



NEED STATEMENT: *“Douglas County is in desperate need of **effective long-term residential treatment, aftercare and reentry support** for men who struggle with substance abuse, addictions, and disordered lives.”*

Our objective:

- To restore men and break the cycle of substance abuse and other related forms of addiction through long-term, faith-based, residential treatment on a working ranch followed by a two year aftercare and reentry program.

IMPLEMENTATION SUMMARY AND PROGRAM CONSIDERATIONS

A. Ranch Life Program:

- › Substance Abuse Education
- › Addictions Counseling
- › Adverse Childhood Experiences Education and Elevate Curriculum
- › Faith-Based 12 Step Recovery Program
- › Trauma-informed Staff Mentoring
- › Peer Directed Mentoring
- › Horse Relational Therapy
- › Physical Education, Fitness and Nutrition
- › GED Classes
- › Life Skills
 - Self management
 - Home finance
 - Cooking and eating for health
 - Confidence builders
 - Social skills training
- › Vocational Training and Workforce Development Programs

The above program objectives will be facilitated through relational one-on-one and small group counseling, classroom instruction, ranch community interactions and workforce development programs that are designed to promote healing and growth through onsite cooperative work assignments.

B. Intensive Two Year Offsite Aftercare and Reentry Program:

- › Sober Living Transition Housing and Peer-directed Mentoring
- › Weekly Recovery Support Groups
- › Elevate Workshops
- › Job Apprenticeships
- › Living-wage Job Referrals and Placement
- › On-going trauma-informed Staff Mentor Support

EXPANDED PROPOSAL

The 2nd Chance Community Foundation is proposing the construction of a 150 client long-term Residential Treatment and Recovery Ranch facility followed by a two-year offsite Intensive Aftercare and Reentry Program to serve men in Douglas County and Oregon.

NOTE: For the purposes of this proposal we are addressing the need for effective substance abuse treatment for MEN because they represent 75% of the total substance abuse population.

1. **PHASE ONE: Establish and pilot the two-year Intensive Aftercare and Reentry Program.**
 - A. In order for men to **remain clean and sober following graduation** from the proposed long-term Residential Treatment and Recovery Ranch, they must be given the **opportunity to improve their lives in immediate and tangible ways.** The Intensive Aftercare and Reentry Program provides support in all four of the services necessary for successful reentry into society; transitional housing, living wage jobs, on-going relational support by trained trauma-informed staff mentors and peer mentors, and debt cancellation through benchmark grants. It is also foundational to the success of the proposed Long-term Recovery Ranch that the Aftercare Program be fully operational before the first graduates are ready for those services.

NOTE: Phase One is complete. The Intensive Aftercare and Reentry Program has been operating successfully for 3 years.

2. **PHASE TWO: Locate and obtain adequate acreage to establish a long-term Residential Treatment and Recovery Ranch to serve up to 150 men in Douglas County and Oregon.**

Main Ranch House will be located on 200+ acres of farmland and will include:

- Main Level (group living areas, sleeping quarters, dining hall, commercial kitchen, restrooms/showers, and laundry)
- Upper Level (meeting rooms, counseling rooms, computer labs, admin offices, restrooms, onsite Director's Suite)
- Lower Level-daylight basement (auditorium/gymnasium, weight room, shower room, family visiting rooms, onsite staff apartments)

Additional Ranch buildings and structures will include:

- Training Center (meeting rooms, guest rooms, shared kitchen and dining area, communal area, ranch staff apartments)
- Existing and new barns, machine shed, van garage and equipment storage shed
- Covered arena, outdoor arena, corrals, horse stalls, paddocks and tack rooms.
- Livestock Barns (cows, sheep, swine), covered feeders, pens, squeeze chutes, chicken coop
- Other Barns and Shops for vocational training and workforce development (mechanics shop, welding shop, wood working/cabinet & finish work shop, etc.)
- Greenhouses, Produce Processing Facility, Cold Storage Unit

RESEARCH SUPPORTING THE PROGRAM MODEL

1. Substance abuse is directly linked to Adverse Childhood Experiences.

¹The recent Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The findings were shocking to researchers as the ACE data revealed a much higher than expected number of ACE's for participants. ²The study showed that the higher the ACE score, the higher the risk of disease, mental illness, imprisonment, and work issues (like absenteeism).

33% Report No ACE	51% Report 1 to 3 ACE	16% Report 4 to 10 ACE
↓	↓	↓
With 0 ACE	With 3 ACE	With 4+ ACE
1 in 16 Smokes	1 in 9 Smokes	1 in 6 Smokes
1 in 69 are Alcoholic	1 in 9 are Alcoholic	1 in 6 are Alcoholic
1 in 480 use IV Drugs	1 in 43 use IV Drugs	1 in 30 use IV Drugs
1 in 14 has Heart Disease	1 in 7 has Heart Disease	1 in 6 has Heart Disease
1 in 96 attempts Suicide	1 in 10 attempts Suicide	1 in 5 attempts Suicide

Figure 1³

Drug and alcohol abuse are simply coping methods to deal with pain. ⁴(There is a reason that an IV drug user calls a dose a “fix.”) Underlying beliefs and perceptions that drive our choices and behaviors are formed during childhood. When ACE's disrupt the life of a child, those traumatic experiences become hardwired in the brain as flight, fight or freeze reactions that help them survive. As an adult with ACE's, people are still functioning in reactivity and survival mode. Public health experts, social service workers, educators, therapists and policy makers all see addictions as a problem. But it is important to understand that turning to drugs or alcohol is a NORMAL response to serious childhood trauma.

Unresolved memories of traumatic events are toxic to the brain and result in far-reaching negative effects in every area of life. The traumatized brain remains childish in its self-focus and self-gratification... seeking first to survive and second to feel good. It is important to note that childhood trauma causes the brain to ‘freeze’ at the current stage of childhood development. The result is that the body continues to grow and change according to chronological age, but the mental and emotional processes are dramatically delayed or do not mature.

Child abuse, in all its forms, creates distorted perceptions of life – these become negative and fear-filled messages that are then believed to be true, normal, acceptable and right. The negative messages implanted through ACE's continue to find validation throughout life in their circumstances, relationships, and in their minds, reinforcing the distorted “truths” that define their reality. The brain believes that it has to be “right” in order to survive, so all incoming messages and information that doesn't match their “truth” is discarded as in-valid and untrue.

¹ Center for Disease Control and Prevention (CDCP)

² acestoohigh.com

³ Felitti, et al., 1998

⁴ Huffington Post, posted 10/08/12, Jane Ellen Stevens, The Largest Public Health Study You Never Heard Of

The focus of our prevention efforts and the core of our methods are to address the unhealed ACE's. Our proposed program of intensive rehabilitation and trauma-informed aftercare will reduce the effect and likelihood of ACE's being perpetuated in the lives of families and children, thus dramatically reducing the instances of child abuse.

2. Recognizing the effects of trauma is key to improving prevention methods and recovery outcomes.

We have created a model for rehabilitation that includes a new level of hope and empowerment for those suffering with ACE's and addictions. In order for sobriety to become a lifestyle, the underlying causes for drug and alcohol abuse must be addressed. Without addressing (healing) the core issues, people will continue to use coping methods (alcohol, drugs, food, sex, violence, gambling, work, etc.). These coping methods will predictably resurface as traumatized individuals attempt to escape intense fear, anxiety, depression and anger triggered by subconscious messages of worthlessness and failure in response to daily life stressors.

Therefore, effective treatment for Douglas County residents must be holistic in its approach. Research has proven that the most effective treatment that actually produces lasting health, sobriety, and productivity always speaks to a person's spiritual identity and from that foundational premise we rebuild lives based on the newest brain science, the latest findings related to mental, emotional and physical health predictors, as well as proven intervention methods and trauma-informed care.

3. Effective treatment for substance abuse requires radical life change and results in complete and effective recovery.

Evidence shows that the rate of crime recidivism (relapse) into the penal system is 70 to 75 percent in the short term (three to nine months) and over 90 percent in the long term (one or more years). The crime rate will inevitably continue to increase until more aggressive and effective treatment is instituted and made widely available to address the core issues—which are now proven to be unaddressed and unhealed Adverse Childhood Experiences.

The data and sources cited in this study identify that the most effective substance abuse treatment and rehabilitation programs would:

- › address core issues and thought patterns resulting from ACE's and other trauma
- › be facilitated and administered by trauma-informed treatment/care providers
- › empower and train individuals to develop new thought processes (neuroplasticity)
- › promote and facilitate a whole new way of life
- › facilitate intensive, long-term care and aftercare

4. The economic costs of substance abuse to Oregon/Douglas County will dramatically decrease with increased and effective rehabilitation.

COSTS TO OREGONIANS:

The following chart shows 2006 figures for Oregon in three categories; healthcare costs, costs associated with lost productivity, and other costs relating to criminal justice, social welfare programs and accidents. It is a given that these are very conservative figures as costs have continued to increase every year.

2006 Annual Cost in Oregon	Alcohol (millions)	Drugs (millions)	Total (millions)
Costs of Healthcare			
Alcohol/drug abuse rehabilitation services	\$157	\$150	\$307
Adverse medical consequences of abuse	\$396	\$111	\$506
Healthcare TOTAL:	\$553	\$261	\$813
Cost of Lost Productivity (Foregone Earnings)			
Premature deaths	\$619	\$359	\$978
Illness, institutionalization, incarceration	\$1,486	\$517	\$2,003
Crime and victims of crime	\$171	\$998	\$1,169
Lost Productivity TOTAL:	\$2.276 Billion	\$1.874 Billion	\$4.150 Billion
Other Costs			
Crimes and criminal justice	\$109	\$547	\$656
Social welfare program administration	\$8	\$4	\$13
Motor vehicle crashes	\$271	no report	\$271
Fires	\$26	no report	\$26
Other TOTAL:	\$415	\$551	\$967
TOTAL COSTS:	\$3.244 Billion	\$2.686 Billion	\$5.929 Billion

Figure 2¹

Treatment has been shown to have a benefit- to-cost ratio of 7:1.²

When researchers added savings related to health care, the savings-to-cost ratio was 12:1.³

Compared to a control group, treated patients in ⁴California have been shown to reduce:

- ER visits by 39%,
- Hospital stays by 35%,
- Total medical costs by 26%

¹ ECONorthwest, "The economic costs of alcohol and drug abuse in Oregon in 2006", January 14, 2008.

² Ettner, et al., 2006

³ NIDA, Principles of Addiction Treatment, 1999

⁴ Parthasarathy, S., C. Weisner, et al. (2001). "Association of outpatient alcohol and drug treatment utilization and cost:revisiting the offset hypothesis." Journal of Studies on Alcohol and Drugs, 62(1):89-97

CRIME RATE COSTS:

Effective treatment is the answer to reducing crime in Oregon. Of the total reported crimes in Oregon in 2012, only Arson (0.7%) represents crimes not primarily associated with drug and alcohol abuse.

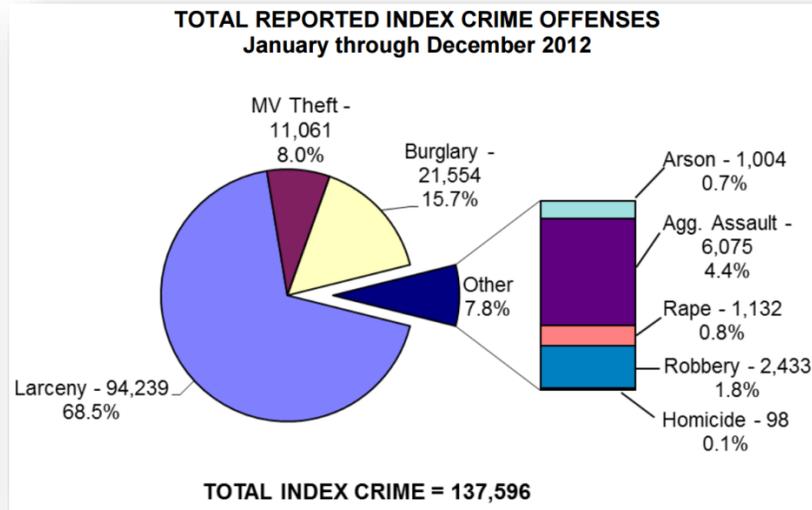


Figure 3¹

An NIDA supported study published February 18, 2014, reports a California law that allows qualified drug offenders to enter substance use treatment rather than go to jail or prison **saved the state of California close to \$100 million in its first year!**

WORKFORCE COSTS:

Accessible and effective community-based alcohol and drug treatment is imperative to reduce Douglas County’s financial burden from problems associated with substance abuse. Research reveals that the benefits of treatment far outweigh the costs. Even beyond the enormous physical and psychological costs, treatment can save money by diminishing the huge financial consequences imposed on employers and taxpayers.² The largest savings were due to reduced cost of crime and increased employer earnings through increased employee productivity.

³Employees treated for substance abuse demonstrate a significant reduction in:

- absenteeism
- tardiness
- on-the-job injuries
- mistakes
- disagreements with supervisors and co-workers

Post treatment results show a 75% increased productivity rate.



¹ 2012 Oregon Annual Crime Reports; Oregon State Police – Law Enforcement Data Systems

² USDHHS, 2009, p. 1

³ USDHHS, 2009, p. 1

COSTS OF ACE PER CHILD:

According to a ¹CDC study released in 2012, just one year of confirmed child maltreatment costs \$124 billion over the lifetime of the traumatized child.

5. The need for treatment and rehabilitation is overwhelming.

Alcohol and drug abuse are defined as patterns of drinking or using drugs (prescription and illicit) that result in harm to a person's health, well-being, relationships, and productivity. A person who abuses drugs and alcohol is not necessarily an addict. However, abuse of these substances is a risk factor for developing an addiction because continuous abuse can lead to physical and psychological dependence.² ³It is estimated that 1 in 10 individuals in Oregon, use illicit drugs of some type and 1 in 8 adults are alcoholics (12.2%) – up from the national average of 8%. The following data gives the Oregon and Douglas County statistics relating to alcohol abuse. It has been proven that ⁴addiction to alcohol lasts longer than addiction to any other drug.

Alcohol Abuse Data	Oregon	Douglas County
Total Adult Population (US Census Bureau)	3,041,220	86,000
66% Consume alcohol but are NOT addicted	2,007,205	56,760
12.2% are Alcoholics or are Addicted to alcohol	371,028	10,492
92% are Not Addicted but admit to Binge Drinking	1,846,629	52,219
73% are Abusing alcohol in any given 30 day time period	2,217,657	62,711
Adults receiving treatment for alcohol addiction Includes Outpatient, Short Term less than 30 days, Long Term up to 120 days	12.5%	11%

6. Oregon and Douglas County are not meeting the treatment and rehabilitation needs of their residents.

There are 129 treatment service providers listed for men in Oregon.⁵ Following is a breakdown of providers for each level of services offered:

98 Outpatient Providers

Provides education and counseling. Services range from private counseling practices to government contracted education programs.

19 Short-Term Providers (Less than 30 days)

Provides in-patient detoxification, referral services and light education.

23 Long-Term Providers (30 to 120 days)

Provides residential in-patient services including education and counseling.

¹ Center For Disease Control, 2012

² ProjectKnow, n.d.

³ USDrugtrends.com

⁴ PROJECT KNOW Understanding Addictions

⁵ USDrugtrends.com

The 'traditional' 28-day programs have become the standard for over 90% of all drug rehabilitation centers in the country. The concept of 28-day treatment was developed simply to adhere to insurance policy guidelines which are only willing to pay "up to 30 days." This means that treatment is no longer based on what is necessary (in terms of time to effectively administer and facilitate rehabilitation) but rather it is based on the individual's own ability to afford treatment and/or their insurance policy coverage. Short-term care greatly limits the potential success for resolving serious conditions (which have developed over long periods of time). The level of intervention is ineffective as some of the drugs take longer than 30 days to clear the body and the length of treatment does not allow the time it takes to truly address core issues rather than just the symptoms.

We would contend that the shift away from proper, long-term rehabilitation care has resulted in alarmingly low success rates for rehabilitation programs across the U.S. It is important to consider that Adverse Childhood Experiences are usually the underlying factor for adults who have struggled for years with serious addictions; and conversely, it will take time to fully resolve the core issue(s) in order to accomplish full recovery.

Oregon has 7 long-term faith-based service providers for men that are 6 months to 1 year programs. However, those 7 facilities represent only 250 beds collectively to serve the estimated 1278,000 Oregon men needing long-term treatment. **Crossroads treatment facility in Roseburg is the ONLY in-patient option in Douglas County. They provide treatment for a maximum of 30 days, with only 12 beds designated for the estimated 8,000 Douglas County men needing treatment.**

This glaring lack of 'truly long-term' substance abuse treatment for men (who represent 75% of the total population needing treatment) is a strong indicator as to why the rate of recidivism is so high. Compounding the lack of local long-term services for men, there is another hindrance; many times parole and probation laws **prohibit Douglas County parolees from leaving the county and accessing services in other Oregon communities.**

7. Our most valuable resource is people, functioning at their highest potential, whole and healed.

We have been working with families struggling with addictions in Douglas County for nearly 20 years. Our commitment to researching and implementing the very latest discoveries in brain science and mental health have led us to develop educational and support models that are based on trauma-informed care. These models are operating with significant increase in effectiveness and we are now ready to address the need for long-term residential treatment and rehabilitation in Douglas County.

We can and must take the necessary steps to implement evidence based, long-term recovery in Douglas County.

¹ USDrugtrends.com – 12.2% of the population are addicted to alcohol of which 75% are men (estimated in Oregon 278,271 men and in Douglas County 7,900 men). Calculations apply to the general population and do not factor in the veteran-specific population and services).

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