

Director's Corner—Winter 2009-2010

The What and Why of Parity Legislation

As we move through the holidays and winter, there is a great deal of publicity and political maneuvering occurring in an attempt to hammer out a comprehensive health care reform bill for our country. Less obvious is that this will also become the vehicle for the enactment of the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008. This sweeping legislation is intended to improve access to mental health and addiction treatment. A basic overview of the Wellstone/Domenici Parity Bill is as follows:

What?

The Parity Bill requires that employers and insurance companies who offer employee insurance plans must include substance use disorder (SUD) and mental health (MH) services as part of the minimum benefit package. Furthermore, when an employer and insurance company offer mental health and substance use services, these must be treated in the same manner as other medical conditions. This would likely mean that some of the restrictive standards used by insurance companies to authorize or deny treatment for addiction and/or mental health services would be eliminated, unless these same standards are used for other illnesses or diseases.

The legislation would also require that the criteria an insurer or managed care company are using to approve or deny substance use or mental health treatment must be made available to the public. To date, this information has been protected or deemed proprietary information by insurance companies and not available to the public or treatment providers. As a result, neither patients nor treatment providers have a clear understanding of what an individual's policy will cover.

Why?

Here is where I will try to be both factual and an advocate for access to treatment for those still suffering from untreated, or undertreated, addiction and mental health issues, even though they have insurance. Addiction and mental health issues remain stigmatized in our society and certainly people suffering with these health issues have not had the same kind of support or treatment as those suffering from other chronic conditions. This really struck home with me during our luncheon a year ago. I was returning to work from a year of treatment for cancer, and everyone was incredibly supportive of me

and asked about my health. Yet so many of the women who were, and are, at Residence XII experience so much shame from the stigma of their disease. Addiction is also a disease, a disease like cancer, diabetes or heart disease, and one that affects as many, or more, Americans than each of those diseases.

How does this shame and stigma manifest itself? Some insurance companies already treat mental health and substance use as they would any other illness. But I have also seen people suffering from the disease of addiction sitting in treatment center lobbies for up to eight hours because they must be on-site before their insurance company will begin the required preauthorization. There is no guarantee that they will be admitted because the insurers have not had standardized or published criteria. Treatment may be denied all together, or outpatient treatment (rather than residential treatment) may be required for someone who has just gotten out of a hospital detoxification program and has neither sober support nor any real chance of sobriety on their own. Some insurers routinely require outpatient treatment, and a patient must fail in this program before any other treatment will be approved. Some companies will authorize full day treatment programs but refuse to pay for overnight or residential care, despite the fact that the person may live several hours from the treatment facility and daily commuting is not a realistic option. These decisions, in my opinion, reflect an emphasis on cost containment rather than quality patient-centered care. I cannot imagine any other chronic condition like diabetes, heart disease or cancer being treated in this manner.

I believe that these inconsistent treatment coverage practices and the impact on people needing treatment are

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**Sharon Chambers,
Executive Director**

Residence XII Receives “Exemplary” Accreditation from CARF

Recognizing the organization’s commitment to improving the quality of the lives of women served, CARF awarded Residence XII with a three-year accreditation in November of 2009. This is the first time Residence XII requested and received certification for mental health services in addition to alcohol and other drugs/addictions. CARF, the Commission on Accreditation of Rehabilitation Facilities, is an international organization which surveys facilities to ensure that they are fully and productively using professional standards to maintain and improve the quality of their programs. The survey is conducted by independent industry professionals who spend two days at each agency where they review procedures, systems and physical facilities as well as interview staff and patients.

CARF was founded in 1966 and is an international, independent nonprofit accreditor of providers in a variety of human service fields such as aging, behavioral health, children and youth, employment and medical rehabilitation. CARF and its related organizations currently accredit more than 5,500 providers at more than 19,000 locations around the world. CARF is also involved in education, research and publishing related to these human service fields. CARF’s mission and purpose is to develop and maintain “field-driven standards that improve the value and responsiveness of the programs and services delivered to people in need of rehabilitation and other life enhancement services.”

The surveyors who came to Residence XII recognized the organization’s ongoing “commitment to providing a broad spectrum of services designed to address unique needs specific to the female population of the area.” The two CARF surveyors reviewed both clinical and administrative areas. Residence XII’s strategic plans, financial management and planning, risk assessments, health and safety procedures, use of technology, and information measurement were all found to be in

compliance. Clinical program standards are a primary focus of the review and these include program structure, screening and access, individual planning, transition and discharge, recordkeeping, and behavioral health care programs. We are very pleased that Residence XII was complimented for its well-written and comprehensive core program plans, and its extensive and comprehensive support services for women with mental illnesses.

Residence XII was recognized for exemplary conformance to standards for its family support counseling and the family group therapy included in the intensive outpatient, relapse prevention, continuing care and residential programs. The family program is designed to educate and support recovery for the patient’s family members and friends, and the surveyors recognized Residence XII for including this program throughout the continuum of care. “Family members are strongly encouraged to participate in the program, and it is conveniently scheduled for evenings and weekends. The well-developed curriculum provides a solid foundation for the healing process to begin by addressing



Residence XII Facility

a variety of issues, including broken relationships, mistrust, and children caught in the crossfire. Patients interviewed expressed how the family support counseling restored heartfelt hope in rebuilding family relationships and enhancing the desire to stay sober and grow in recovery.”

This was Residence XII’s sixth successful accreditation. In addition to many accolades, the reviewers had a few suggestions for program improvement. We are in the process of determining how best to incorporate the surveyors’ suggestions into our staff training programs and schedules. Again we want to thank our clinical and administrative staff for all their hard work preparing for the survey.

The What and Why of Parity Legislation

(continued from front cover)

the “why” behind the Wellstone/Domenici Parity Bill. It is legislation that is overdue and legislation which needs to be applied to all patients who are in need of mental health and substance use treatment. Although it has been argued that this bill will raise insurance premiums by a small amount, those arguments pale when compared to research which shows that for every \$1.00 invested specifically in addiction treatment, there is positive cash offset of \$7.00 to \$12.00

to our society. Criminal justice costs are reduced, employee absenteeism drops and productivity increases, workplace accidents decrease, emergency room visits decline, and there are fewer medical visits and related hospitalizations. As a treatment provider, employer, and taxpayer, I believe the relatively small cost for enhanced coverage and treatment is well worth it!

Returning to Triathlons (*An Alumna Story*)

I've come a long way. I grew up in Ontario, Canada where my family life had been challenging; my father had been held in a Nazi prison camp in Norway during WWII from which he escaped twice. He was a persistent—and angry—man who always told his children to push forward and find answers to their problems. The message to drive harder was often accompanied by negative feedback and verbal abuse.

In 1978 I saw my first triathlon; it was the Ironman on Oahu in Hawaii. I was not at all athletic at the time; in fact my weight had ballooned over the prior few years. I became physically active and started training; I wanted to participate in a triathlon, and not just any triathlon, but an Ironman in Hawaii. With my second husband as my coach and mentor, I lost 45 pounds. He owned and operated a bicycle shop, was active in sports and knew the ropes. Looking back to the first time I competed in 1981, I laugh—I was wearing old worn out shoes and using a really rundown bike. The food at the stops along the route was not exactly what someone would see today: donuts, peanut butter and chocolate chip cookies!!

By 1992 I not only made the USA triathlon team, I placed second in the world in my age division. In spite of those accomplishments I lacked self-esteem—when my husband left me in 1997 for my best friend, I really came to loathe myself. This was my second divorce and it reinforced negative messages I'd heard about myself as a child. Training and competing had been my job, but I stopped all that and started teaching swimming. After work I began to drink to numb my feelings. I also discovered that I suffered from depression and was bi-polar. After a third DUI and seven days in jail I came to Residence XII. It was a miracle I survived the accident and no one was hurt—my car started to go over a cliff but was stopped by a tree.

The first week and a half of treatment I did not sleep, I was scared, sad, angry and bitter. I had been in treatment before but the in-depth counseling at Residence XII really made the difference for me. I learned about depression and what drinking was doing to my body. Given my prior athleticism this information was very powerful and motivating. There is

a history of alcoholism in my family, and I realized that I would never again be able to drink. The journaling and discussions about issues and consequences really motivated me, but it was the group sessions that made the difference and helped me deal with my shame. I no longer felt like I was the only one on earth with a drinking problem. The other women had their stories too. I credit my time at the Res with changing the “negative tapes in my head.”

After my inpatient stay, I was facing jail time but I discovered the work release program in Kent, where I would have to return to the facility every evening. I was very lucky to keep my job as a swimming instructor. My motivation was very high: I did not want to go to jail. Every day I walked a mile to the bus and took three different buses to and from work, knowing that if I was not back on time, I would lose the opportunity I had been given. My 90 days of jail time was reduced to 1 month and 5 days at the Kent facility, and I continued with the Intensive Outpatient and Continuing Care Programs at the Res.

I now bike 3-½ miles to work every morning and then back home again.

Something kicked back in with me and I am ready to compete again. Over the past two years I have run four marathons, and this past summer I completed five triathlons. I am now training for the Phoenix Marathon and hope to make the USA Triathlon Team that goes to worlds. Triathlons are a good way to discover your own inner strength and interests. My other passion is working with children and making them water-safe—they call me “Miss Mermaid.” I can understand their fear and I'm grateful to help them address the issue. I've even started taking writing classes at Bellevue Community College and have begun a children's book about fear and swimming. I feel so grateful to the Res for my new life and the chance to return to athletic competition. I feel strong again thanks to the women I have met and the skills I have learned!



Nancy competing!

News from Residence XII

Third Annual Residence XII Luncheon “Celebrate the Power of Recovery™”

The brand new ballroom at the Hyatt Regency Bellevue was the site of the Third Annual Residence XII Luncheon in September, 2009. Fifty Table Captains hosted a total of 500 guests while Roberta Romero, KING 5 Television news reporter and Residence XII alumna was Emcee. Guests were riveted by our client speaker, Stacy, who shared her personal story of addiction and recovery. A reporter from a local newspaper who was a guest at the Luncheon featured Stacy’s story in an article about Residence XII in the Kirkland Reporter newspaper. The story was later picked up by several other Eastside Reporter papers, where it continued to have a positive impact on the community by putting a face on the disease of addiction and helping remove the stigma of addiction. Residence XII owes a special debt of gratitude to Stacy for her courage and commitment to helping other women who suffer from this disease.



**Margie Clemente, Honorary Luncheon Chair,
with Rachel Knight (Board Member)
and Art Clemente**

The Univar Foundation and Safeway Corporation created a large challenge grant to kick off the event. We also want to thank our other sponsors who generously supported the luncheon: Media Services, Inc.; Banner Bank; Buffalo Design; Degginger McIntosh and Associates; Evergreen Healthcare; Judith A. Harding, CPA; and Vine Dahlen. The revenue raised at the luncheon totaled more than \$180,000. We also want to thank Red Jet Films for creating a moving video featuring three of Residence XII’s past alumnae. Their stories, combined with those shared by others that day, presented the mission of Residence XII in a vivid testimonial to the power of recovery. This video can now be found on the Residence XII website www.residencexii.org.

The Holidays at Residence XII

The 2009 Candlelight Meeting at the North Kirkland Community Center was a wonderful success. The room was filled to capacity with 250 women in recovery—during the Sobriety Countdown we learned that there were over 850 years of sobriety in the room. We want to thank our wonderful speakers Val R, Shelli H, and Jane L, as well as the alumnae and staff for their skits. Marna graced us with several songs and Eric once again provided wonderful holiday treats.

We also want to thank those alumnae who generously contributed items for each patient’s holiday gift bag—the bags were overflowing this year with everything from cookbooks to journals to socks, gloves and more. The “house” was quite full over the holiday and the women truly enjoyed a special day. Our thanks to Christine C, Billie H, Stacy S, Michelle U, Cathryn C, Camille S, and Karla O, as well as all those alumnae who purchased raffle tickets at the Candlelight Meeting.

Alumnae News

Date change: due to a change in ownership at the lodge we had planned to use for the spring retreat, we moved the retreat dates to Friday, Saturday and Sunday July 30, 31 and August 1 at Rainbow Lodge in North Bend. This is a beautiful facility located in the Cascades; we are in the midst of planning our program and will have more details out shortly.

Our fall 2009 retreat was held at the Residence Inn in Kirkland and almost 30 women attended. Speakers included Terry Brown, a Financial Consultant who spoke about Managing Money in Recovery, and Susan Valentine, LICSW NCAC, who led a meditation workshop. Three women also led a group/panel discussion about how to get the most out of working with a sponsor—our thanks to Lois C, Stacy S, and Jacque W. for sharing their perspectives.

Coming Soon: E-newsletter!

Visit www.residencexii.org/subscribe.html to sign up to receive our new email version of this newsletter.

If you’d like to no longer receive a print version of this newsletter, call us at 425-823-8844.

Keep Coming Back to The Res for More Outpatient—It Works!

I have the best job ever. I get to work with women at all levels of outpatient care here at Residence XII. Women completing the Intensive Outpatient Program often have questions about our other treatment programs including:

“Why should I do Continuing Care?”

Research has shown that people who remain involved with a treatment program for a longer duration of time have better success than those who only take part in short periods of treatment.

“Why does Continuing Care go on for so long?”

Many challenges and transitions occur in early recovery. Some women have lost their jobs due to their addiction. Obviously looking for work is extremely stressful and treatment is one more support that can assist a woman in staying sober during that time. Other women are struggling to save their marriage during the first year of recovery, or may even be facing a painful divorce. Going to group through this process can help a woman deal with her emotions, fears and concerns, and help her remain focused on her sobriety.

Most women are working very hard during the first year of recovery to heal family relationships that were damaged during their active addiction. When women come to group they realize others are facing similar issues and can share their thoughts and concerns. Women also report that it is very useful to be in Continuing Care as they experience the many “firsts” during their recovery, like first sober holidays, sober birthdays, first time sober at children’s recitals or other events, or during anniversaries of sad or tragic events. It is also true that many women experience the consequences of their addiction on a delayed basis. For example, a woman may be clean and sober for a while before formal legal charges catch up to her, or a health issue may have been masked by alcohol or drug use and now needs to be addressed in early recovery.

In Inpatient and Intensive Outpatient Treatment women learn recovery skills and do a great deal of self-exploration through assignments and group discussions. In Continuing Care women receive the structured support they need to integrate what they’ve learned and apply it to the challenges of daily life. That is something that cannot be completed in just a three to five week inpatient stay or even an eight week sequence of outpatient treatment.

“Why shouldn’t I just go to AA after completing Intensive Outpatient Treatment?”

We expect that you will continue your 12-Step program involvement. As I often tell people, “That’s what put the twelve in Residence XII.” Thankfully, 12-step support will be available to you for the rest of your life and we definitely want you to find your place in the fellowship. That being said, there are important

differences between group therapy at Residence XII and a 12-step meeting. Your highest likelihood of success will come from taking part in both. Continuing Care groups at Residence XII are professionally facilitated and allow you to have the support you need to keep improving your use of the recovery tools you have already learned. Additionally, at a 12-step meeting you cannot get feedback from other women who have gone to Residence XII. There are good reasons that self-help groups like AA do not allow for “cross talk” but to have the chance to get direct feedback

from your peers and counselor can be invaluable in early recovery. The benefits of Continuing Care revolve around having a weekly touch point with Residence XII for an ongoing period of time. And I perceive it is so worth it. Why cheat yourself out of an opportunity to sit with your Res sisters and get that special women-specific support? We keep practicing the assertion script, calling out The Addict™ and summoning The Wise Woman™. Don’t miss it!



**Deb Dettman,
Continuing Care Counselor**



Residence XIISM

alcohol & chemical dependency treatment for women

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Upcoming Residence XII Events

Women's AA Meeting "Sober Gals"

Tuesday Evenings from 7:00-8:30 pm in the Oak Room

LBTQ Women's Group Sessions

Tuesday Evenings from 5:30-7:00 pm in the Oak Room

Contact Deb Dettman at ddettmen@residencexii.org to register for this outpatient group or call 425-823-8844 and ask for Deb

Monday Intervention Information at Residence XII

January 25 and February 22, 2010

6:30-8:30 in the Conference Room

How to help someone face the disease of addiction

RSVP to Beth or Amber at 425-823-8844

Monthly Alumnae Potluck

Third Friday of the Month, January 15, February 19 and March 19

6:00-8:00 pm in the Oak Room

Contact michelleummel@yahoo.com or

Beth Sand at 425-823-8844 for more information

Alumnae Retreat

Friday–Sunday July 30, 31, and August 1, 2010

Rainbow Lodge in North Bend

Contact Pat Dye at 425-823-8844 or

pdye@residencexii.org for more information

Community Tours of Residence XII

Special tours are available upon request for groups or individuals. Learn about addiction treatment and the programs offered at Residence XII while touring our facility from a patient's perspective.

Contact Pat Dye at 425-823-8844. Prospective patients please contact Assessments and Referrals at the same number.

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