IN THIS ISSUE...

- NAATP Launches Quality Control Initiative
- New NAATP Chairman of the Board
- ASAM Liaison to NAATP on Implementing ASAM Criteria
- Public Policy Update: The Good & The Bad
- NAATP Membership News
- Outcomes Pilot Program Nearing Data Collection Completion
- Announcing NAATP National 2018 The 40th Annual National Addiction Leadership Conference
TABLE OF CONTENTS

Executive Director’s Message 3
The NAATP Quality Control Initiative

A Message from the New NAATP Chairman of the Board
La Hacienda’s Executive Director Comes Aboard 8

ASAM Liaison to NAATP
Implementing the ASAM Criteria 10

Outcomes & Measurements
NAATP Outcomes Pilot Program
Enters Final Quarter of Data Collection 12

Public Policy Advocacy
The Good & The Bad 16

Membership Update
NAATP’s New Membership Manager Outlines Benefits 18

NAATP News
New Board Member, Awards, and Conference News 23

Announcing NAATP National 2018
The 40th Annual National Addiction Leadership Conference 28
NAATP’s New Quality Control Initiative Will Produce Addiction Treatment Provider Guidebook to Assist the Treatment Field and Deter Bad Actors

The Guidebook will articulate addiction business practice do’s and do not’s, include an implementation toolkit, and inform a training program.
The National Association is pleased to announce a new initiative to address problematic business practices in the addiction treatment field. Illegal, unethical, and unprofessional practices have reached an all-time high, fueled in part by the opioid addiction crisis, creating a need for well-defined industry practice standards. While bad practices are committed by a minority of treatment providers, they cause serious public harm and damage the reputation of ethical, high-quality treatment operators.

The Guidebook will identify inappropriate business practices and that which is best practice. The Guidebook will include instructional “how to” tools for provider implementation of best practices. It will also create a training curriculum that will set an educational operations standard for the field.

The Guidebook is the product of NAATP’s new Quality Control Initiative (QCI) designed to:

- Promote Best Business Practice
- Deter Problematic Business Practice
- Inform Law and Policy Makers
- Educate and Protect the Consumer
- Train the Provider
The National Association has identified the following specific practices as most concerning:

- Patient Brokering
- Predatory Web Practices
- Deceptive Web Directory Call Aggregation
- Insurance/Billing Abuses
- Payment Kickbacks
- Licensing & Accreditation Misrepresentation

The Guidebook will define and prohibit these practices while presenting clear standards for ethical business operations.

The QCI was adopted at a July 2017 special meeting of NAATP leadership following approval of the goals by the NAATP Board of Directors who represent the nation’s top addiction treatment programs. Once in place, NAATP treatment provider members will be required to adhere to the guidelines, thereby creating a “high floor” practice standard.

The landscape for addiction treatment services has changed and we operate in a different environment than we once did. NAATP has seen industry growth, retraction, and accompanying business practices in our four-decade existence, but never before have we seen the magnitude of both growth and values-less practices that we now experience.

As the field’s trade association, our response has been measured and proportional. The *NAATP Ethics Program* was developed to address rising concerns over unethical addiction treatment business practices. We began to see a trend toward such practices, primarily in terms of program marketing, several years ago. Such practices give an unfair advantage to certain providers, raise concerns about quality of care, make it difficult for values-based providers to succeed, and harm the reputation of the entire field.

—

**EXECUTIVE DIRECTOR’S COLUMN**

**VOICE**

**VISION**

**LEADERSHIP**

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The NAATP Code of Ethics (The Code) was created to provide definition for good business practice and serve as a guide for values-based programs. The Code and the NAATP Values Statement are accessible online at NAATP.org.

These inappropriate practices continued, and NAATP took the next step of requiring NAATP members to agree to comply with The Code as a condition of membership. Although the problematic behavior is believed to lie largely outside our membership roster, and although NAATP is not a policing body, we believed we should lead by example to ensure that our own house was in order first.

The next move toward addressing harmful practice came in 2016 when NAATP developed an accountability component to ensure that NAATP members adhered to The Code. The Ethics Complaint Policy and Procedure (P&P) was developed, adopted, and implemented and allows a complainant to file an ethics complaint against a NAATP Member. Under the P&P, the NAATP Executive Staff and Ethics Committee review the complaint, determine if it is meritorious, and if it is, address the concern with the provider. If a provider were to persist in conduct violative of The Code, the member can be removed.

Additionally, as part of The National Association’s efforts to guide the field and policymakers, we published the NAATP Public Policy Statement earlier this year. The Public Policy Statement provides systemic guidance and definition for the field and is found online at NAATP.org.
Now, with these measures in place, NAATP has moved to the next level of action to improve addiction treatment practice with the Quality Control Initiative.

This is no small matter or undertaking. It will require the assemblage of the nation’s top thought leaders from the entire continuum of treatment services together with public policy officials and payor representatives. Underlying the effort will be the establishment of addiction treatment delivery core competencies, which, once in place, will guide the drafting of the Guidebook and all its components.

As always, NAATP’s motivation is our commitment to serve our treatment provider members by fostering a climate that produces successful operation through high quality care. The ultimate measure of success, therefore, is patient outcomes. As we assess the business climate, we need always ask the question: Does the conduct promote good outcomes or harm the patient?

Problematic business practices should be run through this test and when they are, we see that the practices outlined above must be stopped. This is the motivation for the NAATP Outcomes Pilot Project (The OPP), reported later in this issue, as well.

We at The National Association look forward to the challenge and the opportunity to serve the field though this exciting and important new initiative. Please stay in communication with us as the work evolves.
I follow a legacy of strong leaders who, together with the executive director, the board, and loyal members, have awakened the voice of The National Association. As I begin my term as Board Chair, I want to invite treatment providers nationwide to join in our effort to have a greater influence in shaping both Federal and State laws, in expanding our position on ethical business practices and treatment standards, and to seek dialogue with payers that will allow us to work together toward a common goal of successful outcomes.
The members of NAATP represent a reservoir of experience, talent, and creative thought that can meet today’s challenges. We are a trade association that has demonstrated commitment to a strategic plan, yet we are also flexible and willing to make room for new ideas from different perspectives. The past two years have shown that a cohesive leadership team operating in a transparent environment can move our association into the future and do so while endorsing the highest professional, ethical values. But to be heard, our collective voice must become louder. This can certainly be accomplished by adding members, but reaching out for greater diversity in membership will allow NAATP to represent many more voices of addiction treatment present in our industry today.

The best recruitment strategy comes by current members sharing with non-member treatment providers about the value of NAATP membership. We have all witnessed exciting changes within our association: a powerful new website that includes a comprehensive member directory, the new M2M forum that offers endless possibilities to exchange ideas and share strategies with like-minded members, and the coming toolkits currently being developed that will provide practical applications to operations. When we share about the value of NAATP membership, we increase our value as members.

The future looks bright. Are there significant challenges? Of course — haven’t there always been? Yet if we come together, our voice will have a significant impact on the future of addiction treatment.
BY MARGARET JARVIS, MD, DFASAM
Vice President, American Society of Addiction Medicine (ASAM)
ASAM Liaison to NAATP

The National Association of Addiction Treatment Providers and the American Society of Addiction Medicine have a long collegial and collaborative relationship. Our organizations believe that a solid relationship between the treatment provider and the medical community is essential for good outcomes. The NAATP-ASAM Liaison process promotes these goals. In this issue of addictionLeader, we welcome the new ASAM Liaison to NAATP, Dr. Margaret Jarvis, and are pleased to share this guest article with you.
I am sure you’ve heard it thousands of times, “I’m calling for authorization of benefits at ASAM level 3.7.” We say it, we talk about it, but do we think about what this means? I’ve heard both providers and insurers wonder if members of the other group apply the Criteria the way that they are written. Patients and treatment centers and insurers regularly call ASAM, confused about what level of care a center is offering and how to define it.

ASAM is working on several projects that are intended to get everyone on the same page as to how the ASAM Criteria are applied. These include improvements to the computer-based version, CONTINUUM; a joint project with CARF; and increased education around use of the ASAM logo and the claim of using ASAM criteria. Addiction patients are very complex, and therefore each clinician might see different things and provide different recommendations, and a tool like CONTINUUM (and other ways of accurately applying the Criteria) helps standardize the complexity of matching care.

CONTINUUM became available in 2016, and the number of groups using it has exploded. The software can be used to create reports that look at how the criteria are applied, and thus far, it seems that when the interview is inaccurately or improperly recorded, this is easily identifiable. This gives administrators the ability to identify situations where the criteria are not applied well. As the use of the software spreads, ASAM anticipates more verification between the accurate application of the Criteria and patient outcomes. To date, ASAM’s research shows that there is higher patient engagement and retention with the tool. The first derivative product has been created, CO-Triage, a treatment referral tool; improvements to the reports are currently underway and should be available within the next 18 months.

ASAM is working with CARF to create an inspection that will verify that a provider has the capacity to deliver a level of care in the structure of the Criteria. For instance, there are times that there is debate about whether a facility is giving level 3.5 or 3.7 care, and this inspection will certify that the level claimed is accurate. ASAM anticipates rolling this out in the next 12 months.

ASAM is looking at how to identify any entity that uses the ASAM logo/claims to use the Criteria and whether the entity applies the Criteria with fidelity. Using the CONTINUUM products is one way ASAM can ensure users’ clinical assessments follow The ASAM Criteria, and we can say CONTINUUM is being used to meet public and commercial payors requirements and speed the authorization of treatment funds. Additionally, ASAM is developing educational offerings that would help those who use the Criteria to be able to use them accurately. There are links on the ASAM website that allow patients, providers, payors and managed care organizations to alert ASAM and the Coalition for National Clinical Criteria (which has helped oversee and revise the Criteria for decades) to situations in which the Criteria are not being well-implemented. NAATP members may be particularly well-placed to see these instances, and ASAM would appreciate the information.

Here is the link to the incident report:

[asam.org/quality-practice/practice-resources](asam.org/quality-practice/practice-resources)
NAATP launched an ambitious research study, the Outcomes Pilot Program (OPP), in 2016, designed to measure outcomes for residential addiction treatment centers across the United States. The OPP is a multi-site study, measuring long-term outcomes for patients who receive inpatient substance use disorder services. Originally, nine substance abuse treatment providers agreed to participate in the study. Eight providers successfully completed the enrollment period, and data in this article reflect results from the eight participating sites. Participants who enroll in the evaluation complete an intake survey at the start of treatment, and a follow-up survey at one month, three months, six months, nine months, and twelve months after intake to treatment. Each survey assesses substance use, family and social support in treatment, and mental health.
We have 748 participants enrolled in the OPP, and participant enrollment is complete. The one month follow-ups are also complete. Additionally, the window for the three-month follow-ups just closed, and we are entering the last quarter of data collection. Participants range in age from 18 to 74, with a mean age of 37 years. Fifty-eight percent of participants are male and 36% are female. Four percent of participants identify as Hispanic or Latino. Ninety-one percent of participants identify as White, 3% identify as Black or African American, 2% identify as American Indian or Alaskan Native, 2% identify as Asian, and less than 1% identify as Native Hawaiian or Pacific Islander.
PATIENT DEMOGRAPHICS

**Age**
- Under 21: 0%
- 21-24: 17%
- 25-34: 27%
- 35-44: 19%
- 45-54: 22%
- 55-64: 19%
- 65+: 9%

**Gender**
- Male: 56%
- Female: 44%
- Missing: 6%

**Race/Ethnicity**
- White: 83%
- Hispanic/Latino: 11%
- Black: 6%
- American Indian: 2%
- Asian: 2%
- Native Hawaiian/Pacific Islander: 1%
- Missing: 9%

**Marital Status**
- Never married: 49%
- Married or living as married: 33%
- Divorced: 11%
- Separated: 5%
- Widowed: 1%
- Missing: 1%

**Employment Status**
- Full-time: 47%
- Part-time: 9%
- Not working by choice: 3%
- Retired: 4%
- Disabled: 2%
- Missing: 1%

**Education Level**
- High school diploma or GED: 42%
- Bachelor's degree: 23%
- Associate degree: 19%
- Master's degree: 7%
- Vocational/technical school/business school: 7%

**Job Type**
- Professional: 18%
- Craft/skilled trades/technical: 16%
- Other: 14%
- Laborer/unskilled worker: 8%
- Service worker (water/waiter): 9%

**Longest Time Employed**
- Less than 1 Year: 13%
- 1-2 Year: 17%
- 3-4 Years: 12%
- 5-9 Years: 20%
- 10-19 Years: 21%
- 20+ Years: 16%

**Income Range**
- 10,000 or less: 18%
- 10,001 to 20,000: 11%
- 20,001 to 35,000: 14%
- 35,001 to 60,000: 14%
- 60,001 to 90,000: 17%
- Over 90,000: 15%
- Missing: 4%
During the three-month follow-up survey, participants were asked to rate the helpfulness of eight treatment components. For each item, participants were asked to rate helpfulness on a five-point scale (0 = Not applicable, 1 = Not helpful, 2 = A little helpful, 3 = Somewhat helpful, 4 = Very helpful). Responses were averaged to create a mean response value shown below. At the time of reporting, data collection for the three-month follow-up survey is complete.

<table>
<thead>
<tr>
<th>Component</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating of the program</td>
<td>3.71</td>
</tr>
<tr>
<td>Talking with other clients</td>
<td>3.57</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>3.44</td>
</tr>
<tr>
<td>Peer group meetings (e.g., AA)</td>
<td>3.32</td>
</tr>
<tr>
<td>Individual counseling</td>
<td>3.19</td>
</tr>
<tr>
<td>Lectures &amp; education</td>
<td>3.08</td>
</tr>
<tr>
<td>Working the AA/NA steps</td>
<td>2.92</td>
</tr>
<tr>
<td>Family portion of program</td>
<td>2.13</td>
</tr>
</tbody>
</table>

The National Association is excited about the progress of this study and what it can provide for our membership. When data collection is completed and analyzed, not only will we provide our membership with the full study, we will also be providing NAATP members with a toolkit that offers standards and directives for completing reliable outcomes research at your treatment sites. Stay posted for more NAATP OPP news and look for our next quarterly update coming soon.

**NAATP Outcomes & Surveys Information Online:**

naatp.org/resources/treatment-outcomes-surveys
Recently there have been many moving parts of public policy impacting the treatment field. The National Association of Addiction Treatment Providers has been focused on several activities that could have a lasting impact on addiction treatment in the United States.

At the top of the list are the various twists and turns of proposed changes to the Affordable Care Act. As everyone knows, the last attempt to make significant changes came down to one vote. It was a dramatic moment among the many associated with the Affordable Care Act. So, what’s next? The President has demanded that leaders continue to try to find something that would get the necessary 50 votes in the Senate for passage. He also has indicated he will let “Obama Care” implode. If market stabilization funds are withheld, that could be a major problem.
Due to the many deaths associated with opioids, Congress and the Administration have focused on possible responses. The Opioid Task Force, chaired by Governor Christie, submitted its initial recommendations recently, with the final report due in October. The preliminary recommendations contain many items that would be beneficial to the field that NAATP has traditionally supported. We applaud the Task Force and are hopeful that the Administration will take them seriously.

The Task Force recommendations correctly assume that the Mental Health Parity and Addiction Equity Act (Parity Law) is not being uniformly enforced. They recommend that enforcement must occur. They also recommend that transparency be made available to the public for offenders as well as advocating fines for violators. These are positions NAATP has long supported.

The Task Force also recommends that the federal government grant waivers to all 50 states to eliminate barriers to treatment as a result of the sixteen-bed IMD exclusion for Medicaid patients. This would replace the current fifteen-day per month limitation for residential patients covered by Medicaid. It would allow for treatment that is in the patient’s best medical interest.

The report also contains recommendations regarding medication-assisted treatment, Naloxone, prescription drug monitoring, prescriber education, workforce training, and 42 CFR part two. We encourage you to review the report and make comments.

Despite the ugliness surrounding the process, we are poised to make progress that could make treatment for substance use disorder more accessible. Your participation and support have been critical for us to reach this point and will be moving forward.
NAATP GROWS ITS MEMBERSHIP

BY PETER THOMAS
NAATP Membership Manager

NAATP membership is growing, member benefits are being enhanced, and our stance on ethics strengthened. We are developing additional resources to promote best practices and are in the process of launching the Quality Control Initiative to combat unethical practices that have tarnished the reputation of the addiction treatment field. It is an exciting time to be part of The National Association.
Having completed rebranding over the last two years, and established a strategic plan to refocus the association, much of our energy has turned to enhancing the value we bring to our members. In May, we launched two new member benefits: the M2M forum, a collaborative resource exclusive to Provider Members; and in partnership with the Hazelden Betty Ford Graduate School of Addiction Studies, a scholarship program for the staff of NAATP Provider Members. As this issue of addictionLeader goes to print, our staff and board are developing a new quality control initiative to curtail abusive practices and enhance the quality, efficacy, and reputation of the many good providers who comprise our membership.

As our membership grows and we continue to develop innovative and enhanced resources, we need your help. The greatest value of any trade association comes from collaborative dialogue, information sharing, and reciprocal aid within its membership. We ask for your engagement as we work to enhance member benefits, rebuild the reputation of our field, and raise the standards of quality. We also ask that as a NAATP member, you take full advantage of the many benefits and resources already at your disposal.

Our membership is comprised of 830 facilities, representing every level of care, and a diverse spectrum of service approaches and specialties. Year to date, The National Association has brought on 90 new member facilities. While growth is an important aspect of a trade association and NAATP understands that increased membership contributes to a stronger voice, we also recognize that as the Addiction Leader, we must be aware of how the practice of individual members reflects upon the reputation of the collective. With this understanding, The National Association has been developing the most comprehensive membership analysis in its 40-year history. The analysis will be used to better understand the types of facilities currently represented in our membership, treatment modalities, philosophies employed, and trends within our membership and the larger addiction industry.
From this analysis, The National Association is establishing a membership development plan that focuses on growth, but more importantly, on increasing membership in a way that enhances The National Association and the reputation our members and stakeholders. As we work to enhance membership, we are concurrently developing standards to help incentivize ethical business practice. The following is a snapshot of some membership statistics.

NAATP has members in every state except for two. Unsurprisingly, the highest concentrations of facilities are in California and Florida. We also have members in Australia, Antigua and Barbuda, Canada, Mexico, Thailand, and Hong Kong. More than half of our members have accreditation through CARF or the Joint Commission. Our membership provides every level of care, with the most prevalent being outpatient and intensive outpatient treatment. Member facilities offer traditional twelve-step facilitation, holistic approaches, medication-assisted treatment, and diverse service delivery approaches. They accept both public and private payment sources, including Medicare, Medicaid, Tri-care, and state funding, and many have scholarship and payment assistance programs that help the less fortunate.

Members offer lengths of stay from short-term detox to over 120 days. They also offer specialty programming for seniors, adolescents, women with children, and LGBT populations, along with treatment options for chronic pain, co-occurring disorders, and specialties in trauma, eating disorders, sexual addictions, and compulsive gambling. Members range from small boutique providers with fewer than ten beds to national healthcare systems.

The National Association also has many Supporter Members, offering a wide array of services that support the recovery field. Some of these services include research and education, legal counsel, software and website development, health records systems, and billing services.

It is this diversity within our shared field that allows The National Association to step forward as the Addiction Leader. Through your collective voice, we can guide the field and enhance the quality and efficacy of care. Thank you for your membership with The National Association. We are excited about the work ahead and look forward to having your voice at the table.
“MAKE THE MOST OF YOUR MEMBERSHIP”

**ALL STAFF ACCESS**

Through your membership, all staff have access to the NAATP Resource Center and benefits in our members-only section. Help give them access to valuable clinical and operational resources by informing them of this feature.

**THE AID (ADDICTION INDUSTRY DIRECTORY)**

With the launch of our new website last year, NAATP implemented the AID, which is the NAATP Member Directory that serves as a resource to you through increased visibility. The AID is also an important resource for consumers and a way for The National Association to assess the health of our membership and the field. Please take some time to login, review your profile, and update information about your company. Add contact information for key staff, and check to see if each of your locations is listed. The more information you add to your profile, the more value it brings to you.

**M2M FORUM**

The Member2Member forum offers the opportunity to draw from the collective expertise of hundreds of executives and treatment professionals to help solve pressing problems at your facility and throughout the field. It is also a great avenue to share experience with peers and to help drive mutually beneficial collegial discourse within our membership. As a new benefit, we need your help to build this resource. Please look through the current posts, offer your experience, and pose a question of your own.

**RESOURCE CENTER**

The NAATP Resource Center features articles and information on operational and clinical topics. From ASAM’s new drug testing recommendations to HR strategies when employing people in recovery, we are working to build a comprehensive resource center that informs good business practice. As we discover new resources and information, this is where it goes. We also look for input and suggestions from our members. If you have a useful resource, submit it to us online.

**SALARY SURVEY**

This biennial survey will be released again in early 2018. After a 4-year hiatus, we brought the salary survey back in 2016. We need your responses to make this a valuable tool that can inform your hiring, salary, and benefit decisions. You can access the 2016 survey through your member-only login. Look out for emails seeking responses to the 2018 survey.

We have many other member benefits available to you and your staff. Take a few minutes to look through our website and the resources available to you through your membership.
THE NATIONAL ASSOCIATION WELCOMES ITS NEWEST MEMBERS!

1 Method Center
Los Angeles, CA

Avery Lane
Novato, CA

Beach House Center for Recovery
Juno Beach, FL

Building Blocks Counseling
Phoenix, AZ

C4 Recovery Foundation
Algonquin, IL

Evolution Way Recovery Center
Mesa, AZ

Get Real Recovery
San Juan Capistrano, CA

Granite Mountain
Behavioral Health Care
Prescott, AZ

Olympia House
Petaluma, CA

Psychological Care & Healing Treatment Centers
Los Angeles, CA

Recovery Boot Camp
Delray Beach, FL

Restore Health and Wellness Center
Encino, CA

Saddlerock Capital
Bellevue, WA

Seacrest Recovery Center
Boca Raton, FL

Serenity Oaks Wellness Center
North Miami Beach, FL

SLO Recovery Centers
Delray Beach, FL

SoberHelpers
Basking Ridge, NJ

TAG
Sinking Spring, PA

The Change Companies
Carson City, NV

The Springboard Center
Midland, TX

Tranquil Shores
Madeira Beach, FL

Transformations By The Gulf
St Pete Beach, FL

Voyage Recovery Center
Hobe Sound, FL

Research NAATP members by geography, accreditation, and services provided at:

naatp.org/resources/addiction-industry-directory
WELCOME TO THE BOARD!

The National Association is pleased to welcome its newest member of the Board of Directors: Robert Rowling, Jr. Mr. Rowling is the Chairman of the Board of Origins Behavioral HealthCare, as well as an owner and director of TRT Holdings. Mr. Rowling brings a wealth of experience, knowledge, and dedication to service. He will serve the 2017-2020 Board Term.
NAATP ANNUAL LEADERSHIP AWARDS

The National Association honors addiction field leaders and encourages excellence on the practice of addiction services through its awards program. The following awards are given annually in May at the National Addiction Leadership Conference:

Jasper G. Chen See, M.D.
Volunteer Leadership Award:
Recognizes individuals who have provided exceptional volunteer leadership in the area of addiction treatment through board membership and philanthropy.

James W. West, M.D.
Quality Improvement Award:
Recognizes new, innovative, and successful addiction treatment advancements, both clinical and operational, that improve the quality and quantity of addiction treatment.

Michael Q. Ford Journalism Award:
Recognizes the journalistic efforts, both electronic and print, that promote the value of and need for addiction treatment.

Nelson J. Bradley Career Achievement Award:
Recognizes the lifelong achievements of individuals who have made significant contributions to modern addiction treatment.

Nominations can be made online at: naatp.org/award-nomination

NAATP NATIONAL 2017

THANK YOU AUSTIN, TEXAS!
The 39th Annual National Addiction Leadership Conference of the National Association was held at the Barton Creek Resort outside of Austin in May. We set record attendance, and attendee evaluations were our best yet. Conference highlights including audio of key sessions and photos (find one of you or your organization) at:

naatp.org/training/national-addiction-leadership-conference

NAATP NATIONAL 2018

The 40th Anniversary National Addiction Leadership Conference

Join the field’s executive level leadership, exhibitors, and sponsors in this annual convening. The 40th Anniversary Conference will take place at the Omni Interlocken Resort in Denver, CO May 20-22, 2018. Watch the website for abstract and registration at:

naatp.org/conference
DISPLAY THE NAATP MEMBER LOGO ON YOUR SITE

What goes around comes around – especially on the internet. NAATP members are authorized to display the special NAATP member logo on their websites. Doing so demonstrates that you are part of the foremost professional society of addiction service providers and supporters, that you share best practice and values-based services, and that you adhere to the NAATP Code of Ethics. Download the NAATP Member Logo at:

naatp.org/member-logo-and-guideline

THE NAATP PAC

The NAATP Political Action Committee (PAC) was formed in 2008 to support and help elect candidates who understand and support legislative and regulatory concerns that effect treatment providers. For more information and to contribute to the NAATP PAC, please visit:

naatp.org/advocacy/naatp-pac

MEMBER DISCUSSION FORUM

Member networking and dialoguing is one of NAATP’s most valued member benefits. Our goal is to connect the professionals in the industry so we can share resources and solve problems together. We are integrating this goal into our member only Resource Center and have created a Member to Member Forum (M2M). This new feature was launched in May, 2017. M2M serves as a vehicle to start conversations about important industry topics between members. These topics and conversations can then be searched and referenced by the entire community of provider members.

M2M is a tool, exclusively for NAATP Provider Members, that allows for meaningful information exchange between treatment center professionals. M2M facilitates discussion, and it links users to related clinical and operational NAATP Resource Center materials. M2M is your information community where you can engage, ask questions, share ideas, and connect with your professional peers. You can subscribe to get real-time updates in your email inbox. M2M is your hub for real-time dialogue between NAATP Provider Member colleagues. By joining M2M, you ask questions, get answers, share your expertise, and become part of the NAATP community that helps us all.
NAATP MEMBERSHIP VISIBILITY AND COMMUNICATION

The National Association continues to enhance our members’ visibility on the NAATP Addiction Industry Directory (AID). All members in good standing are listed online on the AID, and we remind members for maximum visibility to include as much information as possible in their AID listing. The more information members include in the directory, the more our directory will assist the public in finding treatment. A complete listing also increases member to member communications. Read on for more NAATP advancements on connecting members.

naatp.org/resources/addiction-industry-directory

MEMBER NEWS UPDATES AND TRAINING POSTINGS

Does your treatment center have a news item about the industry, a news release highlighting your center, or an upcoming training to post to the NAATP website? If so, use the Share News and Updates or Post a Training Opportunity capability on our website. Accredited NAATP Members Rosecrance and Cumberland Heights recently highlighted their 100th and 50th anniversary celebrations respectively, both of which were highlighted in our Members Making News section.

JOB BOARD

NAATP offers a specialized job board specific to the addiction treatment field. Job boards remain a relevant place for companies to reach and engage talent for their organizations. If you are looking to maximize your treatment center job listing visibility and build your candidate pool, take advantage of our free Post Job Opportunities section, as it is one of the best ways of getting job exposure. It is now a complimentary member benefit.

ALL STAFF MEMBER LOG IN

Did you know that everyone in your organization can access our member-only resources? One designated person in your organization is the primary member “admin”, but any current employee at your organization can gain log-in access to our extensive member-only resources. Offer your staff the opportunity to browse our operational and clinical resources, access industry salary surveys and addictionLeader, the newsletter of NAATP. Refer to past annual conference materials as educational resources. Help expand our addiction treatment research by using the Share a Resource tool to submit a resource. These resources must be academic in nature as opposed to marketing pieces, but we do welcome your treatment center name to appear as recognition.
NOT A NAATP MEMBER YET?

NAATP is a nonprofit professional membership society that supports addiction treatment providers through leadership, clinical and operational resources, and systemic law and policy advocacy. Member services include training and education, industry surveys, networking and convening, law and policy advocacy, visibility, awards and recognition, resources, ethics and professionalism, a job center, and publications. Check your member listing or become a NAATP member at:

naatp.org/membership/become-member
May 20-22, 2018
Omni Interlocken Hotel
Denver, Colorado