

**Testimony of Robert N. Dellavella, CEO**  
**Self Help Movement, Inc.**  
**Residential Substance Use/Abuse Treatment Program**  
**House Resolution No. 590**

Self Help Movement, Inc. was established in 1967 to address the needs of men involved in the criminal justice system during a time when access to substance use treatment was not easily achieved for this population. Since that time, we have grown into an organization that serves all adult men, regardless of legal involvement, who are seeking help in addressing their substance use disorders. Our men come from all walks of life, all socio-economic backgrounds, all denominations of faith, and all cultures. We have witnessed men struggle and give up. We have witnessed men struggle, persevere, and remain sober. We have witnessed families devastated, and families reunited and healed. But, amidst the entire struggle, the most distressing outcome we have witnessed is the man who is not afforded the opportunity to fight for his life in a safe, therapeutic environment due to insufficient funding and insurance denials for treatment services, either at the start or during some period of his recovery journey. These are the men (and women) for whom I am speaking today.

It is recognized that addiction is a chronic disease. And, like other chronic diseases, its course is not necessarily predictable, and it may take more than "one course of treatment" to remedy the symptoms, underlying problems, and life-long issues that will likely arise over time. And, even in cases where the disease of addiction is treated successfully (i.e., no relapse/recurrence of use over prolonged period of time), the underlying or correlated problems (trauma, abuse, legal, financial, educational, employment, comorbid medical and mental health

diagnoses), left untreated, remain a constant threat to the person's long term prognosis and overall well-being. Consequently, we can also expect that the well-being of his family, workplace, and social community will suffer indirectly as a result of untreated or insufficiently treated substance use disorder. Most professionals will agree on this point. However, the system we currently have in place does not support this holistic and long-term treatment necessity. We urge you to recognize the need.

We can speak of the opiate epidemic, or the alcohol-related fatalities, or the re-emergence of methamphetamine laboratories in our suburbs. We can talk about cannabis as a "gateway" drug, and the number of "head shops" on South Street and on the sidewalks of New Hope. We can highlight the financial burden each county endures every time a desperate substance addicted person holds up a liquor store, robs a bank, carjacks a mother with her infant in the back seat, or drops out of high school. We can focus on the number of incarcerated drug dealers, the recidivism rates of chronic substance users, and the number of children wounded or murdered in Philadelphia by random, drug-related, gunfire on the streets.

Rather than focusing on those things, I challenge you to do something different today. Instead, why don't we focus on the number of people who are trying to get help? Let's consider the number of persons each day who reach out to the self-help (12 Step Fellowships) and the professional treatment community for assistance in their recovery efforts - efforts aimed at staying alive, healing and building families and communities, and paying it forward by helping those who are still suffering. Let's focus on those people who are sincere in their efforts, yet are met with obstacles to obtaining the prescribed course of treatment because they are "not sick enough" or are "chronically in need

of treatment” and therefore no longer qualify for treatment or, more distressing, must accept a “last resort” treatment that, in many cases, is a worse option than continuing in their active addiction.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Behavioral Health Statistics and Quality, the results from the 2013 National Survey on Drug Use and Health estimate that over 4.1 million persons aged 12 or older (1.5 percent of the population) received treatment (including 12 Step Fellowship, outpatient, inpatient/residential, and hospital services), for a problem related to the use of alcohol or illicit drugs. However, it is estimated in that same year that approximately 21.6 million persons reported substance dependence or abuse. What is happening to the approximately 17 million persons who are not receiving treatment? Of course, a percentage is just not seeking help. This is a reality, but not a majority.

Each day we witness first-hand what is happening to the remaining 17 million. Each day we, the providers, witness treatment authorization denials due to: lack of funding, repeat presentation for service (what is the cutoff number for “we can’t help you with managing your chronic disease anymore?”), and arbitrary decisions regarding “severity of abuse” (well, he’s not putting a needle in his arm; or, it’s only marijuana or only alcohol, not an opiate, or she’s not yet using every day). In many cases, we are faced with the dilemma of turning a suffering person away or taking them into treatment without funding to support the intervention.

In addition to the numbers not receiving treatment, there is also the population within the 4.1 million who are only receiving minimum

service. Their treatment episodes are being cut short for the reasons listed above. Concepts like “refresher periods” (about 14 days of treatment) are being used by funding sources for those persons who have had previous treatment intervention. We, the professionals providing the services, are unaware of any scientifically validated “refresher” period. In fact, recurring substance use disorder progressively worsens over time and requires more intensive, not less, treatment. Each relapse seems to be a worsening of symptoms and devastation. Addiction is a progressive disease.

What needs to be done?

**First**, the financial resources need to be made available to support the hundreds of thousands of Philadelphia County residents who are in desperate need of these life-saving treatment resources and, “number of times in treatment” must not be a deciding factor for treatment authorization. Doing so not only ensures service to the person seeking recovery, but, when successful in his efforts, also supports mending broken families, building healthy communities, enhancing workplace performance, and reducing the criminal recidivism rate.

**Second**, longer-term treatment episodes need to be supported so that each person’s individual needs and treatment goals can be met within a realistic and ethically responsible time period. A continuum of care is established within our county, but the time-frame for progress is unrealistic. It is recommended that our past be a lesson for the future. A century ago, we thought alcoholism was an untreatable disease. Persons were institutionalized and in many cases underwent horrific medical

procedures in attempt to be “cured”. Fortunately, we learned over time that therapeutic interventions geared toward cognitive change **over prolonged time** and building community recovery support networks proved most effective. Let us not repeat our past mistakes.

**Third**, persons seeking recovery should have a voice in treatment options and course, similar to persons diagnosed with cancers, diabetes, and hypertension. A menu of options exists, and it is the person and their trusted medical professional who agree on the most appropriate course of treatment. Self-determination is a pillar of good mental health and removing this choice from persons suffering from chronic substance use disorder disease is unconscionable, yet we witness this regularly. Every person should have the option to do just that if he is agreeable to the course of treatment that is best for him or her.

We are hopeful that the needs of our men and women suffering from the disease of addiction will be heard today through our voices. As one program graduate so eloquently stated during his appeal for coverage previously denied:

*“I need to save my life. I can’t do this alone. I want to be free. I want recovery, I need to be safe, and I need to be here. I’m an addict. I need treatment.”*

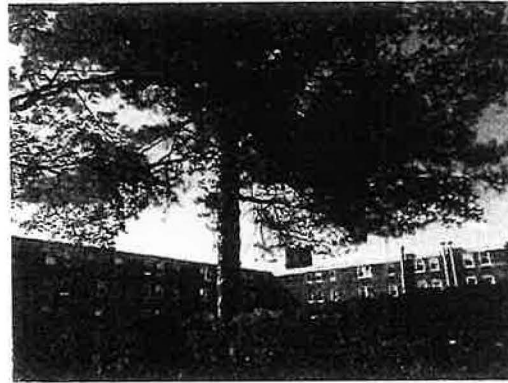
This gentleman fought for his life. He was “scholarshipped” into our program until his appeal was heard and eventually the denial for treatment services was overturned. This, unfortunately, is not an unusual case. **No one should have to beg to receive the life-saving services so readily awaiting them.**

## Our Mission

An intense commitment to the recovering person's overall well being is the center of our mission at Self Help Movement.

Not only do we treat the substance related addictions of our men in a drug-free environment, we provide individualized and flexible treatment programs geared toward each person's individual needs. We actively involve each person in an evolving treatment of care. This is done by providing the potential and ability to move forward and progress, while becoming productive and giving members of our society.

Our hope is for the men of Self Help Movement to learn to appreciate and share in the gift of recovery and life that each of us has been so freely given.



## Our Vision

The Eagle represents our journey from addiction to sobriety. Our flight may be interrupted by setbacks and failings, but the journey must continue, and we must strive to soar high and far. Our vision at Self Help is to continue to provide the necessary tools for that journey. Some of the tools provided that will sustain our flight are done so through individual and group counseling, encouraging spirituality, providing educational and employment opportunity services, and life skills training.



Phone: 215-677-7778

Email: [shm@selfhelpmovement.org](mailto:shm@selfhelpmovement.org)

## The Journey Begins Here



Robert N. Dellavella, J.D.  
CEO



*Multi-Level Care  
Non-Hospital, Drug Free  
Residential Treatment  
Community*

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2600 Southampton Road  
Philadelphia, PA 19116



Self Help Movement is an alcohol and other drugs residential treatment program committed to providing services to men who have a desire to stop using addictive substances. In addition to addressing the substance abuse concerns of the person, the staff at Self Help also address the individual's medical and emotional health needs. Others areas that are addressed include employment, education, family relationships, and housing concerns.

There are three levels of residential treatment: Inpatient (3B/3C) and Halfway House (2BLOC). We also offer a non-treatment, sober living Transitional Living Facility for men.

All of our program options are discussed during the initial interview and intake process.

To inquire about admission to Self Help Movement, please contact the Intake Department:

215-677-7778, ext 110, 113, 117, or 149  
Daytime Fax: 215-677-0428  
Evening Fax: 267-344-8394  
[cbenjamin@selfhelpmovement.org](mailto:cbenjamin@selfhelpmovement.org)

We do accept referrals and offer a 24/7 pick-up service



To support each person's recovery efforts, Self Help Movement offers the following:

Sports/Recreation Areas

GED and Computer Lab

Library

TV lounge

Chapel

Gym

Fulfillment Factory

Family Visiting Areas

Meditation Room and Gardens



We also offer access to recovery services including medical and psychiatric evaluations, Case Management, GED preparation and testing, anger management curriculum, and therapeutic recreation.

