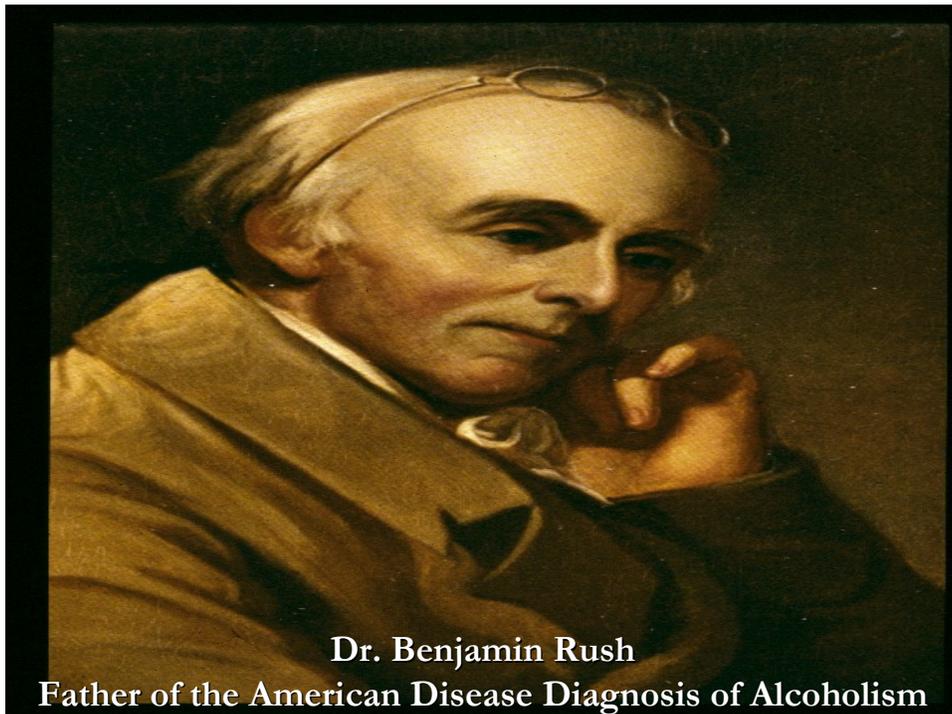




# SJ 77 Power Point

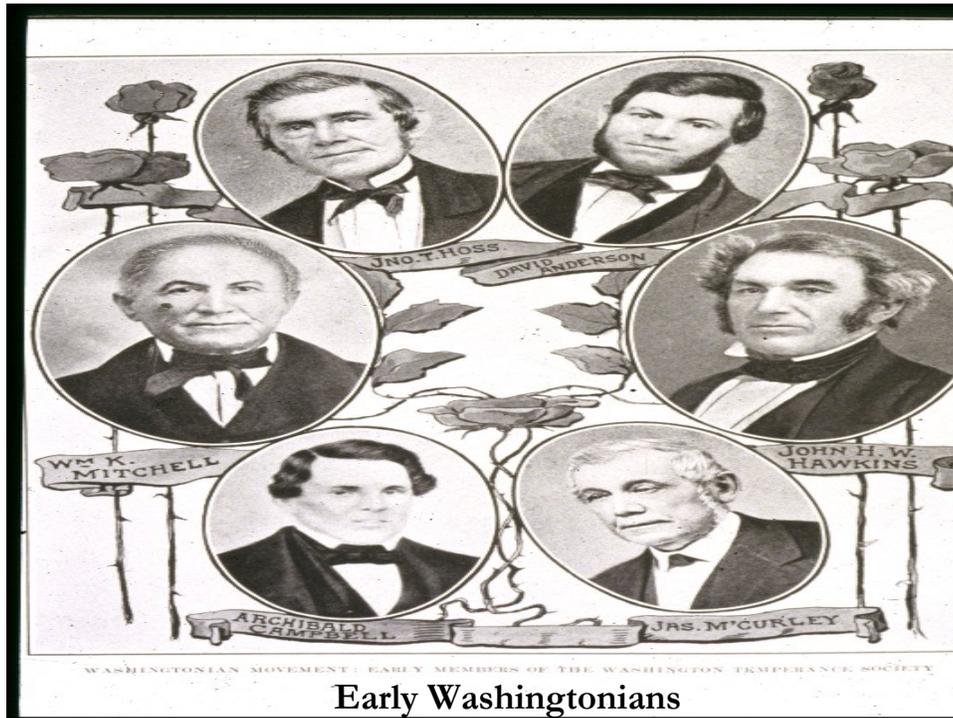
November 18<sup>th</sup>, 2008

Senate Room A



Dr. Benjamin Rush

Father of the American Disease Diagnosis of Alcoholism

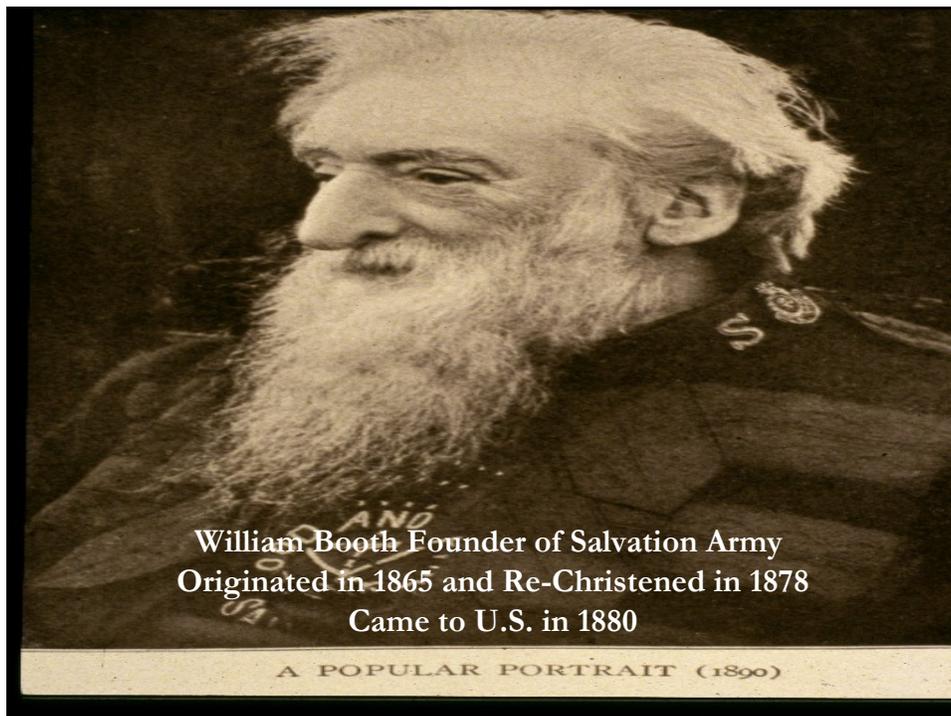


## Early Washingtonians

- Washingtonians first large recovery organization formed in 1840.
- At height of movement (1843) over 600,000 pledge members.
- Abraham Lincoln gives speech in 1842 (Washingtonians) *“teach hope to all-despair to none.”*
- There have been hundreds of these kind of organizations for the last 250 years.

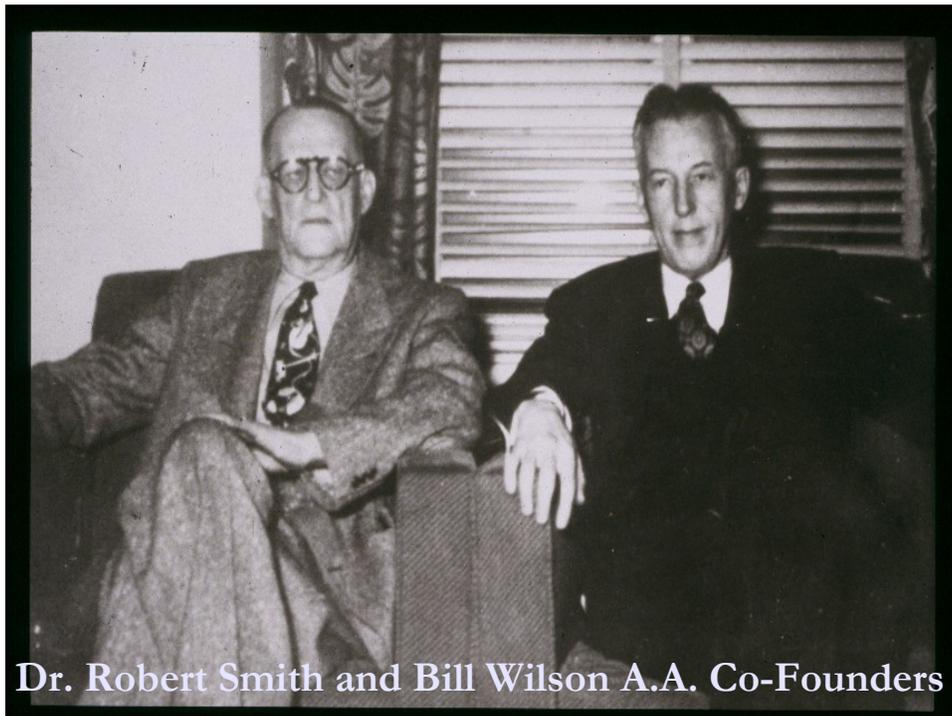
## Faith Based Recovery

- The Salvation Army
- The Drunkard's Club
- United Order of Ex-Boozers
- The Boozer's Brigade
- There have been hundreds of faith based organizations for over 250 years.



## Modern Alcoholism & Addiction Movement Begins in 1935

- Alcoholics Anonymous
- Narcotics Anonymous
- Treatment Center Industry (1959)
- Recovery Community Organizations



Dr. Robert Smith and Bill Wilson A.A. Co-Founders

- Jimmy Kinnon Co-Founder of Narcotics Anonymous (N.A.) 1953

- Today there are over 50,000 meetings a week around the world.



- In 1957 The American Medical Association officially declared Alcoholism and Addiction a disease.

- DSM IV  
(Diagnostic and Statistical Manual of Mental Disorders)

- The recovery community championed the birth of professional treatment, as a special doorway of entry to recovery, for the many people who could not find recovery on their own.

## Acute Care Model

- Medical, Clinical
- In-Patient / Out-Patient
- HIPAA
- Maximum Government Oversight
- Federal, State, Local

## Collapse of Insurance Reimbursements

- By early 1990's HMO's cut paying for in-patient treatment.
- The burden of addiction shifted dramatically to the public and government agencies.
- As a result, the largest build-up of the criminal justice system was recorded.

## By Year 2005

- Restigmatization
- Demedicalization
- Recriminalization
- Felonization

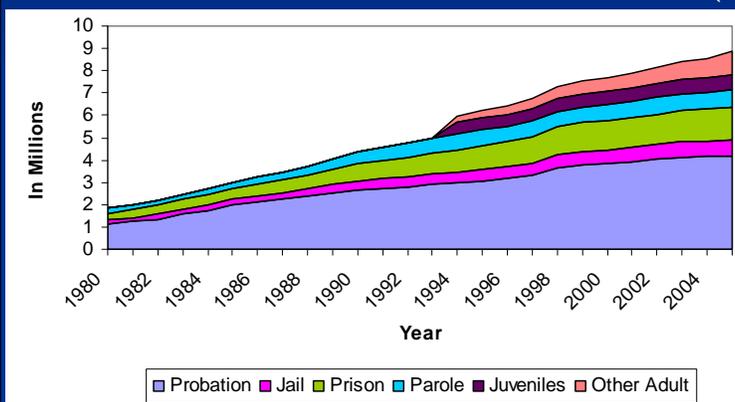
# History of Stigma



## Insatiable Appetite: The Ever Expanding Correctional Population: 8+M Adults, 650K Juveniles

1:28 adults

424,046 adults receive tx (7.6%)



5,613,739 adults need TX (4.5M males, 1.1M females)

253,034 juveniles need TX (198,000 males, 54,000 females)

\*Taxman, F.S., Young, D., Wiersema, B., Rhodes, A., & Mitchell, S. (2007). National Criminal Justice Treatment Practices Survey: Methods & Procedures. *Journal of Substance Abuse Treatment*. 32(3): 225-238.

54,496 juveniles GET tx (21.5%)

## Taking Stock: Actually, Crime Does Pay ... and Handsomely

(Malcolm Berko)

- Crime accounts for nearly 17 percent of our GDP (Gross Domestic Product).

\* Source: <http://www.bendweekly.com/print/7266.html>

## Join Economic Committee Hearing on Illegal Drugs – June 19<sup>th</sup>, 2008

- Chairman, Senator Jim Webb, stating that costs (users) in the United States around \$182 billion per year.
- Virginia's share: \$4.5 billion per year.
- NewsOk.com: In Oklahoma alone, addiction costs as much as \$5.8 billion per year (July 27<sup>th</sup>, 2008).

## How Much Does Untreated Addiction Cost Virginia Taxpayers?

- \$4 billion....?
- \$5 billion....?
- \$6 billion....?

### SAMHSA

Results from the 2006  
National Survey on Drug Use and Health:  
National Findings



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Office of Applied Studies  
[www.samhsa.gov](http://www.samhsa.gov)



In 2006, an estimated 22.6 million persons (9.2 percent of the population aged 12 or older) met the criteria for needing treatment.

There were 4.0 million persons aged 12 or older (1.6 percent of the population) who received some kind of treatment. More than half (2.2 million) received treatment at a self-help group.

## Self-Help Group

Self-help group defined in the glossary as Alcoholics Anonymous or Narcotics Anonymous. In this survey there are only two named self-help groups: Alcoholics Anonymous and Narcotics Anonymous

# The future of recovery in America,

will be shaped by  
**what you do!**

## Elements of Evidence-Based Practice (from Meta-Analysis & Expert Consensus Panels)

- ❖ Developmentally appropriate treatment
- ❖ Use of therapeutic community/CBT
- ❖ Standardized risk assessment
- ❖ Standardized substance abuse assessment
- ❖ Continuing care or aftercare
- ❖ Use of graduated sanctions and incentives
- ❖ Use of drug testing in treatment
- ❖ Systems integration
- ❖ Use of techniques to engage and retain clients in treatment
- ❖ Addressing co-occurring disorders
- ❖ Treatment duration of 90 days or longer
- ❖ Assessment of treatment outcomes
- ❖ Family involvement in treatment
- ❖ Availability of qualified treatment staff
- ❖ Comprehensive Services

Created a Score Based on Availability (N/Y)

\*Sources of EBPs: NIDA Principles of Drug Abuse Treatment for Criminal Justice Populations and Drug Strategies Bridging the Gap: A Guide to Drug Treatment in the Juvenile Justice System



## Recovery Community Organizations

- Elements of evidence-based practices
- Common sense point of entry to recovery
- Much less the cost of traditional delivery system of substance abuse services
- Benefit of unlimited resources of non-agency organizations

## Two Types of RCO's

- SAARA Center for Recovery (SCFR):  
Government funded and regulated  
40% less the cost than current traditional system
- Non-government RCO's:  
The McShin Foundation  
80% less cost than current traditional system
- Both types of RCO's are vital

## Simple Solution

- Reimbursement for recovery support services provided by RCO's.
- Fair and equitable access to reimbursement of funds by government RCO's and non-government RCO's alike.
- This ensures healthy public private competition and maximizes outcomes.

## Peer Credentialization

- Equitable recognition of training and credentializing
- Maximize the authentic recovery communities experiences
- Tap into the vast available recovery capitol

# The McShin Foundation Peer Leadership Institute

AUTHENTIC PEER  
RECOVERY COACHING  
& PEER LEADERSHIP  
TRAINING!



CEU Provider



~NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities~

## What Is Missing?

# IN THE NEXT SLIDE..

## Factors\* Associated with the Use of EBPs in Adult Correctional & SA Treatment Programs

### Correctional Administrators:

- Community based programs
- Administrators:
  - Background in human service
  - Knowledge about EBP
  - Belief in rehabilitation
- Performance driven culture
- Emphasis on training
- Emphasis on internal support

### Treatment Directors:

- Larger % of correctional population
- Administrators
  - Years in running programs
  - Belief in importance of SA in community
- Accredited program

\*Friedmann, Taxman, & Henderson, 2007

# THE AUTHENTIC RECOVERY COMMUNITY!

Over 250 years  
worth of successful experiences