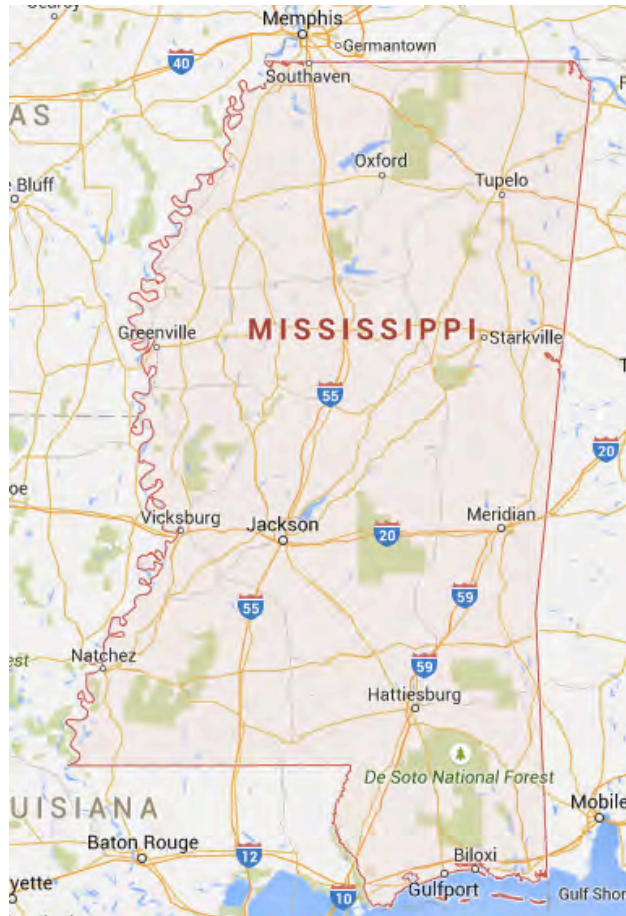


Oxford House Profile Series 2015

State of Mississippi

Statewide Development of Oxford Houses



This report is an evaluation of the network of Oxford Houses in the State of Mississippi. The state supported program that enables recovering individuals to help themselves stay clean and sober without relapse.

Oxford House, Inc. is a 501(c)(3) nonprofit umbrella organization dedicated to helping recovering individuals achieve comfortable, long-term sobriety without relapse.

© May 19, 2015

Oxford Houses of Mississippi Directory

Oxford House - Big Lake

405 Alicia Dr
 Biloxi, MS 39531-2702
 228-207-3196
 6 / M
Oxford House since Feb '13

Oxford House - Rodenberg

393 John Adams Dr
 Biloxi, MS 39531-3325
 228-207-6460
 7 / W
Oxford House since May '13

Oxford House - Sunkist

943 Wildwood Lane
 Biloxi, MS 39532-3230
 228-207-6714
 6 / M
Oxford House since Jul '13

Oxford House - Westover Marx

15324 Anderson Dr.
 Biloxi, MS 39532
 228-207-9954
 6 / M
Oxford House since Oct '14

Oxford House - Tropicana

942 Wildwood Lane
 Biloxi, MS 39532
 6 / M
Oxford House since Jun '15

Oxford House - Landon Place

16165 Saddle Dr
 Gulfport, MS 39503-4286
 228-206-1942
 6 / M
Oxford House since Jan '13

Oxford House - Bienville

2112 19th Ave.
 Gulfport, MS 39501
 228-284-2145
 7 / M
Oxford House since Jan '13

Oxford House - South Magnolia

468 Tegarden Rd
 Gulfport, MS 39531
 228-206-1092
 6 / WC
Oxford House since Jul '14

Oxford House - Golden Eagle

312 Pinehills Drive
 Hattiesburg, MS 39402
 601-336-5925
 6 / M
Oxford House since Feb '15

Oxford House - Phoenix

1300 Marie Street
 Hattiesburg, MS 39402
 601-331-5991
 7 / W
Oxford House since Apr '15

Oxford House - Raven

115 Kimball Ave
 Hattiesburg, MS 39401
 601-331-5991
 6 / W
Oxford House since Jun '15

Oxford House - West Jackson

5918 Clinton Blvd
 Jackson, MS 39209-2809
 769-572-7958
 7 / M
Oxford House since Jun '13

Oxford House - Winterview

1348 Winterview Dr.
 Jackson, MS 39211-3234
 769-572-5302
 6 / W
Oxford House since Dec '13

Oxford House - Bon Ami

1365 E Northside Dr
 Jackson, MS 39211-5602
 769-572-4650
 6 / M
Oxford House since Mar '14

Oxford House - Medallion

5914 Medallion Drive
 Jackson, MS 39211
 769-572-4663
 6 / W
Oxford House since Jun '14

Oxford House - Forest Park

4408 Forest Park Dr.
 Jackson, MS 39211
 228-249-9468
 7 / M
Oxford House since Nov '14

Oxford House - East Northside

2230 E Northside Dr.
 Jackson, MS 39211
 228-249-9468
 7 / M
Oxford House since Apr '15

Oxford House - Northhill

4615 North Hills Street
 Meridian, MS 39301
 228-249-9468
 6 / M
Oxford House since May '15

Oxford House - McKinley

1012 McKinley St.
 Tupelo, MS 38801
 6 / M
Oxford House since Apr '15

Total Number of
 Oxford Houses in
 Mississippi
 13 for Men
 6 for Women
 120
 Recovery Beds

Note as of June 2016
 21 Houses total
 8 for women
 13 for men
 141 Recovery Beds

THE 2015 MISSISSIPPI OXFORD HOUSE™ PROFILE

In April 2015 Oxford House, Inc. [OHI] asked residents in all the Mississippi Oxford Houses to complete a profile survey that has been used by OHI since 1987. The questionnaire is included at the end of this report. About 76% of the residents in Mississippi Oxford Houses [49 of the 67 residents then living in the Mississippi Oxford Houses] participated in the survey. This evaluation examines the results of this survey, describes how Oxford Houses fit into the continuum of care most professional believe is essential for long-term recovery from alcoholism, drug addiction and co-occurring mental illness.

The evaluation is divided into three parts:

- Part 1: The Philosophy Underlying the Oxford House Model;
- Part 2: Profile of the Mississippi Oxford House Population; and
- Part 3: Further Development of the Mississippi Network of Oxford Houses.

As of June 1, 2015 there will be eighteen Oxford Houses in Mississippi. The oldest of these houses is Oxford House-Landon Place in Gulfport, a house for six men, which opened in January 2013. The newest Oxford House is Oxford House-Raven in Hattiesburg, a house for six women that is slated to open June 1, 2015. During the last two weeks in April, residents in the then-thirteen houses completed the survey. As noted above, 49 of the available 67 residents [76%] completed the survey.

PART 1

THE PHILOSOPHY UNDERLYING THE OXFORD HOUSE™ MODEL

The Federal TEDS data showing a snapshot of about 1.5 million individuals in the United States who are in treatment for alcoholism and drug addiction indicates that about 60% of these individuals had been through treatment at least three times before their current treatment.¹ This is not surprising to those involved with treating alcoholics, drug addicts and those with co-occurring mental illness. For more than the last thirty years, professionals in the field have characterized addiction as a disease with chronic relapses. From the beginning of Oxford House in 1975 its members have believed that relapse can be the exception rather than the rule. Originally, they based their belief on their own observation. The county-run halfway house had a policy that no one could stay more than six months. In one three month period eleven residents had to leave because “their time was up.” Ten of the eleven returned to using alcohol and drugs within 30 days.

The Origins of Oxford House

None of us living in the county-run halfway house in 1975 had another place to live. All of us did not want to return to using alcohol or illicit drugs. When the county announced they were going to close the house because of hard economic times, we were in shock. Fortunately some old-timers in Alcoholics Anonymous convinced us we could rent and run the place ourselves and we did. In doing so we had to figure out how to manage the house ourselves and how to pay the household expenses.

Three basic principles helped us organize a system that works – even forty years later. The first was the principle of participatory democracy and second was the principle of individual fairness. No one could be the “big boss” and everyone had to treat everyone else in the house equally. To assure equal treatment everyone agreed to pay an equal share of household expenses. To thwart any “big boss” house officers were term-limited to six months in any single office and everyone was assured an equal vote at a weekly house meeting. Third, every resident could live in the house as long as they wanted provided they stayed clean and sober and paid their equal share of household expenses. Since abstinence was critical, anyone who relapsed would be expelled immediately.

The Oxford House Manual[®] was approved within a few weeks and continues to this day to be the basic blueprint for successful Oxford House operation and expansion. The initial organization of Oxford House arose out of exigent circumstances and intuition. Time has demonstrated that the initial decisions were sound.

¹ The TEDS data set has been collected for more than a decade and the percentage of individual with multiple treatment episodes has stayed about the same.

Beginning in 1987, Oxford House actively encouraged independent researchers to examine the recovery process in general and the effect of Oxford House living in particular. William Spillaine, Ph.D., who had been Deputy Director at NIDA, retired in 1987 and became associated with the School of Social Work at Catholic University in Washington, D.C. He asked if he could study outcomes for the residents who had lived in the small network of 13 Oxford Houses in the Washington area. He tracked down 1,280 individuals who had lived in the Oxford Houses between 1975 and 1987. When he told the Oxford House leaders that 80% of the residents had reported that they had stayed clean and sober from the time they had moved into an Oxford House, they were shocked that 20% had relapsed and asked Spillaine what they were doing wrong. He explained that 80% staying clean and sober was exceptional and that the “normal” outcome was for less than 20% to stay clean and sober following treatment.

In 2010, Dr. Jeffrey D. Roth, MD, a Chicago psychiatrist who is editor of *Journal of Groups in Addiction and Recovery*, wrote:

While research on AA has been limited by the role of anonymity in recovery, the willingness of Oxford Houses to open their doors to academic research gives us an opportunity to see recovery from addiction in action.²

By encouraging research on recovery, Oxford House residents and alumni helped to stimulate research about the recovery process. They did so because they believed that living in an Oxford House had been the difference maker for them. They believed that every individual becomes comfortable in sobriety at a different pace. Therefore, they continued to emphasize that there is no time limit on how long a resident can live in an Oxford House provided they stay clean and sober and pay their equal share of household expenses.

Of course, all residents have to participate in the democratic process that is essential to smooth operation of the household. That process involves a weekly business meeting and election of five officers to service for terms limited to six months in duration – President, Secretary, Chore Coordinator, Treasurer, and Comptroller. Each of the offices has well-defined duties and disciplined democratic procedures that include checks and balances to help the residents to stay on track in following the blueprint in the Oxford House *Manual*[®].

Dealing with Alcoholism, Drug Addiction and Co-occurring Mental Illness

The experience of Oxford House suggests that recovery without relapse can become the norm rather than assuming that relapse is part of the disease. Fifty years ago, Vernon E. Johnson described the standard four phases of treatment for alcoholism and drug addiction:

- Intervention
- Detoxification
- Treatment [Education, about the nature of addiction and motivation to change behavior] and
- Long-term behavior change to assure sobriety without relapse.³

² Jeffrey Roth, M.D., *Journal of Groups in Addiction & Recovery*, 4:2–6, 2009

Outcome studies of recovering alcoholics and/or drug addicts show that the weakest element of Johnson's prescription is long-term behavior change. Yet the history of Oxford House™ shows that relapse can become the exception rather than the rule.

From the beginning of democracy in America, the problems of alcoholism, drug addiction and mental illness have been substantial societal problems. The behavior problems they cause have been difficult for the afflicted individuals, their families, their communities and the nation. As early as the founding of the Nation, Dr. Benjamin Rush believed that the alcoholic loses control over himself and he identified the properties of alcohol, rather than the alcoholic's choice, as the causal agent. He developed the conception of alcoholism as a form of medical disease and proposed that alcoholics should be weaned from their addiction via less potent substances.⁴ He was also the advocate of occupational therapy for those with mental illness or addiction.



Oxford House - West Jackson
5918 Clinton Blvd
Jackson, MS 39209-2809
7 Men • Established June 2013

In *Diseases of the Mind* (1812), Rush wrote:

"It has been remarked, that the maniacs of the male sex in all hospitals, who assist in cutting wood, making fires, and digging in a garden, and the females who are employed in washing, ironing, and scrubbing floors, often recover, while persons, whose rank exempts them from performing such services, languish away their lives within the walls of the hospital".

Many consider Benjamin Rush to be the father of psychiatry and hundreds of clinics and hospitals are named after him. Dr. George Vaillant can be considered a modern day successor to Benjamin Rush.

Dr. Vaillant had access to the Framingham, MA population data accumulated from the WW II period on. He used that data and data from an intercity group of individuals in recovery from addiction to publish *The Natural History of Alcoholism* in 1983 [updated in 1995].

In his book Vaillant states that, "The treatment of alcoholism should be directed toward altering an ingrained habit of maladaptive use of alcohol." He goes on to spell out the four components of treatment, which can achieve that goal:

- (1) offering the patient a non-chemical substitute dependency for alcohol,
- (2) reminding him ritually that even one drink can lead to pain and relapse,
- (3) repairing the social and medical damage that he has experienced, and
- (4) restoring self-esteem.⁵

³ Vernon E. Johnson, *I'll Quit Tomorrow* (Harper and Row, San Francisco, 3rd edition, 1980) [First published in 1967.]

⁴ Rush, Benjamin (1805). *Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind*. Philadelphia: Bartam.

⁵ George E. Vaillant, *The Natural History of Alcoholism Revisited*, Harvard University Press, Cambridge, 1995, p. 300.

Vaillant also points out that providing all four components at once is not easy. Disulfiram [Antabuse] and similar compounds that produce illness if alcohol is ingested are reminders not to drink, but they take away a cherished addiction without providing anything in return: they provide the second component but ignore the first. Prolonged hospitalization provides the first three components but ignores the fourth and eventually the first. Hospital patienthood destroys self-esteem, and when hospitalization ceases the patient loses his substitute dependency. Tranquilizing drugs provide the first component but ignore the other three. For example, providing the anxious alcoholic with tranquilizers will give temporary relief of anxiety but may also facilitate the chain of conditioned responses that lead to picking up a drink at the next point of crisis. Over the long term, providing alcoholics with pills only reinforces their illusion that relief of distress is pharmacological, not human.⁶

Vaillant did note "self-help groups, of which Alcoholics Anonymous is one model, offer the simplest way of providing the alcoholic with all four components referred to above."⁷ The same principle applies to Oxford House. It provides the benefits of prolonged hospitalization without the destruction of self-esteem through the creation of dependency upon patienthood or institutional authority.

Many Oxford House residents and alumni have experienced institutional setting ranging from incarceration to traditional halfway house living. When asked to identify how Oxford Houses differ from halfway houses or incarceration, residents and alumni will quickly point out that there is no "we versus them" problem in Oxford Houses. The "we versus them" problems arise when an authority figure or body establishes rules and regulations. Oxford Houses have rules and regulations but they are decided by the group itself rather than an authority figure or outside force. This characteristic seems to eradicate any dependency or resentment within an Oxford House. As a matter of fact the process itself seems to enhance self-esteem and associate it with the behavior change that is required for living in an Oxford House.

The restoration of self-esteem or confidence in sobriety has been measured by comparing new residents of Oxford House with similarly situated individuals [new in recovery] who attend 12-Step Meetings but do not live in Oxford House.⁸ Majer and his colleagues at DePaul University found that the Oxford House living environment greatly increased abstinence self-efficacy and self-mastery. Specifically, their study concluded:

Overall, findings suggest that cognitive resources facilitate substance abusers' recovery and the Oxford House model provides recovering substance abusers with an environment that provides greater support in their development of cognitive resourcefulness for ongoing abstinence.⁹

⁶ Id. 301

⁷ Id. 301

⁸ OPTIMISM, ABSTINENCE SELF-EFFICACY AND SELF-MAASTRY, John M. Majer, Leonard A. Jason, Bradley D. Olson, *Assessment*, Vol. 11, No. 1, March 2004 57-63

⁹ Op. Cit. 62

Subsequent studies have confirmed the importance of “self-efficacy in abstinence and the meaning in life” with respect to achievement of long-term recovery without relapse. In 2010, Majer and his colleagues interviewed 100 Oxford House residents equally divided between Mid-Atlantic region and Mid-western region with all residents given a Basic Information Survey [27 items] and a Treatment Involvement Survey [21 items]. Findings showed significant relationships between active 12-step involvement and increases in resources that sustain ongoing recovery, with treatment implications that addiction clinicians should target and encourage clients’ simultaneous involvement in a number of 12-step activities. The Oxford House living situation provided the time and place for simultaneous involvement in a number of 12-step activities such as sponsorship, socialization around recovery activities and general getting comfortable with sobriety.

While self-reported data may be somewhat suspect, the Oxford House population has demonstrated a high degree of reliability. In 2007, for example, the DePaul research group completed a 27-month study of 897 Oxford House residents located in 219 houses across the country. At the beginning of the study period they had requested that each participant provide a third-party who knew them to certify the accuracy of their answers. When the third parties were contacted, it showed that 97% of the responses were verified. (Jason, Davis, Ferrari & Anderson, 2007). The article describing that study was published in *Addictive Behaviors* 32 (2007) and is downloadable from the Oxford House website: www.oxfordhouse.org under “Publications/ Evaluations/DePaul” by clicking on “*The need for substance abuse after-care: Longitudinal analysis of Oxford House.*”

The Mechanics of How Oxford Houses Work

Each individual Oxford House is chartered by Oxford House, Inc. [OHI]. The chartering procedure is a two-step process: (1) the issuance of a temporary charter, and [2] once the requirements of the temporary charter are met, the issuance of a permanent charter. This process becomes the foundation for the continuing operation of each Oxford House.¹⁰ It establishes and enunciates the core values of Oxford Recovery Homes.

Both the temporary and permanent charter have three simple conditions that each group of six or more persons must meet:

- The group must be democratically self- run,
- The group must be financially self- supporting, and
- The group must immediately expel any resident who returns to using alcohol or drugs.

These three basic requirements – democracy, self-support and absolute sobriety –, along with open-ended residency, lie at the heart of what makes an Oxford House work.

¹⁰ Ten of the eighteen Oxford Houses in Mississippi have achieved permanent charter status. The remainder are in the process of qualifying. It usually takes about six months for a new group to master the system of operations and submit the paperwork to OHI to be granted a permanent charter. The permanent charter contains the same three conditions that a temporary charter contains but the group granted the permanent charter is able to feel more secure as a member of the Oxford House network of houses and takes pride in having met the basic test of mastering the standardized system of Oxford House operations.

Democracy

The requirement that the group be democratically self-run has both a practical and therapeutic value. The residents in an Oxford House save money by managing their houses themselves rather than paying employees to “look after them.” That is the practical aspect. But also, in managing the operations of their house and holding House offices, the residents gain self-esteem, accountability and the civic virtues of tolerance, responsibility and accountability.

Self-Support

The requirement of self-support also has both practical and therapeutic value. The Mississippi Oxford House residents pay an average of \$125 a week into their group household account as their equal share of household expenses. The range of weekly equal household share of expenses is from \$110 to \$125. More importantly, when the residents of an individual house pay their monthly bills, each resident in the group gains the satisfaction of having behaved responsibly. This is new behavior for the recovering addict and a confidence builder that is integral to the mastery of comfortable sobriety.

Absolute Sobriety

Finally, the requirement of the charter that any resident who relapses must be immediately expelled underscores that the primary purpose of the house is to gain sobriety without relapse. Whenever peers vote a resident out of an Oxford House because of relapse, each resident has the value of his own sobriety enhanced. Likewise, voting new residents into the house is sobriety enhancing. The older house members want to set a good example for the new residents and in doing so reinforce their own sobriety.

Open-Ended Residency

The individual Oxford House becomes a safe haven for continuous sobriety. Because there is no time limit on how long a resident can live in an Oxford House, each individual can stay as long as it takes to become comfortable with sobriety without relapse. Experience has shown that sobriety – like addiction – is habit forming. More than 80% of the residents in Oxford Houses stay clean and sober. In 2014, fewer than 17% of the residents in the National Network of Oxford Houses were asked to leave because of relapse. The Mississippi network of Oxford Houses is still very young, but early indications are that the relapse rate will hue very closely to the national average of slightly less than 17%. At this time, we do not have statistics about how many individuals who relapse and are expelled from a house will subsequently get sober and re-enter an Oxford House. We do have numerous examples of individuals who fall into this category and are working with researchers to develop a tracking system. Anecdotal evidence suggests that well over fifty percent of those who have experienced



Oxford House - Sunkist
943 Wildwood Lane
Biloxi, MS 39532-3230
6 Men • Established July 2013

Oxford House living, but have been expelled because of relapse, will reapply and “make it” the second time around, subsequently reapply and live in an Oxford House again.

Individual House Organization

Oxford House is unique among alcoholic and drug addict recovery homes because it has an extremely cost-effective system of development and operation. Three keys to development are rental of ordinary houses, simple charter conditions, and uniform operational procedures for each house. Renting, rather than building or owning a house, is important because it keeps property on the local tax roll and also utilizes an existing readily available market. Just like an ordinary family an Oxford House family seeks to rent a good house in a good neighborhood. Each Oxford House group pays fair market value to a landlord to rent a suitable house; that is, the group pays the same rent that an ordinary family would pay for the house. The landlord is able to meet this requirement in part because OHI has made certain that comprehensive property insurance for the landlord renting to an Oxford House group is no more expensive than it would have been if the property were rented to the ordinary family.

Under the 1988 Amendment to the Federal Fair Housing Act [FHA] handicapped individuals are a protected class. OHI won a U.S. Supreme Court case – *City of Edmonds, WA v. Oxford House, Inc.* 514 U.S. 725 – in which the Court agreed that recovering alcoholics and drug addicts were handicapped and thereby entitled to protection against discrimination in housing. As a result, subsequent cases brought by OHI have made it clear that Oxford House groups should be accorded the same legal rights to reside in any neighborhood that any ordinary family would receive. Local government must make a reasonable accommodation under restrictive zoning laws or fire safety laws. Likewise casualty insurance companies cannot create a special category for groups of recovering individuals living together in an Oxford House. When a casualty insurance company recently tried to charge commercial property insurance rates to a Mississippi landlord renting a house to an Oxford House group, OHI intervened and the insurance company quickly backed down and charged the landlord the same as if the property had been rented to an ordinary family.

In summary, the new group becomes an identifiable entity by getting a charter from Oxford House, Inc. and a tax identification number from IRS. The charter makes the group part of the network of Oxford Houses and the tax identification number enables a group to open a checking account as its own unincorporated association. The charter has three specific conditions: (1) the group must be democratically self-run, (2) the group must be financially self-supported, and (3) the group must immediately expel any resident who returns to using drugs or drinking alcohol. The conditions are simple and straightforward. The Oxford House Manual[®] details the system of operation so that every house is able to meet the requirements of the charter and an on-site trained outreach worker who has lived in an Oxford House teaches the new residents the system of operation.

Organized Expansion

Over the last 40 years more than 357 trained outreach workers have traveled from Alaska to Australia to teach others in recovery from alcoholism and drug addiction how an Oxford

House™ works and to explain why living in an Oxford House™ is the best road for achieving recovery without relapse.

The outreach workers have all lived in an Oxford House themselves. They are trained by Oxford House, Inc. to undertake the following tasks:

- ◆ Finding a suitable house to rent
- ◆ Getting a charter from OHI
- ◆ Getting an FEIN number from IRS
- ◆ Recruiting initial residents
- ◆ Teaching residents the system of operations
- ◆ Building mutually supportive chapters
- ◆ Balancing supply of houses to demand
- ◆ Developing linkages to providers
- ◆ Developing employment linkages
- ◆ Documenting success/failure

Mississippi provides resources for three full-time outreach workers to help develop the statewide network of houses.¹¹ The outreach workers not only teach residents how to run an individual house but they also help organize groups of houses into chapters to assure quality control and stimulate expansion to meet demand for recovery housing within an area.

A chapter is a grouping of three to twelve houses in an area in which the officers of the various houses meet once a month to share their strength, experience and hope with each other. The chapter meetings provide a means for helping all the houses to adhere to the time-tested procedures that should be used by each house. Chapters also expand the recovery-oriented socialization of the residents of all the houses by arranging group events ranging from picnics to bowling or softball leagues. For example, among the Virginia Oxford Houses there are currently seven chapters. During 2014, the Virginia chapters held at least five cookouts throughout the state to enjoy sobriety and share the good news about Oxford Houses with the recovery community at large. The chapters have also built a strong state association. When a chapter becomes too large for meaningful action, the houses will split a chapter into two chapters.

Chapters also work together to form a state association. It may take several years for a state association to become organized well enough to plan and implement an annual statewide convention but experience has shown such events help strengthen the existing network of individual houses within a state and motivates expansion from within the existing houses to better meet demand for recovery beds.

¹¹ Male outreach workers train residents in men's houses and female outreach workers train residents in women's houses. OHI trains and supervises all outreach workers and adjusts the composition of the outreach team to meet requirements that may arise as a statewide network of houses is developed. The first requirement in development of statewide networks of Oxford Houses is to develop a sufficient number of Oxford Houses within a state to assure mutual support among houses and meet a significant portion of demand. The second requirement is to make certain that the developing network of houses adequately represents the recovering population within a region or state.

PART 2

PROFILE OF THE MISSISSIPPI OXFORD HOUSE POPULATION

The oldest Oxford House in Mississippi, Oxford House-Lardon Place in Gulfport did not start until January 1, 2013. As of June 1, 2015 there will be eighteen Oxford Houses – 12 for men and 6 for women (including one for women and children) – in Mississippi with a total of 114 recovery beds.

This evaluation uses data from a survey of residents conducted during April 2015 when there were five fewer houses operating. About 76% of the residents then in Mississippi Oxford Houses [49 of 67 residents then living in the houses] participated in the survey.

Age of residents

The average age of residents living in the Mississippi Oxford Houses is 38. Men have a slightly older average age than women – 39 years versus 37 years. The age range was from 20 though 62. The national Oxford House average age is 36.8 years and the age range of residents in the national survey is 18 to 78.

Attendance at 12-step meetings

In Mississippi, Oxford House residents go to an average of 4.6 formal AA/NA meetings each week with no individuals in the Mississippi Oxford House Resident survey reporting no meetings. All the meetings are normal 12-step meeting held in the community; meetings are not held in Oxford Houses. This expands socialization beyond the individual living situation. It also represents more than twice as many 12-Step meetings per week than the average AA member attends – 4.6 versus 2.1 – according to AA’s reports. Attendance at 12-step meetings is not required but most Oxford House residents consider these programs important to their recovery.

Educational level

The education attainment level among Oxford House residents in Mississippi ranges from 4 [fourth grade highest] to 20 years [post-graduate degree]. In the survey the average educational attainment of Mississippi Oxford House residents is 12.9 years – a little higher than the 2014 National Oxford House resident attainment level of 12.2 years.¹²

Employment and earnings

Almost three-quarters (73.5%) of the Mississippi Oxford House residents surveyed were employed [N 36]. Of those “not employed,” 14.5% [N 7] were veterans receiving monthly veterans benefits and 12 % [N 6] were looking for employment.¹³

¹² The average monthly income of the Mississippi Oxford House residents in the survey was also higher than the national average income per resident in 2014: \$1,875 versus \$1,695.

¹³ Of the six looking for employment two were women – one widowed, one divorced – who reported monthly income of more than \$1,200.

The average monthly income of the surveyed residents was \$1,875 a month – more than adequate to meet the equal share of expenses. The equal share of household expenses paid by residents of Mississippi Oxford House is \$125 a week except in Oxford House – Landon Place in Gulfport where it is \$110 a week. Every resident must pay an equal share of household expenses for an Oxford House to be financially viable and to underscore the egalitarian character of the house. Even if an individual has another source of income, the group will encourage employment or volunteer work rather than just sitting around watching television unless the resident has a disability that precludes employment or volunteer service.

Household expenses include [1] rent the group pays the landlord each month, [2] utility bills – including cable TV, [3] house staples [usually milk, coffee, condiments, cleaning materials, and bread] and [4] start-up loan repayment. A viability calculator [downloadable as an Excel spreadsheet from www.oxfordhouse.org under “Houses/Viability Calculator”] allows the group to compute how much each resident should pay as the weekly equal share of household expenses. The calculator computes the equal share of household expenses close to the margin so that a group has an incentive to fill every vacancy to avoid an increase in the weekly share due. Monthly rent that the group must pay the landlord is usually the largest single expenditure faced by the house. In Mississippi, the average monthly rent due landlords of the eighteen existing Oxford Houses in the state is \$1,359 [range \$1,050 - \$1,600]. The rent for Oxford House-Landon Place in Gulfport, pictured above is \$1,250 a month. All of the rents are similar to rent ordinary families pay for comparable houses in the particular neighborhoods.



Oxford House - Landon Place
16165 Saddle Drive
Gulfport, MS 39503-4286
6 Men • Established January 2013

All Oxford Houses are encouraged to have two residents per bedroom if the bedroom is large enough to accommodate two twin-sized beds. This sharing of bedrooms not only makes the house more affordable for each individual but also serves to combat loneliness, isolation and self-pity – factors that contribute to relapse.

Homelessness

Half the residents in the survey had experienced homelessness with an average length of homelessness of a little over one month [37 days]. The length of reported homelessness ranged from 3 days to 2 years.

Prior Treatment Episodes

Relapse – a return to active addiction or failure to take prescribed medication to control an underlying mental illness – is all too frequent in the behavioral health field. For nearly 40 years, Oxford House has maintained that time is essential to maintain the long-term behavior change necessary to achieve recovery without relapse. It has also maintained that every individual is different. Some may master new behavior change in a relatively short period of time, while others may require a supportive living environment for years or even a lifetime. The concept of

renting houses and organizing residents to run, support and maintain Oxford Houses over time is key to assuring suitable living environments with open-ended residency. The two obvious cost savings from such a concept are the avoidance of capital expense to built or buy a living structure and the operating costs inherent in using paid managers to operate the facility. An additional benefit from renting ordinary houses from private landlords is that the property remains on the local real property tax rolls. The Oxford House concept enables expansion sufficient to avoid having to place limits on length of residency. In other words to provide every resident the time he or she may need to become comfortable with new behavior.

Without time to become comfortable enough in behavior to stay on the recovery path, the alcoholic, drug addict and person with co-occurring mental illness is likely to cycle in and out of treatment or incarceration. The survey of the 49 residents in Mississippi Oxford Houses shows an average of 3.75 times through treatment prior to moving into an Oxford House. This is consistent with finding in other states and jurisdictions using larger sample sizes. [See Tables 7 and 8 below reproduced from the 16 State Profile of Oxford House Residents downloadable at www.oxfordhouse.org under “Publications/General.”¹⁴]

Number of Sobriety Tries Residential Treatment	MO	WA	NE	PA	TX	KS	OK	SC	CT	VA	NC	NJ	MD	DC	LA	HI
One	21.4	22.0	26.9	22.5	23.9	22.8	23.6	14.8	16.7	16.1	18.2	13.9	13.9	21.1	18.4	35.0
Two	20.9	23.2	28.8	17.7	18.8	25.0	20.6	22.2	18.5	24.2	20.0	22.2	23.8	23.9	24.6	25.0
Three to Five	34.5	33.6	26.9	37.3	31.9	33.7	36.7	42.6	25.0	41.9	44.1	31.3	28.7	30.9	42.9	32.5
Six to Ten	11.2	13.1	11.5	10.8	13.8	11.9	11.7	16.7	24.1	12.9	10.9	20.1	21.3	18.3	12.8	01.3
More than 10	12.1	08.0	05.7	10.8	11.6	06.5	07.6	23.7	07.0	04.8	06.3	12.5	12.3	05.6	03.5	06.3

Whether a resident had been through residential treatment once or many times Oxford House residents are able to stay clean and sober without relapse. The table below shows the months of current sobriety for each of the various times through prior treatment. Notice that “one” or first time through treatment permitted residents to gain as much or more sobriety than any other category. Think of the treatment cost savings if everyone had an opportunity to live in an Oxford House™ after treatment.

Current Sobriety in Months by Number of Sobriety Tries Residential Treatment	MO	WA	NE	PA	TX	KS	OK	SC	CT	VA	NC	NJ	MD	DC	LA	HI
One	12.8	20.1	10.6	38.0	33.9	18.5	15.0	11.0	26.3	25.3	16.9	19.9	29.9	56.7	09.8	17.4
Two	12.2	25.1	11.7	54.0	21.4	12.1	12.4	19.6	28.4	13.4	11.9	22.0	20.9	39.9	06.9	18.8
Three to Five	10.2	13.2	21.2	22.6	15.9	17.6	16.4	15.6	19.0	14.9	13.0	10.6	31.9	33.4	11.9	29.4
Six to Ten	08.7	14.5	06.2	14.4	17.6	14.2	13.1	04.4	20.8	13.8	12.3	12.5	29.5	50.4	07.5	13.0
More than 10	12.2	20.7	06.8	21.5	14.5	05.6	09.3	05.5	19.6	21.8	13.8	12.0	21.8	23.5	11.7	21.8

Jail Time

In modern times, alcoholics, drug addicts and those with co-occurring mental illness tend to cycle in and out of incarceration as frequently as they cycle in and out of treatment. While the Comprehensive Mental Health Act of 1963 initiated massive deinstitutionalization of individuals

¹⁴ The tables reflect surveys conducted in various states between 2008 and 2011 but resent surveys in selected states remain remarkably similar.

held in asylums, it did less well in providing community based resources for helping the mentally ill or addicted to get on a path to recovery. If one had to identify only one factor for this deficiency, it would be cost.

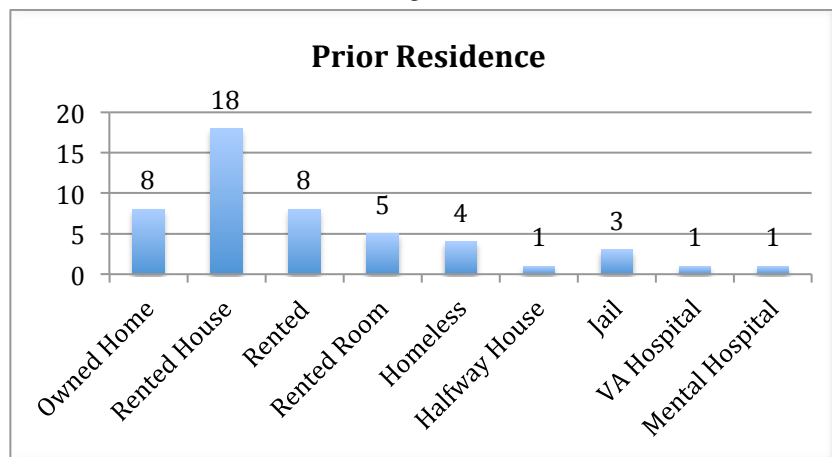
Today, jail and prison has become the substitute of first resort for the warehousing capacity of large asylums discouraged by the Comprehensive Mental Health of 1963. Just 12 years after passage of the 1963 Mental Health Act, the founders of Oxford House were faced with a wealthy county closing a traditional halfway house because of a 1975 budget crunch and the operating costs for the facility were \$114,000 a year in 1975 dollars.¹⁵ Fortunately for the residents of the closing halfway house, they took over the 13-man facility, ran it and established the first Oxford House. Unfortunately many alcoholics and drug addicts continue to be warehoused in correctional facilities.

Mississippi Oxford House residents in the survey reported an average of 1.7 arrests associated with their alcohol and/or illicit drug use. 73.5% of respondents reported serving jail time. Jail time ranged from 1 day to ten years. The average length of jail or prison time served was 717 days and the median length of time was 12 months. However, only 3 of the 49 respondents came into an Oxford House directly from jail and 2 are on parole. In addition, one resident was referred to an Oxford House by a drug court program.¹⁶

Residency Before Treatment and Oxford House

Oxford Houses provide both a safe place to live and a place to get comfortable enough with sobriety to avoid relapse. Figure 1 below shows where the surveyed residents in the network of Mississippi Oxford Houses lived before moving into an Oxford House.

Figure 1



The alternative living situation for those who live in an Oxford House is best judged by where the individual was living prior to admission into treatment and subsequently the Oxford House.

¹⁵ Adjusted for inflation the 1975 cost of \$114,000 would be about \$500,000.

¹⁶ As more Oxford Houses are established in Mississippi, it is likely that more individuals in drug court programs will be referred to Oxford Houses. Drug court judges soon learn how Oxford Houses work and understand that the referred client must still be interviewed and accepted by an Oxford House group. If an applicant is rejected at one house he or she is encouraged to apply to another house. Eventually most applicants gain acceptance into a house.

The data from the Mississippi Oxford House survey showed that about 30% of the residents in the survey had marginal living situations prior to entering an Oxford House. In all likelihood those individuals would have been living in situations where staying clean and sober would have been very difficult – homelessness, a rented room or an institution.

Primary Treatment Provider

<u>Treatment Center</u>	<u>Number</u>
Advanced Health	1
Alliance Health Center	2
Anchorage	1
Brentwood Behavioral	1
Clearview	6
COPAC	1
Crossroads Recovery	3
Cummlien Heights	1
Denton House	1
Department of Corrections	1
Harbor House	4
Jacobs Well Recovery	1
Memorial - Gulfport	1
Mississippi State Hospital	3
New Leaf	1
Oak Arbor	1
Oxford Centre	1
Pathway to Recovery	1
Pine Grove	4
St Dominic's	1
Salvation Army	1
Stevens Center	3
Teen Challenge	1
Turning Point	1
Twelve Oaks	1
Veterans' Administration	3
Weems Life-care	1
Whitfield	<u>1</u>
	48

All of the Mississippi Oxford House residents in the survey but one listed a treatment provider that was their last place of primary treatment. [See table at the left.] Over time most primary treatment providers rely on being able to refer their clients to an Oxford House. They also learn that a particular client not accepted [voted in] to one house might be accepted at another. This is where a reliable standardized vacancy identification system is so important.

There are three ways that primary providers can keep track of where vacancies within the Mississippi network of Oxford Houses are located: [1] go the regular OHI website and click on Vacancies or House/Directory – www.oxfordhouse.org or [2] go to www.oxfordvacancies.com and select Mississippi, or [3] build up a relationship with Oxford Houses in their area following an on-site presentation or a prior referral of one of their clients to a particular house.

The OHI vacancy inventory is up-to-date because of the utilization of modern telecommunications. For many years the main point of contact between primary providers or correctional personnel and Oxford House was to call the landline listed as the main telephone for a particular house. That method continues to work in many cases but as residents and the public at large have become wedded to the cell phone, landlines often are neglected or ignored. Two years ago, OHI began an innovative new method for tracking where vacancies within the national network of Oxford Houses existed. In each house one resident with a cell phone is requested to provide his cell phone number to OHI for vacancy checking. At least once a week the person's cell phone will be texted to request the number of existing vacancies within his or her house. The reply only requires a single number. If there is not a reply with 30 minutes a follow-up request is made.

The vacancy for a particular house is then put into the overall system and is available on the main website. Since OHI

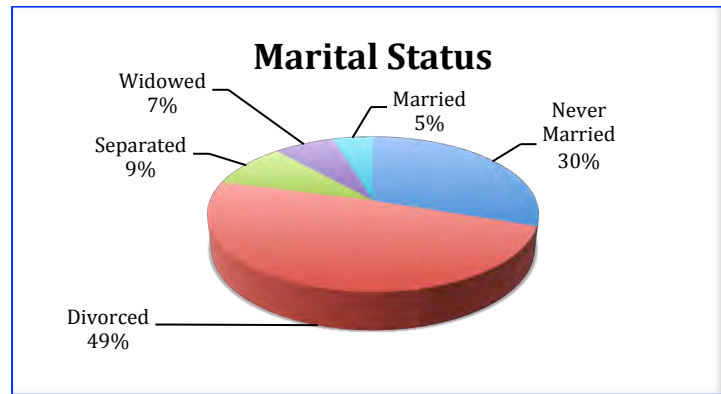
knows the schedule for each house's weekly business meeting, a text is sent 30 minutes after the meeting to ask if the vacancy or vacancies have been filled. This data is not only important to

the primary provider trying to place someone, but also serves to help OHI and the state agency to measure the supply of beds with the demand on a very localized basis.

Marital Status

Alcoholism, drug addiction and co-occurring mental illness are diseases that adversely effect families and marriages. The Mississippi Oxford House residents have similar marital status as other Oxford House residents and alumni throughout the country. Figure 2 below shows the marital status of residents taking the survey.

Figure 2

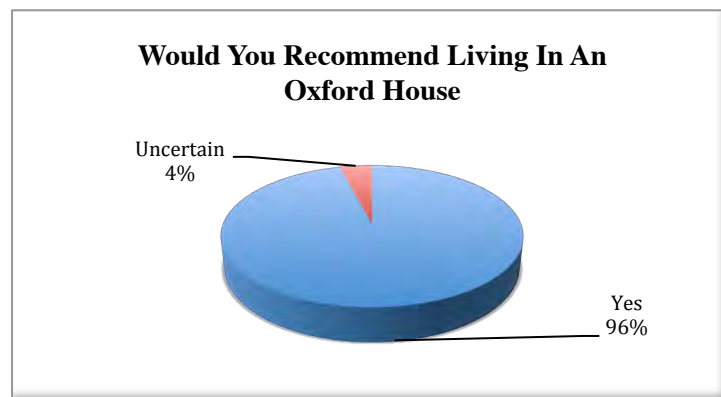


Alcoholism, drug addiction and co-occurring mental illness do have an effect on marital status. However, in many cases where partners are separated or still married the time and space given for the relationship to heal brings about reconciliation.

What Residents Think of Oxford House

In the survey Mississippi Oxford House residents were asked two questions designed to measure their personal satisfaction with living in an Oxford House. Figure 3 shows their response to the question of whether they would recommend living in an Oxford House to a friend.

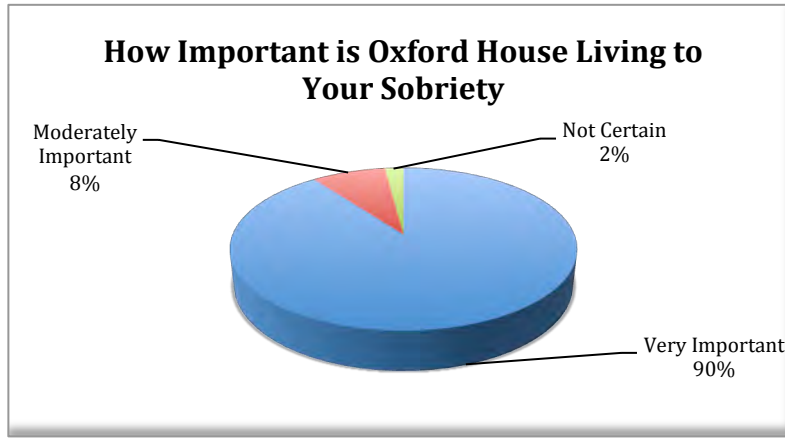
Figure 3



Another question designed to determine how well the respondent thought of the Oxford House he or she is living in asked how significant the respondent felt that Oxford House living is to

their recovery. Respondents were given a series of choices ranging from insignificant to very significant. Figure 4 below shows the responses.

Figure 4



Health assessment

The survey also asked for a self-assessment of their health status. Specifically, they were given a series of choices ranging from 'quite poor' to 'very good.' Figure 5 below show the self-assessed responses.

Figure 5



The April 2015 survey of Mississippi Oxford House residents continues the OHI tradition of seeking evidence to better understand the recovery process. It is intended only to serve as a profile of residents at any given time. A summary table of results is printed at the end of this evaluation on the page just before a sample of the questionnaire.

Part 3

FURTHER DEVELOPMENT OF THE STATEWIDE NETWORK OF OXFORD HOUSES IN MISSISSIPPI

Over the next few months, OHI will continue to support and expand the existing Mississippi Network of Oxford Houses. In the course of this work OHI will put particular emphasis on (1) increasing racial diversity in the Oxford Houses in the state; (2) encouraging resident to consider attending the 2015 Oxford House Annual Convention; (3) increasing the number of Oxford Houses in the state to establish the critical mass needed for smoothly functioning Oxford Houses; and (4) continuing to support the residents of the existing Oxford Houses.

1. *Increasing Racial Diversity*

The Mississippi Oxford House resident survey shows that 89.8% of the residents are White, 4.1% are Black, 2% are Hispanic and 4.1% indicated “Other.” The 2013 Federal TEDS data shows that the treatment racial breakdown in Mississippi is 65.9% White, 32.5% Black, and 1.6% other. According to the U.S. Census the racial diversity of Mississippi is 58.7% White, 37.4% Black and 3.9% other. These data suggest that Blacks are under-represented in Mississippi Oxford Houses. OHI intends to increase its outreach and efforts to integrate the Mississippi Oxford Houses more fully. Experience has shown that when this action has been taken in other areas, the racial diversity with the network of Oxford House usually adjusts to reflect the diversity within a state or region. Greater diversity works for the benefit of all residents.

2. *Encouraging Oxford House Convention Attendance*

The 2015 Oxford House World Convention will be held over Labor Day weekend. About a thousand participants are expected; most will be Oxford House residents and alumni from across the country. The convention features keynote speakers and breakout sessions focused on addiction and recovery; social events are also included. The convention is an opportunity for Oxford House residents around the country to meet each other, share ideas and bring new ideas back to their home Oxford Houses. OHI will make information about the convention available to Mississippi residents and explain the benefits of their attending or sending a representative.

State officials and treatment providers also attend the convention. Information about the convention registration is at the website www.oxfordhouse.org.

3. *Establishing more Oxford Houses to achieve critical mass*

The number of Oxford Houses in the state is important because it helps residents in Oxford Houses to better assure quality control and it provides a resource for treatment providers who are likely to get improved long-term outcomes if they can get their clients into the supportive environment of an Oxford House. Quality control improves as Oxford Houses in an area grow and form chapters and state associations. More leadership grows out of these groups and social networks are created among the residents. Employment networking also improves. State Oxford

House state associations in Louisiana, Texas and Oklahoma have demonstrated that once a critical mass has been obtained, the state association itself sponsors social events and workshops to provide the necessary operational information to the ever-changing population in individual Oxford Houses.

4. Continue to support existing Oxford Houses in Mississippi

The Mississippi network of Oxford Houses has the beginnings of a very strong state network of Houses. OHI will continue to support these Houses as their residents become more knowledgeable about the Oxford House system of operation and gain more experience in living the Oxford House program and helping to lead their own Houses and form Chapters to help maintain cohesion among the residents of the various Oxford Houses.

CONCLUSION

Finally, as OHI has demonstrated, it stands by the program and provides legal assurance that discrimination does not adversely affect those living in any Oxford House. It will continue to do so. Recovery is too important to afflicted individuals and society, at large, to let it slide onto a back burner.

2015 Oxford House Profile Mississippi April Survey Results

Confidential resident profiles derived from 49 responses to surveys taken in April 2015. 76% of those in Mississippi Oxford House residents responded.			
Total Number of Oxford House residents who responded: [76%]	49	Average Age: Range 20 – 62	38 Years
Number of Men Residents in survey:	32	Number Women Residents in survey:	17
Number of Men’s Houses: 5/18/15	13	Number of Men’s Recovery Beds 5/18/15	82
Number of Women’s Houses:	6	Number of Women’s Beds	38
Cost Per Person Per Week for Rent [Range \$110 to \$125]	\$125	Rent Per Group Per Month [average]: [range \$1,050-\$1,610)	\$1,358
Percent Military Veterans	26.5%	Average Years of Education	12.9 years
Residents Working 4/20/2015	73.5%	Average Monthly Earnings:	\$1,875
Percent with addiction to other Drugs and Alcohol:	45%	Percent Addicted to Only Alcohol:	55%
Race –		Marital Status –	
White	89.7%	Never Married	36.7%
Hispanic	2.0%	Separated	8.2%
Black	4.1%	Divorced	42.9%
Other	4.1%	Married	4.1%
		Widowed	6.1%
Prior Homelessness:	50.0%	Median Time Homeless:	37 days
Prior Jail:	73.5%	Average Jail Time:	23 Months [Median 12]
Average AA or NA Meetings Attended Per Week:	4.6 Times	Percent Going To weekly Counseling <i>in addition to AA or NA:</i>	22.4%

The sample was not large enough to get meaningful duration of stay data. However, one resident had moved into an Oxford House in August 2013 showing that at least one resident has lived in a house for over a year. Nationally the average stay is 9 months but many stay many years.

**Mississippi Network of Oxford Houses
April 2015 Self-Administered Questionnaire**

This is a self-administered Confidential set of questions approved by Oxford House, Inc.. Please do not sign your name or identify yourself on this questionnaire.

Please check or answer only ONE response for each question.

1. What is your current age? _____ years. 2. Sex Male Female

3. Are you presently employed? Yes No 4. Ever served in Military Service? Yes No What Branch? _____
If "Yes" check one: 4 a. Iraq I, Iraq II Afghanistan Other _____

5. Race? White Black Hispanic Asian Native American Pacific Islander Other _____

6. What is your marital status? Never Married Married Separated Divorced Widowed

7. What is your current gross (before taxes & insurance are taken out) monthly income? \$ _____.

8. How many years of school have you completed? _____. Are you a student now? Yes No

9. How many times have you tried to get sober or straight counting this time? _____.

10. How long have you been sober or straight this time? *Indicate number of days, weeks, months or years.* _____
Name of last Treatment Facility _____

11. How many times have you ever been in detox without continuing an outpatient or residential treatment program? _____

12. How many times have you been in a residential treatment program? _____ Has a drug court suggested Oxford House living to you? Yes No

13. How many times have you ever been arrested while intoxicated? _____ How much total time have you spent in jail? _____ Longest period in jail? _____ (days or months or years) Are you now in an Oxford House as a condition of parole or probations? Yes No

14. Have you ever been homeless? Yes No
If "yes," indicate how many times? _____ times. If yes, longest period of time was _____?

15. Where did you last live (other than a residential treatment facility) before coming to Oxford House?
 apartment; owned house; rented house; rented room/ SRO hotel; jail; mental hospital; VA hospital;
 half-way house; homeless

16. How important has Oxford House been to your sobriety? somewhat important moderately important
 very important insignificant not really sure

17. Would you recommend Oxford House to other alcoholics or drug addicts in early recovery?
 Yes No Uncertain

18. Approximately how many AA or NA meetings do you attend each week?
_____ AA meetings; _____ NA meetings

19. Do you now go to counseling in addition to AA or NA? Yes No

20. In general how would you rate your health? very good; pretty good; not so good quite poor

21. Name of Oxford House you now live in. _____

22. What month and year did you move into Oxford House? _____

Thank you for your help in this survey. It will help Oxford House document its story so that the Oxford House concept and system of operation can be shared with others around the country and we can improve what we do.

OXFORD HOUSE TRADITIONS

1. Oxford House has as its primary goal the provision of housing for the alcoholic and drug addict who wants to stay clean and sober.
 2. All Oxford Houses are run on a democratic basis. Our officers serve continuous periods of no longer than six months.
 3. No Member of an Oxford House is ever asked to leave without cause -- drinking, drug use, or disruptive behavior.
 4. Oxford House members realize that active participation in AA and/or NA offers assurance of continued sobriety.
 5. Each Oxford House should be autonomous except in matters affecting other houses or Oxford House, Inc. as a whole.
 6. Each Oxford House should be financially self-supporting.
 7. Oxford House should remain forever non-professional.
 8. Propagation of the Oxford House, Inc. concept should always be conceived as public education.
 9. Members who leave an Oxford House in good standing should become associate members
-

Oxford House™

1975-2015

40 Years of Organized Self-Help To Enable Alcoholics and Drug Addicts to Recover Without Relapse

- Providing Sole Authority for Oxford House Charters
- Providing Technical Assistance to Establish New Oxford Houses
- Providing Technical Assistance to Keep Existing Oxford Houses on Track
- Providing Organization of Chapters to Help Oxford Houses to Help Themselves
- Providing the Time, Living Environment and Support to Enable Alcoholics and Drug Addicts to Achieve Recovery Without Relapse
- Providing the Legal, Philosophical, and Scientific Framework for a Cost-effective, Worldwide Network of Supportive Recovery Housing.

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