

Human Services Commission
November 19, 2008
5:30 – 7:30 p.m.

Present: Kati LaBraico, Lori Likis, Christopher Hall, Khari Milner, Reverend Lorraine Thornhill, Dr. Marian Darlington Hope

Staff: Ellen Semonoff, Clo Delgado, Stephanie Ackert (recorder)

City Issues

Last month in lieu of the Commission meeting, Commissioners were invited to participate in the City Councillors' World Café. Participants rotated among discussion tables and City Councillors floated among the tables to hear the discussion. Some of the topics included the idea of community and which groups were not represented at the table; the schools and how to improve them and why area colleges and universities are not contributing more to the community. The theme of diversity of people, businesses and other entities came up within the various discussions. The City Councillors were scheduled to work on their ten goals next week, incorporating input from the World Café, the Citizens' Survey and their own thoughts.

With regard to the budget, the City Manager has said that he will not replace state funds lost by City Departments or by community agencies in the economic crisis. State Local Aid to Towns and Cities is expected to be cut for FY 2010 beginning July 1, 2009. It is less likely that there will be Local Aid cuts in January 2009, although there probably will be other cuts.

Presentation by Guest Speakers Larry Keane and Mary Kay Tuohy

Larry Keane, ACCESS Program Director and Mary Kay Tuohy, Director of Outpatient and Youth Programs at CASPAR were introduced. Larry has been with CASPAR for ten years, and was Associate Director of the Phoenix Center prior to his current position. The Phoenix Center, a sober day center, hosts noon Alcoholics Anonymous meetings attended by clients from CASPAR programs and some staff.

At the shelter, it was noted that some guests of the CASPAR shelter broke their patterns periodically and stayed sober for a while, but not long enough for various residential programs. An early sobriety transitional program was developed within the shelter, first called Sunrise, then Gateway and finally ACCESS (A Client Centered Experience Staying Sober). In 2001-2002, state money for substance abuse services plummeted and CASPAR had to close its detox center and some of its residential programs.

ACCESS represents a baby step from the "wet" (still abusing substances) side of the shelter, functioning like guard rails to stabilize clients until they can move into other programs. There are ten beds for men and two for women who are homeless but sober in the program. The case manager at the shelter encourages guests who show signs of altering their consumption patterns to consider entering the program. Staff work with participants on staying sober, going to their AA, NA or other meetings and keeping things simple. Referrals are made to the Multi-Service Center and other providers. Nearby Central Square, sometimes called "Mental Square", is risky for maintaining sobriety. There are supports in the Square, however, such as meetings at a church on Magazine Street. Typically clients stay in ACCESS for three to four weeks, and planning for aftercare begins on Day 1. Clients are interviewed for halfway houses. Their days are structured, including mandatory meetings, and staff try to make the transition as easy as possible for them.

Ellen Semonoff asked whether there is a typical participant. Larry and Melanie triage through ten to fifteen people in a room, usually with everything they own in a duffel or garbage bag. Most but not all are referred from Albany Street (CASPAR's "wet" shelter) and some from detoxes. Some are coming out of jail. Many have burned bridges with their families. The Phoenix Center drop in and ACCESS provide an informal, comfortable setting for people in early recovery, featuring a low threshold of requirements, treatment on demand and sometimes employment in the CASPAR thrift shop Second Gear. Staff engage clients in short conversations about what they need and where they want to go, endeavoring to provide a balance between comfort and discomfort as a motivator. Although most participants are in ACCESS for only a few weeks there is no time limit. Some might be waiting for a couple of months for a particular halfway house or a court date. One man in his late 50s underwent 350 detoxes over the course of 1 ½ years. He has been sober intermittently and has now been in housing for a couple of years. There are inherent difficulties in having the program in a "wet" shelter.

In AA, personal recovery depends on the unit; participants are encouraged to reach out to peers and others, building relationship skills. Real life applications help people to function in a world where there are others you might not get along with and still stay sober.

Mary Kay said that at first she had wanted clients to have clinical assessments, but then realized that this needs to come later. Clients need stabilization, treatment on demand and someone to listen to them. There are two outpatient groups a week for the ACCESS clients. People go through stages of change. The first stage is pre-contemplation where they are having some thoughts about changes but "don't mess with me now". They're in a physical and mental holding place. Often the program feels like organized chaos and Larry and Melanie help clients hold onto a goal, assemble needed documents and meet biosocial needs. A client may want socks and may need a birth certificate.

Larry said he has known many of the participants for a long time. He knows that many have attention deficits. He communicates that he is hopeful but if they relapse they should not disappear. He will help them go back to the drawing board. Clo Delgado, long time DHSP manager of the ACCESS contract, said that participants are comfortable but there are expectations such as participating in counseling, on-the-fly assessments and being in their beds at night. For those who keep cycling through, Larry said staff try to exert the right amount of pressure to help them advance to the next step. Participants are around all day and their behavior tells their stories. Some will end up not staying sober and some will never be able to progress.

Chris Hall asked about success stories. Larry said there are enough successes to keep him going. He realizes he is just part of the mechanism and does not get anyone sober or make anyone drink. Some do come back later to tell about their jobs and children. Most ACCESS clients have been in other programs before, 20% of them previously in ACCESS. Chris asked about measures of success. Larry said there are milestones within a few weeks, showing that participants are building a support system and community. It's not a good sign when a client is attending meetings but staff never hear that person's name mentioned when others are talking. Reports of conversations with probation officers, spouses and children are positive signs. Mary Kay added that movement into the program that the client has wanted is another milestone.

Clo noted that under our contract it is expected that ACCESS will be able to place 50% of its clients in some type of program.

The Massachusetts Department of Public Health Bureau of Substance Abuse Services licenses CASPAR, which is overseen by a board. ACCESS is part of the supportive services tier in CASPAR. Mary Kay said that there often is continuity, with many ACCESS clients choosing to stay with CASPAR clinicians,

early-stage clinical groups and later in recovery. The CASPAR continuum includes intensive day treatment programs and psychopharmacology. There are places within the agency to step up or step down as indicated by circumstances.

At Albany Street the “big dorm” is used for people still actively drinking and drugging, though this is not allowed on the premises. There is a separate hall for people who are sober including meeting rooms. ACCESS participants are encouraged not to hang out with those who are under the influence.

Mary Kay said there is a changing practice philosophy. Motivational enhancement therapy recognizes that people don’t necessarily make a statement that they will stay sober for the rest of their lives. People have a tendency to return to the geographic area. Relapses are considered a part of recovery, like the stock market with up-and-down trends. Staff are posing the question, “How did you manage this little patch where you were not crazy and you were working and how can we extend this a bit?” Some programs do not accept people until there is urine test evidence that they are no longer using.

Lori Likis remarked that Larry and Mary Kay had been eloquent in telling the story that numbers don’t tell, with the living in the moment and the unique set of challenges. Khari Milner agreed and asked whether there are any particular trends.

Mary Kay indicated that it has become harder to get people into other programs. Most clients have a dual diagnosis of substance abuse and mental illness. Many people suffer from other serious diagnoses. The Cambridge Health Alliance is cutting back on daytime programming. There is a long wait for psychiatrists and suboxone (opiate addiction treatment) programs are closing. Some staff have noted that over the last few months housing foreclosures are forcing addicted people out into the world who have never previously been served by agencies. Economics are difficult. The Food Bank only gave the shelter four turkeys instead of usual 17 for Thanksgiving.

Ellen passed along a suggestion. The Senior Center Food Pantry was told it would receive only a few turkeys, but a Council on Aging staff member mentioned to the Food Bank that the *Cambridge Chronicle* was coming to the pantry to do some stories. The Food Bank came up with many more turkeys.

Marion Darlington Hope noted that the person who is hardest to serve may get squeezed out, particularly because of the economy. “New folks” give programs better performance numbers which appeal to funders.

Larry endorsed the focus groups that Fred Berman conducts with program participants. Fred is later able to share anonymous concerns about the program with staff. Ellen explained that these focus groups are conducted periodically with clients of all the homeless services programs. Larry said that CASPAR is talking about using client satisfaction surveys.

Ellen asked what the CASPAR staff would wish to have, aside from more mental-health opportunities for clients. Larry said food and Charlie cards would be helpful. Breakfast and dinner are served at the shelter but he wishes he had cans of ravioli and such supplies to keep at the Phoenix Center for lunches. Mary Kate remarked that with the poor economy and budget cuts it may be that participants’ time in ACCESS may increase.

Upcoming Meetings and Topics

Noting that we have had CASPAR and the Cambridge Housing Authority Work Force in to speak as the Commissioners had wished, Ellen said we would check to see if Concilio is available for our December or January meeting. She asked whether there were other agencies we would like to hear from. Also, in the

past Jim Maloney came and gave a report on trends and performance in the Cambridge Public Schools. Khari agreed to check on the possibility of making such a presentation in December or January.

Ellen said that probably the new President won't affect CDBG funding for the coming year but maybe in the following year. There may be a time of hard decisions. We had discussed with Steve Swanger what has happened with Work Force graduates. There is a new study of the Boston Public Schools' graduation rates and college success rates. Among high school graduates from 2000, one third had earned a degree or certificate by 2007. The Boston Foundation is planning to put some money into college success programs.

Some have asked what passing the MCAS gives graduates for the purposes of moving on. Lori mentioned having seen an article about MCAS and other forms of assessments.

Ellen reported that the War Memorial pool and athletic facility is reopening in December after extensive renovation. It offers good programs and facilities at good rates.

The meeting was adjourned.