IMPROVING SUBSTANCE ABUSE TREATMENT: THE NATIONAL TREATMENT PLAN INITIATIVE

Changing the Conversation

NOVEMBER 2000

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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Acknowledgements

The National Treatment Plan (NTP) Initiative is conducted under the general auspices of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), and the CSAT National Advisory Council. At its meeting on May 12, 2000, the National Advisory Council formally recommended "*Changing the Conversation, Improving Substance Abuse Treatment: The National Treatment Plan Initiative*," to CSAT for its consideration and implementation as appropriate.

NTP reports are developed under the supervision of Dr. H. Westley Clark, Director; Dr. Camille T. Barry, Deputy Director; Donna M. Cotter, NTP Coordinator; and Dr. Mady Chalk, Director, Office of Managed Care. This report is based on the detailed review and recommendations of five expert panels that were convened by CSAT, and that deliberated from April 1999 through February 2000, with assistance from numerous CSAT staff. Representatives of the five panels and a steering group of field leaders formed an editorial review board for the report. The Lewin Group, led by Leslie J. Scallet, Project Director, and Dianne S. Faup, Project Manager, provided staff support to CSAT and to the panels.

The opinions expressed herein are the views of the panel members and do not necessarily reflect the official position of CSAT or any other part of the U.S. Department of Health and Human Services (DHHS).

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Preface

The National Treatment Plan Initiative envisions a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision a society in which substance abuse and dependence is recognized as a public health issue, a treatable illness for which individuals deserve treatment. We envision a society in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise.

The Center for Substance Abuse Treatment (CSAT) began the National Treatment Plan Initiative (NTP) in the fall of 1998, to provide an opportunity for the field to reach a working consensus on how best to improve substance abuse treatment, and then to pursue action to effect needed change. The NTP is not designed to create a traditional "national plan" to be published and cited. Rather, it is intended to provide a common starting point, to engage people throughout the field in a collaborative effort, and to recommend the types of guidelines and actions that over time can lead to the goal of making effective substance abuse treatment available to all who need it.

Changing the Conversation is the first product of the NTP Initiative. It was developed through extensive examination of relevant research and past reports, consultation and discussion among experts reflecting a broad cross-section of opinion and experience throughout the field, and active solicitation of public comment. Expert panels met between April 1999 and February 2000. CSAT encouraged public comment through field publications and a dedicated web site, and convened public hearings from June through November 1999 to ensure that community perspectives were incorporated.

This volume, *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*, presents a set of guidelines and recommendations drawn from the work of the panels and the many additional individuals who participated in the hearings and submitted comments. It represents the collective vision of the participants in the NTP over the past eighteen months. A companion volume, *Changing the Conversation: Panel Reports, Public Hearings, and Participants*, contains the full panel reports, summaries of the public hearings, and lists of all contributors.

The Substance Abuse and Mental Health Services Administration (SAMHSA), CSAT, and the participants regard this as the beginning of a long-term effort that will engage the attention and energy of people throughout the country. CSAT has already undertaken a series of steps to implement the recommendations. As the initiative continues, the guidelines and recommendations will

be reviewed periodically to assess what has been accomplished and respond to new ideas and changing circumstances. SAMHSA and CSAT hope that individuals and groups will join in the conversation, add to these guidelines and recommendations, adapt them to the needs of different States and communities, and use them to support action to improve treatment for substance abuse and dependence.

Foreword

The 1970 passage of the Hughes Act marked the beginning of concerted Federal efforts to solve the problem of substance abuse. Senator Harold Hughes of Iowa was a leading advocate for treatment and research of alcohol abuse and alcoholism, exemplifying the leadership of people in recovery. This investment has produced a great deal of progress. Research has shown that these illnesses have complex biological, psychological, and social causes and effects, that the brain itself changes after exposure to alcohol and drugs, and that these changes can last even after substance use ceases. Clinicians and practitioners now have effective treatment interventions that have helped countless individuals improve their health and lead productive lives.

In 1992, Congress created the Center for Substance Abuse Treatment (CSAT), within the Substance Abuse and Mental Health Services Administration (SAMHSA), to make more effective treatment and recovery services for alcohol and drug problems widely available to all Americans who need them. The National Treatment Plan Initiative (NTP) contributes to that mission.

CSAT plays a major role in translating advances in research — led by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) — into practice. The Office of National Drug Control Policy (ONDCP) establishes the *National Drug Control Strategy*, the overall Federal plan to combat illegal drugs. The strategy is comprised of a series of goals and objectives of which CSAT has primary responsibility for those related to treatment. These objectives include reducing by half the number of chronic drug users, the demand for illegal drugs, and the prevalence of drug use in the workplace and among youth by the year 2007. The ONDCP Director calls treatment "critical to attaining these targets, and the CSAT planning process ... essential to the provision of effective treatment."

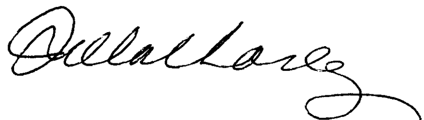
Most important, the purpose of the NTP is to stimulate action, by CSAT and by the many others involved in the treatment of substance abuse and dependence. The NTP seeks to define a critical path toward CSAT's goal to ensure appropriate treatment for all who need it.

The NTP exemplifies the collaboration essential to achieving this ambitious goal. The CSAT National Advisory Council, the NTP steering group of leaders in the treatment field, as well as five expert panels have contributed their best advice and thinking to this document. CSAT sponsored six well-attended public hearings around the country and solicited additional views and information through mail, telephone, and the Internet. We extend our gratitude to and express our admiration for the many participants, from the field and from CSAT and SAMHSA, who have given so generously of their time, expertise, experience, and ideas to make this report possible. In particular, we thank the hundreds of individuals who came forward to testify so movingly at the public hearings.

CSAT and SAMHSA are committed to do their part. We are already examining our programs to see where we can incorporate these ideas, and are using them to develop agency budget proposals. We will regularly re-examine the guidelines and recommendations, as well as progress in implementing them. Some NTP recommendations lie within our current authority and program roles. For others, we can act as stewards — providing expertise, ideas, and resources to support activities, and convening interested Federal agencies or groups. Still others will require changes in law or public priorities that will have to be considered in the proper forum. Some areas lie beyond the purview of a Federal agency.

Ultimately, the success of the NTP Initiative depends on the commitment and action of a network of partners: providers; researchers; practitioners; the justice, social services, health and mental health communities; groups concerned with women, aging, children and families, HIV/AIDS, disabilities, homelessness, and the rich diversity of racial and ethnic populations; the faith community; Federal, State and local agencies and officials; tribal councils; and especially people with a history of substance abuse and dependence problems and their families and friends.

On behalf of SAMHSA, CSAT and the National Advisory Council on Substance Abuse Treatment, we invite all who share an interest in recovery from substance abuse and dependence to join us to continue the conversation and to tackle the challenges ahead.



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Executive Summary

The problem of substance abuse and dependence has long troubled the Nation, requiring balance among concerns for public safety, moral values, and health. Advances in science have reshaped our understanding of addiction and created an array of effective behavioral and pharmacological interventions. The Center for Substance Abuse Treatment (CSAT) began the National Treatment Plan Initiative (NTP) to build on recent advances in the field, bring together the best ideas about improving treatment, and identify actions that could translate knowledge into practice.

- Between 13 million and 16 million people need treatment for alcoholism and/or drugs in any given year, but only 3 million receive care (SAMHSA, 1999; Institute of Medicine (IOM), 1997).

- Estimated annual spending for substance abuse prevention and treatment in 1997 was $11.9 billion. Of this amount, public spending accounted for $7.3 billion or nearly two-thirds, compared to just over half in 1986 (Coffey; Mark; King; Harwood; McKusick; Dilonardo; Buck; 2000).

An extensive body of federally funded research shows that, with treatment, primary drug use decreases by nearly half. In addition, reported alcohol and drug-related medical visits decline by more than 50 percent, criminal activity decreases by as much as 80 percent, and financial self-sufficiency improves (e.g., employment increases, and welfare receipt and homelessness decline) (SAMSHA, National Treatment Improvement Evaluation Study (NTIES), 1999). The NTP responds to these facts and to a range of other plans and initiatives on substance abuse and health. These include the goals for better treatment established by the Office of National Drug Control Policy (ONDCP) in the *National Drug Control Strategy* and the national health goals and objectives established by the Department of Health and Human Services (DHHS) in *Healthy People 2010*.

Five expert panels, representing a diversity of knowledge, experience, and views, considered previous reports and recommendations, then focused on what should be done next. CSAT sponsored a series of six regional public hearings around the country, and provided many additional avenues for public comment. Both the panels and the hearings were designed to focus on key persistent issues that have characterized discussions of substance abuse treatment over the years:

- Panel I: Closing the Treatment Gap

- Panel II: Reducing Stigma and Changing Attitudes

- Panel III: Improving and Strengthening Treatment Systems

- Panel IV: Connecting Services and Research

- Panel V: Addressing Workforce Issues.

THEMES OF THE NTP INITIATIVE

During the panel meetings and public hearings a series of themes emerged. These themes embody the guiding philosophy underlying the discussions of NTP participants.

- Alcoholism and drug dependence are treatable illnesses.
- Each individual in need of alcohol or drug treatment is unique.
- Clients and their families reflect the diversity of the population, including differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender.
- Treatment benefits the individual client and his or her family, but also the public health, the public safety, and the public purse.
- Treatment should be timely, affordable, and of sufficient intensity and duration to be effective. It should be provided in a safe, flexible, and accessible environment.
- At times some individuals suffering from alcoholism or drug dependence may engage in improper or illegal behavior. Although such behavior may result from, or may be a sympton of the underlying illness, the illness does not excuse it. However, it is essential to recognize that the illness itself is a medical condition and a public health problem, for which effective treatments are available.
- Treatment should adhere to a high standard of quality.

GUIDELINES AND RECOMMENDATIONS

The first step recommended by all in improving treatment is to change the way the substance abuse treatment field and the Nation consider and address treatment issues. The goal is to shift the discussion from an emphasis on problems to a search for positive solutions. From each of the five panels, guidelines and recommendations for improving treatment were presented. NTP participants also agreed on five guidelines that encompass the specific recommendations and action steps developed by the expert panels. They are not presented in any priority order but rather as interdependent parts of the solution. In order to attain the goal of ensuring appropriate care to all who need it, **adequate resources, effective service systems, and higher standards of treatment** are prerequisites. The first three guidelines address these fundamental requirements:

INVEST FOR RESULTS The wise use of resources requires investment in treatment and services that in turn must produce the desired results.

Recommendations

- Close serious gaps in treatment capacity to reduce associated health, economic and social costs.
- Align financing and reimbursement mechanisms to ensure the most effective and efficient use of available resources.
- Establish standard insurance benefits for both public and private insurance that provide coverage for substance abuse and dependence equivalent to other medical conditions and that include a full array of appropriate treatment and continuing care.
- Set reimbursement rates and funding levels to cover reasonable costs of providing care, including evidence-based practice improvements; capital improvements and reinvestment; workforce recruitment, retention, and development; and care for persons without public or private insurance.

"NO WRONG DOOR" TO TREATMENT Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

Recommendations

- Require appropriate assessment, referral, and treatment in all systems serving people with substance abuse and dependence problems.
- Ensure that in all systems individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuing services at the level needed.
- Apply a commonly accepted, evidence-based model for the continuum of services and care for substance abuse and dependence across health, human services, and justice systems as well as in the substance abuse specialty sector.

COMMIT TO QUALITY Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.

Recommendations

- Establish a system that more effectively connects services and research (CSR), with the goal of providing treatment based on the best scientific evidence. The system should specifically: a) promote consistent communication and collaboration among service providers, academic

institutions, researchers, and other relevant stakeholders; and b) establish incentives and assistance for programs and staff in applying the new standards and treatment methods.

- Utilizing the CSR system, develop commonly accepted standards for the treatment field. Specifically: a) define evidence-based standards for quality of care and practices that apply to all systems and payors; b) derive or achieve consensus on critical data elements to measure quality of care and treatment outcomes for payors and providers; c) establish standards for education, training and credentialing of alcohol and drug treatment professionals and for other health and human service providers; and d) adopt best business practices for program management and operations.

- Attract, support, and maintain a high quality, diverse workforce, responsive to the client population.

NTP participants agreed that success would depend on following two final guidelines to select strategies and pursue specific recommendations. Both implicitly characterize the entire group of recommendations and action steps. However, participants emphasized their central importance through tangible recommendations.

CHANGE ATTITUDES Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

Recommendations

- Engage the recovery community in all levels of discussion concerning substance abuse and dependence.

- Conduct systematic research to better understand how people at risk for, suffering from, or in recovery from alcohol and/or drug abuse are affected by multiple and overlapping forms of stigma, and to understand more fully the views and attitudes of various population groups regarding substance abuse and treatment.

- Conduct educational initiatives about alcohol and drug problems and effective treatments that promote the dignity of, and reduce stigma and discrimination against, people in recovery.

BUILD PARTNERSHIPS Effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with the many other people and groups throughout society who share a concern to improve substance abuse treatment will require specific encouragement and support.

Recommendations

- Encourage formation of effective groups that will: a) unite people with alcohol and/or drug problems, people in recovery, their families and friends, and b) bridge State/local systems of care and services that are responsible for various dimensions of the problem.
- Create forums where government agencies and private organizations can collaborate.
- Establish a Partnership Support Program that provides financial and other support to collaborative projects and groups.
- Establish "partnership-building" as a priority objective in all appropriate programmatic and funding activities.

CSAT'S NEXT STEPS

The NTP is an ongoing initiative. Initially, CSAT will publicize the NTP across the nation through distribution to key audiences and the general public; briefings of Federal agencies; and participation in conferences and community forums.

Over the past several years CSAT has embarked on a series of initiatives aimed at improving the substance abuse treatment system. These initiatives provide a foundation and starting point for many NTP recommendations.

CSAT plans to continue the initiative by focusing on recommendations for which CSAT has both the authority and resources. The first 10 recommendations to be addressed are representative of the five major guidelines that emerged from the five panel reports (see following page).

Recommendation	Sources (Panel Report)	Guideline
Develop a standard insurance benefit package.	I - Gap	*Invest for Results*
Develop reimbursement mechanisms aligned with treatment goals, incorporate performance measures and outcome standards, and ensure rates sufficient to cover both costs and a surplus to support reinvestment.	III - Systems	
Develop a taxonomy of services and treatment levels reflecting best practices in the field.	I - Gap III - Systems	*"No Wrong Door" to Treatment*
Develop the strategic plan for implementation of the Connecting Services and Research System (CSR).	IV - Services/ Research	*Commit to Quality*
Promote organizational cultures that improve the quality, effectiveness and efficiency of services through the adoption of best business practices for program management and operations.	III - Systems	
Develop a CSAT National Workforce Development Program to perform the action steps defined in the NTP panel's report.	V - Workforce	
Conduct a substance abuse language audit.	II - Stigma	*Change Attitudes*
Conduct science-based marketing research to provide the foundation for a social marketing plan.	II - Stigma	
Enter into formal memoranda of agreement with the appropriate Federal partners for the development and operation of the CSR.	IV - Services/ Research	*Build Partnerships (Commit to Quality)*
Define and support processes for cross-system consensus on: a) evidence-based treatment protocols and b) methods and measures for continuous monitoring of quality of care.	I - Gap	

Introduction and Background

The problem of substance abuse and dependence has long troubled the Nation, requiring balance among concerns for public safety, moral values, and health. A focus on treatment to help people recover and stop using or abusing substances does not resolve possible conflicts among these concerns, but can help defuse them by turning our energies toward a common solution.

Since the repeal of Prohibition in 1933, the sale and consumption of alcohol have been legal, though highly regulated. The sale or purchase of drugs such as marijuana, heroin, and cocaine remains against the law. At least since the 1950s, however, addiction also has been viewed as a medical problem. In 1970, the Hughes* Act created the National Institute on Alcohol Abuse and Alcoholism (NIAAA), turning an important corner — national recognition that alcoholism is a disease. Within a few years, the creation of the National Institute on Drug Abuse (NIDA) expanded the Federal focus on addiction.

Thirty years later, advances in science have reshaped our understanding of addiction and created an array of effective behavioral and pharmacological interventions (Simpson, 1999; O'Brien and McLellan, 1996; SAMHSA's NTIES, 1997; SAMHSA's SROS, 1998). Addiction treatments now can be as effective as treatment of other long-term, relapsing illnesses, such as diabetes, hypertension, and asthma, so long as the treatment is "well-delivered and tailored to the needs of the particular patient" (Leshner, 1999).

We continue to struggle with the implications of these advances. If alcoholism and drug addiction are diseases, what treatments are best and who should receive them? Who should pay for that treatment? How should it be provided?

The Center for Substance Abuse Treatment (CSAT) was established within the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992 to focus national efforts on improving and expanding the availability of treatment for alcohol and drug abuse and dependence. CSAT began the National Treatment Plan Initiative (NTP) to build on recent advances in the field, bring together the best, science-based ideas about improving treatment, and specify actions that could translate knowledge into practice. The goal is to "change the conversation" about substance abuse to focus on a positive agenda that ensures appropriate alcohol and drug treatment for all who need it.

Paralleling the advances in science, a diverse set of services has emerged to provide treatment for alcoholism and drug abuse. A brief overview of the current system shows that:

- Between 13 million and 16 million people need treatment for alcoholism and/or drugs in any given year, but only 3 million receive care (SAMHSA, 1999; Institute of Medicine, 1997).

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*Senator Harold Hughes of Iowa, a leading advocate for treatment and research of alcohol abuse and alcoholism, exemplified the potential for leadership by people in recovery.

- Estimated annual spending for substance abuse prevention and treatment in 1997 was $11.9 billion. Of this amount, public spending accounted for $7.3 billion or nearly two-thirds, compared to just over half in 1986 (Coffey; Mark; King; Harwood; McKusick; Dilonardo; Buck; 2000).

- The Federal Government accounts for nearly one-third of national expenditures on substance abuse treatment, through Medicare, the Federal share of Medicaid, the Department of Defense, the Department of Veterans Affairs, and the Substance Abuse Prevention and Treatment (SAPT) Block Grant (Coffey, et al., 2000).

- In 1999, the SAPT Block Grant provided $1.6 billion for alcohol and drug abuse treatment, supporting treatment for approximately 300,000 individuals, together with a broad array of prevention, monitoring, and support activities.

- In 1993, 70 percent of drug users were employed and most had private health insurance, however, 20 percent of public treatment funds were spent on people with private health insurance due to limitations in their insurance coverage (ONDCP, 1999).

- Approximately 10,800 treatment facilities existed in the United States in 1997. More than 75 percent of all facilities each served fewer than 100 clients. More than 80 percent of facilities were private organizations (not-for-profit and for-profit). However, public funds paid for nearly two-thirds of all treatment (SAMHSA, Uniform Facility Data Set (UFDS), 1999).

- Of more than 929,000 clients in treatment in 1997, approximately 55 percent were in private, not-for-profit facilities (SAMHSA, UFDS, 1999).

- Nearly 69 percent of all clients treated were men. Over half of all clients in 1997 were under the age of 35 (SAMHSA, UFDS, 1999).

- The Surgeon General's 1999 *Report on Mental Health* observes that as many as half of all people with serious mental illnesses develop alcohol or other drug abuse problems at some point in their lives (DHHS, 1999).

- Comorbidity of substance abuse and mental illness exacerbates symptoms and often leads to treatment noncompliance, more frequent hospitalization, greater depression and likelihood of suicide, incarceration, family friction, and higher services use, and cost (DHHS, 1999).

- In addition, the Surgeon General's 1999 *Call to Action to Prevent Suicide* recognizes the role of substance abuse disorders: "Suicidal behavior typically occurs in the presence of mental or substance abuse disorders — illnesses that impose their own direct suffering... [I]mproved detection and treatment of mental and substance abuse disorders represent a primary approach to suicide prevention" (DHHS, 1999).

- Studies show that with drug treatment, primary drug use decreases by nearly half, reported alcohol and drug-related medical visits decline by more than half, criminal activity decreases by as much as 80 percent, and client financial self-sufficiency improves (e.g., employment increases, welfare receipt and homelessness decline) (NTIES, 1997).

The NTP seeks to respond to these facts and to the national goals and objectives related to substance abuse and health that have been established by the Office of National Drug Control Strategy and the Department of Health and Human Services. Specifically, the National Drug Control Strategy includes two goals and a series of objectives that involve improving treatment:

Goal 2 Increase the safety of America's citizens by substantially reducing drug-related crime and violence.

Objective 5: Support and highlight research, including the development of scientific information and data, to inform law enforcement, prosecution, incarceration, and treatment of offenders involved with illegal drugs.

Goal 3 Reduce health and social costs to the public of illegal drug use.

Objective 1: Support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse.

Objective 2: Reduce drug-related health problems, with an emphasis on infectious diseases.

Objective 3: Promote national adoption of drug-free workplace programs that emphasize a comprehensive program that includes drug testing, education, prevention, and intervention.

Objective 4: Support and promote the education, training, and credentialing of professionals who work with substance abusers.

Healthy People 2010 sets out the Nation's agenda to lengthen and improve the quality of life and to eliminate health disparities among different segments of the population (DHHS, 2000). It identifies the following health impacts of substance abuse:

"Alcohol and illicit drug use are associated with child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy; school failure; motor vehicle crashes; escalation of healthcare costs; low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family, work, and personal life.

Alcohol abuse alone is associated with motor vehicle crashes, homicides, suicides, and drowning — leading causes of death among youth. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of preventable mental retardation (PHS, 2000)."

Goal 26 of *Healthy People 2010* is to "Reduce substance abuse to protect the health, safety, and quality of life for all, especially children." The objectives selected to measure progress for this Leading Health Indicator include increasing the proportion of adolescents and the proportion of adults not using alcohol or any illicit drugs during the past 30 days and reducing the proportion of adults engaging in binge drinking during the past month.

The success of these national efforts to stem alcohol and drug problems requires ongoing improvement in the quality and availability of treatment services for substance abuse and dependence. In recent years, many thoughtful recommendations have been developed. The list of previous efforts is extensive. Current and proposed treatment strategies are being tested in the field and reported by SAMHSA, NIH (NIDA and NIAAA), and other Federal organizations. In addition to ONDCP, the IOM, the General Accounting Office (GAO), and the Office of the Inspector General for the Department of Health and Human Services (OIG, DHHS) have issued numerous reports on drug and alcohol research, treatment, and managed behavioral healthcare. Many research and consulting organizations, national foundations, and trade and professional associations have also issued reports.

Some of these efforts have succeeded and others show promise. Further progress will require a sustained and coherent strategy that can address the whole range of issues associated with alcohol and drug problems. That is the purpose for the NTP Initiative.

To organize thinking about such a broad set of concerns, the NTP leadership (key CSAT staff in consultation with a steering group comprising senior leaders from influential groups within the field) selected five "domains" that encompass the whole array of treatment concerns while highlighting strategic issues central for the field: Closing the Treatment Gap, Reducing Stigma and Changing Attitudes, Improving and Strengthening Treatment Systems, Connecting Services and Research, and Addressing Workforce Issues.

For each domain, the NTP leadership organized a panel of experts representing diverse knowledge, experience, and views. The panel chairs were carefully chosen to be experienced, senior leaders who could shape consensus among the group. Panel members were charged with considering and building on the work of any groups that had issued reports or recommendations relevant to that domain. In particular, each panel was to determine whether previous recommendations had been implemented, and if so, whether additional action is needed. If a recommendation had not been implemented, the panel explored why that was true and whether a different approach was needed. In sum, rather than duplicating prior work, the panels focused on what should be done in the

future. The work of the panels is more fully described below in the Approach and Process section and in *Changing the Conversation: Panel Reports, Public Hearings and Participants*. To further guide the initiative and develop the themes, CSAT sponsored a series of six regional public hearings. These hearings were aimed at obtaining additional information and views, particularly from front-line providers, policymakers, and people in recovery and their families.

Seven major NTP themes emerged from the panel meetings and public hearings. These themes represent the philosophy that guided the discussions and the NTP Initiative as a whole.

THEMES OF THE NTP INITIATIVE

- Alcoholism and drug dependence are treatable illnesses. Individuals suffering from these illnesses deserve effective, state-of-the-science treatment. However, public attitudes have not kept up with advances in knowledge, leading to doubt about the value of treatment and unwillingness to invest resources in treatment.

- Each individual in need of alcohol or drug treatment is unique. To be successful treatment must focus on the client and the client's family. The goal of treatment is to help the client recover — to overcome the illness and lead a healthy and productive life.

- Clients and their families reflect the diversity of our population, including differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender. Treatment must be respectful and empowering to the individual. It should be responsive to the needs of different cultures and population groups, and should acknowledge and adapt to the situation of each client's family, social support structure, and community environment.

- Treatment benefits the individual client and his or her family, but also the public health, the public safety, and the public purse. Society must weigh the costs of effective treatment against the costs of failing to provide treatment.

- Treatment should be timely, affordable, and of sufficient intensity and duration to be effective. It should be provided in a safe, flexible, and accessible environment. The system of care must provide a comprehensive array of treatment alternatives and support practitioner and provider efforts to deliver quality care.

- At times, some individuals suffering from alcoholism or drug dependence may engage in improper or illegal behavior. Although such behavior may result from, or may be a symptom of the underlying illness, the illness does not excuse it. However, it is essential to recognize that the illness itself is a medical condition and a public health problem, for which effective treatments are available.

- Treatment should adhere to a high standard of quality. To this end, the system must promote the development and application of new knowledge and treatment approaches as well as innovations that improve efficiency and responsiveness. The system should make the best possible use of resources provided for care, and must be fully accountable to clients and families, to funding sources, and to the public.

Guidelines and Recommendations to Improve Treatment

The National Treatment Plan Initiative envisions a society in which people with a history of alcohol or drug problems, people in recovery, and people at risk for these problems are valued and treated with dignity and where stigma, accompanying attitudes, discrimination, and other barriers to recovery are eliminated. We envision a society in which substance abuse/dependence is recognized as a public health issue, a treatable illness for which individuals deserve treatment. We envision a society in which high-quality services for alcohol and drug problems are widely available and where treatment is recognized as a specialized field of expertise.

The NTP seeks to build a seamless system offering high-quality and effective treatment based on individual need, regardless of how or where a person enters treatment. The goal is to ensure that quality treatment is available for all who need it.

The first step in improving treatment is to change the way the substance abuse field and the Nation consider and address treatment issues. Pervasively negative attitudes currently surround people seeking treatment and those in recovery. The goal is to shift the discussion from an emphasis on problems to a search for positive solutions. NTP participants agreed on five guidelines that encompass the specific recommendations and action steps developed by the expert panels. They are not presented in any priority order but rather as interdependent parts of the solution.

The NTP is directed toward a broad audience: government agencies, policymakers, practitioners and providers, foundations, allied service systems, and people with substance abuse and dependence problems and their families and friends. No one group or organization has the authority or resources to do it all. Some ideas may be put in place quickly and easily. Others may require more time, effort, and modification.

Taken together, the guidelines, recommendations, and action steps provide direction and a source of ideas on improving treatment for substance abuse and dependence in our society. They reflect the collective views of the participants in the NTP "conversation" over the past eighteen months. For a more detailed examination of the issues and recommendations, please refer to the companion volume, *Changing the Conversation: Panel Reports, Public Hearings, and Participants.*

In order to attain the goal of providing appropriate care to all who need it, NTP participants agreed that **adequate resources, effective service systems, and higher standards of treatment** are prerequisites. The first three guidelines address these fundamental requirements:

INVEST FOR RESULTS The wise use of resources requires investment in treatment and services that in turn must produce the desired results.

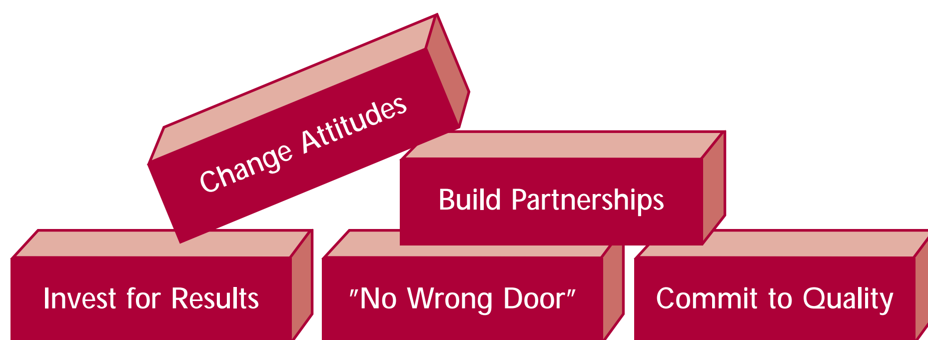
"NO WRONG DOOR" TO TREATMENT Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment, either directly or through appropriate referral, no matter where he or she enters the realm of services.

COMMIT TO QUALITY Effective treatment and the wise use of resources depend upon ongoing improvement in the quality of care.

NTP participants agreed that success would depend on following two final guidelines to select strategies and pursue specific recommendations. Participants chose to clearly define the guidelines by developing tangible recommendations that implicitly characterize the entire group of recommendations and action steps.

CHANGE ATTITUDES Significant reduction in stigma and changes in attitudes will require a concerted effort based on systematic research.

BUILD PARTNERSHIPS Effective efforts by individuals and organizations throughout the substance abuse treatment field to work with each other and with the many other people and groups throughout society who share a concern to improve substance abuse treatment will require specific encouragement and support.



The National Treatment Plan is intended to provide an overarching framework that shows how all of the varied current and future activities in organizing, financing, and quality improvement for substance abuse treatment can relate, and that also may support creative and collaborative initiatives to improve substance abuse treatment in the Nation. This report summarizes the concerns of the various panels and presents focused recommendations for future steps that may be taken by a variety of Federal agencies, State and local entities, treatment providers, researchers, consumers/families, and funding bodies. The recommendations, however, should not be considered to be exhaustive, nor should the action steps be thought of as the only reasonable strategies that might be pursued to improve substance abuse treatment. In fact, CSAT views the National Treatment Plan Initiative as the first step in an evolutionary process, to be adapted as additional evidence emerges about administrative, clinical, and policy issues.

The remainder of this section presents each of the guidelines and its associated recommendations together with suggested action steps and a "discussion" that further explicates the proposed approach and the thinking behind it. While many of these are based on ideas and discussions in several panels, the referenced panel reports provide the primary source.

INVEST FOR RESULTS

Recommendations

- Close serious gaps in treatment capacity to reduce associated health, economic and social costs.
- Align financing and reimbursement mechanisms to ensure the most effective and efficient use of available resources.
- Establish standard insurance benefits for both public and private insurance that provide coverage for substance abuse and dependence equivalent to other medical conditions and that include a full array of appropriate treatment and continuing care.
- Set reimbursement rates and funding levels to cover reasonable costs of providing care, including evidence-based practice improvements; capital improvements and reinvestment; workforce recruitment, retention, and development; and care for persons without public or private insurance.

"A DRUG ADDICT CAN DO INCREDIBLE THINGS FOR HIMSELF AND HIS COMMUNITY ONCE HELP IS FOUND. THERE ARE PEOPLE... WHO WANT TO GET HELP THROUGH TREATMENT CENTERS, BUT THEY MAY DIE BEFORE THEIR CHANCE COMES."

— *Person in Recovery*

Suggested Action Steps

- Provide sustained funding to support State and local involvement in assessing treatment needs at the community and regional levels.
- Incorporate performance measures and outcome standards, based on continuing treatment for people who need it, to guide resource allocation decisions by all payors.
- Develop a model benefit, reflecting broad agreement among interested parties to serve as a guideline for what constitutes equivalent coverage.
- Increase both private and public insurance coverage, and government program dollars (Federal, State and local) for substance abuse treatment.

- Convene a national task force to propose and test improved reimbursement models that align financial incentives with treatment system goals.
- All payors should review and adjust their rate structure on an ongoing and regular basis, not less than every two years.
- CSAT should publish guidelines for establishing the cost of services.

Discussion

The NTP's objective is to use resources well, to get the greatest return for the investment in treatment. Today, resources are not maximized, and (even if they were) the resources available fall far short of the demonstrated need. Improving treatment will require adequate resources. These recommendations address both the need to improve the way we use resources and the need for additional resources. Funds must be better leveraged from existing sources, such as the acute healthcare system and employer-sponsored health insurance, the pool of resources available must be expanded. Investing in effective treatment can produce savings for employers and for public health, safety, and human services systems. Failure to act means that the country will continue to pay for the results in human suffering, lost productivity, higher healthcare costs, family problems, and compromised quality of life in our communities.

> "THERE ARE DISPARITIES IN THIS NATION THAT ARE ECONOMIC, THAT ARE CULTURAL — SO I WOULDN'T TALK ABOUT TREATED AND UNTREATED, I'D TALK ABOUT THE DISPARITY THAT EXISTS IN AMERICA AROUND THIS DISEASE."
>
> — *Primary Care Expert*

Although the current treatment gap is not precisely known, clearly it is wide. Of the estimated 13 million individuals in need of alcohol and drug treatment, approximately 10 million are not receiving it (see *Panel I Report: Closing the Treatment Gap*). Of the people who are "in treatment," many may have no access to the most appropriate treatment for their condition or may face limits on length of stay that inhibit treatment effectiveness. Sufficient public and private resources must be available and appropriately deployed to deliver the quantity, the types, and the levels of care needed. Quantity should be understood to combine frequency, duration, and intensity of treatment. For certain groups, such as people in rural areas, women and Native Americans, the problem is especially acute.

Dedicated providers must have a greater capacity for community care based on standards of excellence. Some problems with our existing use of resources include a disparity among different communities in the availability and accessibility of services, especially for people with language or cultural differences. Systems must include effective programs of outreach and engagement to bring

people into appropriate treatment. Service systems should provide a full spectrum of care, including multiple treatments for various forms of alcohol or drug dependence, and alternatives that are more acceptable and effective for different individuals and families.

It is essential to increase the capacity to identify and respond to changes in community-level needs and treatment systems. National and statewide assessments are useful, but aggregation tends to mask specific patterns of need in individual communities. Existence of even a relatively well funded treatment program in a community does not mean that most people within that community will have access to the type of treatment that can best help them. To fully understand the gap, it is important to assess the situation from the point of view of an individual in need of treatment and look beyond aggregated statistics.

> "THE GAPS ARE GREATER AMONG THE POPULATIONS THAT WE KNOW ARE MORE VULNERABLE, SO WE HAD BETTER MAKE SURE THAT THEY GET CARE."
>
> — *Local Provider*

Financing should support both the type and the level of treatment that people need. Current insurance mechanisms reflect historical views of substance abuse and dependence and perpetuate outdated assumptions about treatment effectiveness. Alcoholism and drug dependence are medical conditions, as deserving of treatment as any other. Partial or inappropriate treatment is both costly and ineffective and fuels the attitude that treatment does not work. Treatment may have an acute phase, but a long-term recovery plan is needed, which might include ongoing support and follow-up as well as additional treatment for some. Like other relapsing illnesses, alcohol and drug dependence may require multiple episodes of treatment and continuing care. Expectations about what constitutes treatment success should conform to this reality.

Services must be a good investment. To accomplish this, providers should be prepared to change or even to abandon approaches shown to be less effective than others, and to demand a high standard of quality. For example, providers wishing to receive reimbursement for substance abuse screening, assessment, and/or treatment should employ evidence-based treatment protocols and strategies, standard practice guidelines, and recognized best practices wherever possible. Providers should continuously monitor quality of care using standardized methods and measures. Funding and reimbursement should be linked to performance and outcomes (see *Panel III Report: Improving and Strengthening Treatment Systems*).

While efficiency must always be a goal, it is important to recognize that change and improvement bring added cost. Much of the current treatment system consists of not-for-profit service providers and public agencies that have particular problems gaining access to the funds needed for staff development, higher salaries to retain and attract the best workers, and information systems to support management and monitor performance and quality. In order to ensure that the treatment system can recruit and retain the services of competent staff, we must make sure that they have

"AT AGE 23 I WAS ADMITTED TO A GENERAL HOSPITAL AS A RESULT OF ALCOHOL POISONING. ALTHOUGH I HAD NO TREATMENT HISTORY I WAS DIAGNOSED WITH ALCOHOLISM BY A PROMINENT PSYCHIATRIST WHO RECOMMENDED A PREFRONTAL LOBOTOMY. HIS RECOMMENDATION WAS BASED ON CURRENT RESEARCH FINDINGS. INSTEAD, MY FAMILY FOUND AN ALCOHOLISM TREATMENT CENTER BASED ON A TWELVE-STEP MODEL AND, AS A RESULT, I AM NOW A HAPPY, RESPONSIBLE MEMBER OF SOCIETY."

— Member, County Council on Alcoholism and Drug Dependence

adequate salaries, as well as access to training and professional development (see *Panel III* and *V Reports: Improving and Strengthening Treatment Systems; Addressing Workforce Issues*).

NO WRONG DOOR TO TREATMENT

Recommendations

- Require appropriate assessment, referral, and treatment in all systems serving people with substance abuse and dependence problems.
- Ensure that in all systems individuals enter and become engaged in the most appropriate type and level of substance abuse treatment and that they receive continuing services at the level needed.
- Apply a commonly accepted, evidence-based model for the continuum of services and care for substance abuse and dependence across health, human services, and justice systems as well as in the substance abuse specialty sector.

Suggested Action Steps

- CSAT should support the development of standards for treatment for those agencies outside the substance abuse treatment system, provide technical assistance, and facilitate intergovernmental links.
- Develop a client-focused, evidence-based model of treatment, including screening, intervention, assessment, engagement, individual and group therapies, aftercare, and relapse prevention.
- As an initial step in building that model, develop a taxonomy of treatment services to provide a consistent description of substance abuse services and to serve as a framework for reimbursement and billing arrangements.
- Attach protocols for providing evidence-based treatment to State and local funding streams, to ensure effective treatment, regardless of point of entry.

- Convene key systems representatives to clarify system responsibilities, requirements, goals, capacities, and priorities that will provide the basis for written agreements and standardized tools and practices among those engaged in treatment and treatment-related services.
- CSAT should analyze and compare current technologies for assessment, placement, treatment planning, and treatment implementation.
- Individualized treatment should be the standard required by State substance abuse authorities, State accrediting and licensing authorities, and other payors.
- Treatment practitioners should be trained to implement individualized treatment planning and to use the tools and practices required to support individualized treatment.

Discussion

> "NO WRONG DOOR FOR TREATMENT [MEANS] THAT PEOPLE WHEREVER THEY ARE SHOULD BE IDENTIFIED AND GET TREATMENT." — *Local Judge*

The NTP seeks to ensure effective, high-quality and clinically appropriate treatment for all individuals in need of treatment regardless of individual or organizational barriers that may impede their access to care. Despite growing recognition that alcohol and drug treatments are effective, many such barriers remain. These recommendations start from the fact that people with substance abuse and dependence problems are unique individuals who do not fit neatly into service or system categories. The goal is to ensure that an individual needing treatment — regardless of the door or system he or she enters — will be identified and assessed, and will receive treatment either directly or through appropriate referral.

To further this goal, the NTP recommendations and action steps propose developing both a treatment model and a system model. Each model incorporates recognition of individual variation and the consequential need for multiple treatment alternatives and a continuum of services. Both models should be designed to apply to all persons who may utilize the substance abuse system or overlapping systems, and account for the individual factors that impact individuals and families affected by this disorder. The full array of available services contemplated by the models include screening, intervention, assessment, engagement, individual and group therapies, continuing care and relapse prevention (see *Panel I Report: Closing the Treatment Gap* and *Panel III Report: Improving and Strengthening Treatment Systems*).

> "IT'S A JOINT RESPONSIBILITY — STATE, FEDERAL AND LOCAL — AND WE NEED TO TALK ABOUT THE WHOLE ISSUE [OF] WHAT ROLE EACH HAS TO PLAY IN CLOSING THE GAP."
>
> — *State Substance Abuse Agency Director*

The specific aspects of the proposed treatment and system models, in effect, speak to issues that have been identified repeatedly in current treatment programs:

- Treatment plans should be based on an individual's needs and should respond to changes as he or she progresses through stages of treatment;
- The system and services should be readily accessible to the community, with geographically convenient entry points;
- Systems should provide timely, affordable and comprehensive treatment on request;
- Creative outreach strategies may be needed to encourage some people to engage in treatment;
- Programs may need to change expectations and program requirements to meet clients at their stage of readiness to change, and develop accountable treatment plans that enhance responsibility and measurable results; and
- The overall system — from identification through maintenance — should be seamless and include multiple forms of treatment and support, based on evidence-based practices.

Individuals in need of treatment for substance abuse and dependence do not fall exclusively within the purview of the "substance abuse system." They may appear in any of a variety of service systems, including primary healthcare, mental health, social service, justice, education, employment and housing. Each of these allied systems has a separate mission and responsibility, and the need for substance abuse/dependence treatment does not absolve the client of responsibility to meet his or her obligations to that system. However, where substance abuse/dependence is not a system's primary focus, that system does have a responsibility to identify clients suffering from this illness.

> "SUBSTANCE ABUSE TREATMENT CANNOT BE A CATEGORICAL SERVICE. IT MUST BE LINKED WITH OTHER SOCIAL INSTITUTIONS AND COMMUNITY RESOURCES."
>
> – *Local Provider*

The fact that the client is identified through an allied system does not change the nature of the illness or the need for the same quality of treatment as others with similar problems. For this reason, it is particularly important to develop a common framework for treatment, including standardized tools and practices, among the allied systems where clients with alcoholism or drug problems are most likely to be present. The framework would be responsive to the differing responsibilities and priorities of each system, while assuring that treatment meets professional standards.

The development and implementation of such models will require significant new levels of cooperation between and among allied systems for health, human services and justice. The need for collaboration between the substance abuse and mental health systems to provide appropriate treatment for the large number of persons with co-occurring disorders is especially acute.

COMMIT TO QUALITY

Recommendations

- Establish a system that more effectively connects services and research (CSR), with the goal of providing treatment based on the best scientific evidence. The system should specifically: a) promote consistent communication and collaboration among service providers, academic institutions, researchers, and other relevant stakeholders; and b) establish incentives and assistance for programs and staff in applying the new standards and treatment methods.

- Utilize the CSR system to develop commonly accepted standards for the treatment field. Specifically: a) define evidence-based standards for quality of care and practices that apply to all systems and payors; b) derive or achieve consensus on critical data elements to measure quality of care and treatment outcomes for payors and providers; c) establish standards for education, training and credentialing of alcohol and drug treatment professionals and for other health and human service providers; and d) adopt best business practices for program management and operations.

- Attract, support, and maintain a capable, diverse workforce, responsive to the client population.

> "WE CANNOT [SIMPLY] DEMAND THAT TREATMENT PROGRAMS TAKE ON ADDITIONAL…INITIATIVES THAT ARE FELT TO BE USEFUL, BUT WE MUST INCREASE THEIR CAPACITY TO MAKE USE OF THEM."
>
> *— Services Research Expert*

Suggested Action Steps

- CSAT should make available to providers the necessary training and support to implement the standards and measures.

- CSAT, State substance abuse authorities and trade associations should support the development and dissemination of training and educational materials to foster skill development for providers and provider organizations, including:
  - Access to capital resources;
  - Case studies on the application of exemplary business practices;
  - Board governance;
  - Human resources;
  - Information management; and
  - Finance.
- In support of the previous recommendations, CSAT should earmark a portion of its technical assistance resources, including the Addiction Technology Transfer Centers (ATTC) and the National Leadership Institute (NLI), for implementation and adoption of exemplary business practices. Substance abuse treatment organizations should:
  - Examine their business infrastructure and upgrade systems and operations to conform with exemplary business practices;
  - Monitor program outcomes, performance, and satisfaction and use that information to guide and improve program operations and service delivery, as well as to inform payors, community, consumers, and staff about program performance, productivity, and efficiency;
  - Invest in staff development and training to ensure a culturally sensitive organization that values professional and business skills.
- A new program should be established at the national level to lead and support the development of the alcohol and drug treatment workforce. To support the development of the program the following activities should be conducted:
  - Develop a comprehensive report on the state of the workforce;
  - Develop and monitor cross-disciplinary competency guidelines;
  - Facilitate a multi-disciplinary process to develop a core curriculum which will form the basis of credentialing standards;

– Monitor the inclusion of basic addiction-related curricula in education and training programs.

Programmatic outcomes should include improved compensation, career ladders, and staff development.

Discussion

To guarantee that treatment is effective and that payors will receive full value for what they spend, a commitment to the quality of care is essential. Commitment to quality in turn requires a sound base of evidence, a process for deriving and enforcing standards, a capable workforce, and the resources necessary to realize these goals. The NTP recommendations are designed to improve how new knowledge is moved swiftly and effectively from research into application.

The recommendation for a new system to connect services and research (CSR system) reflects experience in this field and in many others. Given the significant strides made in the past several years in our knowledge about substance abuse and the brain, as well as in the development of evidence-based practice, it is essential that this knowledge be utilized to improve treatment quality. Despite numerous reports and exhortations, a number of fragmented programs, and the best intentions of all parties, the best knowledge still largely fails to be adopted in practice. The purpose of this recommendation is to create an overall structure capable of coordinating the entire set of elements involved. (The system is described in detail in *Panel Report IV: Connecting Services and Research*.)

> "WE SHOULDN'T POLARIZE RESEARCHERS AND PROVIDERS. PUT SIMPLY, PROVIDERS NEED TO HAVE INPUT TO THE RESEARCH AGENDA AND RESEARCHERS NEED TO PAY ATTENTION TO THE OUTCOMES OF RESEARCH AND MAKE CHANGES."
>
> — *Regional Knowledge Transfer Expert*

Treatment programs must incorporate new research results in their treatment practices, implement quality improvement systems and performance standards, and employ well-trained staff. Practice concerns must help shape the research agenda, and new knowledge must move swiftly and effectively from research into application. This interactive process should establish evidence-based practices, treatment and management standards, performance measures, and quality indicators, as well as training programs for staff. Since creating and enforcing standards of quality may require changes in well-established treatment practices and program configurations, particular attention should go to establishing incentives and assistance for programs and staff in applying the new standards and treatment methods.

The goal of this holistic approach is to ensure that research findings in alcohol and drug treatment services that are useful to the field are produced and effectively infused into practice. To date, much more emphasis has been placed on knowledge development and knowledge transfer, and less effort devoted

to ensuring that service providers are able to obtain the technical and problem-solving assistance, as well as the financing necessary to implement innovations. The lack of reimbursement or other payments to defray the cost of training, changing procedures, and other implementation costs is a significant barrier to change. Thus, there is a particular need to focus on knowledge application strategies that go beyond knowledge transfer and dissemination, to ensure that new practices are effectively adopted in the field.

"OVER THE LAST TWENTY-EIGHT YEARS, THE BIGGEST FAILURE IN THE SUBSTANCE ABUSE TREATMENT FIELD IS THE LITTLE IMPACT WE HAVE HAD FROM RESEARCH ON TREATMENT."

— *Local Judge*

An effective system will depend on coordinated leadership among providers, researchers, CSAT, NIDA, NIAAA and other relevant Federal agencies. It should involve the national, regional, and State/local levels, and draw on the views and participation of a wide range of interested parties, including clients and families, policymakers, and others.

This recommendation takes previous proposals a step further by involving service providers and researchers in mutually supportive roles throughout the process of developing and applying knowledge. The goal is to enable the service delivery community and the research community to work together more productively to improve service delivery. The proposed CSR system should build on and support the independent efforts of the various participants, help to coordinate their efforts, and fill gaps that currently hinder necessary connections. Service providers should be full partners in the development of research agendas and research designs that are responsive to the treatment concerns and practical situations of treatment settings serving as research sites. A national panel would work to facilitate communication among CSAT, NIDA, NIAAA and other Federal agencies, and to connect the researcher and provider communities at regional and State levels.

Setting standards should be a collaborative process, involving all relevant parties. Standards are currently set by various organizations and professions, leading to confusion and frustrating efforts to secure adoption by service providers and by quality assurance systems. A common set of standards would serve as a core; additional specialized standards may be added as required.

The standards should support treatment that is culturally sensitive and responsive to the unique needs of individuals and families from different population groups; that is client-centered, respectful and empowering to the individual; and that is free from the stigma often associated with alcohol and drug problems. Standards should be based on the best evidence, and provide for continuing improvement. At the same time, the design of standards and quality assurance and improvement systems should incorporate consideration of the cost of implementation.

Treatment programs, payors and regulators should promote the quality, effectiveness and efficiency of services through the adoption of best business practices for program management and operations. These may include, for example: effective governance and leadership for the Board of Directors and senior management; management and operation of human resources, marketing and finance; information and data management operating systems; and capital and facilities. Treatment programs should fully involve the client population and the community they are serving (see *Panel III Report: Improving and Strengthening Treatment Systems*).

Treatment cannot improve without enhancing the workforce responsible for delivering treatment. The alcohol and drug treatment system of the future should be able to provide integrated, comprehensive treatment through a range of well-trained professionals. Treatment should include state-of-the-art clinical and information technology. Providers and practitioners need time, training, and support to enable them to participate in influencing the national research agenda, and to incorporate research findings to guide treatment practice.

To achieve these goals, the alcohol and drug treatment workforce must be grounded in training, clinical supervision, education, and the certification processes that reflect the evolving knowledge base as well as the demand of funding sources and quality assurance standards for higher levels of professionalism. At the same time, the field must find ways to preserve the important elements of experience and commitment that have long been provided by the significant number of staff who are in recovery and whose primary training has been experiential.

For all staff, appropriate compensation and opportunities for increased responsibility based on competency are needed to ensure that the best possible workforce can be recruited and retained. As recommended (see above, *Invest for Results*), reimbursement mechanisms should include rates sufficient to cover reasonable costs, including the cost of competitive compensation and staff development.

The specific Recommendation for a national program to support workforce development responds to the current lack of any focal point for addressing these issues. Among the elements the program might address are: a comprehensive report on the state of the workforce; cross-disciplinary competency guidelines; core curricula; inclusion of basic alcohol and drug dependence-related information in education and training programs for professionals in health and human services (and other related fields) at the undergraduate, graduate, and post-graduate/continuing education levels; and attention to alcohol and drug treatment issues by all accrediting and certifying/re-certifying agencies (see *Panel V Report: Addressing Workforce Issues*).

CHANGE ATTITUDES

Recommendations

- Engage the recovery community in all levels of discussion concerning substance abuse and dependence.
- Conduct systematic research to better understand how people at risk for, suffering from, or in recovery from alcohol and/or drug abuse are affected by multiple and overlapping forms of stigma, and to understand more fully the views and attitudes of various population groups regarding substance abuse and treatment.
- Conduct educational initiatives about alcohol and drug problems and effective treatments that promote the dignity of, and reduce stigma and discrimination against, people in recovery.

Suggested Action Steps

- Begin with a language audit to determine problems or opportunities inherent in the language currently used in the field and in public discussion.

> "IF THIS IS A CHRONIC DISEASE, WHY DON'T WE TREAT IT LIKE ONE INSTEAD OF SEPARATE FROM ALL OTHER CHRONIC DISEASES?"
>
> — *National Research Expert*

- Identify and acquire necessary resources to implement a comprehensive social marketing strategy.
- Design and execute a public education campaign, with an identifiable campaign theme.
- Support development of a more active and visible recovery community.
- Highlight success stories of recovering people and their families, to put a human face on addiction and recovery.
- CSAT and others should collaborate to create tools, toolboxes, message and educational materials, and guidelines for grassroots efforts and public education campaigns.

Discussion

The need to change attitudes is a consistent theme throughout the panel reports. Panel II's work represents a concerted effort to address the problem of negative attitudes and stigma affecting people with alcohol and drug problems and those in recovery. (See *Panel II Report: Reducing Stigma and Changing Attitudes*.) These attitudes affect not only the person with substance abuse and

dependence problems, but families, practitioners and providers, employers, policymakers and many others who make decisions affecting the availability of treatment. Previous efforts have tended to focus on preventing use or abuse of various substances. Some of these efforts, by stigmatizing alcohol and drug problems, may also contribute to negative attitudes toward treatment and recovery.

The recommendations are designed to reverse the pervasively negative attitudes that currently surround people seeking treatment and those in recovery. Society often labels substance abuse as a moral weakness rather than as an illness, creating the underlying stigma attached to people with alcohol and drug problems, people in or seeking recovery and their families, significant others, and support networks. There is a persistent but mistaken impression that treatment does not work. Many people confuse the illness with behavior that may constitute indications, symptoms or results of the illness. And, people with alcohol or drug problems often suffer from additional compounding stigmas — based on race, ethnicity, gender, sexual orientation, and other factors (such as mental illness). These negative dimensions often reinforce each other.

The discussion starts from the proposition that alcoholism and drug dependence are medical conditions and public health problems, for which effective treatments are available. At times, some individuals suffering from alcoholism or drug dependence may engage in improper or illegal behavior. While such behavior may result from, or may be a symptom of the underlying illness, it is not excused by the illness. However, it is essential to recognize that the illness itself is a medical condition and a public health problem, for which effective treatments are available.

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination against persons with a disability, and also against those regarded by others as having a disability. Laws, policies and practices inconsistent with the ADA encourage prejudicial beliefs and discrimination against individuals in recovery from alcohol and drug problems, hinder diagnosis and entry into treatment, and deprive people in recovery of their basic human rights. These recommendations seek to combat discrimination against people in recovery, including those in treatment. They do not comment on laws and policies concerning current addiction.

The recommendations also seek to change attitudes about alcohol and drug treatment that prevail among people with substance abuse and dependence problems, practitioners and providers, members of allied service systems, students, policymakers, opinion leaders, and the general public. Educational initiatives should be tailored to the concerns of these important audiences. For this reason, a "language audit" should assess whether and how the language used in the field may contribute to negative attitudes. In addition, a clear description (or taxonomy) of substance abuse and dependence, and effective treatments for these conditions, should be created to provide a common reference point.

> "ADDICTION IS AN EQUAL OPPORTUNITY DISEASE."
>
> — *Advocate*

> "ESTABLISHING A PROGRAM THAT IS CULTURALLY SENSITIVE ENTAILS MORE THAN JUST TRANSLATING MATERIALS OR HIRING A COUNSELOR WHO SPEAKS THE LANGUAGE OF THE POPULATION."
>
> — *Public Hearing Testimony*

Perhaps the most effective means to change attitudes will be to provide ways for people in treatment or in recovery to participate in the public dialogue about substance abuse/dependence and treatment. The public hearings held as part of the NTP process over the past year furnish powerful examples of their eloquence. Individuals willing to come forward — often at considerable risk, due to the stigma they now face — should receive encouragement and support. In particular, the information and training some may need in order to participate most effectively in groups, meetings, and technical discussions should be provided. And new forums — such as the public hearings — could afford additional opportunities for people to contribute to solving problems. People in recovery will be the most eloquent voices and the most effective champions of treatment.

BUILD PARTNERSHIPS

Recommendations

- Encourage formation of effective groups that will: a) unite people with alcohol and/or drug problems, people in recovery, their families and friends, and b) support collaboration among State/local systems of care and services that are responsible for various dimensions of the problem.
- Create forums where government agencies and private organizations can collaborate.
- Establish a Partnership Support Program that provides financial and other support to collaborative projects and groups working on issues related to substance abuse treatment.
- Establish "partnership-building" as a priority objective in all appropriate programmatic and funding activities.

Suggested Action Steps

- Encourage and support community-based nonprofits to conduct regional public education conferences to create forums for working together on local substance abuse treatment goals.
- Continue to provide economic and technical support to local recovery groups.
- Provide funding and technical support to build the organizational capacity of grassroots groups comprised of people in recovery and family members, including such elements as materials, peer mentoring, training, networking opportunities, communications assistance, and conferences.

- Convene three consecutive national annual forums for people who are at-risk for, suffering from, or in recovery from alcohol and/or other drug abuse and those associated with them.

- Create tools, toolboxes, message and educational materials, and guidelines for grassroots efforts.

Discussion

Substance abuse and dependence affects individuals, families, workplaces, government budgets, public safety, company profits, and community well being. These recommendations are designed to stimulate and support the multiple collaborations that are essential to implementing the NTP. The focus is on creating opportunities for various groups and interests with a shared concern about treatment for substance abuse and dependence to learn about each other and how to work together, as well as to support that collaborative work. In particular, individuals with alcohol and drug problems, those in recovery, and their families, should be encouraged and enabled to participate in partnerships.

Most important is the creation of opportunities for people with alcohol and drug problems to help solve the problem. People in treatment and those in recovery are the most eloquent communicators about the value of treatment in their own lives. They can play an essential role in effective partnerships. However, many barriers limit their participation — including fear of stigma, travel costs, inability to take unpaid leave from work to participate, and need for skills development (see *Change Attitudes, above*).

Another essential element is to build partnerships between and among the varied systems with overlapping responsibility for individuals who may have substance abuse and dependence problems and their families. These partnerships can help all systems to fulfill their responsibilities more effectively, while assuring the best use of available resources (see *Invest for Results, No Wrong Door to Treatment, above*).

CSAT can provide essential support for these recommendations and lead efforts to build and support partnership development. Through its convening role and its ongoing relationships with many organizations, CSAT can conduct and provide support for a variety of activities that bring groups together to find common ground and address common goals. One important example is the agency's role in the proposed new Connecting Services and Research (CSR) system (see *Panel IV Report: Connecting Services and Research*). A further example would be the development of a research-practice-policy partnership. CSAT also can encourage the development of partnerships at the State, regional and local levels that can preserve the benefits of specialized, community-based services while enabling service organizations to attain the critical mass needed to support infrastructure improvement and quality management (see *Commit to Quality, above*).

The proposed Partnership Support Program suggests a model for CSAT and/or other funding organization to encourage and enable others to build partnerships. It should emphasize collaborations among groups with varying interests and priorities, and should recognize that an extended period of support may be necessary to build solid working relationships. It should be flexible enough to be responsive to opportunities, so as to encourage creativity among potential recipients of funds. Support should be available for a wide variety of activities, such as meetings, ongoing communication, task forces or forums on problems of shared concern, development of materials, web sites, and discussion groups. The program should target liaison and communication activities that are often considered ancillary and less vital than the production of tangible products. It should model collaboration by seeking joint funding opportunities whenever possible. Federal and State governments, foundations, or private organizations each may create such programs.

Many of the NTP recommendations will only work through collaboration among key partners such as:

- Single State Agencies for substance abuse;
- Providers and provider associations;
- Individuals with a history of alcohol or drug problems, and those in recovery;
- Families;
- CSAT, NIDA, and NIAAA; and
- Interested foundations.

At the same time, partnerships can and should involve many groups and organizations outside the field of alcohol and drug problems:

- Mayors and County officials;
- Governors, State, and Federal legislators, and staff;
- Tribal councils;
- Other Federal agencies;
- Educators and students;
- Professional associations;
- Employers and the business community;

- Payors and insurers;
- Labor unions; and
- Groups concerned about a wide variety of specific populations and issues including: women; children; mental health; managed care; primary healthcare; elderly; people with disabilities; racial, cultural and ethnic minorities, and particular population groups, such as Native Americans; HIV/AIDS; youth; child welfare; domestic violence; housing and homelessness; vocational rehabilitation; crime; highway safety; economic productivity; and the quality of healthcare.

Effective partnerships are based on shared priorities or specific objectives, rather than simply on general shared interests. For example, alcohol and drug treatment groups might work with justice groups and mayors on public safety; with public health agreement on HIV; with youth, education and suicide prevention groups on teen suicide; with business and labor groups on workforce health and productivity; and with medical associations on physician impairment.

Partnerships do not imply agreement on everything. It is important to identify and focus on areas of agreement to move forward. Starting points include the *National Drug Control Strategy* and *Healthy People 2010* (see *Introduction and Background*, above). Some useful themes with broad agreement might include "best use of resources" and "invest in what works" (see *Invest for Results*, above).

> "IF WE REALLY WANT TO CHANGE THE CONVERSATION, THE FINAL PRODUCT OF THIS PROCESS SHOULD BE A DOCUMENT THAT CAN BE USED ... TO BUILD CONSENSUS AROUND THE COUNTRY."
>
> — *State Provider Association Leader*

Partnerships grow stronger over time with growing familiarity and shared victories. These recommendations focus on ways to develop and support ongoing relationships through collaborative projects, forums, and various forms of communication. The success of the NTP ultimately will depend on engaging the commitment, participation and active support of many partners.

Like the previous guideline, this one is integral to all of the recommendations proposed in the NTP. Changing attitudes and involving partners form the foundation underlying the entire NTP.

CSAT's Next Steps

"At the end of this process of changing the conversation, the conversation needs to continue."
— Executive Director of a State Substance Abuse Provider Association

The NTP is an ongoing initiative. Initially CSAT will publicize the NTP across the nation through distribution to key audiences and the general public; systematic briefings of Federal agencies; and participation in conferences and community forums.

CSAT plans to focus initially on those recommendations for which CSAT already has both the authority and resources. Taken together, CSAT's implementation steps will be designed to promote a system that no matter where in the human services, health or justice systems an individual appears, his or her alcohol or drug problem will be appropriately identified, assessed, referred or treated.

Although the NTP is a major initiative, it has emerged from years of programs and research promoted by CSAT. CSAT is responsible for many diverse programs that focus on issues related to resources, communication, knowledge transfer, and training. Programs centered on the access to and effective direction of resources include, the Substance Abuse Prevention and Treatment Block Grant, the Targeted Capacity Expansion (TCE) and the Community Action Grant. Both the TCE and the Community Action Grant focus on providing organizations with resources to improve treatment. CSAT also focuses substantial resources on the effective use of industry knowledge and information, through programs such as the Practice/Research Collaborative, the Criminal Justice Treatment Networks and the HIV/AIDS Outreach program. These programs provide community outreach and promote effective knowledge transfer. The Recovery Community Support Program provides the recovery community with a vehicle to communicate perspectives and insights and increase public awareness of issues associated with stigma. CSAT also operates two organizations, the Addiction Technology Transfer Centers and the National Leadership Institute, that provide training and technical assistance throughout the field. Many of the resources available within these organizations can support the implementation of NTP recommendations.

CSAT will begin implementation by addressing the following 10 recommendations that reflect each of the guideline areas and each of the expert panel reports (see following page).

Recommendation	Sources (Panel Report)	Guideline
Develop a standard insurance benefit package.	I - Gap	Invest for Results
Develop reimbursement mechanisms aligned with treatment goals, incorporate performance measures and outcome standards, and ensure rates sufficient to cover both costs and a surplus to support reinvestment.	III - Systems	
Develop a taxonomy of services and treatment levels reflecting best practices in the field.	I - Gap III - Systems	"No Wrong Door" to Treatment
Develop the strategic plan for implementation of the Connecting Services and Research System (CSR).	IV - Services/ Research	Commit to Quality
Promote organizational cultures that improve the quality, effectiveness and efficiency of services through the adoption of best business practices for program management and operations.	III - Systems	
Develop a CSAT National Workforce Development Program to perform the action steps defined in the NTP panel's report.	V - Workforce	
Conduct a substance abuse language audit.	II - Stigma	Change Attitudes
Conduct science-based marketing research to provide the foundation for a social marketing plan.	II - Stigma	
Enter into formal memoranda of agreement with the appropriate Federal partners for the development and operation of the CSR.	IV - Services/ Research	Build Partnerships (Commit to Quality)
Define and support processes for cross-system consensus on: a) evidence-based treatment protocols and b) methods and measures for continuous monitoring of quality of care.	I - Gap	

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Glossary

Changing the Conversation about substance abuse will require reexamination of the language used to describe and discuss these issues. The individual panels differed in their use of language, providing a clear illustration of the need for the "language audit" recommended as an initial action step to change attitudes. For purposes of this report, the following definitions and terms were used.

SUBSTANCE ABUSE: This term describes a behavior, and not a condition, but it remains the most commonly used term to describe disorders involving the use of alcohol and illegal or regulated drugs. In general, in referring to substance abuse, we are referring to the use of any drug in a manner that deviates from the approved medical or social patterns within the culture. The terms alcoholism and drug dependence, substance abuse and dependence or substance abuse/dependence are used in preference to abuse. In each case, the definition intended is that in the current version of the Diagnostic and Statistical Manual of the American Psychiatric Association.

PEOPLE WITH SUBSTANCE ABUSE PROBLEMS: Similarly, the terms people with alcoholism and drug abuse or dependence problems, persons with the disease or illness or addiction, or client are used wherever possible. Here, we are referring to individuals who meet diagnostic criteria for receiving treatment and whose symptoms have progressed to the point where they require intervention and treatment. This illness is often progressive, recurring and relapsing. The treatment may well have an acute phase, but a long term recovery plan is also needed, which may include ongoing support and follow-up as well as additional treatment for some. We also refer to persons with a history of alcohol or drug problems, to emphasize that even after successful treatment, individuals may face problems. In addition, the Report includes reference to the client's family, or family and friends wherever possible, to emphasize the scope of the impact of alcohol and drug abuse.

BIOPSYCHOSOCIAL DISORDER: The nature of the disorder is influenced by a combination of biological, medical, psychological, emotional, social, and environmental factors.

DIVERSITY: The variety reflected in the population, including differences in race, ethnicity, socioeconomic status, education, religion, geographic location, age, sexual orientation, disability, and gender.

EVIDENCE-BASED PRACTICES: Interventions and approaches supported empirically through systematic research and evaluation. These are to be distinguished from best practices, which are interventions and approaches more likely to yield desired results, based on indicative studies or judgment/consensus of experts.

TREATMENT: Refers to the broad range of primary and supportive services — including identification, brief intervention, assessment, diagnosis, counseling, medical services, psychological services, and follow-up, provided for persons with alcohol and other drug problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or other drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse progress of associated problems (IOM, 1990a).

Changing the Conversation: Approach and Process

Creation of the NTP Initiative has included several important components: (1) leadership and oversight by senior members of the CSAT staff, members of the CSAT National Advisory Council, and a steering group that included senior members of the treatment field; (2) expert panels, involving both government and outside experts in the alcohol and drug treatment and allied fields; (3) public hearings and solicitation of experiences and ideas through written and online comments; and (4) a collaborative editorial process to assure that this report accurately expresses the essential message.

The NTP leadership group first selected five domains of concern to the substance abuse treatment field. These were intended to focus on key, persistent problem areas, while ensuring a comprehensive look at the field. An expert panel was selected for each domain. Recommendations for panel members were solicited from national organizations, members of the CSAT National Advisory Council, the steering group, senior CSAT staff, and other leading experts in the field. The selection attempted to assure a wide range of opinion and perspective, as well as representation of the rich geographic, ethnic, cultural, and disciplinary diversity that characterizes the issues and the field. Panel chairs were carefully chosen not only for their expertise, but for their skills in managing a group process designed to produce a consensus report. As noted previously, the panels started from and did not duplicate the foundation provided by previous reports, culling the best information, leading issues, implications, and recommendations that have been advanced in the field. Sources were identified by project staff, CSAT senior staff, and leading experts in the field. The domains, along with some of the initial questions posed, include:

CLOSING THE TREATMENT GAP (PANEL I)

Where are the gaps in treatment? How do populations and demographic characteristics, and treatment types and settings impact the treatment gap? How can we close the gap between substance abuse treatment and other related systems of care (e.g., mental health, health, welfare, child welfare, housing)? What are the policy, organization, and financing issues in the private and public systems, including Medicaid and Medicare that must be addressed in order to close the treatment gap?

REDUCING STIGMA AND CHANGING ATTITUDES (PANEL II)

Because this is the first systematic national effort to explore these issues for substance abuse treatment, what can CSAT, the treatment field, consumers and families do to address the negative attitudes toward addictions, treatment, and individuals with alcohol and drug problems?

IMPROVING AND STRENGTHENING TREATMENT SYSTEMS (PANEL III)

What are the clinical and organizational challenges facing treatment organizations in the public and private sectors? How can CSAT, the treatment field, consumers and families improve and strengthen treatment organizations so that they can adapt to the new imperatives of the changing treatment system? And to improve the relationship between the general healthcare system and the specialty substance abuse treatment system?

CONNECTING SERVICES AND RESEARCH (PANEL IV)

What are the best methods by which CSAT, the treatment field, consumers and families can foster and support evaluation of proven research findings in community-based settings and identification and adoption of best practices?

ADDRESSING WORKFORCE ISSUES (PANEL V)

What are the issues facing clinicians treating addictions? What can CSAT, the treatment field, consumers and families, and professional associations do to foster training, appropriate certification or other credentials, and licensure in all settings in which treatment occurs? And to support treatment organizations in developing appropriate policies for clinical training?

The domains overlapped to a considerable extent, making any particular division somewhat arbitrary. These overlaps provided an opportunity for the panels to exchange ideas on issues that crossed domain lines.

Each panel met four times between April 1999 and February 2000. Assisted by consultant staff, they reviewed previous studies, literature reviews and recommendations related to their domain, identified additional literature and reports, and developed an approach to the task of formulating recommendations. In addition to reviewing background materials, each panel invited speakers to address topics of particular concern. CSAT senior staff participated in each panel both as experts and to provide information about CSAT and other programs. Consultant staff worked with each panel and its chair(s) to organize the meetings, obtain needed information, and prepare the panel's report. An extensive comment and review process was undertaken to ensure that each report accurately reflects the deliberations and conclusions reached by the panel. Finally, representatives of each panel, as well as the steering group, participated in an editorial board to review the collective guidelines and recommendations presented in this report.

To build upon the panel's efforts, CSAT convened six public hearings throughout the Nation to ensure that community perspectives are incorporated in the NTP Initiative. The hearings were held in geographically diverse areas in order to receive testimonies, both oral and written, from a wide

variety of individuals and organizations involved with and affected by alcohol and drug problems. Over 400 testimonies were heard from individuals from 31 States. Hearings took place in Arlington, VA; Hartford, CT; Chicago, IL; Portland, OR; Tampa, FL; and Washington, DC. Hearing summaries were placed on the NTP Website, where members of the public who could not attend hearings also had the opportunity to post comments. The panels received summaries of the testimonies presented in the public hearings throughout the process, to ensure that they could incorporate the views of testifiers as part of their deliberations, and many members of the panels attended one or more public hearings.

The full panel reports, summaries of each public hearing, and lists of participants are collected in a separate volume entitled *Changing the Conversation: Panel Reports, Public Hearings, and Participants.*

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