

PGA NATIONAL RESORT & SPA TO HOST 2009 NAATP ANNUAL

ADDICTION TREATMENT LEADERSHIP CONFERENCE

WIDE RANGING WORKSHOPS, PLENARY SESSIONS AND AWARD PRESENTATION

AWAIT REGISTRANTS FOR THE 2009 CONFERENCE



The National Association of Addiction Treatment Providers will once again host its annual conference at the PGA National Resort & Spa in Palm Beach Gardens, Florida. Amid the sun, the waving palm trees, the occasional afternoon shower, the nearly 350 expected to gather for this conference will have an opportunity to learn from their peers and to share their own experiences in this rapidly changing environment. Some of the *hot topics* sure to be included in the presentations and the exhibit hall conversations will include, parity regulations, electronic health records, health care reform, revenue diversification, appropriate right sizing, and many more.

Over 90 exhibitors have committed to being at this conference and many vendors would like to introduce you to their services and products. In the addiction treatment world, this is ***the conference!***

The conference will once again begin on Sunday, May 17th with the annual NAATP golf outing played on one of the PGA National's famous courses - the Palmer Course.

Early on Sunday morning the foursomes will tee it up and enjoy the early morning sun and refreshing breeze and also compete for the **Len Baltzer trophy!** The trophy presentation along with other prize recognitions will highlight the lunch for all the participants. Which four names will be added this year? If you are in a foursome, it could be you, but you have to register for the golf outing to have a chance.

Sunday evening will close with the now traditional *new member* reception which will allow all the registrants to connect to each other and to recognize those organizations that have become members of NAATP in the past 15 months. It is a very impressive group! Would you believe that nearly 50 organizations will be listed as *new members* over the last 15 months?

The NAATP conference moves into high gear on Monday morning with the opening presentation by John Wallace, Ph.D. Dr. Wallace will speak to the issue of: **Two Cultures of Chemical Dependency Treatment: Time for Reconciliation** - *Reconciling the culture of Practice and the culture of Behavioral Science Research*. Dr. Wallace will also be receiving the Nelson J. Bradley Life Time Achievement Award at the Awards Luncheon on Tuesday, May 19th.



Following the opening presentation, there will be a number of roundtable lunches scheduled with a focus on very specific topics. Registrants will need to pre-register for these lunches.

Monday evening also closes with the NAATP Board Reception, awards and entertainment. For the second consecutive year, NAATP in conjunction with Caron Treatment Centers will present the Chen See M.D. Service awards to individuals who serve on the boards of member organizations and make a contribution to their community. This is our way of recognizing the many, many individuals who give so much to make sure that the NAATP member organizations

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as **RJH** sees it....

A funny thing happened on the way to health care reform. We did not get lost and we ended up in the middle of the discussion. While that may not seem like such a funny thing, it may fall into one of those categories where you are advised to “watch out for what you wish for because you may actually get it”!

The Health Care Reform debate, discussion and process may provide us with an opportunity to see just how flexible and how nimble we are. This will especially be true in terms of determining how much agreement and how much cooperation there is within the addiction treatment field.

Over the course of the next several issues of **NAATP Visions** I am going to take the opportunity to introduce to you some of the driving concepts which I see emerging that will shape the health care discussion. As you are aware, everyone is looking at a fairly aggressive time table for this process which includes a lot of discussion, hearings, presentations, etc over the course of the summer and then some actual legislation by late August or early September. Ambitious is an understatement to this time line. However, everyone understands that there is a very small window of opportunity for this and if this opportunity slips by, it may be several years again before the window opens and most would suggest that we simply cannot afford to allow this opportunity slip away.

There is a lot of expectations placed on this process and almost every sector of health care is looking to “fix all of their issues” with health care reform. In all likelihood, there will be significant disappointment. My predictions are:

- Health Care Reform will end up being more incremental than “radical change”.
- There will be an emphasis on addressing the un-insured issue so that the goal will be to provide coverage to as much of the un-insured population as possible.
- There will be a shift to payments being linked to outcomes...Something like a pay for performance system.
- The number one priority will be to lower the overall cost of providing health care in this country.

With these parameters in mind, some of the components of the plan will come into focus as we move forward. Nevertheless, some of the “bumps in the road” are already beginning to take shape. There is going to be a premium placed on research and on identifying practices which produce optimum outcomes. We know that because this is already happening in many sectors of health care, and we set out to get to the health care reform table and now that we have arrived, we are going to have to play by some of those rules. Another concept which we are going to struggle with is “physician autonomy”.

For those of you that have functioned in more traditional hospitals or health care institutions, you know that organizationally they have been headaches. On the one side you have the administrative staff and on the other side you have the medical staff. Physicians have been operating, with some degree of medical autonomy within hospitals for centuries. The balancing of the needs of the hospital and the medical staff have been the skill sets sought by hospitals for its administrators.

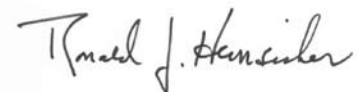
One of the prices we may have to pay in order to access this health care system and certainly the health care reimbursement dollars is that we may have to look more like hospitals and health care organizations than we have in the past. More specifically, what would it look like for addiction treatment organizations to have “more” medical autonomy? What would it look like if physicians began to say that this is the course of treatment called for in the case of this patient and to deviate from it is malpractice and not offering “best practice medicine”?

Of course these statements may be expressed in the extreme, but they are expressed because they will come up in the course of health care reform discussions and they have already come up as physicians are beginning to ask where it is that they will best practice addiction treatment? Historically the addiction treatment field, at least the field as represented by NAATP, has been driven by the philosophy of the administrators of its organizations and by the boards of those organizations. While philosophy and the practice of medicine is not inherently in conflict, I am not sure that we have a mechanism to explore this issue and to look at what some alternatives might evolve.

Medical or physician autonomy is a concept which is inherent in much of the accreditation process. We have pushed for this in demanding that managed care organizations allow medical autonomy when it comes to the decisions about medical necessity. What if health care reform also pushes us in that direction when it comes to treatment protocols?

A funny thing happened on the way to Health Care Reform? We got to where we were headed and discovered that there were some concepts, terms and practices which everyone else understood as standard practice with which we were a bit uncomfortable. Remember, uncomfortable is not necessarily bad, we just need a forum and commitment to work our way through them. Add this one to the list. We need to find a way to talk about physician autonomy!

Watch for more uncomfortable concepts in upcoming issues of *Visions*.



Ronald J. Hunsicker
President/CEO, NAATP

You Are Invited!

There are lots of conferences. This is a great one! It is the place to stimulate new ideas, to address challenging issues and to provide practical solutions to move from Good to Great.

This conference brings you top notch presenters and leading edge information. General Barry McCaffrey will address health care reform and the place for addiction. Dr. John Wallace will step into the controversy of science, research and practice. Monday evening we will be engaged in the science of hearing with Grammy Award winning singer, songwriter and author, Rosanne Cash.

The Exhibit area is a focal point showcasing the latest technology, diversity of services and new approaches to care. It is **the place** to mingle, to network and to find refreshments.

For whatever reason you and I have been called to work with people whose lives are in trouble. It is a huge responsibility and a privilege to serve. It is important to look after yourself; to make time to have fun, to network with colleagues and to stretch yourself just a little.

And, what a venue we have; the PGA Resort and Spa in West Palm Beach. If you golf, don't miss out. If you don't golf, enjoy the setting and check out the pro shop, the pool and the spa. It's not often one gets a chance to be here.

For some the choice to come to this meeting was a difficult one. With the current state of the economy tough decisions are being made every day. We thank you for making this gathering a priority.

Enjoy! Don't be shy. If this is your first NAATP conference, introduce yourself as often as you can. You will find friends here.

M. Linda Bell, CEO, Bellwood Health Services
NAATP Board Member and 2009 Conference Chair



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remain strong. **Rosanne Cash** will close the evening with entertainment. This entertainment is made possible through the generous support of Caron Treatment Centers.

Tuesday begins the first of two rounds of workshops. Member organizations will share with the conference registrants their experiences in a whole variety of activities. Attendees will be able to choose from four different selections. We are again pleased to have the Hazelden Foundation present their 2008 Dan Anderson Research Award at the NAATP Conference. The 2008 recipient is Markus Heilig, M.D., Ph.D. who will speak prior to the awards luncheon and then receive his award at the luncheon. This has become a very important award in encouraging research in areas that are so important to all of us.

The 2009 Annual awards luncheon will be a time to recognize the following awards:

- Nelson J. Bradley Life Time Achievement Award - John Wallace, Ph.D.
- Michael Q. Ford Journalism Award - Joseph Cruse, M.D.
- James W. West M.D. Quality Improvement Award - Operation PAR and Livengrin Foundation

On Wednesday, the last day of the conference, we again offer four different workshops and the closing presentation is by General Barry McCaffrey. General McCaffrey will speak on **Public Policy and Addiction Treatment**, a topic of interest to everyone.

In just a short few weeks, the excitement will begin. If you have not registered, you can do so by going to www.naatp.org and clicking the conference button or you can call the NAATP office at 717-392-8480 and the office staff will assist you. However you do it, sign up today so that you do not miss the excitement of the 31st anniversary of the National Association of Addiction Treatment Providers.



General Barry McCaffrey

NAATP NOMINATION COMMITTEE ANNOUNCES NOMINATIONS TO NAATP BOARD OF DIRECTORS

NOMINATIONS TO BECOME PART OF THE CLASS OF 2011 ON THE BOARD

Following the by-laws of the National Association of Addiction Treatment Providers, the Nominating committee has submitted eight (8) names to the membership of the National Association of Addiction Treatment Providers to become members of the class of 2011 and assume their terms following the NAATP annual meeting on May 19, 2009. NAATP board members must be the chief executive of a member organization. The following eight persons have been nominated and are on the ballot for member voting.

Russ Hagen, CEO, Chestnut Health Systems, Inc.,
Bloomington, IL

David Hillis, President/CEO AdCare Hospital of Worcester,
Worcester, MA

Philip Eaton, President/CEO, Rosecrance Health Network,
Rockford, IL

Paul Hackman, President/CEO, Ridgeview Institute,
Smyrna, GA

Helene Cross, President/CEO, Fairbanks, Indianapolis, IN
Carl Kester, CEO, Lakeside Recovery Centers, Inc.,
Kirkland, WA

Scott Munson, Executive Director, Sundown M Ranch,
Yakima, WA

Benjamin Underwood, CEO, Talbott Recovery Campus,
Atlanta, GA

If you have not received a ballot, contact the NAATP office and a ballot will be sent to you. All completed ballots must be postmarked no later than April 30, 2009. The results of the election will be published in the May 2009 newsletter and announced at the NAATP annual meeting on May 19, 2009. NAATP Board members are elected for three year terms with their term beginning at the conclusion of each Annual meeting.

If you have an interest in being a member of the Board of Directors of the National Association of Addiction Treatment Providers, provide that indication to the NAATP office so that it can become part of the process for future appointments and elections.

**NATIONAL ASSOCIATION
OF ADDICTION TREATMENT
PROVIDERS VIEW ON THE
PROPOSED MERGER OF NIAAA
AND NIDA**



*Periodically the idea of merging NIAAA and NIDA bubbles to the surface for discussion and debate. It has happened again! In response to this activity, the National Association of Addiction Treatment Providers has taken a position of **opposing any such merger.***

In broad business terms, it is always appropriate to examine whether or not the consolidation of organizations will achieve cost savings, efficiencies and a structure which can respond to the changing environment in ways that the former entities could not. To consider such options in the case of **NIAAA (National Institute on Alcohol Abuse and Alcoholism)** and **NIDA (National Institute on Drug Abuse)** is certainly appropriate, *it is just not advisable!*

Within the political and public policy climate, it has been fashionable for our country to focus on the impact of “drugs” (legal and illegal) within our society. Too often, this has occurred at the expense of a focus on and attention to alcohol, which remains the most problematic drug in our society. Witness the continued disturbing “split” within the **Office of National Drug Control Policy**, where the charter of the organization makes it impossible to address or to craft a policy which incorporates alcohol into a national drug control policy.

The fact that we have two separate institutes under **the National Institutes of Health** may be an administrative challenge, but it nevertheless serves as a firewall against alcohol being ignored or forgotten as the number one drug in this country. The National Association of Addiction Treatment Providers believes that we need to hold true to

VISIONS

the principles espoused by Senator Harold E. Hughes, who was the moving force behind the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Public Law 91-616) which established NIAAA. Recognition of alcohol as a drug and of the outrageous effects of the disease known as alcoholism has served us well! To diminish this impact or lessen this recognition will not serve us well in the years ahead.

The National Association of Addiction Treatment Providers continues to believe that there is a strong need for an Institute which continues to have its primary focus on alcoholism and on researching the impact of treatment for this disease.

NIAAA continues to be the “smaller” of the institutes. The overall budget for NIDA has grown to the point where it is approximately 57% larger than the annual budget for NIAAA. Any merger of these two institutes would ultimately result in reducing the resources being allocated to alcoholism research, which are already far less than are needed to address the disease.

Because of the issues raised above, the National Association of Addiction Treatment Providers opposes a consolidation of NIAAA and NIDA. NAATP believes that both institutes have a unique mission which needs to be protected and expanded. Instead of a merger, we urge NIH to commit itself to returning to some of the original principles which led to the creation of both NIAAA and NIDA and to reconnect itself to its partners on the treatment side, especially in the private sector. We hope that NIAAA and NIDA again establish themselves as leading voices for understanding addiction as a primary disease and for promoting long-term recovery as opposed to simply reducing the number of heavy drinking days per month. We believe that this is best accomplished through maintaining two separate institutes, NIAAA and NIDA.



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MARVIN D. SEPPALA, M.D., NAMED CHIEF MEDICAL OFFICER AT HAZELDEN

Marvin D. Seppala, M.D., a nationally-renowned addiction medicine specialist with more than 20 years of expertise in addiction treatment and psychiatry, has been named the new Chief Medical Officer of Hazelden, a national nonprofit organization dedicated to helping people recover from addiction.

Dr. Seppala will assume the role of CMO on May 1, 2009. His responsibilities will include overseeing all interdisciplinary clinical practices at Hazelden, maintaining and improving standards for evidence-based practices, and supporting growth strategies for Hazelden's residential and nonresidential addiction treatment programs and services throughout the country. He is particularly well-regarded for his groundbreaking work in both pharmacological studies and integration of evidence-based systems in addiction treatment.

Dr. Seppala had previously served at Hazelden as chief medical director from 2002-2007. For the past two years, he has maintained a private addiction medicine practice in Portland Oregon and served as medical director and CEO at Beyond Addictions of Beaverton, Oregon, an outpatient treatment and recovery services program.

Dr. Seppala is a board member of the American Society of Addiction Medicine (ASAM) and a national expert on addiction treatment. He has appeared as a guest on the CBS-TV "Early Show" and National Public Radio. He has been quoted in *The New York Times*, *The Washington Post*, *USA Today*, *Newsweek* and *The Wall Street Journal*.

"I love Hazelden," says Seppala. "I'm passionate about Hazelden's mission and with their leadership position; I believe we can make significant contributions at a critical time for the addiction treatment field."

"We're thrilled to welcome Dr. Seppala back to Hazelden," says Mark Mishek, President and CEO. "He has a long history with Hazelden and brings a wealth of care, knowledge, and innovative strategies to addiction treatment. And he truly lives and breathes Hazelden's mission of offering hope for lifelong recovery."

Dr. Seppala attended St. Olaf College in Northfield, Minnesota, and is a graduate of Drake University in Des Moines, Iowa. He obtained his M.D. at Mayo Medical School in Rochester, Minnesota, serving his residency in psychiatry at University of Minnesota Hospitals in Minneapolis. He is a board member of the American Society of Addiction Medicine and a founding member of the Oregon Society of Addiction Medicine.

HHS HEALTH REFORM OFFICE FORMED TO COORDINATE WITH WHITE HOUSE OFFICE

HHS will establish an internal office of health reform that will coordinate "closely" with the White House health reform office led by Nancy-Ann DeParle, according to a presidential executive order issued April 8.

Although the executive order does not name the head of the new HHS office, it appears that health policy expert **Jeanne Lambrew** will get the job, according to Capitol Hill staffers. Lambrew was originally recruited to serve as Daschle's deputy in the White House office, but following his departure, has remained at HHS in an undefined role.

Despite the loss of her patron, Lambrew has won the support of key Democrats in Congress. She worked closely with Daschle on developing and articulating key health reform concepts that have been adopted by the Obama administration and on Capitol Hill. Assuming she is picked, Lambrew will retain a high-level role in the administration as point-person and coordinator between the White House and HHS on all health reform-related issues.

Her selection ensures a key health reform figure on the job at the department even as HHS Secretary-designate Kathleen Sebelius awaits final confirmation. The Senate Finance Committee is expected to vote on Sebelius' nomination later this month.

WELCOME NEW MEMBERS

Discover Recovery
St. Charles, MO

The Recovery Place
Ft. Lauderdale, FL

Clearbrook Treatment Centers
Forty Fort, PA

TRYING TO NAVIGATE UNFAMILIAR TERRAIN

“WHAT IT SOMETIMES LOOKS LIKE TRYING TO MATCH YOUR NEEDS AND A TREATMENT ORGANIZATION”
BY CHRIS GROFF

From time to time, I get to talk to individuals who are seeking a place to provide addiction treatment or who have recently gone through that process and they share their experience with me. For many of you who will be reading this, that experience may not be such a daunting process, but according to the stories I hear, it is for many. This is especially true when parents are seeking treatment for their adolescent children! When parents seek treatment, they often do not involve therapeutic professionals or others who might have some idea about matching the strengths of a particular treatment program with the needs of their children.

The following is a brief article written by an individual who had that experience and then decided that their experience was not unique and has attempted to do something creative about it. Chris Groff has put together a system that matches the strengths of treatment organizations with the needs of persons seeking treatment. This is not an endorsement, but rather a sharing of what is happening, what is possible and how some people experience the process of selecting a treatment program.

TARGETED MARKETING FOR BETTER OUTCOMES

How do you market your services? Is it a shotgun approach, firing lots of messages into the air and hoping one of them finds the right target, or a rifle approach, aimed directly at the potential clients your program or school was created to serve? A great marketing program finds the clients that best fit your program, filling your beds, providing a waiting list for your services and reducing stress on your admissions staff. A poor marketing program results in wasted money, empty beds, clients that barely fit your facility and anxious admissions people.

I was a parent dealing with a 16 year old son that was acting out. When our son's issues became critical, we needed good treatment options quickly, but had no idea where to find them. We talked to therapists, pastors and friends and searched the internet without any luck. Oh, we found the *names* of treatment programs, but we had no way to evaluate them to determine whether they fit our particular situation.

As a businessman, I saw a lack of effective marketing, especially online. We found individual program sites and websites with “directories” of treatment options, but that frustrated us more because we had no means to evaluate the options. The search actually *added* to our pain because we found ourselves swimming in good-looking options and feeling totally inadequate to make a decision.

Neither parents nor clients are in a good position to gauge the best treatment programs for them. They are rarely therapeutic professionals. They don't know the terminology. They usually are unaware of the differences between wilderness programs, therapeutic boarding schools and residential treatment facilities. Most have never heard of educational consultants. In many cases, they rely upon the anecdotal experiences of others. There usually will be one or

two friends, counselors, therapists, program staff and it seems to work for them.

The therapeutic community must help. How could you better serve potential clients and ameliorate this problem? How could families be made aware of the programs that are best suited for their needs? Potential clients must be made aware of the reasons why a program might be a fit. But, this marketing must also be made available to them in a way that they can use it. That is the essence of marketing done well. Marketing is the beginning of an effective therapeutic alliance.

Effective marketing is not just an advantage for the seeking family or client. How much time does the admission department spend on call-ins that are not a good fit? One treatment facility told me 90% of their incoming calls were from families they couldn't help. Think of the cost in staff, offices and overhead! Marketing that *limits* the number of calls can be an advantage. Lots of call-ins are not a positive if those call-ins are not filling beds.

Ideally, seekers would find the potential treatment solutions that suit them, but that is the most difficult part of the problem. A good marketing strategy must educate potential clients about the differences between treatment options and lead them to the best possible solutions. Putting seekers together with their best treatment options will improve outcomes and client / family satisfaction.

Can it be done? Yes, but it requires an alliance of treatment program options, willing to display their program's advantages and limitations in a way that can be easily reviewed and evaluated by potential clients. At the same time, seekers must be guided to provide appropriate information (presenting problem, history, diagnoses, etc) so the programs can be evaluated for suitability. If the process works, every potential client and referral source could have access to viable treatment options.

I believe the solution is an online service, matching seekers to treatment programs by focused questionnaires that are sufficiently relevant, comprehensive and designed to distinguish treatment programs from each other. Seekers would be directed to programs that can really help them, and programs could spend their time treating the clients they were designed to treat. Trial and error and wasted time and effort can be avoided and outcomes could improve.

My frustration led me to team up with a therapist, formerly the head of counseling at a residential program in Colorado. Our goal was to solve the problems we experienced as a parent and a treatment program. We wanted a website that was free to seekers, easy to navigate and helpful in finding possible therapeutic alliances. We wanted to introduce the parties to potential therapeutic alliances, exchange information online and encourage further discovery. That plan culminated in treatmentseeker.com, a website that seeks to solve this issue, initially for the adolescent treatment arena.

With Treatment Seeker, treatment programs needn't spend lots of marketing dollars on shotgun appeals to people they cannot serve. They can concentrate their marketing dollars to find just those clients best suited for their services. Seekers can find programs suited to them and avoid the frustration of having no idea how to determine which program is a good fit. The healing process can begin within a therapeutic alliance that is designed to work well - an outcome that benefits everyone.

I invite you to take a look at preview.treatmentseeker.com and see if you believe this dream can become a reality. It is our hope that we can save all the parties a significant amount of wasted effort and money, and put more people on the path to restoration.

IF THIS PROCESS HAS PEEKED YOUR INTEREST, GO TO WWW.TREATMENTSEEKER.COM AND FOUND OUT MORE ABOUT IT.

HILL BRIEFS: FORMER KENNEDY AIDE TO HEAD HEALTH IT EFFORTS

David Blumenthal, a former Harvard Medical School professor who has advised Senate Health, Education, Labor and Pensions Chairman Edward Kennedy and former Massachusetts Gov. Michael Dukakis, is President Obama's choice to lead health information technology efforts in the new administration. Blumenthal, a physician who was a senior adviser to Obama's presidential campaign last year, will become the national coordinator for health information technology at HHS. He will play a key role in determining how to spend \$19 billion devoted to medical technology in the recently enacted economic stimulus bill. Blumenthal most recently has been director of the Institute for Health Policy at the Massachusetts General Hospital/Partners HealthCare System.

The 19th annual Addiction Studies Institute will be held **August 19-21, 2009**, at the Greater Columbus Convention Center, Columbus, Ohio. This year's event will again be sponsored by Talbot Hall, Addiction Medicine at The Ohio State University Medical Center.

Keynote/featured speakers include Carlton Erickson, PhD., Brené Brown PhD, LMSW, and Steven Grinstead, LMFT, ACRPS, CADC-II. Mark your calendars and make plans to attend this outstanding Institute. *Twenty-one credit hours* will be available for this three-day event.

For further information regarding cost, lodging and registration go to www.addictionstudiesinstitute or contact Garrison and Associates at 614-273-1400.

HEALTH: INDUSTRY GROUPS EXTEND OLIVE BRANCH ON VARYING PREMIUMS

Health insurance industry groups made a goodwill gesture to Senate leaders Tuesday, hoping to tamp down Democrats' interest in a government-run coverage option to compete with private plans as lawmakers craft legislation to overhaul the nation's healthcare system.

America's Health Insurance Plans and the BlueCross BlueShield Association sent leaders of the Senate Finance and Health, Education, Labor and Pensions committees a letter pledging to rid the insurance market of varying premiums based on health status if lawmakers pass a mandate that individuals obtain healthcare coverage. The insurance lobby already has offered to drop pre-existing condition exclusions if the healthcare overhaul includes an individual mandate.

"Clearly, the market today doesn't work, because we don't have everyone in [the healthcare system], and everything that is now in existence in terms of the regulatory structure works through that system," AHIP CEO Karen Ignagni said. "There are a package of things you can do that can change everything. So what we have proposed is an aggressive system of government regulation that would supervise private-sector competition, and the competition I think the people want."

The insurance trade groups' plan would include tax credits to help low- and middle-income families afford coverage and tax treatment for those who purchase their own insurance - equal to the pre-tax spending on insurance afforded those who receive employer-sponsored coverage.

The proposal, AHIP spokesman Robert Zirkelbach said, "achieves the same goals" as a public plan without the need for government-run health care. The insurance industry and many Republicans oppose a public plan because of the government's potential to be the cheaper choice that will drive private insurance companies out of business.

Senate Finance Chairman Max Baucus said he was pleased by the letter from AHIP and BCBSA.

"They don't agree with everything, but at least they're proponents in the sense they want to work positively and constructively in terms of a solution," Baucus said. "And they think something is moving, and it is moving, and they want to be on the train."

HELP ranking member Michael Enzi missed a HELP roundtable Tuesday with insurance experts, including Ignagni, because he was snowed in in Wyoming, but was positive about the letter as well. "This is a good sign that a bipartisan deal is possible if everyone comes to the table with an open mind and an eye toward solutions," Enzi said in a statement.

For Democrats, the insurance industry's olive branch does not mean a public plan is off the table. Baucus maintained Tuesday all options remain viable, and Sen.

Hanley Center's Carol Colleran inducted into the American Society on Aging Hall of Fame

Carol Colleran, a renowned expert on aging and addiction, was honored by the American Society on Aging for her pioneering work in the field of older adult addiction. On Sunday, March 15, Colleran received the Hall of Fame Award during the Society's 2009 Aging in America Conference in Las Vegas.

The ASA Hall of Fame Award is given to a person, age 65 or older, who has demonstrated leadership in the field of aging and "through lifetime advocacy and leadership enhanced the lives of older adults."

Colleran, executive vice president of public policy and national affairs at Hanley Center, developed the Center for Adult Recovery at Hanley. She also co-authored the book *Aging and Addiction: Helping Older Adults Overcome Alcohol and Medication Dependence*. Colleran is being recognized for this and other work by the American Society on Aging.

A frequent speaker at universities and professional conferences around the world, Colleran is recognized as tireless educator and advocate for older adult recovery. She has won numerous awards for her work including the 2006 CARP, Inc., Peter Fairclough Memorial Recognition Award. In 2007, she received the national William F. "Bill" Callahan Award from NAADAC, The Association for Addiction Professionals. In 2008, she received the Mental Health and Aging Network Award from ASA and the American Honors Recovery Award from the Johnson Institute.

Jeff Bingaman, D-N.M., who chaired the HELP roundtable, said he still sees a "strong argument" for a public plan.

The insurance trade groups stressed that, while insurance companies are willing to back off health status pricing variations, they would need to continue rating premiums based on age, geography, family size and benefit design. They also suggested lawmakers allow them to offer premium discounts for non-smokers, those who participate in wellness programs and those who adhere to regimens to treat chronic conditions.

The insurance industry is not simply switching a disincentive in terms of higher premiums for the sickest for an incentive in the form of lower premiums for the healthiest, Zirkelbach said. Rather, they are trying to protect discounts already in use for those making healthy choices.

Zirkelbach said AHIP also is working on a proposal to share with lawmakers that would spread risk and keep insurance premiums from spiking as more people, particularly many who do not have insurance now because of pre-existing conditions, are added to insurance rolls.

THE 2009 NAATP BENCHMARK SURVEY HAS BEEN EXTENDED UNTIL APRIL 15TH!

TO PARTICIPATE VISIT WWW.NAATP.ORG TODAY!

READ IDEAS ABOUT HEALTH CARE REFORM

SAMHSA CREATES WEB PAGE FOR INFORMATION EXCHANGE

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a new place on its website www.samhsa.gov/healthreform for posting and exchanging ideas about the issues and opportunities surrounding the future shape of America's health system - especially on how reform may affect mental health, substance abuse prevention and treatment services.

The goal of the website is to provide background information to policy makers and opinion leaders on this important perspective of the health reform discussion. States, local governments, providers, consumers, the recovery community and family members can work together on this website to examine opportunities where health system reform might enhance prevention, treatment, and recovery services to people in need.

The online resource is part of an ongoing effort by SAMHSA to encourage active participation in the national conversation about the future course of the nation's health care system.

Beginning in December 2008 the agency has convened a series of meetings involving constituent groups, people in recovery, consumers, health care providers, advocates, health service providers, health service administrators and SAMHSA staff to generate ideas about advancing health through system reform and preparing SAMHSA for its role in a reformed system. The ideas developed through these discussions are currently posted on the website as well as background information on the key role mental health and substance abuse-related issues play in the overall health care system.

SAMHSA is seeking additional ideas and comments from others on how the health care system can be reformed to better provide essential services in their communities. The www.samhsa.gov/healthreform site provides guidance on how to formally submit these comments and ideas to the agency. The site will be continually updated with these newly submitted ideas and information as part of the agency's ongoing effort to foster national discussion about health system reform in the mental health and substance abuse prevention and treatment communities.

SEABROOK HOUSE INC. WELCOMES VIRGINIA DOWLING, MS, LADC

Seabrook House Inc. welcomes Virginia Dowling, MS, LADC as the new Clinical Supervisor at Seabrook West, their Transitional Living Facility for professionals in early recovery, located in Westfield, Pennsylvania. Virginia brings a wealth of knowledge and expertise that will enhance the already intensive 90-day step down program for men.

"Ginger's" experience spans over 23 years of working in a variety of clinical settings. She holds dual Master's Degrees in Community Psychology and Administration from Springfield College in Springfield, Massachusetts and is a Licensed Alcohol and Drug Counselor in the State of Connecticut.

As a primary therapist in numerous inpatient facilities, including Natchaug Hospital in Mansfield, Connecticut, a 57 bed psychiatric unit, she has worked extensively with professionals including police officers, attorneys, physicians, nurses and other healthcare professionals. In addition, Ginger holds a wide-range of experience with adolescents, the elderly and prison populations.

Ginger comes to Seabrook West from Child and Family Tennessee, Inc., a nonprofit residential and outpatient program for addicted women and children. From 1997 to 2004, Ginger was Program Director at Community Prevention and Addiction Services of Connecticut, Inc., a nonprofit, CARF accredited organization with numerous locations throughout eastern Connecticut that provides residential, outpatient, detoxification and prevention services. Ginger was responsible for clinical supervision and operations of two residential facilities as well as three intensive outpatient sites. In 2009, Ginger will be celebrating 25 years of personal recovery.

"We welcome Virginia's expertise in assisting professionals to build that early recovery foundation that we know is essential to long term sobriety" said Matthew Wolf, Vice President of Business Operations. "Ginger's role will include direct supervision of the clinical team and the overall management of clinical operations. The filling of this position comes at a time simultaneous to the increase in census that we have experienced over past last 12 months."

A BRIEF VIEW OF OUR HISTORY

The beginning of treatment for addiction as we know it today really started with the founding of Alcoholics Anonymous in 1935. Basically, two people devastated by alcoholism discovered that by placing faith in God as they each understood him to be, or in a power greater than themselves, and by trying to help someone else stay sober, that it helped them to stay sober. As a result of their experience, they were able to give hope to others, share their personal stories and develop the 12 steps they thought had been essential to their own recovery. This occurred at a time when virtually everyone thought alcoholism untreatable and alcoholics doomed to a miserable death.

Later, in the 1940's, a physician and a psychologist working in the alcoholic unit of a state hospital in Minnesota decided to involve recovering members of the 12 step community in the treatment program they were providing their patients. Not only did they detoxify their patients, they educated them to the disease of alcoholism, provided individual and group counseling and therapy, and exposed them to the big book and 12 steps of Alcoholics Anonymous. The physician was Dr. Nelson J. Bradley and the psychologist was Dr. Dan Anderson. The program of treatment they developed gradually became known as the "Minnesota Model."

Dr. Nelson J. Bradley eventually left Wilmer State Hospital and became the Medical Director of the alcoholism treatment center within the Lutheran General Hospital in Chicago, Illinois. This was the first dedicated alcoholism treatment unit within a general acute care hospital in the United States. The success of the Lutheran Center for substance abuse eventually led to the creation of Parkside Medical Services Corporation within the Lutheran General Healthcare System. Parkside became the largest network of treatment programs in the United States during the 1980's and early 1990's.

Dr. Dan Anderson also left Wilmer State Hospital for a farm house in Center City, Minnesota that he developed into a treatment center we now know as Hazelden. Hazelden became the early model for freestanding treatment centers in the United States and a leading example of the "Minnesota Model" of treatment. Hazelden also became a leader in developing and publishing educational materials for use within the treatment field.

The "Minnesota Model" incorporated an "arc of recovery" which took patients from denial, to acceptance, to helping others. It basically found that a 28 day stay within the protected environment of a treatment center was the most conducive to recovery when it involved the family and was supported by aftercare and participation in the 12 step community. This approach was able to most effectively deal with the physical, mental/emotional and spiritual aspects of the disease. Other than the first few days of

treatment for detox, there was very little resemblance to inpatient care in an acute care hospital as we know it today. Patients were ambulatory and actively engaged in the didactic and therapeutic programs in the protective environment of the treatment center. Employers enlightened by personal knowledge of this success began to provide benefits for 30 days of treatment within their health insurance policies.

Over the years, there have been many issues related to health insurance coverage, managed care and, in general, an understanding of alcoholism and drug addiction as a disease. Alcoholism was officially classified as a disease by the World Health Organization in 1954. However, the end result that AA and the "Minnesota Model" of treatment have had is that millions of people have regained their lives to become caring productive people grateful for the gift of life and the ability to be sober one day at a time.

Today, AA has over 50,000 groups located throughout the United States and more worldwide. For a given week in January, 2007, approximately 1,250,000 people attended AA meetings within the United States. In addition to this, others addicted to cocaine or narcotics attended CA and NA meetings. In the history of mankind, there is nothing that remotely compares to the phenomenon which is AA and the 12 step experience. Too often it seems that this story does not get the recognition it deserves for the success that it has achieved and too often it seems that the critics that exist have never been directly involved in the delivery of treatment or the experience of recovery. Millions of people who have been involved in the experience but from totally different parts of the country share an understanding and a bond of what treatment and recovery are all about.

During the late 1980's and early 1990's, the country experienced the onslaught of "managed care" in an effort to contain rising healthcare costs. Its application was particularly brutal to the 28 day model of addiction treatment using criteria that basically had no outcome evaluations to support its use. It was argued that outpatient was just as effective as inpatient based on research that did not involve the private sector which contained the most highly regarded treatment facilities. Self-conducted outcome evaluations in the private sector had consistently reported outcomes in excess of 50% abstinence one year after treatment. Treatment centers were classified as inpatient facilities and a patient's length of stay was limited by managed care to strict medical necessity criteria based on physical symptoms of withdrawal and psychiatric acuity. Some criteria involved failure at outpatient to qualify for inpatient. This ignored the fact that many patients needed the

protective environment of a treatment center to not have access to alcohol or drugs of abuse while beginning the treatment and recovery process. These actions caused at least half of the existing treatment centers to close including all of Parkside and others to drop acceptance of managed care insurance reimbursement and go strictly to private pay. Those that survived but continued to accept insurance reimbursement had to develop partial hospitalization and outpatient services in addition to their “inpatient” services in order to give their patients a reasonable chance at recovery. Critical to patient success has been providing a continuum of care, placing patients at the appropriate level of care, and successfully motivating and transferring them from one level of care to another to continue the treatment process and achieve the arc of recovery mentioned above.

Insurance reimbursement is critical for most people in our country to access the treatment services that they need. Addiction treatment costs remain comparatively low when compared to other health care costs. Just imagine having to pay privately for a 5 day stay in a hospital for any other illness. Alcoholism and drug addiction will kill someone just as readily as cancer or heart disease. Why deny access to appropriate care for one disease that kills and provide it for another in an effort to save someone.

Last October, the Congress of the United States passed the “Parity Act” at the urging of advocates in the field, mostly recovering people and families, with the support of key informed legislators many of whom were also recovering. This act basically requires health insurance benefits to be the same for mental health and substance use disorders as they are for medical and surgical care. Gone are the 3 days of detox only or 30 days in a lifetime and all the other limitations applied to alcoholism and drug dependency treatment unless they are equally applied to medical and surgical benefits. This legislation is historical. It substantially ends much of the discrimination that has existed in health insurance benefits but it is only part of a real solution. People suffering from alcohol and drug addiction still need access to an appropriate continuum of care which can still be denied if medical necessity criteria is applied too restrictively and harshly. However, countering this problem is the lack of benefit limitations which could promote more appropriate treatment initially to avoid the costs associated with repeated admissions after relapse. The jury will be out on how helpful this legislation proves to be for people suffering from this disease but obviously it is a huge step in the right direction.

Jerry W. Crowder
President/CEO
Bradford Health Services
Board Member NAATP

STRATEGIC PARTNERSHIPS

Over the past years, the National Association of Addiction Treatment Providers has attempted to identify products and services which are of value to the members of NAATP. These products have included insurance products, software products, credit card processing services and a number of other services often used by NAATP member organizations. At the same time, the National Association of Addiction Treatment Providers has operated under a guiding principle that it would not enter into an exclusive relationship with any product or service. Rather than develop an exclusive relationship, NAATP has developed strategic partnerships or strategic alliances with organizations that offer these products and services.

The goal of the strategic alliance or partnership is to educate the potential vendors about the particular needs and concerns of NAATP members and to develop a relationship which results in the vendor offering the best price possible to NAATP members. In other words, your membership in the National Association of Addiction Treatment Providers gets you the best price that this particular vendor is offering.

The role of NAATP is to broker an introduction and not “make the sale”. Sometimes an introductory letter will be sent to you, sometimes an email blast will be sent and sometimes the vendor will make phone calls. What is important is that this is an introduction and not an endorsement. NAATP believes that it can often identify potential organizations which offer services and products important to NAATP members, but because of the diversity of the membership they may not be seen as critical to everyone. Because we service large organizations and small ones, it is also important to have price point differentials for similar products.

We will continue to share with you organizations which have taken the time to get to know NAATP and its members and which are committed to working with any interested members around its services and products. NAATP will do the introduction, you will need to do your due diligence and determine if these products and services are the ones you have been looking for or are the ones that will work within your culture. Continue to look for letters and emails of introduction as we broaden your **strategic partnerships**.

Upcoming Events

The **California Institute for Mental Health** will host the Ninth Annual National Information Management Conference and Exposition: Addressing the Needs of Mental Health, Alcohol and Other Drug Programs on April 22-23, 2009 at the Crowne Plaza Hotel in Anaheim, California. More information about the program and how to register can be found at: <http://elearning.networkofcare.org/CiMH/EventOverview.asp?id=171694>

The **American Association for the Treatment of Opioid Dependence (AATOD)** will hold its national conference **April 25-29, 2009** in **New York City**. Visit www.aatod.org or call 856-423-3091 for more information.

The **American Society of Addiction Medicine (ASAM)** will hold its 40th Annual Medical-Scientific Conference on **April 30-May 3, 2009** in **New Orleans, LA**. For more information visit www.asam.org.

The **Northern Kentucky Criminal Justice/Behavioral Advisory Committee** will sponsor the Recovery, Responsibility, Resiliency for Justice Involved Persons with Behavioral Health Disorders Conference on **May 4-5** in **Covington, KY**. For more information visit <http://mhmr.ky.gov>.

The **National Association of Addiction Treatment Providers (NAATP)** will hold its 2009 Annual Addiction Treatment Leadership Conference on **May 17 - 20, 2009** in **West Palm**

Garden, FL.

The Ben Franklin Institute will host the 3rd Annual National Eating Disorder Conference June 4 - 7, 2009 in Las Vegas, NV. Go to www.bfisummit.com or call 1-800-643-0797 for more information.

The Ben Franklin Institute will host The Summit for Clinical Excellence Conference, October 1 - 4, 2009 in San Diego, CA. Go to www.bfisummit.com or call 1-800-643-0797 for more information.

The Ben Franklin Institute will host The Summit for Clinical Excellence Conference, October 22 - 25, 2009 in Scottsdale, AZ. Go to www.bfisummit.com or call 1-800-643-0797 for more information.

The **National Association of State Alcohol/Drug Abuse Directors** will hold its annual meeting **June 7-10** in **Syracuse, N.Y.** Visit www.nasadad.org for more information.

The **NISTx** Summit and the **State Association of Addiction Services (SAAS)** National Conference will take place **July 29-August 1** in **Tucson, AZ**. Visit www.saasniatx.net for more information.

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