

VISIONS

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP),

MAY, 2004

HIGHLIGHTS FROM THE 2004 ANNUAL CONFERENCE IN TAMPA, FLORIDA

The 2004 NAATP Annual Conference was a major success.. This issue of the NAATP newsletter will feature a number of photos from the annual conference. For the record number of attendees, it will evoke some memories, for those of you who were not able to attend; these pictures may spur you to reserve the dates of May 21-24, 2005 to join your colleagues in Phoenix, AZ for the 2005 conference.



John Stabl-Wert Opened the 2004 Conference with a highly valued presentation on "leadership". The presentation was not only a challenge to examine our own leadership styles, but the presentation modeled a number of the points presented. As a part of the conference package, those in attendance received a copy of John Stabl-Wert's book on leadership.



Darryl Strawberry inspired attendees at the Board reception with his message of "do not give up" on those whom you treat for addictions. Using his own life as an example, he challenged everyone present to never ever give up, you never know when someone will respond.

He joked with those in attendance by suggesting that he his disease had not shortened his career, he would be chasing the home run title and not Barry Bonds!



A picture perfect day greeted everyone for the NAATP Golf Outing. The golf outing provided some friendly competition, cash prizes for several holes and great fellowship.

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ll of the attention normally associated with a conference and conference planning has pretty much subsided. The 2004 NAATP Annual Addiction Leadership Conference is now “history” and it is time to move on. Or perhaps more succinctly, it is time to turn our attention and energy to some of the emerging themes that came out of this conference in Tampa. Throughout this issue of the newsletter, you will find reference to some of the activities, as well as, a pictorial representation of the events that made up this conference. However, unless you were there, the pictures will seem more one dimensional as opposed to three dimensional for those in attendance. This is all the more reason for you to plan now to be part of the 2005 annual conference which will be May 21- 24, 2005 in Phoenix, AZ.

However, few issues or topics captured the imagination, the energy, the attention and the passion of the 2004 conference attendees as did the topic of *managed care*. This is not a new topic and it is certainly one that has befuddled addiction treatment providers for well over a decade. Few phrases can stop a discussion in mid sentence like that of “managed care”. In fact, the very phrase is in reality a misnomer. The experience of NAATP members is that managed care is more about the management of payment than it is of managing care delivered to persons with addictive disease disorders.

Central to the discussion regarding Managed Care were the results of a *Managed Care* questionnaire completed, tabulated and analyzed just days prior to the conference. This questionnaire was responded to by approximately 80 different organizations which represents a nearly 30% response rate! Such a response rate is almost unheard of in terms of voluntary surveys. Nevertheless, the NAATP members provided valuable information regarding their experiences with “managed care”. An analysis of the information collected demonstrates considerable sophistication on the part of addiction treatment providers in understanding the issues, barriers and challenges.

A few of the finds are:

- ◆ 35% of the respondents reported that they received 50% or more of their total revenues from managed care sources.
- ◆ For inpatient rehabilitation services for adults 50% of the respondents reported that they “usually” or “always” experience difficulty in obtaining authorization for treatment.
- ◆ Nearly 73% of the respondents reported that when a Managed Care Organization denies patient treatment, the cited reason for the denial is **Medical Necessity**.

- ◆ When a comparison graph was developed looking at the average time it took to admit a “managed care” patient vs. a “non managed care” patient, there was a significant difference with no “managed care” patient admitted in less than 1 hour and over 40% of “non managed care” patients admitted in under an hour.

In addition to the survey, there were a number of other conclusions drawn from this intense focus on a topic that has now become a centerpiece of the strategic initiatives for the National Association of Addiction Treatment Providers. A number of those conclusions include:

- Managed Care Organizations have not viewed treatment and treatment providers as an asset on their financial sheet, but rather have related to providers and treatment as a liability.
- Medical Necessity continues to be a catch all phrase, not well defined, but often used as a denial for treatment authorization.
- Managed Care Organizations do not inform individuals about the difference between coverage for treatment and authorized treatment, thereby creating an aura of distrust between them and the treatment provider.

For National Association of Addiction Treatment Providers’ members, the issue of Managed Care has philosophic, ethical and survival ramifications. Left unchecked, the managed care morass will further erode the reliable revenue stream so important to any longevity for an organization. Unless we arrive at some clearer communication and understanding on fundamental issues related to addiction treatment and payment for those services, we will continue to see a shift away from insurance paying for treatment and instead see treatment is being funded out of state and federal tax dollars which already are stretched beyond reasonable expectations.

Over the next several weeks, the NAATP task force on Managed Care will continue to meet, it will refine and release an NAATP position paper on Managed Care and it will develop a proposal for the NAATP board of directors that will commit NAATP to keeping this issue at center stage for the next three years. Along with that proposal will be the companion question of how this association will fund these initiatives in order that there is a better chance that addiction treatment providers have a greater say in how treatment is financed, how clinical decisions about treatment are made and how reliable the funding streams remain.

The 2004 conference may be over, but the key issue at the conference is only beginning to have its impact!

THAT’S THE PERSPECTIVE OF RJH



Doug Tieman and Bill Hartigan find time to exchange ideas following a workshop presentation. Doug and Bill are members of the NAATP Board of Directors..



Darryl and Charrise Strawberry were humorous, moving and honest! They were greeted with a standing ovation when they concluded!



The 2004 Nelson J. Bradley Life Time achievement award was presented to William Hawthorne, M.D. Bill Hartigan introduced Dr. Hawthorne and is joined by Doug Tieman in offering congratulations. Dr. Hawthorne was a former member of the Board of Directors of NAATP representing the American Society of Addicton Medicine on the NAATP Board.



Dennis and Laura Gilhousen enjoying the exhibit area as part of the conference networking. The exhibit area provided a natural gathering and networking opportunity.

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Haymarket Center
will present the tenth annual
Summer Institute On Addictions Conference
June 16 to June 18, 2004
at The Chicago Athletic Association
12 South Michigan, Chicago, Illinois

Keynote speakers will be Donald Meichenbaum, Ph.D., William L. White, MA, Stephanie Covington, Ph.D., Janice Gabe, MSW, Cardwell C. Nuckols, Ph.D., and Peter Bell. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) ANNOUNCES AVAILABILITY OF \$45 MILLION FOR STRATEGIC PREVENTION FRAMEWORK

This week, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of \$45 million to support cooperative agreements with states to implement a new Strategic Prevention Framework. This framework is designed to advance community-based programs for substance abuse prevention and mental health promotion, and align them with the Department of Health and Human Services (HHS) Healthier U.S. Initiative. Charles Curie, Administrator of SAMHSA; Beverly Watts Davis, Director of the Center for Substance Abuse Prevention (CSAP); Kathryn Power, Director of the Center for Mental Health Services; and Dr. Westley Clark, Director of the Center for Substance Abuse Treatment (CSAT) announced the availability of funding at an event in Washington, D.C.

The Strategic Prevention Framework will provide grants to states through each State's Office of the Governor. CSAP will award funding for programs that:

- Prevent onset and reduce progression of substance abuse, including childhood and underage drinking;

- Reduce substance abuse-related problems in communities; and
- Build prevention capacity and infrastructure in states and communities.

States will be funded up to five years to create a Strategic Prevention Framework in partnership with community-level organizations. The five-steps of the Framework include:

- Profiling the needs and response capacity of the community;
- Mobilizing and building the needed capacity;
- Developing a comprehensive strategic plan;
- Implementing evidence-based prevention programs, policies and strategies; and
- Evaluating program effectiveness and sustaining what has worked well.

SAMHSA anticipates funding up to 20 awards of up to \$3 million per year in fiscal year 2004. The applications are due by July 2, 2004 and are available on the web at www.samhsa.gov or from SAMHSA's clearinghouse by calling 1-800-729-6686.



The Quality Improvement Breakfast has become a traditional last day event at the NAATP conference.



Phil Eaton and Judy Jobe from Rosecrance Health Network are congratulated by Doug Tieman and Ron Hunsicker on receiving the 2004 James W. West, M.D. Quality Improvement Award



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Andrea Barthwell, M.D. from ONDCP shares national strategy concerns. Dr. Barthwell encouraged continued dialogue between NAATP and the Federal Government.

RAMSTAD WANTS NEW UNDERSTANDING OF ADDICTION

EMILY JOHNS, STAR TRIBUNE WASHINGTON BUREAU CORRESPONDENT, SUNDAY, MARCH 21, 2004

WASHINGTON, D.C. — As a recovering alcoholic, Rep. Jim Ramstad said, he's heard from fellow lawmakers that they admire his recovery but still consider addiction a moral failing. "Believe it or not, there are still members of Congress who do not understand the disease nature of addiction or the cost-efficiency of treatment," said Ramstad, R-Minn., who is in his seventh congressional term. So this year, he is doing something different. Along with Rep. Patrick Kennedy, D-R.I., Ramstad is establishing a caucus to "educate lawmakers on the problems of addiction and need for expanding treatment access." It's intended to help clear up what Ramstad calls Congress' misunderstanding of addiction issues. Ramstad said he hopes the Addiction, Treatment and Recovery Caucus also will give a boost to addiction-treatment parity legislation he has introduced four different times. The bill, sponsored by Sen. Norm Coleman, R-Minn., in the Senate, would forbid health plans that already cover chemical-dependency treatment from imposing different rules on those benefits than other medical benefits.

"For all intents and purposes, Congress has failed to recognize addiction for what it is — a serious health problem affecting Americans," Ramstad said.

For years, Ramstad has represented what can come of a successful recovery. "He embodies the story that he tells; he embodies the issue. He walks the walk. He is proof that treatment works and recovery is possible," said William Moyers, vice president of external relations at the Hazelden Foundation, a Minnesota treatment facility.

Moyers said the Hazelden Foundation provides \$5 million annually in aid for patients who can't afford addiction treatment. Most of that goes to employed, middle-class Americans whose insurance doesn't completely cover addiction treatment.

Ramstad's caucus, which is still signing up members, will aid the parity legislation in its congressional battles, Moyers said.

"It will serve as a microscope to focus more closely on good public policy in dealing with this bad problem," he said. "Congress sees [addiction] as a criminal-justice issue only, and it sees it as a question of reducing supply, when in reality the best way to reduce supply is to reduce demand. And treatment is both cost-effective and successful in reducing that demand," Moyers said.

But Kate Sullivan, director of health care policy at the U.S. Chamber of Commerce, said she doesn't think the bill's biggest problem is Congress' understanding of addiction. It's just too expensive, she said. "The bottom line is, health care benefits are provided voluntarily by employers. They are part of the overall compensation package. When they get to be too expensive, it limits the ability to provide for people in cash wages," she said. Mohit Ghose, public-affairs director for the America's Health Insurance Plans trade group, said the bill is just another insurance mandate, when people are worried about

losing the benefits they already have. "We do not believe the Ramstad bill allows for any type of managed-care techniques that maximize the ability to stretch health care dollars the furthest," he said.

Sullivan said the U.S. Chamber of Commerce values effective addiction treatment. But, she said, Congress' reluctance to pass the parity legislation should perhaps be seen as refusal to mandate what insurance companies have to provide, rather than a misunderstanding of the nature of addiction.

Moyers is not convinced. "At Hazelden, we believe that it is truly the number-one health problem in America, and it deserves to be treated like a health problem, because it is an illness," he said.

Whether Ramstad's legislation stands a chance in an election-year Congress is another issue. Moyers said its ambivalence and indifference make Congress the legislation's greatest foe. "Addiction doesn't discriminate, and it affects members of Congress just like it affects people across the Twin Cities. It is everywhere and anywhere that people live and work," he said. "I'm optimistic that we have laid the groundwork for a formidable push, this year and into '05, but we're going to have to be realistic. It is a daunting task."

University of Colorado Hospital, the Rocky Mountain region's premier academic hospital, has announced the creation of the Center for Dependency, Addiction and Rehabilitation (CeDAR).

The center will be a world class 80-bed residential evaluation and treatment center for young adults and adults afflicted with chronic substance dependency and addiction. It will be set in a picturesque wooded area with courtyards, paths and trails for exercise and meditation. The new residential treatment facility will provide a distinct and supportive environment for patients and their families.

We are immediately seeking an Executive Director who has the experience and leadership ability to help develop this world class treatment center. The ideal candidate will have a minimum of a master's degree in a related field and we prefer a Certified Addiction Specialist (CAS). Candidates must have at least 5 years executive level experience in management of a chemical dependency facility. We require demonstrated leadership experience in strategic planning, financial management and organizational skills. Exceptional interpersonal and presentation/public speaking skills are a must.

For immediate consideration, apply on-line at www.uch.edu/employment or e-mail mame.fuhrman@uch.edu or call 303-372-5347 more information. EOE Dedicated to the value of diversity.

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et me begin this open letter by sharing my tremendous gratitude for the work you do. The world is a better place due to your experience, passion, professionalism and commitment. My world is a better place because of the efforts of people like you. Thirty-four years ago, you were there for my father. Twelve years ago you were there for me. We have made it our life's work to be there for other addicts in need. That is how Lakeside-Milam Recovery Centers and countless other treatment centers were formed out of gratitude and a desire to give others the relief from the pain of alcoholism and other drug addiction by sharing what we learned.

Growing up in a recovering home and while a patient in treatment, I learned simple but immutable truths, which we continue to teach. Chemical addiction is a definable, chronic disease, which is very treatable. Genetic predisposition and progression are hallmarks of the disease. Abstinence is the cornerstone of the life-remaking 12-step program from which our industry has evolved. Families must be helped as well. During the past twenty years the message of hope and recovery has been given by hundreds of caring professionals like you to well over 50,000 patients.

I believe our field is at a critical point in its existence. So many are invested in our field from so many different perspectives. Whether the catalyst for conversation is drug courts, dual diagnosis, medication, faith based programs or the impact of treatment on the costs of health insurance, the impact on our work is profound.

This is why I am excited about being a member of NAATP and for the opportunities in front of us all. We are a group of people who know that treatment works. We are committed to the enhancement of best practices, not because we aren't already using them, but because we want to employ them to reach more of those still suffering. The exciting thing about our group is that we know building on our past successes will do this, not by dismantling them for a new and improved system. The world wants to say we face a disease **but** we must look at all these additional factors. We recognize we are treating a disease **and** there are complicating factors. This difference is only small on paper.

When an alcoholic is in the admission stage of the disease process, we often say he has the "yes, buts." "Yes, I am but there are other ways to deal with it." "Yes, but I don't believe weed is a dangerous drug". The fields' critics mirror our patients' responses. An average citizen, "Sure it is physical, but you have to have willpower." A researcher - "Yes addiction is a disease, but the treatment should focus only on behavior".

A managed care company - "Yes, addiction is a disease, but it rarely has to be treated on an inpatient basis". A psychiatrist - "Yes, but it is a mental illness". Our job must not only be to address the denial and ignorance of the disease found in our patients, but also in all segments of our culture.

Without the resources to fund large-scale studies we must rely on what we see in our treatment centers as a focus for discussion. At Lakeside-Milam we are seeing the next generation of our alumni. The exciting thing is that, having been educated on genetic predisposition and progression; families are helping their loved ones earlier in the progression of the disease. Not only are our education and adolescent programs growing, but also more and more people are reaching us when we can help them in outpatient treatment. Lakeside-Milam alumni recognize the effectiveness of residential treatment and move mountains to help family members access this level of care, helping them to build the foundation for their recovery.

So much time and energy is spent by others tearing down our field for the perceived simplicity of our methods. Competition for all funding sources, stigma and ignorance play a tremendous role in preventing the creation of a consistent message. Imagine for a moment if the world recognized providers for the experts that we are and came to the treatment field for answers. Imagine if the public health model for the eradication of addiction was built on early diagnosis and treatment as a result of prevention efforts based on abstinence, disease education, community support and spirituality. When you think about it, you realize that is not too far from don't drink and go to meetings.

We will continue to become more sophisticated in our assessment tools, treatment modalities and networking with all health care and society. We must be in place to help those in need. As we do, we must never hesitate to honor the foundation of our success. We must be there to make it easier for those who suffer when they reach out. We must never give up on an alcoholic and the chance for recovery. Thank you for being there when my family needed you. Know that many are working so hard to return the favor.

CARL KESTER
PRESIDENT

LAKESIDE RECOVERY CENTERS, INC.
NAATP BOARD MEMBER

The **Haymarket Center** will present its 10th Annual Summer Institute on Addictions **June 16 to 18 in Chicago**. For more information, visit www.hcenter.org.

The **College of Problem Drug Dependence (CPDD)** will hold its 66th Annual Meeting **June 12 to 17 in San Juan, Puerto Rico**. For more information, call (800)759-5800 or visit www.cpdd.vcn.edu.

The **New England Institute of Addiction Studies** will hold its Fourth Annual New England School of Prevention Studies **July 25 to 29 in Newport, RI**. For more information, call 207-621-2549; email neias@neias.org; or visit www.neias.org

The **Seventeenth Cape Cod Symposium on Addictive Disorders** will be held **Sept. 9 to 12 in Hyannis, Mass.** For more information call 800-314-1921 or email info@cmehelp.com

The **Association for Medical Education and Research in Substance Abuse** will hold its 28th Annual AMERSA National Conference, "Scientific Advances in Substance Abuse: Patients, Populations and Policy," **Nov. 11 to 13 in Washington, D.C.** For more

information, visit www.amersa.org, call 401-349-0000 or email Isabel@amersa.org

The **5th National Conference on Addiction & Criminal Behavior** taking place in St. Louis, MO on **September 26-29, 2004**. We are approved for 24 CEU's. Register at www.gwcinc.com or call 800-851-5406

The **National Association of Addiction Treatment Providers** presents the **South East Conference on Addictive Diseases (SECAD) in Atlanta, GA, December 1-4, 2004**. For more information, visit www.naatp.org/secad.

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