

## Chronological order of growth in the chemical dependency field

In 1935—Shadel was started

In 1960's was started Studio Club for a women to have a safe place to stay in their recovery.

In 1968—Cedar Hills was founded for King County Dept. of Public Safety which was with the replacement to the "Farm" in Sumner for a drying out place.

In 1972—Uniform Alcoholism Act which mandated CAC, Detox, and Involuntary Act and it was sponsored by Senator Day of Spokane.

1970—1980—Community Alcohol Centers in 35 counties and detox in many with portal of entry being calling CAC to give OK to hospitals in rural Washington. Agencies closed at 5pm. Detox system came into being with the legislation for the CAC.

Dial-A-Bottle—1975—phone referral system running from late afternoon and to midnight and soon expanding to 24 hours by 1978. This folded in 1979 in February and was resurrected by volunteers in August of 1979 as Alcohol 24 Hour Help Line.

Seattle University having the first alcohol studies program in the State to educate counselors and required 2 field placements. This was started under Father James Royce and very successful program. SU had an Awareness Hour on Saturday mornings from 10-12 with guest speakers on alcohol and resources which was well attended.

We did have involuntary commit in Sedro Woolley and involuntary commit was available statewide part of the early legislation.

Prevention program at state level was being funded and people were wanting to get information out to communities that help was available.

FAS research was done by Dr. Ruth Little and a clinic was set up on campus to assess fetal alcohol damage and to promote information on risk factors. **Phone line** was put in place to answer questions from mothers about their drinking when pregnant—I ran the line for six months with volunteers we trained at the UW.

We had treatment centers that had programs for 28 days of residential—a few private programs and the first one was Shadel that was started in 1935 in West Seattle.

EAP programs were started with funding called ALMACA—coming together with labor and management to talk about getting the alcoholic into treatment and back into the work force. First company was Pacific Northwest Bell.

1980-1990 --EAP's expanded into smaller companies and also refocused on the troubled employee in the work place with looking at many issues of employment--

Prevention program was getting more momentum with what was called the "Bong Show" that was geared for taking material out to PTA's and community gatherings. This was called WSSAC.

Lobbying was done by the field and AAP to get the insurance companies mandated to provide coverage for treatment costs. When this was legislated we did see new treatment modalities arise. Careunits came in strong in six places in the state—Seattle, Spokane, Aberdeen, Longview, Kirkland, and Anacortes. The move was to start their own outpatient programs to do aftercare and to be there as a resource for their clients who might need inpatient—

The DUI law which was called DWI then was up in front of the legislature also and was lobbied very hard to put some teeth in the drunk driving charges and to have a consistent statewide program for these offender. There had been no standard sentencing around this issue prior to this. This caused a large expansion of outpatients that took insurance and private pay as well as looking at an Intensive Outpatient program that would let the person do their treatment in evenings and weekends.

ADIS schools were promoted and agencies that had been doing a small amount of this found it was very needed in their programs. So more training was supplied to be sure ADIS was consistent in the State.

State became more active (DASA) in the certifying and credentialing of programs and personnel administering delivery of services to clients.

Adolescent treatment was a major focus in the early 80's as treating them with the adult population was not working—SU put in an adolescent track for counselors who wanted to work with this age and to know more about human development . We had new treatment centers that were identified as adolescent only as well as separate wings or floors of existing treatments putting in an adolescent component. Youth services were also put to assess youth early on.

Alcohol counselors were placed in the school system to help screen and refer youth had problems with alcohol, marijuana and coke.

A few community colleges were putting in Alcohol Studies track so students could get training in other parts of the state to enter our field.

Women's separate treatment was started by Residence XII in 1980 and started as a recovery place—soon moving over with Marion Schoen to inpatient. Looking at women's issues and needs to succeed in treatment. Also a womens' treatment was put in Buena in an old elementary school—lots of potting and planting room.

In 1982—combining of the Drug Abuse and Alcohol Abuse under the Bureau of Alcohol and Substance Abuse which later in the 90's was made a Division of Alcohol and Substance Abuse/

In 1987—ADATSA was started to allow people to access treatment though they didn't fit the welfare system. It was to get people back to work and documented, as well as money pregnant moms, and IV drug user.

We had treatment centers open and closing in this time—Meridan, United Recovery, Green Valley, The Lodge, Columbia Care—women then teens—Residence XII in Vancouver.

TAMARC—one of the most upscale recovery houses in the 1980's and well managed by Lois Parker--

New Aladar program was started in Lacey in the 80's and had 50 beds for adolescent which was built with the youth in mind—name changed to Cascade Oaks with other owners and then St. Peter bought the program

1990-2000—We have seen a marked increase in outpatient, speciality programs for ethnic populations, geriatric inpatient, also for physically challenged clients while they are rehabbing.

New women's treatment centers in Benton-Franklin area and one in Everett coming on board.

Semi-secure treatment for leve 2 Adolescent and youth under the Becca Bill for holding clients.

We have seen a need for more co-occurring treatment slots and outpatients that have more mental health background.

We have experienced a drastic reduction in the length of stay in treatment and under the ASAM criteria so we see more case management on one level and more recycling on another level.

1994---first time we had alcohol counselor working with d.v. shelters in screening for alcohol and drug use with women that are in shelters and are in group. This has been a successful venture for people to be treated while in safe place—Now EDVP has a building for women to be housed