

The Newsletter of the
National Association of Addiction
Treatment Providers (NAATP)

addiction LEADER

**MOVING FORWARD
TOGETHER:**
PRIORITIZING
ADVOCACY, RESEARCH,
AND SOLIDARITY

Volume 5 | Issue 2 | Spring 2020

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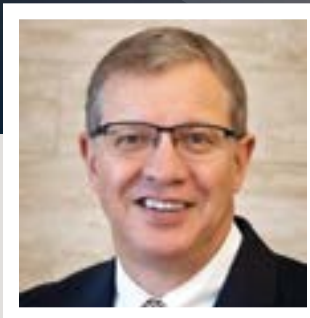
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NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.





MARVIN VENTRELL, JD
NAATP
Chief Executive Officer

SERVE THE PATIENT AND IMPROVE THE SYSTEM

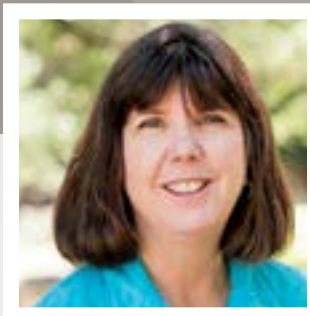
Professionals have two primary and integral responsibilities: to do the job in front of us to the best of our ability today and to improve the system in which we work so that we can do a better job tomorrow. Our success depends on a dedication to both. No one in the system is exempt. As treatment professionals we fill many roles, ranging from business development to admissions to executive leadership to management to facilities operation to clinical practice, in its numerous applications along the continuum of care. In the execution of our day-to-day tasks, we see what works and what does not, and we learn the obstacles that prevent us from doing better.

Then, we get up the next day and do it again, and that is noble, but it does not fulfill all of our responsibilities. It is imperative that we take the experiences of our daily practice, first, to our larger internal teams, because we cannot work effectively in single-system silos, and then to the policymakers who ultimately determine the availability of our treatment tools and patient access to care, which we know is the biggest system deficiency of all.

Working as addiction treatment professionals today, we have the tools to do our job better than ever before. We save lives with these tools and we are grateful for the progress our field has made toward understanding the disease we treat and the way in which it is most effectively treated. Our treatment professionals are better educated, better trained, and better equipped than we have ever been. We understand the chronic nature of the disease and its multiple facets at a greater level than ever before, and we have made access to care improvements as well. All of this is so because we stand on the shoulders of decades of professionals who dedicated themselves to the dual proposition of daily care and systemic advocacy. Still, we know there is so much more work to do and much more opportunity to improve our effectiveness.

Our treatment professionals are better educated, better trained, and better equipped than we have ever been.

NAATP encompasses the dual proposition of client service and policy advocacy as a guiding principle and we are pleased to dedicate this issue of *addictionLEADER* to it. In the pages that follow, NAATP staff and our guest contributor discuss the work in progress as it relates to system improvement, ranging from outcomes and measures research and application to funding through the development of payer sources and parity implementation and enforcement. All of this is designed to provide our members with the latest tools and opportunity to provide the best service to the most patients possible. Of course, this is not simply a top-down proposition; it requires member participation as a collective in Washington, as well as local advocacy, and we are pleased in this issue to introduce new initiatives that support local advocacy in the states. ■



SHERRI LAYTON, LCDC, CCS
Outpatient Services Administrator
La Hacienda Treatment Center

ALL POLITICS ARE ULTIMATELY LOCAL

The Mental Health and Substance Use Disorder Parity Act passed almost 12 years ago, yet we still have not achieved full compliance. The Affordable Care Act (ACA) became law in 2010, but implementation varies greatly across the country. Billions of taxpayer dollars have been allocated to address the opioid epidemic, but tangible results are inconsistent.

Additional billions will be spent addressing COVID-19 impacts that we are only beginning to understand. Many of us have worked long and hard to advocate for these changes and resources, so why are the implementation and results incomplete and insufficient?

The 10th Amendment of the US Constitution grants the States powers not specifically assigned to the federal government. Parity for fully insured plans is regulated by the state insurance authority. Federal dollars are generally allocated for disbursement as determined by state budgets. States have the choice to expand Medicaid or establish a health insurance exchange under the ACA. All of this is to say: our advocacy efforts do not end in Washington, DC!

Sam Rayburn, a US Congressman from Texas and Speaker of the House for 17 years, is credited with the saying, "All politics are local!" – local in the sense that much responsibility for implementing federal legislation is held by the states, and, therefore, you must get engaged to help your legislators understand what matters in your home state and why. ▶



We are the Experts

As treatment providers, we are the experts in the disease of addiction: how it impacts individuals, families, and communities, what treatments are effective, and how real recovery is achieved. Those who pass laws and policies have no idea what treatment looks like day-to-day and what the needs of our industry are. Therefore, the responsibility is on us to bring our expertise into the discussion in our state capitols and with our state regulators.

Advocacy is all about building relationships, and that is actually easier to do with state legislators. Their proximity allows for year-round advocacy, there are opportunities to engage with them more often, they have local context to apply information you provide, and you may already have established relationships with them or their district staff members.

Although lobbyists play an important role in advocacy, we are constituents as well as treatment providers, business leaders, and employers. We have multiple perspectives to bring to any discussion. Remember: they want our vote!

Opportunities to connect locally are plentiful – town hall meetings, meet the candidate appearances, community events, fundraisers. Other ideas include inviting your elected officials to visit your facility; holding a reception to thank them for work they have done to support the industry; providing a key research article to their staff working on healthcare issues; or taking a page from the marketer's playbook by bringing lunch to their capitol or district office. Find reasons to send an email or make a phone call, separate from a legislative Call to Action push. Create a role for yourself as their go-to treatment expert.

NAATP Assists with State Advocacy

Coming in July, in collaboration with experts in its membership, NAATP will roll out a toolkit and curriculum for effective state legislative advocacy and development of state hill days. The toolkit and associated training materials will be a valuable resource for NAATP members to pursue public policy initiatives locally. The goal of the toolkit is to assist with development of State Capitol Days in every state. Ultimately, local action will build on the work of the Association's Public Policy Committee, the Political Action Committee, and NAATP Director of Public Policy, Mark Dunn, in Washington, DC, by bringing the issues home to legislative officials, and influencing how federal law is implemented in each state.

Just as NAATP collaborates with other national organizations, collaborations are also important at the state level. Begin by connecting with other NAATP members in your state, then expand your coalition to include other groups with similar missions or interests. It may require looking beyond the scope of addiction-related organizations. Often, common ground can be found with state-level hospital, medical, or mental health associations. Prevention provider groups are also frequent partners. In working toward enhanced state-level advocacy, bringing together the expertise and connections of a wide array of voices will be crucial.



Together We Can Make a Difference

It has been said, "Advocacy is like baseball," in that a team is successful when everyone brings their individual talent together to work toward the same goal. Like baseball, advocacy is a slow game. Seeing success and progress in advocacy takes time and perseverance. Even the best batters don't hit a home run every time they come up to bat; sometimes a single will drive in a winning run.

It is both our individual and collaborative efforts over time that create systemic changes. Now more than ever, the addiction treatment community needs to educate policymakers in order to motivate the changes needed to better serve our patients and communities. Everyone has a role to play in advocacy and NAATP can help us build hometown teams within our membership. ■

STAYING COMMITTED TO OUR POLICY AGENDA



MARK DUNN
NAATP
Director of Public Policy
Washington, DC

“Live life on life’s terms” is an aphorism that rings especially true to the first six months of 2020. At NAATP, we began the year with an aggressive public policy agenda to promote enforcement of the Mental Health Parity and Addiction Equity Act (Parity), eliminate the IMD exclusion for Medicaid patients, and generally increase access to care for all in need. That agenda was planned when the only designated health crisis was Substance Use Disorder as it related to the Opioid Epidemic.

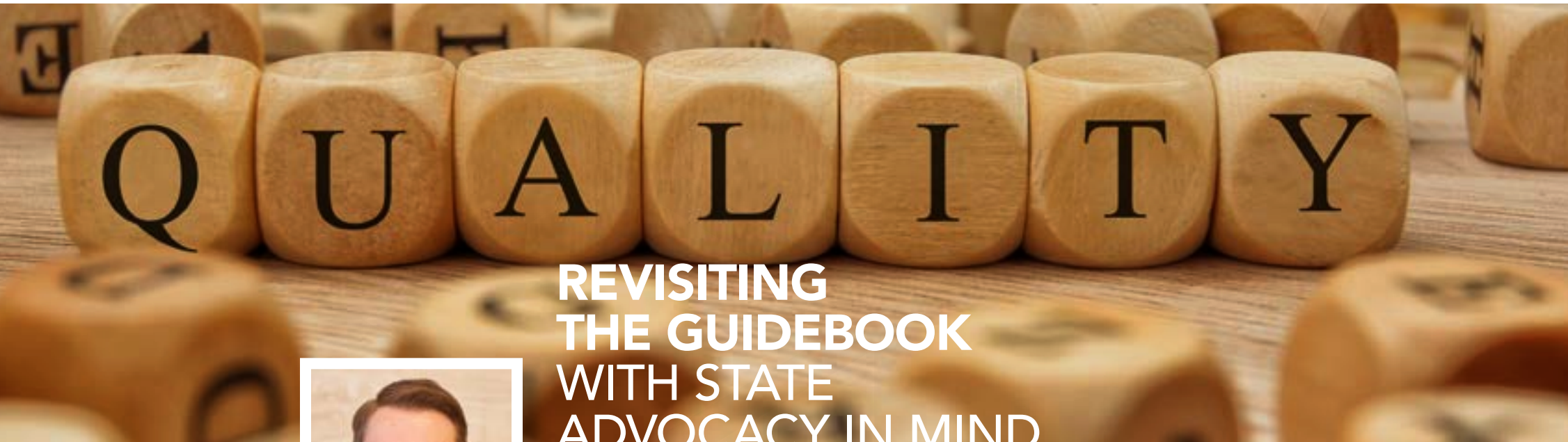
As we focus on public policy moving forward, please understand that to be effective your participation is a critical key to progress for us all.

In a span of weeks, a second health crisis emerged, which dramatically affected communities around the world and demanded a shift in focus. The ensuing COVID-19 pandemic negatively impacted many of our members; providers experienced skyrocketing operational costs and a dramatic drop in patient census. Our top priority quickly became asking the federal government to provide funding to keep treatment facilities afloat. We recognized that Substance Use Disorders were not going to subside during the pandemic – quite the contrary. It is imperative that treatment providers remain open and operational while the nation continues to battle the Coronavirus health crisis.

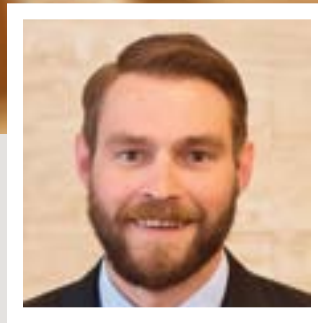
While the programs passed by Congress provided assistance to many members, we are still in the process of making the case that additional resources are needed. Certain relief programs were inequitable and inaccessible to some providers, which we also continue to address. The voices and advocacy efforts of individual NAATP members have been vitally necessary in that process.

As we were navigating the “new normal” of life post-coronavirus, another world-altering event occurred. The brutal murder of George Floyd, only one of many unjust deaths, was met with outrage and condemnation and sparked a national and global uprising against police brutality and broader injustice. This global resistance has demanded reflection and reckoning within the treatment industry. We must ensure equitable access to and representation within treatment and recovery; as we look to public policy solutions for increasing access to care, we must understand the implications and advocate for all demographic groups.

In politics it’s necessary to roll with the punches. With your help, NAATP remains dedicated to providing the best representation we possibly can. The first half of 2020 has revealed our blind spots, sharpened our values, and presented the opportunity to re-focus our efforts on what is most important. Equitable, accessible, quality health care for those with Substance Use Disorders is first on the list. As fervently as ever, we are committed to NAATP’s purpose of representing the interests our members, as well as those who desperately need treatment services. As we focus on public policy moving forward, please understand that to be effective your participation is a critical key to progress for us all. ■



REVISITING THE GUIDEBOOK WITH STATE ADVOCACY IN MIND



PETER THOMAS
NAATP
Director of Quality Assurance

Recent years have brought increased visibility to the addiction treatment field. Some of this has come in the form of criticism of those few unscrupulous providers. More importantly, through NAATP and our members' aggressive work to highlight principled providers and the overwhelming need for quality treatment, we have had important successes in bringing attention to our [public policy agenda](#), improving parity enforcement, and attaining reasonable reimbursements for care.

This is an uphill battle. The independent but unified voices of our members are critical as we continue to face the impacts of parity violations and restrictions that hinder our patients' ability to access lifesaving healthcare.

Through July, NAATP is highlighting resources and providing webinars to support our members doing the necessary work of engaging in local public policy advocacy. We will be releasing a toolkit later this summer to provide skills and training materials to help our members become more effective advocates.

As we highlight advocacy, we also encourage our members to review the NAATP Quality Assurance Guidebook, especially Guideline G-3, included below. Although direct engagement in advocacy is not a requirement for NAATP members, we do expect that they develop a public policy position that guides their practice and furthers our collective goal of ensuring the highest quality addiction care.

GUIDELINE G-3: PUBLIC POLICY POSITION

Addiction treatment providers should develop public policy positions guided by the provider's mission, vision, values, and treatment philosophy, and that serve to promote access to high-quality addiction treatment services. Addiction treatment providers' public policy positions should embrace SUD as a chronic healthcare condition best treated in an integrated and comprehensive continuum of care that addresses the bio-psycho-social-spiritual needs of the patient, utilizes best practices, and integrates within the larger healthcare field.

Commentary

In addition to providing addiction treatment services, providers have a duty to advocate for their organizations, the individuals they serve, and the field. Addiction treatment providers play a vital role in advocating for individuals diagnosed with a substance use disorder and their families, as well as providing education to stakeholders about addiction and what constitutes appropriate treatment for substance use disorders. Activities include but are not limited to community outreach and education, partnerships with other local healthcare providers, educating policy makers, participating in regulatory activities, participation in NAATP's Political Action Committee, etc. Whether it is done individually or collectively with other providers or organizations, each provider should participate in activities that advance the recognition and understanding of Substance Use Disorder as a treatable disease to reduce the stigma of addiction and its treatment. ■

OUTCOMES RESEARCH AMONG NAATP MEMBERS



ANNIE PETERS, PHD, LP
NAATP
Director of Research and Education

Only a small percentage of those who need treatment and other supports for Substance Use Disorders (SUDs) actually receive these services.

Organized research efforts can have a significant impact on changing policy to improve public awareness, enhancing healthcare integration, and increasing access to quality care.

Outcomes research across the continuum of care can demonstrate that the inroads and pathways to recovery are many, that a variety of treatment and support structures are beneficial, and that different forms of care help people with diverse backgrounds and resources. Education about positive treatment outcomes can impact public knowledge and public policy, attract more attention and funding to our work, and reach more of the people, families, and communities that are profoundly impacted by SUDs.

Unfortunately, substantial barriers prevent providers from implementing outcomes research in a unified way. Providers who want to engage in collecting data from clients may be uncertain about which measures to use, how to engage clients in the process, and how to fund the work. Those who have engaged in outcomes research for some time may be unable to compare their data with other providers, as they are using different tools and methods. Providers who haven't engaged in research might be inhibited by lack of resources, staffing, education, and support.

To examine the measurement practices currently in use among provider members, NAATP launched an Outcomes Research Survey in February of 2020. The results demonstrate significant variation in approaches. Fifty-two (52) addiction treatment providers have responded to the survey to date. This represents only 6% of NAATP member facilities. Because of the small sample size, it is difficult to make predictions about NAATP's overall membership or the field at large. Most of those surveyed (72%) reported that they measure outcomes post treatment, and 24% are in the process of developing an outcomes measurement system. Of facilities currently engaged in outcomes measurement, there is little consistency in the timeframes that follow-up is conducted. A majority of responses indicated collection at 1, 3, 6, and 12 months post treatment. ▶



72% reported that they measure outcomes post treatment



75% reported that they have implemented progress monitoring (PM) tools during treatment



16 different EHRs were identified



12 different third-party vendors in use for data collection



over **40** different measurement tools were identified

90%

Ninety percent of respondents to the NAATP Outcomes Research Survey reported that they would be willing to engage in collaborative, national outcomes research.

Approximately 41% of facilities either currently engaged in post-discharge measurement or in development of a measurement process report collecting information internally. Others used third-party vendors to collect data. The most frequently used vendors reported were Petree Consulting (12%), Vista Research (8%), and MAP Health Management (6%). In total, 12 vendors were identified.

Of the 36 facilities reporting current engagement in post-discharge outcomes measurement, little overlap exists in the measurement tools being used. To answer the question, "What assessments does your facility use to monitor patient change post discharge?" a majority of respondents indicated that a tool had been created internally. Standardized tools were less commonly reported but included the PHQ-9 (7 facilities), GAD-7 (4), BAM (5), OQ-45 (3), BARC-10 (2).

Of all 52 responses, nearly half (24) indicated that staffing resources were the primary barrier in implementing outcomes measurement. The other primary barriers indicated were "Other" (9), Financial constraints (8), Product availability (4), and Technology (3). Within "Other," barriers listed primarily relate to limited response rates.

Most providers (75%) also reported that they have implemented progress monitoring (PM) tools during treatment. The primary motivators for implementing PM were reported, in order, as Treatment Planning, Regulatory Requirements, Utilization Review, and Other (e.g., quality improvement). Of facilities currently engaged in PM, 61.5% report collecting information in EHR systems, 20.5% report collection by a third party, and 15.3% collect on paper.

Use of EHR systems was almost universal; 96.2% of responses indicated using an EHR. The most commonly used system is Kipu with 15 facilities, or 29% of respondents, using this system. The next-most common was Netsmart (including Avatar and TIER) with 6 users, or 13.3%. In total, 16 EHR systems were identified.

Just under a quarter of respondents (23%) reported allocating more than \$50K to outcomes measurement annually. Nearly half of responding providers report dedicating more than \$10,000 annually to outcomes monitoring. Approximately 40% of respondents reported having a single full-time employee dedicated to outcomes monitoring. Twenty-one percent reported 2-5 staff, and 2% reported 5-10. The remaining 37% do not have any staff dedicated to outcomes (or failed to respond to the question).

Within this small sample of our membership, 16 different EHRs, 12 different third-party vendors in use for data collection, and over 40 different measurement tools were identified, with little overlap across sites. The NAATP members surveyed indicate recognition of the importance of outcomes and progress measurement for quality client care, and many allocate substantial staff and financial resources to this effort. However, the amount of variation in data collection tools and methods suggests a need for collaboration and standardization. Ninety percent of respondents to the NAATP Outcomes Research Survey reported that they would be willing to engage in collaborative, national outcomes research.

Before more providers engage more vendors, use more tools, and launch disparate research programs, we need to determine how to simplify and work together. NAATP is currently working on partnerships with other associations, foundations, researchers, and technologies to support members in collaborative outcomes research. Working together in this effort, we can help inform opinions that shape policies and systems and promote broader access to lifelong recovery. ■

FORGING AHEAD AS A COMMUNITY



NIKKI SODA
NAATP
Membership Development Officer

May was coined the first official NAATP Membership Month, giving us the opportunity to highlight the many accomplishments and good deeds our members have accomplished this year. Expressing appreciation for and strengthening the connection to our members was the focus and purpose of Membership Month. Each Friday, we sent out an email putting a spotlight on our active members who went above and beyond for their patients, staff, and communities.

With the unfortunate but necessary cancellation of the 2020 National Leadership Conference, Membership Month led us to ask members to instead use this time as a chance to reach out and connect with their fellow NAATP member organizations. We encourage all our members to continue to find new ways to collaborate and support one another through this time of change. Each week of Membership Month featured a different theme: Communication, Connection is Key, The Power of Advocacy, and Forging Ahead Together. Finding your voice, harnessing the power of collective action, and expressing our needs directly to Congress were the focus of two impactful interviews we held. Weekly interviews with CEOs, Directors of Development, Directors of Government Affairs and Public Relations helped us highlight why individuals and facilities are invested in and value our association.

Thank you to our members for your hard work and commitment to improving the lives of your patients and the quality of the industry. The first half of 2020 presented us with challenges that we will not soon forget and served as an important reminder about the power of collaboration. We must answer the call to forge ahead together and emerge as a supportive community that is strong, dedicated, and focused. Please continue sharing your news and facility updates with us and tag us with **#NAATPCommunity**. ■

Reach out to Membership Development Officer, Nikki Soda, via email at nsoda@naatp.org with any questions about NAATP Membership.

THE COLLECTIVE VOICE FOR ADDICTION TREATMENT

PAC Support

The National Association of Addiction Treatment Providers Political Action Committee (NAATP PAC) was formed in 2008 to support and elect political candidates who understand and support the legislative and regulatory concerns that affect Substance Use Disorder Treatment Facilities and our Association.

Contributions to the NAATP PAC do more than support candidates who understand our issues; they leverage each contribution into a powerful collective voice that demonstrates the strength of NAATP.

Your voices help us make progress. As we strive to ask Congress and the Administration to focus on SUD facilities, your participation will continue to be necessary.

Visit <https://www.naatp.org/advocacy/naatp-pac> to pledge your support today!

COVID-19 Resources

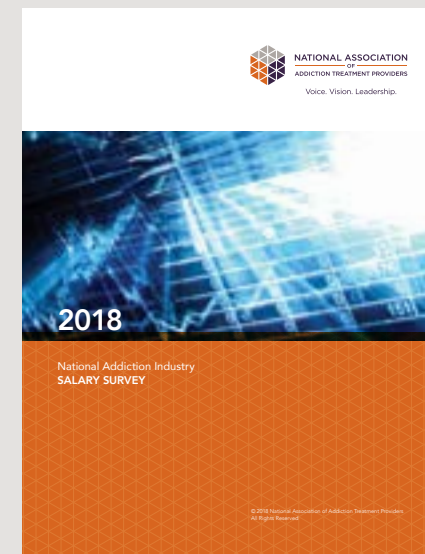
In the wake of the COVID-19 pandemic, NAATP met the challenge by providing crucial resources for our members and the industry at large. First and foremost, we produced 11 NAATP Special COVID-19 Webinars to address protocols in the areas of admissions, patient health and safety, and human resources. We are continuing to create and compile resources and answer FAQ's as it relates to Data Collection, Telehealth, and Treatment Center Policies and Procedures. Lastly, we were able to provide leadership by gathering together and collaborating with leaders from the field's national guiding agencies such as ASAM, NCBH, NAADAC, Faces & Voices of Recovery, and Shatterproof.



2018 Salary Survey Release

In Case you Missed it:

NAATP released the complete 2018 Salary Survey report to all members. Please log in to your membership account and, under the grey Resource Center tab, click on **Salary Survey** to access and review all past Surveys.



DEI Resources

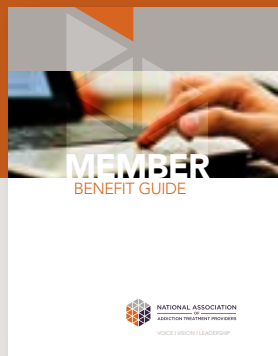
In response to the historic and current systemic racism and discrimination that profoundly impact the addiction treatment field, NAATP Staff and Board Members will commit to a specific Diversity, Equity, and Inclusion (DEI) action plan, to be shared and implemented in the coming weeks. Additionally, NAATP has created a curated resource page to guide and educate our members and the industry at large about best practices in DEI and social determinants of health care.

Access <https://www.naatp.org/resources/diversity-equity-inclusion-resources>

MEMBER TOOLS AND BENEFITS

The Member Tools tab offers a number of member-only resources. All staff at our member organizations may use these resources by establishing their own login credentials.

Contact us to create a login today.



MEMBER BENEFIT GUIDE

Review the Member Benefit Guide for the complete list of benefits NAATP has to offer.

naatp.org/member-benefit-guide

MEMBERSHIP DIRECTORY – THE AID

The Addiction Industry Directory (AID), our membership directory, connects your organization to consumers and the field. Consumers locate your organization based on the types of care and programming you provide. Other providers seeking like-minded, reputable programs also use the AID as a referral tool. With over 40,000 page-views each month, the AID increases visibility and builds consumer confidence.

naatp.org/resources/addiction-industry-directory



MONTHLY WEBINAR SERIES

The Addiction Leadership Webinar Series, a free monthly educational offering, includes presentations by industry experts on key topics in addiction treatment. Register for upcoming webinars and listen to past presentations on our website. Qualified individuals may submit an abstract to present at any time. Continuing Education credits are offered through NAADAC.

naatp.org/training/naatp-webinar-series

naatp.org/training/submit-abstract

RESOURCE CENTER

NAATP has an extensive Resource Center covering clinical and operational topics. These educational tools offer great value to your staff, with new items regularly being added by the NAATP team and our many member organizations. View and submit new resources through our website.

naatp.org/member-resource-center

TUTORIAL VIDEOS

The NAATP team launched a video series to provide our members with instructional videos on how to better use our membership tools.

naatp.org/member-instructional-videos

MEMBERS MAKING NEWS

Highlight your organization's achievements and updates through Members Making News.

naatp.org/membership/member-news

UPCOMING EVENTS

Add events and training opportunities to our Events Calendar and use it to find trainings for both you and your staff.

naatp.org/training/upcoming

JOB BOARD

NAATP offers a specialized job board for the addiction treatment field. If you are looking to maximize your treatment center job listing visibility and build your candidate pool, take advantage of this complimentary member benefit.

naatp.org/resources/jobs

ADAW

Alcohol and Drug Abuse Weekly (ADAW) is an important weekly journal covering topics in the field. Members must opt in for their complimentary subscription.

naatp.org/adaw-subscription-sign





NAATP

NAATP

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

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MISSION

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

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