

# Advocating For Our Profession

## Transformations and Challenges Don't Stop the Association's Progress

BOB RICHARDS, MA, NCAC II, CADC III, NAADAC PRESIDENT



My first year as your president has been both eventful and exciting. Filling the shoes of Immediate Past President Don Osborn was challenging; however, his leadership made the task far less daunting. My first task was to ensure the continuation of the work already begun and bring everything to the table that my knowledge and experience could add.

The poor economy has been a challenge in the past and continues to be so. Dramatic changes in health care transformation have only added to our trials. I am comfortable in saying however that NAADAC is, was and, in my opinion, will always be up to those tasks.

### Organizational Efficiency

Under the leadership of Executive Director Cynthia Moreno Tuohy, the NAADAC staff have worked diligently to improve the way we do business. We are nearing completion of our annual audit and restructuring of the association's operations continues. We are committed to finding new and innovative business approaches that not only increase efficiency, but also reduce operating costs.

### Public Policy

We have strengthened, and continue to strengthen, partnerships with other organizations related to our mission, as well as increasing and developing relationships on Capitol Hill. Through our advocacy efforts we are working hard to "level the playing field" so that our profession, our work and the people we serve have an equal voice and consideration by the nation's political and regulatory leadership.

### Our Members and Professionals

There is no addiction profession without good, well-paying jobs. We are working hard to make our voice heard regarding the needs of our workforce. Our number one goal is to sustain and grow the addiction workforce.

The keys to helping our professionals are:

- **Understanding and working under the Patient Protection and Affordable Care Act (PPACA):** Addiction-focused professionals must have the ability to be compensated under the PPACA for a continuum of services that includes prevention, intervention, treatment and recovery support.
- **Insurance parity:** Parity regulations must cover substance use disorders to create equal access to care for people who suffer from addictive diseases.
- **Funding and the federal block grant:** Addiction touches almost every family in America. Funding should not be a barrier to treatment. Public and pri-

vate funding needs to be available to combat the number one health crisis facing the United States.

- **Loan forgiveness:** As student debt rates rise, addiction-focused professionals have been particularly impacted. Education programs at every level need to be affordable and supported by loan forgiveness programs for people who need them.
- **Minority fellowship:** Culturally accessible services produce stronger outcomes. Addiction professionals are currently left out of the minority fellowship program to the detriment of the clients who would be served.
- **Health information technology (health IT):** Reimbursement will be tied to electronic medical records. Without electronic medical records, organizations and agencies will be less competitive. Congress needs to provide HIT resources for infrastructure to addiction-specific agencies.
- **Peer recovery specialists:** Peer recovery has been a foundation of the recovery movement. That foundation must be solidified with national standards and scopes of practice.
- **Mentoring:** Fifty percent of new professionals leave the field in the first three years of their career. Creating systems and programs that transfer knowledge from experienced to new professionals will support a stable workforce and help client care outcomes.

A second part of serving the profession is ensuring that our treatment methods stay up-to-date and serve the needs of our clients. Under the leadership of Kathy Benson, the chair of the National Certification Commission for Addiction Professionals (NCC AP), our credentialing continues to keep pace with the changes impacting on our profession.

I won't date myself by expounding on how long I've worked at this profession. I will say however that I entered the workforce at the grass roots level when substance abuse treatment was struggling to be recognized as a profession. At the time we were called "paraprofessionals." In some cases that was accurate. I remember some programs where the only qualification required to become a "counselor" was to have graduated from that program as a patient. Out of those beginnings, programs have evolved into the fine treatment options we have today.

For years we struggled just to be recognized as "professionals." Today we are professionals, practicing as a profession. Unfortunately, some of the changes we are facing threaten to set us back decades in that re-

*Richards, continued on page 6* ➤



- NAADAC has given testimony, supported National Bills released and given recommendations to SAMHSA, HRSA, ONDCP, Veteran's Committee and legislators on Capitol Hill this past year.
- NAADAC's new magazine, *Advances in Addiction and Recovery*, has become well-known as a great treatment and recovery resource for both those who serve in the addiction and other helping professions and to the clients we serve. The Editorial Advisory Committee is working to build this publication in its educational information that will assist all readers to learn and enjoy the magazine.
- This year, NAADAC has been involved in print and TV media, as well as having a huge increase in social media through Twitter, Facebook and LinkedIn. Our connections at all levels have increased tremendously. NAADAC is speaking to your issues and getting the message out to the public.
- NAADAC works with many other associations and organizations including: Recovery Month Partners, Addiction Leadership Group, National ATTC/NIATx, National Council on Behavioral Health, NORC at the University of Chicago, Hispanic and Latino ATTC, National Center for Responsible Gambling, IC&RC, SBIRT ATTC and many others.

## Professional Services

- NAADAC's 47 State and International Affiliates receive technical support and professional services: from training and curriculum development, to technical assistance and certification testing to advocacy. NAADAC has worked this year to support state licensure bills, state support of addiction treatment services and support for the addiction professional being seen as the professional to treat and be paid for addiction services.
- NAADAC has worked to build awareness and education to our State Affiliates in the Center for Medicaid Services (CMS) for consumer sign-ups in the Affordable Care Act.
- NAADAC launched the "Professional eUpdate" a weekly e-blast out to over 31,000 professionals ad-

vising them of training and other relevant news events. In December of 2013, we will be launching "Addiction and Recovery eNews" that will give specific news of the profession.

- NAADAC's Approved Training Provider Program is growing and representing more training and education entities throughout the United States.
- The Substance Abuse Professional qualification through the Department of Transportation program continues to grow and will likely become more important as a result of the Affordable Care Act. We will see these services expanding to online services as well as the current home-study and face-to-face methods that we use currently.
- NAADAC works with American territories and at the international level, bringing education, training, certification and technical assistance to areas such as Puerto Rico, the Pacific Jurisdictions, Hong Kong, South Korea, Cuba, the Colombo Plan, the World Federation and many others.

## Communicate the Mission

- Recovery Month is a hallmark initiative of NAADAC's dating back to 1989 with Treatment Works!, when NAADAC started grassroots work to build the image of addiction treatment. This initiative was later taken on by SAMHSA and renamed Recovery Month. This year, we continue to support the mission of Recovery Month to communicate to the public that recovery is possible and there are many pathways to recovery.
- The Recovery to Practice project, a SAMHSA initiative that NAADAC was a part of, has brought us full circle. The key to this project is communicating the competencies of recovery and providing professional guidelines that provide quality services and hope to those who are in the recovery process. I invite you to review the core principles outlined in the NAADAC webinar series.
- NAADAC worked in partnership with the State Associations of Addiction Services (SAAS) and Treatment Communities of America (TCA) for the 2013 Advocacy Leadership Summit — NAADAC's advocacy conference. Dedicated professionals from across the United States learned about the issues facing the field and then communicated these to their national representatives on Capitol Hill.
- NAADAC will continue to focus on workforce issues, including loan forgiveness programs, inclusion on reimbursements, employee benefits and salary issues. NAADAC will accomplish this through our Public Policy and public engagement efforts. We will continue to build those efforts as it is an investment in our future.

Thank you for the opportunity to serve you!  
Respectfully submitted,  
Cynthia Moreno Tuohy

### Richards, continued from page 4

gard. That is why it is critical that we all stand up for who we are and advocate for our profession. That is why I am a NAADAC member and that is going to be on the top of my priority list during the coming year and beyond.

All in all however, I consider the past year to have been a very good year for us in spite of adverse conditions and I strongly believe that NAADAC will continue to be the leader in advocating for our profession well into the future.

Robert C. Richards, MA, NCAC II, CADC III, is the President of NAADAC and served as Executive Director of Willamette Family Inc. which operates eight facilities in Eugene, Springfield and Cottage Grove Ore. During his over 28 years as an addiction professional he has worked as a counselor, clinical supervisor, administrator and educator. He is a past member of CAAP, the Addiction Technology Transfer Center (ATTC) founded Consortium for the Advancement of Addiction Professionals and has been a member of various state and local groups and taskforces including a detoxification taskforce and a heroin task force. He has also served as a peer reviewer during numerous site reviews for the State of Oregon Office of Mental Health and Addiction Services. Richards is an experienced trainer specializing in cultural aspects of addiction, spirituality, advanced counseling skills and other topics.