

## VNRH RESIDENTIAL OVERVIEW

**WHO** the residents are representative of all races and ethnicities (40% Latino/a (75% of Latino/a residents are bi-lingual and 25% feel they are monolingual at entrance), 15% black, 5% Native American, 5% API, 35% Caucasian, the age range is from 18-? (The oldest has been 67 at entrance) – the average break down is 75% men and 25% women (50% of the women are m-f transgenders – ranging from those having already transitioned to those who begin their transition upon starting recovery) – we have residents that have never started high school and those who have completed college, graduate degrees including doctors – 90% of the incoming residents have been homeless in the 6 months prior to treatment or longer – 65% are HIV+ at intake (only 20% of those are in HIV care at intake) another 10% test positive for HIV after entrance into the program, 73% of the men have an STD upon entrance and only 20% are aware of STD and are in treatment for the STD, less than 20% have had active participation by a family member in the year prior to treatment – 90% of incoming residents have had prior treatment experience with 5 prior treatment episodes being the average. 60% of the residents have been arrested in the previous 2 years – 44% have spent at least one night in jail – 35% are on probation or parole.

**WHAT** the residents contact VNRH for information about the program and intake primarily by phone, most are referred by a friend or someone from a 12 Step program. When someone gets on waiting list and they follow through it generally takes 1-3 weeks to get into the program but that can vary depending on willingness of those ahead of them on list and the current residents. Once they are told about program and choose to be on “Waiting List” they are told to “stay sober”, go to 12 Step meeting at least once a day, and call-in everyday between 10:00 am and 2:00 pm; we have a second “Waiting List” for those who are incarcerated – for those in City or County jail we fax an intake and they fax back and then are told to call collect to show their willingness to remain on list along with attending 12 Step panels when possible, drug and alcohol classes, we will do our best to have bed upon release; for those in prison who mostly contact us by mail we send them an intake, they return and we then write them once a week as long as they either write or call collect to show their willingness for program – we write about 12-14 letters a week to prison inmates on waiting list.

Once a bed is available we will either contact the person at top of “waiting list” or wait for them to call us – if we need we can contact AT Center, Bliss Café, or other places we know they might be going to meetings – once a person arrives they are told “Welcome Home” and we truly mean that – the first task a potential resident takes is reading the rules (if they are unable to read we have a peer sit down and read the rules for them/to them in a very loving and considerate way), once they complete reading the rules we ask if they agree to them and then let the resident know our job as a staff is to hold them accountable – there are many rules but the emphasis is honesty, willingness, open mindedness

– it is also reiterated that VNRH is a non-smoking program and exactly what that means (willingness to stop and utilize smoking cessation tools) – it is explained when they get on the “waiting list” and again at “intake” that smoking is the number one trigger to relapse as shown in many studies completed by National Institute on Drug Abuse (NIDA) and Substance Abuse Mental Health Service Administration (SAMSHA) –

Next steps are reviewing what they brought with them to treatment clothing and hygiene items – 90% don’t have much except clothes on back – maybe clothes that provide for “sex work attraction” – not clothes for being newly sober in recovery house. Each resident is given week supply of new underclothes (underpants, t-shirts, socks/equivalent for women) and then weeks’ worth of clothing (pants, shorts, shirts, sweatshirt, shoes if needed) hygiene kit, towel, wash cloth and any other basics they might need- if they do come with clothing it is all searched and washed before going upstairs with resident. If a new resident is coming off crystal meth run they shower, eat and go to bed – they sleep and are kept fed and hydrated until they can stay awake for at least four hours-this can take one day or up to seven days depending on how long and how often they have been getting loaded-if a resident stays at least two weeks the chances of them staying sober and working their way through the program increase significantly – each new person is assigned a “buddy” upon entrance (your go to person to help you through adjustment of being new) once a resident starts program they are living a very structured life and learning many new behaviors that are contrary to almost every aspect of life prior to starting treatment.

The program at VNRH is at a minimum 88 hours of treatment activities per week (this is per the Ryan White Residential Contract) these activities must be individually accounted for and signed off by resident and staff each and every day of treatment. The 88 hours are made up of every activity from the morning walk right after wake up through the pre-bedtime 10<sup>th</sup> Step activities (see attached sheet for example and documentation sheet) also the weekly activity sheet (attached). At intake an “Initial Treatment Plan” is implemented for the first week of treatment; during the first week of actively participating in program the battery of “Assessments” are performed by the staff therapist – this is at a minimum 4-6 hours. Following these “Assessments” the individualized treatment plan is designed for each resident – the treatment plan is made for 90 days and must be updated with “Progress Notes” weekly – at the end of 90 days another “Treatment Plan” must be developed – if “more is revealed” in the weeks following “intake assessments” treatment plan addendums are completed.

The “Main Goals” that most residents address through treatment (not always in the same order) –

#### **MEDICAL CARE**

Each resident sees the HIV/STD counselor within their first week in treatment – they get HIV test and STD screening – if they screen positive for STD/STDs they go to Men’s Wellness Center immediately – untreated STD is very hard on immune system – if their HIV test comes back positive and they felt they were negative they are immediately set up with medical appointment and a great deal of staff time is used to keep them in treatment – newly

**identified positives and those who test HIV negative have a hard time not running back to drugs -no resident travels alone to any appointment -**

1. For those who are HIV+ getting connected to HIV Care and getting labs/physical and medications if indicated and follow up appointments – this requires spending time with resident and discussing going in and being honest with medical provider about sexual and drug behaviors so that the provider has the best chance to understand current health including outcomes from labs – CD4 and viral load may have been impacted by drug use or having undiagnosed STD/STDs – blood work can tell provider part of the story but honest conversation can help to fill in the blanks and make for more informed diagnosis – it may take one appointment or as many as three for a resident to know what medications they will be taking (we have had residents who tested positive as many as 15 years prior to treatment at VNRH and they have never connected to HIV Care because of their fears around HIV/AIDS) when a resident returns from medical appointment a “Progress Note” must be completed – at this time the information learned at appointment as well as information about medication and treatment regimen is discussed – it is very important for the residents to understand what the medications do and why it is important that they take them as prescribed – that means the time of day, with food without food etc. – each time any medication is taken it must be logged and signed off by resident and staff – for those who are newly diagnosed there may need to be quite a bit of staff time upon their return to the House – understanding all the information that can come from doctor visit is daunting at best-

#### **STEP ONE of ALCOHOLICS ANONYMOUS**

2. This includes the writing of the residents “Snapshot” the last 24-48 hours of their drinking and drugging – with all the details they can remember as well as all the “feelings” that come with putting this timeframe down on paper – once completed the resident reads their “Snapshot” in morning group and then edits or includes any feedback from peers – often times the residents write as if they are auditioning for bad of bad not their “bottom” which will motivate them to be “as willing as the dying must be” – once they have their “Snapshot” written with feelings and no drama they put it in the inside cover of 12x12 and they read it every morning before starting their day – they also share the feelings from “feelings list” that come up when reading – each day sober is a new day and a new experience-

The next action for completing their written 1<sup>st</sup> Step is the writing of their “Powerlessness and Unmanageability” worksheets – these sheets have them answering questions that show exactly how “powerless” they have been and the degree to which “unmanageability” has revealed itself in their lives. (Worksheets attached) – once these sheets are completed they are brought to “Morning Group” and shared with peers where they again provide clarity and make any changes as suggested – they then read every morning to remember where they have been and what happened –

**“Snapshot” and “Powerlessness and Unmanageability” are shared with sponsor**

Sharing their 1<sup>st</sup> Step gives sponsor and members of support group a good picture of where drugs and alcohol have taken them and when they want to run and try to make life work this is great reference point – it is critical for every alcoholic/addict to remember just exactly where drugs and alcohol have taken them and the feelings that come with these memories.

### **INTERNALIZED HOMOPHOBIA/TRANSPHOBIA**

3. For many of the residents they have been able to possibly “admit” that they are gay or transgender but “acceptance” is a completely different story. For a very high percentage of the residents that are gay and have been in treatment previously many have always kept one secret “that they are gay” – then they wonder why treatment doesn’t work yet they were building their foundation for recovery while keeping a “secret” about who they are as a human. For some they have been told in treatment that it is not important to talk about being “gay” – the pattern that they have used the most often is reinforced – “lying about who they are” – at VNRH we feel strongly that addressing all of who someone is with no lies and secrets is critically important. Internalized homophobia can cause a resident to have many judgements of themselves as well as other – each of the residents who identifies as gay/lesbian/bisexual/transgender completes a “Powerlessness and Unmanageability” worksheet on themselves. It is the first concrete example of utilizing the “Steps” in any area of life – the next step is to read the 12x12 and each place they see the word alcohol they replace it with the word gay and start to practice using the steps for anything that arises in their life that they are powerless over-

We have group conversations where we discuss various stereotypes and assumptions that many of the residents have been raised hearing – we don’t allow any slurs or other comments that infer the words “gay”, “lesbian”, or “transgenderism” in any way- These groups have a fairly natural progression into conversations of race, class, ageism, sexism, and gender bias. Many of the residents are not aware of how there is a heightened awareness of “words matter” in today’s society.

### **4. BUILDING SUPPORT GROUP/SPONSORSHIP**

Within the first week of entering the VNRH residents are given a sponsor – we work hard to connect residents with sober men and women we know have similar experience, strength and hope. We also want to make sure the sponsor is available enough for a phone call once a day or has the ability to return phone call daily. For many of the residents that have been around 12 Step program or been to treatment in other places “sponsorship” has been a weak link. We have the residents read the “Sponsorship” pamphlet so they can understand exactly what their role is and what the role of their sponsor is through this journey of recovery. While the residents are in the

VNRH program they are introduced to all the “Steps” and “Traditions” thoroughly with their daily work focusing on Step 1 and Step 10 – they work Step 10 each morning and at bedtime (utilizing page 86 in the Big Book)

Each resident is required to get at least three phone numbers at each meeting they attend and they are required to call at a minimum three people each day plus their sponsor – the goal is to build consistent support group of 3-4 sober people that “know” them so that if their sponsor is not available they have people who are up to date with them that can listen and offer support. They are also responsible to get rides for outside 12 Step meetings on Friday, Saturday and Sunday. Friday is an “Open Meeting” and on Saturday they have choice of “Squares” or “Colfax” and on Sunday they attend Plummer Park –

Each resident gets two passes a weekend with the length determined by the amount of time in program and progress made through treatment goals – they range from 1 ½ hrs. to 6 hours and they also get 1 ½ pass with sponsor once a week.

### **Sexual Health**

The discussion of sexual health and what it means to be sexually healthy is discussed throughout all “Goals” and is a part of many groups throughout treatment. A common theme we utilize to help residents change patterns of behavior that they brought into recovery is talking about any pattern of behavior that has been “dark, secret, or anonymous” – sobriety, self- worth and self- esteem are brought about by revealing these patterns (sexual abuse, molestation, high risk sex, anonymous sex without disclosing HIV status, always presenting themselves as someone they are not) recovery happens when the “soul” is brought to the light. Residents are recommended to masturbate and masturbate with condoms – they are shown a wide variety of condoms so they understand there are choices – most of the residents have never been to a drug store to realize there is section of condoms – if they use or have condoms it is just free ones given out that they mostly carry around and do not use.

### **PrEP/Healthcare Finances**

We discuss all HIV medications and HIV and the immune system often as many residents are unaware of how they must participate in keeping themselves healthy and not just be reliant on medications. We also talk about “Truvada” because many of the HIV positive residents that have been in HIV Care have been selling their “Truvada” to HIV negative men and they are ashamed to talk about this – again addressing as many secrets as possible through the course of treatment is critical – it is also very important to have many discussions around how their “Healthcare” is financially supported – we have many conversations about Ryan White Care Act and California Care and ADAP – Addressing entitlement is an on-going conversation throughout treatment.

## **AFTERNOON GROUPS**

There are four different groups each having their own “curriculum” that happen Monday – Thursday throughout their treatment until they enter the “Classroom/Job Search” phase of the program.

Monday – “Art Therapy” – they make cards for family members or friends and these are mailed out weekly to build consistency and show that they are getting out of self. There are many studies which show the immense value of “Art Therapy” in helping people get in touch with their feelings – each resident shares their card and talks about why they chose the pictures and words  
– they either draw or make cards “collage style” utilizing magazines.

Tuesday – They watch a movie that has a theme attached to one of the general themes that run through all treatment plans – history of HIV, Bill W. story, educational movies about transgenders, movies that depict the escalation of alcoholism and drug addiction in someone’s life. They then write 500 words on what they got out of movie or if they have questions or need clarity there is discussion.

Wednesday – Big Book Group – they read one chapter and one story each week and there is discussion as they do the reading –

Thursday – Alcohol and Drug Education – we have a twelve week curriculum that takes them through “Letting Go” of drugs – this is evidenced based program. They have an assignment to work on throughout the week and they report back each week with discovery and insights.

Friday – there is AA meeting at the house in afternoon

## **MONDAY NIGHT**

Two different volunteers do “Meditation Group” for the residents – Monday night is the one night they do not attend 12 Step meeting (unless they are Spanish speaking and then they go to Spanish speaking AA meeting)

## **TUESDAY – SUNDAY NIGHT THEY ATTEND 12 STEP MEETINGS**

## **CLASSROOM AND JOB SEARCH**

The “Classroom” experience starts with the resident getting the clothes they need to present each and every day as if going into a professional environment.

Depending on how a resident is moving through their "Individualized treatment plan" they enter the "Classroom" phase of the program around their third or fourth month – once in the "Classroom" they complete a battery of "Assessments" ranging from basic computer skills to job readiness skills. The "Assessments" are then reviewed and a "Treatment Plan" for the "Classroom and Job Search" is created – for some this starts with the basics of learning to turn a computer on and going through the variety of tutorials and for others it may start with working on their typing skills – after they show an ability for the basics they work to gather the needed information for a "basic" job application and once a "practice job application" is completed the development of a resume occurs. This process can take anywhere from a two weeks to a month depending on work and employment history and job readiness skills. Many of the residents have not had "legal employment" for quite some time and so they are shown how to take the talents they have and fit them into marketable job skills. For many of the residents the key component to success in becoming employed is the time spend on "interview skills" and knowing and trusting that answering questions honestly is their best solution. There is a lot of fear which requires a lot of trust and support when it comes to looking for work but this is an area where the breath and scope of alumni is so valuable. Some of the residents are undocumented and we rely on our connection through alumni and the sober community for jobs which are "under the table" and supportive of the newly sober man or woman. The average time from the start of Job Search to employment is about 2-4 weeks – some get jobs through the AA network even before they have actually started applying.

The "Classroom and Job Search" happens in the afternoon as the residents continue to attend Step Study and Feelings group during this time – they are also required to continue with all their other programmatic responsibilities.

Once a resident becomes employed they must create a meeting schedule to fit around their work schedule – we encourage them keeping the meeting schedule as close as possible to the one they have been following – many however work until after 8:30 pm so they tend to attend meetings at Bliss Café on Vine at Fountain. Once a resident starts working they are allowed to get their phone turned back on or get a phone after first paycheck – there is then a great deal of staff time that goes into using a phone as a sober man or woman – lots of writing and conversation about the various "dating apps" and how they can be triggering much the same as walking into sex club or bar – constant reminders about the character defect of "lust" and how many people relapse behind keeping lust seemingly locked away in their minds.

Each working resident is encouraged to call and check in daily so that they can stay present at work and not get stuck in self obsession. Once a resident starts working they are required to pay at a minimum \$100.00 a week towards their "House Bill" which is \$750.00 per month.

After a resident has worked for 4-6 weeks at a minimum and has been able to establish a budget based on their paychecks they are asked to sit down and talk with sponsor about "Exit Plan". The "Exit Plan" consists of writing out what the sober day/week will look like for the resident once they move out of the House. The topics that the resident and sponsor address in the "Exit Plan" are: "Recovery Program", "Employment", "Housing", "Budget", "Spiritual Life", "Social Life", "Physical Health", "Use of Leisure Time". Residents tend to move to "Sober Living", an apartment with sober friend/s, and in some rare cases back with partner – (In this case it is encouraged that at about the three month mark in treatment the partner and resident meet with Kathy once a week to practice communication skills and learning to be open and supportive of the individual life each leads)

One night in the VNRH qualifies someone to be an alumni -