begin with could you give us the California approaches to this very complex problem?

MR. CHRISTIANSON:

Yes. Now, are you guys aware of the slide presentation?

CHAIRMAN KOUBEK:

We're aware one is coming, yeah.

MR. CHRISTIANSON:

Okay. Is there any way that we could pull that up? Because I think that might be the best way. We've got a very short slide presentation that will give you a good overview of what we do and how we do it.

CHAIRMAN KOUBEK:

Good. We are ready to do that.

MR. CHRISTIANSON:

You are ready to do that.

CHAIRMAN KOUBEK:

Yes.

MR. CHRISTIANSON:

Great. So if you've got the Sober Living Network slide in front of you, why don't I start. And what we will do is go through the whole slide presentation, it will be rather quick, and then that will hopefully allow for better, more direct questions that we can answer afterwards.

CHAIRMAN KOUBEK:

Okay. We're ready.

MR. CHRISTIANSON:

Okay, excellent. I'd like to thank Suffolk County for inviting us this morning to do this presentation. This morning's presentation will consist of two parts, the first part will be given by me and will cover what the network is; the second part will be presented by Debra Parker and will cover zoning and land use issues. We will keep this short to allow time for questions afterwards.

The Sober Living Network is a non-profit organization dedicated to promoting excellence in the operation and management of sober living and other community recovery support resources. Over 25,000 men and women in southern California find safety and support in the network's quality sober living homes each year. Recent university research has shown sober living to be tremendously effective in promoting long-term recovery from alcoholism and addiction. These and similar studies suggest that sober living should play a prominent role in publicly supported efforts to combat the social toll of addiction and drug dependency. Next slide, please.

How do we define sober living homes? Sober living homes are shared, congregate housing that offer no treatment services. They're a democratic culture and a family environment; they're affordable housing for recovering persons and they're unlicenseable, exempt from State licensing requirements and they are a family of disabled recovering persons living together in mutual support. Next slide, please.

What is a Sober Living Network home? There are 527 network homes here in southern California and all of them adhere to the Sober Living Network requirements and procedures. They pass an annual inspection, they agree to abide by a stringent code of ethics, they carry sufficient, required liability insurance, they practice good neighbor policies and they attend regular network meetings and trainings.
Next slide, please.

This is -- one of the requirements of all network homes is to attend a four-hour training that covers the topics that you see in front of you here. In addition to this initial training, the network also offers two leadership trainings for house managers and senior residents. Since we have only a few minutes this morning to present, we are not going to go over the majority of what we cover in that training because it would take too long. What we will cover is why we organize quality sober living homes and why that is important. Next slide, please.

The network is set up in a way that we encourage counties to form and grow their own coalitions. This encourages a grassroots community effort on behalf of the homes and also encourages growing local leadership from within the County. Members are responsible to hold and run monthly coalition meetings to keep the membership and the local government officials up-to-speed on what is going within their communities. The role of the network is to set standards, conduct trainings and provide communication for local, State and Federal sources to all member coalitions. The network sets quality assurance requirements in the areas of health, safety and management and conduct voluntary annual inspections of every home every year. These inspections are thorough and they include an inspection check list on our website to inform new members of what will be required. For example, safety issues include that there must be fire extinguishers mounted in the kitchen and hallway, smoke detectors must be in each bedroom and operational, water heaters must be strapped, a wrench must be securely placed at the gas meter to use in case of an emergency, etcetera. Each coalition has a list of membership requirements that include carrying sufficient liability insurance, mandatory attendance at coalition meetings, as well as the obligation to abide by a code of ethics. All these documents can be found on our website.

As stated, the network is a trade association of quality sober living homes. Our approved member homes receive what we like to say as the Better Business Bureau Seal of Approval which is the logo that you see at the bottom of this slide. Also, the network has a complaint and grievance process for members or residents that they can use to report abuses of any kind. Homes found to be in violation of the code of ethics are immediately removed from our approved member list. Next slide,

please.

The network's goal is to be recognized by the local governments. For that reason, we want to bring respect and recognition to the quality sober living homes that are in our communities. We want to become recognized as a Central Recovery Resources and we want to participate and impact Federal, State and local Legislative activity.

The advantages -- there are many advantages to having a sober living coalition. The network provides a range of community services, they include information, training, technical assistance and advocacy. We develop and promote quality assurance standards for sober living homes at no cost to the local governments. We direct -- we have direct assistance for homes serving at-risk women and children; for a description of that program, please see our website.

The network is also a voice for adequate recognition, respect and legitimacy for community recovery support resources. We're a resource to local and State governmental and administrative bodies on the policy implications of regulations concerning drug and alcohol rehabilitation and treatment, as well as land use and zoning issues that affect the health and viability of Community Recovery Resources. Next slide, please.

We encourage and help our homes develop important relationships with local officials. Now, the problem that we find here in southern California as well as from a lot of our other sober living home groups across the country is that Legislators and public officials often only hear about problems or what we call rogue houses. The reason that we have our list of officials houses is that we hope to elevate the community resources in sober living so that the County can recognize which houses are willing to go that extra mile and self-regulate.

Also, sober living homes changed the public dialogue to be based on policy and data, not unsubstantiated conjecture. We recognize that our homes have been in these communities for a long time, for decades, and they've been a silent resource to the community. And what happens a lot of times with the ordinances of things to try to get passed, it's not based on facts and that's one of the things that we'd really like to bring to the attention of Legislators and try to find ways to help get rid of the problem houses, but at the same time not throw the baby out with the bath water and keep this valuable community resource that doesn't cost the city any money to house these individuals. And also, the Sober Housing Network needs to develop relation -- stronger relationships with city officials, County Supervisors and State Legislators. Next slide, please.

The potential is, in our opinion, obvious. Quality, sober, collaborative and other congregate houses provide valuable, viable solutions to address and reduce addiction, mental health and homeless problems. Quality sober living housing has existed for decades as a silent community resource housing thousands of otherwise homeless or potentially homeless persons with disabilities. Quality sober living Houses reduces the direct cost of services to local government, and recognizing quality homes health cities identify and eliminate problem or rogue sober living through implementing and enforcing nuisance abatement laws. Next slide, please.

And this is just one final thought that we always give at our trainings, it says, "Never doubt that a small group of thoughtful, committed citizens can change the world, indeed it's the only thing that ever has."

And that concludes my part of this particular slide. Debra, if you'd like to go ahead and take over.

MS. PARKER:

Sure. Good morning.

CHAIRMAN KUBEK:

Good morning.

MS. PARKER:

So I work in zoning and land use, not just in -- regarding sober housing, but I also work with the licensed programs that require use permits and I work with other types of housing for persons with disabilities, like working with providers and advocates for housing for mentally ill and developmentally disabled.

So why zoning and land use is a critical issue for sober housing. To date, the big battles for recovery fields have been funding, and that's where we're all used to fighting and scrapping is in that level. But what has been creeping up more and more is the resistance to sober housing, because wherever sober housing or a presence of residential settings for any kind of recovery or treatment or independent living for persons with disabilities is they begin to develop community resistance and then zoning restrictions always follow. And the progression for this back in the late 70's and 80's was the deinstitutionalization of mental health and alcohol and drugs and NIMBY, not in my backyard, was not really much of a factor then because everybody was locked away in these large, impersonal State institutions, far away from residential communities. But then when deinstitutionalization occurred, that's when NIMBY started coming up in droves and that was when the Fair Housing Laws were amended in 1988 to define discrimination and to provide protections.

And so if zoning restrictions prevent the siting of sober housing and other housing for persons with disabilities, funding isn't going to help at all. And providers are largely uneducated about zoning issues. In fact, when I first discovered this myself, and I've been out in the private sector for a few years and thought, "Well, maybe I missed something here." But when I started talking to providers and advocates, both in the mental health and substance abuse field about this, they looked at me like I just said, "The space ship landed and Elvis got out." It was just something that was not known. And then I found neither was it well known in the local governments and I found, for instance, that the State Department of Alcohol and Drugs was uninformed about these issues and they asked me to -- they asked me to train them.

The problems is the way fair housing is promulgated, it's not easily understood by providers, particularly when it comes to group homes and zoning and land use. It's very clear about the individual sale rentals and leasing about individual homes, but group homes are a little different. Oh, and providers operate from traditionally, and they still do, from a fox hole mentality, let me just get my little home here and let me just burrow in and hope nobody notices. And then they don't have assistance or association to go to when the local government zeros in on them. Next slide, please.

So how sober living works with zoning and land use issues, the Sober Living Network. And this is how I work with other groups, but the Sober Living Network is the largest one that I'm working with and together we have done quite a bit of good things out here. We get educated about the protections for housing for persons with disabilities, and we -- in terms of what those legal protections are. And they aren't -- and each state varies, they aren't always just fair housing protections. In California we have a significant protection in terms of how the State is allowed to define families. Although it's not a strong precedent, so it's kind of up for grabs at the moment, but it has enabled sober living to get very well established and be maintained. And understanding the State laws, too, is just as important as the Federal laws.

We begin -- this is the key point, I think. After you get educated, you find your voice, you start using your voice, so we begin conversations with local government as soon as issues emerge, and we never go in just one provider to talk to a Planning Department or whatever, we go in representing an association. Because the weapons that local governments use, in addition to ordinances, are code enforcement, and often what we have found is code enforcement are called on the homes and they are not aware of the misapplication of what they are seeing, applying to a home and siting them, they're not really accurately often following the laws or the regulations. And so we've been very helpful in eliminating, altogether in some instances and in other jurisdictions, at least to start stemming the tide in that from that sort of behavior from code enforcement.

We learn effective talking points that focus on policies, not NIMBY arguments, and also to get providers out of the defensive mode, and I'll get into what some of those protections are and how

you talk about them, but basically we get off the individual focus. For instance, they'll say, "Well, sober living is a problem." And a sober living home, before they learn how to do this, will say, "Well, actually, you know, we're very good neighbors, we're very good this, we're very good that," and then we learn how to say, "Well, you know, it's up to you, according to the laws, to demonstrate." We have -- we're not -- we're not the problem. The problems are homes that are -- do create impairment and we want you to use nuisance abatement and we'll help you use nuisance abatement and we want a level playing field so that we are being -- so that we're being evaluated equally with all other homes and not being singled out because of who is living in the home, because when you talk about who is living in the home, that's discrimination, and I'll get to that in a minute.

But we also align with other housing advocates for other persons with disabilities, like NAMI, the National Alliance for the Mentally Ill, and they are powerful advocates and these homes are going through the same forms of barriers from zoning and land use that sober housing are. And so we have been able to do some good work together in terms of getting exceptions for housing for persons with disabilities and ordinances in some of California's largest cities, or even stopping them altogether. And I'll name three of those, two of them you probably -- you've heard of, obviously, but one you may not have; one is the City of Los Angeles, another is the City of San Diego and another is the City of Oceanside which is in San Diego County. Okay, next slide, please.

So as I said, we have beaten back restrictive ordinances, we have modified ordinances. We don't always win, we don't always hear about it until it happens. We're right now battling two that have been passed before we really got organized, one in the City of San Bernardino and one in the City of Hamlet, and we're beginning, you know, our tactics on that as to how to combat it. It's not looking that hopeful in terms of getting them to modify the ordinances to exclude housing for persons with disabilities, but what we are doing now is beginning to get the providers familiar with how to file HUD complaints.

Increased provider's ability to mitigate code enforcement. As I said, this is getting them now -- we have key pieces of issue briefings and fact sheets that they can hand code enforcement that they take back to their Planning Departments and their city attorneys and in many instances that has been able to stop it. In about 75% of the cases we're able to get code enforcement to back off. Now, we don't get code enforcement to back off if they're legitimate problems, for instance. But if it's, again, just about the fact that they say you should be licensed or they say you have too many people, then those are issues that they really can't enforce if you push back.

Increase sober living's ability to interface with local governments on these issues. Bit by bit, we are becoming part, in some cities, of the public dialogue and that we are, bit by bit, in some cities becoming a resource to the city to discuss these issues with, and that is just invaluable when you start talking about things that are coming down the line and even in the State Legislature. We've also developed a cadre of Fair Housing lawyers, of privately funded lawyers as well as publicly funded lawyers that support and work with us and work with individual providers. Next slide, please.

So this is just briefly and this is -- this is something that you really need a long training on, this is less than a Reader's Digest version of it. The legal protections for sober housing, and they are in -- well, Fair Housing Laws give three, the 1988 Fair Housing Amendment's Act did three things, it defiances discrimination -- well, it involves two key things I want to talk about here; it defined discrimination and it also provided remedy which was not very clear in previous Fair Housing Laws. So it divided discrimination into three areas, one is discriminatory intent. Whenever any action or ordinance or anything by a local government is more about who is living in the house rather than what type of house it is, then that's pretty much discrimination. NIMBY is a very legitimate community force for stopping many proposed projects. But when it is viewed -- you know, like you don't want a gas station, you don't want a big box store or something, you can really pressure your local elected officials on that. But when it is used against housing for persons with disabilities and the arguments are based on who those people are and all sorts of conjectures, I know, if you're

familiar with these types of hearings, you can write the script as well as we can. I can pretty much now, I've done this for quite a while and I can pretty much write any NIMBY script that a community will come up with depending on what the home is or what the residential program is. But the case law in fair housing is absolutely the strongest on this issue, so -- and there are many ways that a local government will do that. For instance, they will say that -- many of them will, or even the states will do this, they will start, try to start a Legislative act or an ordinance that says, "Due to the neighborhood impairment these homes cause," and right away we say, "Based on what?" And they say, "Well, we know it does"; "yes. How? Please tell us, please show us your data that shows how they are more of a threat than any other home," and I'm going to get into data in a minute, then that kind of stops them. But they do have to show -- they do have to have evidence. Fair housing Laws require evidence to support a position that a local government takes. So for instance, if neighbors say, "Well, they're all going to be rapists," so it's a men's home, "They're all going to be rapists, they're all going to be robbers and all of that, so we don't want those people in our neighborhood, we don't want that influence," but Fair Housing Laws require that you show evidence that that particular provider that is under consideration is a threat and it has to be objective evidence, not conjecture.

Discriminatory impact, that's where effect is restrictive. Both San Diego and the City of Oceanside proposed ordinances to -- that would require a permit for, for instance, homes that at least had more than -- two or more leases in them in residential areas. We showed that this is how this would be, have an entirely disparate impact on housing for persons with disabilities that have one lease per person and usually two to a bedroom and working with them upfront and with their City Attorney's office and some of the Council Offices, they modified their ordinances in their draft form so that that type of housing was excluded.

The third type of combating discrimination is failure to provide reasonable accommodations. So a local government will say -- they may say, "Okay. Well, we know now that we can't discriminate because of who they are. We also are aware of this, you know, discriminatory impact. But what we're going to do is we're really going to ratchet up the zoning and land use restrictions. For instance, we have one treatment provider out here who wants to start a -- he has a very successful program in the Town of Escondido, it's been a mens recovery program that's been here for 47 years, the Mayor loves the program, the Police Chief loves the program, everybody in the community loves the program, the neighbors love the program, and they're starting to start one in another city and they have -- by the time they got up to a year-and-a-half of dithering and dickering with the Planning Commission and by the time they had spent \$150,000 and hadn't even been before the Planning Commission, I finally convinced the board that this wasn't business as usual, this was discrimination and they got a lawyer, and so a Fair Housing Lawyer is working with them now and things are speeding up. But the -- so what a local government, and what they're doing is asking for reasonable accommodation, and what that means is that the local government has to provide flexibility, it has to -- it can't just say, "No, not here," without going into all sorts of conversations about under what circumstances can it exist, if it's needed because of financial problems or situations or anything else. Anyway, it can be quite effective in using it and many -- increasing numbers of providers are becoming aware of it and using it.

Now, what really impacts -- so that's important to understand in terms of sober housing. And forgive me if you know all of this, but it always helps to go through and put this in context. Then there's local zoning and land use, and how sober housing usually comes under is there are two areas in local zoning and land use that local governments use to regulate their housing, residential housing, and one is occupancy standards, and that's where the same applies across the board. In other words, they'll say, "Okay. Within one dwelling unit," which could be, you know, one unit in an apartment building, a mobile home, a mansion, a regular three-bedroom home, that it's sort of like one-size-fits all. "We will not allow any more than 19 people in one home", so then it's not discrimination to apply that because it applies equally across the board.

But the definition of family is most common, and what most jurisdictions in most states do is they define family differently for related people than non-related people, and so it may be something like

an unlimited number of people can live together in one home as a family if they're related by blood, marriage or adoption. But then for non-related adults or unrelated adults, however they say it, it could be that they say, "Well, we can't have more than -- can't have more than two or three or five." California has a -- has changed that. It's only changed it by a Supreme Court decision back in 1980, so it is a precedent, but it's left a big hole in law, but what it says is that no local government can define a -- how a family differently for non-related adults than related adults. And this wasn't based on Fair Housing Laws, this was based on California's constitutional privacy right and right to free association. And so that would be something to check within whatever state we were working in, you have to check all of these things as to where the laws are in your favor and where they aren't and then what you want to do.

So if there is, for instance, and we haven't checked, but if there is in your local jurisdictions, and they're usually pretty much the same across the state, and they state that you can't have more than two or three non-related adults living together, then you could use the reasonable accommodation provision in Fair Housing. Next slide, please.

It's really important to use data to support policy, and this is where we've been able to have quite a bit of effect in the strategic use of data. You don't just say, you can't just throw data out, you have to use it, this all has to be advanced strategically and it's one of the things that we teach in terms of the -- and train for in the sober living. Many governments -- State, local -- make these policies based on negative conjectures, and I gave you an example earlier. But as I said, Fair Housing Laws require zoning and land use decisions to be based on evidence. Now, who actually is the one that is legally -- well, is legally responsible for all of these things in the local government is in the County it would be the Board of Supervisors or whatever you call them in your area, or in the City it would be the City Council; they are the only ones that can commit the actionable act, that can generate a lawsuit. In the individual sale, leasing and lending of individual properties, it's whoever has the legal authority, like it could be the apartment manager has the legal authority, it could be the loan officer or it could be the individual seller, those who legally can make those determinations. But in zoning and land use, it's always the elected officials. And as I said, providers are not usually versed on either their rights or data supporting them, but we have also found that neither are the local governments. And we have -- as we have gone in to meet with local governments, it has been amazing to find how little they know about these things. And so we can get into some very productive conversation that aren't threatening or anything else, they're informative, they're trying to find solutions, we do get -- we do press, we do bring in the lawyers into the conversation. There are some very strong Fair Housing lawyer, community advocates that we can bring in to talk with their city attorneys when it is possible, when it is necessary to do that. And in fact, in the trainings that we do the sober living and sober housing and housing for the mentally ill, we tell them that by the end of one four-hour training, they will know more than 95% of the people they will talk with in local government.

Significant data points because, you know, this is the key thing about data. What data is available on group homes does not support their threats to neighborhoods? I've looked, there isn't a lot of data on this, but that's not what's important. What is important is a startling lack of evidence, claiming these homes threaten health and safety. And I get involved in this all the time with different hearings and all this and people say, "Well, show me data that says blah, blah, blah, blah, that says that, you know, these are -- "Okay. Well, you showed me data about homes as far as this, but what about homes here in Pleasantville, USA?" And you have to get them back on track and say, "This local government has to demonstrate -- has to come up with data that shows that this home is a threat to health and safety." That's the whole point. But there is -- but it does help for them to know that data -- the data is not on the side that these are; in fact, the data is completely the opposite. Most of the data that is involved in this type -- covers this type of group home or different types of group homes for persons with disabilities show that they don't -- they don't contribute to neighborhood health and safety problems; in fact, they actually contribute to neighborhood health and safety.

Let me give you an example of how we use data refusing -- in this. For instance, the City of San

Bernardino that I mentioned, we did get them to back off of restricting sober living all together, but they went around the bend about parolees and so they're now restricting -- they're forbidding -- they're restricting any home that has more than two or more parolees in it. So in this, the City of San Bernardino, actually it was their own research and because their original ordinance where they wanted to just restrict sober living and say there could be no more sober living, they did back off because of the youth. They did this study and then they buried it and we brought it out and used it strategically, publicly, and so it really was helpful several. But their assumption was for doing this was that sober living homes were parolee magnets, that's all they were going, that's all they were doing. All the parolees were flocking back because San Bernardino has -- is the second in the state with returning parolees. So here it was where we actually found out, the city found out where parolees were living. And as you can see, only 8% were living in sober living homes.

And we were also able to give some convincing data that you want them there, and that even though addicts and alcoholics, about 10% of the population are going to be addicts or alcoholics, but what is significant is of that 10%, half of them come from families that have addiction problems, so you don't want them going back with their families and they get that. Also, the fact that 19% of them were homeless and only eight were in sober living.

So just a couple of more. This next slide, and you can read this, this is one of the American Planning Association Policy Guide. This was on property values and shows that more than 50 studies have examined their impact on property values, more than any other small land use, and basically what this concludes is that they don't effect property values of even the house next door, how long to sell it and they've often learned that these residences are the best maintained properties on the block.

MR. ROMAINE:
(Inaudible).

MS. PARKER:

And then this is from the former California Attorney General Bill Lockyer who has done -- wrote quite a very good letter to the Mayors and Chair of the Boards of Supervisors of all California local governments and on reasonable accomodation and was stating that opposition to such housing is often grounded on stereotypical assumptions about people with disabilities, apparently equally unfounded concerns about the impact of such homes on surrounding property vales and the support that these are, you know, completely unplaced.

Okay, one more slide. How sober living would work with new sober housing groups, zoning and land use. We would provide a template for -- for instance, if we were going to come out and work with you, we would, in very general, provide a template for assessing State and local zoning and land use regulations, we'd help identify State and local resources for combating zoning and land use barriers, and we would help establish, given a template for establishing collaborative community action with providers and advocates for other housing for persons with disabilities. This whole thing about the ordinance, beginning to -- well, how we got this ordinance changed in the City of Oceanside to exclude housing for persons with disabilities. This is the same city in which this provider is trying to get a conditional use permit that I told you earlier about, \$150,000 that still hadn't been before the planning division. What this has done is we have, through this ordinance, mobilized such a powerful group of advocates from the City of Oceanside and those that refer to the City of Oceanside that they are now all on board to support this individual provider and they're starting politically and letting -- making this also a referendum, letting the city know that they're considering this a referendum on how this city views housing for persons with disabilities. We've got parents of the developmentally disabled and all that, so, and of the mentally ill and families of sober living, all of those who are beginning to pressure the City Council.

Training. We would do training on legal protections or a template for this and how to carry it on and enforcement. Enforcement options are really key because there are some that are always the same in every state and then others that are particularly -- that are only particular to that state.

The good news is is that for the last eight years -- or the bad news was for the previous administration we had no -- you know, the Department of Justice wasn't interested in this issue, but in the new administration the Department of Justice is very interested. And we also do spokesperson training on how to work with local governments and media. So, that's it.

CHAIRMAN KOUBEK:

Well, thank you, Ms. Parker and Mr. Christianson. We are Separated by 3,000 miles and I -- it appears to me you are way ahead of us, certainly Mr. Christianson, in terms of setting up your Sober Living Network.

So you understand, here on Long Island, this is our situation. We have sober homes; some of them are good because they choose to be good, some are awful because they choose to be awful, and there is no statute regulating any of these homes.

MR. CHRISTIANSON:

Right.

CHAIRMAN KOUBEK:

We also do not have as yet a voluntary system. There are groups, some of whom will be speaking today, trying to set up, you know, a self-regulating system, but we don't really have one yet, it's in the process.

So let me begin with a question for Ms. Parker. I appreciate the zeal with which you're protecting the rights of disabled people and these very fragile, chemically-dependent people. But I'm getting a sense that -- well, let me ask it this way. Do you believe that there are local zoning codes that could regulate these homes and still comply with the ADA, Americans With Disabilities Act?

MS. PARKER:

No.

CHAIRMAN KOUBEK:

Wow.

MS. PARKER:

And actually, it wouldn't be the ADA. The ADA covers the disabled person, it doesn't cover housing. It's the Fair Housing Laws that cover housing for those people.

CHAIRMAN KOUBEK:

Okay.

MS. PARKER:

They two work together --

CHAIRMAN KOUBEK:

They work together.

MS. PARKER:

-- but no -- there really isn't any way that isn't in some way discriminatory. Now, whether you can actually find remedy for it, you know, just depends. But if they are singled out or they have a disparate impact and -- I want to be clear, too, that we don't have any regulations protecting them out here either.

CHAIRMAN KOUBEK:

Protecting the --

MS. PARKER:

Sober housing.

CHAIRMAN KOUBEK:

The whole sober housing, okay.

MS. PARKER:

Yeah. No, we don't have any legislation protecting them. In fact, we keep trying to fend off legislation. And inevitably, I don't want you to think this is all wonderful out here, because it's a struggle every day and we just got in to the war two years ago and it's been going on for 20 years, so. But eventually there probably will be some kind of State regulation, and if there is going to be regulation, that's where you want it, not at the local government level.

CHAIRMAN KOUBEK:

That's been our goal here, there have been several attempts to get State regulation. But I think part of the difference between Long Island and California is the fact, Mr. Christianson, that you have a network that's apparently working where people are self-regulating.

So if you have that network, then you're not going to have as many of these rogue houses. We really have rogue houses. I know sometimes all sober homes are perceived as rogue housing, but we have them and we have to close them from time to time because the problems are so egregious.

Mr. Christianson, what's the carrot and the stick? How do you -- let me put it this way. How do you -- what do you do with sober home providers who don't choose to get into your network and choose to just collect the funds and pack as many people into a house as they can and really bypass your network; how do you deal with them?

MR. CHRISTIANSON:

Well, that's a great question and it comes up often. However, here in Los Angeles County we have about 300 homes and you can count on one hand the number of homes that you're describing, those types of homes that seem to not obey any of the rules.

So what the coalition and the network does with local authorities is it's important that the laws that protect are also the laws that don't protect. Most likely than not, when you have an unscrupulous landlord that is taking in, for example, general relief, people taking their checks and putting sardines -- you know, packing them in like sardines. Generally speaking, this house is not going to be -- fall under the protections of the Federal Fair Housing Laws because the protected class are recovering addicts and alcoholics, and if there is obvious drug use or obvious drinking in a house, we talk to the local authorities and we tell them that these houses are not protected and that you called the full force of your nuisance abatement procedures. And it's one of the things that we've worked with some of the local cities, is in tightening up these nuisance abatement procedures where they can actually go after a house that's unscrupulous because it is not protected. Even if it calls itself a sober living, if it can determine that these people are not sober, then that class is not protected and it becomes a nuisance to the neighborhood. In Los Angeles County it was taking two to three years for the nuisance abatement procedures for an eviction of a type of house, be it a crack house or a mismanaged sober living, but these are the things that we're starting to do at a local level.

MS. PARKER:

We also --

CHAIRMAN KOUBEK:

Tell us again, if you would, why are -- in these rogue homes, why are they not protected class?

MS. PARKER:

Well, I could --

MR. CHRISTIANSON:

If they are -- go ahead.

MS. PARKER:

I'll answer that one. A lot of them really aren't sober homes to begin with. They may just be parolee housing, they may be just a landlord bringing somebody in and calling them sober living. But if they are homes where people are -- Fair Housing Law says that if you're using illegal drugs, you cannot be using illegal drugs; you can be recovered from using illegal drugs, but if you're using illegal drugs you're not covered by Fair Housing Laws.

But we also state that even if, you know, everything is going fine, even if everybody in the home is sober, if for some reason that operator is not abiding by what would be the standard in code enforcement, then we say we want to live and die by the same rules as every other home. So if we're not following the rules, then one of our homes should be shut down.

CHAIRMAN KOUBEK:

This is Federal law you're talking about? If there are users in the home, active users, then they're not a protected class?

MS. PARKER:

Yeah, right.

CHAIRMAN KOUBEK:

That's Federal.

MS. PARKER:

That's Federal.

CHAIRMAN KOUBEK:

Well, that's a eureka moment for me.

MS. PARKER:

If you look at the -- if you look at the law, it's fairly clear, as clear as laws are. There is a statement put out, a joint statement by HUD and Department of Justice on reasonable accommodation and some other things, and there's an error in there and I have checked with HUD and they have said, "Yes, there's an error and your grandchildren will be able to read the corrected version of it." But it is an error, it states that the only exclusions for disability for addiction are those that are currently using illegal substances or those that have been convicted of the manufacture or distribution, and that is not true. That is true, the Federal government has applied that to Federal housing, but that is not true of the Fair Housing Law.

CHAIRMAN KOUBEK:

Okay, thank you. I think we may have some questions from the panel? Okay. Peggy? Peggy Boyd.

MS. BOYD:

I just want to make sure -- thank you for your presentation.

CHAIRMAN KOUBEK:

Hold the button. Can you hear her?

MS. BOYD:

Can you hear me?

MR. CHRISTIANSON:

Yes.

MS. PARKER:

Yes.

MS. BOYD:

Thank you for your presentation. A couple of questions. Number one, when you spoke of discriminatory intent you talked about the who, and as a housing advocate I worry about the how many. I'm wondering if your standards that you have established do take square footage and fire and safety and recommend a number of individuals in each one of the homes to be part of the network.

MS. PARKER:

Well, we go by what the State standards of occupancy are. And I know the network is working on -- they don't have -- they haven't really nailed that down specifically in terms of how many people per bedroom or something like that, it's really kind of hard to -- Jeff, you can talk more about that.

MR. CHRISTIANSON:

Yeah, as a general rule we do use State Occupant standards when it comes to that. However, our inspectors are trained to really go and look at a house, and if a bedroom can't fit four guys, we don't allow that bedroom to have four guys, we recommend that it go down to three or even two.

Now, one of the things it does also restrict the number in bedrooms is the network has been recognized here in California by some of the State agencies. One of the state agencies here is CFPD and it's a contract for parolees that is administered by a group called Walden House, and they actually say that in order to receive that State contract -- in other words, for guys off parole that want to get sober, for them to go into a sober living they have to go into a network-approved home, and then they set the requirement that said there can only be -- there can be no more than two beds to a room, and this comes from a State contract which our providers have to abide by if they want to work with the State in that regard. It's also a requirement by the Department of Mental Health. So there are ways within the network that these occupancies are restricted.

However, as a rule, again, we train our members that we want to be a family. We want these folks living together as a family and our rule of thumb is if we walk into a bedroom and say, "We couldn't live here," then we won't allow that many beds. But we do take out the tape measure if it does look like they've got people stacked in a room and we've got certain occupancy standards for each bedroom. I believe here in California it's 75 square feet for the first and 45 square feet for each additional person in a bedroom and we will abide by that.

MS. BOYD:

Okay, and just two other areas. I want to just get clarity; did you, at some point during the presentation, say that you recognize the need for State to intervene and do some regulation, not local?

MR. CHRISTIANSON:

I'm sorry, you've got --

MS. PARKER:

Recognize the need for what?

MS. BOYD:

For State to regulate, not the local?

MS. PARKER:

We don't -- well, we don't want -- I mean, we're recognizing that that's a train that's coming down the track, that there is going to be some form of regulation, not because we really want it but

because that's what the political reality is. But if it does occur, then what we're going to be working for -- and again, a lot of local governments, I just talked to a city attorney for a city -- with a city yesterday and they're trying to regulate these homes and we both agreed that it was better to have the State do it and then have it -- which was unusual anyway, too -- and then have it enforced locally. But if you have local governments deciding these things, it's going to be a mish mash, it's going to be all kinds of violations of Fair Housing. And so it would be better, you know, to go through the State on this.

MS. BOYD:

Okay. Last question; how many have been taken off the list since they've joined the consortium?

MR. CHRISTIANSON:

Oh, I can answer, I can pull up even some data. Of the 500 member homes that we have, we will generally, because of some sort of complaint or violation, pull off about 1% of those a year.

MS. BOYD:

Thank you.

MS. PARKER:

And then there's some others occasionally that you pull off, too, that even though there's nothing wrong with the home, they don't keep up and come to the meetings?

MR. CHRISTIANSON:

Exactly.

MS. PARKER:

And so it's an administrative discharge.

MR. CHRISTIANSON:

It's an administrative discharge. And at the same time, we do have -- it's important to understand, we do have a grievance committee and we do work with local governments when it comes to that. For example, recently we had one of our member homes that we saw a notice from a Senior Lead Officer at Police Department in one of our areas here and the complaint was that they had found a live grenade in the house; well, that's a direct violation of our code of ethics where we do not allow weapons of any kind in any house. So we immediately removed them from our website and we talked with the Senior Lead Officer and we found out that the whole thing was basically a hoax that was perpetrated by a competing sober living home. So again, we're --

MS. PARKER:

Oh, I didn't hear that's how that came out. Oh, I'm glad to hear that.

MR. CHRISTIANSON:

Yeah, that's how that came. But they were happy because we did institute our process. And again, this is so that the city -- we like to work in concert with the city. We have -- we have no authority to institute any charges or penalties for conduct, but what we do do is work with the cities and we built this standard of trust with them, we said, "Let us go investigate and come to you and then if there is indeed a problem, we want to work with you to alleviate this problem. In more cases than not, for every ten complaints we get -- in fact, it's less than that -- I would say for every hundred of complaints we get, there's maybe two or three valid that aren't complaints registered by -- for sour grapes against one of our owners.

MS. BOYD:

Thank you.

CHAIRMAN KOUBEK:

Okay. Legislator Browning.

LEG. BROWNING:

Good morning, I believe, still. You know, I deal with this issue often and as I'm looking at your slides, you know, I get many complaints. I can tell you I probably get maybe one to two a day comes into in my office, problem home in the district, call from the fire department or the ambulance company that there's an overdose in the sober home, local residents talking about drug trafficking going on. You know, we have -- here in Suffolk County our districts and neighborhoods are very diverse economically, and what I see is that in my district the communities were -- they're lower income or, you know, working class people, that that's where we see the sober homes, that's where we see the concentration of sober homes.

MS. PARKER:

Uh-huh.

LEG. BROWNING:

What have you guys done to prevent the saturation in various communities of sober homes? Are you trying to force equal distribution or, you know, you're self-regulated, you don't have the State or anyone regulating you? So what do you do when you go to a community and you start to say, "Well, you know what? There seems to be too many homes in this particular community"; are you addressing that issue or how have you tried?

MS. PARKER:

Well, you brought up two issues, one of them is the perceived over concentration and then the other is problem homes and it sounds like -- I mean, these are complaints that don't come, that are so rare against homes that are members of the Sober Living Network. But they are common among just homeowners who want to just rent something out and they feel they're capitalizing on some of the protections they perceive are sober living and so they say they're sober living, so that's one issue.

But then the other is in terms of over concentration, it's like saying -- one of the dangers of saying you can't have sober living because of the protected class, if they're true sober living, it's like saying, all right, we're going to say that we have to make sure that we can't have an over concentration of a particular race or ethnic background or religion in our community, because they're all covered by the same laws. And so it's a problem for communities. I mean, if the sober homes are just fine, then as the Sober Living Networks, most of them are really good neighbors and do a really good job, but then there are all these unscrupulous ones and that's the problem. And most local governments are not tough on nuisance abatement and that's one of the things that we just keep pressing, is we don't want to be painted with the same brush as these people. So, you know, shut them down, they should be shut down.

We can't defend ourselves against things like people claim, "Well, there's secondhand smoke coming over the fence"; well, you know, smoking isn't illegal, and this is just something that people use because they don't like them and so they're looking for if they don't bring their trash cans in before sunset, they call code enforcement, things like that. So it's a problem, it's a problem for everyone, the rogues homes.

LEG. BROWNING:

Well, the rogue homes, that's what I have. I don't have any proper regulated homes really in my district.

MS. PARKER:

How are your nuisance abatement procedures in your local jurisdiction?

LEG. BROWNING:

Well, we have -- our local town has code where they prohibit no more than eight unrelated people in a home and as you know, they can't enforce that law.

MS. PARKER:

Do you have any social host laws in your area, ordinances?

LEG. BROWNING:

Yes, yes, we do. And we have a crack house law, but it takes a lot to prove it and that's one of the problems.

MS. PARKER:

Right.

LEG. BROWNING:

But, you know, when I -- when I get the complaints about the homes, I mean, I have a gentleman in the audience, I can tell you there's maybe 20 homes on his block and within his block there's two or three sober homes, you know, always a problem, always a problem. But the problem is is that our local town code, they do what they can but the number of people and the excess number of people that are in the homes are the problem, and the drug activity that goes on and the types of activity that goes on in the homes.

So I just feel that it's unfair to certain communities that are being saturated, whether they be properly regulated or not. You have many different organizations, non-profit organizations, that buy homes and they don't pay taxes, so that's another issue. Then our school districts, our taxes for our schools, the revenue for our schools comes from property tax, so now you're taking those homes off the rolls and they're not paying school taxes. So --

MS. PARKER:

Well, the only -- how the sober living, how any kind of a sober housing association that really has good standards and works is it's not going to be a panacea, but it is going to set a standard and it is going to be peer pressure, too.

LEG. BROWNING:

But you don't take communities, you don't look at a community and say, "Well, you know, this community we have 20 homes" --

MS. PARKER:

No.

LEG. BROWNING:

-- "and that's" --

MS. PARKER:

No, because it's up to the individual homeowners, so.

LEG. BROWNING:

That's a problem. That is a problem.

MS. PARKER:

It's an association of homeowners, so.

CHAIRMAN KOUBEK:

Okay. Michael Stoltz and then Legislator Romaine.

MR. STOLTZ:

Thank you for your presentation and for joining us. A simple question; of your 500 plus homes, can you give a sense of the governing structure on them in terms of for-profits, non-profits, individual proprietors? And what were these homes prior to them becoming a part of the Sober Living Network? And The third question and last question would be about revenue; is there a differential rate of housing support or Public Assistance through housing for participants who are in these homes as contrasted with those who might be in rogue homes?

MR. CHRISTIANSON:

Those are great questions. Our membership goes from -- we've got houses that charge as little as \$250 a bed up to houses, you know, that will charge \$5,000 a bed. It covers the entire gambit in all areas of southern California. The houses are about, I would say, 30 to 40% non-profit, the rest are owner-managed houses. But one of the things that we try to train all of our houses, in our training we talk about this democratic culture. Do you guys have Oxford Houses out in Long Island?

LEG. BROWNING:

Yeah.

CHAIRMAN KOUBEK:

Yes, we do.

MR. CHRISTIANSON:

Are you guys familiar with that? That process by which they have the democratically run houses, we run a variation of that here in southern California which offers what we consider a little bit more structure, but we also encourage the recovering people to take responsibility for their lives and it seems to work really well for our houses. And I don't remember the third part of your question.

MR. STOLTZ:

No, I think you hit them. Thanks.

MR. CHRISTIANSON:

Okay.

CHAIRMAN KOUBEK:

Robert.

MS. PARKER:

The other thing is that these homes are --

MR. GREENBERGER:

The one about funding.

MR. STOLTZ:

Oh, this was about --

MS. PARKER:

-- subject to tenant/landlord laws in terms of eviction, and with the -- these homes also have a very strong peer support and they manage and they run the aspects of the home and they can really pressure, if somebody is drinking or using again, they -- in 90 -- I think it's, what, about 95% of the cases are successful in getting them to leave without having to be evicted and stay around for two or three months with possible contamination of the home.

MR. CHRISTIANSON:

I'm sorry, your question was about assistance. That's an important one to know, that the vast majority of our homes receive no government assistance of any kind. One of the tenants of our homes is you bring in the newly sober or the recent parolee and you incorporate them into the

community of sober people in the house where they're responsible for their own lives; they're responsible to get jobs, they're responsible to pay their bills. And what this does is it teaches these guys that this is the way things are going to go.

We do have a few homes that receive assistance, small amounts of assistance that cater to our -- what would be considered the very low end where their substance is general relief or even SSI or SSDI and they do work hard. In some of our south central locations we have a very strong coalition where the coalition itself actually supports a lot of folks that can't afford to get off the street into the house and they'll sponsor them in the house for the first couple of months, we do that all through the coalition with very little government support.

CHAIRMAN KOUBEK:

Okay. Legislator Romaine.

LEG. ROMAINE:

Yes, this is less in the form of a question than a statement. Clearly I've worked with -- I've been on the Legislature for a long time, I've been in County government as an elected official for about 24 years. It's very clear to me that sober houses, at least in Suffolk County, tend to vest themselves in low to middle income communities. I haven't found a sober house in Old Field or Poquout or Belle Terre or any of the other wealthy communities in this County. I found them in low to middle income communities where people go in and unfortunately a few operators have given this operation a bad name because they haven't had any structure, because they do allow people to use alcohol and to use drugs, because there isn't sufficient laws about what a sober home should or should not do.

I strongly believe that the State of New York needs to step into the breach and provide absolute guidelines about what constitutes a sober home and what type of benefits go on there and deal with the saturation issue completely so that a handful of communities are not victimized by an over saturation of unregulated, unsupervised sober homes. I know with nursing homes, we require our nursing homes to be checked periodically and be inspected --

Applause

-- as to whether they are fulfilling their mission and their patient care under their supervision. We need that type of legislation or State, and if the State doesn't have the willingness to do this, then the State should allow its counties to step into the breach and regulate it. Because then we do a couple of things; we not only protect our communities, but we assure that people that have to use sober houses are given the recovery that they need and that they are not there to victimize these people by milking them for as much money as they can get a month for Social Services. So clearly, I think that the sober house system, at least on Long Island, needs to be changed in a dramatic way. It needs structure, it needs supervision and, most importantly, it needs licensing by the State of New York or by the subdivisions of the State, the counties.

And with that, I have to go to a budget meeting downstairs. I thank you for allowing me to make that statement because I've listened to all of this, and there's a huge disconnect from what happens in communities like Mastic, Mastic Beach or Shirley where there are a proliferation of unregulated, unsupervised sober homes that do negatively impact on the communities in which they're in and the programs being described in California. And I just want to make that point and I appreciate your willingness to allow me to do that. Thank you so much.

MS. PARKER:

Thank you.

CHAIRMAN KOUBEK:

Thank you. Do either of you want to comment?

MS. PARKER:

No. I mean, if there's -- if there's a problem --

CHAIRMAN KOUBEK:

We have a problem.

*(*Laughter*)*

MS. PARKER:

Yeah. If there's a problem, it needs to be addressed by whatever means you can do it. And I know that in our instance here, we've been able to develop a body of providers that can provide pressure and that also give some assistance to local governments and our assistance to help them use the nuisance abatement, and I really wish we could still use nuisance abatement more strongly to shut these homes down.

CHAIRMAN KOUBEK:

I wanted to clarify that. You are not in favor of tightening up zoning restrictions, but you are in favor of nuisance abatement.

MS. PARKER:

Absolutely.

CHAIRMAN KOUBEK:

What is the difference for a layperson? I'm not an attorney.

MS. PARKER:

Nuisance -- well, zoning restrictions say this type of housing can be here and not here, or this type of housing can't be anywhere or only under these circumstances. Nuisance abatement covers any home that if they are a problem to the community, then there can be all sorts of sanctions, even down to the point of shutting them down or taking them out of the hands of the owners.

CHAIRMAN KOUBEK:

But how would you define a problem outside of setting a code; I mean, and not run the risk of discrimination.

MS. PARKER:

Well, a problem can be a problem for health and safety. For instance, if there's -- you know, drug use usually spills out into --

CHAIRMAN KOUBEK:

I see.

MS. PARKER:

-- burglary problems out in the neighborhood or something like that.

CHAIRMAN KOUBEK:

Okay, yeah; behavioral, behaviors.

MS. PARKER:

Yeah. We recognize, though, that there is probably regulation coming, and so we do -- would support it, if it's coming, to come at the State level.

CHAIRMAN KOUBEK:

And why did you say that you were reluctant to see the State regulations come down the track, I think was your language.

MS. PARKER:

That's what's starting to -- we're hearing more and more dialogue about that in the State Legislature.

CHAIRMAN KOUBEK:

But why are you reluctant to see that happen?

MS. PARKER:

I'm reluctant to see it happen because it's not always done well. These homes are not understood and they're -- what makes them strong, and this will take just a couple of minute explanation. They are -- when treatment was pretty much obliterated by Managed Care, there were no more residential places where people could live, they only could go into the community and into community-based programs. And as these programs proliferate, the good news is there were more programs, but then the strength of where they can get -- where they can maintain their sobriety afterwards hasn't been as strong, and so the sober housing grew up in that vein. And so it is a particular type of community itself that does police itself but it can't police the entire community. And so I really see -- I mean, both Jeff and I recognize that there is some sort of regulation coming and what we would like to see is that it could be not that they have to get use permits or anything, but at least that they have to meet standards, that there could be some very clear standards and that it would be put up by the State. And what we're hoping is is that the Sober Living Network could be one of the ones that would be, you know, enforcing those standards.

CHAIRMAN KOUBEK:

Thank you.

MR. CHRISTIANSON:

And I just --

CHAIRMAN KOUBEK:

Go ahead, Jeff.

MR. CHRISTIANSON:

-- had one other comment about that. What we've come down to in discussions, even at a State level when we go to Sacramento, is that were a law to pass, and let's say that it was even offered that there was no discriminatory intent or violation of Federal Fair Housing, what happens is the homes that would be burdened would be the good homes because they would be the homes that are in the neighborhood providing the service that are not a problem, and believe me, there's many, many of those. And what would happen is they would be put to a point where they would probably be shut down because these houses operate on very, very slim margins and conditional use permits or any other sort of financial burden would put these houses under. What you would then be left with was no good houses and you would still have the problem houses, because they wouldn't do it, they would still be the problem house and we would be back, right back where we started with how do we get rid of these problem houses? So that's why we focus on tougher nuisance abatement laws; if this house is truly a nuisance in the neighborhood, let's adjust these laws to make it easier for us to go in and shut them down.

CHAIRMAN KOUBEK:

That was very helpful. Are there any other questions from the commission members?

MS. PARKER:

You have a very beautiful County, I've been there.

CHAIRMAN KOUBEK:

Thank you, and great beaches.

MS. PARKER:

It's lovely.

CHAIRMAN KOUBEK:

Well, thank you --

MS. PARKER:

You also have some of the same problems that southern California has and that's really pricey real estate.

CHAIRMAN KOUBEK:

Uh-huh.

MS. PARKER:

You know, really, really, than other communities, so there's such a disparity in that regard so that they -- very few of these homes can afford to be in some of the towns.

CHAIRMAN KOUBEK:

Yeah. Well, this is actually the second of two hearings that this committee has had; the first was on affordable housing and the lack in Suffolk County, so you're right on target.

I want to thank you both for taking the time. I know it's very early where you are and it was very, very helpful. I really want to thank Cary Flack from the Legislative IT Department that put this together; the miracle of technology that we were able to speak to you this morning and actually have a slide presentation.

MS. PARKER:

Thank you.

CHAIRMAN KOUBEK:

Thank you again. We are going to be possibly reaching out for further questions and interviews, so are you both available should we need to speak to you again?

MS. PARKER:

Absolutely.

MR. CHRISTIANSON:

Absolutely.

CHAIRMAN KOUBEK:

So thank you so much.

MS. PARKER:

Thanks.

MR. CHRISTIANSON:

Thank you.

CHAIRMAN KOUBEK:

Have a good day. Thank you.

MR. CHRISTIANSON:

You too.

MS. PARKER:

Bye-bye.

CHAIRMAN KOUBEK:

We appreciate everyone's patience, this is all taking a bit longer than our agenda. But let's go now back to public comment. John Sicignano.

MR. SICIGNANO:

I just wanted to put this up here.

MR. CAFFEY:

Press the button down.

MR. SICIGNANO:

Hi. My name is John Sicignano, I'm President of the Mastic Park Civic Association, also 2nd Vice-President of ABCO, that's Affiliated Brookhaven Civic Organization.

I'm going to read a statement. Some of the things I agree with on this conference call and some of them were like really ludicrous. I mean, you're safer having more of them in your community and your property values are higher? Just some of the stuff she said was just untrue.

Okay. I will try to answer the question before us in my own way, as I see it in and live with the problem in the community. I'm not going to mention the five questions that are asked because you have them before you. A sober house should be a place for people to recover from chemical addictions, alcohol and drugs; that we all know. It's supposed to be a place of recovery where there is hope, caring, a place of structure and safety, a place to recover. Many are run by profiteers; this is a person who makes an unfair profit by taking advantage of a public need. It is a need, we do need to help people in recovery, we all know that, but we need to get rid of the profiteers in the system.

Without licenses and regulation, anyone can run a sober house. If someone comes out of jail for murder, rape, drug dealers and DSS, and they'll tell you, they have to send them there; they have to send them there because there's no place for them to recover and they have no housing. I was told before in the background -- there's no background check of owning or running a sober house, and the Department of Social Service must send people to these houses because there's no room or any place for recovery. Just think about the word social service for a moment.

MS. MAHONEY:

You need to press the button.

MR. SICIGNANO:

Work --

CHAIRMAN KOUBEK:

Mr. Sicignano, you need to press the button.

MR. SICIGNANO:

Okay, I know; I'm trying to do that and turn the page at the same time. When we look at the word social service for a moment, the definition is "work directed towards betterment of social conditions in the community". Many communities are burdened with an over saturation of these sober houses and many have none. No one community should be over burdened with sober houses, whether -- in sober houses. We need to share the services that are needed and required to help people in need. One community should not be over burdened, as I just spoke. This work should be shared in the work to help people, those in need, especially a vulnerable class of people in recovery. Let's work with the State and local governments to set a standard for all these sober houses to run by, which is what we talked about during the conference call, so as to send people for recovery that is real, real recovery; licensed, regulated, inspected, insured should be a part of that standard. We should not be withholding -- warehousing people in sober houses because you have no other

place to put them. You know, no regulations then, how do we know it's even working for that matter?

We have some good examples, and I'm going to name a few of them. I know Hope House by Father Frank in Port Jeff; from what I understand, I've never been in there but I've heard from people that were in there, it has some structure and regulations. I know Phoenix House in Hauppauge is run decently, and I have a family member in there so I know about it, I've been in the house, spoke with the counselors, etcetera, so I know something about Phoenix House. They're not without some problems, just some examples. They have some structure in the homes, but also need to be licensed and regulated; they are also not licensed and regulated. We also have some bad examples out there; I'm not going to go through them, I think we talked about them. We need to strengthen the good ones and close down the bad ones, we talked about that also.

Cost is always a factor; I mean, there's always a dollar sign to everything we do, right? But we never look at the cost of people coming back into the jails, people that don't recover because we send them to the wrong houses, houses that aren't regulated. We'll never have a real -- they'll never have a real chance at recovery in houses that are run by people that just look at the profits and not at the people. I'm trying to hold that down. People need real help. We should look at the Motor Vehicle Department -- I never thought I'd say this, you know, but they have gotten better over the years -- as an example. We all have to have a license to run a motor vehicle, right? Also insurance, inspection and there's registration and regulation. Shouldn't we care for the welfare of those in recovery just as much as we do our own vehicles? The department knows the system, the Motor Vehicle Department knows the system that's in place and it works. We cannot say with any certainty when it comes to sober house, because there is no account, nothing in place to track those in recovery at all and registration would do that, you would be able to have a list of them and know what's good, what's bad, etcetera.

Many say those in recovery relapse; no wonder.

CHAIRMAN KOUBEK:

Sir, you need to sum up. Your time is up.

MR. SICIGNANO:

No wonder that they relapse is the point. I know this is why you convened here today, to talk about it. There is a problem in Suffolk County. California sounds like they've got some sort of handle on it, but I think it's a problem out there also. Let's stop wasting time.

Ten years ago I spoke before the Legislature -- I know I'm not doing that now, it's a panel -- ten years ago, I went up to Albany three times trying to get some regulations in place. Let's stop talking about it, let's license and regulate them on a State level, I agree with the lady from California, it really needs to be done at the State level. Let's really help people, real people that need help and recovery and help the communities they live in also.

Applause

CHAIRMAN KOUBEK:

Thank you. Are there any questions?

LEG. BROWNING:

Just a comment.

CHAIRMAN KOUBEK:

Legislator Browning.

LEG. BROWNING:

Yes. John, thank you for coming, I know you took time out of work to get here. I have to say, I'm proud to say you're my constituent. You haven't -- you didn't come here with a NIMBY attitude, I

think that was a fear of some people, that you were going to come here with a NIMBY attitude; not you specifically, but people from the public would come with that NIMBY attitude that we just don't want them. Your heart is there, you know, your passion to see that the people who need rehabilitation get what they need, get what they deserve. You know, earlier I think I pretty much said a lot of the same thing that you said and we have to work together, communities have to work together.

MR. SICIGNANO:

I agree.

LEG. BROWNING:

You know, every level of government has to start working together because we're seeing our kids, you know, getting hooked on heroin. What are we going to do for them in the years to come? And again, saturation is not right. So you do somewhat agree with the Sober Living Network and what they're trying to do, but some of it you're not?

MR. SICIGNANO:

Well, we have no -- we have nothing in place to know what will work or what will not work. I think something needs to be put in place and then ask me ten years later, you know, what work is great we'll keep it and what doesn't work we'll change it. But we do need -- people do need a place to recover. I mean, this is -- you would be in a dream world to say let's close them all down; we actually need them. But again, saturation is a problem and some of the other issues in the communities are a problem, people don't want them there. I mean, like I said earlier, she said that they're safer -- I mean, if it was so great, some of the things that she said, people would want them in their community; you know, that's part of the problem. Higher property values, that was just pretty comical. I mean, some of the things she said she's right on; at the State level they need to be regulated, I agree 100%.

LEG. BROWNING:

Thank you, John.

MR. SICIGNANO:

Thank you.

CHAIRMAN KUBEK:

Any other questions? Okay, thank you very much. We now welcome Commissioner Gregory Blass, Suffolk County Department of Social Services who will make a final presentation and then we will go back to public comment and stay until all of you have had a chance to speak. Good morning. Good afternoon, Commissioner.

COMMISSIONER BLASS:

Good afternoon, Chairman Koubek and members of -- and Legislator Browning and members of the Welfare-to-Work Commission of the Suffolk County Legislature. I'm Greg Blass, the Commissioner of the County Department of Social Services. Let me begin by expressing my gratitude and that of County Executive Steve Levy to the Suffolk County Legislature's Welfare-to-Work Commission for organizing this public hearing on sober home reform, both here and the hearing you've planned next week in Riverhead.

Sober homes pose an increasingly serious issue in Suffolk County. It has come to a point where virtually every community in our County desperately needs all levels of government to face the problem and to help end the current abuses in the sober home system. Long overdue is the enactment of legislation which will assure that any and every sober home will be nothing less than a quality treatment residence.

I would respectfully offer a review of the current situation with sober homes from the perspective of the Department of Social Services. Very often in the public's perception, the responsibility for sober

homes and all the problems associated with them are placed at the department's -- on the department. DSS is actually the agent of the State and Federal Governments in the delivery of a variety of programs and services to assist those in need, and as such we are limited in all that we do by the restrictions and formulas of many Federal and State laws.

By law, DSS recipients choose where they want to live. The New York State Office of Temporary and Disability Assistance and the State Social Services Law will not allow us to withhold rent to the landlords running the homes where many of the DSS recipients select to live, absent an actual threat to the recipient's health and safety. This threat to health and safety must further be verified by the local municipality's code enforcement officials before the department can take action. I would submit that there can be nothing worse than DSS recipients in recovery from substance abuse addiction to find themselves in a substandard, over crowded, unregulated and unsupervised sober home. We are obligated to pay the rent to be in compliance with the State guidelines.

The department shares the frustration that is suffered by many community residents and local Legislators when we are required to pay a person's room and board despite the conditions within the house. However, we have undertaken several initiatives to deal with the situation that is within our power under State regulations. During the last two years, DSS has fostered close working relationships with towns and villages to establish processes, for town and village housing code inspectors to report health and safety violations to the department in homes where DSS recipients live. DSS will then withhold rent to these landlords, in violation of State health and safety guidelines, until the violations have been corrected to the local code enforcement official's satisfaction. This process has resulted in a number of houses being placed off limits, preventing new DSS recipients from moving in. This program has proven to be very successful and will be continued for the long-term.

Many sober homes operate as rooming houses or boarding houses which include payments of room and board by DSS for recipients. The withholding of room and board payments is prohibited by law, even when health and safety violations are found. In order further to address these sober home abuses, it is our strongest recommendation that the State of New York allow local districts to withhold the rent portion of room and board, of the room and board grant to those landlords who have health and safety violations in their room and board arrangements.

While we set out to address the improper sober home operators, the Suffolk County Department of Social Services recognizes the significance of proper sober home availability for those in recovery, as well as for communities in which sober homes operate. It is immoral and reprehensible to literally condemn individuals who are struggling through recovery to languish in substandard, over crowded homes where there's no structure for recovery and where it is detrimental to their sobriety as well as their health and safety. Poorly run sober homes also create misery for the communities where they operate. Twenty or more individuals living in a single family home, which is an all too frequent scenario, invariably creates destructive blight which forever changes for the worse the character of suburban neighborhoods. Dishonest, amoral landlords will benefit from these substandard, over crowded, unregulated, unsupervised rooming houses with no concern for their unfortunate tenants and the ill-fated surrounding community.

In other efforts by this department to respond to this issue, DSS has participated, along with County Executive Levy and other elected officials, in lobbying efforts in Albany. DSS has actively participated in a sober home work group convened by the State's Office of Alcohol and Substance Abuse Services, known as OASIS, since it was established last year and we are pleased that Deputy Commissioner Ed Hernandez is our representative on that board. We share this work group's stated vision to reach the goal of improving oversight of sober homes while at the same time targeting resources to high quality providers. While this work group has held numerous meetings over many months, any real progress towards its goal is questionable.

OASIS itself, out of its Albany office, has finally issued its own proposed proposals regarding sober home reform, which I have attached to my testimony that I distributed. First, their proposals failed

to address the current problems associated with the rising number of residences which falsely market themselves as sober homes. As we've stated, many of these homes often crowd individuals into a single family home and provide little care or supervision for their residents. These proposals suggest an oblivious approach to a developing crisis with sober homes.

Second, OASIS' proposal mentions a State-County 50/50 share for proper staffing of supervisors and care givers at sober homes. OASIS clearly files to provide any additional funding resources for increase in services and seeks to enlist counties in an arrangement which the counties cannot afford as these requirements would place entirely new financial burdens on the counties.

We would seriously recommend that OASIS amend regulations, their regulations, as soon as possible to create a residential treatment model. This would be a logical, effective starting point for reform. It is critical that OASIS be the lead agency given that they have the expertise, the resources and authority to ensure that quality homes are developed and maintained. OASIS is in the position to enforce penalties on a uniform basis against sober homes which do not meet State standards. And uniformity of enforcement is critical, I would submit, because if one County has regulations that they enforce and enact which differ from other counties, we will suffer the spill-over effect of sober homes being more attractive in another jurisdiction and more profitable.

To that end, we recommend that OASIS expand its regulatory and statutory authority requested in their proposal to achieve the following goals. First, to adopt a system of oversight of residential treatment and recovery homes; second, sanction and/or close substandard homes even if this requires an amendment to the Social Services Law to make this kind of operation a criminal offense; and finally, allocate funding for residential homes which provide quality care and meet effectiveness standards.

The Department of Social Services stands ready to work with OASIS to achieve these goals. If OASIS steps up to define and to regulate homes where people can recover and receive treatment, it will distinguish between legitimate providers and those seeking to skirt the law. A house will either be a recovery home subject to State regulation or nothing more than a boarding home which should be subject to local zoning laws. Sober home landlords must be stopped from gaming the system by operating between these lines.

Unquestionably, the State Legislature and the OASIS itself have to take responsibility for this deteriorating problem which is a direct consequence of their own inaction over the years. It should be noted as well that the courts have prevented the County from filling the void left by these other levels of government on the State level, notwithstanding Suffolk County's excellent attempt to enact its own regulations which the State Court System has obstructed.

I want to thank the commission for the opportunity to testify and clarify our concerns. Our department will continue to play as effective a role as possible in partnering with the community in its efforts to combat the tragedy and the misery of the sober home crisis.

CHAIRMAN KUBEK:

Thanks very much, Commissioner.

Applause

I have a couple of questions and I'm sure the other members of the panel do as well. One of the things that has puzzled me is the need of your department to seek State approval to withhold the rent portion of the grant when there are clear violations; why do you need the State to allow you to do what seems, to me as a citizen, to be the obvious?

COMMISSIONER BLASS:

Because when our subsidy to a client is in the form of room and board arrangements, there we are precluded. It has to be -- the withholding powers granted to us under Section 143-B of the Social

Services Law are strictly for rent that is paid directly to the landlord. It's a very restrictive situation. If it's rent that's paid, given to the client to pay him or herself or on behalf of their families, that's also not subject to withholding powers. It's only -- as is rent, room and board not subject to our withholding powers. So it's a nuance, but it would be an effective one because many of these sober homes get room and board and not straight rent. And if we had that power of withholding under 143-B amended to apply to room and board, we would -- just so that we would withhold the rent and we wouldn't touch the food provision side of the allocation if the person stays there, I doubt the landlord would feed them and not get the room rent side of it as well, but in case that were to happen, we wouldn't want to deprive the client of getting food, but it would not be something that we think the landlord would maintain.

CHAIRMAN KOUBEK:

The other question I would have for you, Commissioner, is OASIS was not able to testify today but they're going to be sending a written statement to the Clerk of the Legislature and we'll be incorporating that into our report. But I don't know if you were able to hear the conference call from California, but it seems like California, for starters, is way ahead of us and that they have a network of voluntary regulation they've set up which they're saying is working quite well and they're beginning to, it seems grudgingly, accept the fact that there needs to be State regulation, and my understanding is that the OASIS work group that you referenced is moving in the same direction. And I know -- I don't know if they're going to speak today, but groups like LICAN are organizing some of the sober home groups to begin voluntary regulation. But you referenced the fact that you thought the progress, there would be -- I wanted to get your words correctly.

COMMISSIONER BLASS:

The work group.

CHAIRMAN KOUBEK:

"While this work group has held numerous meetings over many months, any real progress towards its goal is questionable"; could you elaborate on that?

COMMISSIONER BLASS:

Well, I would defer to our representative on the work group, Dr. Hernandez, to reiterate that. They have -- they formed this work group when the situation -- only after the situation was presented to them, that the communities and the local governments were just not going to take any more, and then the work group met and Deputy Commissioner Hernandez and the other members of the work group have met and attended the meetings religiously. And yet nothing really happened, I would submit, until an interesting coincidence in timing when OASIS took input from this work group repeatedly, heard the discussions that they had, benefitted from the records and the minutes of their meetings and really had very little to say until such time as this commission announced its public hearings. So I'm happy to say that the commission has already accomplished something because it's, again, coincidental that after all that time, they finally had some proposals, weak though they may be, that shows that they are taking seriously, for the first time evidenced in our eyes, the crisis at hand. And I have attached not only the proposals that they have issued, but the response that our department has officially given to those proposals.

CHAIRMAN KOUBEK:

So these proposals just came down from --

COMMISSIONER BLASS:

Yes, within the last week.

CHAIRMAN KOUBEK:

Oh, that is interesting. Dr. Hernandez, do you want to add anything?

DEPUTY COMMISSIONER HERNANDEZ:

I just want to say, the net result of the Recovery Home Work Group meeting is headed in a direction

of not regulation but coming up with a set of guidelines that they would give to the local districts to voluntarily adhere to when everybody is clearly calling for regulation. So that's why the comment was it's not going in the direction we were hoping it would go in. Guidelines are nice, but regulation is really what's required.

CHAIRMAN KOUBEK:

So it's your feeling that the work group is moving toward just the part A of the California conference call which is self-regulation but not part B which the State required regulation.

DEPUTY COMMISSIONER HERNANDEZ:

That is correct, which would place the burden on agencies that don't normally deal with the situation. Social Services provides for housing and emergency services and public assistance, it doesn't provide for treatment and oversight of those services.

CHAIRMAN KOUBEK:

Okay. Thank you. Are there questions from members of the commission?

MR. CAFFEY:

I have a question.

CHAIRMAN KOUBEK:

Okay. First Peggy Boy and then Jack Caffey.

MS. BOYD:

Good afternoon, Commissioner, and thank you for your testimony. A quick question. I've heard rumor that Nassau County -- and maybe it's not rumor, it may have been in one of our meetings -- that Nassau County was considering upping the State standard for welfare recipients in terms of their housing, let's say from 309 to a larger amount, and -- if sober housing is done well, I guess is what the contention was. I'm not sure what -- A, where would that money come from; would that be something Suffolk County could consider? B, is that an unnecessary burden on DSS and do you view that as more of the OASIS arm?

COMMISSIONER BLASS:

We already provide a supplement to most housing cases on top of the allowance that is so unrealistic for New York State. But I'm not entirely familiar with how Nassau is doing that other than to say that I believe they also have the same general supplement provision that we do. I can also tell you that any kind of additional supplements would be very hard for the County to accomplish given the situation that has witnessed a drastic reduction in revenues.

The County Executive and the department have just been discussing the role of the Suffolk County Tax Act. Whenever a taxing district in Suffolk County fails to meet its financial obligations with revenue, say if a school district has a shortage of tax revenue collected, property taxes, or a street light district or a village, anything, Suffolk County itself is obligated to make up for that. And we have -- I understand from up to this -- to date and this year alone, that has exceeded \$35 million because so many properties are defaulting in their property tax payments which is the major source of revenue. So that's a long way of saying that we don't have the money for it. And yet you are right, the standard applied Statewide is quite unrealistic for Suffolk County and for Nassau County for housing allowances, so we do have a supplement that we barely can afford.

MS. BOYD:

Thank you.

CHAIRMAN KOUBEK:

Thank you. Jack Caffey.

MR. CAFFEY:

Thank you, Commissioner, for being here. And I also want to take this opportunity to congratulate you and your new appointment and to also commend you for your expertise and your attention that you have really played since you've come on the job.

COMMISSIONER BLASS:

Thank you.

MR. CAFFEY:

It's been a total change, and I think the committee will obviously back me up on that. My question is, I know we've heard a lot of things going on. We've got government talking to government, government doesn't talk to government, and municipalities, the rules and regulations are over here but you can't do anything over here and we need to be able to put the hammer on the nail.

If what I'm hearing here is that the laws should be done on a State level, my question is at this point has there been or is there any plan for the County Exec, your office, to meet with the local Legislatures, number one? Number two, meet with the State Senators and the Assembly people to sit down and discuss all of this? I know the commission is trying to put everything together to give everybody the opportunity, but at the same time we are going through a crisis right now where the public is very discouraged and they don't want it in their backyard, obviously, there are districts in the Legislature that are overwhelmed with these kind of problems. So these are emergencies that have to be addressed immediately.

So my question is do you know, from your short time that you've been there, has there been any meetings between the State Legislature and coming up with an overall law that would effect the sober homes?

COMMISSIONER BLASS:

Yes. Mr. Caffey, thank you for your comments. I look forward to continuing the department's partnering with the commission in the very important work that you do.

Further, an attempt was made with the County Executive, with then Commissioner DeMarzo and with other County Legislators and officials last spring to travel to Albany, a number of citizens, I believe some of whom are here in the audience, attended that as well, and it did not bear fruit in terms of what we really need which is not just State law but a package of laws. And I can tell you now that I -- the County Executive and I have talked about doing this again, I'd like to include Presiding Officer Lindsay in this effort and see if we can impress upon the State delegation at Albany that we need a package.

And I wasn't being glib when I suggested the idea of criminalizing the fraudulent operation of sober homes. The Social Services Law can be amended to provide that it will be a misdemeanor if a landlord fraudulently operates a sober home and fails to provide what a sober is supposed to provide; that is very easily provided for and it would go a long way towards discouraging landlords from engaging in the kind of despicable practice of victimizing those who are seeking recovery by the operation of the so-called sober homes that are nothing more than over crowded rooming houses designed to skirt the obligations under the zoning laws. But a cooperative effort like that will work, we should partner with Nassau County, and certainly the different branches of government here could be very effective in making that effort again and I will work with everyone to do that.

MR. CAFFEY:

Thank you.

CHAIRMAN KOUBEK:

Any other questions?

LEG. BROWNING:

Yeah, I like what you say and that's why I like you so much.

*(*Laughter*)*

Because you say what I believe. You know, there's -- when we talk about the 309, Mr. Sicignano and I had been talking and he said, you know, ten years ago he's been here to the Legislature on the sober home issue and he believes ten years ago 309 was the rate back then and it hasn't changed, and I know Peggy had asked you about, you know, increasing the amount of money we give. Don't you believe that, you know, on the Federal level and on the State level that we need to have regional poverty levels need to change? Because living Upstate, New York, and living here on Long Island is just not the same.

COMMISSIONER BLASS:

Absolutely. It is a longstanding and really horrendous discrepancy between what other communities are able to do with the funding allowed for housing and the sharply lower than market rate that Suffolk County is allowed by the State standards. So many people tell us that are applying to our centers which are, as you know, over whelmed these days, that the rental allowance or the supplements simply won't do it. It's not going to allow enough for housing and they, therefore, are right away falling victim to those who will exploit the housing situations to take in as many as possible and make substandard housing happen and make inappropriate and improper sober homes to happen. So we have our work cut out for us to get that standard to change, unfortunately it's set against the background where the State is facing as much as a three to \$4 billion shortfall, I've heard it's estimated to be as high as six, but we have to set that as a priority. And it will -- by amending that, your point is well taken because by finally amending that housing allowance for providing the basics that the Constitution requires our County Department of Social Services to provide, by taking care of that it would go a long way towards disabling the exploitation that sober home landlords, so-called sober home landlords have taken of the victims of this situation.

LEG. BROWNING:

Thank you.

CHAIRMAN KOUBEK:

Commissioner, about two weeks after your appointment you met with the Welfare-to-Work Commission and offered to work cooperatively with us in partnership and your presence today certainly is evidence of that. And we thank you for coming today and for all of your wonderful comments. Thank you. We continue to look forward to working with you.

COMMISSIONER BLASS:

Absolutely, and same here. Thanks very much, everybody.

Applause

CHAIRMAN KOUBEK:

Okay, thank you.

LEG. BROWNING:

Thank you.

CHAIRMAN KOUBEK:

Okay, the next speaker is Robert Briglio.

MR. BRIGLIO:

Okay. Yes, my name is Robert Briglio, I'm an attorney at Nassau Suffolk Law Services. I'm coming to speak today and I have some restrictions on what I can say. I'm actually involved in litigation with the County over a sober house law, so nothing about that case can be heard today. There is a law and it will either be approved or it will be thrown out shortly and we'll know, but as of this time I can't talk about anything or answer any questions pertaining to that litigation.

Having said that, I go pretty far back with the issue, originally as a -- I've always been a disability rights attorney, but originally as an attorney in the mental health project when OMH was just dumping people at DSS' lap and nobody was really equipped to deal with that population, many of them were also substance abusers. We brought some litigation and managed to come up with a solution with DSS over how to address some of the issues. One of the things that came out of it was establishing rooming house guidelines. So the County DSS has these, they have them, they have this document, and it could be utilized to require the rooming houses that they deal with and pay to maintain certain standards. I don't think there's anything that I'm aware of, once the County is paying money, that would prevent them from doing that, from telling these people, "As a condition of paying you, I want this, that and the other thing done." So I think -- and I know there's a long history of DSS of inspecting housing; I think that's a strong recommendation I would make as well.

Now, we actually -- the shelter supplements that you were hearing about? Well, they originated in a lawsuit that we brought which the County pretty much was on board with against the State because the shelter standard was so low that the homeless shelters were filling up and the County was paying thousands and thousands of dollars. When we settled that case, and this was from 1988 and I believe they're still issuing the supplements, the County, in negotiating an injunction which is what we had to do, come up with an agreement on how this was going to work, they said, "We're going to inspect all these houses before we pay the supplement." You know, I was a little -- people were concerned, is that going -- I said, "No, good. Just go do that." And what do you think happened? All these landlords, they didn't want to lose that supplement, they fixed the houses, it's what they did. So the program worked, and they still do that; they're not going to give a supplement out unless they go in there, look at it and make sure that it's up to what it should be. So I think that would be a strong piece of any recommendation I would make.

I don't think there's anything that would stop DSS, once there's two or more Public Assistance recipients, from going into the house and making sure that it's okay and up to standard as a condition. They can do direct payments, and that's a policy that they're entitled to do, and they can use their enforcement powers in such a way that the housing will be maintained.

Almost all of the so-called sober houses, or whatever you want to call them, that I've experienced, and I've been in 30 maybe, I've interviewed 150 clients because I've had several lawsuits involving these issues, virtually all of them get a substantial amount of revenue from DSS, and I think that's the arm that you could take. You could regulate what you pay for, and if that brings in all of the sober houses, so be it. You're not signaling out people with disabilities for disparate treatment. So I believe, with the power of the purse, you could do what you're seeking to do.

The other thing that I think you could do and other advocates, probably the woman that you listened to earlier would disagree with me about but it's my view, that under the Americans With Disabilities Act, you could even have in this provision regulating sober houses by monitoring their health and safety standards and requiring them to maintain them, you could have a provision in there that required them, if they say they're a sober house, to maintain standards of an appropriate sober house, such as enforcing no drug or alcohol use in the house and having these things posted. Now, why do I say -- now, that's disparate treatment. So on its face it's discriminatory. Why would you survive scrutiny? I believe because the ADA permits an added benefit to a person with a disability. So you can treat somebody disparately if you are giving him something more than what the non-disabled person gets, and a sober environment is exactly what this person needs. When he goes in there or she goes in there, that's what they're buying into. So I think you could even regulate in that limited way. Having a provision that said, "Yes, if you say you're a sober house, you have to have one and we're going to set up some system to make sure you are." Well, I guess my time is up. So those are a few suggestions, and I probably can't entertain questions because of the lawsuit.

CHAIRMAN KOUBEK:

Let me just see if I understood you, though, Mr. Briglio. You're suggesting that this could be turned on its head, this restriction, and that DSS could use a higher standard because the person is

disabled?

MR. BRIGLIO:

That's not what I really meant. There's two things there.

CHAIRMAN KOUBEK:

Maybe I didn't get it.

MR. BRIGLIO:

One, the higher standard that you're talking about, the shelter supplements?

CHAIRMAN KOUBEK:

That I got, yeah.

MR. BRIGLIO:

Yeah, that's not what I'm talking about. You could -- Suffolk could have a law that said, "We're going to license and regulate" -- this is, again, just my opinion -- "any housing that we pay for directly with more than two single individual living in it", because we're paying for it. And then you would go in, you could set up this law with inspection requirements and go in and look and make sure that the house meets the standards that you're paying for. All of the people who are in sober houses that I've experienced are all on Public Assistance. You're going to get that population, but you're not discriminating because you don't single them out. Now, the way the same law could single them out, I think --

CHAIRMAN KOUBEK:

That's the question, right.

MR. BRIGLIO:

-- is by saying if, if you're are sober house. So you're regulating non-sober houses and sober houses with this law, but if you are a sober house, you have to maintain standards of sobriety as part of your policies. You have to post them and you have to do those things which are needed in a sober house. Why do I think you can do that legally? Because it's an added benefit, it's not a burden, it's not something which is going to treat the disabled person worse, it's an added benefit to that person and that's permissible under the ADA regs. So that would be the angle that I could see being used.

CHAIRMAN KOUBEK:

That's very interesting.

MR. BRIGLIO:

You're going to get sued, probably, because --

CHAIRMAN KOUBEK:

Thank you.

MR. BRIGLIO:

-- Oxford House wouldn't accept that, they're a democratic organization, they probably wouldn't accept that, but this is my opinion.

CHAIRMAN KOUBEK:

Okay, thank you. Any other questions? Michael, go ahead.
Michael Stoltz.

MR. STOLTZ:

Rob, thanks for all the work that you do. Just an add-on question to what you're saying. If the County were to be able to take on a position of regulation of these homes, could you make an

argument to say how that could be accomplished in a cost neutral way?

MR. BRIGLIO:

Well, cost neutral. Inspections, you know, they're worth it, you know, they're worth it, and the County has done them. And like I explained historically with the families, not the singles, now you would be doing it for the singles, but with the families, what they got for their supplement was good housing, housing that was brought up to code, that's what they got, it worked. And you can ask the Commissioner how that program is going, I did that lawsuit 20 years ago or something, so I don't remember exactly how it all played out in recent times, but I'd be willing to bet they're still inspecting to make sure when they pay a supplement they get something that's worth it.

MR. STOLTZ:

I guess where I was going with that is since you've been in so many other sober homes, you see the long-term payments that the County has kind of gotten itself committed to in terms of also people who are continually relapsing, that if you are providing better housing, can you perceive that there is an argument that will have a shorter tenure of these kinds of payments?

MR. BRIGLIO:

I'd really like to make that claim. The organizations -- and I mean, this is a tragedy, an ironic tragedy, but OASIS shut down the best programs that were in Suffolk, they shut them down, because they were so comprehensive that they bordered on providing treatment, or that was the claim. What do they look like? You went to a treatment center right out of a hospital, so you have nothing, right, you have nothing; the day you get out or some other institutions, in-patient, you go right to this treatment center, what do they do? They put you in an outpatient treatment program and then what they do --

MS. MAHONEY:

You have to hold the button down.

MR. BRIGLIO:

I'm sorry. Then what do they do? They send you to a house that's a sober house, that's rules and regulations all over the place. You're going to be with a group of people and these houses were really excellent, I have pictures, I brought them, of the houses and the policies that they used and enforced. Then what do they do? Every day the bus came, because you have a Public Assistance grant of, what, now you have \$50 left on room and board? How are you going to transport yourself to the treatment center? The bus takes you there. What do you do there? You spend half the day -- well, part of the day in treatment and the other part they gave them {voke} rehab. They were getting all of these people who were institutionalized forever, for decades, GED degrees and then sending some of them to Suffolk Community College, a bunch of them became counselors, a bunch of them became house managers, went back to the homes and now supervised recovery for other people. It was a comprehensive system, the State loved it for years and then ultimately there were some issues and they shut them down.

So it's bizarre. Well, 150 people put on buses back to New York City, that will help your recovery. Sent to homeless shelters; it's an issue that we're preparing to litigate and we've actually filed a HUD complaint against OASIS over that. But that kind of a program? That would work. Now, you couldn't -- what could -- my idea of the rule that would work, you could go into those houses, you could.

CHAIRMAN KUBEK:

Are you permitted to tell us the name of the agencies that were shut down?

MR. BRIGLIO:

I don't see why not; Home Works.

CHAIRMAN KOUBEK:

Home Works. Home Works?

VICE-CHAIR LIGUORI:

Where were they located?

MR. BRIGLIO:

Excuse me?

VICE-CHAIR LIGUORI:

Where were they located, what towns?

MR. BRIGLIO:

All over, they had 45 houses.

CHAIRMAN KOUBEK:

And when did this happen?

MR. BRIGLIO:

2005, they were there since '98.

CHAIRMAN KOUBEK:

And the argument was that they were bordering on providing treatment and so therefore they were not sober homes.

MR. BRIGLIO:

You know, I can't talk about it because --

CHAIRMAN KOUBEK:

Okay.

MR. BRIGLIO:

-- it's part of the litigation, so that part I can't go into.

CHAIRMAN KOUBEK:

Okay. Peggy Boyd.

MS. BOYD:

Rob, thank you, and thank you for your work over the last couple of years. A hundred clients, 20 locations; if you could submit in writing some of the other suggestions we didn't have time to hear you present --

MR. BRIGLIO:

Yeah.

MS. BOYD:

I would really appreciate it in our report.

MR. BRIGLIO:

Maybe I'll -- a decision is coming down soon, either you're going to have a law or you're not, so then I'll be able to talk.

CHAIRMAN KOUBEK:

Any other questions? Thank you very much, Rob.

MR. BRIGLIO:

You're welcome.

CHAIRMAN KOUBEK:

Okay. Next speaker is Jessica Pentecost. Jessica Pentecost? Okay. Don Seubert.

MR. SEUBERT:

Don Seubert, I'm from Medford and I'll tell you what -- it looks to me that from when I've been here to today, there's like three or four different parallel areas we have to address. One, I think that the County has been on -- had a lot of dispute about airing their meetings, their public meetings. This morning this should have been on television, what Dr. Dewey did. I think that maybe some of us -- you want to hear the 144 school districts? Get it on TV, someone in one of those school districts will see it and bring it to every school district, number one. I think that's something that maybe that couldn't shock us sober a little bit more than anything else.

Secondly, I think that regarding -- we have to worry about the success. If you go -- if you listen to what he said, Dr. Dewey said, we don't really know if sober homes or anything like that, what really is going to bring success to a -- for an addict, for a recovering person in any type of situation. So I think while we're finding out what really means recovery, we have to then also address the communities that are impacted unfairly.

I went through a few statistics the last couple of days about the communities, about the average number of people per household in a house, they average per capita income, the household per capita income, and you'll will see that in almost every case where all these houses -- and I'm sure you know where their situation -- are in the lowest end with the least amount of resources, and we have to get them into the areas that have the over resources, that have the abilities and not impacting the communities with the least ability. You don't put them into a school district that's in the bottom of per capita for the student, 14,000 and another one has \$25,000 per student, you don't put them in with the households that have two people at home versus one that has one. You have to really have a scientific approach just like he did about our brain on drugs, okay, we have to have a scientific approach to how we disseminate what's going to impact the community and what's not going to impact the community. As John said before, who we should name a law after him if it comes about, okay, for all the work that he's done regarding this, to make it fair for everybody and not to put the resource on the least amount of people. So -- and everything comes down to -- Mr. Blass was speaking, well, he's not here now, but he was a great advocate for the environment and everything comes down to the environment. The environment we put success for our kids and children to live in the community or success for a recovering person to recover, and I think that should be one of your goals also. But I'm the siting of it --

VICE-CHAIR LIGUORI:

Press the button, please.

MR. SEUBERT:

You can site the houses by the -- where you think you --

MS. MAHONEY:

Press the button on the microphone.

MR. SEUBERT:

You can site that by where you think the recovery is going to be the best, the most opportune chance, not in the least areas with the least resources where it really has detrimental effects to a community. And I think I -- we need to put in place a structure for success and I think that that can be done, and I think regulation from the State and what Mr. Blass said seemed to make a lot of sense to me. So I just wanted to thank you for that and that's it. I'm a member of the ABCO Executive Board, Affiliated Brookhaven Civic Organizations and our local Medford Taxpayers and Civic Association. Thank you.

CHAIRMAN KOUBEK:

Thank you. Any questions? Thank you very much.

VICE-CHAIR LIGUORI:

I just have a comment. I thank you for your information and your recommendations. And just as a bit of a point of information for you, the Smithtown School District has taken an initiative last April to have a Parent University Summit on drug awareness, and next week they are having one again on the 29th in the evening. Dr. Stephen Dewey is presenting and it is a mandatory parent attendance of all seniors, that their rights of passage as far as events, senior events like prom, banquets, year books, all of those things, they will not have the opportunity to attend those things unless the parent has attended his event.

MR. SEUBERT:

I think that's -- as a former teacher, I think that's a great idea. I think -- you know, there's a hundred and forty some-odd school districts --

MS. MAHONEY:

Microphone.

MR. SEUBERT:

-- get it on public access.

CHAIRMAN KOUBEK:

Microphone.

MR. SEUBERT:

I said get it on public access. You know, that can -- you know, that gets the word out eventually, and I think that's really great what Smithtown is doing, to make sure the parents are there, because it's a scary thing to think about your children. You know, it's like our brain on drugs, you know, frying our brain on drugs, and I think that his very professional way, scientific way of presenting it I think makes a big difference too.

CHAIRMAN KOUBEK:

Thank you. Oh, another question, all right. Peggy Boyd.

MS. BOYD:

Just because of the public record here, I want to make sure I understand. You're not advocating that people's free will be taken away, what you're saying is that some communities are saturated and where a person is asked to live --

MR. SEUBERT:

You know, all people are equal, but some are more equal than others, okay? That's an old statement, right? Well, some communities have more resources and have more ability to accept all different solutions and social problems, and I think unfortunately it ends up monetarily in the communities that have the least resources. So I think they have a higher obligation, sort of like the lawyer said, for something, you know, when you give someone the benefit, they also have an obligation to give to society more.

MS. BOYD:

Okay. Thank you.

*(*The following was taken & transcribed by
Diana Flesher - Court Reporter*)*

CHAIRMAN KOUBEK:

Thank you, sir. Mary Dinizio.

MS. DINIZIO:

Hi. My name -- can you hear me? Yeah. Hi. My name is Mary. I'm here on a personal level about what a sober house did -- what a sober home did for me. I have six and a half years of recovery. I am a drug addict.

PANEL MEMBER:

Can you speak closer to the mike?

MS. DINIZIO:

Yep. I am a drug addict and an alcoholic. Alcohol and drugs has stripped me of everything. I had an 18-year career and I lost that. I lost custody of my two sons. I lost my marriage; I lost everything. It has totally stripped me of everything. Six and a half years ago I did surrender to the disease. I wish there was a magic pill that I could take to make it all go away, but that's not the case.

I surrendered to the disease and I began my recovery. And I started at Talbot House. And then I ended up in a rehab. And after that I knew that I needed long-term treatment. I know I needed to go into a safe environment. So, therefore, I ended up going into the sober house.

The sober house has most definitely changed and saved my life. I could not go back to the same place -- peoples, places and things. Just like the doctor was saying, the environment, the smell of certain things, the people, everything that was -- I was associating everything with, I had to start over and I had to start a new place.

The sober house that I was in was a safe haven for me. It was very structured. It had rules. I -- when I came in, I did not know how to get up at a right time. I didn't know how to make myself something to eat. I was homeless, helpless, penniless. Not to get into graphics, but I ended up living in abandoned cars. So I had to start all over, my life. It showed me how to wake up in the morning, to do what I needed to do, to take a shower, to go into -- to go into therapy, to really find out what was going on with me, to really get down right of what my issues were. And I did that all day. And then I came home back to the sober house. I had chores. I followed them. I was willing to do anything. To me a sober house is a most wonderful experience. You have to be a willing participant. You have to be willing to want to do what you need to do to get better.

So my journey started there. And I was there for a year. And throughout this of being in a very structured safe environment, it has taught me to go back to school. I did have a degree, but I wanted to re-educate myself because I lost so much. And it enabled me to go back to school, get my confidence back up and to start to live -- to start to live a normal, productive life.

Today I am a very productive member of society. I have a full-time job. I have my own apartment. I have both my boys back in my life. I give back that was given to me. I do attend 12 step program daily. I am very grateful and I'm very grateful for the sober house and the people that I lived with and the people that ran it. And to me it was a blessing. And I don't know where I would be today if I didn't have that. So thank you.

APPLAUSE

CHAIRMAN KOUBEK:

Thank you, Mary. Any questions? Jack.

MR. CAFFEY:

I want to extend my appreciation for you coming. And we wish you all the best. God bless you. You stepped up to the plate and recaptured your life. And we're very happy to hear that. My question is, the sober house that you were in, how many occupants were there?

MS. DINIZIO:

There were 12 women. We each had our own room.

MR. CAFFEY:

Okay. I don't know if you were here when I asked the doctor the question, in the particular sober house, you go through a therapy, for example, and you have a group conversation of everybody's experiences and how you, you know, did that continue in the sober house among all of you? And do you think that because that happened, where you were able to have these conversations, if you did, helped you?

MS. DINIZIO:

Yes, they did continue in the sober house. Among us we spoke and we would have meetings. And it was -- it's an ongoing thing, continuously to this day.

MR. CAFFEY:

Thank you very much.

CHAIRMAN KOUBEK:

Legislator Browning.

LEG. BROWNING:

Now, you mentioned the Matt Talbot House. And I know they have a good program, a great program. And thank God for them and congratulations to you. I wish you luck. The sober home that you lived in, was that connected to the Talbot House?

MS. DINIZIO:

No, it wasn't.

LEG. BROWNING:

But, again, that was a regulated sober home, not necessarily state regulated but it was a well run, regulated sober home. Have you ever stayed in one that was not properly run?

MS. DINIZIO:

No, I have not.

LEG. BROWNING:

Well, you know, that's all I needed to ask. But thank God there are some. And when I do hear about sober homes, problem sober homes, generally the women's homes are not as much of a problem. I think of the women's homes that are in my district right now. There's only one that's a problem. And we're working on that.

In fact, I knocked on doors one night and I will tell you I didn't realize when I knocked on that door, it was a sober home. And I was very impressed to see it was six women living together. And the landlord lived across the street. So it was well run. The women were very happy. They were working. And so what you're telling us today is there is the possibility of having a well run, properly-regulated sober home that doesn't have a negative effect on the community. So I thank you for coming and giving your testimony.

MS. DINIZIO:

Right. Thank you.

APPLAUSE

CHAIRMAN KOUBEK:

Thank you. Jennifer Arma? Jennifer Arma. Okay. Allaura -- Allaura Cicero.

MS. CICERO:

Good afternoon, Legislators. I thank you for letting me speak. My name is Allaura Cicero. I am 16-years-old and I live in Mastic. My perspective on this sober home situation is this: Personally I think that people in that category should be placed in a special facility or a special gated, special community just for them. And personally I think it should be the same way for rapists, sexual offenders and other people in that category.

I also think that they should be watched 24/7 by officers and nurses and doctors especially in the sober homes because people in that category tend to go through withdrawals. And someone going through withdrawals can be very dangerous. I know this because I have a family member that is in that category. They will do anything for the drug or the alcohol. And sex offenders and rapists are the same way.

If you are in that state of mind to do something like that, then what makes you think they won't do it again? This is why I said all these people in that category need to be in a special community that are guarded and also that have the right staff for the home because someone that just owns the home isn't enough. Do you really think that they care about the people in the home? All they really care about is the money they are getting for the people.

As a 16-year-old in Mastic, I'm scared to walk around by myself. I really am. And I am especially scared for my autistic little sister. She does not really know better. She will go to anybody.

I also have a lot of family members that are younger than me. And I am worried about them. These people they don't -- they don't think. They have a -- something that's mentally wrong with them when they are in that state of mind and nothing can stop them. Once they have their mind stuck on something, they don't care how they're going to get it and they will do anything; I mean anything to do it, what they are set out for.

I am sure most of you up there have kids. Now what if one of your kids were abducted because some recovering addict or someone that had a relapse took your child because they wanted their next fix or they wanted money just to let your child go. How would you feel? Let me tell you something. It happens every single day. Hundreds of children are abducted because people are sick enough to do that, whether they have an infatuation with molesting children or just because they're on drugs. It is really sad. And I can't stand hearing everyday on the news all these murders and all these things that are negative. There's nothing ever positive. We really need to get rid of the negativity and people in our community that are negative to make it a better place.

So I stand here today with the same opinion I've had for a longtime. Make a special community with proper authority and staff to accommodate these people. And if they do want to stay in the community, which I understand because they are regular people, there needs to be stricter laws like they shouldn't be able to walk around by themselves, like they should have somebody watching them or somebody that's with them; because if they do have a relapse, they are very dangerous like I said. So, yeah, that's what I think. Thank you.

CHAIRMAN KOUBEK:

Thank you. What grade are you in? Eleventh grade?

MS. CICERO:

I don't go to school anymore because of the problem in our community. I get home schooled, so.

CHAIRMAN KOUBEK:

Well, you've done a great civic service by having the courage to go to the microphone. And I used to teach high school kids so I would have been very proud to have you as a student. Are there any questions? Okay. Thank you.

APPLAUSE

Okay. The next speaker is Delia McKernan.

MS. McKERNAN:

I guess we're in the afternoon now. Good afternoon, Legislators. Thank you for the opportunity to speak. I want to commend Allaura Cicero because unfortunately in our community, we have multiple dwellings that primarily staff only males. And unfortunately what she's been exposed to are adult men that, you know, cackle at young girls and they walk the streets at all hours of the day and night. They're apparently not getting any type of therapies. They're still -- a lot of them are still involved in drugs and alcohol. So unfortunately that's her perspective because in our neighborhood that's our reality. So I just wanted to say that. I'm very proud of you, Allaura.

Interesting article March 15, 2004, this is six years ago. Charles Schumer detailed how scammers turned a once promising system to help alcohol and drug addicted persons into a system of Medicare mills and greedy landlords that bilk the government and often put addicts in drug infested environments that do more harm than good. There are a few laws -- there are few laws as tough as the law of unintended consequences. It stated that the system we have crushes alcohol and drug dependent people who have sought out programs to help heal their addictions.

Also, these homes that house these people, they hurt the communities because they're -- most of them are lower -- they lower our property values in neighborhoods because of the lack of provisions that they have. A lot of these landlords, they don't -- they don't keep up with their properties. I mean I don't know about California, but I know in our community you certainly can drive by a particular house and it doesn't take much for one to guess what type of a home it is.

In 1980 a shift in health care insurance companies and HMO's started taking people out of inpatient overnight and into outpatient day only programs. And as real estate was cheap in the '80's, houses were bought and sober homes were created.

I have articles that date back, like John Sicignano said, we go back 10, 15, 20 years. I've been up to Albany with Kate Browning. I think that it's really important. I do believe that addicts -- recovering addicts have a right to have a decent life and shelter. They're entitled to that, if we want them to be productive citizens and filter back out into main stream society and be productive in our communities.

I just wanted to -- I wanted to make a few statements as far as {Debra Barker}, I think that was her name, the woman from California -- I don't know why the gentleman sitting up here says that he thinks California is way ahead of us. I think California needs to catch up with us. I don't know why we're discussing laws with a different state. Their laws certainly don't apply with ours.

As far as zoning and man use, they say there's a big battle which is funding. There is an increase in resistance to sober houses in residential neighborhoods. That's because they're not run properly. The NIMBY mentality is because certain towns are oversaturated. We can't help but have that mentality. Enough is enough. Equitable distribution has to happen and it has to happen sometime soon.

Another example -- I mean another statement I wanted to make Fair Housing Laws were amended. Well, I don't know about, again, about California, but I feel that we don't need -- first of all, I just want to explain. I closed my business today to be here because my receptionist was out with the flu. Okay? I sat here all morning and I didn't appreciate listening to a sales pitch. I'm not concerned about what California wants to sell you people. I think that we put you in office and we elect you to do the job that they want to school you on. You are local government. You don't need to be schooled by an outside agency. You have the right idea. Kate's been fighting for it forever. Different levels of government need to get together in a partnership so we can create the laws that we need to protect us and to protect these people that need these type of housing.

I don't see the reason why we have to sit here and compare notes when, to be quite honest, I didn't

think that they were much more ahead us at all. I think that we have the Padavan Law. What are we talking about? We have -- we also have the Nuisance Abatement Law. Thousand dollars a day; hit these landlords. You think if you hit them every time you address a nuisance that they're creating in our community that they would not want to comply? Be in self-compliance?

You know, for the sake of my child -- I'm raising a child in the community. And the children that, you know, are our future, we need to create better laws because these people deserve a second chance. Unlike the sex offender, these people have the ability to be rehabilitated and be productive people and they have that right. Thank you very much.

CHAIRMAN KOUBEK:

Thank you. I just wanted to clarify, Ms. McKernan, a couple of things. One, we're not the Legislature. This is the Welfare to Work Commission.

MS. McKERNAN:

Well, I'm speaking to the panel.

CHAIRMAN KOUBEK:

There are several Legislators present here but we are not elected officials.

Secondly, we went to the California model because one of the approaches that has been suggested is self-regulation by the industry itself. And they already have a network that's, as we heard this morning, allegedly a self-regulating and is successful. We're certainly going to look into that.

And, third, I think what we're trying to do today is get at some of the state regulations that it appears California is ready to take on but we've had a real problem with our Legislature, you know, to come down and say we need statewide regulation of these homes. So, I think we're on the same page in trying to address these problems. But we saw California as being somewhat ahead of us in time in that they've begun to look at two solutions. One self-regulation, two state regulation. I just wanted to clarify that.

MS. McKERNAN:

Okay. I appreciate that. But what I heard was "if", if they were willing to self-regulate. And, number two, California is what, five times our size? There's a lot more going on in California, you know. We're a small -- I mean, we're a county. I think we can get a hold of our county and we can implement better laws.

CHAIRMAN KOUBEK:

Thank you. Any questions? Okay. Thank you.

One last speaker, Pamela Burner.

MS. BURNER:

My name is Pamela Burner. I'm the Parish Administrator for St. John's Episcopal Church in Oakdale, Long Island.

I want to tell you a little bit about my background. My life started off in England, of course. And when I came over here, I met my husband. Unfortunately my husband was an alcoholic. We lived together for 14 years. We had four children together.

My husband disappeared after 14 years and was never seen again. But alcoholism had reared its head in our family. And my two sons suffered with alcoholism. I also had a daughter with a brain injury. This has given me a lot of experience in these fields because through the agencies that I've had to deal with, the housing for my daughter, which was totally unacceptable, today although she would be a vegetable and completely blind, she's now a mother of two children in their own house with a high functioning disabled husband.

So, we have to look at what's happening. We have to look at the things that are not acceptable for our children. And during the course of alcoholism with my two boys, one son was in rehabs, in the court systems. The rehabs cost a total of \$160,000 and no better.

The second son was in prison three or four times with anger issues. He now lives in a sober house on a couch. Not a bedroom; on a couch. Now, I entered into a program myself because this is a family program. And I do understand that everybody has to be part of the recovery. And I understand there are many parents that don't agree with this, but it is a recommendation that, I think, all families should have when they're dealing with alcoholism.

During my life I've seen many problems, but apparently my brain works with solutions, which is good for me. So we've traveled this journey together. And luckily my two sons now are alcohol free for today. I'd like to take the lessons that I've learned and shared with them -- share them with you.

While working during the summer about -- in 1997, I realized that there were now young women who had the same problems I had. They were working and they had children at home. And what happens to those children in the summer? If you don't have family or if you can't afford a good camp, your children are at risk. And I've met many of these children in the correctional facility in Yaphank because the journey with my boys had taken me there also.

So I pondered over this as I was walking and I pondered how do we get the money to secure these children during the summer while their parents are working? So as I walked, I began to see cans and bottles with nickles on them. And I said, *my goodness, the road is really paved with gold*. And so I started a program called Cans For Kids. And we collected cans. And with that money we sent children from single parent working families to camp in the summer. Our children are our gold.

Now some of our children are affected with alcoholism and that's why I'm here today because I still believe they are our gold. And I wonder with all the agencies that are visited during the year -- sorry, lifetime and how funding is really, really slim, and how you have such a tremendous job not only making the laws, but finding the money that will finance everything. And so I've been following the bottle bill in Albany. And as you know the bottle bill was passed and Governor Patterson wants those nickles. The unclaimed nickles go for a total of \$2 billion.

Now alcohol has an adverse effect on society. But, you see, Budweiser gets to keep all those nickles that you don't claim. So that \$2 billion goes to one big business that causes an adverse effect on society. I ask for a bill that passes it, that the money from that unclaimed nickles in Suffolk County goes to promoting good health in sober houses for our children. Is that possible? I'll do everything I can.

By the way, at the church we're up to about 10,000 a month and we raised a lot of money. And \$2 billion for unclaimed nickles is a lot of money. The bill was passed. It did go through Congress but big business was able to stop it. So Governor Patterson didn't get the money. It's still in litigation.

CHAIRMAN KOUBEK:

Thank you.

MS. BURNER:

Thank you.

CHAIRMAN KOUBEK:

Thank you for taking the time and for the patience of waiting as long as you did. Any questions?

Okay, we've been joined by Legislator DuWayne Gregory. Would you like to make a statement, Legislator?

LEG. GREGORY:

Yes, thank you. I'd like to thank the Commission for allowing me an opportunity to speak. I was downstairs. We're going through the budget. And as you talk about contract agencies, I don't want to -- this is a discussion too long for a group of my district gets cut. So -- but, we've been listening. We have -- we have the ability to listen to the hearings downstairs.

You know, I'm only going to reiterate some of the comments that I've heard already. And that's, you know, frustration and concern. And it certainly extends to my legislative district which covers Wyandanch, Wheatley Heights, you know, Amityville, North Amityville, Copiague. And we had an incident not too long ago with a sober home, a person was killed. And, you know, we've had incidents over the years. So there's concerns throughout the community about how these sober homes are regulated. I think everyone is in agreement that these people, you know, they need services. They need help. But the way that they're run, there's no oversight and it's causing a problem to the community. They're not being friendly neighbors. And I think that's why you have, if I can label it that way, the NIMBY-ism because they're been associated with negative things. So people don't want to associate with it because there's -- the management's not there.

So I appreciate the efforts that you're doing here, that you're having a public hearing, allow the public to come forward and talk about this important issue and to bring a spotlight on it. And Legislator Browning, myself are up for election. I was knocking on doors. And I didn't knock on a sober home, but I knocked on a door of a gentleman who was a doctor and we got in this whole discussion about mental health. And he goes to Albany four to six times a year and lobbies. And he's totally against sober homes and gave me all the different reasons why. And, you know, he said that the state -- you know, there are programs or agencies that, you know, that should have oversight but they don't have oversight. There's a family care program through -- I forget -- right, right -- so there are things in place but for whatever reason is not being done. But, you know, when you put large numbers of people in a home, that's going to cause anyone concern. So, you know, I think the whole issue has to be addressed, has to be looked at. I think you're doing a yeoman's job in moving this issue forward by bringing attention to it. So I thank you. And I look forward to your findings.

CHAIRMAN KOUBEK:

Thank you very much. And thank you all for staying as long as you did. We actually went over by a half hour. The second -- pardon me? The second hearing will be a week from today. And then we will, as I said in the opening comments, possibly meeting with some additional folks. We hope to have a report to the Legislature sometime in the first half of next year.

Are there any other speakers who wish to come forward? Okay. Thank you all very -- oh, we do have one. Okay.

MS. GRIFFING:

I'm Miss Bee. I'm from Women in Sobriety in Wyandanch. And I have -- - I just opened up a sober home about a year now only for women. There are only seven women. And as of today I have four ladies that are fully employed and off of DSS.

CHAIRMAN KOUBEK:

Your name.

MS. GRIFFING:

It's Bertha Griffing but I'm known as Miss Bee.

CHAIRMAN KOUBEK:

Thank you, Miss Bee. Any questions? Yes, we do.

MS. BOYD:

Bertha, do you only own that home?

MS. GRIFFING:

Pardon?

MS. BOYD:

Is that your only home?

MS. GRIFFING:

That's the only one.

MS. BOYD:

Okay.

MS. GRIFFING:

I'm not greedy. I'm not -- in order to do that, I have to have paid staff. I have staff that I pay at night. I'm there during the day. I charge room and board and I do cook. We had cabbage and corn beef the other day. They ate the corn beef but threw out the cabbage but that's okay. And, you know -- but I do -- maybe another one but my main goal is to educate women, get them back into the community, take them to meetings such as what it's like to go to a school board meeting and things like that, so that they can become a productive member in society and give back what they were paid, you know, what taxpayers paid for them, to get their recovery and their education.

CHAIRMAN KOUBEK:

Thank you very much, Bertha. Any other questions? Okay, thank you to the audience. Thank you to the members of the Commission. And we will reconvene a week from today. Thank you.

**THE MEETING CONCLUDED AT 1:32 PM
{ } DENOTES SPELLED PHONETICALLY**