



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

The State of The Profession
The Delivery of Addiction Treatment
2019



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CEO
NAATP

Moments of Change

2019

PALM BEACH, FL

Hosted by Foundations Recovery Network

What is the State of the Profession?

At a Crossroads:

"We are at a crossroads of great opportunity while in the midst of an addiction crisis, a massive treatment delivery gap, and an environment of harmful economic greed. What we do now will define addiction treatment and impact the field, patients, and our society for many years to come."

NAATP: May 2017

What is the State of the Profession Today?

Re-emerging with Credibility and Value

“The time has arrived for the addiction treatment field at large to re-join back together as a national community of health care providers and **install values-based, uniform, measurable standards of practice** to close the abuses, restore public faith, and secure our long-term viability as a integral member of the health care community. Armed with the clinical and operational tools now at our disposal, our success is imminent if we do so.”

NAATP, October 2019

What Brings Us to this Moment?

Environmental Factors

1. An Addiction Crisis without an Effective Public Policy Response
2. The Addition of the Lethal Opioid Crisis
3. A Rapidly Evolving Clinical Treatment Model
4. Together with Data that Support Longstanding Treatment Practices
5. An Increasingly Highly Competitive Semi-Regulated Marketing Environment
6. A Changing and Unstable Reimbursement Environment
7. Addiction Entering Behavioral Health and Health Care Care Generally
8. A Treatment Provision Gap
9. A Treatment Payment Gap and Unrealized Parity
10. Lack of Provider-Payer Partnerships
11. Good Things: Stigma Reduction, Disease Recognition, ACA, Parity
12. The Unscrupulous Predatory Treatment Profiteer, Still Out There

Framing Our Next Steps

- Industry "Reform"?
- Industry "Correction"?
- Industry "Evolution"
 - Evolution honors the past and embraces the future

First Things First: The End Game – “Recovery”

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Dimension 1: Health

Overcoming or managing one’s disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Dimension 2: Home

A stable and safe place to live.

Dimension 3: Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Dimension 4: Community

Relationships and social networks that provide support, friendship, love, and hope.

i.e., Recovery Capital

Source: SAMHSA



Recovery = Transformation: Requires a Spiritual Setting

You can feel it on-site in a clinically-sound, values-based treatment program.

- It is grounded in the highest level of institutional leadership.
- It is passed on to every level of operation and care.
- It is witnessed by the staff practice of the principles of recovery.

Integrity is never situational
It is not divisible between business and clinical practice
It only exists when it is challenged

The ethics crisis that has plagued us and damaged our reputation is a function of both egregious criminal behavior and subtle insidious institutionalized practices that are still tolerated

- Integrity requires cutting the ties
- We cannot allow the tail to wag the dog: Mission must drive business model not the converse

Good News: Evolving with Accomplishments and Tools

- Disease Recognition & Stigma Reduction
- Recovery Recognition
 - 23 Million in Recovery
- Mental Health Parity & Addiction Equity Act
- Essential Benefit Law: Affordable Care Act
- Congress is Responding
 - CURES ACT, Appropriations, Medicaid Expansion
- We Know More about Treating Addiction
 - Brain Science and Psycho-Social Developments
- We Have More Tools to Treat With
 - MAT, Trauma Treatment, and Recovery Capital

Evolving with Health Care Disease Definition

- Addiction is a **primary, chronic** disease of **brain** reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual** manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
- Addiction is characterized by inability to consistently abstain,
Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Evolving with Data!

Evidence of Success: Our Tools Work

Treatment Models Work!

12-Step Facilitation Works!

- Outcomes and Measures Systems are in place in numerous NAATP centers
 - They show strong recovery rates
- High Remission Rates from National Survey on Drug Use and Health (NSHUR) = 75%
 - Use the term “Remission” like other diseases
- The New Cochrane, Kelly Harvard Research in Final Peer-Review
 - Strong evidence of remission from treatment modalities and 12-step facilitation
- Opioid Use Disorder Efficacy within 12-step based Treatment
 - Klein and Seppala in the September 2019 issue of *Journal of Substance Abuse*, “Medication-assisted treatment for opioid use disorder within a 12-step based treatment center: Feasibility and initial results”

Outcomes Pilot Program

The OPP: 2017-2019

- 3-Year Outcomes Research Study
- Strong Fidelity Protocols
 - OMNI, NIH, Institutional Review Board (IRB)
- Designed to Create a Reliable Model
- 7 Pilot Sites
- Tracking Intake to 12 Months

Pilot Sites

- Ashley
- Avenues Recovery
- Caron
- Hazelden Betty Ford
- New Directions for
- Seabrook
- Sundown M Ranch
- Tully Hill

Go to www.NAATP.org



AND PILOT PROGRAM FINAL REPORT



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VOICE | VISION | LEADERSHIP

NAATP Outcomes Pilot Program Final Report

Key Findings

- Survey validity and reliability require professional fidelity protocols and processes
- The Toolkit establishes a foundation for outcomes tracking
- 66% Abstinence at 12-month mark
- Six characteristics are predictive of abstinence at 12 months:
 - AA meeting attendance
 - Age
 - Relationship status
 - Number of substances used 30 days pre-intake
 - Treatment completion
 - Days spent in care

Health Care Accountability, Transparency, Validity

Value-Based Care is the New Reality of Entry into Health Care

- Evidence Based Practice
 - Outcomes Research = Distal Measure
- Practice Based Evidence
 - Real Time Measurement = Proximal Measures
- NAATP Sequel to the OPP is the OMP
 - Outcomes and Measures Program Underway

The Environment

Patient Population: Addiction in America, An Addiction Crisis

23 Million Suffer from Substance Use Disorder (SUD)

- 17 Million = Alcohol (AUD)
Alcohol also accounts for most SUD Deaths
- 6 Million = "Drug" Addiction
Primarily Cocaine, Methamphetamine, and Opioids
Opioids = ½ - 3 Million
- Deaths
 - *120,000 Annually
 - 80,000 = Alcohol
 - *40,000 = "Drugs" (Cocaine, Methamphetamine, Opioid)
 - Opioids Lethality: 30,000 + annually and rising (72K?!)
 - 100 per day
 - ½ & ½ Prescription vs Illicit
 - Over ½ Illicit = Heroin
- Cost to Society: \$400 Billion Annually

“Responding” to the Need The Addiction Treatment Gaps

The Treatment Gap

- 10% of 23 Million Receive Targeted Treatment
- Compared to 87% for Diabetes

The Payment Gap

- Unlike most healthcare, government funding is the primary source of payment for addiction care, and that funding is woefully inadequate.
- Private insurance doesn't adequately close the gap. It pays 40% of medical care generally, but only 10% of addiction care.

The Profession: Treatment Programs in the US

The SAMHSA Mental Health and SUD Treatment **Locator**

- Identifies 13,294 locations of SUD treatment
- Does not distinguish accreditation
- Does not distinguish license
- Refine search to Buprenorphine Physicians = 57,000 locations of SUD treatment

NAATP as a Representation of the Field



NATIONAL ASSOCIATIONTM
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Voice. Vision. Leadership.

Membership Conditions and Composition

The Membership of the National Association in Year 41

A Professional Membership Society and Trade Organization Dedicated to Serving our Members and Developing Addiction Treatment Service and Access to Service

- Our Core is the Provider Member
 - Direct Addiction Treatment Service
- Supporter Members
 - Support the field through services
- Provider Member Qualification
 - Licensed for all addiction treatment services in all locations
 - Accredited for all services in all locations
 - Bound by Code of Ethics Code 2.5 and agree to be removed for violation
 - Adherence to Quality Assurance Guidelines

The NAATP Locator Distinguishes Facility Composition and Services



NAATP AID Search Criteria

More Search Options ↓

Type of Member
☒ - Any - ☐ Provider ☐ Supporter

Licensed - Any - **Accredited** - Any -

Accrediting Body - Any - **Number of Beds** - Any -

Length of Stay - Any - **Payment Assistance Available** - Any -

Type of Payment Assistance Available
☐ Monthly Payments ☐ Scholarships ☐ Sliding Fee Scale

Insurance Accepted - Any - **Medicaid Accepted** - Any -

Medicare Accepted - Any - **Private/Self Pay Accepted** - Any -

State Funded Payment Accepted - Any - **Military Insurance Accepted** - Any -

Levels of Treatment Care
☐ After Care ☐ Consulting ☐ Continuum of Care
☐ Day Treatment (PHP) ☐ Extended Care ☐ Inpatient Detox
☐ Intensive Outpatient (IOP) ☐ Intervention ☐ Outpatient Detox
☐ Outpatient Treatment ☐ Primary Residential ☐ Sober Living
☐ Transitional Living

Specialty Treatment Programs
☐ Adolescent ☐ Alcohol/Drug Addiction ☐ Chronic Pain
☐ Coed Program ☐ Compulsive Gambling ☐ Domestic Violence
☐ Dual Diagnosis/Co-Occuring ☐ DUI/DWI Offender Program ☐ Eating Disorders
☐ EMDR ☐ Family Program ☐ Female Only
☐ Gender Separate ☐ Holistic ☐ LGBTQ
☐ Male Only ☐ Medically Assisted Treatment (MAT) ☐ Opiate Detox
☐ Medication Management ☐ Older Adult/Senior Recovery ☐ Professionals
☐ Patients with Children ☐ Pregnant/Postpartum Women ☐ Trauma/PTSD
☐ Psychiatric Services ☐ Sexual Addictions
☐ Young Adult Recovery



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Contact Us | Español

Member Login

Foundations Nashville

Accredited



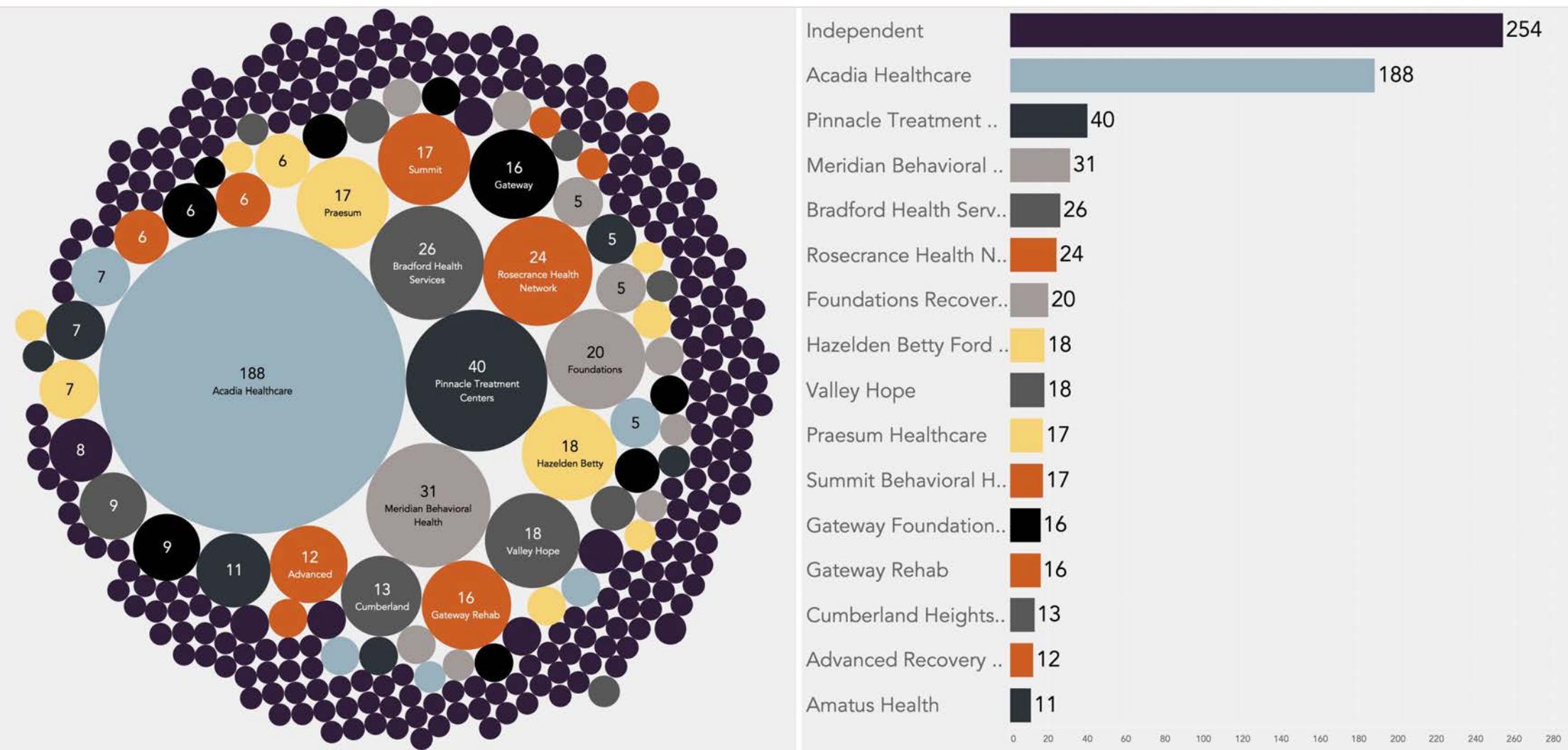
Contact Information

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Facility Of:	Foundations Recovery Network
CEO:	Kris Blount
Admissions Email:	admissions@frnmail.com
Admissions Phone:	888-867-6802

Organization Information

Membership Type: Provider

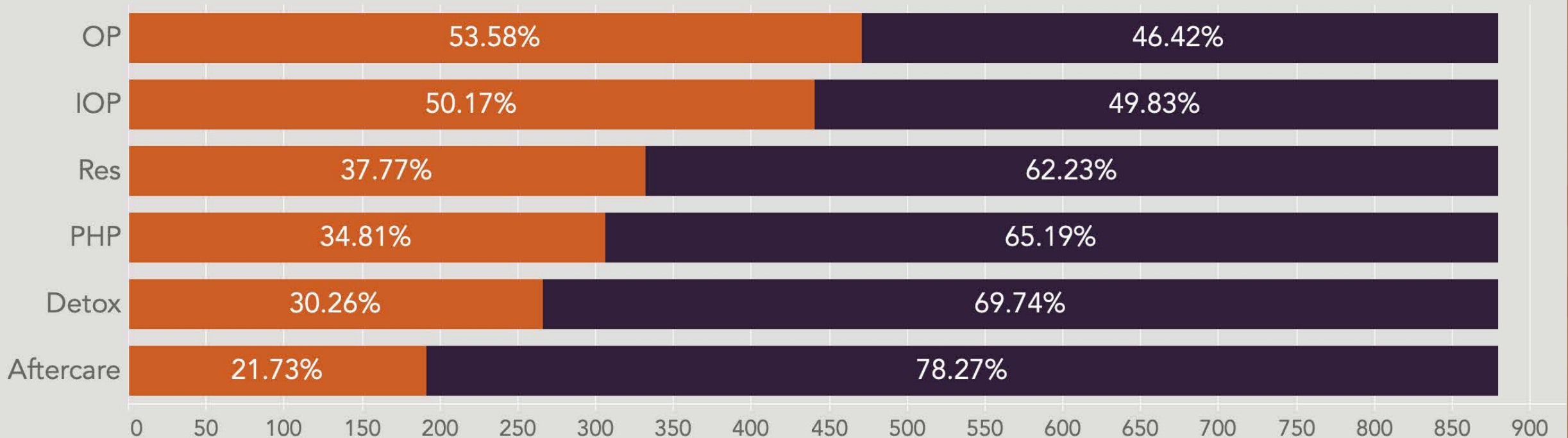
Member Facilities 2019: -1,000*



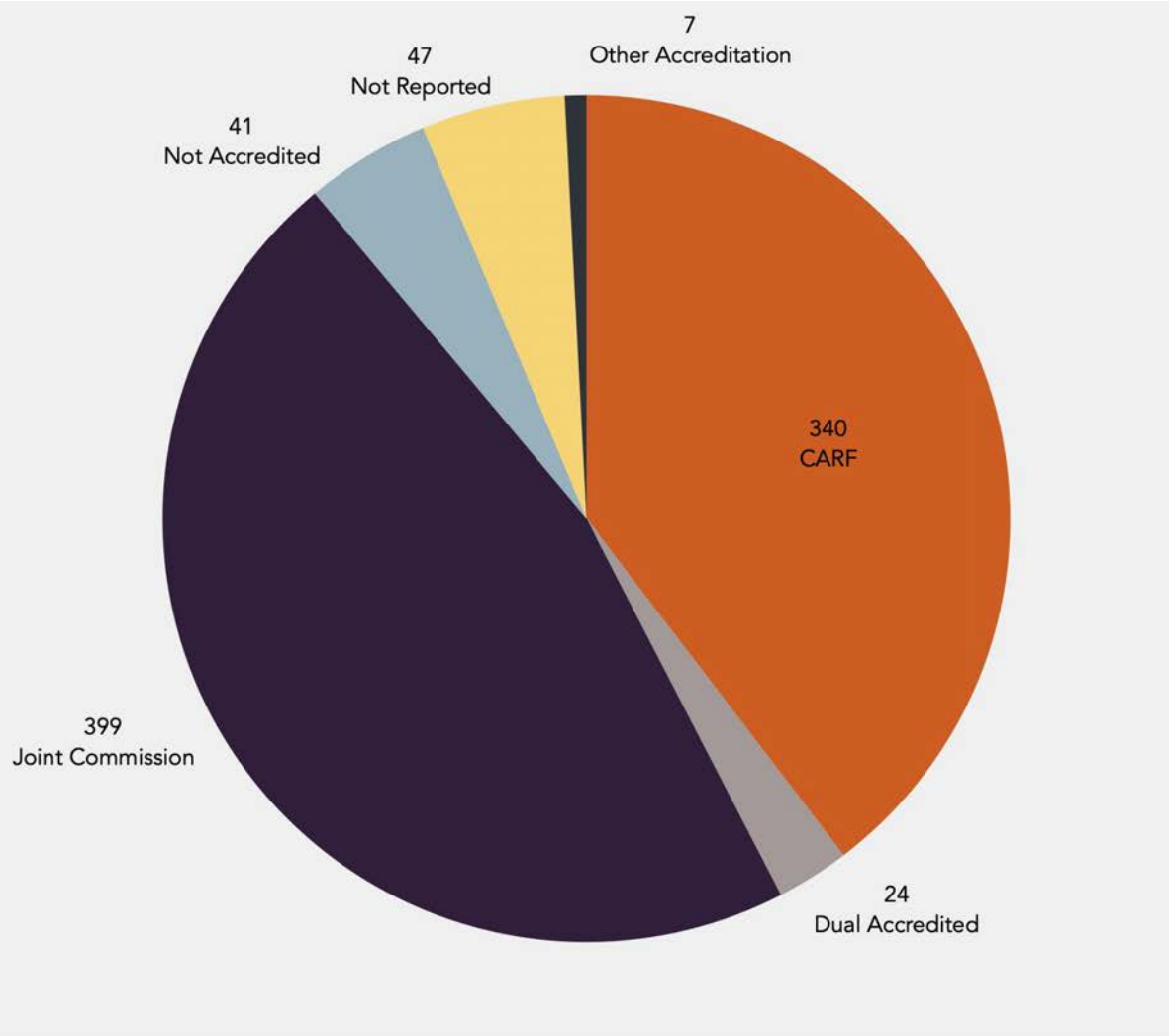
*Facility numbers fluctuate

Levels Of Care Provided

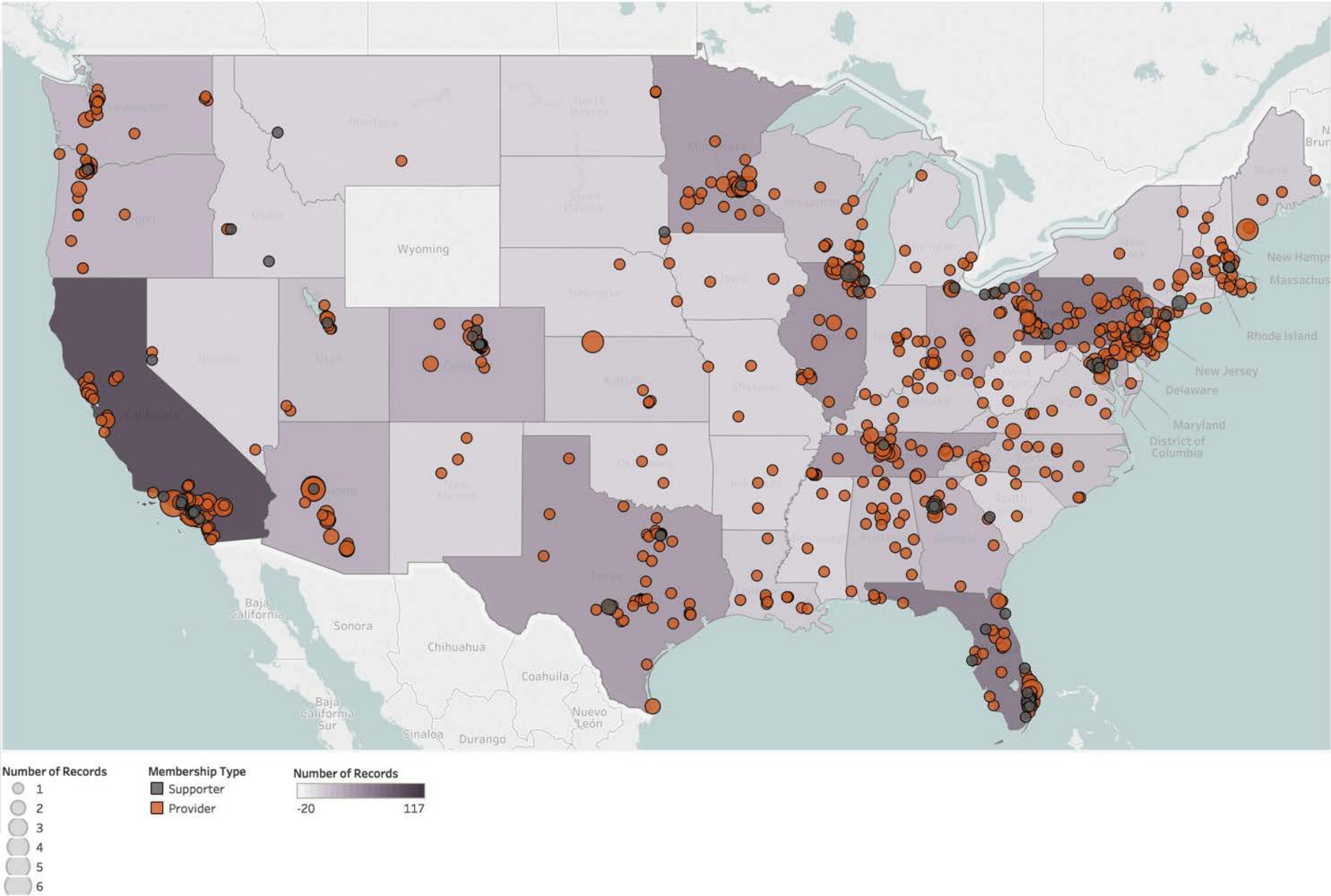
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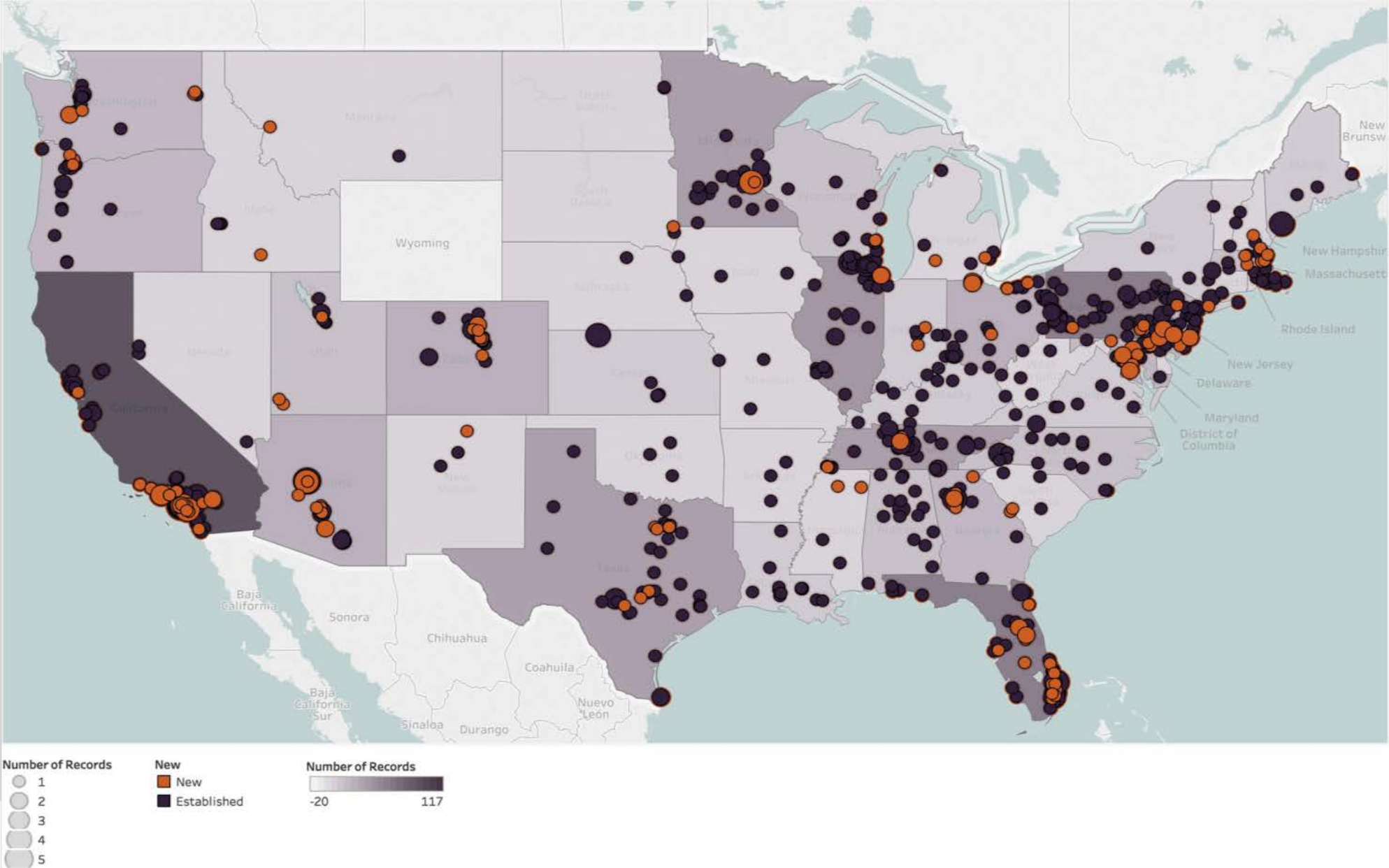
Accreditation within NAATP Membership



NAATP Members by Location



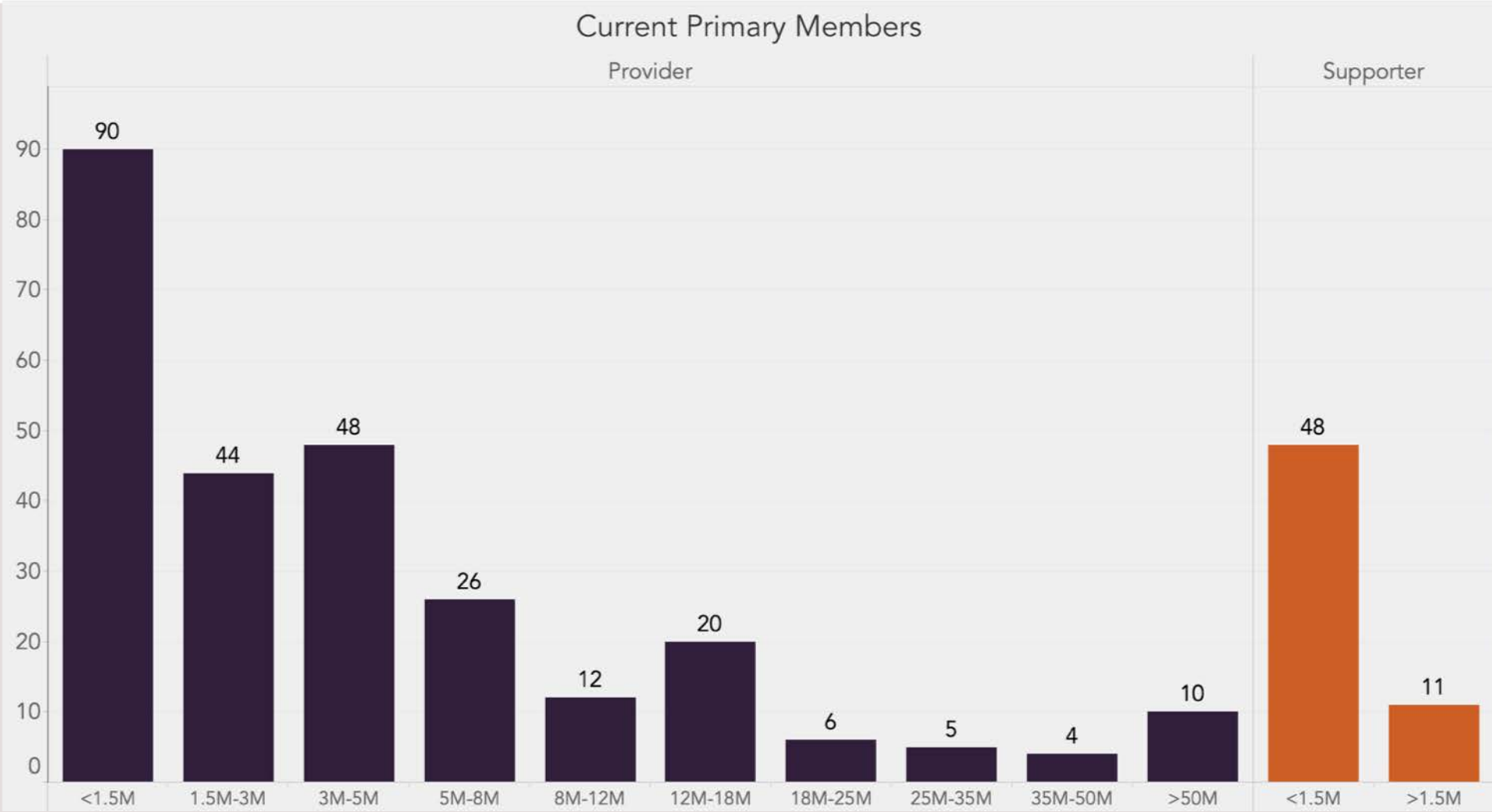
New and Established Members



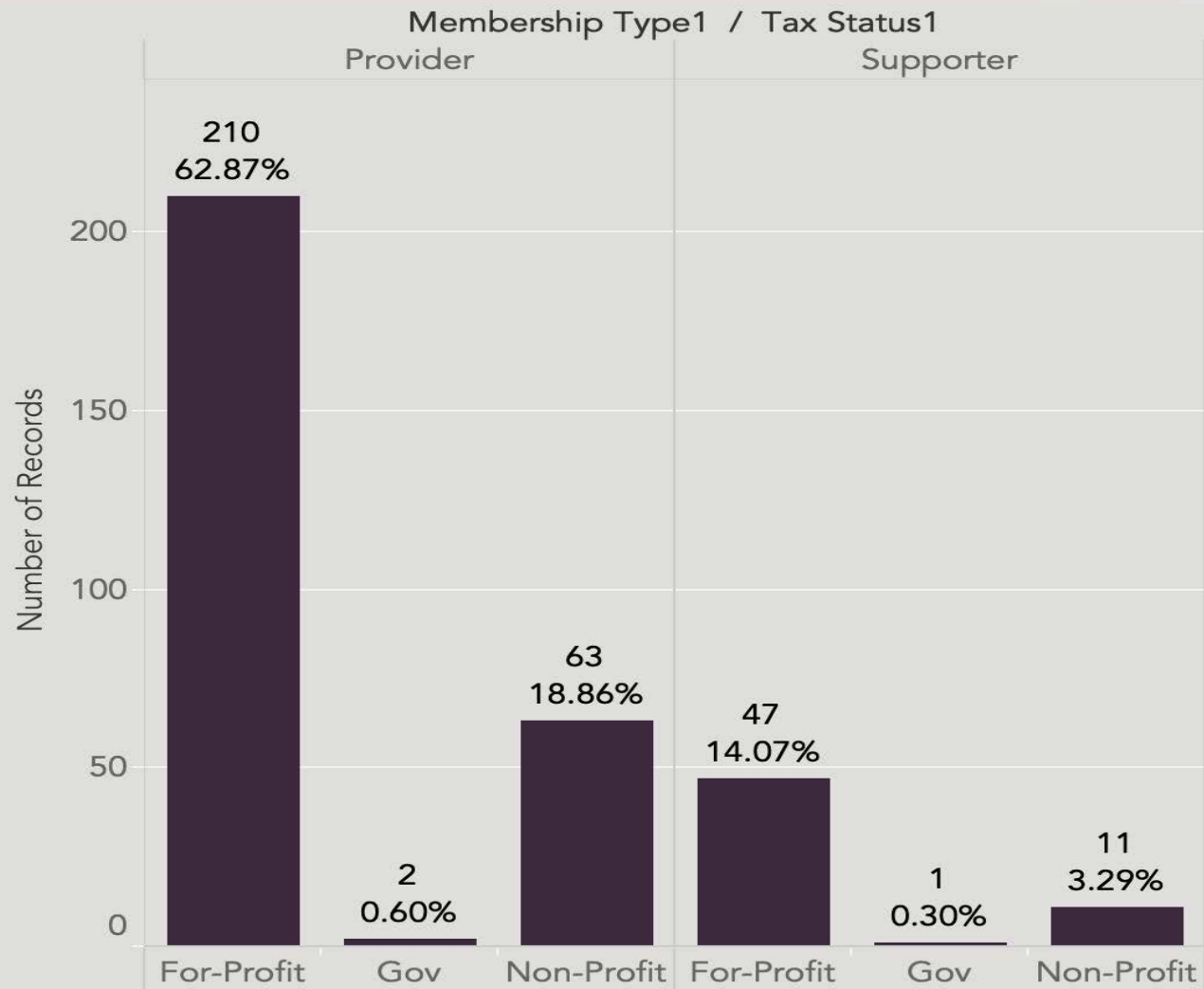
NAATP Member Facilities by Revenue



NAATP Member Revenue Categories

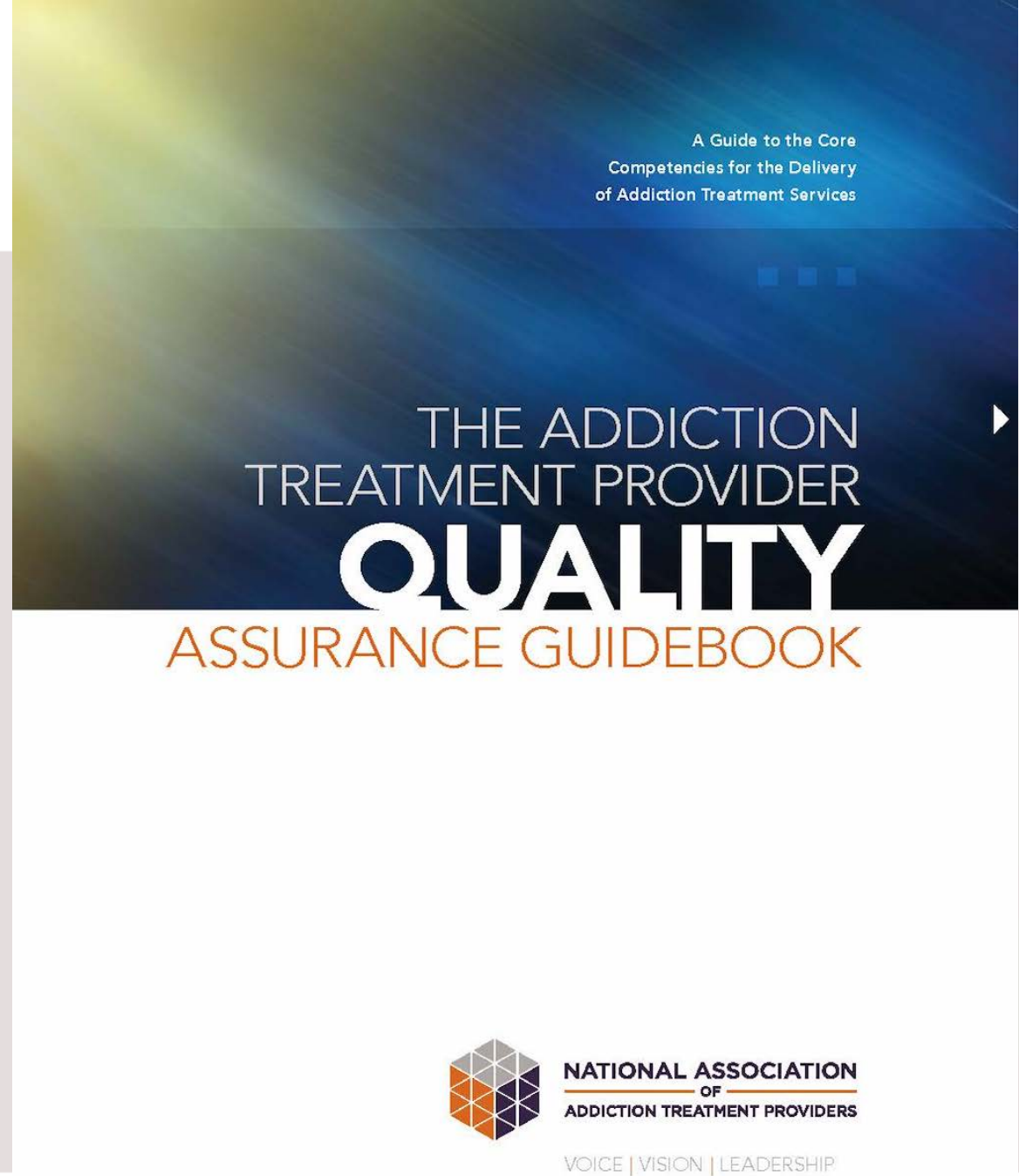


Member Entity Tax Status



NAATP Quality Assurance Initiative (QAI)

- Establishing a Proficiency Baseline Below Which No Provider May Fall
- Distinguished from Recognizing a Small Subset of “Gold Standard” Providers
- QAI Serves a Greater System-Wide Need that Lifts us All as a Profession



Evolution Through Quality Standards: Demonstrating Transparency and Accountability

Prohibited Practice

- Ethics Code Enforcement

Best Practice

- Adopting Uniform Core Competencies

Prohibited Practice: The NAATP Ethics Program

- NAATP Code of Ethics 2.5
 - Treatment
 - Management
 - Facilities
 - Marketing
 - Financial Rewards for Patient Referrals
 - Deceptive Advertising or Marketing Practices
 - Exposing Client Identities for Marketing Purposes

Prohibited Practice: AdWords Suspension and the LegitScript Program

- Google Suspends AdWords Program in Addiction Field
- Advertising Reinstated with LegitScript Certification
- NAATP Ethics Program

Problem Practices

The Primary Offenses

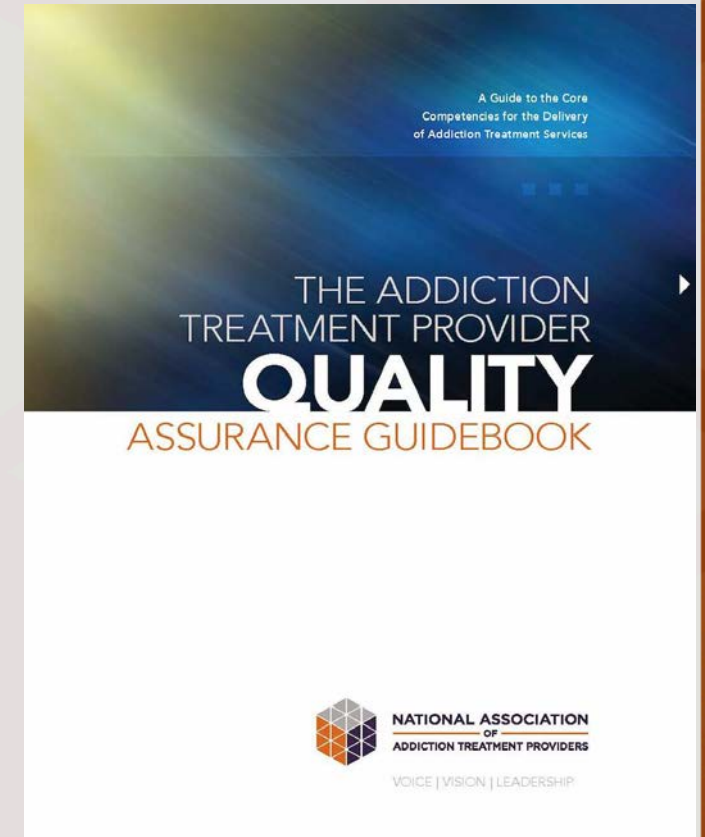
1. Patient Brokering
2. Billing and Insurance Abuses
3. License and Credential Misrepresentation
4. Predatory and Deceptive Web Practices
 - a. Unbranded Marketing Pages
 - b. Web and Call Directory Deception
 - c. Consumer Identity Aggregation
 - d. Google Platform Deception
 - i. AdWords
 - ii. Maps
 - ii. Search Engine Optimization (SEO)

Identification and Implementation of Core Competencies

Standardizing Best Practice

The Guidebook: Foundation of the Quality Assurance Initiative

- Nine Core Competency Areas
- 32 Guidelines with Explanatory Comment
- Followed by an Implementation Resource
- Outcomes & Measures Key Component
- Ethics as a Key Component
- Serves as a Companion to Accreditation



The Nine Guidebook Core Competencies of Care

- A. Operations
7 Guidelines
- B. Admissions and Patient Screening
2 Guidelines
- C. Employment, Training, and Credentialing
4 Guidelines
- D. Billing
6 Guidelines
- E. Discharge and Continuing Care
3 Guidelines
- F. Outcomes Measures
1 Guideline
- G. Community Engagement, Public Relations, and Public Policy
3 Guidelines
- H. Marketing, Advertising, and Visibility
5 Guidelines
- I. Code of Ethics
1 Guideline

Guidebook Guideline A-1: *Treatment Philosophy*

“Addiction treatment providers should develop a treatment philosophy that includes their mission, values, services, and ethics. The treatment philosophy should be stated in their materials and made available to consumers. The treatment philosophy should recognize addiction as a multifaceted disease requiring multiple interventions provided along a continuum of care. The philosophy should describe the provider’s role or roles along the continuum of recovery and its use of best practices.”

Commentary:

Resources:

Transparency and Trust: The Foundation of Our Success

The NAATP Consumer Guide to Treatment Selection

1. Addiction treatment is **health care** and must be chosen as such

Do not be swayed by the photography and marketing of luxury amenities rather than necessary core health care service.

2. There are **knowable indicia of quality** in addiction treatment

Indicia include descriptions of evidence-based practices, professionally credentialed staff, and accreditation. A visit and tour of the facility will reveal much.

3. **Transparency** of treatment center information is essential

The deeper you look, the more useful information you should find including location, years of operations, outcomes data (but not “guarantees”), depth of clinical information, inquiries into consumer medical history, and in-network insurance information.

4. A treatment program should pledge compliance and accountability to a **Code of Ethics**

Has the program adopted the NAATP Code of Ethics or similar comprehensive criteria to which it holds itself accountable, including an accountability system?



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Thank you!

National Association of
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