

2009 NAATP ANNUAL LEADERSHIP CONFERENCE SETS THE CHALLENGE FOR 2010 CONFERENCE IN SAN ANTONIO

From the moment the opening tee shot was struck on Sunday until the applause faded following the closing presentation by General Barry McCaffrey on Wednesday only 76 hours had elapsed, but so much was packed into those hours! High energy, challenging presentations, networking gatherings, informal conversations, information exchanged and so many additional phrases could be used to describe what took place at the PGA Resort and Spa in Palm Beach Gardens, Florida during the 2009 NAATP Annual Leadership Conference. At the same time those phrases and any others that were used would have been inadequate to truly describe the atmosphere and the content of the conference. Half in jest and half seriously several participants were heard to comment that they wondered just how the 2010 was going to be able to top this event.



The torch has been handed from Ms. Linda Bell who chaired the 2009 Annual Conference Committee to Mr. Art VanDivier who is chairing the 2010 Conference which will be held at the La Cantera Resort in San Antonio, TX, May 22 - 25, 2010! You can expect to hear much more about the plans for this celebration and event in the months ahead, but now sit back and relax with a good cup of coffee and recall the wonderful memories of the 2009 conference if you were there or make a commitment now to attend the 2010 conference if you were unable to attend.

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The sun blazed early on a sunny Florida morning, and the humidity began to rise as over 80 golfers made their way to the *Palmer Course* at PGA National to compete for the Len Baltzer NAATP Golf Outing Trophy, or at least to have their names placed on this trophy. With no hint of rain in the forecast (which could not be said about the other days of the conference) the golf participants stretched and putted in anticipation of beginning their round of golf. Some 5 hours later, everyone gathered for lunch and awaited the results



The announcement of whose names would be added to the trophy kept the conversations animated and somewhat apocryphal! In the end, Kermit Dahlen, James Moore, Frank Miller and Jay Perkins had their names etched on the base of the trophy designating them the winning team for 2009. For everyone else, there is always 2010!

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

$$2 + 2 = 5 \frac{1}{2}$$

Over the past two years, you have read (I certainly hope that is the case) about the efforts conducted by the National Association of Addiction Treatment Providers in the area of public policy on your behalf. Efforts that have included raising awareness, commenting on proposed legislation, suggesting changes in regulations, and other efforts to ensure that the disease of addiction is recognized, that benefits for treatment of this disease are available and that all persons have access to treatment as they do for other diseases. The ongoing discussion, debate and negotiations around health care reform only serves to intensify that process.

Every time that we “test the waters” with the membership of the National Association of Addiction Treatment Providers it is affirmed that NAATP needs to be providing leadership in the general area of public policy. Put another way, it is affirmed that NAATP needs to have a voice in how the public is informed about the disease, the treatment of the disease and the management of the disease and how policy is shaped which addresses these issues. This is a complex, resource consuming and intense activity. On some days it seems as if it takes half a day to simply read all the emails which come from other organizations on issues of importance to NAATP! We have learned a lot and our voice is valued in the on going discussions. The concern and impact of NAATP in the public policy area goes well beyond the current health care reform discussions. Nevertheless, this discussion gives us a door into some very important and far reaching policy issues.

NAATP is not the only organization which is working to impact both their membership and the public and policy makers. We have many “collegial” groups that are in regular communication with us around issues we share in common and issues more unique to their particular interests. At the same time, the Washington Beltway is flooded with organizations whose interest are not in sync with ours; whose goals are very different than ours; and who would very much like to see a different agenda than that which the National Association of Addiction Treatment Providers articulates! Competing agenda and competing voices is, after all, how policy is established.

And that brings me to the **2 + 2 = 5 ½**. In order to be effective, we need to use every connection, every relationship, and every strategy possible! *We do not have the resources or the size to compete with many of the larger associations and interest groups!* What we have are relationships.

A few weeks ago, one of our members from Illinois contacted me and asked if I would be interested in meeting with a member of the House of Representatives from the State of Illinois. The purpose would be to present this Representative with information about the concerns of the National Association of Addiction Treatment Providers regarding the development

of the regulations for the Parity Legislation passed in 2008 and to outline our thoughts on reasonable minimal benefits and access information which might be included in all health care plans. This could also be an opportunity to talk about what might be needed in developing a “delivery system” approach to treating the chronic disease of addiction.

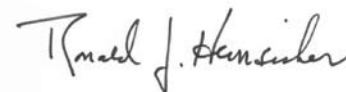
What was somewhat unique about this offer was that it would be an appointment with the Representative herself and a key staff person. Often meetings with legislators end up being a meeting with staff only. The NAATP member organization from Illinois had contracted with a public policy firm and this firm had a connection with the Member of the House and could get the meeting. As it turns out, another NAATP member from Illinois also used this firm and supported this idea. The plan was for an appointment to be made so that the public policy firm representing several NAATP member organizations from Illinois and myself could meet with the Representative from Illinois in her office in DC.

After juggling several very busy schedules, an appointment has been set and will occur before you read this article. NAATP has another opportunity to present its ideas about addiction, the importance of treatment for this disease, the importance of being sure that all persons have a benefit that covers treatment for this disease and that everyone has access to both the benefit and needed treatment. The appointment has been made and now NAATP just has to deliver the message!

The key to all of this is that NAATP brought **2** to the table and the NAATP member organizations from Illinois brought **2** to the table and when added together we are going to get **5 ½!** We maximize our resources and our impact when we make use of the relationships already in place.

Because of this, the NAATP office will soon initiate a survey to collect from you the members of NAATP an inventory of the relationships we have with elected officials. We do not have this inventory which will be a very valuable resource to us as we continue to articulate our positions and concerns on important topics related to addiction treatment. We will announce this *inventory* process in the near future. When you see it coming, I would hope that you take the few moments it will take to share your “relationships” so that we can continue the **2 + 2 = 5 ½ process!**

Thanks to the NAATP members in Illinois for taking the leadership and giving all us of a model to follow.



Ronald J. Hunsicker
President/CEO, NAATP

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The NAATP Board of directors met for several hours on Sunday afternoon and conducted the normal business of the association including electing officers who will serve for the next two years as officers of the Board of Directors of NAATP. Persons designated to provide leadership to the Board of Directors through the 2011 annual conference are:

Board Chair	Cathy Palm
Board Vice Chair	Russ Hagen
Secretary	James Dougherty
Treasurer	Carl Kester
Immediate Past Chair	Edward Diehl



NAATP Board of Directors during their working session on May 17, 2009

Over the course of the next several months, you can expect to hear from the executive committee of the Board as they contribute their ideas to the “board page” of the NAATP newsletter.

The first of two major receptions was also held on Sunday evening where the organizations that had become members of the National Association of Addiction Treatment Providers during the past 15 months were recognized and welcomed to NAATP. As registrants entered the exhibit hall they were struck by three “first impressions”:

- ❖ The exhibit hall was filled to capacity;
- ❖ The New Member board contained over 50 organizations which had become members of NAATP during the past 15 months; and
- ❖ They were greeted by Chinese food and chop sticks as the reception food which became an instant hit.



New Member Reception in Exhibit Hall

In addition to the food and conversation, John Southworth from Southworth Associates who sponsored the **New Member Reception** conducted a drawing for a large flat screen TV.



Monday morning dawned in Florida with a bit more humidity in the air and even more forecasts for rain throughout the day, but inside the exhibit hall and the lobby of the hotel was the natural meeting place for NAATP members as they continued to catch up with each other.

The opening plenary presentation was by John Wallace, Ph.D. who would receive the Nelson J. Bradley Life Time Achievement Award at the Tuesday luncheon. John was so gracious in making himself available to all those registered as he connected again to friends from years past and became acquainted with new friends. In his opening presentation he challenged the audience to not simply accept the research skeptical of the 12 Step abstinence model of treatment and

to also be cautious about the “other” models presented as science validated. His stimulating presentation generated a lot of discussion including considerable time spent at the CEO Roundtable luncheon examining how NAATP might develop an outcome product which was subscription based much as had been done by a company in the past.

Dr. John Wallace reminds us and challenges us!



The opening session was followed by luncheons designed to attract specific disciplines where there was information exchange and the ability to test ideas with peers.

The grand event of the evening was the NAATP Board Reception. Food, table conversations recognition of individuals for their service in their communities and entertainment by Rosanne Cash made this two hour event just fly by!

For the second year in a row, NAATP has been pleased to collaborate with Caron Treatment Centers to present the *Jasper G. Chen See, M.D.* Volunteer Leadership awards to persons who serve on the Board of Directors of Member organizations. For 2009 the recipients were:

- Thomas C. Furst, Rosecrance Health Network
- James D. Simpson, III, Hazelden
- Jane & John W. Hanley, Sr. Hanley Center



Jasper G. Chen See, M.D. Awards

These are the individuals who are providing the oversight and community leadership to the organizations that are members of NAATP. After hearing these four persons speak and graciously receive this recognition, our member organizations are in good hands. If we had taped these four receiving their awards, there could not have been a better statement about who we are and why we are doing what we are doing!

NAATP also presented a surprise recognition to Doug Tieman the CEO of Caron Treatment Centers for his 25 years of leadership and service in the addiction treatment field.

The evening concluded with entertainment by Rosanne Cash. Here is an individual who truly knows where she came from; she made the evening about making us feel good and less about herself. It was a memorable evening and a true expression of why the NAATP annual conference is both an event and a celebration!

Tuesday morning again found people gathering for coffee and other refreshments in the exhibit area as they prepared for the second and last full day of the conference. The day began with concurrent workshops as persons selected topics of interest to them and to the programs they represented. Following the workshops Markus Heilig, M.D., Ph.D. presented his research on *Identification of a Novel Neurotransmitter System Involved in Craving for Alcohol* which gained his selection as the 2008 recipient of the Dan Anderson Research Award from Hazelden Foundation. The award itself was presented at the Tuesday Awards Luncheon.

A Sampling of the Awards presented at the NAATP Awards Luncheon



The NAATP awards luncheon is a time for NAATP to recognize the achievements and the accomplishments of those persons who share the values and the mission of NAATP. Several prestigious awards are presented including:

- ❖ Nelson J. Bradley Life Time Achievement Award
John Wallace, Ph.D.

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ANXIETY DISORDER RECOVERY:

DISCOVERING A LIFE WORTH LIVING

JENNIFER LAFFERTY O'CONNOR, PHD

Anxiety disorders are the most common form of mental illness in both children and adults, affecting one in six individuals in America each year. Although these disorders vary distinctly in their presentation and symptoms, at their core these disorders all involve persistent, intense, and irrational anxiety, fear, or dread that interferes with daily life. Too often, anxiety disorders are misunderstood or misdiagnosed, preventing the sufferer from receiving appropriate treatment. When left untreated, anxiety disorders can quickly become incapacitating and may result in the development of additional problems including unemployment, social isolation, depression, and substance abuse.

Many of those who suffer from an underlying anxiety disorder may initially present for treatment of an addiction. Recent epidemiological studies reveal striking rates of co-occurring anxiety and substance use disorders. Many who suffer from the debilitating effects of anxiety turn to alcohol or drug use in an effort to self-medicate their symptoms. A recent review of the empirical literature shows that anxiety disorders pre-date substance use disorders in at least 75% of comorbid cases. However, self-medication through substance abuse typically results exacerbated anxiety-related symptoms and a subsequent escalation in self-medicating efforts. A mutual maintenance pattern ensues in which each disorder serves to perpetuate the other. This mutual maintenance pattern suggests that treatment of the underlying anxiety disorder is a critical factor in achieving successful recovery for a substantial percentage of clients seeking addiction treatment.

Remuda's Anxiety Disorders Program, which opened its doors in Spring 2008, is committed to providing highly specialized, scientifically-valid, and efficacious treatment to individuals suffering from debilitating anxiety disorders. The primary goal of treatment is to free sufferers from a vicious cycle in which they have come to rely on ineffective behaviors in a futile effort to self-manage their anxiety. For example, persons with obsessive-compulsive disorder (OCD) typically rely on time consuming compulsions and avoidance behaviors to manage intrusive and distressing obsessions. OCD sufferers with contamination obsessions may spend three hours daily in washing and cleansing compulsions, confined to their homes because they avoid "contaminated" locations such as school, work, and public places.

Over time, compulsive and avoidance behaviors drastically reduce the sufferer's life quality, resulting in disability. These behaviors also strengthen the distorted and obsessive fears that drive the OCD cycle to begin with. OCD sufferers may believe that if they ever enter the perceived "contaminated" places or stop their compulsive washing, they will contract a horrible disease. Because of avoidance, their beliefs are never subjected to reality testing, but instead grow stronger.

Cognitive behavioral therapy (CBT) interventions directly challenge both distorted thoughts and ineffective behaviors. Remuda's program relies on Exposure with

VISIONS

Response Prevention (ERP) as the primary CBT intervention for most anxiety disorders, including OCD, social phobia, panic disorder, and OCD-spectrum disorders such as body dysmorphic disorder. ERP involves direct exposure to feared situations plus prevention of patients' ineffective behaviors, such as their compulsions and avoidance.

Prior to ERP, patients receive extensive psycho-education, facilitating insights into their thinking and behavior. As patients realize that their compulsive and avoidance behaviors are preventing the lives they want, they begin to desire change. Patients learn that the pathway out of this cycle is facing their fears through ERP. They learn about behavioral concepts, such as "habituation": if they remain in distressing situations long enough, their anxiety naturally abates, making avoidance and compulsive behaviors unnecessary.

Patients create "fear hierarchies"—lists of situations that trigger their anxiety. Fear hierarchies always begin with situations that provoke mild/moderate distress and proceed to those provoking severe distress. Patients gradually develop confidence in their ability to tolerate distress without using ineffective behaviors for relief. As patients face fears on their hierarchy, they learn experientially that habituation does indeed occur and that their imagined fears do not come to pass. As this happens, patients become less entrenched in fear and more willing to confront challenging situations. As patients develop confidence in their ability to manage a variety of previously distressing situations, they become free to lead lives that are guided by their personal values, goals, and priorities, rather than limited by anxiety and efforts to reduce or avoid it.

The effects of anxiety disorders can be crippling. If left untreated, anxiety disorders can destroy relationships, erode self-worth, and crush the hopes and dreams of the victims. Remuda's Anxiety Disorders Program is committed to providing help, hope, and healing in the lives of those who suffer.



*“Lending a hand...
...anytime, anyplace.”*

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- ❖ Michael Q. Ford Journalism Award
Joseph R. Cruse, M.D.
- ❖ Dan Anderson Research Award
Markus Heilig, M.D., Ph.D.
- ❖ James West M.D. Quality Improvement Award
Livengrin Foundation
Operation P.A.R.
- ❖ ACATA Administrator of the Year Award
Edward Diehl

Ed Diehl receives the ACATA Administrator of the Year Award for 2009



Another key announcement made at the Awards Luncheon was the “launch” of the National Association of Addiction Treatment Providers “Political Action Committee” campaign. Ed Diehl, the now immediate past chair of the NAATP Board has been appointed as the chair of the NAATP PAC and he received two initial donations to the PAC at the luncheon! Mr. Diehl announced that all NAATP Member organizations would be receiving information on the PAC with an invitation for them to participate in this initial campaign which will be conducted during the summer.

By design, Tuesday evening was left open for conference participants to enjoy the area and for clusters of friends to spend some time together. All reports indicated that the evening was well spent and enjoyed!

Wednesday morning arrived and as always, it carried with it an air of sadness and anticipation. Persons were checking to see how projected thunder storms would impact their return flights and exhibitors were getting ready to pack up and ship their material home. The breakfast in the exhibit area seemed a bit more intimate as smaller groups gathered, but the conversation was just as animated. The early morning was

again concurrent workshops which ranged in topics from Why Research needs to begin with Practice to a report on the 2008 budget crisis in Illinois. Following the break, General Barry McCaffrey closed the 2009 conference with some advice and challenge in the area of Public Policy and Addiction Treatment. He asked us to leave not just with a smile of satisfaction on our face, but a commitment to become involved and to share our perspective on health care reform with those charged with making and shaping public policy.



General Barry McCaffrey issued a challenge to the participants of the NAATP Annual Conference, “Get involved and Stay involved”

76 hours and all that happened! We are getting ready to do it all over again in San Antonio and you need to be there! There is so much that happens each year and we only have 76 hours to report, celebrate review and present awards. Be sure you are part of the 2010 **76 Hours!**

**FATHER JOSEPH C. MARTIN
AWARD GIVEN
DEBRA REYNOLDS OF CONTINENTAL
AIRLINES HONORED AT THE
FATHER MARTIN'S ASHLEY
CONFERENCE ON CHEMICAL
ADDICTION.**

Dr. Debra Reynolds, MS CEAP, of Continental Airlines was honored with the Father Joseph C. Martin Award at the Father Martin's Ashley Conference on Chemical Addiction Annual Awards Luncheon. The Father Joseph C. Martin Award is given annually to recognize a professional who displays excellence in the field of drug and alcohol addiction treatment and exemplifies Father Martin's ideals of dedicated, compassionate care for those with the disease of addiction. This is the sixth year for the award.

Dr. Reynolds is the Managing Director of Employee Health and the Employee Assistance Program (EAP) for Continental, and has been in the mental health, substance abuse and EAP field for over 30 years. She has been active for many years with the International Employee Assistance Professional Association (EAPA), serving as Chairperson for several committees as well as a term as Vice President of Administration. Dr. Reynolds recently completed her Doctorate of Public Health at the University of Texas, School of Public Health Medical Center.

Just prior to passing away in early March 2009, Father Martin consulted with the Ashley conference coordinators to determine the recipient of his namesake award. He expressed his pleasure at honoring Dr. Reynolds, whom he knew professionally, and expressed his great respect for her ongoing efforts to help people that struggle with addiction.

Several previous Father Joseph C. Martin Award winners were in attendance at the luncheon. Previous award winners include Dr. Robert Ackerman of the Mid-Atlantic Addiction Training Institute, James O'Hair, CEAP from Northrop Grumman, Terrance Gorski of CENAPS, Dr. Ronald Hunsicker of NAATP and Gabriel Kajeckas, LCSW. The prior winners gave remarks about Father Martin's personal impact on their lives and his ongoing legacy in the addiction treatment community.

**GATEWAY REHAB PRESIDENT AND CEO
RECEIVES "DISTINGUISHED ALUMNI AWARD"
FROM UNIVERSITY OF PITTSBURGH'S
SCHOOL OF SOCIAL WORK**

Gateway Rehab president and chief executive officer, Kenneth S. Ramsey, Ph.D., recently received the 2009 "Distinguished Alumni Award for Outstanding Contributions in Social Work Practice" from the University of Pittsburgh's School of Social Work. He was honored at their annual recognition ceremony at Soldiers and Sailors Memorial Hall in Pittsburgh. Under Dr. Ramsey's leadership, Gateway has grown from a single-site, 28-day program with 39 staff members to a nationally recognized alcohol and drug treatment system with approximately 600 staff members.

Dr. Ramsey's previous honors include the *Pittsburgh Business-Times* "Health Care Hero Executive Award", Wheeling Jesuit University's "Distinguished Alumnus" award and the "Administrator of the Year" award from the American College of Addiction Treatment Administrators. Additionally, Dr. Ramsey was selected as one of the first 50 Pittsburgh area leaders for participation in Leadership Pittsburgh.

Dr. Ramsey is the immediate past chair of the National Association of Addiction Treatment Professionals, the public policy committee chair of the National Association of Addiction Treatment Providers, a member of the Pennsylvania Advisory Council on Drug and Alcohol Abuse and the Pittsburgh Rotary Club. Dr. Ramsey also serves on the board of the Beaver County United Way, is the immediate past chair of the Beaver County Chamber of Commerce and past chair of the Beaver County Mental Health Mental Retardation Advisory Council.

Gateway Rehabilitation Center is a nationally recognized, private, not-for-profit organization that provides treatment for adults, youth and families with alcohol and other drug dependencies. Gateway was founded in 1972 by Dr. Abraham J. Twerski, an internationally recognized authority on chemical dependency treatment. More than 100,000 individuals have received treatment within the Gateway system, which extends throughout western Pennsylvania and Ohio.

**THE REV. MICHAEL J. O'CONNELL
ASSUMES CHAIRMANSHIP OF
HAZELDEN FOUNDATION BOARD OF
TRUSTEES**



The Hazelden Foundation, one of the world's largest and most respected private, not-for-profit alcohol and drug addiction treatment centers, announced today that the Rev. Michael J. O'Connell has been named the new chair of its Board of Trustees. O'Connell succeeds Norbert J. Conzemius, who served as chair for two years.

"The Rev. O'Connell has been a dedicated member of the Hazelden Board of Trustees since 2004, and we are delighted to work with him in his new capacity as board chair," said Mark Mishek, Hazelden's president and CEO. "We also thank Norbert for his valuable service and continuing commitment to Hazelden and its mission to help people sustain lifelong recovery from addiction to drugs and alcohol."

O'Connell currently serves as pastor at Church of the Ascension in North Minneapolis and is the former rector at Minneapolis' Basilica of Saint Mary, a parish noted for its pastoral care and work with the poor. O'Connell has spearheaded a number of local initiatives such as the Jeremiah Program, which helps single mothers attain self-sufficiency; worked closely with local Jewish, Christian and Islamic congregations to promote interfaith dialogue and understanding; led trips with Catholic and Jewish congregants to holy sites around the world; and commissioned a sacred Holocaust memorial oratorio, "To Be Certain of the Dawn," as a gift to the Jewish people in 2001.

O'Connell also serves as a board member for the Saint John's Graduate School of Theology, Greater Twin Cities United Way, Friends of Ascension School Board, Lundstrum Center for the Performing Arts, Friends of Catholic Urban Schools, and the Robins, Kaplan, Miller & Ciresi Foundation for Children. He holds a master's degree from the University of St. Thomas.

"It's an honor for me to serve in this important role since my lifelong work has always been about helping people," said Rev. O'Connell. "And I will continue to do so in supporting Hazelden's promise of offering the best opportunity for lifelong recovery for those seeking help for addiction."

**NEW INTERNATIONAL
VOLUMES JUST COMPLETED
FOUR VOLUME SET ON ADDICTIONS NOW
AVAILABLE**

Only the very rare among us are completely unscathed by the effects of addiction - our own, that of a family member, friend, or coworker. Even the addictions of strangers - from the drunk driver or drug addict, to gambling, food, spending or violence-addicted people - may subject us to dangers, threaten our well-being, and drain money from our pockets. Recent national estimates in just the US show that substance abuse and addiction alone cost taxpayers a total of nearly \$500 billion a year. In these volumes, experts from around the world present the newest issues, research, and insights into addictions of all kinds. Led by Angela Browne-Miller, Director of the Metaxis Compulsive and Habitual Behaviors Institute in California, this team of contributors includes scholars and practitioners from the United States, Canada, the United Kingdom, Sweden, Thailand, Africa, and Russia. Topics range from drug addiction among male, female, teen and aging populations, and among White, Hispanic, Black, Asian, Native American and other groups, using liquor, cocaine, methamphetamine, khat, and/or other lesser known drugs, to behavioral addictions including online gaming, excessive buying, and eating disorders. Chapters also address issues including addiction as a public health problem and the politics of drug treatment policies.

Treatment methods for addictions, from electrotherapy to holistic approaches are addressed, as are spiritual, psychological, and cross-cultural issues involved. The experts behind these chapters include those from the University of California, Berkeley, Johns Hopkins School of Medicine, and Purdue University, to McGill University, Nottingham Trent University, and the All India Institute of Medical Sciences.

The volume titles in this set include:

- Volume 1
Faces of Addiction, Then and Now
- Volume 2
Psychobiological Profiles
- Volume 3
Characteristics and Treatment Perspectives
- Volume 4
Behavioral Addictions from Concept to Compulsion

This is a resource to be considered by all addiction treatment professionals and organizations that provide addiction treatment. For more information on this recent publication go to: <http://www.praeger.com/catalog/C9605.aspx>.



NAATP 2009 BENCHMARKING REPORT READY FOR DISTRIBUTION

What began in 1998 as a “trial attempt” to provide NAATP member organizations with some information on how they benchmarked against other NAATP member organizations has metamorphosed into a major initiative by the National Association of Addiction Treatment Providers and a highly anticipated annual process. The 2009 Benchmark process has been completed; the data has been reviewed and in some cases *cleaned* and the reports are ready for distribution.

Consistent with our effort to attract the most number of participants, the reports will only be available to those organizations that participated in the survey process and provided data for the report. The intent of the process is to provide information to members of NAATP by taking “their data” and putting it in relationship to the data from other organizations which produces information! Information is what drives decision making and information is what drives successful organizations.

NAATP is sitting on some extremely valuable information and data as it has conducted this process since 1998. This provides longitudinal information on those data set points which have remained constant throughout that period of time as well as longitudinal information on organizations that also have participated throughout the entire time or some portion of that period. We have some trending snapshots and because of the length of this process, we can make some informed indications about where one might expect to see some of the numbers in particular data set points.

There are a few observations that can be drawn from the most recent experience. Some of these observations have been noted in prior benchmarking experiences and some have been noted in another context. However, they do bear repeating.

- ❖ Diversity is both the creativity and the struggle of what we do! There is a great deal of diversity around what is called “addiction treatment”. Because of this, it becomes difficult to compare resources needed, resources used, etc. Until we have an agreement on what constitutes Addiction Treatment:
 - Level I
 - Level II
 - Level III

It will be a challenge to begin to look at comparative resources needed to get comparative results. This continues to beg the question of what is the anticipated result of addiction treatment and how do we both measure and report that result.

- ❖ The 2009 contained some obvious *outlier* data. There was some data reported and entered which simply was not possible or reasonable. An attempt was made to eliminate that outlier data by removing it so that it did not impact the average or the standard deviation. We believe that we have eliminated most of the “obvious” outlier data, but more than likely not all of the “suspicious” outlier material. This begs the question of how to improve both the survey instrument and the retention of good data by individual members so that we get cleaner data? Consistent definitions and consistent retention of similar data is a short term and long term goal.
- ❖ Some of the material in the benchmark reports yields extremely interesting and important information to shape your business. Information on per patient medication costs, average wait from first contact to first appointment and the ratio of scheduled admissions vs. actual admissions when benchmarked to others doing similar activities can result in critical indicators about the direction of your business.
- ❖ Finally there was an interesting and perhaps cautious statistic in this report. Assuming that the data was reported accurately, the respondents reported that on average 77.18 of their total admissions to residential inpatient services were discharged from “your” program within the last 30 days. This means from the group reporting that over 75% of their admissions are recent “re-admits”. Let’s assume that the survey is faulty and that the results are not reliable. Nevertheless, we do need to give attention to this re-admit issue as this is precisely the sort of thing we can expect to be addressed in health care reform and some current government health care programs are not paying for re-admissions. All the more reason why we need to move to a chronic care model and conceptualize how to provide management services for this disease after we have arrested its progression and stabilized the patient.

There is a lot of very valuable information which can be processed from the report. If you participated, be sure to look for information on your report and how you can access additional analysis of the material. Below you will find one “teaser” graph so that if you did not participate in 2009, you will be sure to submit your data in 2010.

Health Care Reform Update

Suggestion is made to use “normal” rules of debate until October 15, Then Rules could change!

It's being reported that the 2010 federal budget resolution (agreed to by both the House and Senate) will include a “reconciliation instruction” for health care. Essentially, reconciliation creates a non-standard parliamentary procedure which prohibits senators from filibustering. This means that a bill being considered under reconciliation would only need 50 Senate votes to pass--given the already significant Democratic majority, this makes it MUCH MUCH MUCH easier to pass major, potentially controversial legislation.

The House-Senate budget resolution is said to contain an October 15 deadline for health care reform. This means that health care legislation must be passed under normal Senate rules by October 15--which would mean getting a bipartisan bill that could attract 60 votes--and this is the option that President Obama and Senate leaders have said they prefer. However, if there is no bill passed by October 15, the reconciliation rules would go into effect, and essentially the entire process can be led by Senate Democratic leadership. Obviously, this puts significant pressure on Republicans to work towards a bipartisan bill before October 15.

A background article can be found here: <http://www.nytimes.com/2009/04/23/us/politics/23health.html>

The Pace for Health Care Reform Increases

(1) The first “real” health care reform bill was released the second week in June from the Senate Health, Ed., Labor, and Pensions Committee, chaired by Sen. Kennedy. The bill itself can be found here: http://help.senate.gov/BAI09A84_xml.pdf.

(2) The three House of Representatives committees with oversight over HC reform (the same three that had jurisdiction over parity, Ed. and Labor, Energy and Commerce, and Ways and Means) released the same week, an outline of the bill that they have been working on together--it can be found here: <http://waysandmeans.house.gov/media/pdf/111/tri.pdf>. The three committees have worked together to create a single bill which will then be divided up, giving each committee the ability to amend/mark-up the parts over which it has jurisdiction.

(3) The Senate Finance Committee has not yet released a specific outline beyond the three Policy Options papers that were distributed in late May.

(4) Last week, Pres. Obama sent a letter re-outlining his priorities for HC reform to Congress: http://www.whitehouse.gov/the_press_office/Letter-from-President-Obama-to-Chairmen-Edward-M-Kennedy-and-Max-Baucus/

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and what is their prevalence rates for hypertension, cardiovascular problems, diabetes etc. Weaving today's financial crisis with the costs savings from chronic disease management and prevention may provide the threads to connect government silos and bring about a new perspective. This is a big undertaking; however, the majority of the data is already available.

NAATP members can fuel this approach too. A plan is required in order to compile standardize information, into a central database, that provides the statistics on our population risk for other chronic illnesses. It is possible to collect statistically significant data very quickly. We can keep it simple. The sheer volume of the data will speak for itself.

By drilling down into existing data, we will support the case for early identification and treatment of chronic illnesses, and possibly reposition alcohol and drug treatment up the priority list.

We certainly have solutions for treatment. Is it possible we also have solutions for the economy? Can we shift the perspective and take advantage of today's financial crisis in order to launch a transformation in health care and other systems? We can come forward with renewed, innovative and convincing ideas for the financial climate of today.

One of Barak Obama's campaign advisors, Richard Thaler, has just written a book entitled “Nudge”. It may be a timely read!

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SERENITY LOANS NEW FUNDING SOURCE FOR TREATMENT COSTS

The National Association of Addiction Treatment Providers continues to look for services and products for its member organizations which may enhance their business and which may provide them with a competitive edge in the market place. NAATP has recently been working with **Freedom Consultancy** and their **Serenity Loan** program which we would like to introduce to all NAATP Member organizations.

As we have previously noted, NAATP does not engage in exclusive arrangements, but rather attempts to develop strategic partnerships so that there is benefit from NAATP members choosing to explore the presented products and services.

Over the past months the NAATP office has consistently heard about the difficulty in obtaining financing for addiction treatment. We believe that we have "one" option or solution for you with this issue. NAATP would like to introduce you to Freedom Consultancy and their Serenity Loan program.

Freedom Consultancy is a solutions company that develops innovative commercial enhancements for the healthcare industry to aid the flow of admissions and create new funding routes into treatment services for substance abuse and dependency, psychiatric treatment and behavioral health issues.

Freedom has recently developed and launched **SerenityLoans**, which is a unique treatment-specific patient financing program, in partnership with various national banks and consumer finance companies, as an affordable payment alternative for private pay clients.

A **SerenityLoan** can be used to pay for all or part of a client's treatment and may cover the additional costs of transportation, accommodation for family members and living expenses while away from home.

All loans are subject to status however may be applied for with co-signers and/or guarantors. Applications are submitted online with initial decisions returned within seconds and loans completed within hours (subject to timely completion by the borrower). All funds are paid directly to the facility ensuring the client can be admitted swiftly without the added worry of making payment.

Freedom Consultancy is ever engaged in improving the **SerenityLoan** facility and is in constant negotiation with additional lending sources. Depending on lender and client credit score, rates start at just 1.99%APR with a maximum cap fixed at 22.99%APR, with loans available from a minimum of \$500 up to the full cost of treatment.

Repayments can be made by Autopay or Invoicepay options and loans carry no prepayment penalties for early termination. Should a client leave treatment early and/or be due a refund, Freedom has arranged dispensation for the facility to rebate the excess funds back to the lender to

reduce the capital borrowings and repayments (although all facilities are encouraged to have their client sign authority in this respect prior to admission).

While owning and operating the **SerenityLoans** program, Freedom is not a finance company and does not engage in the lending process but simply acts as a negotiator and gateway to the principle lenders. In this respect, Freedom has passed on the full benefit of the negotiated interest rates and terms of the program to the facility and borrower. Freedom does not add points to the loans or charge administration fees to clients they simply make their revenue from registration setup fees charged to each participating facility.

As an added feature of **SerenityLoans**, Freedom actively promotes all participating facilities on and offline through in-site profiling, extensive marketing and advertising campaigns and throughout the international conference season, ensuring that all key referrers are aware of the facilities offering financial assistance. Freedom operates a Freedom of Choice and Fair Competition Policy and does not represent any particular facility preferentially, guaranteeing all are promoted equally. No other finance program offers this level of support for their merchants!

SerenityLoans registration is normally charged at \$4000 per facility location however NAATP has agreed a special discount for its membership of \$1000 per facility location! Freedom Consultancy has also agreed to pay \$1000 toward the NAATP dues for non NAATP Members!

Freedom are currently also negotiating invoice factoring, accounts receivable purchasing, a closed-end credit card and relapse insurance program.

For further information about **SerenityLoans**, or to arrange a presentation, please either email: naatpinquiry@serenityloans.com or call (215) - 496-9021.

Beyond the Economic “Shockwave”

We are all aware that in September 2008, the world shifted. The rules of the game changed with the collapse of Lehman Brothers. U.S., British and Canadian governments did not know what it meant. They found themselves faced with the most serious crisis since the Great Depression. One year ago, who would have expected the U.S. and England to be bailing out the bastions of free enterprise? Canadian banks, which had been at the bottom of the big banks, were now at the top.

This economic crisis is going to reshape our economies, our public finances and of course, our healthcare system. It will drastically alter things in a number of sectors of economic activity, where there will be significant restructuring and transformations of unprecedented nature. Public administrations will have to seek new ways of doing things in order to meet the crisis. What lies beyond the economic “shockwave”? What will its impact be on public finance, our healthcare systems and other institutions?

Over the coming years national and regional governments will invest substantially in order to transform their economy and limit the damage of this unprecedented economic crisis. This new task must be juxtaposed with the other missions of the State, which will also have to undergo major transformations. This will require our political leaders and public administrators to exhibit some remarkable skills in order to juggle the various government priorities: the economy, education, infrastructure, security, healthcare etc. But the real question is to know which activities should be involved in increased deficit spending and up to what point should it be undertaken?

Could this financial crisis be a window of opportunity for the addiction treatment and research community? Is this a David and Goliath challenge? Addiction treatment professionals know the huge costs to business and industry, society, families and individuals that result from this disease. We also know that treatment works. Many treatment centres have conducted reputable outcome studies that include success rates and cost-benefit analysis. However, these studies have not been undertaken using the same methodologies and criteria. It would be a massive and costly undertaking to produce the research and documentation that shows the efficacy of treatment. There is no money for such research at this time.

The opportunity before us may not require a research project of this magnitude. There may be another route to influence the transformation decision makers. Public Service has a tremendous amount of power and can call up the research and influence politicians. However, as Dr. Wallace pointed out while speaking at the NAATP Annual Leadership Conference in May, much of the research being cited regarding addiction treatment is outdated, has been refuted and yet is still referenced. And, let’s face it, addiction

still carries a stigma and is not a priority on the health care list. While the U.S. Parity Bill is helping to change this, there are ways to boost this issue even further. The worldwide financial crisis may be the key.

If we add new messages, pose different questions, could we get others to do some of the work for us? Certain chronic diseases have become the priority for the health care system. Costs are a driving factor. NAATP members understand addiction is a chronic illness but it is not on the priority list. Could it become a priority if we start linking alcohol and drug abuse to the chronic illnesses that are a priority? Could we create a paradigm shift?

How many of our clients are at risk for developing other chronic illnesses? How many individuals with key chronic illnesses are using alcohol and/or drugs in order to cope? How many have hypertension, cardiovascular problems, diabetes, HIV, or hepatitis. Heart disease and cancer are both linked to smoking. How many of our clients smoke tobacco or use other drugs? By riding on the coattails of specific chronic diseases, could we reposition addiction treatment, research and prevention?

In Canada, one in four adults will die from cancer. Heart disease is up there too. It’s similar in other countries. The questions are how much does cancer treatment cost the system; how much does heart disease cost the system? Will society be able to afford it in the future? Early identification is a key for managing many chronic illnesses economically. In addiction medicine we interact with a part of the population that is at risk. We have the ability to identify them and to link them with appropriate interventions.

There is a lot of epidemiological evidence that could be fleshed out linking specific chronic conditions and substance abuse and vice versa. There is data on the cost benefits of early identification and treatment of chronic illness. This could be leveraged in a similar way that it has for diabetes. Innovations in diabetes management may be paving the way for the management of other chronic illnesses. Early identification, following evidenced based protocols coupled with technologies, where the diabetic can self report their blood sugar levels from their home, are improving monitoring systems and, in turn, reducing serious and costly complications?

How many individuals are before the courts because of an alcohol or drug related offense. What are the law enforcement and legal process costs vs. the revenues? How many inmates and addicts

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Upcoming Events

The **College of Problems of Drug Dependence** will hold its 71st Annual Meeting on **June 20-25** in **Reno/Sparks, Nev.** Visit www.cpdd.vcu.edu 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.saasnistx.net for more information.

NAADAC, The Association for Addiction Professionals, in conjunction with co-hosts including the **Association of Utah Substance Abuse Professionals (AUSAP)** and **NALGAP, the Association for Lesbian, Gay Bisexual, Transgender Addiction Professionals and their Allies**, will hold its 2009 "Sowing the Seeds for Recovery" Annual Conference on **August 19-22** in **Salt Lake City, Utah.** For more information, visit www.naadac.org.

The **Substance Abuse Program Administrators (SAPAA)** will hold its 2009 annual conference on **September 14-17** in **Austin, Texas.** For more information, visit www.sapaa.com.

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 **SECAD 2010** will be held **February 21-24, 2010** at the Gaylord Opryland in **Nashville, TN.** For more information see www.secad10.com.

The National Association of Addiction Treatment Providers (NAATP) will hold its 2010 Annual Addiction Treatment Leadership Conference on **May 22-25, 2010** in **San Antonio, TX.**

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