

## **STATEMENT of**

Melody M. Heaps, President  
TASC, Inc.

### ***On Access to Recovery: Benefits and Potential to Illinois***

**September 22, 2004**

My name is Melody M. Heaps and I am the founder and President of TASC, Inc. TASC is a not-for-profit organization headquartered in Chicago. Our primary span of services involves linking drug-involved individuals in the criminal justice system with community-based treatment and other services. We provide the initial screening and assessment for the court, we facilitate admittance into substance abuse treatment, and we incorporate a hands-on approach to providing case management services through the utilization of community resources that support clients and help them navigate through the regular social service system toward recovery. We also work with individuals involved in the juvenile justice system, child welfare system and the TANF system in the same capacity.

I would like to thank the members of the committee for inviting me to testify on the Access to Recovery program and its potential for families, communities and social service systems. I would like to talk today about how Access to Recovery is going to be applied in Illinois and at the same time talk more broadly about the implications of the program for people in recovery, their families and communities, and for local, state and national drug policy.

Like many states, Illinois continually grapples with the problems associated with drug use and crime. In our urban areas, we are among the worst in the nation in terms of drug use by arrestees, at between 70 and 80 percent. Cocaine and heroin constantly emerge as problems in our emergency rooms and our courtrooms. The Cook County court system alone, the largest of its kind in the country, processes upwards of 55,000 felony cases each year. Most of these will involve drugs. 40 percent of new admissions to Illinois prisons are for felony drug possession crimes. And even despite recent innovations like the opening of the Sheridan treatment and reentry prison, the large majority of our criminal justice population needs drug treatment but does not get it.

This is a population with a complex set of needs. In addition to drug use or addiction, some will have mental or physical health issues. Some need housing. Most need education and jobs. Many have children in our child welfare system. And most of them will not be eligible for Medicaid and won't have private insurance.

We know that if we want to promote long-term recovery, promote restoration of citizenship and productivity, while at the same time reducing drug use and reducing crime, we have to address all of these issues. Addiction treatment may be core to the stability of these individuals, but if any of these other concerns go unaddressed, their chances of returning to drug use and crime increases significantly.

It was with this in mind that we decided to use Access to Recovery funds in Illinois to support service delivery to individuals sentenced to probation with demonstrable drug problems. We already have a number of programs in Illinois to address some of these

problems, such as statewide TASC services, drug courts and intensive drug probation, but the sheer volume of probationers – over 125,000 at any given time – means that only a fraction of those needing services will have access to them. Access to Recovery will predominantly target probationers in Chicago and Cook County who aren't otherwise receiving services, but we're also piloting it in some rural areas, where additional challenges like transportation and scarcity of providers are major barriers to successful service delivery.

One of the key components of our Access to Recovery model is a comprehensive assessment and referral process. Any probationer that comes into our program will be assessed for needs in a wide array of behavioral and social areas. Obviously substance use is one area. So is mental and physical health. So is housing, education and job training, and family and life skills. Once the assessment is complete, we identify qualified providers in the client's community and make referrals.

From a service delivery perspective, Access to Recovery represents something that is rarely seen in publicly-funded services of any kind – client choice. We know that there are core services that a client in recovery will benefit from, like individual and group counseling. But we also know that every individual responds differently. If our goal is individual recovery, then our strategy must be to help the individual identify the programs and services that will best help them achieve a place of stability. Some will benefit from a mentor relationship. Some will benefit from services in a faith-based context that addresses their spiritual needs as well as their clinical needs. Access to Recovery is truly a revolution in service delivery because it allows and empowers clients to do what works best for them.

In that regard, I would like to acknowledge President Bush, his vision, promotion of and support for the expansion of treatment in our communities. I also want to acknowledge the leadership of the Department of Health and Human Services, and the Substance Abuse and Mental Health Services Administration, and particularly SAMHSA Administrator Charles Curie for taking hold of that vision, conceptualizing recovery in the broadest and yet most personal sense, and for pursuing innovative strategies like Access to Recovery. This initiative has stimulated growth and challenge in our field that would not have occurred with a simple increase in funding.

What Access to Recovery will do is bring funding to community organizations that might otherwise not have access. TASC has been operating in Illinois for almost 30 years, and one of the fundamental constructs of successful recovery has always been getting the community involved with the individual while the individual is getting involved with the community. Local providers understand local issues. They know the strengths, weaknesses and potential challenges of reintegrating an ex-offender into their community. They're more culturally and socially aware and they understand best the circumstances that precipitated the drug use in the first place. And when the client is involved in local programs, it creates a level of trust that may not exist if that same client were required to travel across town to receive services.

From a policy perspective, Access to Recovery is important because it breaks down all of the traditionally disparate funding streams and focuses funding on one thing – recovery. Success is measured by how well you assist an individual in achieving a place of clinical and social stability. This sounds like common sense, but a program of this size, scope and complexity would have been almost impossible under any previous

funding mechanism. This move toward recovery-focused and client-focused funding started several years ago, when many of the major federal Departments pooled resources for the Coming Home initiative. Access to Recovery represents the natural evolution of that strategy and I applaud the decision-makers who were able to accomplish such a major sea change in funding and policy strategy in so short of a time.

Additionally, because Access to Recovery is based on client choice, it will result in funding efficiencies we've never seen before. The right resources will be applied in the right intensity at the right time to the right people. The implications are huge, as we'll finally be able to start getting a handle on what we need as towns, states and as a nation to turn the tide of drug use and drug crime.

I believe that Access to Recovery is the start of an innovative new approach to funding and providing recovery services – an approach that focuses on what we've always been about – a full continuum of services supporting recovery which leads to the restoration of individuals, families and their communities. Right now there are 14 locations around the country that over the next three years will be redefining what it means to provide treatment and recovery services in an effective and efficient way. This is a critical time and a critical issue.

Thank you for your time. I would be happy to answer any questions.