

NAAATP NATIONAL 2023



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

Meeting the Challenges of Our Time

Acuity - Equity - Workforce – Reimbursement



Alex Denstman

NAATP Conference Chair

Ashley Addiction Treatment

Welcome!

Thank You Premium Tier Sponsors



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heights



Ashley
Everything for Recovery



caron
Comprehensive Addiction Treatment.
Recovery For Life.®



Hazelden
Betty Ford
Foundation



American
Addiction Centers



HIGH WATCH
RECOVERY CENTER



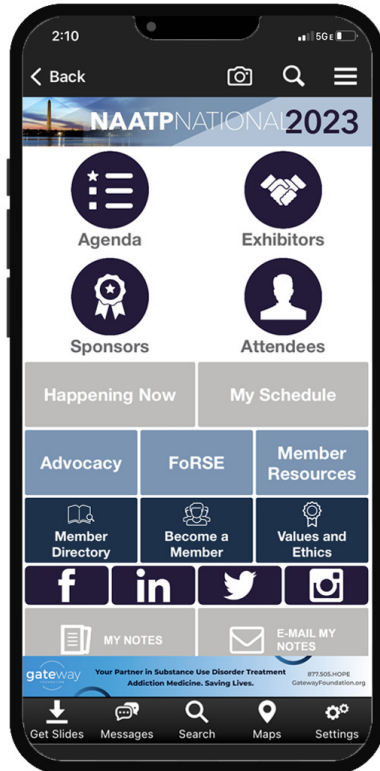
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SOFTWARE



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Addiction • Eating Disorders
Dual Diagnosis Treatment

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NATIONAL 2023

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or search for "NAATP"
in your phone's app store.

NAATP
NATIONAL 2023

Conference Wi-Fi

NETWORK NAME: *Marriott_CONFERENCE*

PASSWORD: *highwatchalinalodge*

Wi-Fi Sponsored By



ALINA LODGE



HIGH WATCH
RECOVERY CENTER

NAATP
NATIONAL 2023

Exhibit Hall Hours

Sunday 4:30 pm – 6:30 pm

Monday 8:00 am – 4:30 pm

Tuesday 8:00 am – 2:30 pm

Lunch Provided by NAATP Board in the Exhibit Hall of Tuesday

Thank you to our Exhibitors! Reminder to visit our exhibit hall often. Our exhibitors, ranging from treatment centers to industry vendors, are integral to our conference's success!

NAATP National 2023 Conference Content Committee



Alex Dentsman



Jaime Vinck



Mike Yow



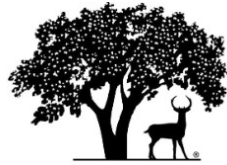
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Scott Munson



Bob Ferguson



Sherri Layton



Brittany Harris



Heather Henretig



Rick Hubbard



Joel Johnson



Barbara Bennett



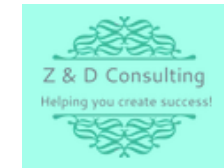
Nico Doorn



Robin Piper



Cathy Palm



Zina Rodriguez



Zac Clark



Christina Simos



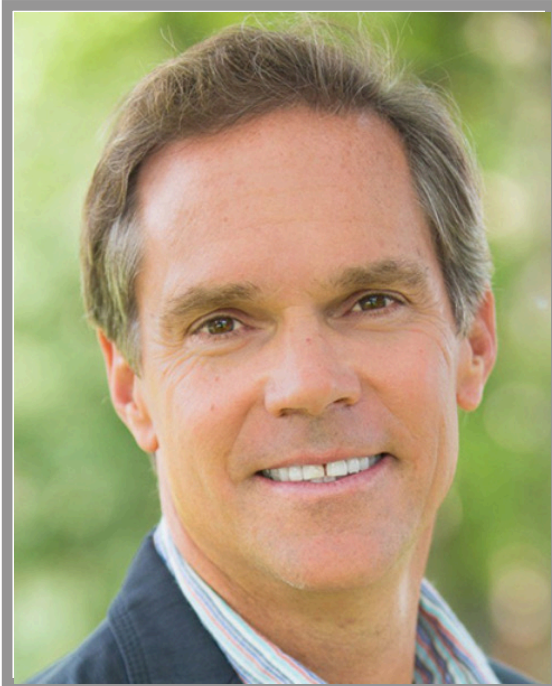
Elizabeth Steele



Sam Bierman & Zach Snitzer

NAATP NATIONAL 2023

NAATP Annual Meeting of the Members



Bob Ferguson

NAATP Board Chair

Jaywalker Lodge & Alpha 180

The Call to Order

The 44th Annual Addiction Leadership Conference
of the National Association
State of the Association Remarks



Marvin Ventrell, JD

Chief Executive Officer

NAATP

*Our Strong Association
Grows Stronger*

The State of the Association Sound and Thriving

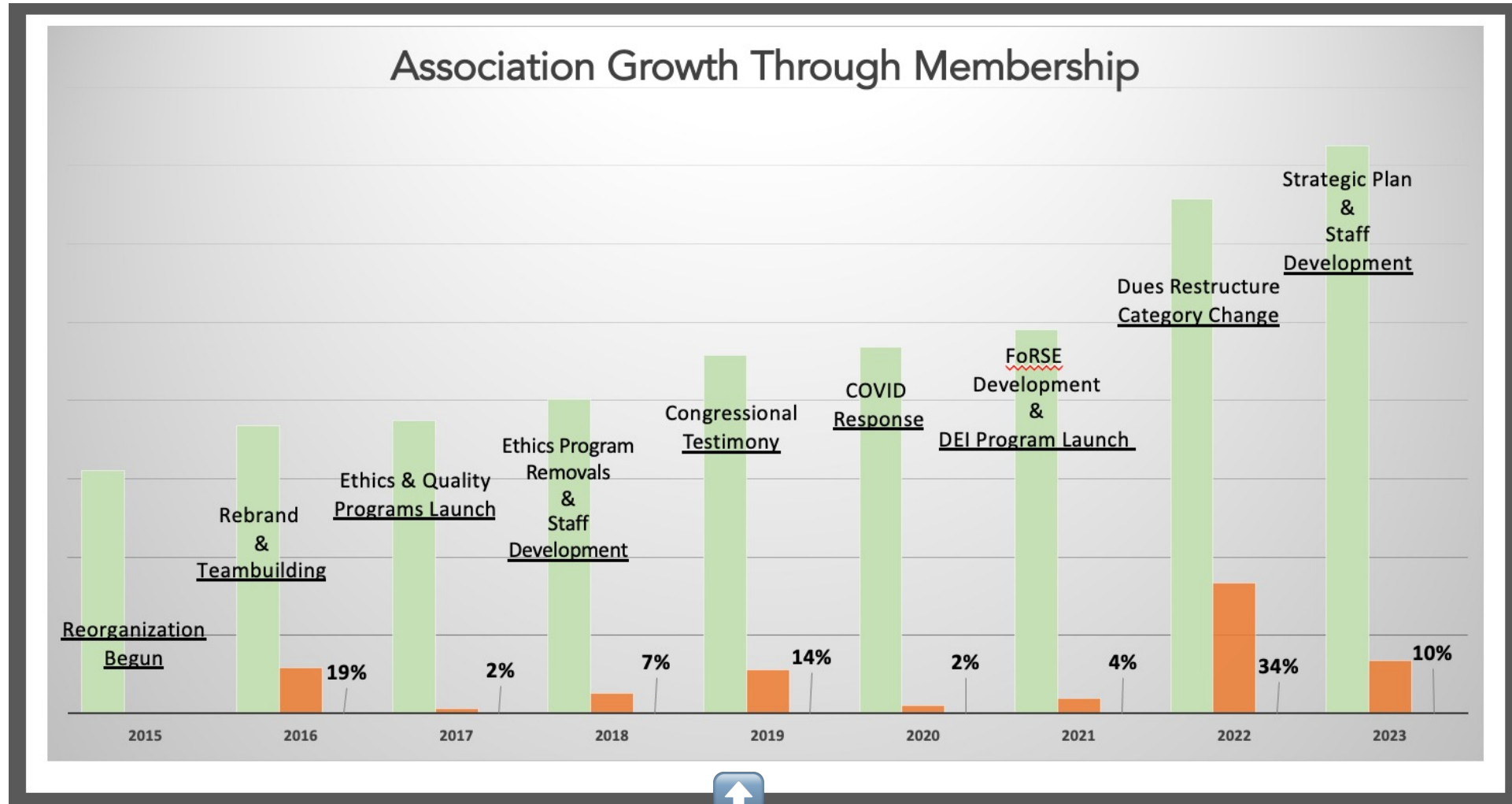
1000 Member Facilities
Reached in 2022

Eight Straight Years of Growth

- Membership
Drives
 - Revenue
Drives
 - Operational Capacity
- = More Member Services



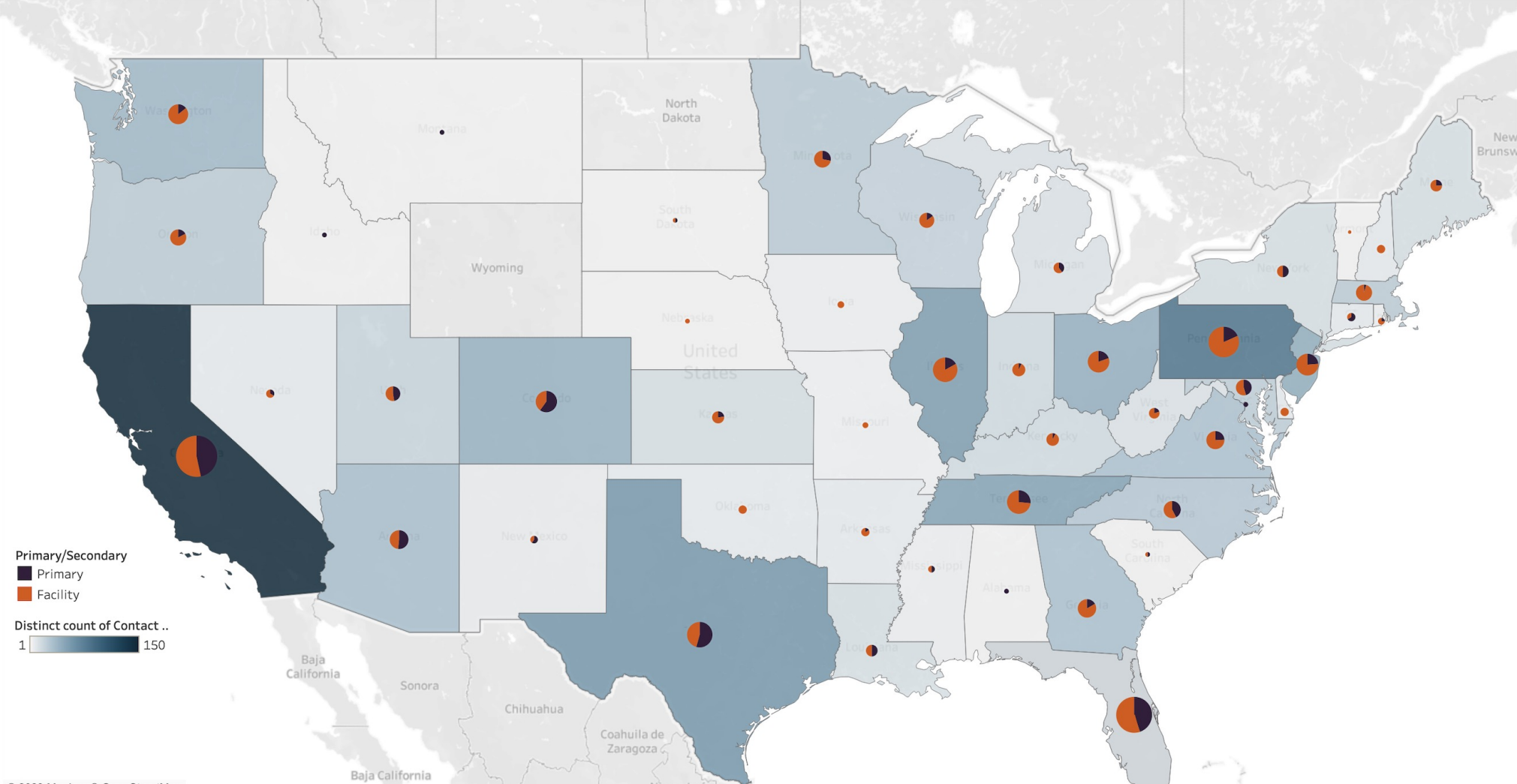
The Nexus of Membership Growth and NAATP Action



The Real Test of our Values Came Here!

NAATP
NATIONAL 2023

NAATP Members by State



The Goal from the Start NAATP is Where Reliable Treatment is Found

1000 of the Nation's 10,000

*Licensed *Accredited *Ethical *Best Practice



ADDICTION INDUSTRY DIRECTORY

The AID is Comprehensive & Transparent

*The Closer You Look The Better our
Members Look!*

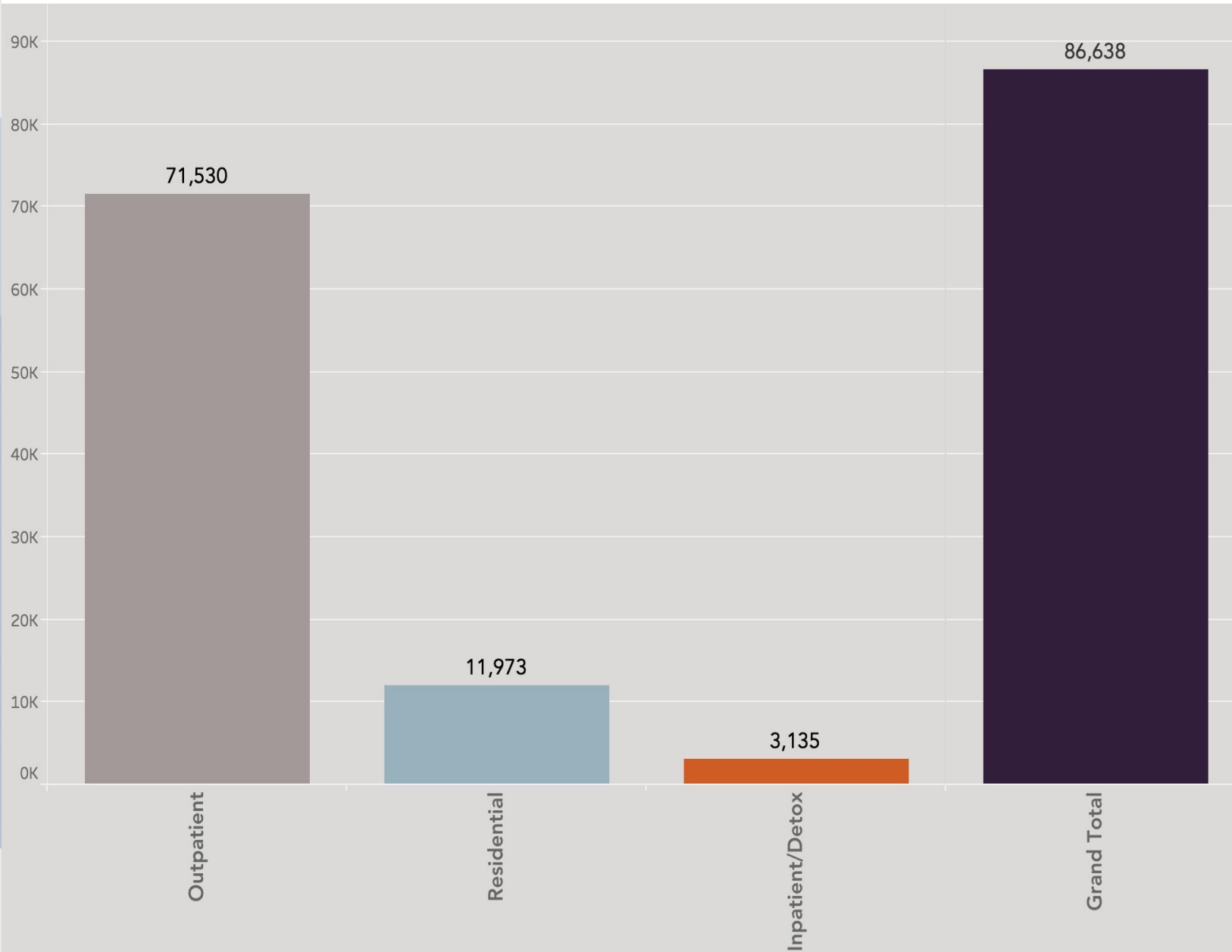
Supporter Members and Affiliate Members
Connected to Providers

naatp.org/resources/addiction-industry-directory

NAATP
NATIONAL 2023

NAATP Member Daily Patients Served

Based on 2018 Salary Survey Data



100,000* Patients Served

by

NAATP Members Annually

*Estimate based on NAATP Salary Surveys 2018-2022



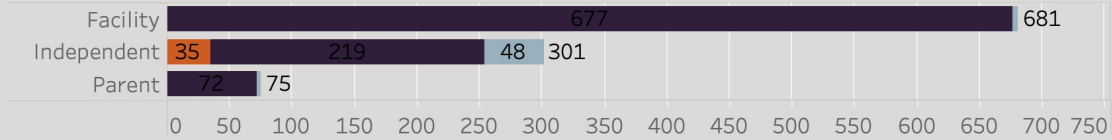
Complete the Survey *to receive the* 2023 Report

Contact Peter Thomas
pthomas@naatp.org

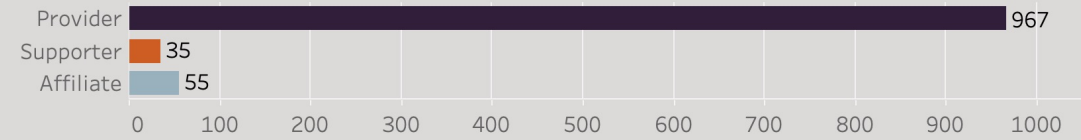
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NATIONAL 2023

Services Provided by NAATP Members

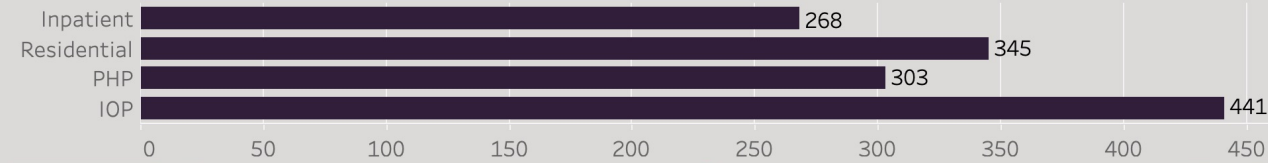
Location Type



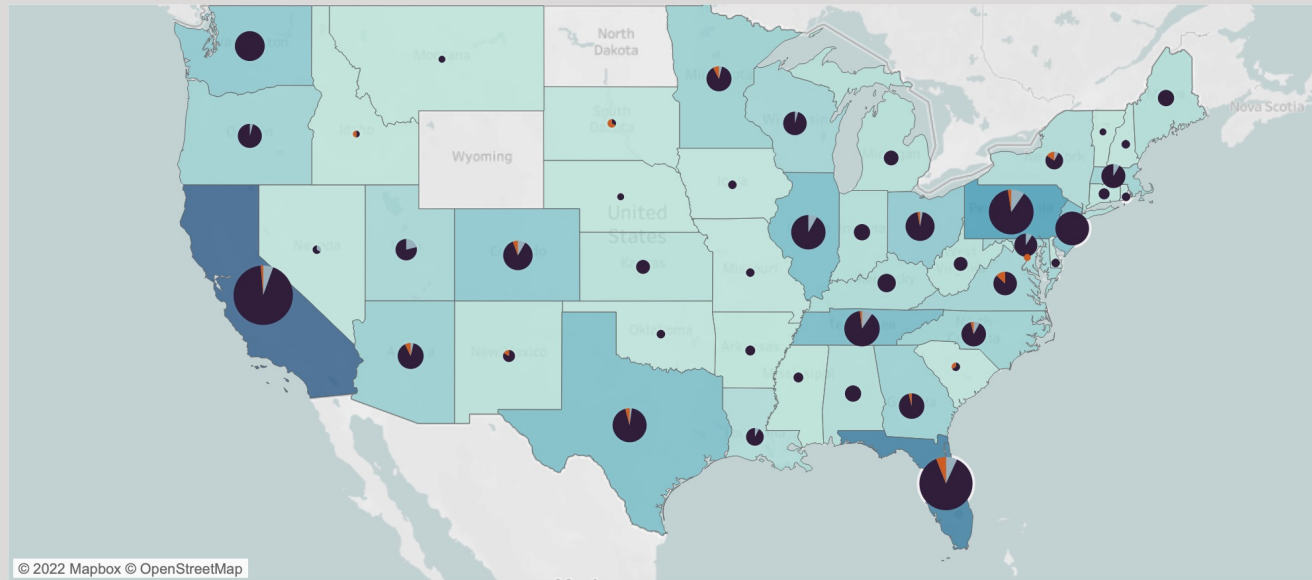
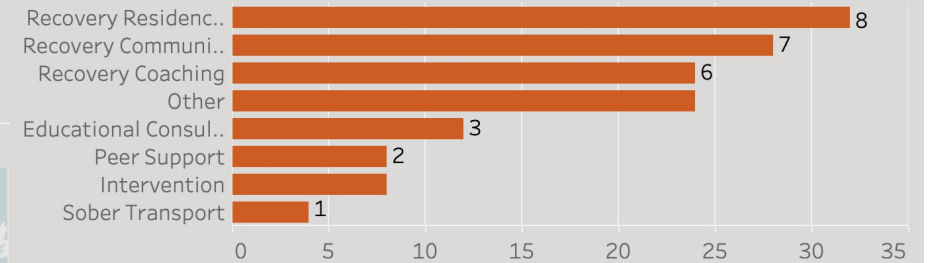
Membership Type



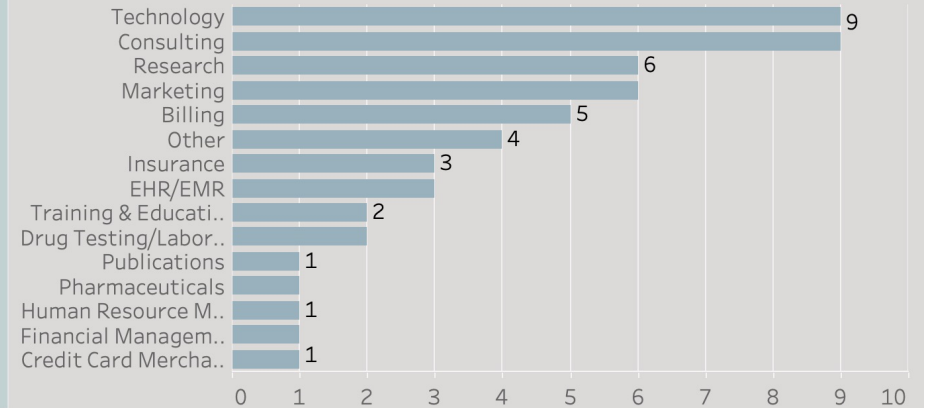
Level of Care



Recovery Support Services

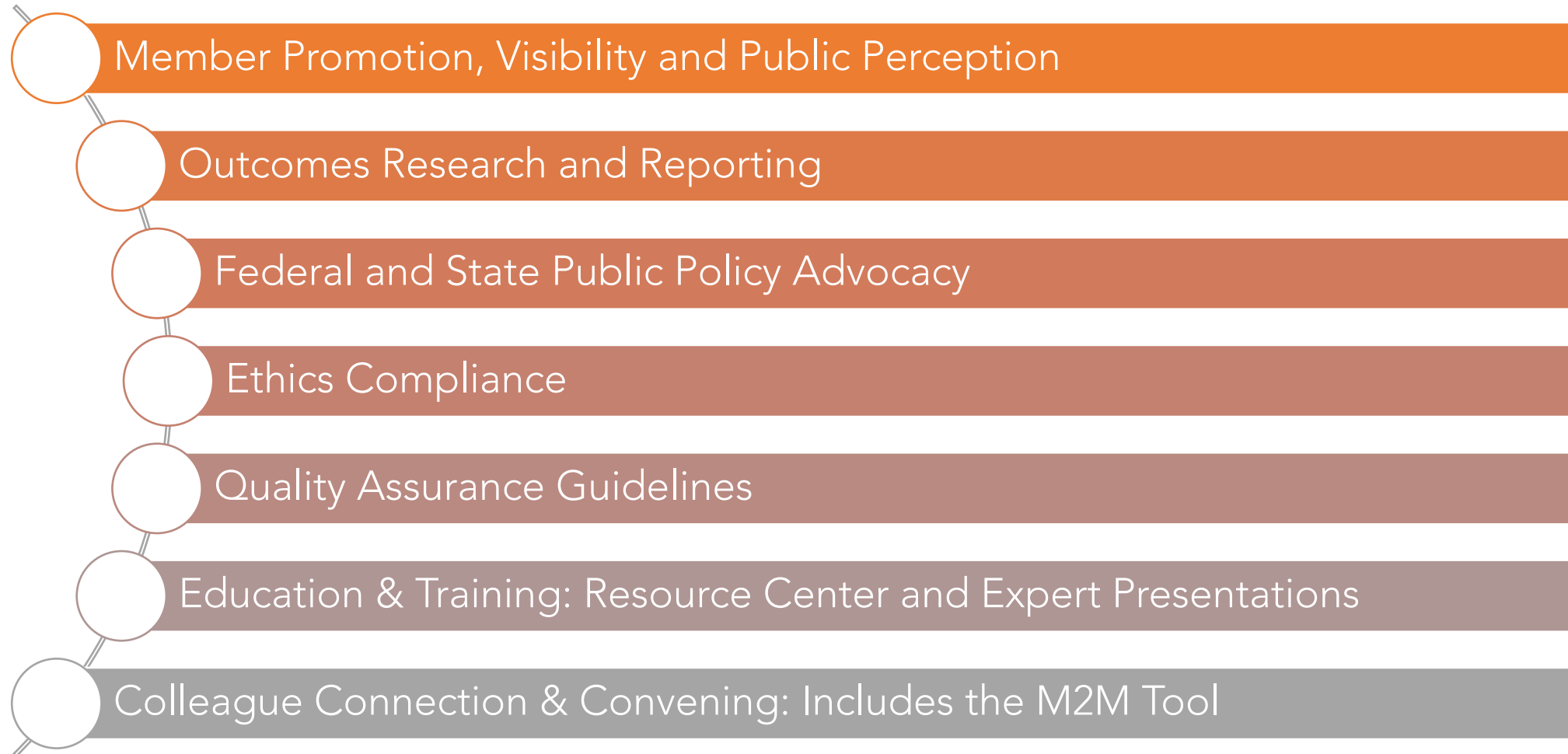


Vendor Services



The NAATP Membership Value Proposition

Full Staff Access to All Programs



**Turbulent Waters Ahead
Get in the Middle of the Boat!**

NAATP
NATIONAL 2023



The Outcomes Report is Out!

- Serving our Members
- Developing the Practice of SUD Treatment

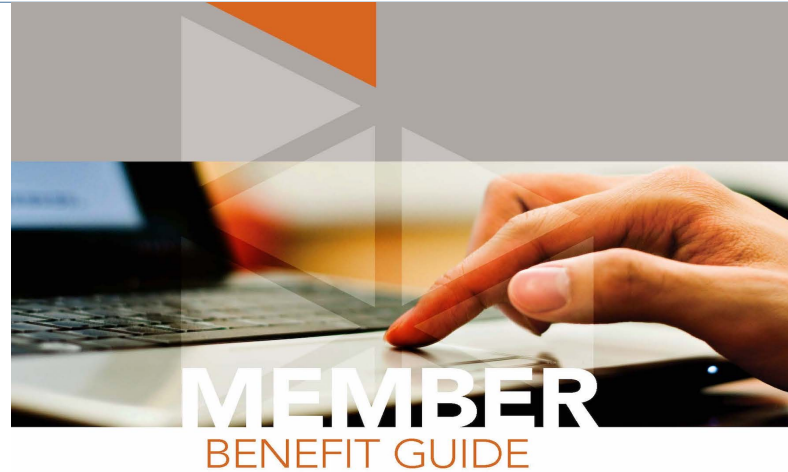
Don't Miss General Session 2
Tuesday Morning

*Findings from the
Inaugural Report*

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The NAATP Value Proposition

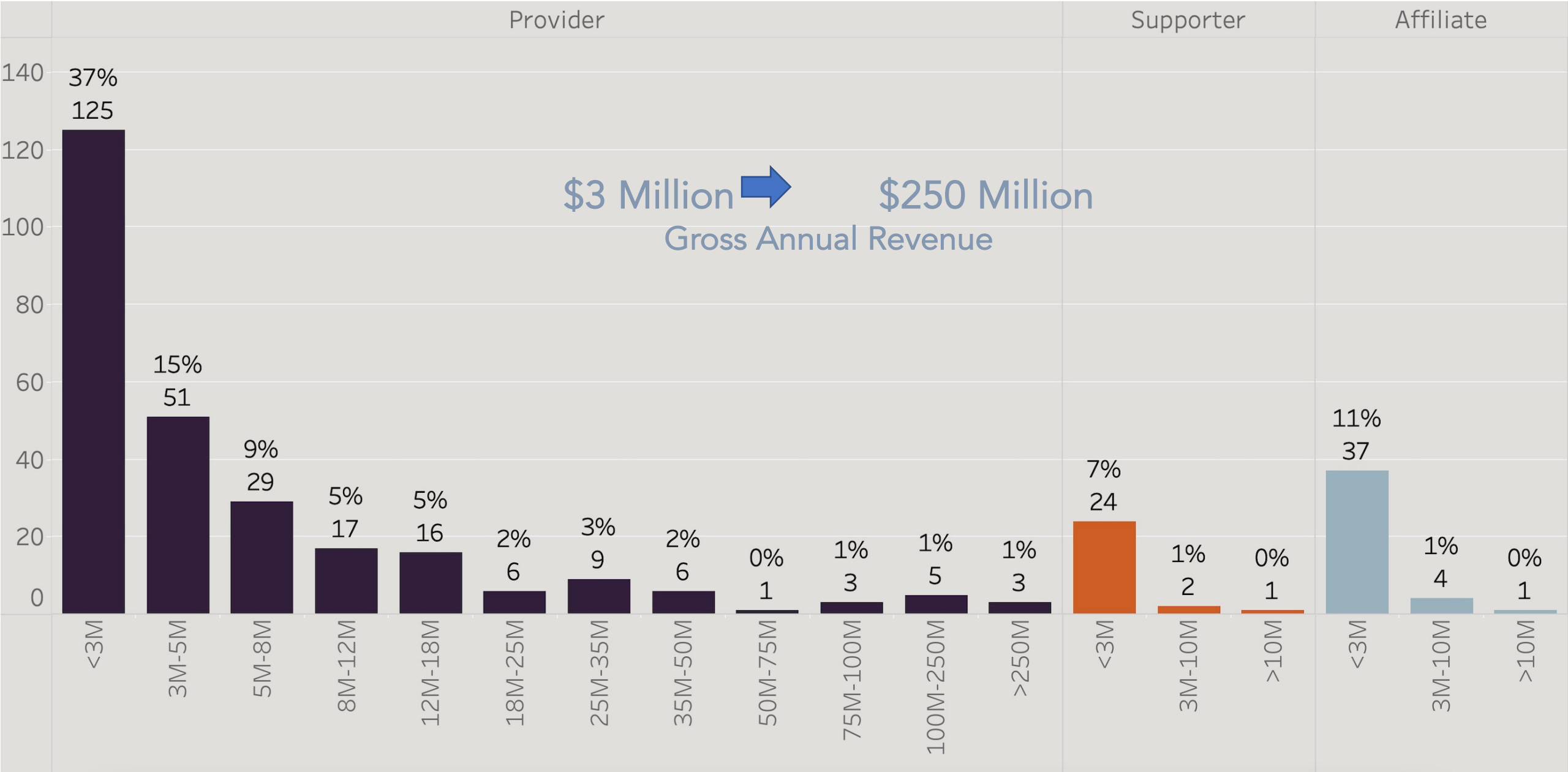
Member Service



Member Services Reception 4:30 pm Today!

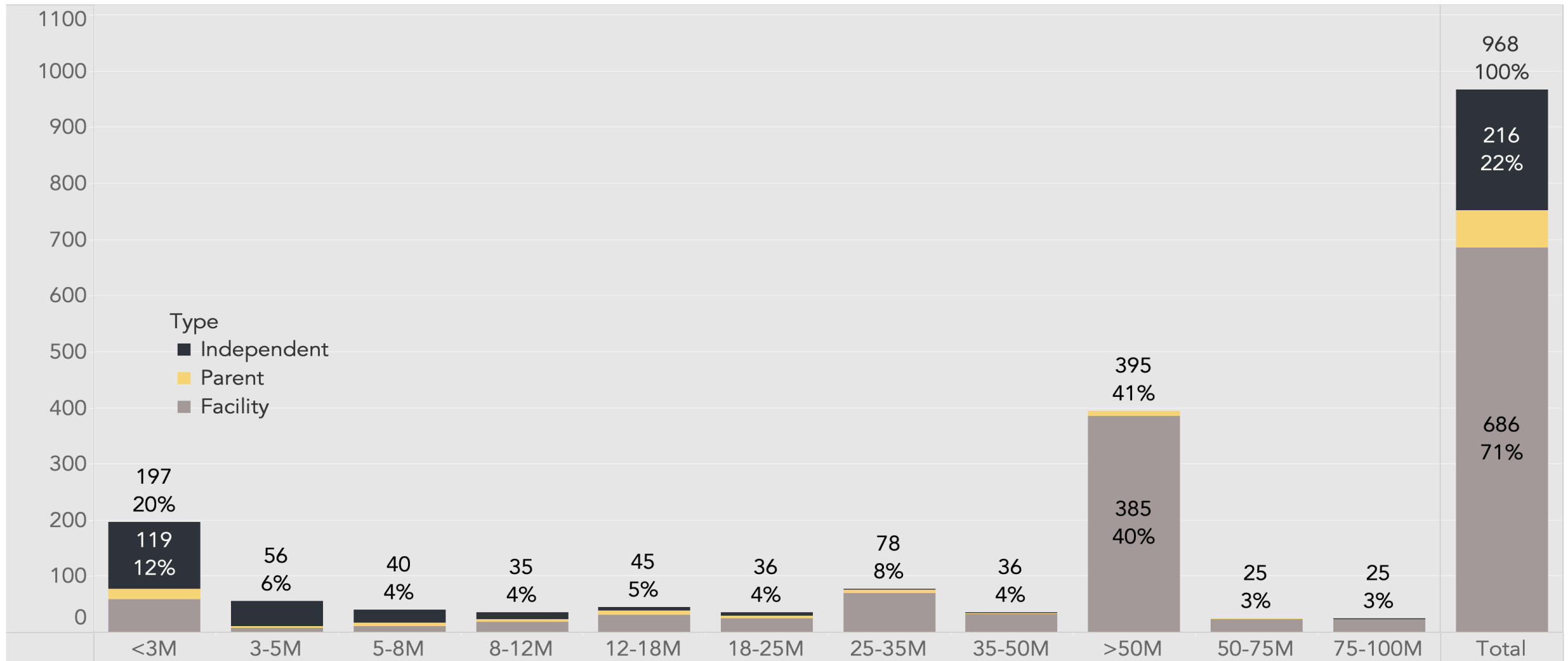
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Members by Revenue

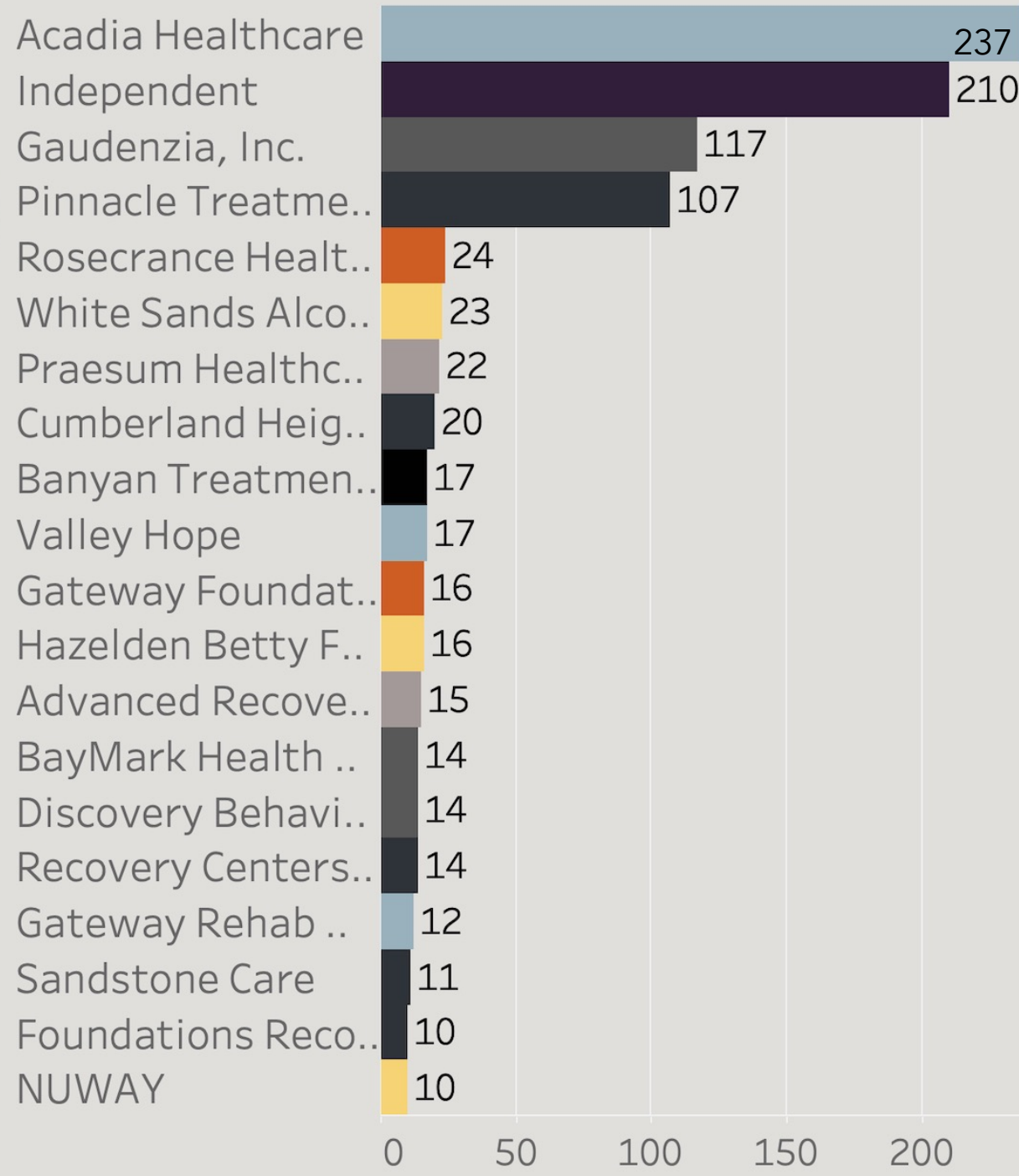
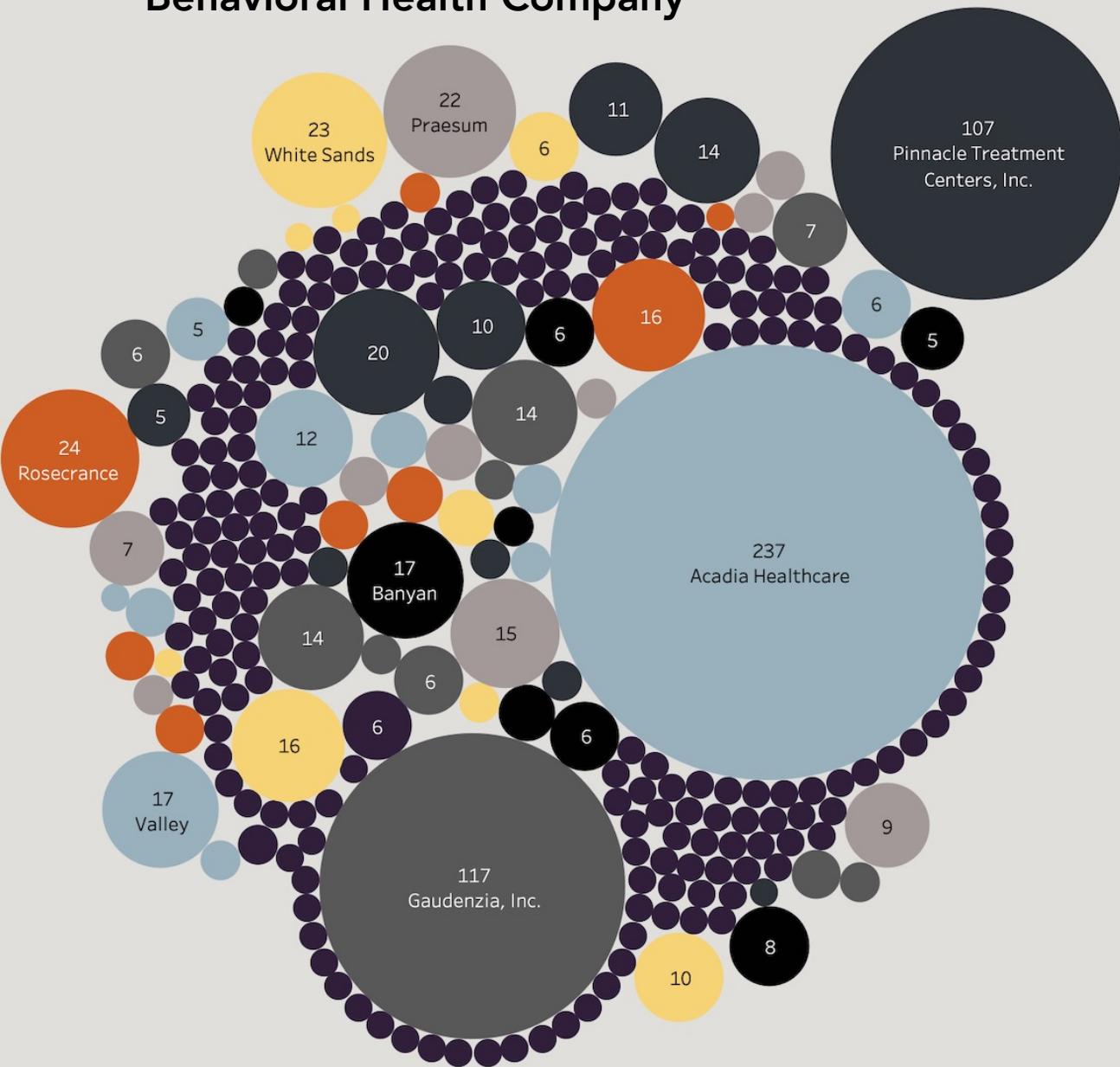




Facilities by Revenue Category



Mergers, Consolidation, Rise of the Behavioral Health Company





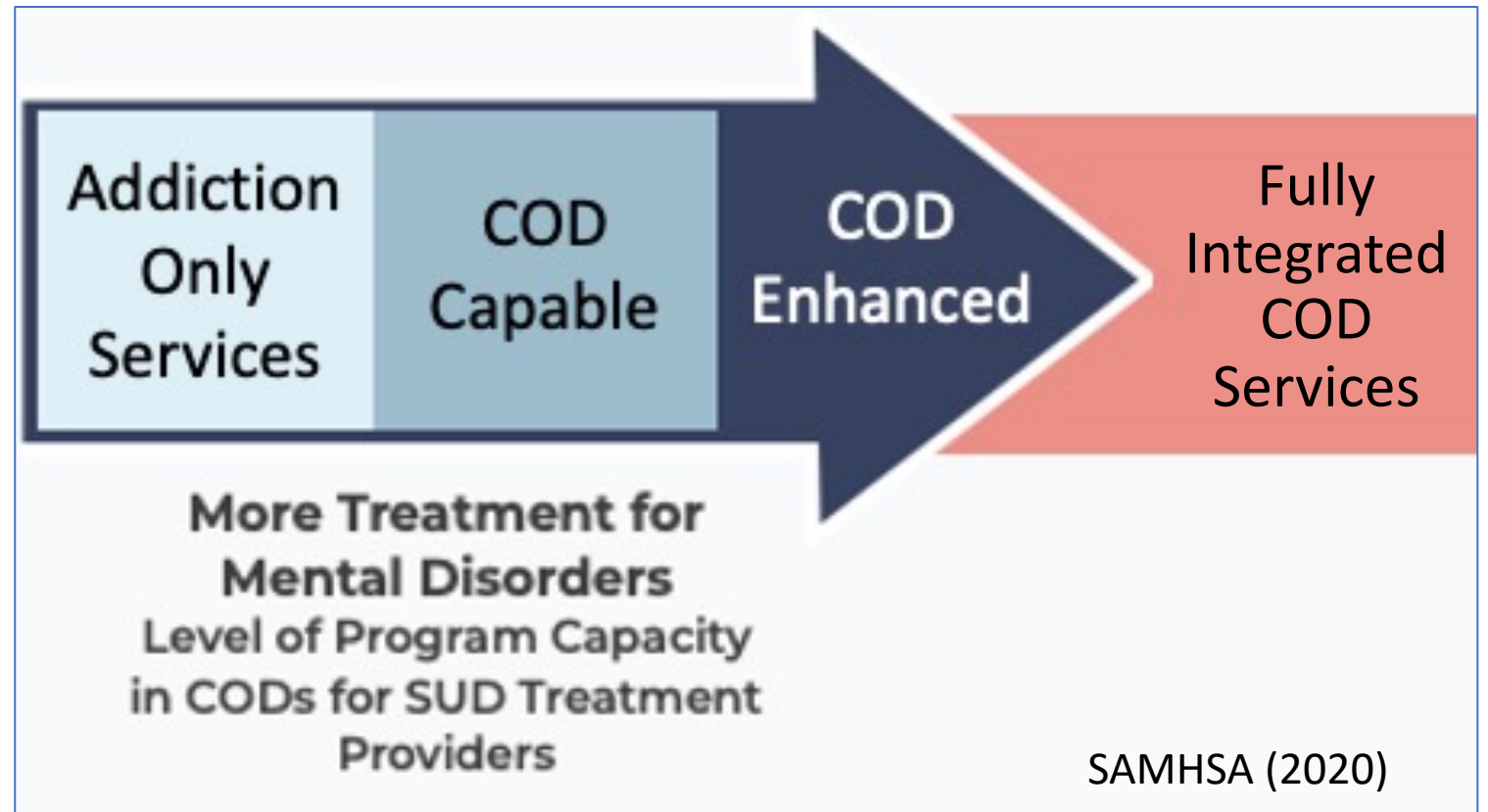
Back in The Day

Dual Diagnosis in Addiction Treatment Index

The DDCAT

Guides programs on developing co-occurring capability in:

- Program Structure
- Milieu
- Assessment
- Treatment
- Continuity of Care
- Staffing
- Training



NAATP HILL DAY 2023



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

The NAATP Value Proposition: The Role of Professional Societies

Our Responsibility to Ourselves

The "We" Version

- The NAATP Community Exist to Guide, Preserve, and Grow Addiction Treatment
If We Don't Do It for Ourselves, Someone Else Will Determine it For Us
- The National Association is a Collective Community of Treatment Professionals
Who Share a Common Purpose Guided by Shared Values
- If We Speak with a Collective and and Unified Voice,
We Can Create the Health Care Structure That Will Change the Landscape

The Research Science & Political Science of Substance Use Disorder Treatment



Regina LaBelle, JD

Distinguished Scholar and Initiative Director
Georgetown University



John Kelly, PhD

Elizabeth R. Spallin Professor of Psychiatry in Addiction Medicine
Harvard Medical School

VOICE.
VISION.
LEADERSHIP.

At a time of fraught politics and division, how do we navigate policymaking and find common ground, adopt a bipartisan approach, and build on past accomplishments to lay the groundwork for future opportunities.

How do we build policy capacity to meet future challenges and opportunities?

The Addiction and Public Policy Initiative

O'Neill Institute for National and Global Health Law at Georgetown
University Law Center

Advancing a public health approach to substance use disorders through legal and policy strategies that promote evidence based treatment and support recovery.

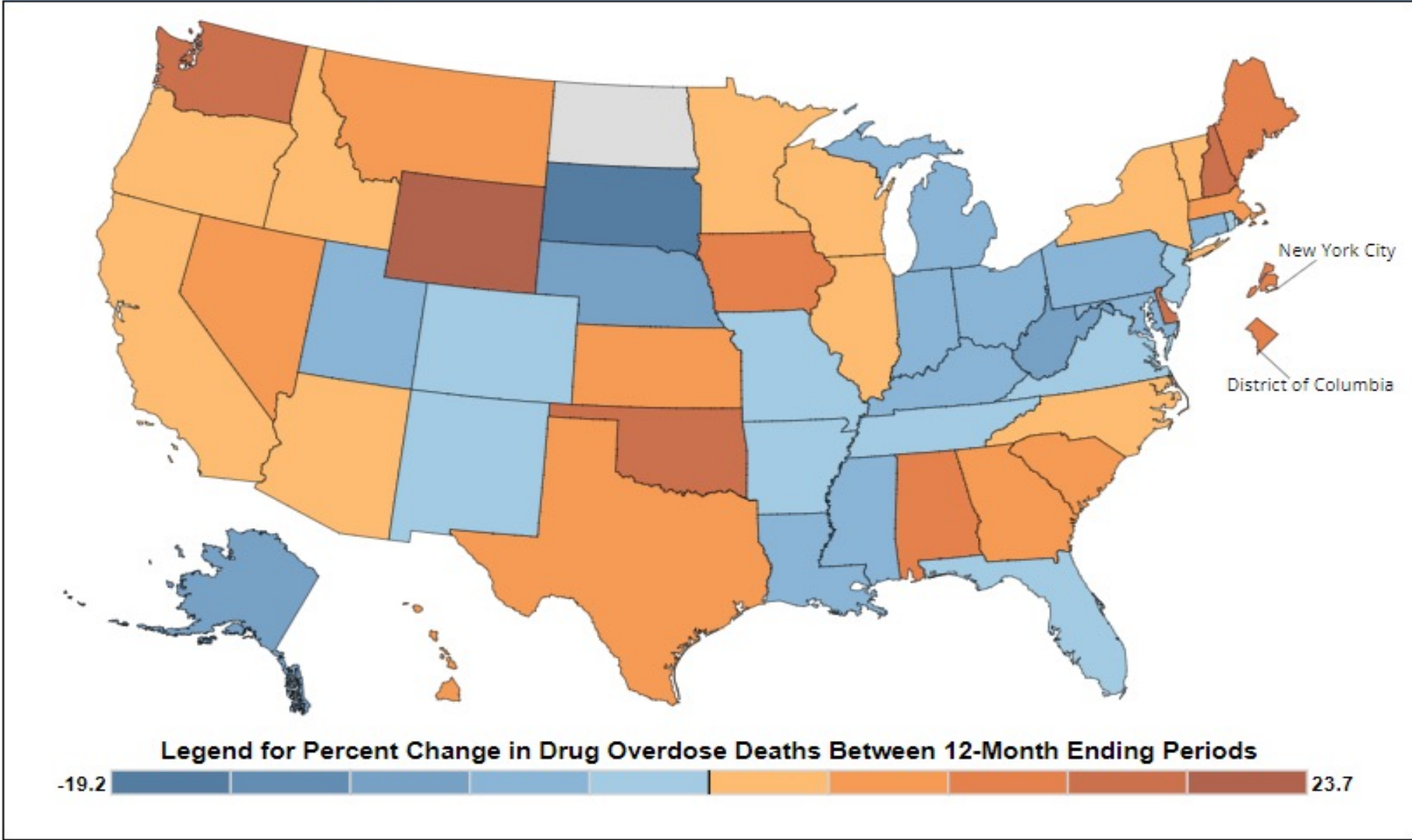


The logo for the University of Gävle (GU) is displayed in a white, serif font. It is positioned above a thin horizontal line. The background of the entire left side of the image is a dark blue gradient, overlaid with a faint, circular seal of the university.

Addiction Policy and Practice



Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: November 2021 to November 2022



Select predicted or reported number of deaths

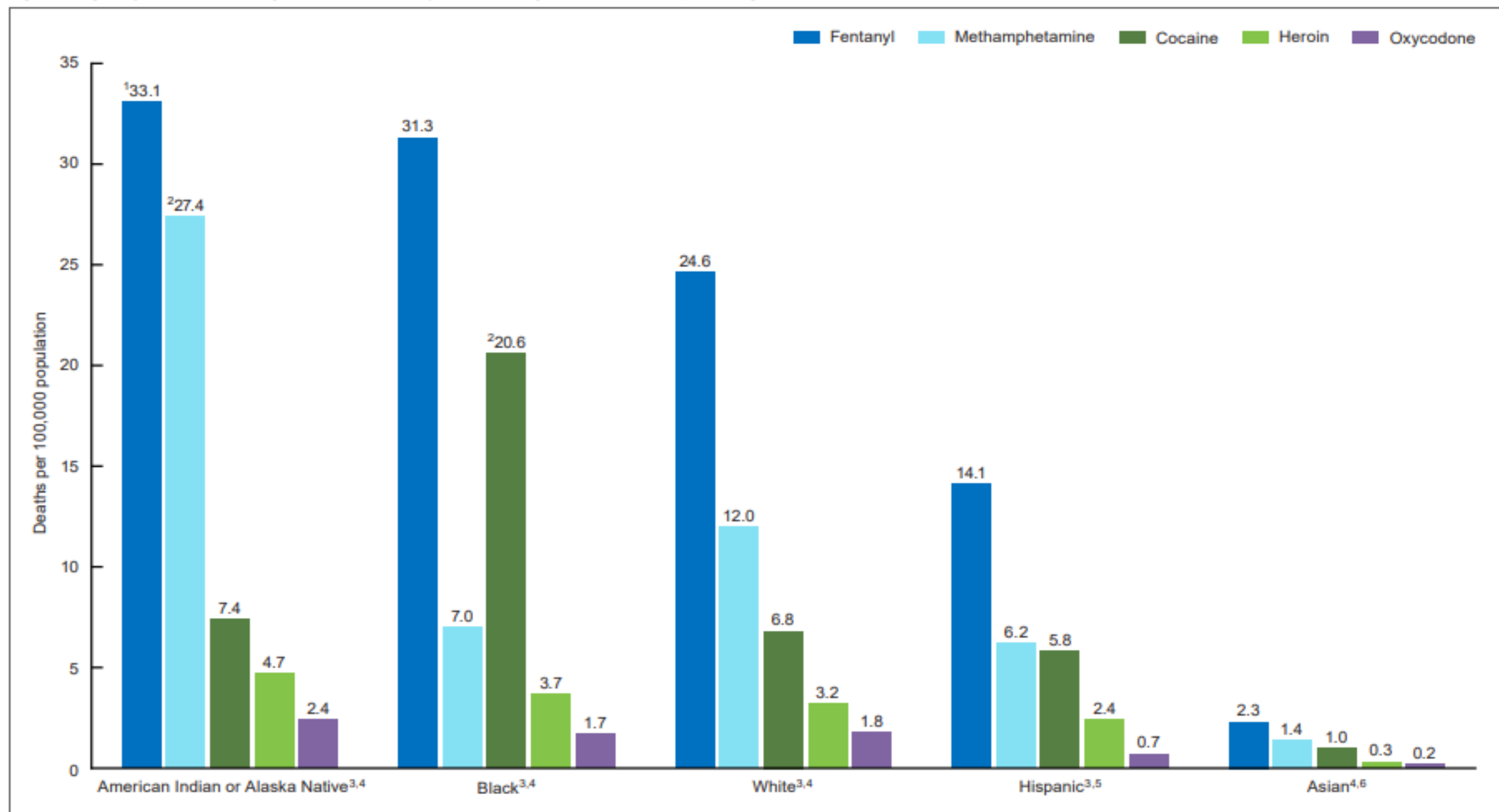
- Predicted
- Reported

New York City
District of Columbia

Percent Change for United States

0.6 ▲

Figure 4. Age-adjusted rates of drug overdose deaths, by selected drugs and race and Hispanic origin: United States, 2021



¹Significantly higher than all other race and Hispanic-origin groups ($p < 0.05$) except non-Hispanic Black.

²Significantly higher than all other race and Hispanic-origin groups ($p < 0.05$).





Drug and Alcohol Dependence

Volume 225, 1 August 2021, 108759



The naloxone delivery cascade: Identifying disparities in access to naloxone among people who inject drugs in Los Angeles and San Francisco, CA

[Elizabeth N. Kinnard](#)^{a b}  , [Ricky N. Bluthenthal](#)^c, [Alex H. Kral](#)^b,
[Lynn D. Wenger](#)^b, [Barrot H. Lambdin](#)^{b d e}

Highlights

- Almost three quarters (72 %) of people who inject drugs have ever received naloxone.
- Current possession of naloxone among people who inject drugs is low at 35 %.
- People who inject drugs must refill their naloxone due to recurring overdoses.
- White participants are more likely to receive naloxone than Blacks and Latinxs.
- Housed participants are more likely to possess naloxone than unhoused participants.

SPECIAL ARTICLE

Racial Inequality in Receipt of Medications for Opioid Use Disorder

Michael L. Barnett, M.D., Ellen Meara, Ph.D., Terri Lewinson, Ph.D., M.S.W.,
Brianna Hardy, B.S., Deanna Chyn, M.P.H., Moraa Onsando, M.D., M.P.H.,
Haiden A. Huskamp, Ph.D., Ateev Mehrotra, M.D., M.P.H.,
and Nancy E. Morden, M.D., M.P.H.

ABSTRACT

CONCLUSIONS

Racial and ethnic differences in the receipt of medications to treat OUD after an index event related to this disorder among patients with disability were substantial and did not change over time. The high incidence of ambulatory visits in all groups showed that disparities persisted despite frequent health care contact. (Funded by the National Institute on Drug Abuse and the National Institute on Aging.)



**EXECUTIVE OFFICE OF THE
PRESIDENT
OFFICE OF NATIONAL
DRUG CONTROL POLICY**
Washington, DC 20503

The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One

- Expanding access to evidence-based treatment;
- Advancing racial equity issues in our approach to drug policy;
- Enhancing evidence-based harm reduction efforts;
- Supporting evidence-based prevention efforts to reduce youth substance use;
- Reducing the supply of illicit substances;
- Advancing recovery-ready workplaces and expanding the addiction workforce; and
- Expanding access to recovery support services.

Expanding Treatment Access: MATE Act ³⁶

Medication Access and Training Expansion (MATE) Act

What? Holders of controlled substance licenses must receive *one-time, eight hours* of addiction education and training before receiving or renewing their DEA license.

How? Training can be received in a variety of ways. Exceptions are made for prescribers who have previously received a data waiver or are board certified in addiction medicine or addiction psychiatry.

Why? Majority of medical professionals do not receive training in addiction and there is widespread stigma against treating people with addiction.

Shatterproof, RIZE Massachusetts, and GE Foundation Release Survey on Massachusetts Healthcare Professionals and Stigma around Screening, Treating Patients

- 1 in 4 providers: **received training** on addiction in medical education
- >50% of EM and FM/IM: believed OUD is **treatable**
- >1/3 of EM, OBGYN/Women's Health, or pediatric providers: **feel very prepared** to screen, diagnose, provide brief intervention for, or discuss or provide treatment
- 2x as many EM providers than any other specialty believe **methadone treatment for OUD is substituting one addiction for another.**
- *2019 InItTogether, Shatterproof*



The Mainstreaming Addiction Treatment (MAT) Act

117th Congress

House Sponsors: Paul Tonko (D-NY), Mike Turner (R-OH), Antonio Delgado (D-NY), Anthony Gonzalez (R-OH)

Senate Sponsors: Maggie Hassan (D-NH), Lisa Murkowski (R-AK)

"The devastation of America's opioid crisis has touched every part of our country, and access to treatment is a matter of life and death. Our national response needs to rise to meet the unprecedented scale of this crisis."

❖ Paul Tonko

SAMHSA: Extends Take Home Flexibilities for Methadone for 1 Year Post Covid Emergency

- Allows for up to 28 days of take home doses
- Optional for states

SAMHSA: Issues Notice of Proposed Rule Making: December 2022

- Take-home flexibilities permanent
- Removes one-year requirement

CMS APPROVES FIRST-EVER MIEP WAIVER FOR THE STATE OF CALIFORNIA

BY BLAIRE BRYANT, BRAYDEN COHEN | FEBRUARY 27, 2023

What is pending in other states?

As of February 7, **14 additional states** are also seeking partial waivers to the inmate exclusion policy to provide pre-release services to some eligible incarcerated individuals (Figure 1). The parameters of these proposals may change to reflect the California approval and upcoming CMS guidance. Currently, these pending requests vary in scope by pre-release period, eligibility and benefits:

Press release

HHS Releases New Guidance to Encourage States to Apply for New Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving Carceral Facilities

Apr. 17, 2023 | Coverage, Medicaid & CHIP

The New York Times

NEWSLETTER

The Morning

America's New Drug Policy

Bipartisan support now exists for a once-radical approach to drugs.

NAATP
NATIONAL 2023

| CITY HALL |

Despite Bipartisan Support, Fentanyl Testing Strips Might Remain Illegal in Texas

KELLY DEARMORE | MAY 8, 2023 | 7:00AM

Idaho Capital Sun

GOVERNMENT + POLITICS COURTS + POLICING HEALTH ENVIRONMENT GROWTH + AFFORDABILITY LIVING

GOVERNMENT + POLITICS

HEALTH

Idaho lawmakers vote to limit who can access fentanyl overdose treatment through grant

Bill heads to governor with language that restricts access to federally funded naloxone

Upcoming

Support Act Reauthorization

Covid 19 Emergency

Declaration

Medicaid Unwinding

FY24 Budget


Medicaid Inmate Exception

Methadone Legislation

Telehealth Rule Pending

Opioid Litigation Funding

Acknowledgment of the lives lost

 The picture can't be displayed.

CONTACT

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Georgetown University Law Center

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Web: <https://oneill.law.georgetown.edu/>

Regina LaBelle, JD

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Twitter: [@Reginalabelle](https://twitter.com/Reginalabelle)

[@ADPP_Georgetown](https://twitter.com/ADPP_Georgetown)

NAATP
NATIONAL 2023



The New Science on Addiction Treatment and Recovery: Processes & Milestones

NAATP Conference Washington D.C. May 22 2023

John F. Kelly, PhD, ABPP



RECOVERY
RESEARCH
INSTITUTE



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

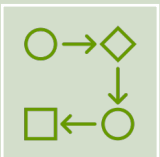
Outline



How did we get here? A rationale for the new public health and scientific focus on addiction treatment to recovery support services linkages



Ingredients of recovery– facilitating access to the scaffolding, building materials, permits, and supportive environments



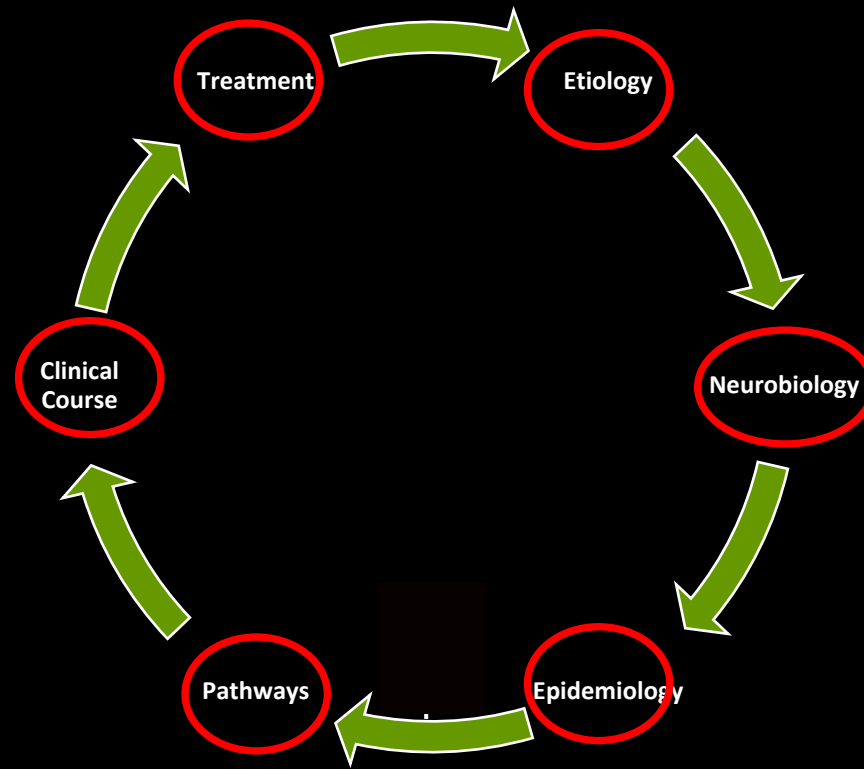
Recovery Process – Recovery milestones and their utility. Who needs what, when, for how long, at what intensity?



50 years
of criminal justice,
treatment, and
public health,
approaches

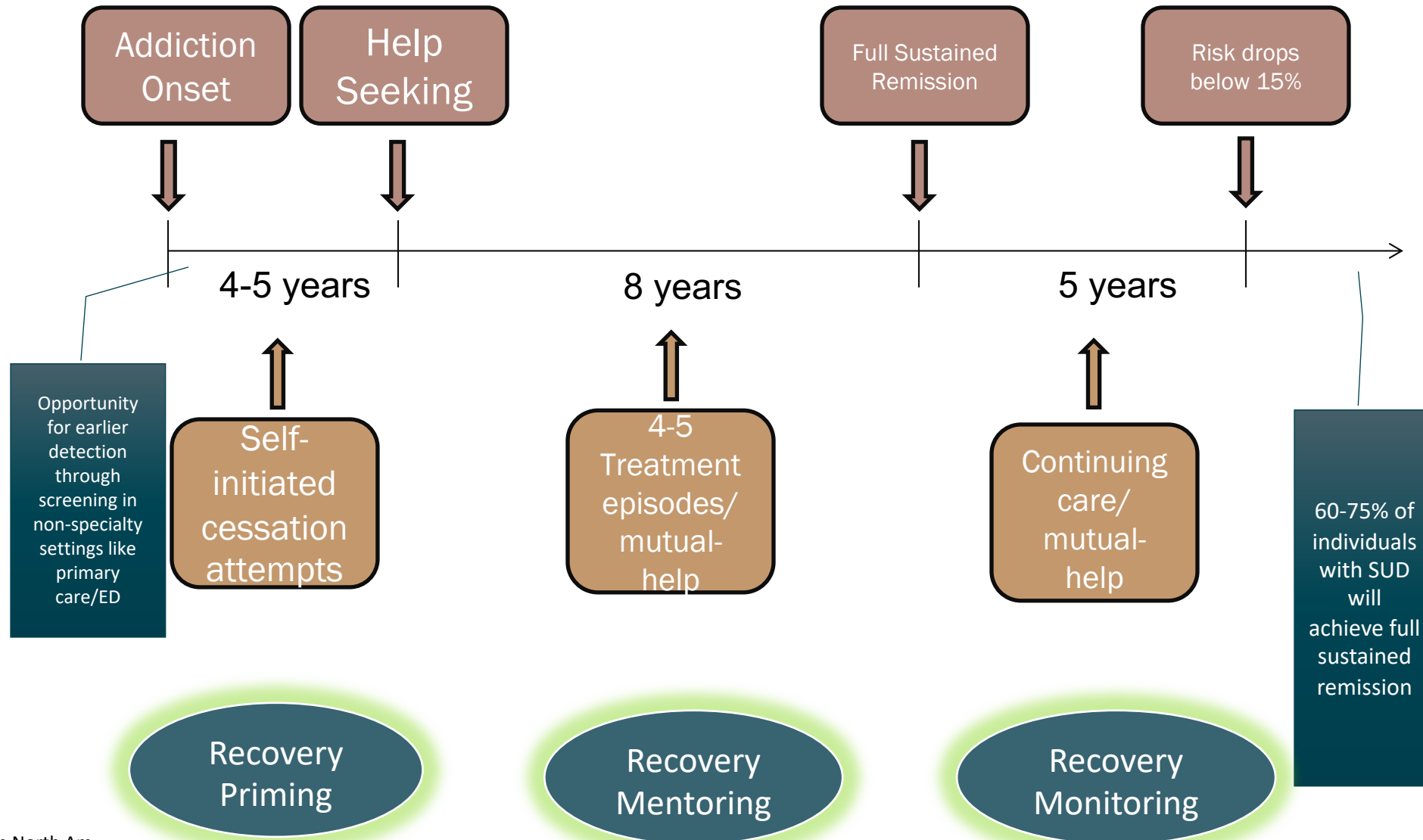


Past 50 yrs since
declaration of “War on
drugs” led to large-scale
federal appropriations and
a number of paradigm
shifts...



The clinical course of addiction and achievement of stable recovery can take a long time ...

Can we speed this up?



50 years of Progress:
Burning building
analogy...

- **Putting out the fire** –addressing acute clinical pathology - good job
- **Preventing it from re-igniting (RP)** - emphasized - pragmatic disconnect...
- **Building materials (recovery capital)** – mostly neglected
- **Scaffolding (building skills and support beyond acute stabilization)**
- **Granting “rebuilding permits”** - (removing barriers - neglected)



Recovery Capital

Individual

(coping, motivation, self-efficacy)

Social

(recovery-specific/family, friends)

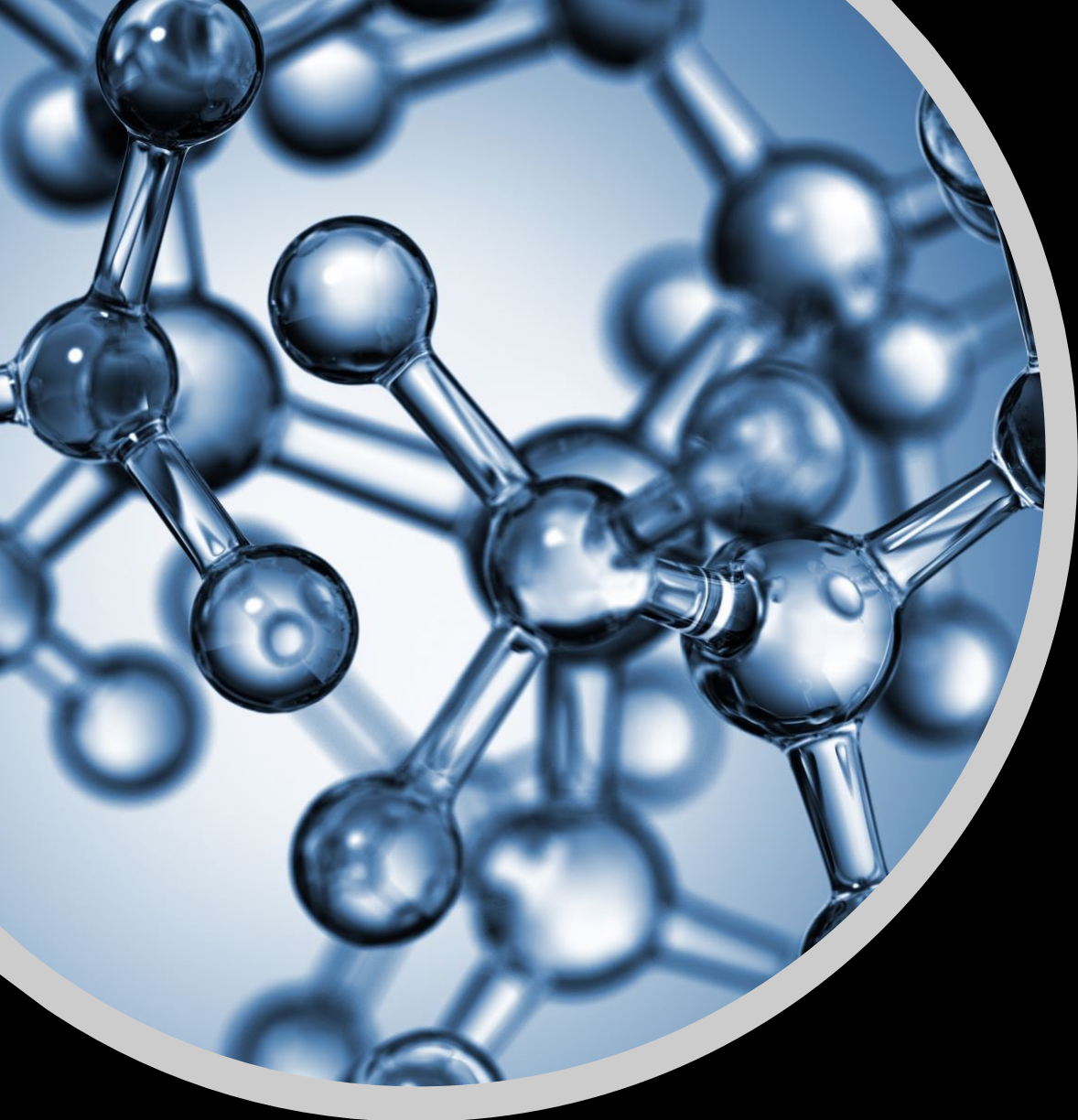
Financial

(income, resources)

Cultural

(identity, values)





Challenges undermining change attempts...

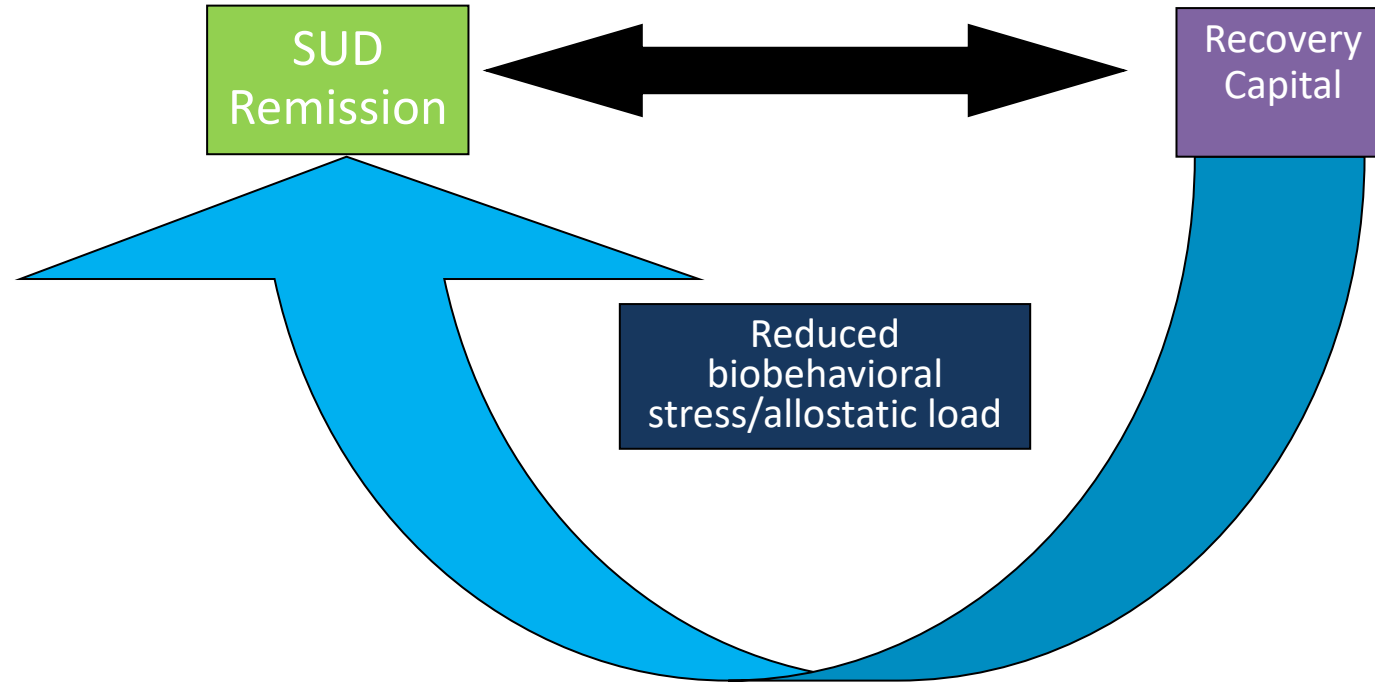


Increased
sensitivity
to stress



Decreased
capacity to
experience
normal levels of
reward

Recovery: Dynamic Reciprocal relationship between remission and recovery capital



Longer remission results in greater accrual of recovery capital; in turn, greater recovery capital increases the chances of longer remission because it reduces biobehavioral stress – a major pathway to relapse. Thus, providing more recovery support will increase the chances of remission by reducing stress.

Adapted from Kelly and Hoepfner (2014)

More rapid initial achievement
and maintenance of stable
remission may occur through
attending BOTH to clinical
pathology AND environmental
and resource
deficits.... (“recovery capital”)
AND legal/other barriers

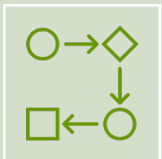
Outline



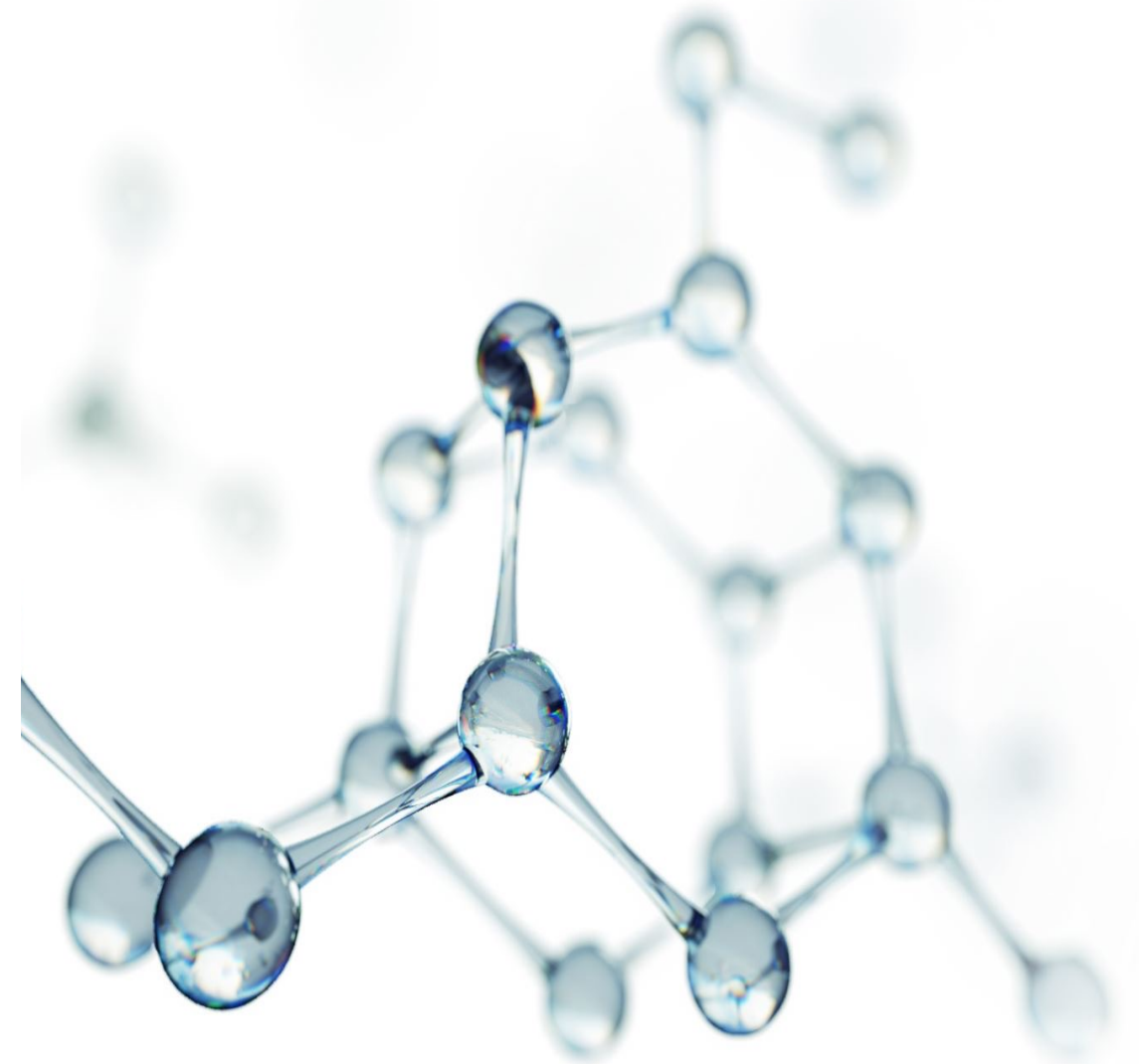
How did we get here? A rationale for the new public health and scientific focus on addiction recovery and support services



Ingredients of recovery– facilitating access to the scaffolding, building materials, permits, and supportive environments



Recovery Process – Recovery milestones and their utility. Who needs what, when, for how long, at what intensity?



Motivation

Ability

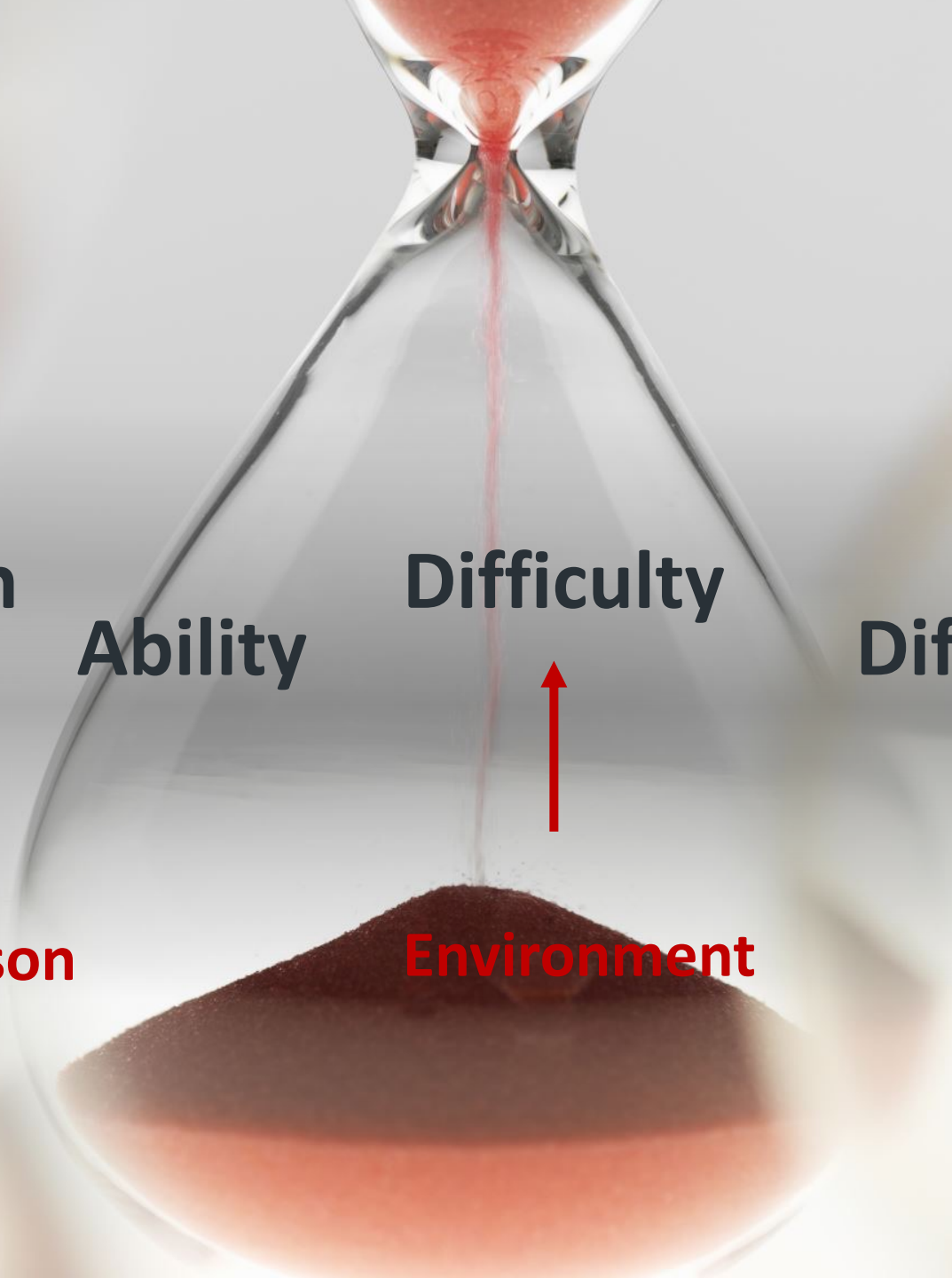
Difficulty

Difficulty x Time

Person

Environment

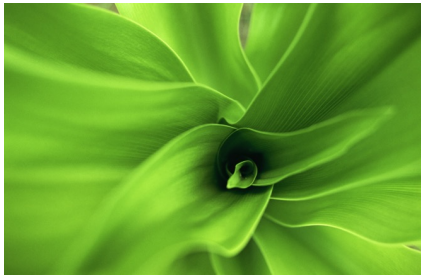
Chronicity



How Organisms Recover



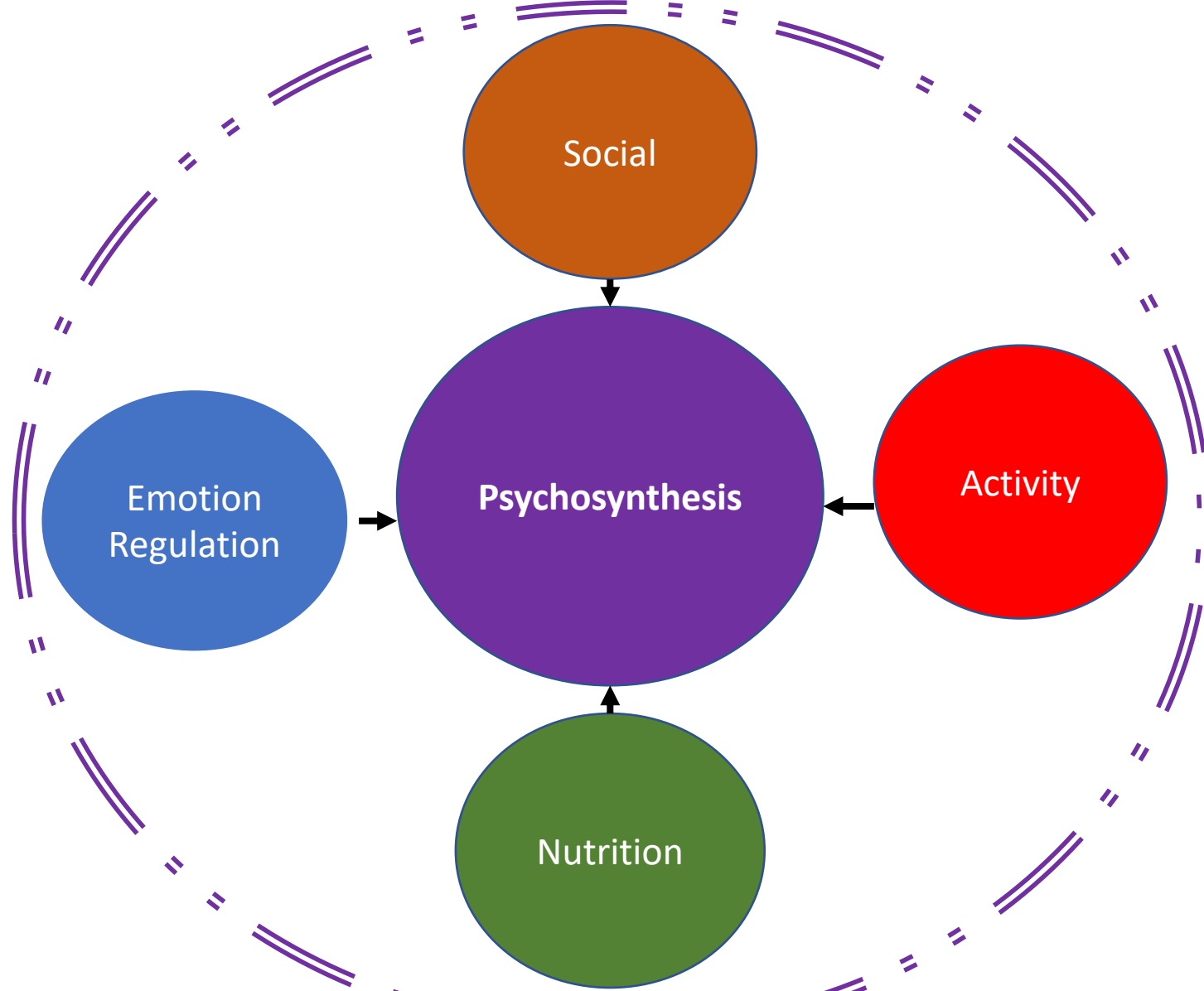
Photosynthesis



Psychosynthesis



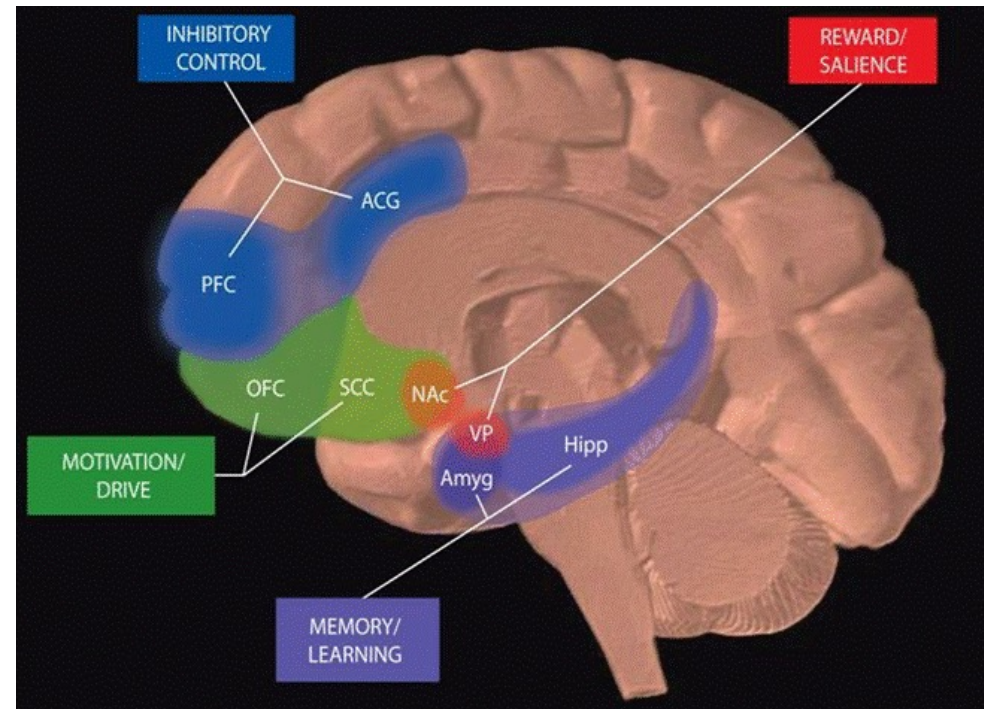
A Social Activity Nutrition Emotion Regulation (SANER) Approach to Recovery

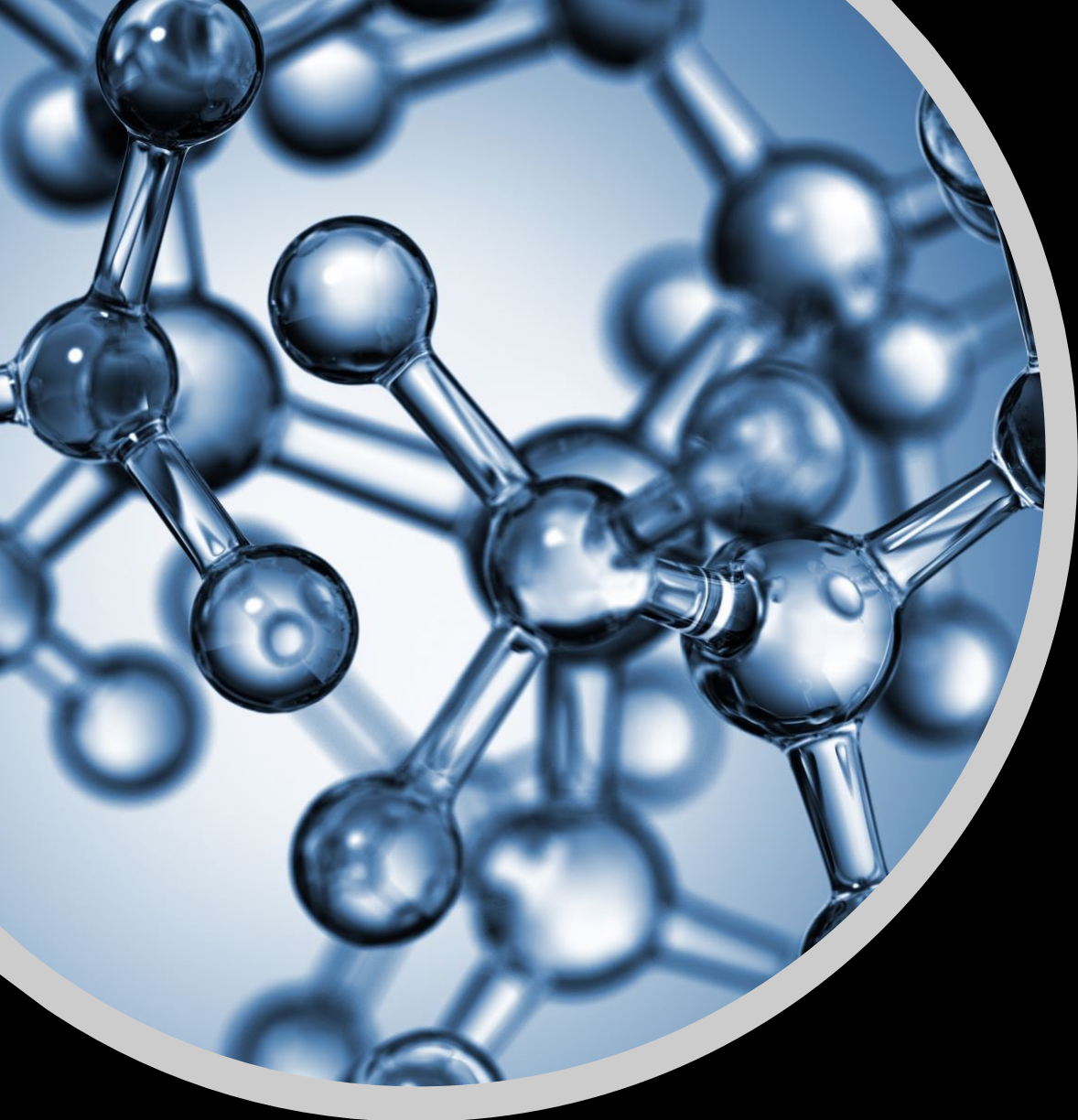


Social
Activity
Nutrition
Emotion
Regulation
(SANER)

Neuroscience of Recovery Capital

Can social factors, recovery housing, and employment, change the brain, mitigate stress, upregulate down-regulated receptor systems, and increase the chances of long-term remission?





Challenges undermining change attempts...



Increased sensitivity to stress



Decreased capacity to experience normal levels of reward

RESPONDING TO STRESS: SOCIAL BUFFERING

...and researchers have started to examine possible neurobiological connections between social support and individual stress responses

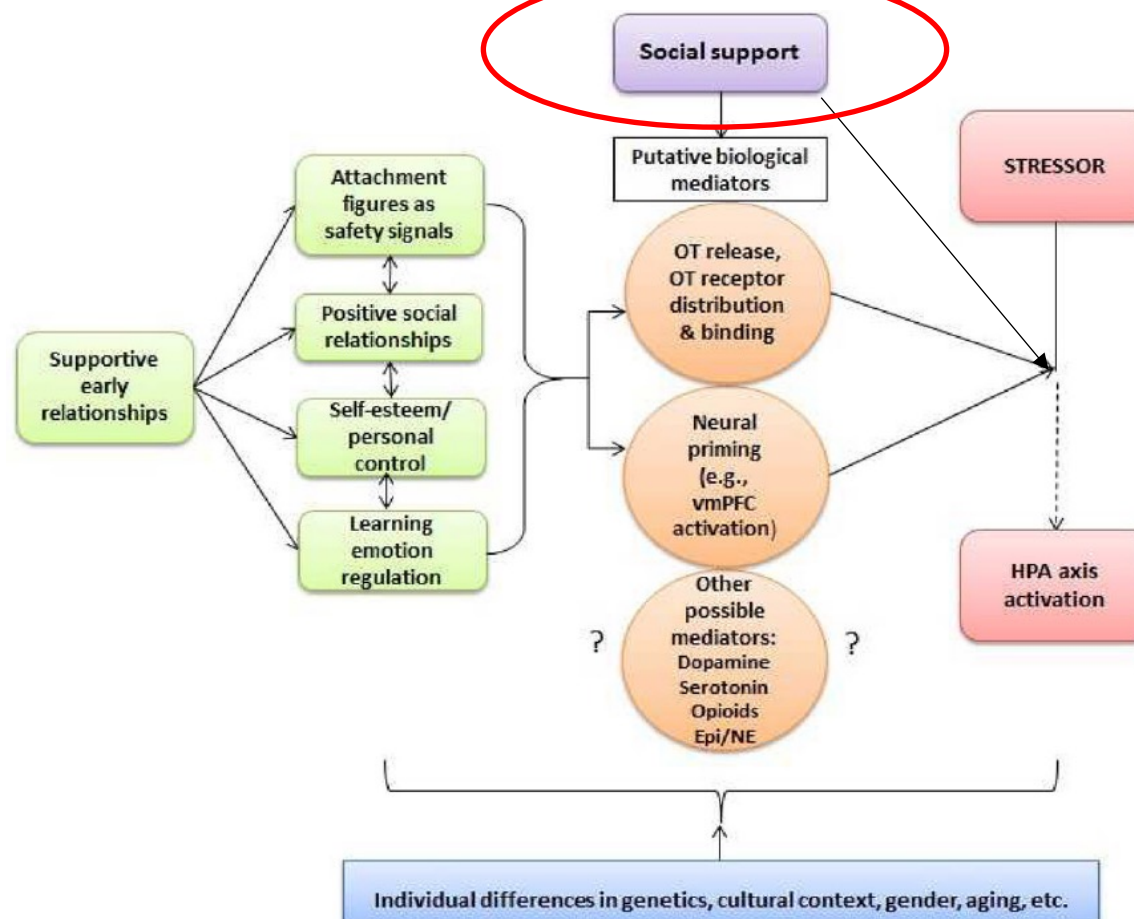


Figure 1. A Developmental Working Model of Social Buffering of the HPA Axis in Humans

OT = oxytocin, vmPFC = ventro-medial prefrontal cortex, Epi = epinephrine, NE = norepinephrine

D2/D3 RECEPTOR BINDING & SOCIAL STATUS AND SUPPORT

AIM

Assess whether D_{2/3} receptor levels correlate with social status and social support (particularly, to determine if low social status and low social support correlate with low D_{2/3} receptor binding)

SAMPLE

N = 14 healthy participants (i.e., non-smoking with no Axis I disorders, significant medical conditions, or use of medications before the scan) who were scanned using positron emission tomography (PET) imaging to measure D_{2/3} receptor binding potential (BP)

MEASURES

- Barratt Simplified Measure of Social Status (BMSSS) to measure social status
- Scale of Perceived Social Support (MSPSS) to measure social support
- [¹¹C]raclopride to measure D_{2/3} receptor binding in the striatum

OUTCOMES

- Positive correlation between **D_{2/3} receptor** binding potential and **social status**
- Positive correlation between **D_{2/3} receptor** binding potential and **perceived social support**
- Results similar to prior studies of nonhuman primates, which show higher D_{2/3} receptor levels in monkeys who are dominant in their social hierarchy, compared to those who are subordinate

BRIEF REPORTS

Dopamine Type 2/3 Receptor Availability in the Striatum and Social Status in Human Volunteers

Diana Martinez, Daria Orlowska, Rajesh Narendran, Mark Slifstein, Fei Liu, Dileep Kumar, Allegra Broft, Ronald Van Heertum, and Herbert D. Kleber

Background: Previous positron emission tomography (PET) imaging studies in nonhuman primates have shown that striatal dopamine type 2/3 (D_{2/3}) receptors correlate with social hierarchy in monkeys and that dominant animals exhibit higher levels of D_{2/3} receptor binding. The goal of the present study was to examine this phenomena in human subjects using PET and the radiotracer [¹¹C]raclopride.

Methods: Fourteen healthy volunteers were scanned with [¹¹C]raclopride to measure D_{2/3} receptor binding potential (BP). Social status was assessed using the Barratt Simplified Measure of Social Status. In addition, participants were asked to assess their level of social support using the Multidimensional Scale of Perceived Social Support (MSPSS).

Results: A correlation was seen between social status and dopamine D_{2/3} receptors, where volunteers with the higher status had higher values for [¹¹C]raclopride BP. A similar correlation was seen with the perceived social support, where higher [¹¹C]raclopride BP correlated with higher scores on the MSPSS.

Conclusions: The results of this study support the hypothesis that social status and social support is correlated with D_{2/3} receptor binding.

Key Words: [¹¹C]raclopride, dopamine 2/3 receptor, PET imaging, social status

Methods and Materials

Previous studies in animals have shown a correlation between dopamine transmission in the brain and social hierarchy (1). In monkeys, dominant and subordinate social rank are determined by physical and social triumph and defeat. Dominant animals win more physical confrontations and receive more social attention, such as grooming or huddling. Two positron emission tomography (PET) imaging studies have investigated the relationship between social status and D_{2/3} receptors in the striatum in monkeys. Both showed that social dominance was associated with higher D_{2/3} receptor binding compared with subordinate animals (2,3).

In humans, social hierarchy is a more subtle phenomenon that can be approximated by measuring social status and social support (4). Thus, the goal of the present study was to examine the correlation between these factors and dopamine D_{2/3} receptor binding in human subjects. Given the known effect of disease states on striatal D_{2/3} receptors, including substance dependence, schizophrenia, and anxiety disorders (5-7), only healthy control volunteers were included in this study. Social status was measured using the Barratt Simplified Measure of Social Status (BMSSS) (8) and social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) (9). Our hypothesis was that low social status and low levels of social support would correlate with low D_{2/3} receptor binding in the striatum measured with [¹¹C]raclopride.

The study was approved by the Institutional Review Board of the New York State Psychiatric Institute and all subjects provided written informed consent. Study participants were nonsmoking healthy control subjects and were required to have no DSM-IV Axis I disorder (including substance abuse or dependence), no significant medical conditions, and no use of medications before the scan (6 months for medications that could affect dopamine; 2 weeks for all others). Subjects (nine men and five women) were recruited from the New York City metropolitan area. Participant screening included a psychiatric assessment with the *Structured Clinical Interview for DSM-IV Axis I Disorders* (10), physical examination, electrocardiogram, and laboratory tests. All subjects were asked for data to complete the Barratt Simplified Measure of Social Status and to complete the Multidimensional Scale of Perceived Social Support. The scans performed on female subjects were not controlled for menstrual cycle phase.

[¹¹C]raclopride was prepared as previously described (11), and PET studies were acquired using a bolus injection of the radiotracer. The PET scans were obtained on the ECAT EXACT HR+ (Siemens/CTI, Knoxville, Tennessee) in three-dimensional (3-D) mode. Emission data were obtained as 15 frames of increasing duration up to 60 minutes. The PET images were reconstructed by filtered backprojection (Shepp 5 filter) with attenuation correction using the data from a 10-minute transmission scan.

All image analysis was performed in MEDx (Sensor Systems, Inc., Sterling, Virginia). Each subject underwent a transaxial T1 magnetic resonance imaging (MRI) scan, acquired on the GE Signa EXCITE 3 T/94 cm scanner (GE Medical Systems, Milwaukee, Wisconsin), for delineation of the regions of interest (ROIs). The regions of interest outlined on the MRI included the subdivisions of the striatum, which have been previously described (12). Briefly, these included the ventral striatum (VST), the dorsal caudate rostral to the anterior commissure (AC) (precommissural dorsal caudate [preDCAD]), the dorsal putamen rostral to the AC (precommissural dorsal putamen [preDPU]), the caudate caudal to the AC (postcommissural caudate [postCAUD]), and the putamen caudal to the AC (postcommissural putamen [postPUT]).

From the Departments of Psychiatry (DM, DO, MS, FL, DK, AB, HDK) and Radiology (RVH), Columbia University, College of Physicians and Surgeons, New York, New York, and Department of Radiology (RN), University of Pittsburgh, Pittsburgh, Pennsylvania.
Address correspondence to Diana Martinez, M.D., New York State Psychiatric Institute, 1051 Riverside Drive, Box #31, New York, NY 10032; E-mail: dm437@columbia.edu.

Received Dec 18, 2008; revised Jul 23, 2009; accepted Jul 28, 2009.

Martinez, D., Orlowska, D., Narendran, R., Slifstein, M., Liu, F., Kumar, D., . . . Kleber, H. D. (2010). Dopamine type 2/3 receptor availability in the striatum and social status in human volunteers. *Biological Psychiatry*, 67(3), 275-278. doi:10.1016/j.biopsych.2009.07.037

D2/D3 RECEPTOR BINDING & SOCIAL STATUS AND SUPPORT

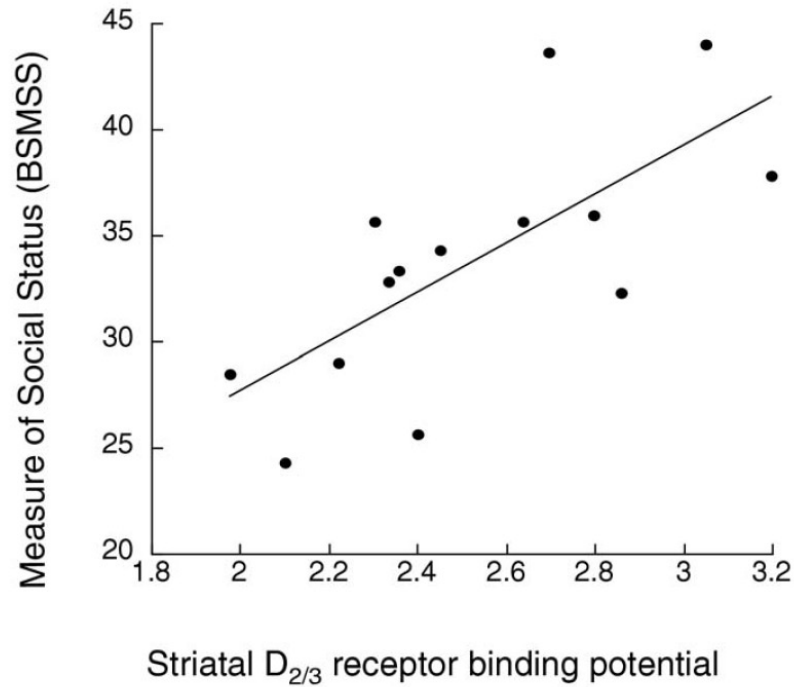


Figure 1. Correlation between [¹¹C]raclopride BP (x axis) and social status, measured with the Barratt Simplified Measure of Social Status (BSMSS). A positive correlation was seen, where higher BP correlated with higher BSMSS ($r = .71, p = .004, \text{age-corrected } p = .007$). BP, binding potential.

D_{2/3} receptor binding increases as **social status** increases.

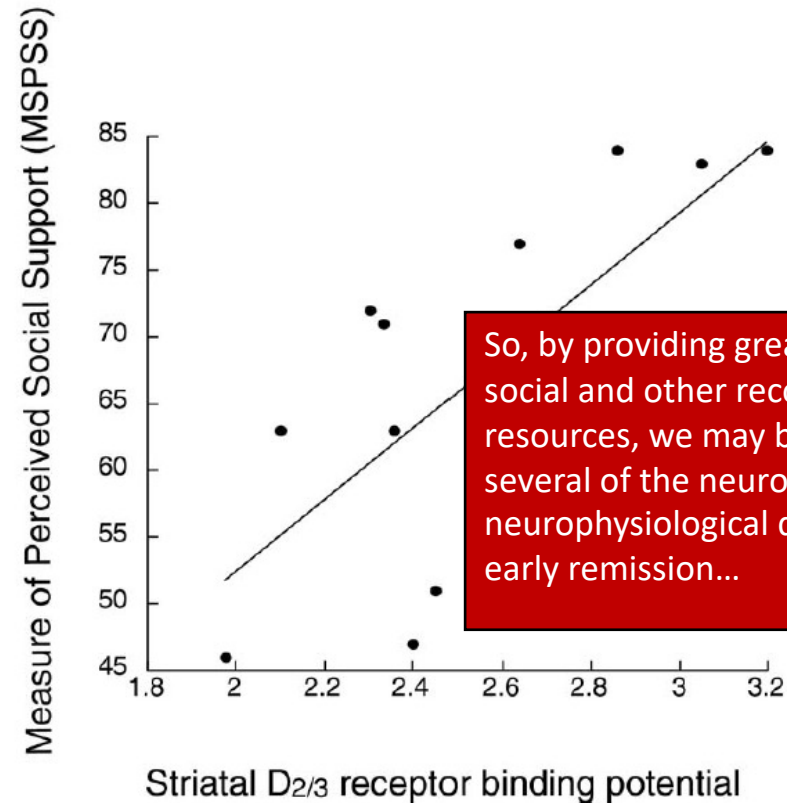


Figure 2. Correlation between [¹¹C]raclopride BP (x axis) and score on the Multidimensional Scale of Perceived Social Support (MSPSS). A positive correlation was seen, where higher BP correlated with higher score on the MSPSS ($r = .73, p = .005, \text{age-corrected } p = .02$). BP, binding potential.

D_{2/3} receptor binding increases as **social support** increases.

So, by providing greater access to social and other recovery specific resources, we may be able to mitigate several of the neuroendocrine/ neurophysiological deficits present in early remission...

Recovery support services have grown intended to facilitate access to conducive and supportive environments and recovery capital ...



Advantages of
recovery support
services in
disease/recovery
management....

Available

Accessible

Flexible

Enduring

Low/no cost

Recovery support services have grown intended to facilitate access to conducive and supportive environments and recovery capital ...





Cochrane Database of Systematic Reviews

Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)

Kelly JF, Humphreys K, Ferri M

Kelly JF, Humphreys K, Ferri M.
Alcoholics Anonymous and other 12-step programs for alcohol use disorder.
Cochrane Database of Systematic Reviews 2020, Issue 3. Art. No.: CD012880.
DOI: [10.1002/14651858.CD012880.pub2](https://doi.org/10.1002/14651858.CD012880.pub2).

www.cochranelibrary.com

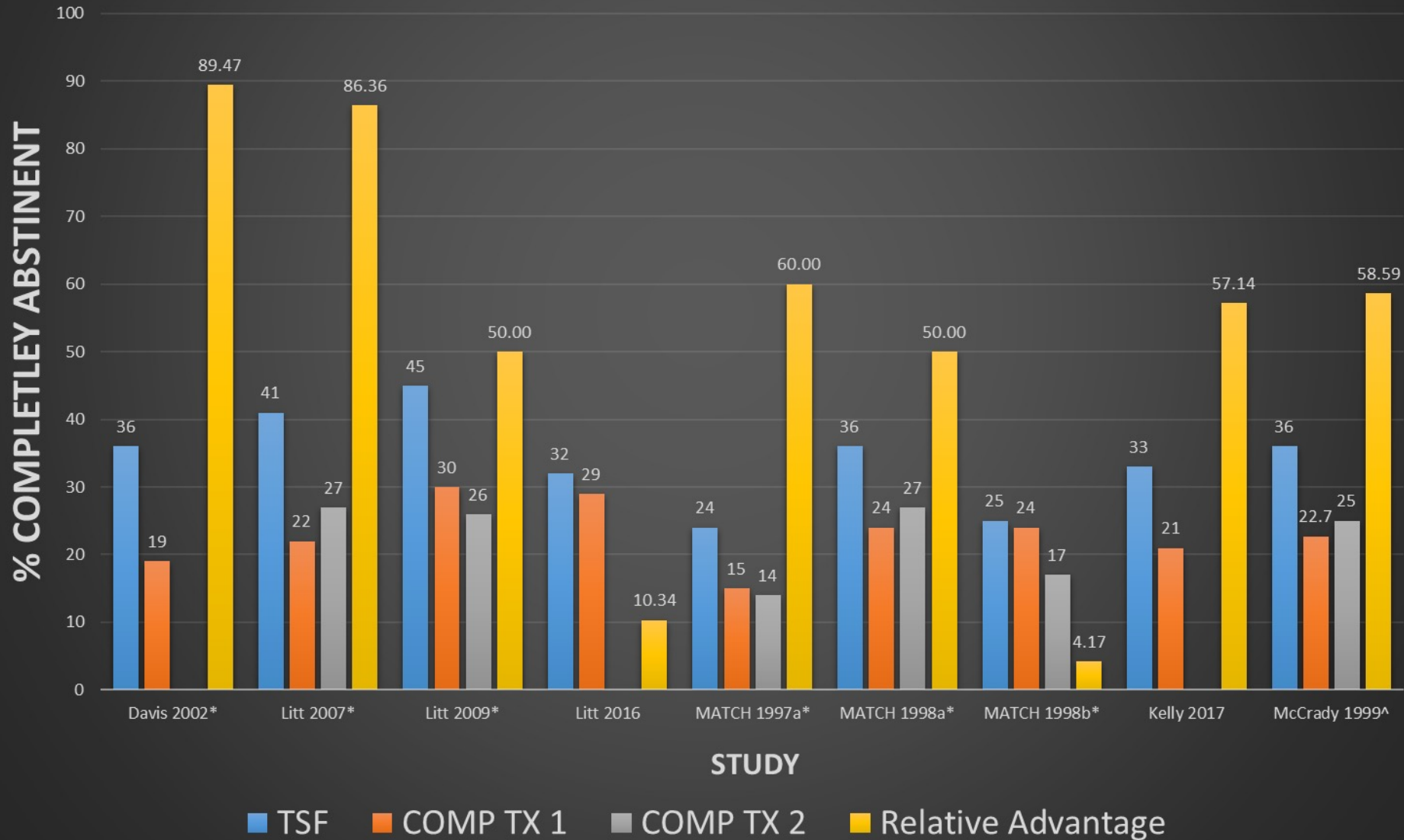
Alcoholics Anonymous and other 12-step programs for alcohol use disorder (Review)
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WILEY

Cochrane Systematic Review on AA/TSF (2020)

- Kelly, JF
- Humphreys, K
- Ferri, M

TSF Compared to Different Theoretical Orientation Treatments (RCTs all Manualized)



Economic Studies

Healthcare Cost Savings

- 3/4 included studies in this category (n reports = 4/5; found sig. health care cost saving in favor of the AA/TSF condition.
- Economic analyses found benefits in favor of AA/TSF relative to outpatient treatment, and CBT interventions.
- Magnitude - large. In addition to sig. increased abstinence/remission, compared to CBT interventions



**\$10-15 Billion/yr savings
in health care alone**

Empirically-supported MOBCs through which AA confers benefit: AA mobilizes social and personal recovery capital...

- AA is the closest thing public health to a free lunch, but...
- While AA is proven to help, not everyone wants to use AA
- Increasing the menu of recovery mutual-help support options is likely to engage more individuals in the recovery process

Do Fitness Centers Keep people fit?



- Of course!
- If you go and if you work out regularly
- Ongoing challenge is engaging and retaining people in some kind of ongoing exercise regimen...
- Fitness Centers therefore provide not just one, but an array, of different classes, spaces, equipment, pools, and courts, so that people can find something appealing...
- ...and move toward increasing physical fitness

Do Mutual-Help Organizations Keep people fit for recovery?



- Of course!

- If you go regularly and if you work the recovery program and build it in to your lifestyle (like exercise)

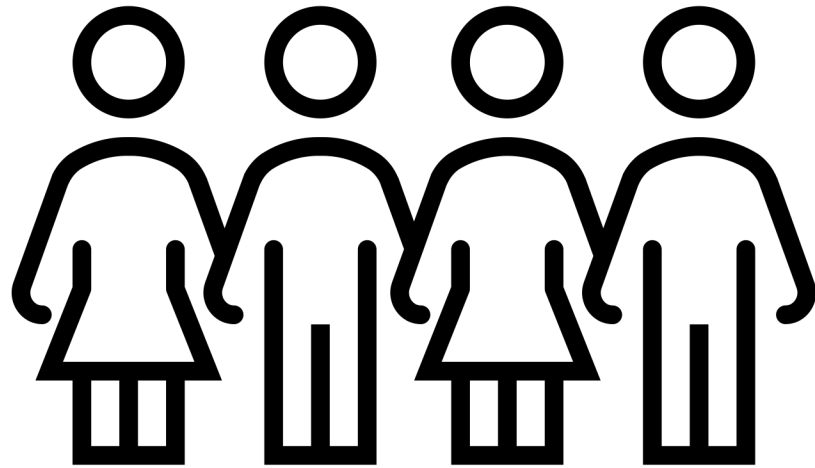
- Perennial challenge is engaging and retaining people in some kind of ongoing recovery support service ...

- Recovery mutual-help organizations, however, have been largely limited to one variety (12-step) therefore severely limiting options to engage and retain people in an ongoing recovery support service that can help mitigate relapse risk and sustain remission and recovery.

- This is tantamount to a fitness center having ONLY a weight room, or ONLY a pool etc...

Emerging Evidence for Additional Mutual-Help Organizations....

J Subst Abuse Treat. 2017 February ; 73: 16–26. doi:10.1016/j.jsat.2016.10.004.



Comparison of 12-step Groups to Mutual Help Alternatives for AUD in a Large, National Study: Differences in Membership Characteristics and Group Participation, Cohesion, and Satisfaction

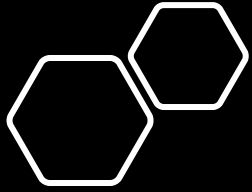
Sarah E. Zemore, Ph.D., Lee Ann Kaskutas, Dr.P.H., Amy Mericle, Ph.D., and Jordana Hemberg, MPH
Alcohol Research Group, Emeryville, CA

Abstract

Background—Many studies suggest that participation in 12-step groups contributes to better recovery outcomes, but people often object to such groups and most do not sustain regular involvement. Yet, research on alternatives to 12-step groups is very sparse. The present study aimed to extend the knowledge base on mutual help group alternatives for those with an alcohol use disorder (AUD), sampling from large, active, abstinence-focused groups including Women for Sobriety (WFS), LifeRing, and SMART Recovery (SMART). This paper presents a cross-sectional

Recovery support services have grown intended to facilitate access to conducive and supportive environments and recovery capital ...

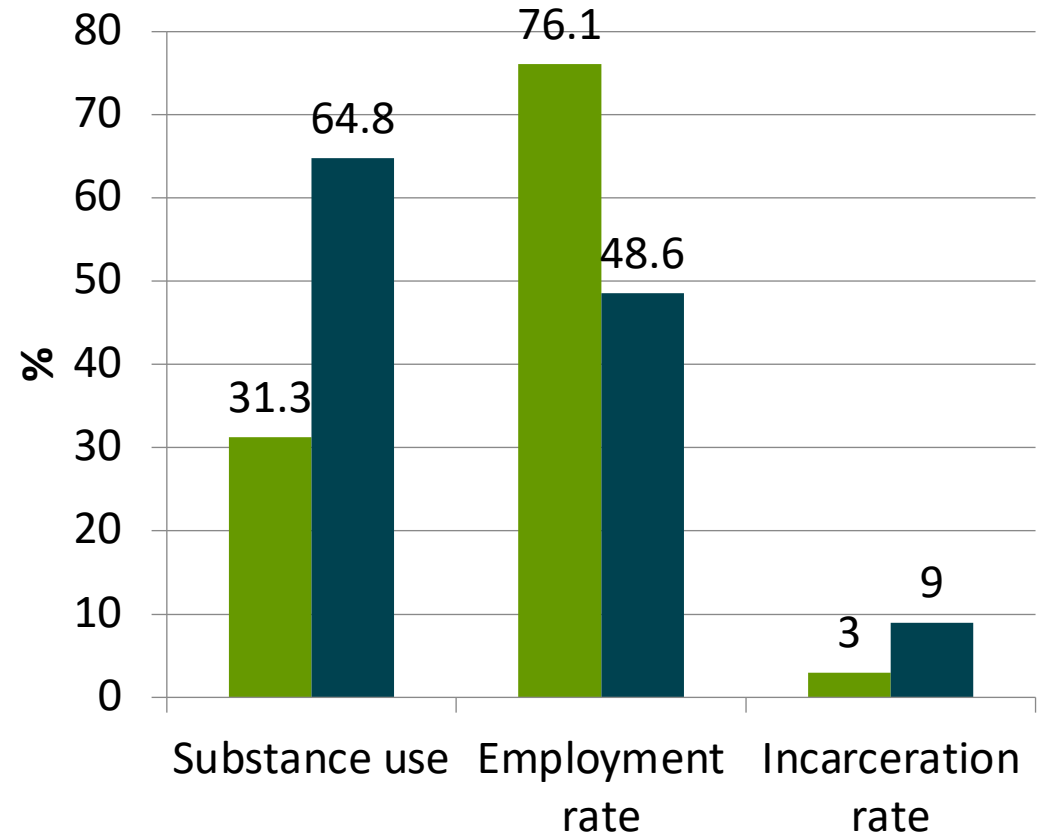




Oxford House vs. Usual Care

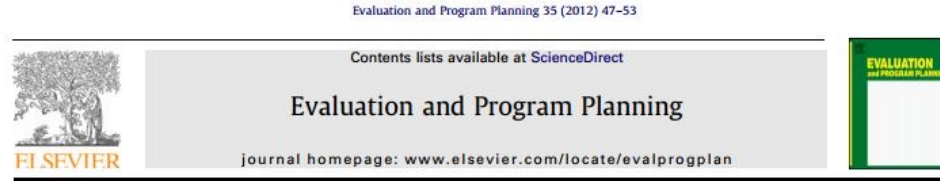
Recovery Residences had –

- half as many using substances across 2 yrs
- 50% more employed
- 1/3 re-incarceration rate



■ Oxford House
■ Usual Care

Cost-benefit analysis of the Oxford House Model



Benefits and costs associated with mutual-help community-based recovery homes: The Oxford House model

Anthony T. Lo Sasso^{a,*}, Erik Byro^b, Leonard A. Jason^c, Joseph R. Ferrari^d, Bradley Olson^e

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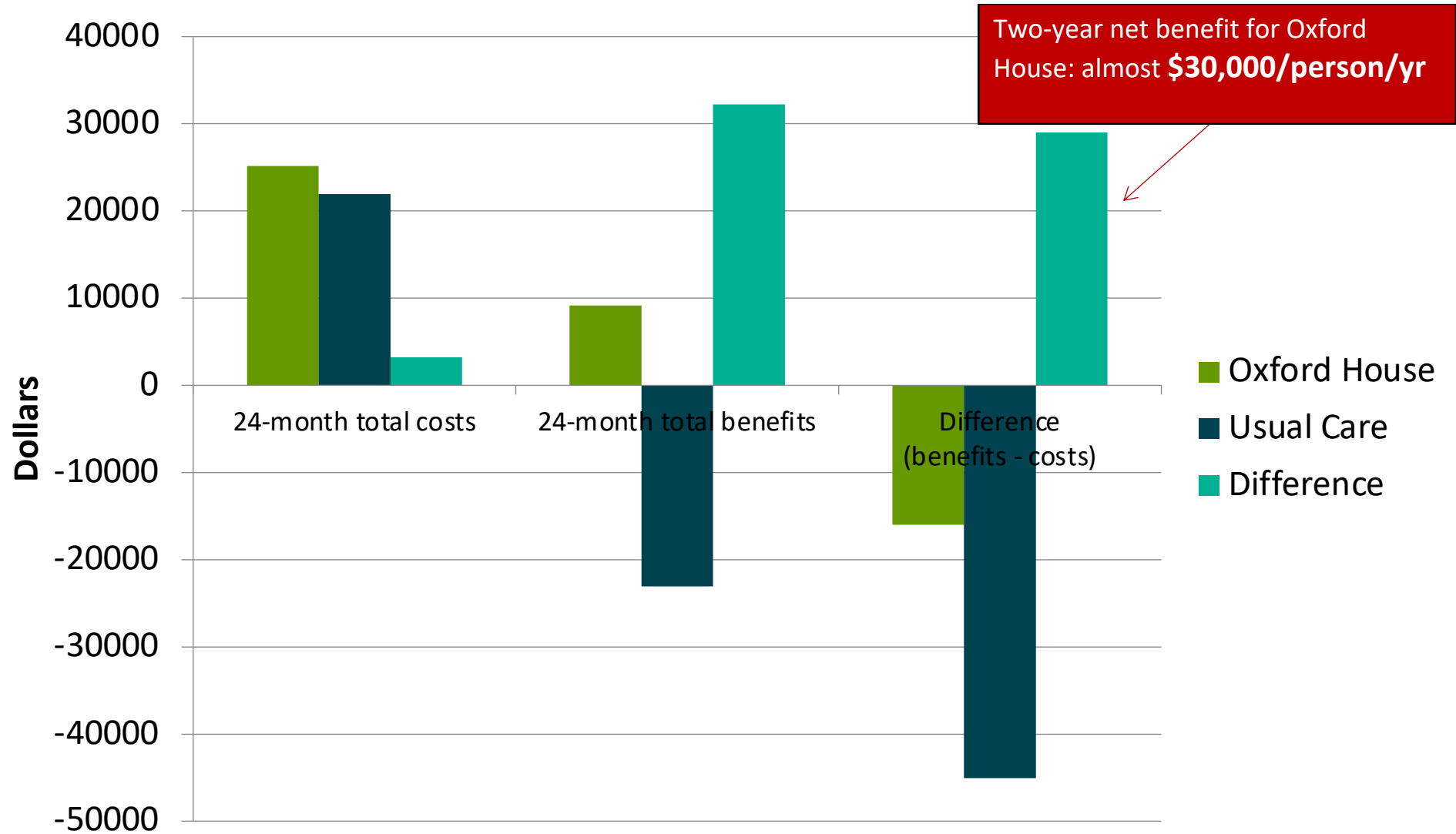
ABSTRACT

We used data from a randomized controlled study of *Oxford House* (OH), a self-run, self-supporting recovery home, to conduct a cost-benefit analysis of the program. Following substance abuse treatment, individuals that were assigned to an OH condition ($n = 68$) were compared to individuals assigned to a usual care condition ($n = 61$). Economic cost measures were derived from length of stay at an Oxford House residence, and derived from self-reported measures of inpatient and outpatient treatment utilization. Economic benefit measures were derived from self-reported information on monthly income, days participating in illegal activities, binary responses of alcohol and drug use, and incarceration. Results suggest that OH compared quite favorably to usual care: the net benefit of an OH stay was estimated to be roughly \$29,000 per person on average. Bootstrapped standard errors suggested that the net benefit was statistically significant. Costs were incrementally higher under OH, but the benefits in terms of reduced illegal activity, incarceration and substance use substantially outweighed the costs. The positive net benefit for Oxford House is primarily driven by a large difference in illegal activity between OH and usual care participants. Using sensitivity analyses, under more conservative assumptions we still arrived at a net benefit favorable to OH of \$17,830 per person.

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- **Sample:** 129 adults leaving substance use treatment between 2002 and 2005
- **Design:** Cost-benefit analysis using RCT data
- **Intervention:** Oxford House vs. usual continuing care
- **Follow-up:** 2 years
- **Outcome:** Substance use, monthly income, incarceration rates

Mean per-person societal benefits and costs




Recovery support services have grown intended to facilitate access to conducive and supportive environments and recovery capital ...





One-Stop Shopping for Recovery: An Investigation of Participant Characteristics and Benefits Derived From U.S. Recovery Community Centers

John F. Kelly , Robert L. Stout, Leonard A. Jason, Nilofar Fallah-Sohy, Lauren A. Hoffman, and Bettina B. Hoepfner

Background: Recovery community centers (RCCs) are the “new kid on the block” in providing addiction recovery services, adding a third tier to the 2 existing tiers of formal treatment and mutual-help organizations (MHOs). RCCs are intended to be recovery hubs facilitating “one-stop shopping” in the accrual of recovery capital (e.g., recovery coaching, employment/educational linkages). Despite their growth, little is known about who uses RCCs, what they use, and how use relates to improvements in functioning and quality of life. Greater knowledge would inform the field about RCC’s potential clinical and public health utility.

Methods: Online survey conducted with participants ($N = 336$) attending RCCs ($k = 31$) in the northeastern United States. Substance use history, services used, and derived benefits (e.g., quality of life) were assessed. Systematic regression modeling tested a priori theorized relationships among variables.

Results: RCC members ($n = 336$) were on average 41.1 ± 12.4 years of age, 50% female, predominantly White (78.6%), with high school or lower education (48.8%), and limited income (45.2% < \$10,000 past-year household income). Most had either a primary opioid (32.7%) or alcohol (26.8%) problem. Just under half (48.5%) reported a lifetime psychiatric diagnosis. Participants had been attending RCCs for 2.6 ± 3.4 years, with many attending <1 year (35.4%). Most commonly used aspects were the socially oriented mutual-help/peer groups and volunteering, but technological assistance and employment assistance were also common. Conceptual model testing found RCCs associated with increased recovery capital, but not social support; both of these theorized proximal outcomes, however, were related to improvements in psychological distress, self-esteem, and quality of life.

Conclusions: RCCs are utilized by an array of individuals with few resources and primary opioid or alcohol histories. Whereas strong social supportive elements were common and highly rated, RCCs appear to play a more unique role not provided either by formal treatment or by MHOs in facilitating the acquisition of recovery capital and thereby enhancing functioning and quality of life.

Key Words: Recovery Community Centers, Recovery, Addiction, Support Services, Recovery Coaching, Addiction, Substance Use Disorder.

PROFESSIONAL TREATMENT SERVICES often play a vital role in addressing substance use disorders in the United States and around the world. Such clinical services can provide life-saving medically managed detoxification and stabilization as well as deliver medications and psychosocial interventions that can alleviate cravings and help prevent relapse. Extending the framework and benefits of these professional treatment efforts, peer-led mutual-help

organizations (MHOs), such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, and many others are commonly used to provide additional long-term free recovery support over time in the communities in which people live (Bog et al., 2017; Kelly, 2017; Kelly et al., 2017a). Adding to these resources in recent years has been a new dimension of recovery support services that are neither professional treatment nor MHOs. These new services (e.g., recovery community centers [RCCs], recovery residences, recovery coaching, recovery high schools, and collegiate recovery programs; Kelly et al., in press; White et al., 2012, 2012) combine voluntary, peer-led initiatives, with professional activities, and are intended to provide flexible community-based options to address the psychosocial barriers to sustained remission (White et al., 2012, 2012).

RCCs are one of the most common of these new additions to recovery support infrastructure and are growing rapidly (Cousins et al., 2012; Kelly et al., in press; Kelly et al., 2017b). RCCs are literally and metaphorically, “new kids on the block,” as these novel entities are most often located on

From the Recovery Research Institute (JFK, NF-S, LAH, BBH), Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts; DePaul University (RLS), Chicago, Illinois; and Decision Sciences Institute (LAJ), Providence, Rhode Island.

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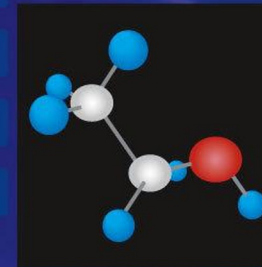
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DOI: 10.1111/acer.14281

Alcohol Clin Exp Res, Vol **, No *, 2020; pp 1-11

ALCOHOLISM

CLINICAL & EXPERIMENTAL RESEARCH



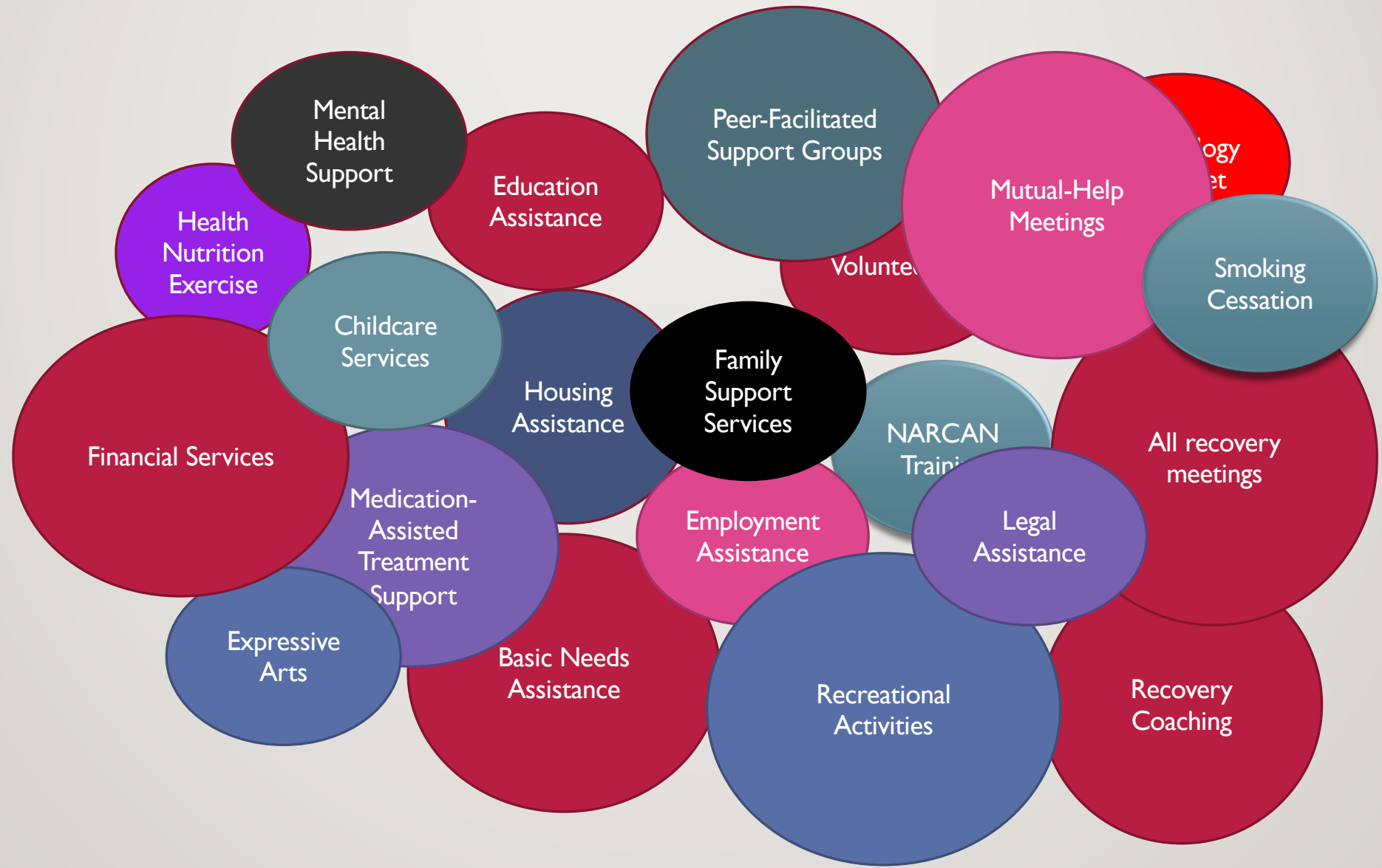
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Founded in 1977 by the National Council on Alcoholism
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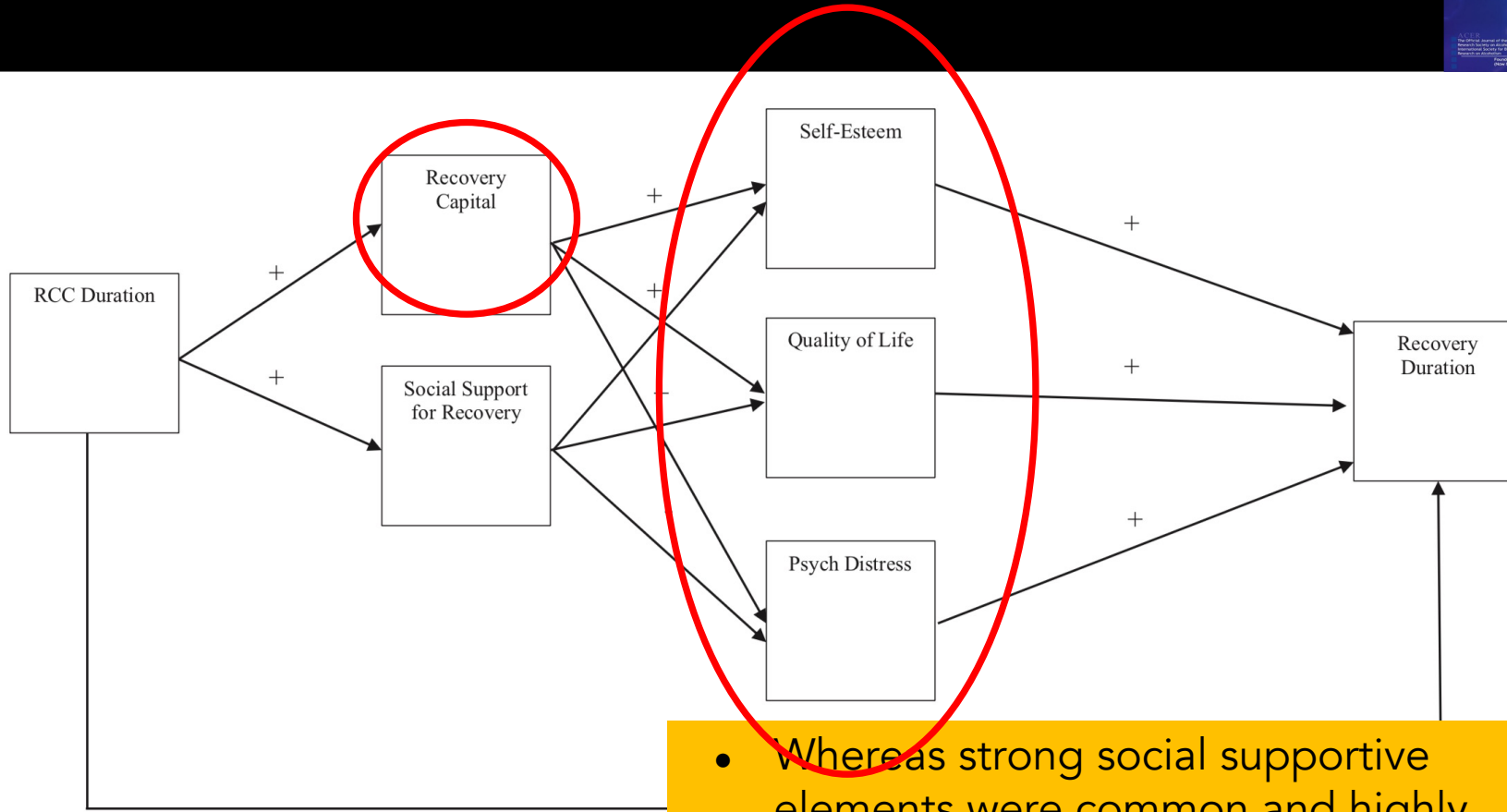
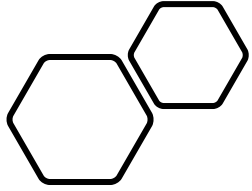


Fig. 1. Conceptual model of the theorized relationships among
 “+” = theorized positive association among linked variables; “-” =

- Whereas strong social supportive elements were common and highly rated, **RCCs appear to play a more unique role not provided either by formal treatment or by MHOs** in facilitating the acquisition of recovery capital and thereby enhancing

ote:



Connecting the Dots

Toward a Recovery-Oriented System of Care (ROSC)

A ROSC is a coordinated network of treatment and community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to help achieve remission and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems

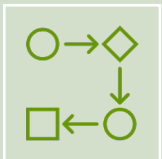
Outline



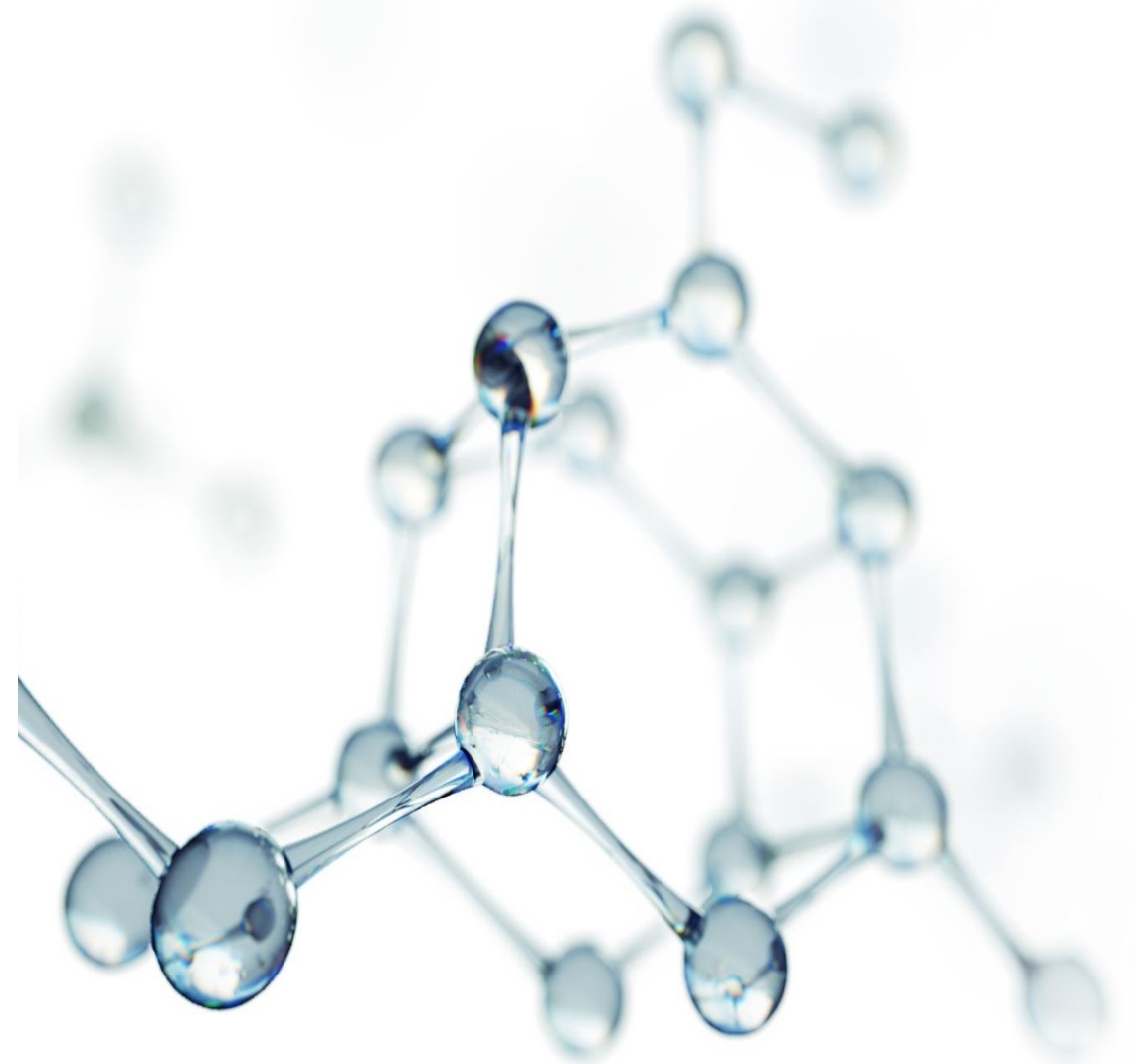
How did we get here? A rationale for the new public health and scientific focus on addiction recovery and support services



Ingredients of recovery– facilitating access to the scaffolding, building materials, permits, and supportive environments



Recovery Process – Recovery milestones and their utility. Who needs what, when, for how long, at what intensity?



Recovery Milestones

- ◇ Initial 0-3m
- ◇ Early 4-12m
- ◇ Sustained 1-5yrs
- ◇ Stable 5+yrs



What do we know about recovery milestones and trajectories?

Relevant to
inform answers
to Questions
regarding
Treatment and
Recovery
Support
Services...

Who needs what type of service?

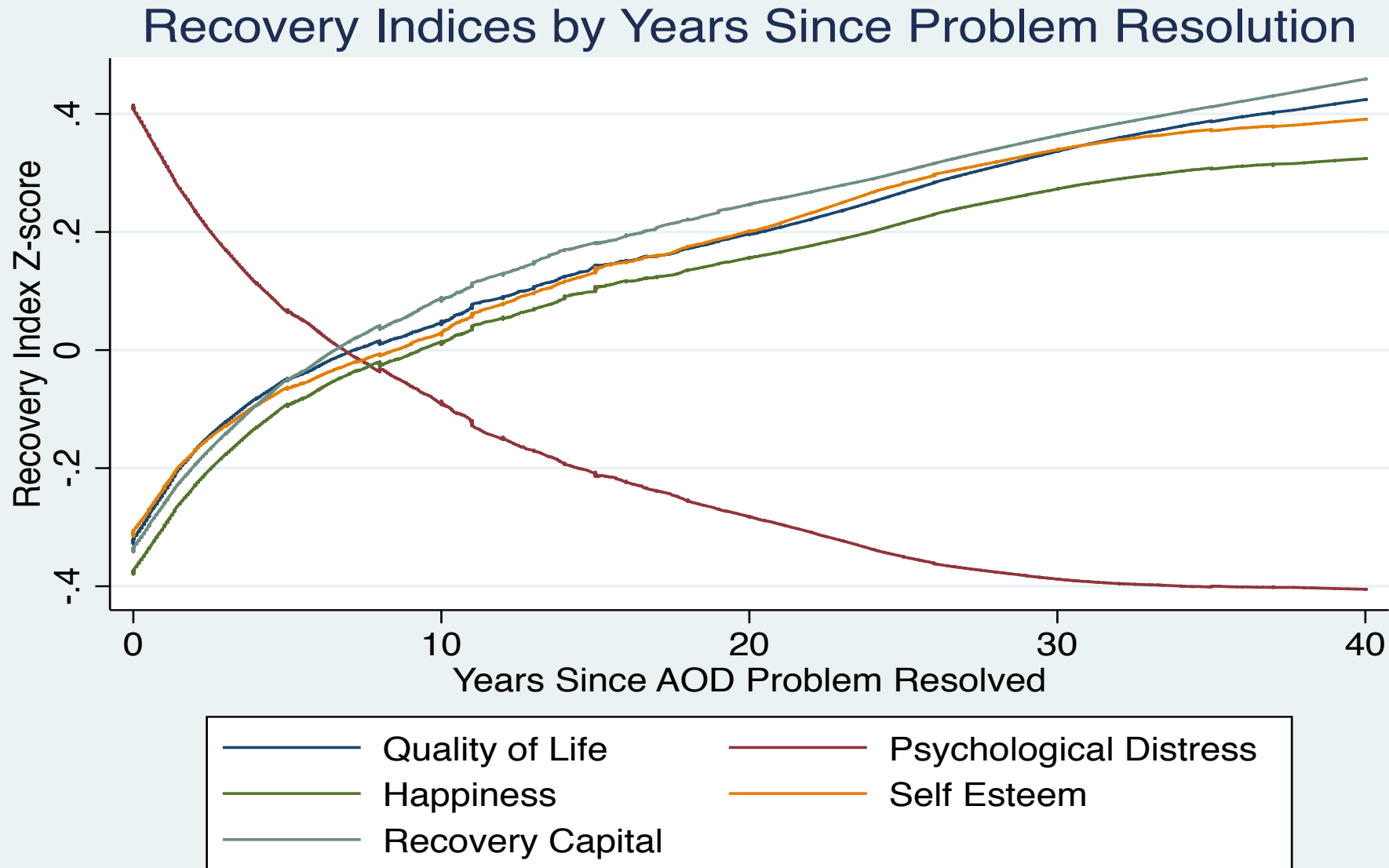
When in their recovery?

For what duration?

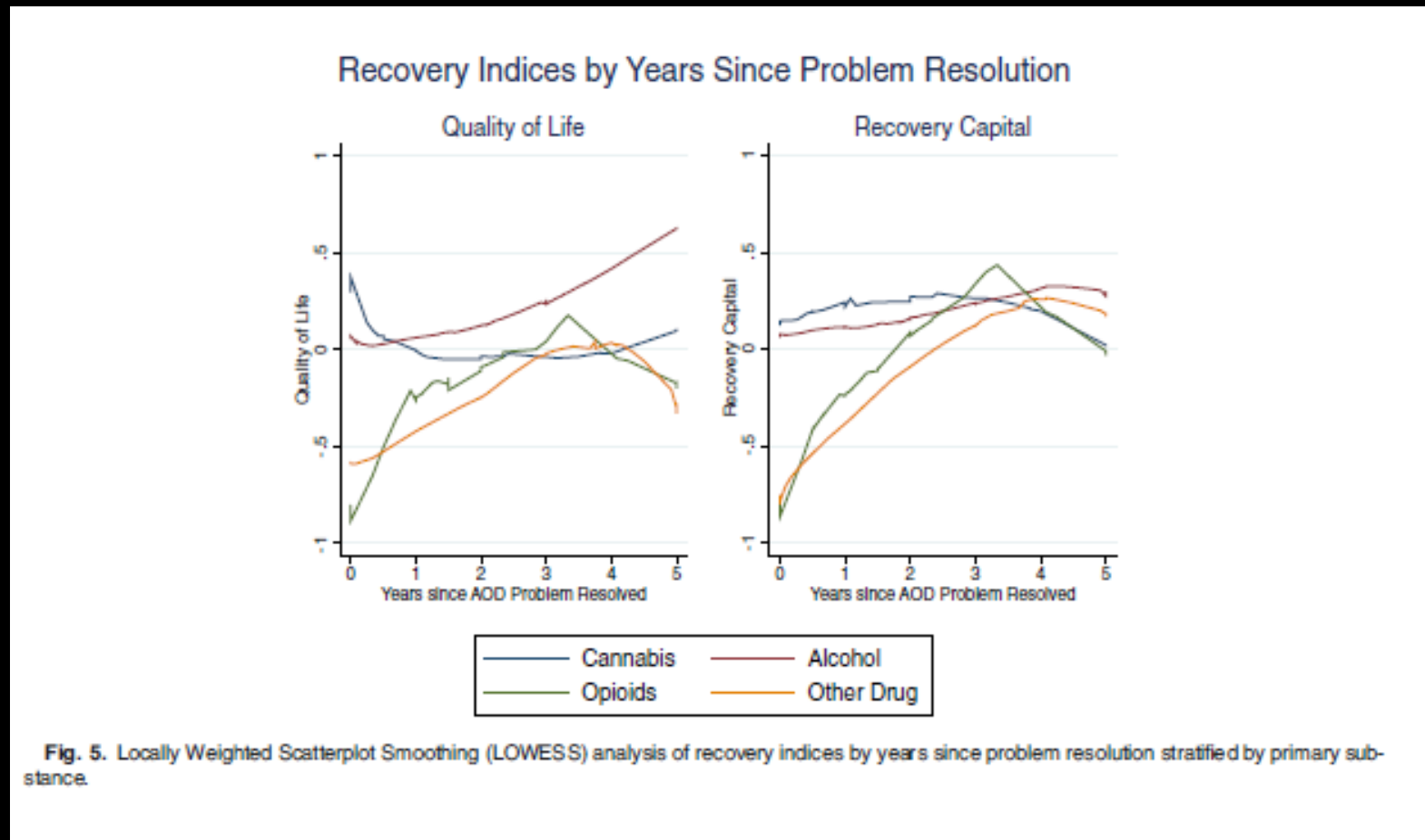
At what intensity?

40-Year Temporal Horizon of Recovery Trajectories

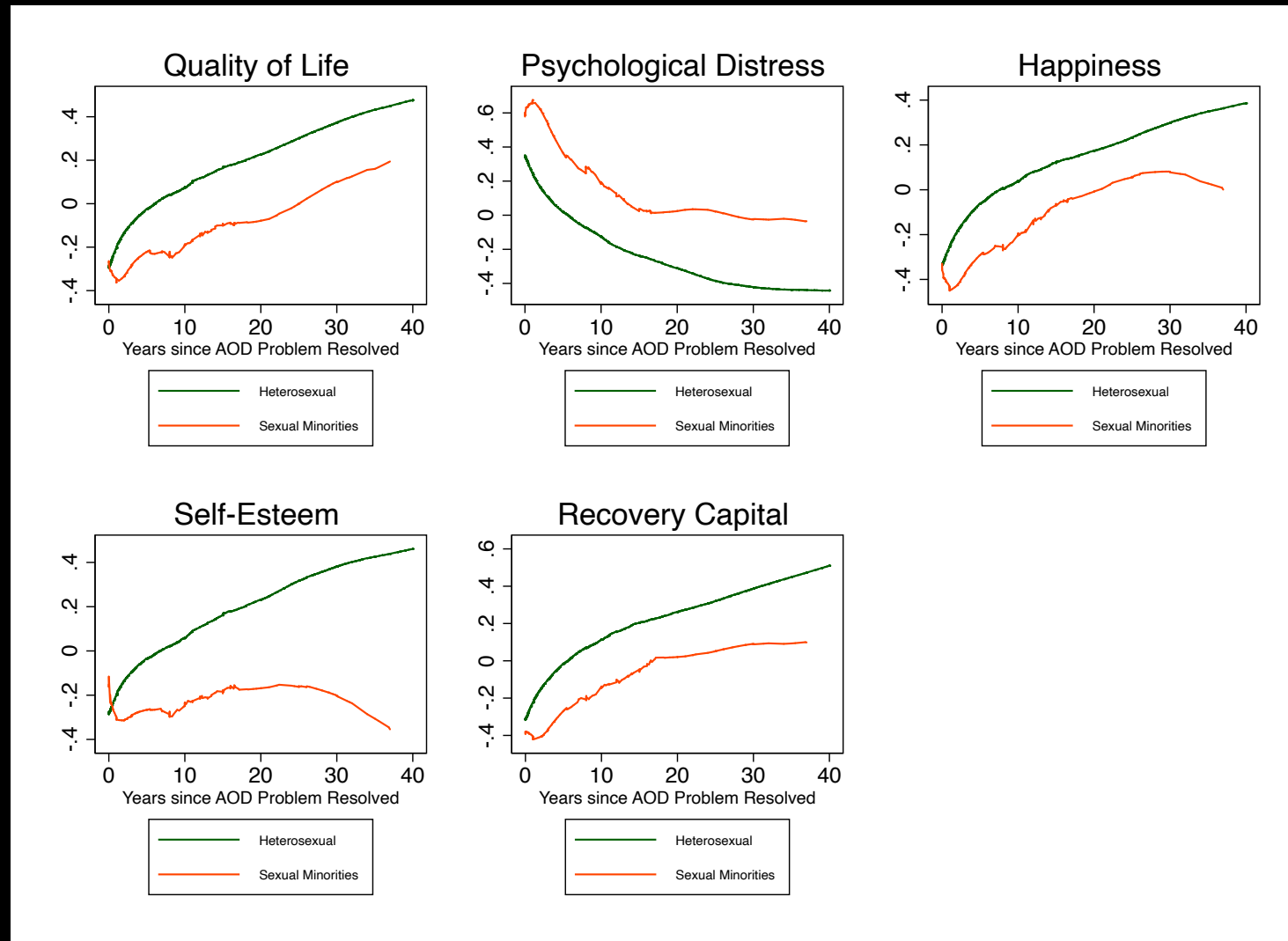
National
Recovery Study
(NRS)
N=2,002



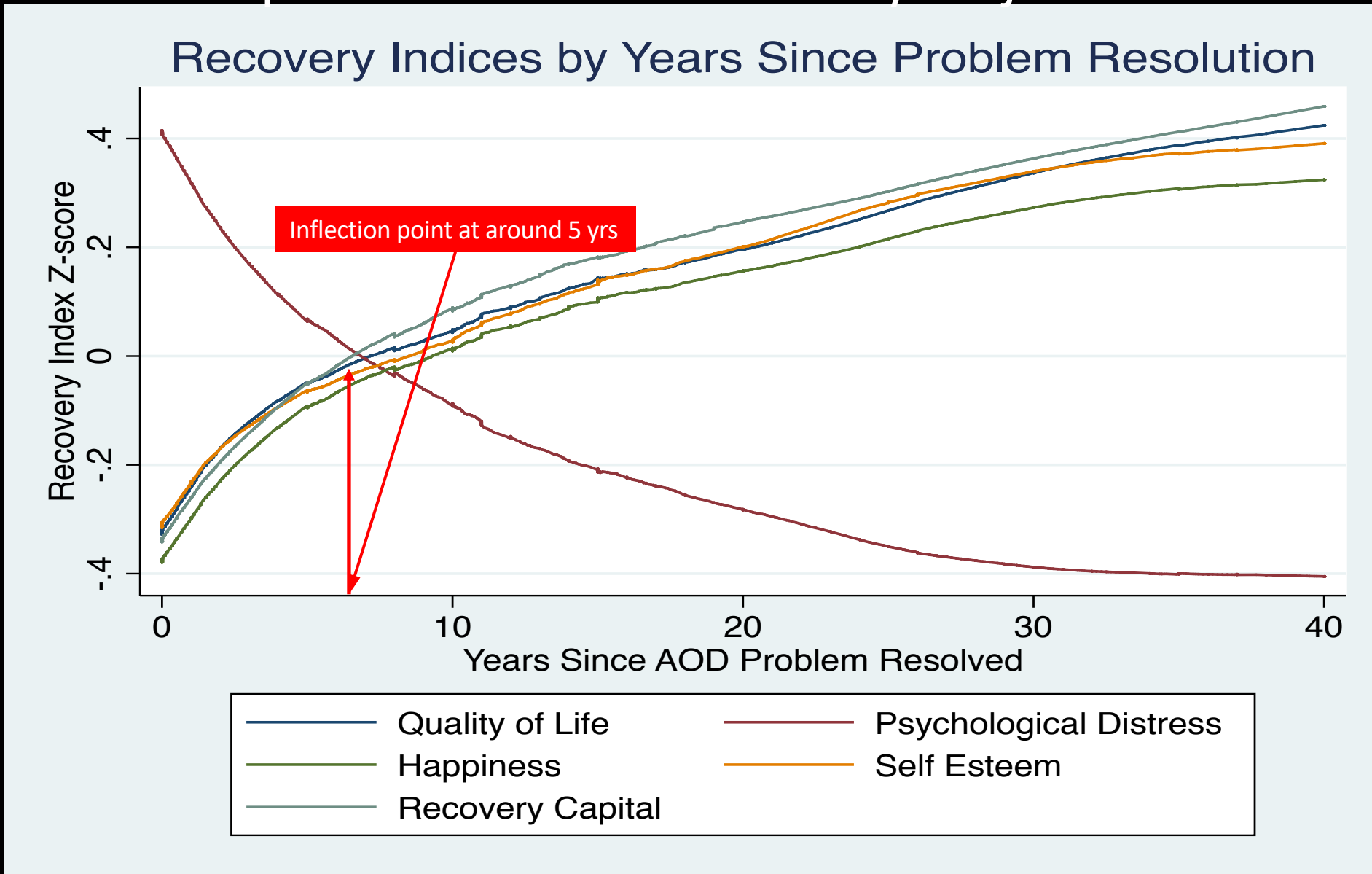
Changes in Recovery Capital and Quality of life Among Different Primary Substance Groups in first 5 yrs of Recovery



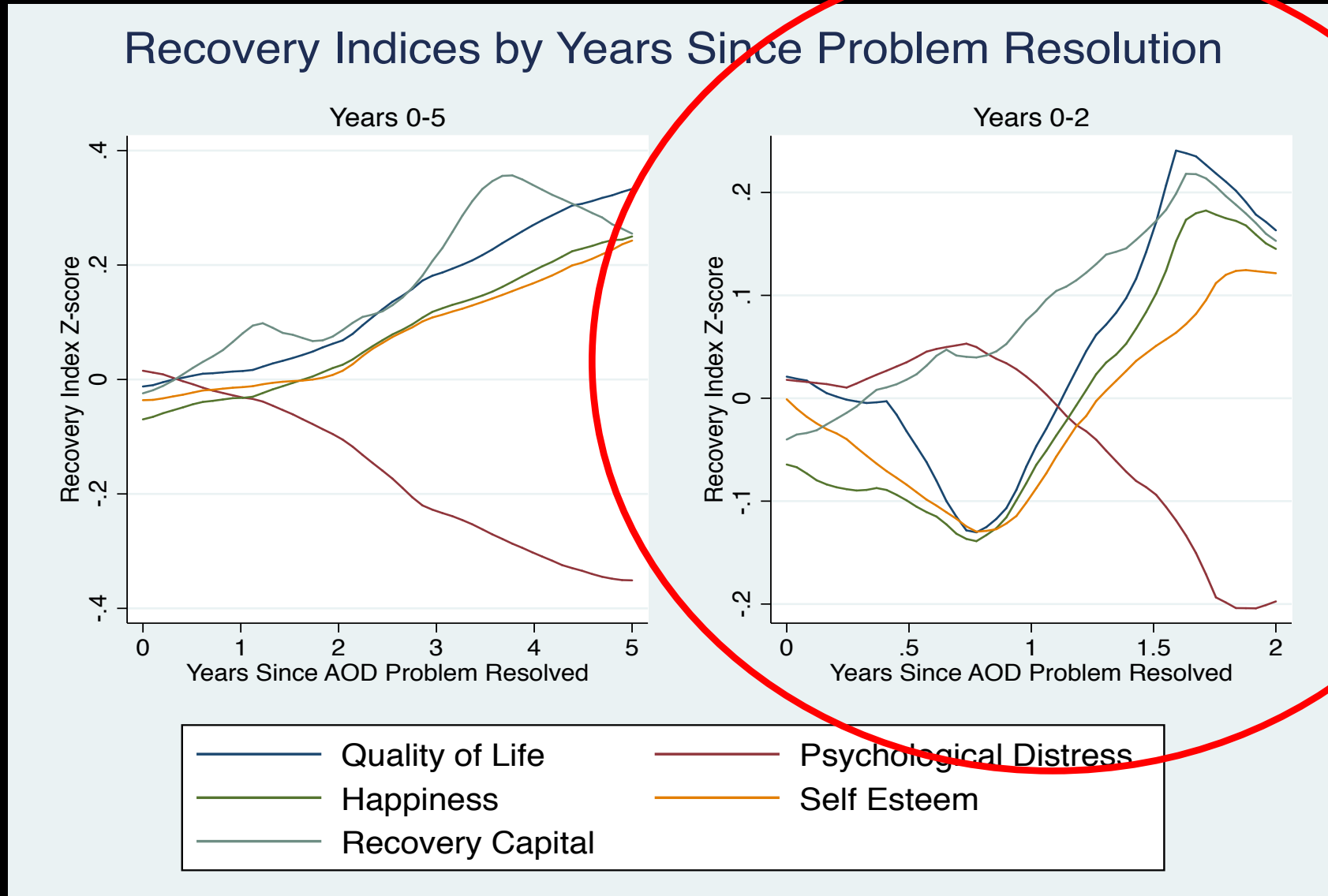
Sexual Minority vs Heterosexual Status and Changes in Functional and Well-Being Indices - 40 yr. temporal horizon



40-Year Temporal Horizon of Recovery Trajectories



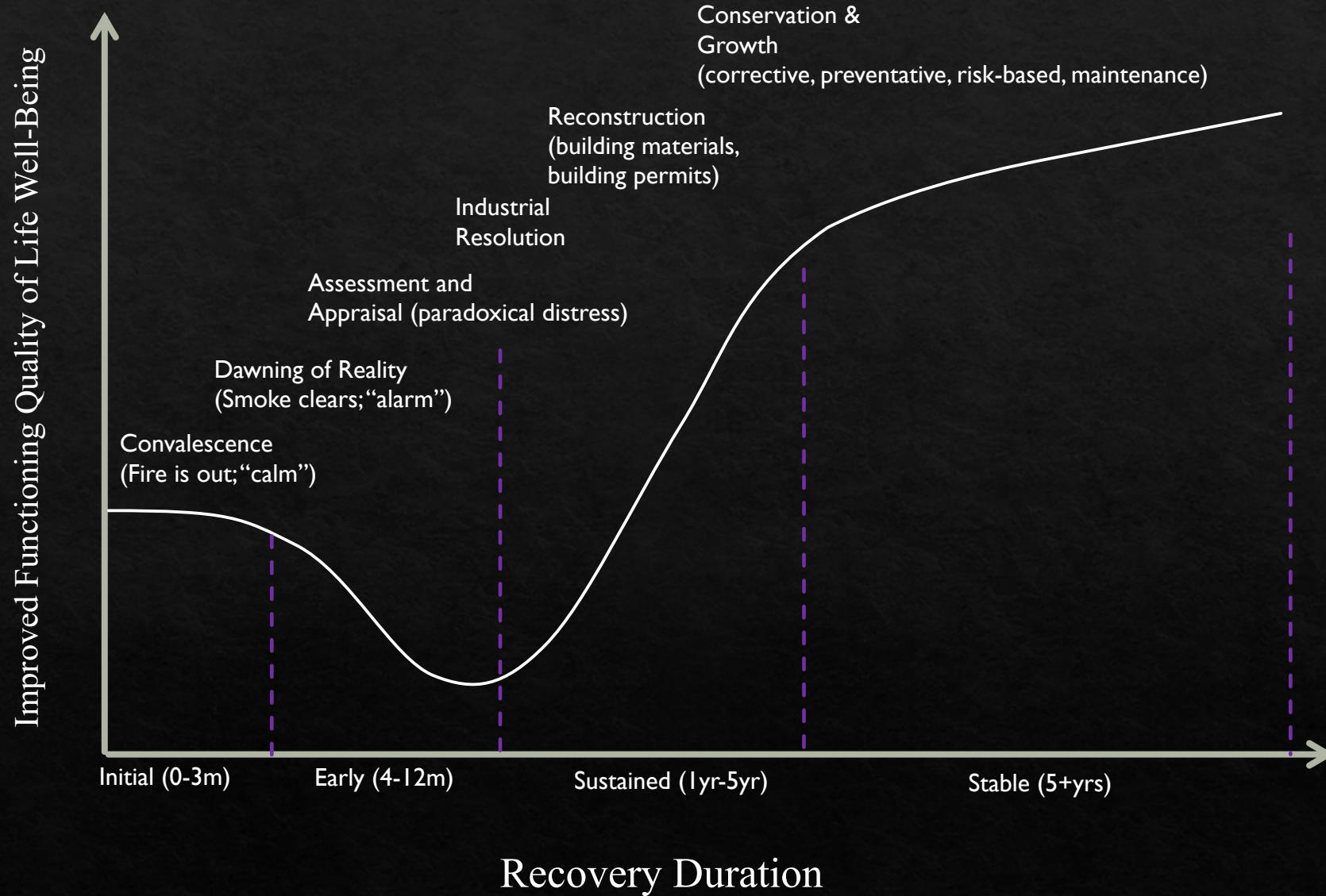
2-yr Year Temporal Horizon of Recovery Trajectories





Recovery Curve

Preliminary Data-Based Recovery Milestones and Tasks...



Some lingering challenges and final thoughts...



Some lingering challenges and final thoughts...

- About 90% of individuals with SUD do not seek specialty care
 - How can we reach these individuals/reach them sooner?
- The majority of people who do, take many years to achieve stable remission and resilient recovery
 - How can we help them get access to scaffolding, building materials, building permits?
- Technological innovation may, in part, facilitate greater access, utilization, and benefit, at least for some...





But, in a hi-tech world, at its core, recovery remains lo-tech



People wont care
how much we know
until they know how
much we care

-Teddy Roosevelt



Fast Car –
Tracy
Chapman

“... and your arm felt nice
wrapped around my shoulder,
and I felt like I belonged, and I
felt like I could be someone...”

Summary

- ◆ Past 50 years implementation of differing criminal justice and public health policies resulting in different types and levels of casualties as well new understanding and paradigm shifts
- ◆ Learned great deal about causes, impacts, risk factors, pathways, clinical course and remission
- ◆ Long and undulating clinical course is modifiable - shortened by attending to both clinical pathology and more enduring and sustaining environmental factors that can either support or undermine treatment gains or self-initiated change attempts through positive psychobiological effects and reduced allostatic load
- ◆ Recovery science beginning to uncover who needs what services, when, for what duration, at what intensity, highlighting – like “personalized medicine” - a “personalized recovery” that promises to lead to greater remission and more robust and resilient recovery sooner
- ◆ Effective and cost-effective community-based recovery support service options are becoming more ubiquitous, expanding in scope to serve broad array of needs that different people have across time; assertive clinical-community linkages are key; technological innovation may increase reach, but at its core, recovery remains a lo-tech endeavor, characterized by compassion, caring, kindness, and patience....

Thank you!



SAMHSA
Substance Abuse and Mental Health
Services Administration



NIMH

National Institute
of Mental Health



RRI Team Members



John Kelly, Ph.D., ABPP – Founder and Director



Brandon Bergman, Ph.D. – Associate Director



Bettina Hoepfner, Ph.D. – Associate Director of Research



Emily Hennessy, Ph.D. – Associate Director of Biostatistics



Corrie Vilsaint, Ph.D. – Associate Director of Recovery Health Equity



David Eddie, Ph.D. – Research Scientist



Lauren Hoffman, Ph.D. – Research Scientist



Rich Fletcher, Ph.D. – Research Scientist



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Agata Pietrzak – Clinical Research Coordinator



Maya Matlack – Clinical Research Coordinator



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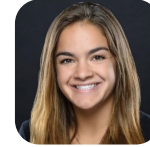
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Paige Krasnoff – Clinical Research Coordinator



Diadora Abboud – Post-Bachelor Research Fellow



Jenny O'Connor – Clinical Research Coordinator



Alex Tansey – Clinical Research Coordinator



Marina Nguyen – Clinical Research Coordinator



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Breakfast
Turning Point of Tampa



Coffee Break
Lakeside Milam and Sundown M Ranch



Reconvene at 11:00 for Workshops

- Salon A: New Leverage for Provider-Led Payment Innovation and Parity Enforcement
- Salon B: Why Antiracism is Good Business for the Future of Addiction Treatment
- Salon K: Introducing the ASAM Criteria 4th Edition

The logo for NAATP National 2023 features the text "NAATP NATIONAL 2023" in a bold, sans-serif font, set against a background of overlapping blue and grey geometric shapes.

NAATP
NATIONAL 2023

Monday Afternoon

12:00 – 1:30 pm

Salon ED

Open Lunch to Visit Exhibitors OR
Leadership Luncheon



1:45 – 2:45 pm

Workshop Sessions 2

2:45 – 3:15 pm

Exhibit Hall

Coffee and Networking Break

3:15 – 4:15 pm

Workshop Sessions 3

4:30 – 5:30 pm

Skyview

Member Reception



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