

**RESIDENTIAL AND OUTPATIENT TREATMENT**

Adult/Adolescent Services  
Maryland/Virginia/Washington, D.C.

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**Testimony of  
Catherine C. Martens  
Senior Vice President  
Second Genesis, Inc.**

**Measuring the Effectiveness of Drug Treatment**

**House Committee on Government Reform  
Subcommittee on Criminal Justice, Drug Policy, and  
Human Resources**

**U.S. House of Representatives  
Washington, DC**

**March 30, 2004**



Chairman Souder, Congressman Cummings and Members of the Criminal Justice, Drug Policy and Human Resources Subcommittee of the House Government Reform Committee, my name is Catherine C. Martens, I am the Senior Vice President of Second Genesis and a member of the Board of Directors for the Therapeutic Communities of America (TCA). As a provider, Second Genesis appreciates the opportunity to provide the committee with written testimony for the February 12, 2004 hearing on measuring the effectiveness of drug treatment.

Therapeutic Communities of America (TCA) is a national non-profit membership association that represents over 400 programs across the country dedicated to serving those with substance abuse problems.

Second Genesis is one of the oldest therapeutic community-based substance abuse providers in the Mid-Atlantic region. We have been in existence for 35 years as a non-profit organization serving the substance abuse populations in Washington D.C., Virginia and Maryland.

We have impacted thousands of men, women, women with their children, adolescents and their families, and individuals with co-occurring disorders (i.e.: psychiatric and chemical abuse disorder.) to begin living productive lives. As a provider, our years of experience to confirm national, federally funded studies such as the National Treatment Improvement Evaluation Study (NITES) and the Drug Abuse Treatment Outcome Study (DATOS) conducted by the National Institute on Drug Abuse (NIDA).

Over the years we have found that the substance abusing population is growing at such a rapid rate that there are not enough treatment slots available to meet the demand. The challenge now is to provide evidenced-based treatment to the maximum number of America's substance abusing individuals and their families.

A recent study conducted by the University of Chicago confirmed that improvement is greatest when clients are in long-term residential treatment. NIDA studies agree that, illicit drug use and illegal activity are significantly reduced following one year of TC residential treatment. The most important consideration is the number of individuals we reach and the effectiveness of our treatment outcomes. Society cannot continue to pay for individuals to unsuccessfully cycle through various treatment options and criminal justice systems. For example, in the Outlook and Outcomes 2002 Annual Report for

Maryland, an untreated substance abuser on the street costs society an estimated \$43,300 a year. An incarcerated substance abuser costs \$39,600 a year. In contrast eight months of residential treatment at Second Genesis costs only \$17,280, and for the remaining four months of the year and beyond, the recovering addict is an employed taxpayer.

Within Second Genesis we have found the shorter the stay of a client the more likely they are to relapse to drug abuse and criminal activity. Our own data collection demonstrates that six months after leaving residential treatment, 70% of clients reported no alcohol or other drug use in the 30 days prior to the survey. The DATOS shows that in long-term residential treatment, clients who remained in treatment for 3 months or longer had significantly better follow-up outcomes on a variety of criteria than did early dropouts or those treated less than 3 months. Post treatment outcomes continued to improve as treatment retention increased. We know from our own experience that treatment works and long-term treatment works best. Measurements should be based on evidenced-based research showing the importance of length of stay.

Providers of the therapeutic community model take into account the individual's needs throughout their entire treatment process and foster drug rehabilitation based on those needs. Therapeutic communities understand that substance abuse clients have multiple barriers to recovery, in addition to their drug use, that need to be addressed in order to achieve effective outcomes.

As a provider, our principles, philosophies and modalities reflect the Principles of Drug Treatment developed by NIDA. The services we provide facilitate individual recovery from substance abuse by providing information, support and guidance, and by insisting that clients take an active role in planning and implementing therapeutic activities for themselves, their peers, and their families. Our substance abuse programs are holistic in nature; they include programming services such as vocational services, educational opportunities, social skill building, family education, health related classes, support groups, parenting classes, childcare services and relapse prevention.

Second Genesis has followed the therapeutic community model for 35 years and the success rate with both mandated and non-mandated clients has been dynamic. Of the clients that we serve, 43% enter the program voluntarily while 57% are court mandated. Therapeutic communities strive to help individuals secure family unification and successful welfare to work outcomes. The overall success rate of our program is 63%, significantly higher than the statewide average of 47% for similar clients.

As a provider, we are largely publicly funded, which requires us to report to government contract officers, foundations, and other sources of funding who demand proof that their dollars produce concrete results. We use the HATS reporting protocols to report regularly and electronically to data-collection systems for the State of Maryland (e.g. SAMIS) and to the Baltimore Substance Abuse Systems. Most of this information is transmitted in real time. We collect information from our clients at admission, at the halfway point of treatment, at discharge and 90 days post-treatment. However, in order to provide research information, the burden of proof has been left at our door. Second Genesis is fully compliant with HATS software, procedures, rules, regulations, staff training, methods of data collection and tracking. We are also responsible for the hours of staff training, work hours, paperwork and all costs associated with outcome-based studies.

Second Genesis has approximately 40 counselors that spend 10% of their job on all associated paperwork needed for research data this number does not include all the other paperwork they must complete for each client. Second Genesis also employs two fulltime individuals to manage all aspects of collecting and interpreting the outcome data. It is becoming increasingly inefficient to dedicate staff hours and training to research and data collection; but it is a necessity to maintain this data to prove the effectiveness of our programming for the increasing mandated federal and state measurement performances. However, funding to comply with mandates is not provided.

Information required includes self-reports in major life domains, including confidence in staying clean and sober, employment status, and involvement with the criminal justice system. SAMHSA has suggested 7 domains from which to measure outcomes. Those domains are drug/alcohol use, employment/education, crime and criminal justice, family and living conditions, social support and access and retention/engagement. We collect information on all of those domains, yet it is the interpretation and the details in which those measures are judged that affect their validity and their substantiation as positive outcomes. NIDA funded research has given providers important information on what works in treatment. It is our hope that any measurement system developed is reflective of the research.

### **In Summary:**

- Substance abuse treatment programs should be constructed on evidenced-based methodologies that are outcome based and meet appropriate performance measures.
- Substance abuse treatment programs and their staffs should meet recognized certification, accreditation and/or licensing standards.
- Federal public policy should be based on evidenced-based substance abuse programs that are client-based.
- Public policy should require intergovernmental agency coordination to serve the client with a continuum of care.

### **According to Therapeutic Communities of America, any outcome measures should have the following considerations:**

Addicted individuals must be placed in the appropriate levels, type, and standards of care to achieve positive and quality outcomes. According to the NIDA *Research Report – Therapeutic Community*, “For individuals with many serious problems, research again suggests outcomes were better for those who received TC treatment for 90 days or more.”

Treatment and any performance standard must be client-based and should flow as a function of the client necessitating a coordinated comprehensive continuum of care for the client.

Any measure or performance standard should recognize that different treatment methodologies should reflect the time frame from which favorable impact outcomes are likely to occur. This consideration also includes any modifications to treatment methodologies necessary when working with special populations within therapeutic communities.

Any measure should recognize therapeutic community residential programs and permit at least 6 months or more of continuous care essential when working with special populations.

Outcomes and measures should be no different in application to addicted individuals than with other chronic diseases. Realistic goals for specific substance abuse populations should be established. In the case of substance abuse, unlike most other illnesses, our system is often in danger of under treating the client.

No Federal or State measurement or performance standard should be mandated without providing necessary direct funding, technical assistance, and capacity building to the service provider. Any measurement system implemented needs to be cautious not to add increased burdens on the substance abuse workforce by turning the already declining number of counselors into data collectors and researchers.

Any and all performance standards, outcomes, and measures should be client-based, based on evidenced-based research and be respectful of the NIDA Principles of Drug Addiction Treatment.

For the record please refer to the complete written testimony submitted to the Committee by Therapeutic Communities of America.