

Madam chair, members of the committee, My name is Dr. Sherry Walling. I am a clinical psychologist licensed in both Minnesota and California.

My family and I relocated to Minnesota from California almost four years ago.

In February of 2017, I received a call from a hospital in Montana letting my know that my brother David was in the ICU after nearly drinking himself to death. I got on a plane and sat by his side for 10 days as he fought to come back to life. He had no family in Montana and nowhere to go.

When he recovered enough to travel, I brought him back to Minnesota with me and helped him enroll in a treatment program. Professionally, I know that Minnesota leads the country in access to high quality care. Dave did well in treatment. It was his first attempt after years of alcohol abuse. He did the work. He graduated and went to live in a sober living house. He got a job delivering Jimmy John's by bike and another job running the weekend omelet station at Hotel Minneapolis. For extra cash, he rode a pedi-cab downtown. The house was tough though. The stove was broken. The washing machine was broken. He spent all of his time at work or at my house doing laundry, helping out, playing frisbee with my kids, borrowing my paddleboard for excursions on Lake Bde Maka Ska.

He didn't want to spend time at the sober house. He felt like he was the only one serious about his treatment and he was worried that someone would steal from him. He kept his cash and guitar at my house. He talked about people using while living in the house. It was tricky to tell any authority about that. You can't rat on the people you live with. His philosophy was to keep his head down and earn enough money to get a better apartment. I stopped in to see him a few times. It felt decidedly unsafe to me.

After over a year of sobriety, Dave relapsed. He relapsed the day after our father died in our arms. He had esophageal cancer.

Dave went down a dark tunnel for a few months. Then he returned to treatment. Again, he did well. He wanted to keep a promise he made to my dad. He benefited from the space to grieve. Eventually he graduated and was discharged to another sober house.

This house was horrible right away. He was mocked and taunted. I'm not sure exactly what happened to him there, but he was terrified in the first few days. There are some things that you don't tell your sister. He called me and asked if he could stay with me. The arrangement that my husband and I made when we decided to move him to Minneapolis was that we would not house him. We have three young children. We didn't feel like we could handle housing him too. So, I said no. He called my mom panicked.

He called the treatment facility that he'd just graduated from. My mom called the treatment facility to ask for another placement. No response.

He was desperate. With all the cash he had, he bought a train ticket to return to Montana. He made some calls and got a job working in a restaurant in West Glacier. A new start he thought.

But it was too much too fast. Too much change. No continuity of care outside of a prescription. And no safe place to heal and grieve and learn how to live soberly in the world.

My brother died by suicide on May 10, 2019. He was 34 years old. He died three weeks after graduating from treatment.

As a family member and as a professional- this is not how this should go. We've long known that people are most vulnerable during transitions. They are most vulnerable to relapse, and to suicide. -My experience with sober homes is that they are unsafe and unaccountable. My brother was terrified. He wasn't granted the dignity of a safe place to sleep. We are dumping our most vulnerable people, those who are clinging to whatever shreds of hope they can, into unregulated homes where bullies rule and the basic dignities of physical and emotional safety are denied. No one in this room could thrive in these supposed "homes".

One of the biggest regrets of my life is that I did not offer him safety in my home. I didn't quite understand how terrible it was for him. I had thoughts about boundaries and him needing to do the work. And I was tired from being momma to three children, and just burying my dad, and my own work as a psychologist. I trusted the system of care. And I shouldn't have.

Steven Nasshan Written Testimony

I will never forget sitting outside my condo building in Chicago with my parents when the first suggestion came that I consider an inpatient rehabilitation center. Together with my therapist, family, and doctor, I made the decision to come to treatment in Minnesota as it was explained to me that the treatment facilities in Chicago were not safe for a gay man; talk about terrified times two. At the time I was 31 years old and I owned own ballroom and latin dance studio in Chicago when I first flew to Minnesota in the summer of 2015. So now I am in a brand new state, I know no one, my family is hundred miles away, and all of the money I had saved up from my business had gone toward inpatient treatment. Having graduated inpatient treatment, the rest of my recovery was solely in my hands and the hands of the sober house. This is very different compared to forms of medical illnesses that require treatment.

I have to begin talking about my sober house experience by saying that I benefitted in many ways from my time spent in the Minnesota drug and alcohol treatment programs and sober houses. From 2015 to the end of 2018, I was either in a sober house, in inpatient treatment, or homeless and totally lost in my addiction. That was the merry-go-round I got trapped in. I lived in 8 different sober

homes, some specific to the LBBTQ community and others not. Here was my experience with the procedures around sober homes and how it affected me and my recovery.

First, was the entrance process; the first sober house I moved into I came right out of treatment so that experience was different, but the other 7, I was coming right off the street and right straight out of an active addiction situation. Sober homes require 30 days of sobriety in order to be accepted, which is sometimes hard to string together for those not coming out of treatment and who might be experiencing homelessness and also very easy to lie about if you're in a desperate enough situation. I'll never forget every sober house interview I ever had. They were always the same. I would go to the house where all the members and managers would sit and ask me any questions they wanted, some about sobriety and others not. They would then send me away and the house would then vote on whether or not to accept me and I would be contacted days later. The process was a bit like a reality show and was not the most positive way it could have been handled. That fear of not knowing whether or not you will have a place to live makes anything else in terms of recovery that much harder. It's hard to focus on attending meetings and staying sober when you don't have stable housing or food. Once accepted into a sober house, you were then required to sign a contract and put down a sober house deposit which for me ranged anywhere from \$500-\$750.

This leads me to the experience inside the sober homes which is by far the most positive part of my sober house experience. The rules of the houses were fair and we were required and expected to attend recovery meetings, look for jobs, do chores around the house, and more. These things were incredibly positive and a lot of times the sober houses allowed me enough time to put some puzzle pieces back together. The rooms were fair, however, there were times I ended up in rooms with 4 or 5 other people in a twin bed at six foot four, but honestly that never really bothered me. I was just grateful to be safe and have support. This leads me to my final piece of my sober house experience and the most damaging; the exit procedures. Before getting into this piece, I want to make clear I have been living somewhere safe for the last three years thank to the kindness of a woman who I met in inpatient treatment who stopped the merry go round long enough for me to get off.

The rules in every sober house I lived in stated that if they suspected someone was using returned to the house high or didn't return at all they would be immediately evicted. It left a lot of room for interpretation and in so many words stated that the sober house manager or owner could evict you at any time for any reason. I understood this rule and signed the contract because I needed somewhere safe to be and yet 5 or 6 times I was left in situations where I had a relapse and I was contacted by the house manager who explained I was not allowed to return home. I would then go from being totally supported and accepted in the house to totally outcast. They would then evict me, keep my sober deposit, hold my things for up to 14 days, and worst was no one in the house would speak to me anymore. Needless to say I was not equipped for this; to be homeless in the middle of winter, with no money, with no options really but to find a homeless shelter, return to inpatient treatment, or wait 30 days and try to find 6 or 7 hundred more dollars and try my luck at sober living again. I tried all of those options, but there were also times I had to become a person I didn't even recognize just to survive on the streets. I fell into a level of addiction I didn't even know was possible and made decisions to survive that I to this day I can't fathom. Needless to say, the exit procedures in sober homes need to be looked at because I lost thousands of dollars in deposits and as a result of having no exit or relapse plan or strategy I find myself in positions that no one ever should.

The experiences while inside the homes and while I was sober really did help me in my aspects but the entrance and exit strategies to sober living need to be looked at as well as the financial details surrounding deposits. Thank you for allowing me to share my story with you.

January 30, 2021

I am writing to you regarding the sober homes in Minnesota. My beautiful intelligent daughter has struggled with addiction for many years now and has been thru many sober homes in the Twin City area. Some good, some bad, and ALL very expensive! The idea of a sober communal living home environment is an admiral one. Unfortunately, there are many that are in it just for the money and are exploiting our loved one's illness. Some should be investigated for putting vulnerable adults in harm's way. I am hoping you can work to consider oversight options for these sober homes and hold owners accountable for the safety of sober home residents.

Please allow me to share some of the experience my daughter has endured through the years.

All Sober homes require a hefty security deposit to secure the next available bed. These deposits are expensive and if a person relapses the deposit is not returned. Relapse is part of the disease and it isn't sustainable for people to repeatedly lose all this money. These people are struggling and desperate. Most do not have 5 or 6 hundred dollars for a deposit. Unfortunately, relapse is common occurrence when one is struggling to achieve sobriety. They cannot afford 5 to 6 hundred dollars every time they relapse. It's a vicious cycle and needs to be rectified.

One time after being released from in-patient treatment my daughter was sent to a MASH Sober Home. The owner was condescending and verbally abusive toward my daughter AND toward me. She kicked my daughter out at 7:45 AM just minutes before she had to leave for her outpatient treatment and would not allow her back into the residence to collect her belongings for **4 DAYS!** This meant my daughter who suffers from mental illness along with addiction did not have access to her medications for **4 days!** When I tried to explain the urgency of this to the owner, she dismissed it and said My daughter should have thought to grab them on her way out the door. She was kicked out because she didn't make the number of meetings she was mandated to attend per week. She did not relapse. She did not receive her deposit back. Most of the people who need sober house living have a dual diagnosis and suffer from some other kind of mental health illness in addition to addiction. Most of these patients are not stable after a brief 28 day stay at an in-patient facility. Making the transition to staying in a sober home can be touch and go and it is evident that the sober-house owners do not have any training dealing with mental Health. I believe there would be better success if we can mandate that becoming a sober homeowner and operator would require training and licensing.

The discharge practice of some of these homes is careless and, in my opinion, reckless. I was told the same sober home operator threw out an 18-year-old girl during the night because she had relapsed. The young girl was inebriated and thrown out when the temperature in MN was 50 below 0 outside! That's a deadly temperature! This incident was reported to the drug counselors at the treatment center the next morning, but I see this sober home is still open for business. We need to change this discharge

practice and hold them accountable for a person's safety! I have only met one Sober homeowner who had a background in Mental Health.

My daughter had negative experiences at another MASH sober home. This sober house in Minneapolis was filthy and had people using drugs on the premises. It had obvious electrical hazards, insufficient refrigerator space and bathroom access. The house had ONE bathroom for 8 women! The one bathroom only had a small cheap shower surround stall that leaked outside of the stall, so the bathroom reeked of mold and mildew. The kitchen had a very old stove and fridge that were much smaller than average. They reminded me of appliances you see in a camper. The owner was charging eight women \$650 per month each to live there. We need to put a limit on how many people you can cram into one home in relation to what they will provide for them. We have pulled our daughter out of sober homes because of their conditions. We do not receive our deposit back. There is no agency that actively oversees or supports the patient.

My daughter has been in sober homes that had 4 to 6 women crammed in a basement with no other fire escape except the steps leading upstairs. Doesn't the fire Marshall inspect sober homes? The safety of these vulnerable adults needs to be a priority.

My daughter has stayed in some very good houses with good support too. I would say Helen's house in Minneapolis was the best. Another good one is Safe Haven in St Paul. These are two examples of sober homes that are engaged with the adults they are housing and supportive of their recovery process. They have managers that live on sight. I have found that it makes a significant difference with more positive results.

I'm sharing the negative experiences so you can see the urgency requiring your attention. Sober homes are a very important part to one's sobriety and it is important that they are properly managed to achieve success. I hope you can work to provide the necessary regulations and help protect the rights of the vulnerable adults who really need a safe and sober home.

Thank you for your consideration and please do not hesitate to contact me if you would like any more information.

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January 31, 2021

My experience was in 2011 at a sober home located on Grand Avenue in St. Paul, Minnesota. When I made arrangements to live there, the owner and I discussed that I would not be working as I was attending an intensive DBT outpatient program and other counseling. About a month after I began living there, she demanded that I be out of the house during daytime hours. Prior to this, I had been coming home when I was not attending DBT, counseling, or AA. She told me I should go sit in a coffee shop. When I told her that was not what we agreed

upon and I refused, she told me she was evicting me. At the time, I had a county case manager. Together the three of us agreed that I would have 30 days in which to find new housing. That same night, at a house meeting, she told me I had to move out now or she would call the police. This was despite the fact that my rent (\$450 for ½ room and 1 bathroom for 11 women) was paid in full, I was not using, and I complied with all house rules and rules in my lease. She also refused to return my security deposit although there was no damage. I was one of the “older” women in the house (40’s). Prior to this she had thrown out 3 other older women on questionable grounds. It appeared that she only wanted very young women in the home and that she was threatened by the women who were her age.

Catherine Rogers