

NAADAC: Advocating for You!

By Cynthia Moreno Tuohy, NCAC II, CDC III, SAP, NAADAC Executive Director

In the last edition of *Advances in Addiction & Recovery*, I wrote about some of the initiatives that NAADAC has done to develop professionalization and standardization in the addiction profession from certification and licensure to a national scope of practice to national addiction education standards, the Minority Fellowship Program for Addiction Professionals, and advocacy with the ACA and Parity regulations. In this edition, I want to focus on NAADAC's role as an activist to lift the banner of the addiction professional in the mainstream of healthcare!

In June 2015, NAADAC's Executive Committee convened at its Alexandria, VA offices for several days with consultant Charley Curie to hone our ideas and strategies to advance the recognition of addictions treatment as a mainstay specialty within mainstream healthcare. This will become our priority and goal as we work to educate, influence, and change policy. The clear need to build on the specialization of the addiction profession within the medical healthcare system and the integration of addiction as a specialty is vital to the continued recognition and funding of addiction prevention, intervention, treatment, and recovery support services. NAADAC proposes that addiction services are an integral medical intervention within the full medical care services continuum.

NAADAC will work with our organizations and professionals to help educate and influence how they can integrate their specific services within the medical care model. There are choices for addiction programs and professionals to make. Will they be: (1) stand alone with contracts to serve the medical and mental health community and coordinate care; (2) integrated services within the same facility and providing services in a multidisciplinary team approach; or (3) integrated by working within a larger system yet providing separate services with referral to different departments? Or yet another model? Whatever the model, it will be vital that addiction professionals become co-occurring competent, and offer referrals to or services in their own facilities for medication-assisted treatment and recovery, recovery support, and long term continuing care with "self-health" management skills.

Yes, "self-health" management or wellness management skills need to become incorporated in the daily recovery skill plan for our clients/patients with the goal in mind for long term recovery, health and happiness. This is what the Managed Care Organization (MCO) of today is looking for in a provider program — not the basics of addiction information alone, but the enhancement of treatment and recovery skills to include self-management through mindfulness and meditations, and learning how to change the brain neuro pathways to more productive and healthy thinking and thus behaviors. This includes family system work to reduce the medical, emotional, and psychological needs and illnesses of each family member. It is important to bring as many of the family members into the treatment system as are willing to join, to learn communication, decision making, solution focused issue solving, conflict

resolution, and a shared vision of family responsibility to each other and to the general community they live in.

Another expansion area is medicated-assisted treatment (for those indicated) and recovery with counseling that focuses on the skill areas above as well as the more traditional methods of understanding the disease of addiction, and recovery. Medication can increase retention in treatment and recovery support programs, increase the clients'/patients' ability to pay attention and remain cognizant of the information they are learning, and be aware and available enough in their thought process to hear, understand, process and apply the information they are learning in treatment centers. Medication-assisted treatment and recovery is not in opposition to prevention, intervention, treatment and recovery support; it is an essential tool for some that without it, they may relapse and they may die. We are seeing this in high numbers with the current opioid epidemic across the United States.

To build the vision of the addiction profession within the medical healthcare system and the integration of addiction as a specialty, NAADAC is currently working with MCOs/PPOs/BHOs to broaden the base for reimbursement and panel approvals for reimbursement. The recognition of the specialized education, training, and experience of addiction professionals is building in their level of awareness. It is in all of our best interest to collaborate and work to build these systems of care. Together, we can work to detail addiction professionals and recovery support specialists in regions that are low in numbers of providers thereby increasing the work and reimbursement levels of our addiction specialists and recovery support persons and assisting the lives covered by the MCO/PPO/BHO for a mutual benefit built on mutual understanding of what each needs to work together.

NAADAC has hired a consultant to assist us in the current and future development of the addiction profession within the medical healthcare system and the integration of addiction as a specialty within other groups of payers. Look to future issues of the magazine to learn how we are doing this and with who!



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