

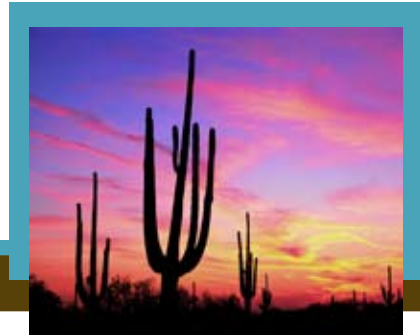


# VISIONS

Vol. 16 No. 7  
September, 2010

**Exhibit Space Going Fast!**

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## Mark Your Calendars Now!

Planning for the 2011 Annual Leadership Conference is well underway and an outstanding program is in the final stages of development. Look for a sneak peek of the exceptional lineup in November's newsletter.

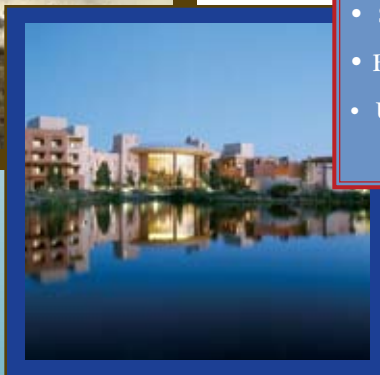
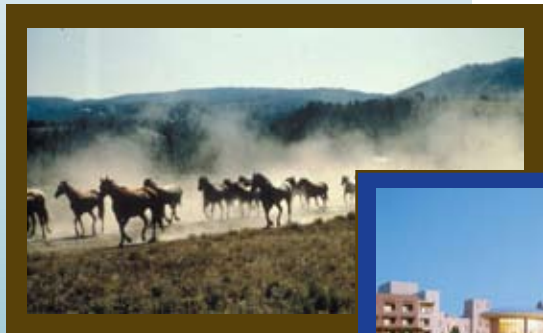
The NAATP Addiction Treatment Leadership Conference is an annual event where the membership of NAATP along with the Executive Leadership of the premiere addiction treatment providers come together to discuss the important issues, showcase innovative resources and programs and network with the decision makers of addiction treatment. This conference offers an Annual Golf Outing, Continental Breakfasts, Luncheons, 2 Evening Receptions, Entertainment and many educational and networking opportunities!



**May 14-17, 2011**

**Sheraton Wild Horse Pass**

**Chandler, Arizona**



**Registration materials available in November.**

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**Check out the hotel at**  
[www.wildhorsepassresort.com](http://www.wildhorsepassresort.com)

# Through the **Looking Glass**

On April 6, 1970, I walked into Valley Hope for my first day of employment. I did not know many of the people assembled around the staff table that morning, I did not know for sure what it was that I was supposed to be doing, and I knew practically nothing about treatment or, for that matter, how to spell “alcoholism”! I had left a big job at a big hospital in a big city to join this relatively new venture in Norton, Kansas, and by the end of the first hour was wondering what in the world I had done. The only thing I knew for sure was that I had a lot to learn.

I have now been working in this field for a little over 40 years, and I have learned a lot. But the primary learning I have accepted is that there is always more to learn. That was driven home to me earlier this month when I attended the NCAD Conference in Washington, D.C. As I looked through the meeting program and schedule of presentations, I realized that what we know—and what we think we know—about the diseases we deal with is fluid (no pun intended!). It is constantly changing, our understanding is constantly being expanded, our knowledge of what we *do not* know is ever before us. I know a lot more about this field and what we do and how we do it than I did on April 6, 1970. But I sure do not know it all.

That continuing search for knowledge and understanding, that ever present sense that there is so much more to learn, brings me to a real concern I have for our field today. And that concern is centered on the leadership of the field. We in NAATP are blessed with having among us the premier leaders in a dynamic treatment system. Those leaders—and it is you I am talking about—have contributed much to what we all have learned. They—you—have brought the treatment field from a point of near decimation in the late 80’s and early 90’s to a point of strength today. But we are an aging group of leaders, and that demands we ask “what will follow us”? Who will take our places at the table in 10, or perhaps even 5 years? Who will become the caretakers of what we have learned, and take that learning to its next level?

Yes, we all have people working for us who go to conferences, who read journals, who sit around our staff rooms and Board tables. They are learning the fundamentals of leadership.

They are becoming conversant in what constitutes use, abuse, and addiction. They are perhaps smarter than we were (are) in the area of neuro-science as it applies to our field. All of that is great and will serve them, and the field, well in the future. But we are the repository of the *culture* of our field, or what brought us from the dark ages to the present. All the knowledge, all the learning, of the generation that follows us will serve them well. But all that needs the seasoning of the culture of our field to keep our field moving and growing and strong.

We are nearing a season of change. We are called to be proactive in preparing for that change. We are called to accept one final and important learning in our professional lives—that we must preserve and pass on what we have learned, what we have experienced, how we have survived and succeeded. In management terms it is called succession planning. In my terms it is simply called being a good steward of our cumulative experience, and sharing the wealth of that experience with those who will follow us. That, my friends, is an imperative we must accept.



**DENNIS GILHOUSEN**  
President/CEO



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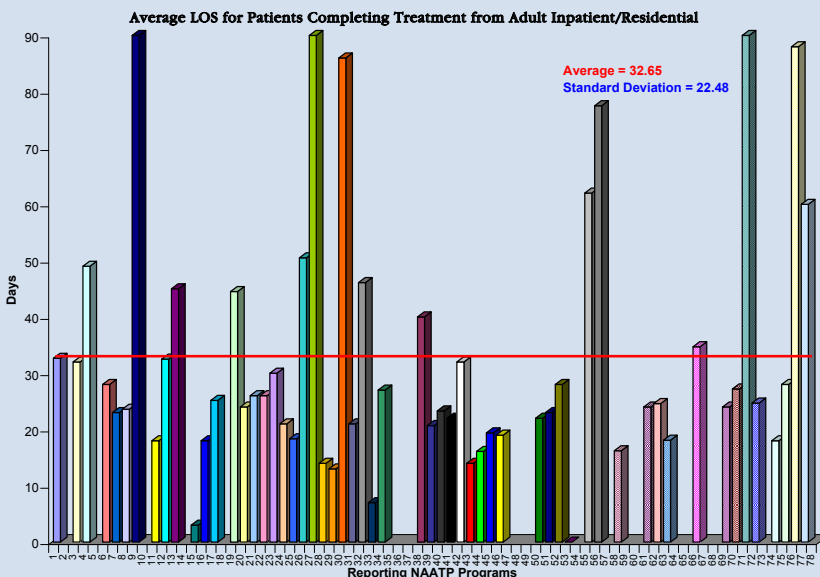
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# Benchmark Results Now Available!

See what the trends are in the Addiction Treatment Field

## Some of the categories reported are:

- Percentage of patients leave treatment AMA
- Percentage Administratively Discharged
- Average LOS for Patients completing Residential & Detox
- Date for Adults and Adolescents
- Percentage Admitted/Discharged on Psychopharmacologic Medication
- Percentage of Family Members Participating in Treatment
- FTE's for Inpatient Residential
- Percentage of Actual Admissions vs Scheduled Admissions
- Conversion Rates
- Nursing Care Hours Per Patient
- Average Daily Census
- Average Length of Stay
- Revenue Generated
- Medication Costs per Patient Day
- Number of Days in Accounts Receivable
- Staff Turnover Rates
- Discharges
- Bad Debt Percentage
- Gross Revenue from Medicaid, Self Pay, Insurance, Philanthropy, Other



**Thank you to all who participated in the 2010 Benchmark Survey.**

**If you participated and would like additional copies you may order those through the NAATP office for \$75 each.**

**Non-participants/Members may purchase a copy for \$150.**

**Non-participants/Non-Members may purchase a copy for \$250.**

Contact Sherry Anderson at  
717-392-8480 or  
sanderson@naatp.org

## NAATP Member Benefit

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## **Looking to fill a Position?**

**Try NAATP Job Postings**

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**[www.naatp.org/careers/index.php](http://www.naatp.org/careers/index.php)**

To post a position on our website please email the position posting in an attached Word file to [aabshire@naatp.org](mailto:aabshire@naatp.org). There is a charge of \$50 for NAATP Members and \$75 for Non-Members to post the position for 90 days or until the position is filled, whichever is first. Once the position is posted an electronic invoice will be sent to you.

**Share your news** with the NAATP Membership and larger addiction community. Email us your submission for consideration by the 1st of the month.

Angela Abshire at [aabshire@naatp.org](mailto:aabshire@naatp.org) or Dennis Gilhousen at [dgilhousen@naatp.org](mailto:dgilhousen@naatp.org).

**Members also get reduced advertising rates!**

For advertising rate sheets please visit [www.naatp.org/newsletters/index.php](http://www.naatp.org/newsletters/index.php)

# 2010 SALARY SURVEY

## NOW OPEN!

The 2010 Salary Survey is now ready for you to enter your data. You can access the survey by going to [http://www.naatp.org/survey/salary\\_survey/](http://www.naatp.org/survey/salary_survey/) and following the instructions on line.

If you want to download a “paper” copy as your worksheet, you can do so by using the Link at the top of the survey. Also, if you wish to save the survey and come back to it at a later time be sure to remember your password! Once you have completed the survey simply click the *Send to NAATP* button at the top of the survey.

**REMEMBER, the Deadline for completing the survey is  
October 15, 2010!**

### **It Pays to Participate!**

All Participants receive a FREE electronic copy of the Salary Report

	<b>Paper/Hard Copy</b>	<b>Electronic Copy</b>
Participating Organizations	\$125.00 each copy	Complimentary
NAATP Members that did not provide data for the survey	\$200.00 Each	\$100.00
Non NAATP Members	\$250.00 Each	\$140.00

A few years ago Fairbanks expanded our mission statement to include a focus on recovery as well as treatment. Driven by that mission we expanded programs to include the development of recovery-orientated services, opened Hope Academy, a recovery charter high school, and built new space for community organized social and support programs, including a volunteer staffed coffee shop called Fresh Start Café. Much of our recovery focused work was influenced by the writing and research of William White and Dr. Thomas McLellan.

With the help of a local foundation we also proceeded to develop a study to establish, implement and analyze a post-addiction treatment Recovery Management Program to help individuals stay connected to healthy support systems in order to achieve a recovery lifestyle that is characterized by sobriety, personal health and citizenship. This was accomplished through the expansion and development of recovery coach services; development and offering of a menu of recovery-focused programs with the use of incentives for participation; and a recovery-focused outcome evaluation.

Fairbanks contracted with Indiana Wesleyan University to provide a research-based outcome study that evaluated the Recovery Management Program. Several tools were used to measure client improvement in mental well being at completion of one year of recovery management. Tools included, Beck Depression Inventory (BSI-II), The Beck Anxiety Inventory (BAI), Fairbanks Adult Outcomes Scale, Addiction Severity Index, The Housing, Employment and Family Functioning Questionnaire, Spiritual-Religious (RWB) Well Being Scale and Existential Well Being Scale (EWB), and Behavioral Couples Therapy Marital Satisfaction Scale as well as pre and post tests. Additionally, outcomes were collected on Reiki participants utilizing a post session assessment developed by our contracted Reiki provider, Reiki Center of Indiana.

Our main goal was to create a continuum of care aimed at assisting individuals and their families who have been affected by the disease of addiction as they move into a lifetime of recovery. It was important to not only expand our menu of recovery-focused offerings, but also add a professional qualitative and quantitative evaluation component. We chose to offer an array of programs in order to help individuals become stable in their recovery, study the effect of the programming and use our results to help convince funders and others that a recovery-focused investment will result in long term success for the person struggling with substance dependence. We identified three areas towards making this goal a reality.

### **Strategy #1-Expand recovery management and related recovery coaching services.**

Adult male and adult female populations have increased participation in recovery management groups. Increased participation has enabled us to intervene earlier when clients are faced with difficulties in their journey to recovery. Attendance in recovery management for male and female adolescent populations greatly fluctuated demonstrating the need to focus attention on development of recovery management activities for this group. We have also begun implementing opportunities through technology and social networking to engage adolescents.

### **Strategy #2-Develop an array of recovery-focused offerings that promote sobriety, healthy living and citizenship.**

Additional programs offered during this grant period included: Yoga, Reiki, Circuit Speaker Series, alumni social events (included live music, games, New Year's Eve dance, etc.) and 12-step meetings. We had an adolescent camping trip and other special events targeting this age group. The adolescent recovery coach developed a social networking site where recovery management groups can connect with their coach and peers to obtain support.

### **Strategy #3-Develop an incentive program that rewards clients with vouchers that can be used to access recovery management activities and promotes sobriety and connectivity to a healthy environment.**

A recovery management incentive voucher program for adults and adolescents was developed and implemented in February 2009 using grant funds. While the program was for all clients, the outcome study was based only on adult usage. All clients who attended recovery management group received a voucher worth \$5. These groups were held weekly and lead by a trained recovery coach. These vouchers could be used for any item in the Fairbanks book store, coffee shop, or cafeteria and for Behavior Couples Therapy, Yoga class or rent in our Supportive Living Program. This program was very well received and appreciated by our clients. The outcome study showed a significant increase in attendance following the initiation of incentives for both male and female participants. The majority of participants used the vouchers at the gift shop followed by the coffee shop, cafeteria, rent and finally Behavioral Couples Therapy.

### **Strategy #4- Evaluate the impact of the Recovery Management Program on client relapse and level of functioning.**

The outcome study had a total of 71 participants of which 56 were male and 15 were female. When these individuals graduated to recovery management, 66 or 91.5% reported no

# VISIONS

use . These individuals were contacted 9 months later and 29 of the participants were able to be reached. More than 80% of the contacted participants reported sustained sobriety which, according to the research, is impressive compared to usual treatment success. When looking at those that relapsed it was the drug problems that increased modestly and alcohol problems that decreased slightly.

**Strategy #5-Evaluate the impact of programs that are supportive of recovery on the achievement of various client outcomes focusing on mind, body and spirit.**

Overall we saw an increase in how clients felt regarding the health of their mind, body and spirit. At the nine month follow up participants reported feeling less depressed and having an improved functioning in general. They also reported higher levels of satisfaction with God and contentment with life.

We have identified our strengths and areas needed for growth in both our treatment and recovery management programs based on the outcome evaluation. We know through previous research those who stay connected to support have increased recovery rates. Through the voucher program we have begun to determine how to incentivize clients to stay connected to that support. We also recognize that we need to develop alternative approaches to incentivizing adolescents based on their response to the voucher program.

The Recovery Management Program is ongoing at Fairbanks and growing stronger through the knowledge gained from this project. Fairbanks is committed to the growth and further expansion of the Recovery Management Program. We have gained new data and perspectives on how to enhance delivery of services for both our adult and adolescent clients.

Another recovery focus, Hope Academy, recently started its fifth year. Recovery classes are part of the curriculum and recovery birthday parties are part of the school's social calendar. Collectively, during the 2009-10 school year students achieved 5,632 days of sobriety. Our studies indicate that students with 200 or more days of sobriety have shown a 40% increase in their grade point average. So far we have graduated twenty-seven students. Sustained sobriety and post secondary school is a goal for all Hope Academy students. Since the school was founded four years ago, 95% of the graduates pursued higher education.

HELENE M. CROSS, PRESIDENT/CEO  
FAIRBANKS  
CELEBRATING 65 YEARS OF HOPE  
NAATP BOARD MEMBER



## Upcoming Events

US Journal Training will host its **16<sup>th</sup> Annual Counseling Skills Conference, September 30-October 2, 2010** in Las Vegas, NV. For more information, visit [www.usjt.com](http://www.usjt.com) or call 800-441-5569.

US Journal Training will host its **Midwest Conference on Behavioral Health & Addictive Disorders, October 21-23, 2010** in Chicago, IL. For more information, visit [www.usjt.com](http://www.usjt.com) or call 800-441-5569.

The **2010 Annual Conference and Training Institute** of the Substance Abuse Program Administrators Association will be held **October 17-21 in Las Vegas**. Visit [www.swiftpage6.com/CampResource/2Y0RJSUNHVTLMISO/1/text.pdf](http://www.swiftpage6.com/CampResource/2Y0RJSUNHVTLMISO/1/text.pdf)

The American Association for the Treatment of Opioid Dependence, Inc. (AATOD) will hold its **2010 National Conference, "Building Partnerships: Advancing Treatment & Recovery," on October 23-27 in Chicago**. For more information, visit [www.aatod.org](http://www.aatod.org).

The Association for Medical Education and Research in Substance Abuse will hold its annual conference **November 4-6 in Bethesda, MD**. For more information, visit [www.amersa.org/conf.asp](http://www.amersa.org/conf.asp).

AIS Annual Conference, **November 4-7, 2010**, Ross Bridge Resort and Spa, Birmingham, Alabama. For more information or to register visit [associationofinterventionspecialists.org](http://associationofinterventionspecialists.org) or contact the NAATP office at 717-392-8480

Therapeutic Communities of America will hold its national conference **November 7-10 in Washington, D.C.** For more information, go to [http://registration.sitesolutionsworldwide.com/synergy/v\\_1\\_/home/?id=267&info=1](http://registration.sitesolutionsworldwide.com/synergy/v_1_/home/?id=267&info=1) or call Site Solutions Worldwide at (866) 374-6338.

The American Academy of Addiction Psychiatry will hold its annual meeting on **December 2-5 in Boca Raton, FL**. For additional information, visit [www2.aaap.org/meetings-and-events/annual-meeting](http://www2.aaap.org/meetings-and-events/annual-meeting)

**NAATP will hold the 2010 Annual Leadership Conference May 14-17, 2011 at the Sheraton Wild Horse Pass in Chandler, Arizona. Exhibitor and registration info is available at [www.naatp.org](http://www.naatp.org) or by calling the office at 717-392-8480**

## NAATP VISIONS

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