



The Recovery Model is best delivered by recovering people. There is over 250 years of proven credible scientific based evidence. **The Recovery Model is evidence based, best practice, best results system of care.**

Why do we keep putting bureaucrats in charge of a system they know little of? The system as we know it today mandated by the government enables entities to provide services for which they are not qualified to do, have not received practical education about, nor have experience with.

Under estimating the power of the Recovery Model leaves upward of 6 billion dollars a year on the “table of waste.” Much of that is tax payer’s monies and is to be allocated and disbursed by you the policy makers. There is a great need to exercise prudence. Please make better decisions and utilize the **Authentic Autonomous Recovery Community Organizations.**



www.mcshin.org

John Shinholser, President
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Call To Action

Join The Recovery

Caucus



All Parties Welcome!

**Alcoholism and addiction
do not discriminate.**

On The Cover:

Sheriff Michael Wade of Henrico County is accepting the 2010 McShin Foundation Distinguished Service Award.

This award was presented by McShin President, John Shinholser. He was accompanied by: Henrico Jail Chaplain Al Lynch, Henrico County Commonwealth Attorney Wade Kizer, 55th District Delegate John Cox, 74th District Delegate Joe Morrissey, McShin Co-Founder Carol McDaid, Emcee McKenzie Payne, 64th District Delegate Betsy Carr, and 72nd District Delegate Jimmie Massie.

“The crowd of about 7,000 enjoyed idyllic weather, musical performances throughout the day and heaps of pork from the [Kansas City Barbeque Society](#) state championship cook-off”.

(Richmond Times-Dispatch 9/12/10)

The OOR recovery council will have eleven members consisting of one from each of Virginia’s congressional districts appointed by the recovery council.

The “original council” will be assembled by ARCO’s from around the state. In the event a suitable member cannot be found from a district, one may be appointed from a duplicate district. However, maximum effort should be put in finding suitable members. Council members are strictly volunteers. Assembly expense reimbursements would be appropriate.

Council members must have knowledge of the multiple pathways to recovery and have experience working with RCOs. They would have at least seven years clean and sober. Council members must also demonstrate they are working a respectable recovery program. Members will be trained as a Recovery Coach by a respected training organization.

This recovery council will appoint a *Director of the Office of Recovery for the purpose of running the OOR. The purpose of the recovery council is to grow and spread ARCO’s in Virginia and to oversee fair and equitable distribution of reimbursements for the delivery of simple RSS. The recovery council will also act as a trade organization for ARCO’s in Virginia.

*The Director of The Office of Recovery will be a paid position whose job will be to run the office and to hire an administrator as well as part time help as required. The director will be required to travel the state making sure ARCO’s are complying with the rules and directives of the recovery council. The director will also be responsible for the proliferation of ARCO’s through out Virginia. The director will also be the liaison to the Virginia Department of Behavioral Health and Developmental Services ensuring proper procedures for accessing funding streams and related issues. This budget amendment in not meant to replace any existing system of care. It will however, greatly reduce existing systems over-burdened usage. This will allow a much more efficient utilization of existing funds. These budget amendments will also slow the need for increased funds to existing systems. These funds are not meant to create a new system but are meant to reward those existing ARCO’s already doing the “lions share” of work without reimbursement. No one ARCO can receive more than 50% of their existing annual budget. No one ARCO can exceed \$500,000.00 (half million dollars) per fiscal year. ARCO’s may have additional operations in other cities and towns which will be eligible for reimbursements.

A budget amendment of 5.5 million dollars per year is requested.

Proposed Budget Amendments:

Evidence has clearly been displayed to show beyond a shadow of a doubt that the evolving **Autonomous Recovery Community Organizations (ARCO)** are very clearly delivering the vast majority of **Recovery Support Services (RSS)** to the citizens within the state of Virginia.

Very few of these RSS are being reimbursed by local, state and federal funders. A practical menu of reimbursements for the delivery of simple RSS by ARCO's on a limited yet practical menu for same will eliminate the wait time for consumers accessing costly Community Service Boards and Behavioral Health Boards (CSB's and BHA's).

The current wait time as reported by the **Office of the Inspector General** for consumers to access substance abuse services is between six and sixty-five days. The services provided in many cases are basically useless and very costly. Some CSB's do not even provide substance abuse services as reported by **JLRC**.

ARCO's that have been established in Virginia for a minimum of three years as a 501 (c)(3) public charity and are approved by the ***Office of Recovery**, would have precedence in accessing reimbursements. Some existing eligible organizations would include Boaz and Ruth, The Healing Place, The McShin Foundation, Occupational Enterprise Incorporated, Edge Hill Recovery Center, HIS Ministries and S.O.B.E.R. House. CSB's, BHA's and other government funded RCO's would not have priority for this funding.

A simple "Menu Board" for reimbursements of RSS provided by ARCO's would be as such yet not limited to:

Recovery Housing: \$22.00 per day per person.

Recovering Coaching: \$38.00 per hour to the ARCO.

Recover Community Center: \$12.00 per square foot per year.

Recovery Transportation: \$36,000.00 per year per RCC.

Recovery Medication Assisted Detox: \$500.00 per client.

Office of Recovery: \$265,000 per year for office.*

***Office of Recovery:** This office will be encompassed in the Mental Health Services Office of the Virginia Department of Behavioral Health and Developmental Services. The Office of Recovery (OOR) will function autonomously from traditional operated state offices. The primary role of the Mental Health Services is one of fiduciary interest and purpose. The OOR will operate under a recovery council consisting of long time recovering citizens (recovering from substance use disorders) who are not associated with government agencies and would not be considered "agency bureaucrats".

Please Join Call to Action!

We Need Your Support and Commitment:

Occupational Enterprises Incorporated (O.E.I.), The Healing Place, Rubicon Alumni Association and The McShin Foundation are leading the State of Virginia in the life saving, (family healing), Tax Saving Autonomous Recovery Model Initiative. We hope you will join us in this caucus.

We promise to provide the most cost effective services producing the absolute best results far greater than any current system of state funded care.

- Over 700,000 Virginians need the Recovery Model services.
- Over 70,000 reentry consumers will need this in the next 3 years.
- Over 3,000,000 Virginians have family members needing Recovery Model services one or more times a year.
- The Recovery Model when fully implemented will save tax payers over a billion dollars a year.
- The current system of care is ineffective and in fact is broken.
- If the current system of care could do better it already would have.
- The Recovery Model once implemented will by far offset any additional consumer impact that privatization of distilled spirits will have on Virginia.
- The Recovery Model will eliminate the wait time for substance abuse services.
- The Recovery Model will allow current providers to maximize their funding.
- The Recovery Model will eliminate the need for any increases in funding for existing systems of care that deliver substance abuse services across the board.

Call for Caucus

Support for Recovery Oriented Systems of Care (ROSC)

The SJR 73 Work Group of the Joint Subcommittee Studying Strategies and models for Prevention and treatment of Substance Abuse has recommended allocation of funding for development and implementation of a ROSC in the Commonwealth.

Background – A priority for the U. S. Department of Health and Human Services is the fostering of the establishment of recovery oriented systems of care in every state. Research shows that this integrated and collaborative care optimizes recovery outcomes and improves cost effectiveness. To further these efforts, the Federal government has established grants to fund states' efforts to recreate ROSC systems. To date, 20 states including Arizona, Connecticut and North Carolina, lead the way in support of these person-centered peer support systems that use family strength, personal belief systems, community resources, and ongoing monitoring to promote stability in recovery and prevent relapse. These systems of care are culturally responsive, research based, and results driven. Virginia's Joint Subcommittee has now recommended that the Commonwealth follow this example to leverage resources within its communities as it seeks to address the epidemic of substance abuse plaguing employers, families, and neighborhoods.

- According to the Office of the Inspector General, the current wait time for consumers to access substance abuse services (if available) is between 6 and 65 days – totally unacceptable since substance abuse services are only effective on a “NOW” basis.
- Currently seven support systems are successfully serving as Autonomous Recovery Community Organizations (ARCO) and could provide the foundation for the peer support portion of ROSC in Virginia. They are 501c3 organizations with established track records of performance and accountability.
- These groups are not receiving local or state funds. They generally operate hand-to-mouth so that by necessity the number of individuals they can serve is severely limited.
- Support by caucus is sought for the Joint Subcommittee's recommendation that the General Assembly allocates funding for a reimbursement process to enable these ARCOs to operate and expand existing peer recovery services.
- Support by caucus is also sought for existing ARCOs to develop local Recovery Councils (patterned after the Governor's Virginia Community Reentry Initiative Local Reentry Councils). These Councils would assemble community partners, create networks for the ROSC, and work as a committee of the whole to design and direct an Office of Recovery for the Commonwealth. This Office would coordinate the work of the local Councils, oversee the reimbursement funding process and work in concert with the Virginia Department of Behavioral Health and Developmental Services.

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- **700,000 Virginians meet the criteria for Substance Use Disorder treatment.**
 - **80% plus of all consumers in the criminal justice system have Substance Use Disorders.**
 - **Recovery Community Organizations (RCO) provide well over half of all substance abuse services in Virginia.**
 - **RCO's receive less than 1% of all funding in Virginia.**
 - **RCO's produce significantly more successful results than traditional providers of substance abuse services in Virginia.**