

The Newsletter of the  
National Association of Addiction  
Treatment Providers

# addictionLEADER

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**THE 40TH ANNIVERSARY OF  
THE NATIONAL ASSOCIATION!**



**NATIONAL ASSOCIATION**  
OF  
**ADDICTION TREATMENT PROVIDERS**

Voice. Vision. Leadership.

# addictionLEADER

The newsletter of the National Association of Addiction Treatment Providers (NAATP).

NAATP is a professional membership society of addiction service providers and supporters.



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**NAATP**

## MISSION

To provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment.

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**BY MARVIN VENTRELL**  
NAATP Executive Director

# REFLECTIONS AT 40

Association anniversaries present opportunity to reflect on our past and to plan for our future. The National Association turned 40 this year. Four decades of work in service to the addiction treatment provider have seen a lot of work and trends involving good years, not so good years, growth, retrenchment, more growth, improved knowledge and clinical practice, exemplary service, and some pretty shady characters. Our treatment provider veterans recall working in the shadows of health care before addiction was public. We have seen the development and implementation of the Minnesota Model and treatment expansion. We have benefited from the courage and wisdom of people like Senator Harold Hughes and First Lady Betty Ford. We experienced the advent of managed care where the field shifted dramatically. Throughout this time, NAATP's growth has very much mirrored and influenced our field's evolution. ▶

Today, as NAATP recognizes its 40th year of operation, there is, sadly, a palpable condition of unease within the profession. It dominates our work environment and our mood. As addiction treatment has become a Growth Industry, much of that growth has been problematic. The perceived potential for big profits in our work has once again attracted unscrupulous participants more intent on profit than patient care. Veterans at NAATP believe that this current misconduct is even more prevalent and more harmful than similar trends of the past.

The unprofessional and unethical business practices among this faction of the field, particularly as to deceptive marketing schemes and billing fraud, harms the consumer, the good provider, and the payer. We are working diligently to address these issues at NAATP, through the Quality Assurance Initiative (QAI), the new Ethics Code, and our Public Policy Advocacy. We have taken steps to distinguish NAATP members as providers who adhere to the highest standards of care and conduct. This year we announced that a number of providers no longer qualify for NAATP membership. As a result, we have removed over 70 facilities from our membership and forfeited in excess \$100,000 in annual dues revenue.

These are necessary steps toward ensuring our association's credibility and value for our members. We know that we devalue ourselves as a professional society if we tolerate unethical practitioners within our association. This work will continue but it is not the whole picture.

While we address the problems, it is important that we also acknowledge the remarkable progress we have made as an addiction treatment field and celebrate that progress. It is necessary to do so, in large part, so that we have accurate context for moving forward. The current mood caused by these unethical practices and the panic of the opioid crisis that has attracted negative influences are not the full and accurate picture of addiction treatment, and they should not define us or dictate our field's direction. We need, rather, to move forward from here influenced by a balanced historical perspective as to both business and clinical practice.

There is a good deal to celebrate about the current addiction practice environment. Addiction (Substance Use Disorder) is now recognized as a health care disease encompassing biological, psychological, social, and spiritual components, in medicine, psychology, law, business, and society at large. This is no small matter. We won this battle.



# VOICE VISION LEADERSHIP

## **THE FIELD OF MEDICINE RECOGNIZES THE DISEASE OF ADDICTION AS FOLLOWS:**

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Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death (*American Society of Addiction Medicine, 2011*).

Additionally, with disease designation comes treatment validation. From Alcoholics Anonymous, to the early days of The Minnesota Model, to our current best practices of an Integrated Continuum of Care, we understand addiction better and have more effective tools to treat it than ever before. We are effective! NAATP members save patients' lives every day and set patients and families on a lifelong path of recovery and fulfillment of human potential. ▶



People recover from addiction. This disease is treatable, and we know how to treat it. Approximately 23 million Americans identify themselves as persons in recovery. That is a victory to celebrate, too. And we know what recovery looks like. Our government, through the Substance Abuse and Mental Health Services Administration (SAMHSA) has validated recovery through the following definition.

**Recovery is...**

...a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

... Four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

This is a good statement and it corroborates our understanding that this disease has biological, psychological, social, and even spiritual dimensions that are broken in addiction but are healed in recovery. Our treatment field veterans worked long and hard to achieve disease recognition and treatment validation, and we should pause to acknowledge that these give us a strong foundation from which to work.

Of course, we know there is a serious treatment gap. Neither our public nor private health care systems adequately address the needs of over 20 million addiction sufferers (please see the following article in this publication regarding the treatment gap and locating care). The good news here is that historic efforts are underway to improve the condition. We have the attention of Congress to a greater degree than ever, and we have become an influential voice in the creation of addiction health care modalities and funding. Parity is now federal law through The Mental Health Parity and Addiction Equity Act (MHPAEA), and, although far from fully realized, progress is being made. Addiction as an essential healthcare benefit is not dead and our constituency will continue to insist on it.



Our current environment, in addition to and related to the business climate, is heavily influenced by the opioid crisis. Much of the national attention to addiction is a result of awareness created by news of the devastation caused by this particular class of drugs. It is horrible indeed, with 100 people dying in our country each day. While the harm caused by opioid addiction is still far less than the biggest culprit, alcohol, opioids kill fast, and we must pay particular attention to the needs of this population. Medication Assisted Treatment (MAT) has proved to be a particularly effective tool for this population, and we are grateful for this particular advancement.

Again, even here, it is important to stay balanced and thoughtful. Just as our difficulties do not define us, neither do singular advancements. We need to work carefully with our treatment tools. Frequently lost in our discussion of our pharmacological advances and in the messaging of our country's addiction crisis is the essential message that our goal is not merely stabilization of the patient, stopping the bleeding, but rather moving the patient to a life of human potential, a life in recovery. To put it bluntly, we want more for our patients than "not dead." Of course, the life-saving practice of MAT is essential, and of course that is our first therapeutic intervention in some cases, but it should not be seen as an exclusive treatment. A singular focus on a single population and a single treatment modality is misguided for charting our future course. Such an approach contradicts the reality that addiction is chronic, not acute, and that the whole person, bio-psycho-social-spiritual, must be treated in appropriate long-term phases.

We have come far as a profession, and we find ourselves armed with great tools while faced with difficult circumstances.

Focused on producing and communicating our core belief in recovery as our ultimate goal, we will be well-guided through both our business and clinical conduct. ■



# TREATMENT PROGRAM

## DISCERNMENT AND SELECTION:

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### **Internet and Directory Deception and the NAATP Treatment Selection Guide**

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23 Million Americans suffer from addiction. An estimated 10% get the specialized care they need. Compare this to diabetes where an estimated 87% receive specialized care. Addiction is a disease and addiction treatment is a health care service. It is plain to see we have a serious health care gap between addiction treatment and need, and the need is great.

Unlike most healthcare, government funding is the primary source of payment for addiction care and that funding is woefully inadequate. Private insurance doesn't adequately close the gap. It pays about 40% of medical care generally but only about 10% of addiction care. While parity law and addiction as an essential healthcare benefit have the potential to close that gap, we are not there yet.

Accessing appropriate treatment, therefore, is a considerable challenge. We who work in the field know what appropriate treatment, for the appropriate level of care, looks like, and where to find it. However, identifying treatment that is both high quality and attainable is a serious problem for both the typical consumer and even the payer.

Locating good healthcare is never easy, but for most conditions, consumers follow a sensible path. We seek the advice of trusted professionals who work in the field. We inquire with those who have experienced the condition. We ask our primary healthcare provider for a referral. We contact our insurer to find out what services are covered.

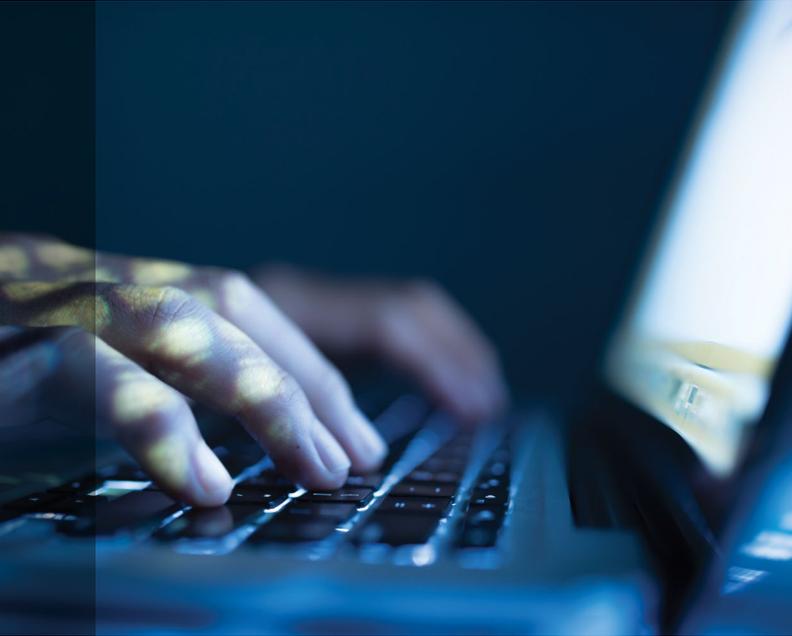
Consumers searching for addiction care frequently do not follow this path and are prone to falling into a web of marketing deception. Rather than focusing on appropriate health care criteria, the consumer can be lured toward flashy amenities, false promises, and economic bargains. These are not sensible healthcare selection criteria. It is alarming to think that a lifesaving healthcare selection would be influenced by luxury accommodations and whether the facility has a pool or is near the beach.

Addiction treatment is confusing and misunderstood to the consumer. We even have a confusing name for it: rehab. (The term rehab is both inaccurate and minimizes the gravity of the disease. It is time we stopped using it.) Further, the consumer or the consumer's loved ones are typically operating in crisis and are vulnerable to deception.

So, the consumer turns to the internet. The landscape for finding treatment is dominated by the internet, which is dominated by Google, which is itself a function of marketing and the aggregation of consumer identity and behavior. The system is not built to help the consumer find the best care. It is built to help the advertiser direct the consumer.

The internet is frequently the source of manipulation and deception conducted by a minority of treatment providers and treatment brokers. Google AdWords can be dominated by unscrupulous marketers. Numerous other predatory web practices are designed to deceive the consumer. The AdWords game became so dangerous to the consumer that Google agreed to suspend that source of considerable income for the time being. NAATP is currently working with Google to develop a plan to reintroduce AdWords, accompanied by certain safeguards against deceptive practices. ▶





Online treatment directories to the rescue! Not so fast. Such private directories can be of limited value to the consumer and can be misleading. They may be merely disguised advertising tools for one or more treatment centers or treatment brokers. Despite listing many other programs, frequently without permission, and presenting as independent resources, they still direct the consumer to call a specific 800 number where “caring professionals” are available. These directories are not, as some have suggested, analogous to the phonebook yellow pages, nor are they the Yelp of treatment. The buying and selling of patient leads can also be facilitated by online directories (remember, this is an identity aggregation system), a practice prohibited by the NAATP Code of Ethics. Additionally, the consumer must beware of so called treatment program rankings. Such rankings are not a recognized practice in the field.

The consumer may also find itself visiting a website that purports to be a treatment educational resource but is, itself, designed to aggregate identities and market certain treatment programs to them. Some such sites can be operated by a single program while not clearly branded with the program’s identity.

The government, through the Substance Abuse and Mental Health Services Administration (SAMHSA), has produced an online repository of mental health and addiction services. It is a large repository that contains approximately 13,000 addiction treatment service entities. It is an important and useful repository of information, particularly for professionals working in the field, researchers, and policy-makers. In its depth and selection criteria, it may not be the most useful tool for the consumer to narrow and select care.

Good consumerism requires discernment based on objective criteria. To aid the consumer and payer in this process, NAATP has produced a guide to treatment program selection. We encourage the consumer and the professional to read and use this guide in the process of selecting addiction treatment. We further encourage treatment providers themselves to review this guide and ask themselves whether they meet the conditions set forth.



## **THE NAATP TREATMENT SELECTION GUIDE IS PREMISED ON FOUR BASIC PRINCIPLES:**

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**1. Addiction treatment is health care and must be chosen as such**

Do not be swayed by the photography and marketing of luxury amenities rather than necessary core health care service.

**2. There are knowable indicia of quality in addiction treatment**

Indicia include descriptions of evidence-based practices, professionally credentialed staff, and accreditation. A visit and tour of the facility will reveal much.

**3. Transparency of treatment center information is essential**

The deeper you look, the more useful information you should find including location, years of operations, outcomes data (but not "guarantees"), depth of clinical information, inquiries into consumer medical history, and in-network insurance information.

**4. A treatment program should pledge compliance and accountability to a code of ethics**

Has the program adopted the NAATP Code of Ethics or similar comprehensive criteria to which it holds itself accountable, including an accountability system.

There is no silver bullet or simple answer to the problem of deceptive online treatment marketing. NAATP prohibits these practices by our members, and we are dedicated to protecting the consumer and identifying reliable practices. The Selection Guide and the Code of Ethics are contributions to this process. More tools to promote quality are forthcoming through the NAATP Quality Assurance Initiative (The QAI).

The National Association of Addiction Treatment Providers has served as our country's addiction treatment professional membership society for 40 years. NAATP members come together as a collaborative body of treatment professionals dedicated to promoting the availability and highest quality of addiction treatment. Membership in NAATP is not selfish. It is collaborative.

Membership in NAATP requires demonstrated licensing for all services provided at all treatment locations. NAATP members pledge to comply with the NAATP Code of Ethics and further agree that failure to do so warrants expulsion from the association. NAATP members dedicate themselves to best practices and open themselves to public scrutiny through a consumer and professionals complaint process.

Membership in NAATP means something. NAATP members have made a commitment to be part of the solution by holding themselves to a higher standard. All NAATP treatment provider members are listed in the NAATP Addiction Industry Directory – the AID. NAATP member listings provide comprehensive and transparent listings of the treatment center, including indication of center accreditation and listing of key personnel. The AID is searchable by name, location, and type of clinical services offered.

We make no referrals. We have no favorites. There are no sponsored ads. NAATP is committed to providing a transparent and unbiased resource for the professional and the consumer. ▶

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[naatp.org/resources/addiction-industry-directory](http://naatp.org/resources/addiction-industry-directory)

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## NAATP GUIDE TO TREATMENT PROGRAM SELECTION

Choosing an appropriate treatment provider can be a daunting task, especially when already facing the many challenges associated with a Substance Use Disorder (SUD). The following information is intended to assist the consumer in this process as well as to inform the payer and policy-maker.

The NAATP approach to identifying appropriate addiction treatment is premised on four principles:

**1. Addiction treatment is health care and must be chosen as such**

Do not be swayed by the photography and marketing of luxury amenities rather than necessary core health care service.

**2. There are knowable indicia of quality in addiction treatment**

Indicia include descriptions of evidence-based practices, professionally credentialed staff, and accreditation. A visit and tour of the facility will reveal much.

**3. Transparency of treatment center information is essential**

The deeper you look, the more useful information you should find including location, years of operations, outcomes data (but not "guarantees"), depth of clinical information, inquiries into consumer medical history, and in-network insurance information.

**4. A treatment program should pledge compliance and accountability to a Code of Ethics**

Has the program adopted the NAATP Code of Ethics or similar comprehensive criteria to which it holds itself accountable, including an accountability system.

### IDENTIFICATION OF POTENTIAL TREATMENT CENTERS

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When seeking treatment for SUD, NAATP encourages potential patients and their families to approach it as they would other medical conditions. If available, a recommendation from a family doctor or other medical professional is ideal. Alternately, you can talk with your insurance company for in-network providers.

In the absence of these options, we encourage you to look at the following online sources:

- NAATP's Addiction Industry Directory which exclusively lists NAATP Members and allows you to search by many criteria including accreditation, service types and location.
- The two Major National Accrediting Organizations also offer search features for providers they accredit. These can be found on CARF International and The Joint Commission's websites.

Listing on one of these sites does not, by itself, ensure quality. We encourage you to conduct your own due diligence before choosing a provider, even if identified through a reputable resource.



**WARNING:**

**Do not rely on internet based commercial directories, generic websites, sites that offer free treatment placement by calling an 800 number (including TV ads), or websites that offer unsolicited referrals. Be wary of sites that provide "Top Ten Treatment" lists, unverifiable treatment center rankings, or present themselves as informational resources while offering to help locate treatment.**

**WHAT TO LOOK FOR**

Look for programs that are members of The National Association, that are accredited by CARF or The Joint Commission, and are state licensed for all levels of care they provide. The state licensing authority and accrediting body will have record of complaints filed against a facility and violations. Many of these resources are available online.

Look for programs that seek in-depth patient medical history to assess appropriateness of fit. This information is critical in identifying appropriate level of care or patient needs that would be better addressed at alternate facilities. Be wary of providers only interested in financial information or that do not seek in-depth medical history.

Look for a center that is "in network" with your insurance. If not, ask what expenses you will incur.

Look for programs that use evidence-based addiction treatment practices ranging from medication to 12-Step facilitation.

Look for providers that have detailed information about staff qualifications and service types. While ancillary services, spa amenities, and destination locations are attractive, evidence-based clinical services and professional, credentialed staff are far more important for successful outcomes.

More information is better. Look for facilities that have bios for their staff, including medical and clinical personnel. The website should show their actual location and provide detailed information about their patient assessment process, treatment planning, and clinical services. The harder you look, the better a program should look. Be wary of providers that offer generic answers you want to hear. Seek companies that provide comprehensive information.

Look for providers who offer detailed information about patient financial responsibility and billing practices. While free sounds good, medical services have associated patient responsibilities through deductibles and copays. Be cautious of facilities offering no out-of-pocket cost with insurance. ▶





## RED FLAGS

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Be wary of generic websites, call directories, or websites offering treatment placement. Many of these make referrals based on business relationships instead of a patient's best interest. Be wary if the person you talk with will not provide direct contact information for a facility or claims to represent a network of providers.

Be wary of providers that talk in general terms about programming or provide big concept ideas about recovery without specific information.

If a provider offers: free travel, no out-of-pocket costs, help obtaining insurance, or any other substantive gift or incentive; this is a sign of potential insurance fraud and may be an illegal inducement.

Ask about licensed housing or residences and fees associated with housing. Some treatment providers present as being residential or in-patient treatment, while offering outpatient services with unlicensed housing. If seeking sober living, ask how fees are assessed and how clinical and housing services coordinate care. Free housing may be an illegal inducement and can be a sign of an unethical operation. ■



## QUESTIONS TO ASK POTENTIAL TREATMENT CENTER:

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Are you state licensed and for what levels of care?

Are you accredited?

If so, by who?

What services have been accredited?

Are you a member of the National Association of Addiction Treatment Providers?

How long has the facility been in operation?

Do you have a medical director on staff?

Are they certified by the American Society of Addiction Medicine?

What qualifications do your clinicians have?

Are group and individual counseling sessions provided by Masters level staff?

Do clinicians have specialized training in treating SUD?

What are the facility's placement criteria?

Can the facility treat the specific needs of the patient? Are they licensed and qualified to do so? Under what conditions will a patient be discharged or referred to alternate care?

What is the facility's procedure for referring patients to other treatment providers?

Does the facility treat other medical and mental health conditions?

Is it credentialed to do so?

What evidence-based practices are used?

How often are drug screens conducted?

Does the facility follow ASAM guidelines for drug testing?

Does the facility provide family counseling?

How, and are there additional costs associated?

What types of support services are provided after treatment?

Does the provider have an alumni program?

What types of discharge planning are used?

Is the facility in-network with your insurance?

What out-of-pocket costs will be assessed?

How are these costs calculated?

## IF SEEKING A RECOVERY RESIDENCE (SOBER LIVING HOME):

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What level of oversight is provided in the home?

What are staff qualifications?

Are staff on site and awake 24-7?

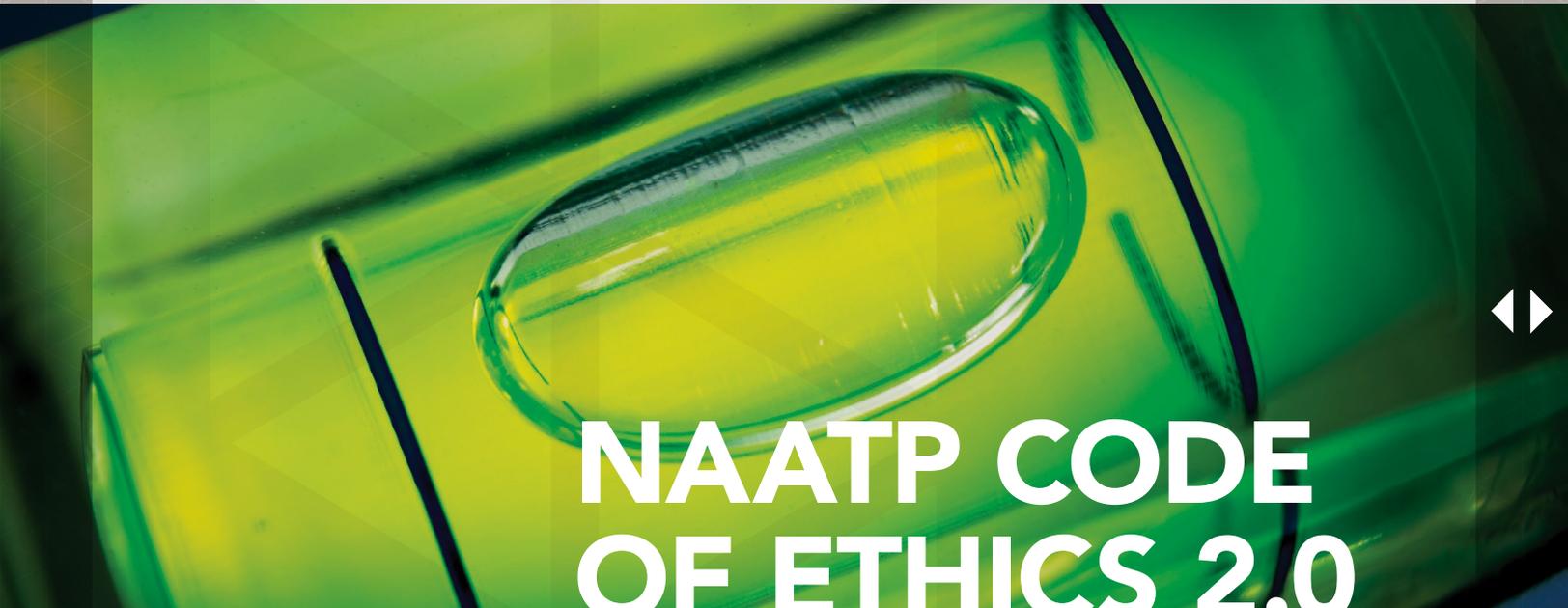
How do housing and clinical components interact?

Are licensed staff available 24-7?

How are prescribed drugs managed?

How are relapses managed?





# NAATP CODE OF ETHICS 2.0

## ESTABLISHING A CLEAR ETHICAL BASE

The National Association released its new Ethics Code on January 1, 2018. This Ethics Code 2.0 improves upon NAATP's 2012 Ethics Code by calling out and describing prohibited acts, primarily in the marketing arena, that came to plague our industry in recent years, including patient brokering, predatory web practices, call aggregation, insurance billing abuses, payment kickbacks, and service, licensing, and accreditation misrepresentation.

The importance of the Code is two-fold: **1)** It can serve as a guide for ethical practice for our field at large, and **2)** It mandates that all NAATP members adhere to its principles as a condition of membership. The Code is not an exhaustive description of best practices. It is a foundation, below which no good provider should, nor which any NAATP provider may fall.

**NAATP MEMBERS AGREE TO THE FOLLOWING STATEMENT AS A CONDITION OF MEMBERSHIP:**

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NAATP membership is a privilege. NAATP requires that all members adhere to NAATP Values, Membership Conditions, and the NAATP Code of Ethics. During the application and renewal process, members are required to attest that they have read, understand, and agree to adhere to each of these. Members must further agree that a failure to adhere, as determined by the sole discretion of NAATP, will result in disciplinary action by NAATP that may include: denial of membership application, corrective action by the member, or revocation of membership.

**THE CODE IS COMPRISED OF 5 PARTS:**

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Preamble, Treatment, Management, Facilities, and Marketing.

**THE MARKETING SECTION INCLUDES THREE PARTS:**

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Financial Rewards, Deceptive Practices, and Client Identities.

The full code appears in the coming pages. ▶



## Code of Ethics of the National Association of Addiction Treatment Providers

### PREAMBLE

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The National Association of Addiction Treatment Providers (NAATP) is a nonprofit professional membership association comprised of addiction treatment providers and entities that support addiction treatment. Founded in 1978, the mission of NAATP is to provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment.

The National Association of Addiction Treatment Providers and its members believe that Substance Use Disorder (a/k/a SUD or Addiction) is a primary and chronic disease of the brain accompanied by psychological and social conditions. Substance Use Disorder is a potentially fatal disease that negatively impacts an individual's and a family's life in the areas of physical health, mental health, employment, and legal and personal relationships. Substance Use Disorder is treatable through a comprehensive integrated system of health care that addresses an individual's biological, psychological, social, and spiritual condition.

NAATP members provide SUD treatment and support. In so doing, NAATP members must adhere to the highest levels of professionalism and ethical conduct through the entire continuum and spectrum of clinical and business services, including development and marketing, admissions, treatment services, management, human resources, and relationships with the public, press, and policy makers. To ensure that NAATP members adhere to such responsibility and accountability, NAATP has adopted this Code of Ethics (Code). All NAATP members agree to abide by all provisions of the Code as a condition of membership and further agree to removal from membership for violating the Code based upon such a determination by NAATP. NAATP also offers this Code as an ethical conduct guide for addiction treatment providers outside NAATP membership. ▶



## SECTION I: TREATMENT

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- A. Specific admission, treatment, continuing care, and referral criteria must be developed and followed for every level of service provided.
- B. Competent treatment services that address the physical, emotional, social, and spiritual needs of the patient, and where applicable, the family, must be provided.
- B. Treatment must enhance the dignity and protect the human and legal rights of the patient and family.
- D. NAATP members must engage the patient in treatment planning and decision-making throughout the continuum of care.
- E. NAATP members must be licensed for all services for which their regulatory body provides licensure and must comply with all such licensure requirements.

## SECTION II: MANAGEMENT

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- A. Organizational structure, guiding principles, mission, and services must be available and stated clearly.
- B. NAATP members must employ professional and credentialed staff, where credentialing is applicable, who subscribe to the professional and ethical standards of their disciplines.
- C. NAATP members must foster relationships with other health care providers to ensure that they are an integral part of a community's health care services system.
- D. Fee structures must be reasonable, transparent, and available to the public.
- E. NAATP members must prohibit and not engage in any way in discrimination against or harassment of any employee, applicant for employment, or patient because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status, or any other characteristic protected under applicable federal or state law.
- F. NAATP members must conduct ongoing internal evaluation of their operations as part of a commitment to ongoing improvement. ▶



### SECTION III: FACILITIES

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- A.** All applicable local, state, and federal life safety, occupational safety, health, and fire codes must be met.
- B.** NAATP members must be in compliance with all applicable provisions of the Americans with Disabilities Act and any state or local statutes, rules, ordinances, or regulations governing access to real property for persons with disabilities.
- C.** A facility's environment must honor the human dignity and rights of patients.
- D.** Facilities must be maintained and operated in a manner that enhances and integrates the local community.
- E.** NAATP members must collect reasonable fees and rent from the patient for sober living and other non-clinical or ancillary services provided alongside outpatient services.

### SECTION IV: MARKETING

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- A. Financial Rewards for Patient Referrals**
  - 1.** Patient brokering is prohibited. No financial rewards, substantive gifts, or other remuneration may be offered for patient referrals. NAATP members must not provide compensation for a patient referral. A NAATP member must not charge or receive compensation for providing a referral.
  - 2.** NAATP members may refer families or individuals to treatment or recovery support professionals, including interventionists, continuing care providers, monitoring agencies, and referral sources that offer services to patients prior to or after residential or outpatient treatment. NAATP members must not compensate such individuals or organizations in exchange for referrals, either in the form of direct payment, consulting contracts, fee splitting, or other compensation.
  - 3.** An NAATP member may not engage in the buying and selling of patient leads. Any collection or aggregation of leads for compensation is prohibited.
  - 4.** Offering inducements and non-clinical amenities to prospective patients is prohibited.
  - 5.** Routine waiver of patient financial responsibility related to deductibles and co-pays is prohibited. Waivers must not be provided except in the case of demonstrable financial hardship based on written objective criteria.



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## **B. Deceptive Advertising or Marketing Practices**

1. NAATP members must not engage in false, deceptive, or misleading statements, advertising, or marketing practices, including but not limited to, predatory web practices, payment kickbacks, services, and license and accreditation misrepresentation. Facilities operating under a "Florida model" providing outpatient clinical services along with a housing component must label clearly their program as such and distinguish themselves from licensed residential facilities.
2. NAATP members must be transparent regarding their identity and services. NAATP members must provide prominent information in all their advertising, on their websites, and in their collateral marketing materials about the type and model of services, corporate entity, treatment program brand, licensing, accreditation, location of facility or facilities, and staff credentials.
3. NAATP members must not utilize any form of false or misleading advertising, must not exploit patients and or families, and must not engage in competitive practices that are predatory or destructive to a collaborative marketplace.
4. Web directories that use facility images, name, logos, and trademarks that do not clearly identify that facility's direct phone number and website are prohibited. Banners and borders on websites that utilize a web directory's call center number, especially when conveying an appearance of being a consultant or independent specialist, are prohibited.
5. Advertising must not include representations, including unsubstantiated representations, that are false or deceptive within the meaning of the Federal Trade Commission Act.

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## **C. Exposing Clients' Identities for Marketing Purposes**

1. NAATP members must not exploit patients' dignity and rights to privacy for any purpose at any point of marketing, admissions, or care, and must adhere to patient rights, law, and regulation.
2. NAATP members must respect patients' rights to privacy. Patients' identities must not be revealed by a treatment provider, either in the form of photographic images, video images, media coverage, or in marketing testimonials, at any time during the client's engagement. Use of a patient's identity is permitted only following the completion of treatment and only with the patient's written informed consent. ■



# NAATP OUTCOMES PILOT PROGRAM

## RESEARCH FINISHES AS TEAM BEGINS TO ANALYZE DATA

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**HOLEN HIRSCH, Ph.D.**  
Senior Researcher

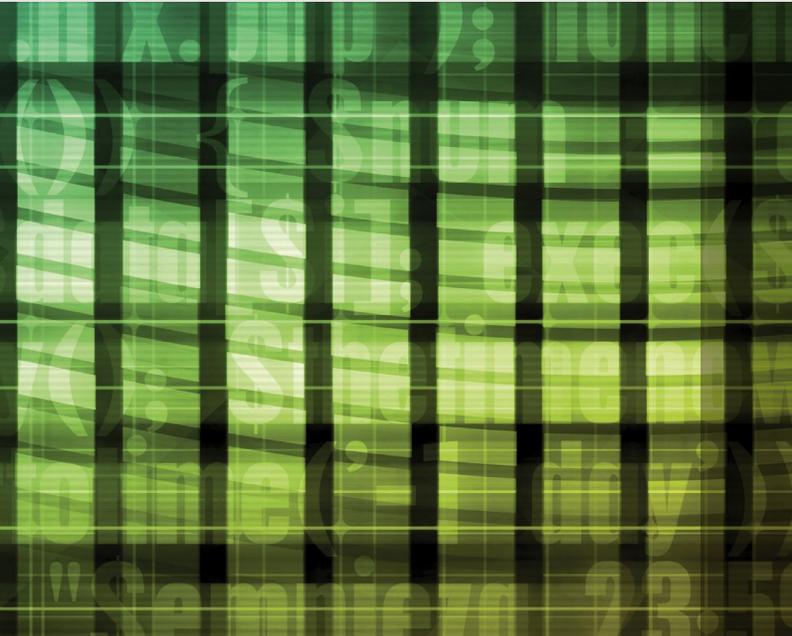
**KATIE GELMAN,**  
**DR.PH, MPH**  
Director of Research  
and Evaluation

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### WHAT IS THE OPP?

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The NAATP Outcomes Pilot Program (OPP) was borne out of NAATP's 2012 outcomes strategy sessions held to address the paucity of verifiable research for patient addiction treatment outcomes. While some work had been done on this, the work lacked the rigor and reliability necessary to demonstrate successful outcomes that social science would recognize. Alumni or marketing staff follow-up programs, while informative, do not qualify as verifiable social science.



**NAATP is grateful to our pilot sites for their service and dedication to the addiction field. They are:**

- Addiction Recovery Resources
- Ashley Addiction Treatment
- Caron Treatment Centers
- Hazelden Betty Ford Foundation
- New Directions for Women
- Seabrook
- Sundown M Ranch
- Tully Hill Chemical Dependency Treatment Center

NAATP, therefore, undertook the project to meet this unmet need. In Fall 2015, Jessica Swan was hired as the Outcomes Manager for The National Association to complete a feasibility study for an outcomes project that would include multiple treatment sites, a significant patient population, and a normed assessment instrument that would take into account not only sobriety but numerous life quality measures. The study proved feasible and, in 2016 NAATP joined with OMNI Institute to complete our research team to conduct a 3-year study.

The purpose of the study was to better understand:

- Short-term outcomes for participants (e.g., treatment completion rates, plans for aftercare, family involvement in treatment)
- Long-term outcomes for participants (e.g., abstinence, continued care)
- How participant characteristics and program engagement are related to short- and long-term outcomes
- Best practices and lessons learned in collaborative, cross-site treatment outcomes data collection

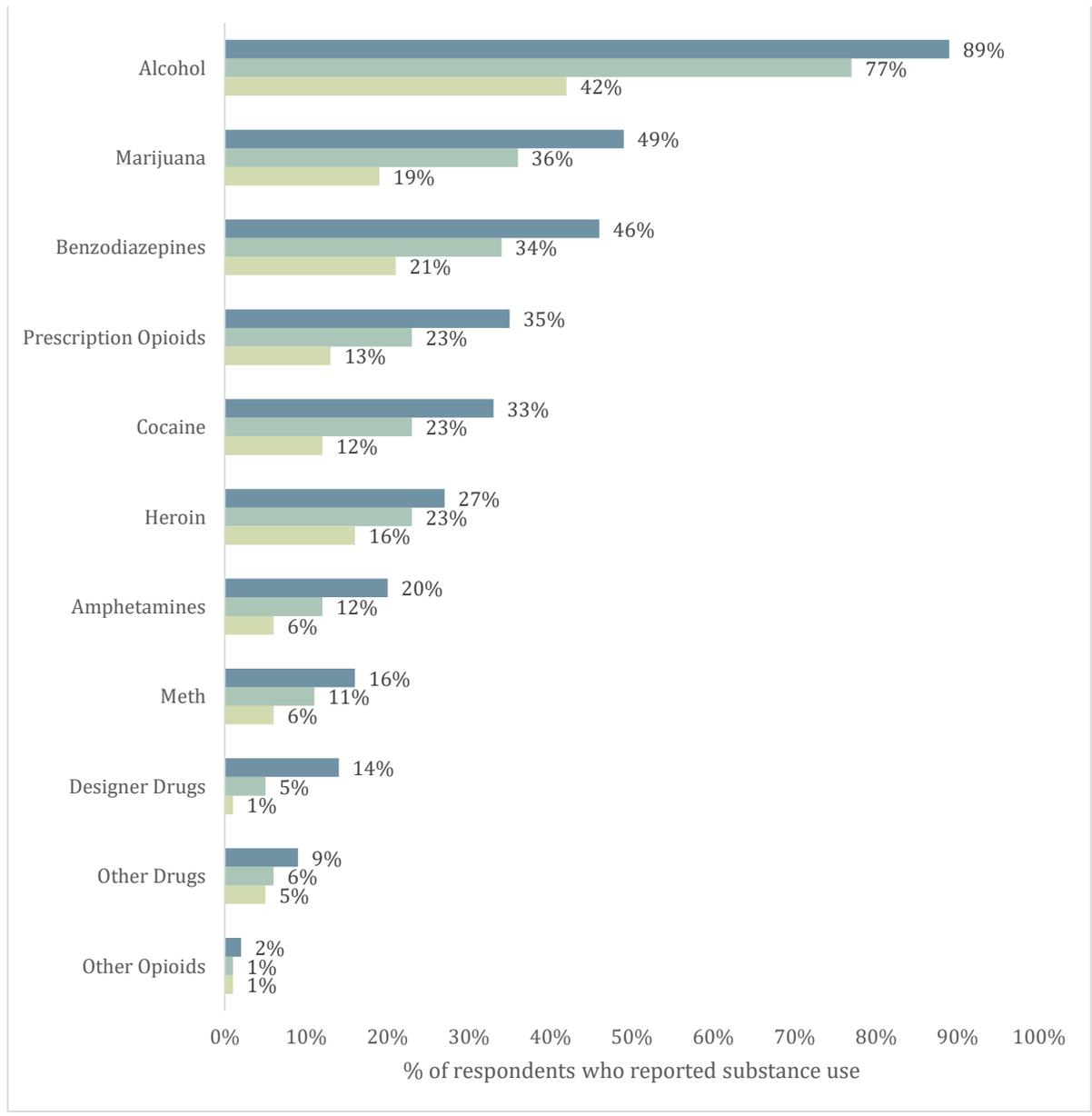
As the study draws to a close, the team has collected data from across the country, at eight pilot sites, and from 748 participants. ▶



The following patient group entered the study:

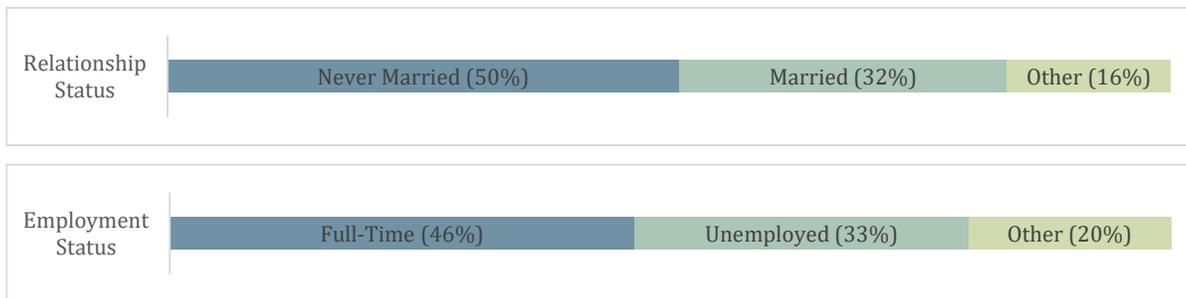
**SUBSTANCE USE AND TREATMENT HISTORY**

At intake to treatment, participants indicated the substances they used in the past week, in the past month, and in the past year. The two most common substances participants had used in the past year or past month were alcohol and marijuana. The two most common substances participants had used in the past week were alcohol and benzodiazepines. Sixty-three percent of participants had received treatment for a substance use disorder prior to admission. The amount of time since last treatment ranged between 0 months and 30 years with an average of 2 years and 5 months.



## CLIENT CHARACTERISTICS

Participants range in age from 18 to 74, with a mean age of 37 years. Fifty-nine percent of participants are male and 34 percent are female. Four percent of participants identify as Hispanic or Latino. Ninety-one percent of participants identify as White, three percent identify as Black or African American, two percent identify as American Indian or Alaskan Native, one percent identify as Asian, and less than one percent as Native Hawaiian or Other Pacific Islander. Because participants could skip questions, reported percentages may not sum to 100 percent. ▶



*Note: The "Other" relationship status category includes participants who are divorced, separated, or widowed. The "Other" employment status category includes participants who are working part time, not working for pay by choice, disabled, or retired.*

We are pleased to report to our membership that the study is coming to a close, with data collection finalizing in April 2018. A study of this size requires dedication from the board, staff, research team, pilot site executives, pilot site researchers, and the participants themselves, without whom none of the research would be possible. The large number of people who came together to support this study are helping to advance the field through their willingness and dedication.

The work completed in the OPP is a value-add to NAATP's membership, as it gives you not only the assurance of being part of a research-driven, data-informed organization, but also actual instructions for how to complete your own research at your own center (see information at the end of this article on the toolkit), with the assurance that the instruments and protocols you use have been rigorously tested and validated.



## WHY IS THE OPP UNIQUE?

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The OPP is a unique study as it draws on collaborative input from treatment providers across the country and meets all ethical standards of research conducted with people. The study has approval from an Institutional Review Board (IRB), whose primary function is to oversee studies done on human subjects. The IRB is dedicated to ensuring that the rights and welfare of the participants are protected. In our pilot, we also obtained a Certificate of Confidentiality (CoC), a protection provided by the US Health Agency, The National Institutes of Health (NIH). The CoC provides an additional guarantee of protection for participants, whose information provided cannot be released, even if a subpoena is issued. Added protection for the participant population in this study is invaluable, as we know their histories often include trauma, abuse, illegal activity, and obviously, drug use. Assuring confidentiality and protection can lead to more accurate data collection

## WHAT IS MEANT BY "OUTCOMES"?

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Outcomes research focuses on assessing results for individuals who have received a service, typically a health intervention, to determine the efficacy of the intervention. The OPP was a longitudinal, non-experimental study design, implemented to assess what happened for patients in the year following enrollment into treatment. In the OPP, the research team focused on the following outcomes questions:

- What short-term outcomes did patients achieve? For example, what percentage of participants completed treatment? What were participants plans for aftercare? To what extent were participants families involved in treatment?
- What long-term outcomes did patients achieve? For example, did participants remain abstinent after treatment? How did participants engage in continued care?
- How are patient characteristics and program engagement related to short- and long-term outcomes?
- What are best practices and lessons learned for collaborative, cross-site treatment outcomes research?



## WHAT CAN WE LEARN FROM THE DATA?

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The data collected as part of the OPP will provide NAATP membership with new insight into outcomes achieved for patients in the year following intake to treatment, with data derived from large and small treatment centers offering a variety of inpatient services. The data will provide preliminary benchmarks for the field and will help contextualize outcomes for patients receiving treatment for substance abuse within a broader framework of patients receiving other types of health interventions. For example, past research has demonstrated that “relapse rates for addiction resemble those of other chronic illnesses such as diabetes, hypertension, and asthma.”<sup>1,2</sup>

Most importantly, the outcomes from the OPP will demonstrate how treatment providers can work together across many locations to collect data in a common way to contribute to the knowledge base in the field about what makes substance abuse treatment effective and to demonstrate that treatment works.

## THE NAATP MEMBER OUTCOMES TOOLKIT

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The end goal of the OPP was to collect data on a large group of participants from residential treatment programs that ranged in size and service offerings so that we could provide our membership with the best practices on how to collect outcomes data for themselves. We are refining our survey instruments and protocols based on the process from the OPP and developing lessons learned about what did and did not work. Once our final analysis is complete, we will be providing the NAATP membership with a guidebook on how to complete outcomes research at their own facility, complete with survey instruments, and dos and don'ts. NAATP membership can expect to see this in the next six months.

## MAJOR TAKEAWAYS

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- Collaborative research in the field of substance abuse treatment is possible! Treatment providers coming together to collect data in a common way will allow us to advance our knowledge and understanding of treatment as a field, and ultimately allow us to provide better services to our patients.
- NAATP has taken the first step toward developing standardized outcomes measures that can be used across treatment providers.
- By the end of 2018 all membership will have access to a toolkit outlining how you can collect outcomes research at your own facility.
- Future and ongoing research will be needed as we refine best practices in outcomes research and the field continues to evolve.

## OUTCOMES REPORT AT NAATP NATIONAL 2018

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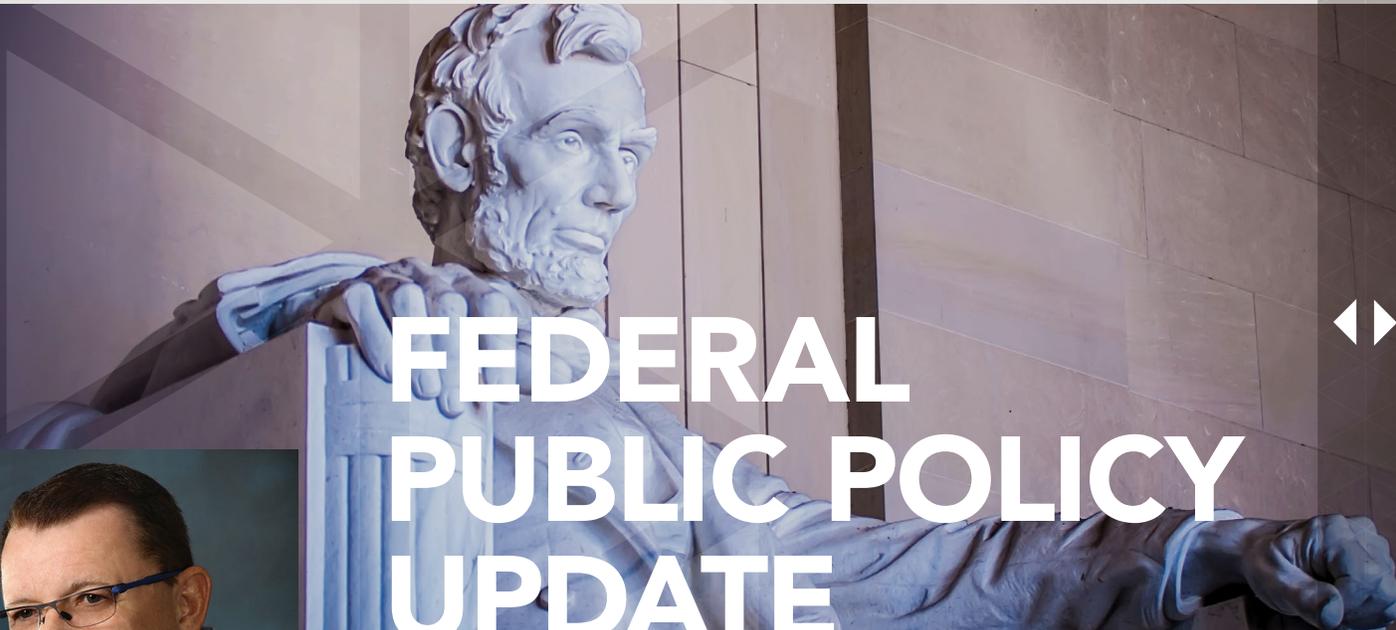
The NAATP Outcomes Team looks forward to reporting this information to the field at NAATP National 2018. The report will be delivered on Monday, May 21, at the 11:00 am general session: The NAATP Outcomes Pilot Program 2015-2018: The Project, The Data, The Media, and the Member Toolkit. ■

NAATP Outcomes & Surveys Information Online:

[naatp.org/resources/treatment-outcomes-surveys](http://naatp.org/resources/treatment-outcomes-surveys)

1. [www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment)
2. [www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery](http://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery)



A large, detailed stone statue of Abraham Lincoln, shown from the chest up, leaning forward with his right hand resting on a ledge. The background is a blurred interior setting with stone walls and columns.

# FEDERAL PUBLIC POLICY UPDATE



**BY MARK DUNN**  
Director of Public Policy-  
Washington, DC

## ACTIVITY AND UNCERTAINTY IN WASHINGTON

Since my last report to membership, activity in Washington surrounding Substance Use Disorder (SUD) may never have been more intense. Not only are there numerous legislative proposals impacting the field, there is much focus on the administration and the uncertainty surrounding actions it may take.

The last Congress passed the Comprehensive Addiction and Recovery Act (CARA). CARA authorizes funding in numerous SUD areas, including treatment for special populations. Congress is now considering CARA 2.0, which is an extension and expansion of the original bill. It would not only provide substantial additional funding, it would also limit opioid prescriptions and establish additional controls designed to limit overuse.

A significant departure from previous actions undertaken by Congress, contained in CARA 2.0, would be a requirement to establish national standards for sober living homes. If passed, Health and Human Services (HHS) will be required to develop the new standards. NAATP will be paying close attention to how those regulations are written and provide insights to HHS where possible.

While it has received little press attention, S2524 would significantly impact the field. It is the Substance Use Disorder Workforce Loan Repayment Act, sponsored by Senators Donnelly and Murkowski. It would assist students who work in areas where a staff shortage exists.

Additionally, through the Appropriations process, numerous SUD policy measures are currently under consideration.

Within the Administration there are many items to which NAATP is paying close attention and staying involved. We were pleased with the recommendations developed by the President's Commission on Combating Drug Addiction and the Opioid Crisis. We were especially pleased with how the Commission dealt with enforcement inaction of the Mental Health Parity and Addiction Equity Act (Parity).

To date, most of the Commission's recommendations have not been acted upon. Further complicating the situation is the President's budget. It would almost completely dismantle the Office of National Drug Control Policy (ONDCP), making it unclear who might advocate for these and other policies impacting the SUD field. Congress will make the final funding decisions, however, the lack of clarity and an apparent "tougher law enforcement approach" makes many in the field uneasy. Although statements have been made that everyone who needs treatment should have access to it, no concrete plans have been shared to make that goal a reality. NAATP believes that enforcement of Parity would take a major step toward that goal.

## The NAATP PAC

The NAATP Political Action Committee (PAC) was formed in 2008 to support and help elect candidates who understand and support legislative and regulatory concerns that effect treatment providers. For more information and to contribute to the NAATP PAC, please visit:

[naatp.org/advocacy/naatp-pac](http://naatp.org/advocacy/naatp-pac).

While the opioid crisis has driven much attention to the issues of addiction, NAATP will continue to remind policy makers that SUD from all sources is a critical health problem and that the ultimate goal is to move patients to full recovery

Additionally, Washington policy makers have taken notice and are following NAATP's Quality Assurance Initiative (QAI). Many other SUD-focused organizations have shown interested in this large scale NAATP Initiative. The National Association and the QAI has garnered significant attention with members of Congress who have focused on these issues in their own states. We anticipate a great deal of attention from many directions as we move forward.

Activity at the federal level is intense. NAATP members rely on The National Association as their federal public policy advocate, and we are hard at work being your support and voice on the Hill. ■

Stay connected to NAATP Public Policy Activity at:

[naatp.org/advocacy](http://naatp.org/advocacy)



# NAATP MEMBERSHIP UPDATE

## CORRECTION, GROWTH, AND NEW NAATP MEMBERS



**BY PETER THOMAS**  
Membership and Quality  
Assurance Officer

The National Association started 2018 with an important step. We released our revised Code of Ethics and recommitted to fulfilling our Mission of ensuring access to the highest quality of addiction treatment services. In our work to expand upon the Code and continued development of the Quality Assurance Initiative, a few things became clear. It is evident that our membership represents the core of quality values-based providers throughout the country, and that within our membership is a group dedicated to enhancing the field and operating in ways that serve the best interest of the patient. We also acknowledged that there remain a few providers that do not subscribe to our values and our mission and who no longer fit within our membership.



With this recognition, NAATP leadership made the determination that 78 provider facilities would not be invited to renew in 2018. As a trade association reliant on dues to perform our work, this was not a light decision, but we acknowledged the need to keep our own house in order. The National Association believes that by adhering to our principles, we enhance the value of membership and our authority as we work with policymakers for the benefit of patients and providers.

Already we see the return on this decision through increased credibility with policymakers and wider interest in membership with The National Association. Since January 1st when 78 facilities dropped off our membership, organic growth has already compensated for this loss. Please see the list of new members in this issue. We are encouraged by the response we've received and are committed to continuing our work of raising the floor in addiction treatment.

### **THE NAATP SALARY SURVEY IS COMING!**

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The National Association will begin collecting data for the 2018 Salary Survey in April 2018. This important Member Benefit relies heavily on participation from NAATP members to make it a valuable resource for hiring, staffing, and compensation decisions. The final report will be released in October of this year. The report will be provided free of charge to all participating members. Members who do not participate will be charged \$1,000 for the report. Please look out for upcoming emails announcing the release of the data collection tool, and participate to ensure the value of the tool, and your free copy upon its release. ▶

# NAATP NEW MEMBERS

THE NATIONAL ASSOCIATION WELCOMES ITS NEWEST MEMBERS!

**Alleva**

San Clemente, CA

**ARC Behavioral Health Network**

San Juan Capistrano, CA

**Bar Nothin' Capital**

Chicago, IL

**Bay Cove Human Services**

Boston, MA

**Canyon Crossing Recovery**

Prescott, AZ

**Charlie's Place Recovery Center**

Corpus Christi, TX

**Chronic Liver Disease Foundation**

Parsippany, NJ

**Coastline Behavioral Health**

Huntington Beach, CA

**Cornerstone of Recovery**

Louisville, TN

**Crest View Recovery Center**

Asheville, NC

**ePreventions**

Costa Mesa, CA

**Evolution Way Recovery Center**

Mesa, AZ

**Experience Recovery**

Fountain Valley, CA

**Footprints To Recovery**

Hamilton Township, NJ

**Footprints To Recovery**

Arlington Heights, IL

**Fresh Start Recovery Center**

Gaithersburg, MD

**Garden of New Beginnings**

North Palm Beach, FL

**Healing Springs Ranch**

Tioga, TX

**Hemet Valley Recovery Center  
and Sage Retreat**

Hemet, CA

**HopeQuest Ministry Group**

Woodstock, GA

**Imagine Recovery Group**

Anaheim, CA

**Inspire Malibu**

Agoura Hills, CA

**leeRCM**

Delray Beach, FL

**Max Connect Marketing**

Draper, UT

**Melrose Recovery Group**

Anaheim, CA

**OARS**

Boston, MA

**OnTrack**

Medford, OR

**OutcomeMD**

Los Angeles, CA

**PACE Recovery Center**

Costa Mesa, CA

**Recovery Boot Camp**

Delray Beach, FL

**Summer House Detox**

Miami, FL

**The Change Companies**

Carson City, NV

**The Hills Outpatient Center**

Los Angeles, CA

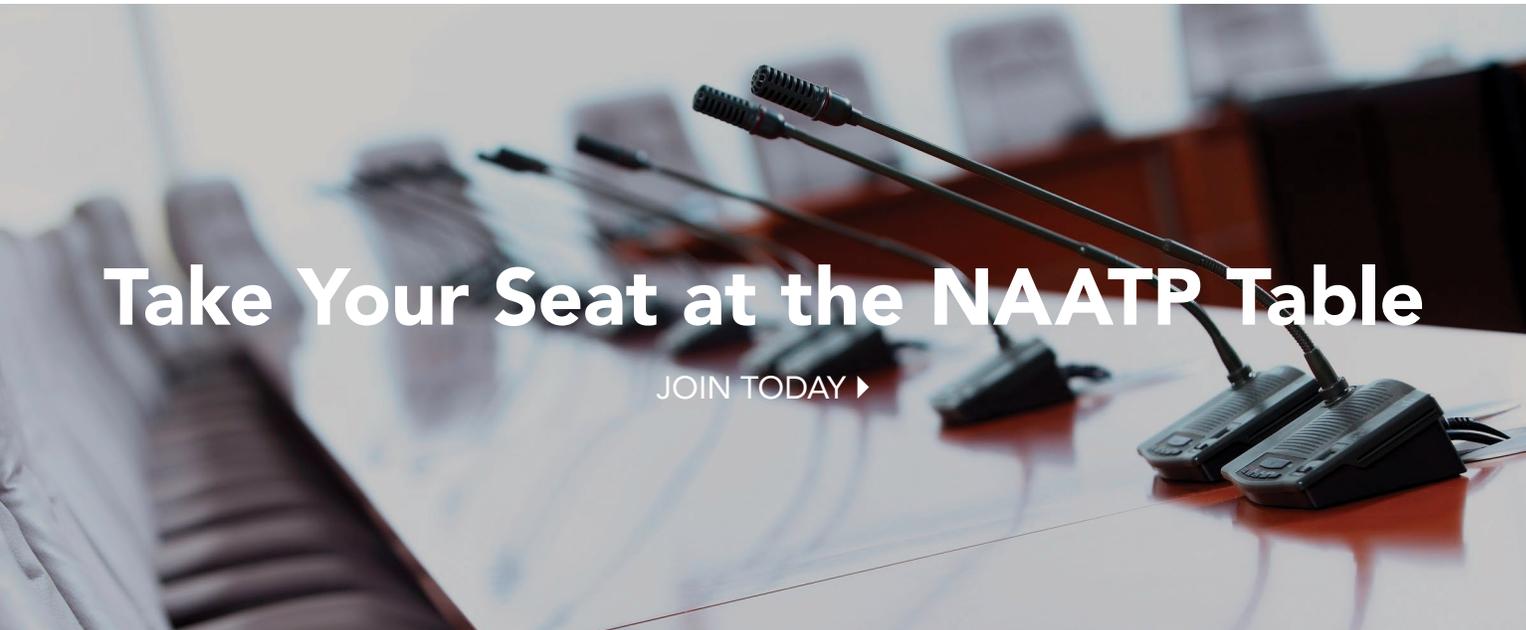
**The Hills Treatment Center**

New York, NY



Research NAATP members by geography, accreditation, and services provided at:

[naatp.org/resources/addiction-industry-directory](http://naatp.org/resources/addiction-industry-directory)



# Take Your Seat at the NAATP Table

JOIN TODAY ▶

## NOT A NAATP MEMBER YET?

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NAATP is a nonprofit professional membership society that supports addiction treatment providers through leadership, clinical and operational resources, and systemic law and policy advocacy. Member services include training and education, industry surveys, networking and convening, law and policy advocacy, visibility, awards and recognition, resources, ethics and professionalism, a job center, and publications. Check your member listing or become a NAATP member at:

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[naatp.org/membership/become-member](https://naatp.org/membership/become-member)

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# NAATP NEWS



## **ANNOUNCING NEW BOARD MEMBER**

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The National Association is pleased to welcome its newest member of the Board of Directors: **Pamela Rodriguez**, who has served as president and CEO for Treatment Alternatives for Safe Communities (TASC) since 2009. Pamela is active on numerous boards and task forces. She brings much knowledge and dedication to the board as a leader in advocating for people in the criminal justice and public health systems.

## **ANNOUNCING NEW NAATP STAFF**

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The National Association is pleased to welcome Kayla Huett as the newest staff member at the NAATP Denver office. Kayla is a Program Coordinator and is available to assist members with logins, renewals, conference registrations, and much more. Stop by the conference registration table at NAATP National to meet her in person.



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## NAATP ANNUAL LEADERSHIP AWARDS RECIPIENTS FOR 2018

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The National Association honors addiction field leaders and encourages excellence through the presentation of the following awards annually. We thank you for all the worthy nominations.

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### **James W. West, M.D.**

#### **Quality Improvement Award:**

Recognizes new, innovative, and successful addiction treatment advancements, both clinical and operational, that improve the quality and quantity of addiction treatment.

2018 Recipient:

**Wilson Compton**, MD, NIDA NIH

### **Jasper G. Chen See, M.D.**

#### **Volunteer Leadership Award:**

Recognizes individuals who have provided exceptional volunteer leadership in the area of addiction treatment through board membership and philanthropy.

2018 Recipient:

**Benjamin Zintak, III**

Chair of Open the Door Campaign,  
Caron Treatment Centers

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### **Michael Q. Ford**

#### **Journalism Award:**

Recognizes the journalistic efforts, both electronic and print, that promote the value of and need for addiction treatment.

2018 Recipient:

**Sam Quinones**

Author of *Dreamland, The True Tale of America's Opioid Epidemic*

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### **Nelson J. Bradley**

**Career Achievement Award:** Recognizes the lifelong achievements of individuals who have made significant contributions to modern addiction treatment.

2018 Recipient:

**Phil Eaton**

CEO, Rosecrance Health Network

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## NAATP ANNUAL LEADERSHIP AWARDS BANQUET

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The above award recipients will be honored at NAATP National 2018 during the Opening Night Banquet, Sunday evening, May 20, 2018 at the Omni Interlocken Resort in Denver, CO.

The banquet is included with NAATP National conference registration and made possible due to the generosity of Ashley Addiction Treatment, Caron Treatment Centers, Hazelden Betty Ford Foundation, and NSM Insurance. Advance RSVP is required for banquet attendance once you are registered for the conference. ▶





## THE NAATP ANNUAL GOLF TOURNEY AND PAC FUNDRAISER AT NAATP NATIONAL 2018

The Annual NAATP Golf Outing has become a much-anticipated event. The 2018 Annual NAATP Golf Tournament will be hosted onsite at the Omni Interlock Golf Course on Sunday, May 20th. The Golf Outing features over 100 golfers and offers sponsors the opportunity for intimate conversations and networking opportunities.

- Sponsor a golf tee box or golf sign.
- Get your team together or sign up as a single.
- \$10,000 Hole in One Prize.
- Team prizes for 1st, 2nd, and 3rd place.
- Prizes for Longest Drive, Closest to the Pin, and Longest Putt.
- Participate in the Annual PAC fundraiser at a 'Beat the Pro' hole.

## ENHANCED MEMBER TOOLS

An enhanced member tool section has been created to help guide members through NAATP benefits. Log in and check it out!

### NEW MEMBER BENEFIT GUIDE

We are pleased to have delivered our members the new NAATP membership guide. To benefit from membership and participate effectively in the NAATP community, please use this guide to learn about the programs and encourage your staff to do the same.



### DISPLAY THE NAATP MEMBER LOGO ON YOUR SITE

What goes around comes around – especially on the internet. We encourage all NAATP members to display the NAATP logo on their websites and to link back to their AID listing.

[naatp.org/member-logo-and-guideline](http://naatp.org/member-logo-and-guideline)



### MEMBER DISCUSSION

M2M is a tool, exclusively for NAATP Provider Members, that allows for meaningful information exchange between treatment center professionals. M2M facilitates discussion, and it links users to related clinical and operational NAATP Resource Center materials. M2M is your information community where you can engage, ask questions, share ideas, and connect with your professional peers. You can subscribe to get real-time updates in your email inbox. M2M is your hub for real-time dialogue between NAATP Provider Member colleagues. By joining M2M, you ask questions, get answers, share your expertise, and become part of the NAATP community that helps us all.



### JOB BOARD

NAATP offers a specialized job board specific to the addiction treatment field. Job boards remain a relevant place for companies to reach and engage talent for their organizations. If you are looking to maximize your treatment center job listing visibility and build your candidate pool, take advantage of our free Post Job Opportunities section, as it is one of the best ways of getting job exposure. It is now a complimentary member benefit.

### MEMBER NEWS UPDATES AND TRAINING POSTINGS

We are pleased to have delivered our members the new NAATP membership guide. To benefit from membership and participate effectively in the NAATP community, please use this guide to learn about the programs and encourage your staff to do the same.

### ALL STAFF MEMBER LOG IN

Offer your staff the opportunity to browse our operational and clinical resources, access industry salary surveys, and more. Help expand our addiction treatment research by using the Share a Resource tool to submit a resource. These resources must be academic in nature as opposed to marketing pieces, but we do welcome your treatment center name to appear as recognition.

### NAATP MEMBERSHIP VISIBILITY AND COMMUNICATION

The National Association continues to enhance our members' visibility on the NAATP Addiction Industry Directory (AID). All members in good standing are listed online on the AID, and we remind members for maximum visibility to include as much information as possible in their AID listing. The more information members include in the directory, the more our directory will assist the public in finding treatment. A complete listing also increases member to member communications. Read on for more NAATP advancements on connecting members.

[naatp.org/resources/addiction-industry-directory](http://naatp.org/resources/addiction-industry-directory)





# THE 40TH ANNUAL NATIONAL ADDICTION LEADERSHIP CONFERENCE

**REVIEW THE CONFERENCE AGENDA  
AND REGISTER ONLINE AT:**

[naatp.org/conference](http://naatp.org/conference)

## **NAATP NATIONAL 2018 AND THE QUALITY ASSURANCE INITIATIVE**

NAATP National 2018, our 40th National Addiction Leadership Conference, will be held in Denver, Colorado, home to our national office. Join the field's executive level leadership, exhibitors, and sponsors for this special anniversary convening at the Omni Interlocken Resort, Sunday May 20th through Tuesday May 22nd.

**You will also find sponsorship and exhibiting opportunities at this location. You may also call 888.574.1008.**

This year's conference will be unique among conferences because it launches our Quality Assurance Initiative — The QAI. The QAI is a response to problematic operational practices in the field. The goal of the QAI is to distinguish NAATP members as high-quality, values-based, ethical treatment programs upon which the addiction field, the consumer, the payer, and the policy-maker may rely. The QAI is critical at a time when our field is positioned as a growth industry, bringing with it questionable providers. The QAI released one of its products, Ethics Code 2.0 in January of this year and the project will culminate in the production of the Quality Assurance Guidebook, portions of which we will have at the conference. The Guidebook, the conference, and future trainings will focus on the following key elements that are essential to good practice:

**NAATP ADDICTION TREATMENT PROVIDER GUIDEBOOK COMPETENCIES**

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**A. OPERATIONS**

Guideline A-1:	Treatment Philosophy
Guideline A-2:	Licensing
Guideline A-3:	Accreditation
Guideline A-4:	Governance
Guideline A-5:	Policies and Procedures
Guideline A-6:	Strategic Planning
Guideline A-7:	Leadership Practices
Guideline A-8:	Facilities
Guideline A-9:	Management

**B. ADMISSIONS / PATIENT SCREENING**

Guideline B-1:	Admission Process
Guideline B-2:	Screening / Assessment

**C. TRAINING AND CREDENTIALING**

Guideline C-1:	Staff Training
Guideline C-2:	Professional Staff Credentials

**D. BILLING**

Guideline D-1:	Calculating Cost of Service
Guideline D-2:	Usual and Customary Rates
Guideline D-3:	Balance Billing and Receiving
Guideline D-4:	Toxicology

**E. DISCHARGE AND CONTINUING CARE**

Guideline E-1:	Continuum of Care
Guideline E-2:	Discharge Planning
Guideline E-3:	Atypical Discharges

**F. OUTCOMES MEASURES**

Guideline F-1:	Tracking Patient Outcomes
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**G. COMMUNITY ENGAGEMENT, PUBLIC RELATIONS, AND PUBLIC POLICY**

Guideline G-1:	Participation in the Community
Guideline G-2:	Public Relations Strategy
Guideline G-3:	Public Policy Position

**H. MARKETING, ADVERTISING, AND VISIBILITY**

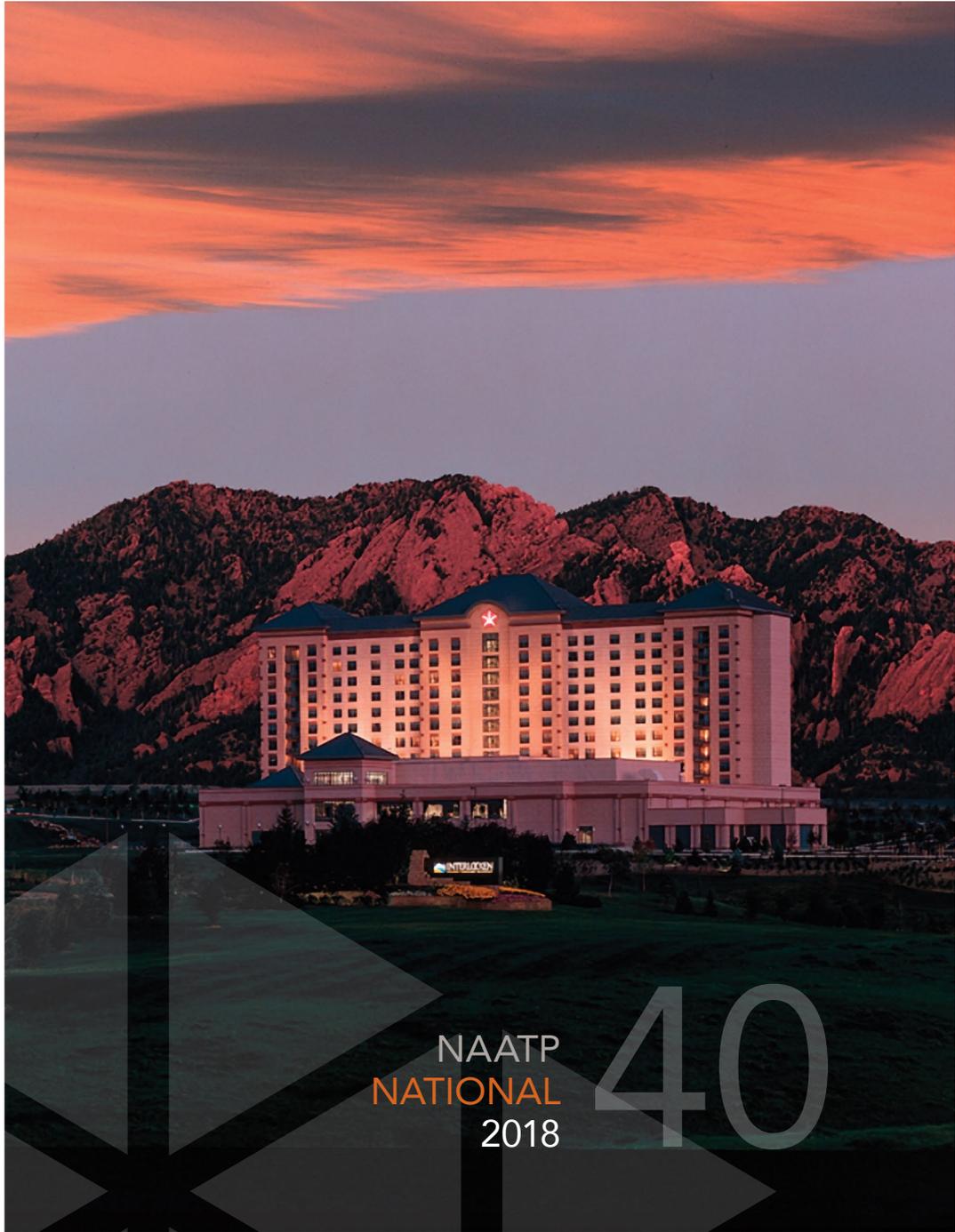
Guideline H-1:	Transparency
Guideline H-2:	Treatment
Guideline H-3:	Management
Guideline H-4:	Facilities
Guideline H-5:	Marketing
	a. Policy
	b. Finance
	c. Deception
	d. Client Identities

**I. THE NAATP CODE OF ETHICS**

**THE 2018 CONFERENCE SESSIONS WILL BEGIN TO INCORPORATE THESE COMPETENCIES.**

We look forward to seeing you in Denver. Make sure, as part of your registration, to RSVP and claim your seat (included in registration cost) at the Sunday Opening Night Banquet. ■





NAATP  
NATIONAL  
2018

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May 20-22, 2018  
Omni Interlocken Hotel  
Denver, Colorado