Alcohol & Drug Addiction Treatment Support Act

ADATSA

innovation

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"There is more to life than you can find in that needle or that pipe – treatment does make a difference. . ."

". . .I have a new-found freedom now. To me, that's success."

"The program outline – the sharing, the caring – it feels real good. . ."

Alcohol & Drug Addiction Treatment Support Act

ADATSA

innovation

a dramatic new service approach for indigent drug and alcohol addicted people in Washington state

Washington State Department of Social & Health Services

Division of Alcohol and Substance Abuse

ADATSA innovation

Before the Alcohol and Drug Addiction Treatment Support Act (ADATSA), Washington State had become a magnet for an indigent population of the chronically alcoholic and drug addicted. It was easy to qualify for welfare payments under "General Assistance - Unemployable" (GAU). Payments were generous; restrictions few.

Washington's GAU caseloads were rising, but we weren't solving our problem. The number of alcoholics/addicts climbed from 1,200 in 1982 to over 6,000 in 1986. Chronically unemployable, many collected their checks, participated in minimal treatment and continued to drain our resources. Washington had a drug problem, and it was costing us forty-five million dollars on welfare-type cash payments alone.

Designed by the Washington State Legislature in 1987, ADATSA was created to address this problem. It was drastic, creative and brave and it changed everything. It has been called "innovative" and labeled "one of the best concepts ever" for an alcohol and drug treatment program for an indigent population.

ADATSA set out to do three things with this difficult group of clients.

- Stop GAU caseload growth.
- Stop diversion of the state funds in welfare checks to purchase alcohol and drugs.
- Reclaim our addicted client population.

Between 1987 and 1989, ADATSA cost $49.1 million dollars. Without ADATSA, the cost for the same population would have been $59.5 million. The creation of ADATSA saved the state of Washington $10.4 million in the first two years.

ADATSA

addition

Without ADATSA, few people would have ever left the GAU caseload rolls. That caseload would simply have continued to blossom, adding more and more new clients every year with increasing costs. Without ADATSA, the number of alcoholics/addicts on the caseload was predicted to rise from 1,200 in 1982 to over 6,000 by 1986. With ADATSA, the 1989 combined caseload for treatment and shelter went down to 2,800. GAU caseload growth was slowed, even reversed, saving the state of Washington at least $10.4 million in direct costs.

ADATSA clients apply for services and must meet the same low-income standards as any other assistance client. To get ADATSA funding, they must also be judged to be unemployable as a result of addiction. Those who pass these two eligibility tests are not put on public assistance rolls. They are sent to contracted assessment centers for a diagnostic evaluation and then referred to treatment.

Evidence is overwhelming that alcohol and other drug abuse is inextricably linked to the most pernicious social, health and economic problems facing Americans today.

Treatment Works, National Association of State Alcohol and Drug Abuse Directors publication

We know that we have stopped the use of state funds to buy alcohol or drugs. Eligible clients get funded services, or a living allowance through a protective payee, not direct cash payments.

ADATSA commitment

ADATSA didn't just remove alcoholics and drug addicts from the GAU welfare rolls; it established a new treatment and shelter program to meet their special needs. Poverty — the lack of ability to provide for one's own basic needs for food, shelter and medical care — is a major contributing factor to relapse. Without a means to meet basic needs, the recovering alcoholic/addict quickly loses hope and lapses into a continuous cycle of addiction. Often they drop out of treatment because of lack of resources even to pay for transportation to the treatment facility. Sometimes they drop out of treatment because they are overwhelmed by the day-to-day struggle for survival. "Where will I sleep tonight; how will I eat; what happens if I get sick?"

Pre-ADATSA, there was little or no linkage between treatment, support during the recovery period, and employment programs. Without this linkage, many clients (unsupported by the state and without their own support systems) simply dropped out of recovery and returned to addiction during the outpatient phase. The ADATSA difference was based on research that demonstrated the key to long-term sobriety is continuity of care.

We know that under ADATSA we are repairing people's lives and futures through treatment and supported aftercare. Not only is ADATSA a good investment today, it's cost effective for the future. That's especially true when compared to the costs of ignoring treatment needs and having to pay future medical or criminal justice costs. Jobs, self-sufficiency, and the end of addiction for the client mean enormous savings for the state.

Assessment Centers Referral and Placement – FY 1987

861 clients accepted treatment and were placed in treatment facilities	1,037 clients found clinically eligible	1,131 clients received assessment	1,677 clients referred to assessment centers from Community Service Offices (CSO's)

ADATSA *challenge*

Alcoholism and other drug addictions are chronic, progressive illnesses. People lose control over the ability to make rational judgements about substance use and other parts of their life.

Hopelessness, helplessness and denial are major barriers to get people into treatment and long-term recovery. Whenever these individuals have to be turned away from their treatment decision and placed on a waiting list for treatment, the no-show rate is extremely high. Once the crisis occurs, it is essential to offer that treatment immediately.

The alcoholic/addict's decision to accept treatment often comes after some kind of crisis: threat of job loss, legal pressures, family pressures, health emergency or loss of all resources. Once the crisis passes, many alcoholics/addicts will not want again to enter treatment until another crisis occurs.

Our ADATSA population includes those people we try not to see as they sleep slumped over in doorways or on park benches. It includes the ones we call "junkies" and "bums," and large numbers of young, often homeless, men and women. They are very hard to help.

Poverty and loneliness can destroy the success of any treatment program. ADATSA's innovation was to meld treatment services to self-sufficiency services. For the first time, treatment programs serve ADATSA clients not just as alcoholics or drug addicts, but as people with needs and problems of all kinds — food, medical care, shelter, jobs, self-esteem.

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ADATSA built in longer periods of funded treatment and support to make possible the full continuum of recovery care, including supportive services in the aftercare period. It can provide up to six months of treatment service, coupled with re-employment skills and a living stipend administered by a protective payee.

The best part of the ADATSA plan is its flexibility. Clients get a recovery plan tailored to their needs. Extra time and expanded service increase the likelihood of recovery and reduce the likelihood of relapse.

ADATSA

success

Every family in our state has been touched by addiction in one way or another, and none of us can afford to look away any longer. The cost of addiction, in dollars spent and human lives wasted, is enormous. Difficult as it is, we have an obligation to reclaim as many of our ADATSA clients as possible.

Before ADATSA, indigent people could rarely get comprehensive treatment. ADATSA has reclaimed lives and saved the state of Washington millions of dollars. It stopped GAU welfare caseload growth. ADATSA stopped the use of welfare checks to buy alcohol and drugs; all payments now go to programs or protective payees. It built and funded a treatment method that can bring people back from the brink to self-sufficiency.

ADATSA successes are often slow and incremental. The disease of addiction is a chronic, life-long disease that often requires multiple treatment attempts. It may take several tries before the client can "graduate" from treatment, go to work and become self-sufficient. This is no different than many other diseases that require several treatment attempts. There are no guarantees. Not everyone will get well. However, until we really know who will or won't succeed, we must continue to try to help all we can.

In treatment programs, failure is immediately apparent. Success is more difficult to see. Success for the ADATSA client is simple — a life of self-sufficiency, sobriety, a home, a job and freedom of action.

It doesn't take any money to become a drug addict, but you've got to have money to get better. Getting better has been out of reach of low income people for too long. We've looked the other way for too long.

Patty Terry
Director, Vocational Opportunity Training Educaiton (VOTE)

ADATSA *future*

As long as our commitment to fight drug and alcohol addiction exists, Washington will need a program like ADATSA to take this fight to our low-income population. The innovations of ADATSA have already brought the program national recognition. It has been reviewed and studied as a model by planners across the country who hope to increase their success rate with the indigent population.

Washington's ADATSA program believes in its own success. There is much anecdotal information to support this treatment model, but intuition and success stories are not enough. An evaluative study is in progress, due to be completed in March of 1991 that will provide hard data describing the ADATSA effect.

ADATSA is still generating innovative and successful ideas for treatment. It currently funds three pilot employment programs across the state. Preliminary data suggests that these pilots have had double and triple the success rate of mainstream treatment models with little additional funding.

The Omnibus Controlled Substance and Alcohol Abuse Act of 1989 will soon get ADATSA involved with new client groups such as parenting addicts and pregnant women who are abusing drugs and alcohol. All these groups will bring their own demands and requirements for creative and innovative treatment interventions.

Benefit/Cost Ratio of Drug Treatment Programs

For every $1 spent for a drug treatment service . . .

. . . $11.54 of social costs is saved

$1 spent

$11.54 saved

Analysis for the National Association of State Alcohol and Drug Abuse Directors by Dr. Victor Tabbush, UCLA

ADATSA the difference

4 Four Stories

CHERIE

"I thought I was a good mom, because I was home with them," remembers Cherie. "I was in the house, but I wasn't with them. I was drunk all the time. Then I started smoking cocaine. It did damage to them."

The turning point came one night when Cherie was drunk and depressed to the point of contemplating suicide. The police arrived and subsequently, Child Protective Services arranged to remove her children from their home.

CPS referred Cherie to an ADATSA worker, who got her right into treatment.

"If I'd waited — had time to back out, I wouldn't have gone."

Cherie has nothing but praise for the women's chemical dependency program at Evergreen Manor in Everett. "The counselors are fantastic," she says. "It's not a 9-to-5 job to them."

She admits that she's scared to leave the safety of the recovery house, but also believes she's ready. She plans to share a place with the other woman in the program who has a baby. But appropriate housing has been hard to find.

On the "outside" she will continue to attend group sessions at Evergreen and look for support from those she has met there.

"If not for treatment like this, I'd still be drinking...I'd probably be dead," she says. "I feel too good about myself now to go back to the old self."

ADATSA
the difference

ETTA BURNETT

This week Etta and Earl are painting the living room of their small home in Tacoma. Little more than a year ago, Etta and Earl were separated. He had their four children, and she was struggling to break the grip of a lifetime of drug addiction. Etta now is able to admit that for most of her life she was not the normal wife and mother she pretended to be. Behind closed doors — where her husband, her children, and her neighbors couldn't see — she was "just another junkie."

Etta, a child of abuse given up for adoption at 8, says she remembers drinking two or three beers a day by the time she was 10 years old. She was drinking heavily and in trouble with the law by the time she met and married Earl at 17. She was straight during her three pregnancies. She finished high school in 1971. But by the time she was 24, she was a heroin addict, and she stayed a heroin addict for eleven years. Her kids went to private school, she worked, she kept up a nice lifestyle, but most of it was financed by her secret life selling heroin.

At 35, Etta ran away from home, divorced and found methadone. She stayed clean for three years until she discovered rock cocaine. A year later, her rental house was raided by the police and Etta ended up face down on the floor, handcuffed in front of her children. Her household was seized, her family antiques sold by the government. Her children were given to her ex-husband. Earl had to go down to the jail to pick them up. But for Etta, it was a turning point. "I wasn't arrested," she says, "I was rescued."

Etta had never even heard of available treatment programs until her parole officer told her about them. It took her two tries to get it right; treatment isn't easy. Etta's 42 now, she has been off drugs and alcohol for 18 months; she has reconciled with her family, even the daughter who swore she would never speak to her mother again. She's in college, studying to be a drug and alcohol counselor.

"I would like to share with people that they don't have to hit bottom to save themselves. There is more to life than you can find in that needle or that pipe." says Etta. "Before, I was nothing but a skinny little junkie, hiding behind closed doors. Treatment does make a difference in people's lives. Now everybody is proud of me."

ADATSA

the difference

ENOCH JACKSON

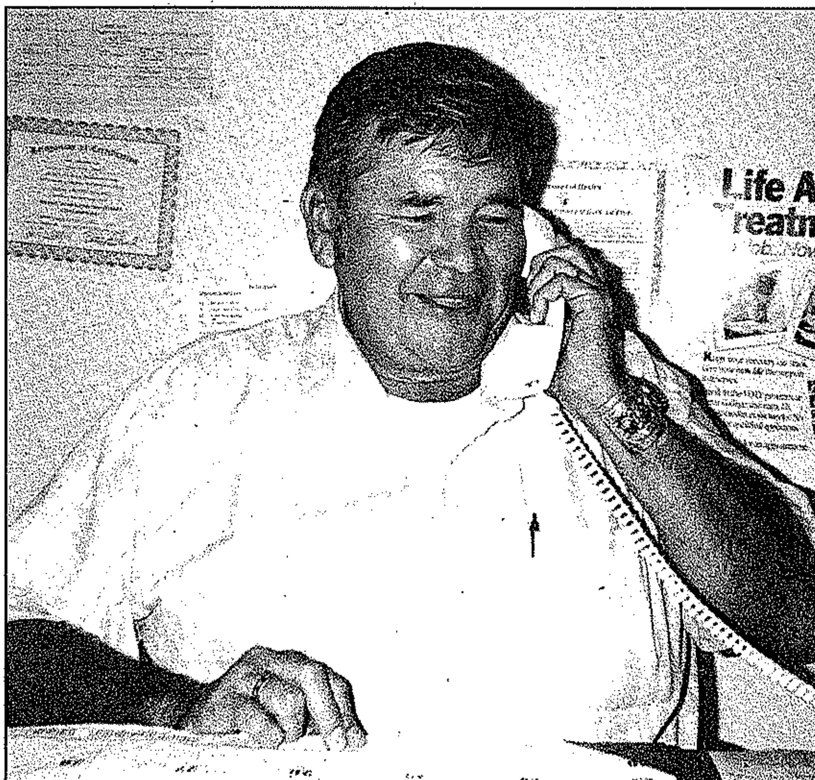
Enoch Jackson is intensive outpatient counselor for the Puyallup Tribal Health Authority. He now runs the same kind of treatment program he once attended.

"One-hundred and eighty folks have gone through my program here. I've touched their lives and even the lives of the people back on the reservation," Enoch says.

"When I go home, I see a difference. The change in my life has had an effect on other people there, too. Even the people I used to drink with are starting to ask how it feels to be sober."

Arrested for two DWI's in one week, Enoch was diverted into treatment. His original plan was to run from the treatment center and just keep running. Now he is glad he stuck it out. He says that treatment helped him see the good in himself. It gave him tools to change his life and make plans to live a sober life after he was back out on his own.

Enoch's plans now center around how to share that success with the clients he sees. He'd like to help them plan for life after treatment; help them work on their self-esteem and anger management; help them make a transition to living a sober life like his. "Some of the people don't seem to want treatment, but I know how to get through to them because I've been there," he explains.



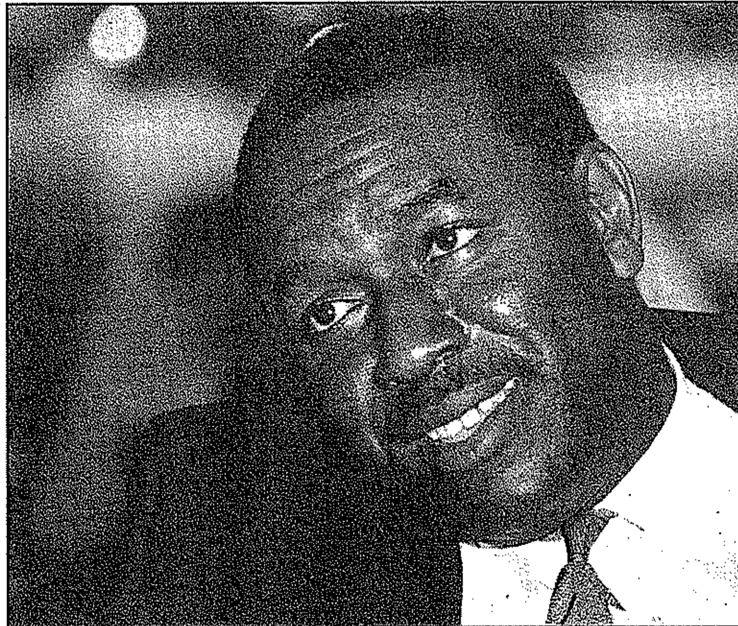
He's seen the cost of apathy. "If we don't start caring, I don't see any hope for clients like mine. If someone doesn't start caring for them soon, it's going to cost us all a lot of money and a lot of lives."

Enoch puts himself forward as an example, "I want people to see me. I'm not a financial success or a genius, but I have new-found freedom now. I pay my rent; I go anywhere I want. To me, that's success."

ADATSA the difference

MAURICE MARTIN

Maurice Martin sells women's shoes at the Nordstrom store in Tacoma Mall. Maurice, a recovered drug addict, is a man who wasted twenty years on heroin and almost died of a drug overdose three years ago. That was his turning point.



Like alot of other ADATSA success stories, Maurice had tried to quit many times but always turned back to drugs. Maurice refused to give up hope for his life. When he was finally ready to make that commitment, ADATSA was there for him.

Maurice entered ADATSA-funded treatment convinced that he had to change his life. The treatment program and vocational training he received from VOTE, the Vocational Opportunity Training Education, did help Maurice change his life.

"He's a joy to work with, a great guy," says Peter Nordstrom, store manager. "He has always got a smile and a can-do attitude. The guy's like one of our family here and we get letters about him all the time. He's a real contributor to society."

Successful and confident, Maurice is the first to credit the rehabilitation program. "It's one big boost. The program outline, the sharing, the caring and the follow-up. It feels real good and I'll stand up and say so."