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In This Issue...

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Responding to negative press: Methadone, buprenorphine targeted

Every several years — sometimes every several months — a negative series targeting addiction treatment appears in some news outlet. Methadone and Suboxone have come in for the most negative articles. *ADAW* talked to public relations experts connected with addiction treatment to find out how to best respond to negative press.

Bob Weiner is one of the veteran public relations experts in the addiction treatment field, starting as the press officer for the House Select Committee on Narcotics in the 1980s, then moving to the Office of National Drug Control Policy (ONDCP) under Barry McCaffrey, and finally to CRC Health Group, where he is now. "There's an enormous bias against methadone — people see it as a drug that keeps you addicted," said Weiner, noting that even Congressman Charles Rangel, who headed the Select Committee, was biased against methadone. "You have to work very hard to keep these people informed."

Typically, the origin of the negative story is diversion — sometimes only one case of it. What treatment providers know is that the one case can lead to an outcry that is simplistic and political, ending in limiting or shutting down treatment for the

See Negative page 2

Bottom Line...
When contacted by a reporter with an agenda, be factual and helpful — to a point.

Treatment Program Profile

Phoenix House maximizes chances to operate sober homes

In another sign of its effort to grow significantly beyond its primary residential therapeutic community (TC) roots (see *ADAW*, Dec. 12, 2011), Phoenix House in recent years has significantly expanded its presence in the sober living community in two New England states. Similar forays could be on the horizon in other regions where the large nonprofit provider has treatment operations.

The two models under which Phoenix Houses of New England has been able to make inroads in sober home development in Vermont and Rhode Island differ somewhat, based on conditions specific to each state. In Vermont, Phoenix House is involved with seven sober homes. It owns some, leases some and developed some with the Department of Corrections or local housing authorities. In Rhode Island, the organization leases the properties from

See Phoenix page 7

Bottom Line...
Phoenix Houses of New England has established a significant presence in the sober home market through both ownership and leasing arrangements.

Negative from page 1

thousands of patients who, without it, will have no recourse. This would not be done to people with diabetes or cancer, yet it is done to opioid addicts.

And despite the good news from patients that is delivered to these reporters, that message doesn't get published, said Weiner. "We know that state authorities and licensing people and parents and patients and families have all told reporters the positive things that happened in the lives of their loved ones," said Weiner. "Reporters ignore that and go straight for the occasional problem."

"It's tough, because the country has a free press," said Harriet Ullman, a Massachusetts-based public relations consultant who worked for many years on the Suboxone account at Feinstein Kean. "Even if they have an agenda, like getting rid of a politician, they can say what they want."

Ullman recalled the Baltimore Sun series suggesting that the federal government was hiding the fact that Suboxone is abusable, which portrayed the use of the medication in the Baltimore system as a cover-up and conspiracy (see *ADAW*, December 24, 2007; March 3, 2008). "I interacted with the reporters," Ullman told *ADAW*. "I spent tons of time with them. I would draft potential answers and send them to people at Reckitt, and Reckitt put one of their senior people — Ed Johnson — on this."

The reporters actually went to Johnson's house — she recalls many of the details of this harrowing episode — and produced a video they had never asked permission to take, she said. "You could tell by the angle it was from a tie camera or something," she said. "The reporter was so hateful, but our response was to be as open as we could be, consisting of giving him the same message, that there are thousands of people being helped, and you can't throw it out because some people engage in illegal activity."

> **'I have thick files of negative methadone stories — I've kept them all.'**
>
> Mark W. Parrino

The problem with negative stories, said Mark W. Parrino, president of the American Association for the Treatment of Opioid Dependence (AATOD), is multifold — more stigma for patients and more fodder for regulators and lawmakers who are philosophically opposed to methadone. There are already states trying — against all science — to limit methadone and buprenorphine treatment to one or two years. In all cases, limitations are in those states that do not want to put public money into methadone treatment.

Help from the ONDCP?

Parrino hopes that the ONDCP, given all the challenges from states, could "take on broader support for medication-assisted treatment," he told *ADAW*. "Buprenorphine is coming under increasing and sustained attack, although not on the same level as methadone," he said. "The only way out is if the ONDCP can muster the agencies to support this." Michael Botticelli of the ONDCP will be speaking at the AATOD conference this fall.

Indeed, there was a time when the ONDCP did help, specifically, when New York City almost put an end to methadone treatment. "Sometimes you have to play hardball," said Weiner, recalling the years when New York City Mayor Rudolph Giuliani "wanted to kill methadone treatment." McCaffrey, then the head of ONDCP, spoke at the AATOD national meeting, and in conjunction with that issued a study that the

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ONDCP had conducted on the efficacy of methadone treatment. "We went to Christopher Wren at The New York Times with the study," said Weiner. After the Times published the story on the front page, Giuliani "started softening a little," said Weiner. It helped that the city's police and health commissioners were in favor of methadone treatment, knowing that it was what stood between them and a heroin resurgence.

In the case of the Baltimore Sun stories, the Substance Abuse and Mental Health Services Administration (SAMHSA) also came to the rescue, sponsoring a two-day "media roundtable" on buprenorphine that was aimed at educating the Baltimore Sun reporters. There has been no such response to recent methadone stories (see sidebar).

Mind-heart splits

"I've dealt with this constantly for 35 years," Parrino said. "I have thick files of negative methadone stories — I've kept them all."

From Parrino's perspective, there are two "mind-heart splits" that are a common thread throughout all of these stories. "Even when you can get someone to understand that addiction is a disease, and that methadone is needed to treat it, they don't think it should be given indefinitely," he said. "The next split is that it shouldn't be given to people if there is profit." In fact, more than 20 years ago one single state agency director said there shouldn't be any proprietary opioid treatment programs (OTPs), said Parrino. "My response then — and it's the same response to people today — is that you need to make sure your state provides adequate public funding." Otherwise, private programs are the only alternative to no treatment.

Silence is not golden

The worst thing to do is to say "no comment," public relations professionals Weiner and Ullman agreed. "Never run from a fight," said Weiner. "Give the information. Even if the reporter is biased, the most surprising thing can happen — they actually write something positive."

This is what happened when a news article about people dissolving Suboxone, painting pictures with it and sending the pictures into prisons for the inmates to lick went viral. Ullman handled this by responding to reporters that this was not endorsed, but she went beyond that. "I told them, 'Let me give you a patient, and a doctor, to talk to; here's someone who has reclaimed her life on Suboxone; here's someone who was an addict and is now a mom with twins.'"

However, if it becomes clear — after months of working with a reporter, with many hours spent giving information — that there won't be any attention paid to your information, don't continue to waste time, Weiner and Ullman said. Sometimes the agenda of reporters has little to do with methadone, but methadone is an easy target, and the reporter may have a political agenda, they said.

But no matter how difficult, you need to keep responding to questions with facts — just don't go overboard. "Every crisis is different," said Ullman. "You want to respond ap-

Continues on next page

The SAMHSA comment on for-profits

Sometimes, the worst damage to methadone can come from someone not part of the treatment field — such as Robert Lubran of the Substance Abuse and Mental Health Services Administration (SAMHSA), who was quoted recently in one publication, in a story about for-profit clinics, as saying: "We know for-profit providers often provide a lower level of service" than nonprofit providers. We asked SAMHSA's press office for an explanation of this. First of all, Lubran was not misquoted. "The remarks were in reference to the likely range of services offered — not the quality of the services provided," SAMHSA press officer Brad Stone told *ADAW*.

What was Lubran basing his information on? "He really wasn't referring to the level of service, but indications that they may tend to offer a lesser range of services than nonprofit facilities," said Stone. "This is based on data being developed by the Center for Behavioral Health Statistics and Quality." The only published information about that data is in the American Association for the Treatment of Opioid Dependence (AATOD) board meeting minutes of December 7, which captured in detail SAMHSA presentations to the board, including that of SAMHSA's Cathie Alderks, Ph.D., on the opioid treatment program (OTP) surveys. The minutes, which were approved by the AATOD board on March 22, include the details on the survey so far, and do not lead to the conclusion Lubran's quote would suggest. They do show, without indicating percentages, that for-profits are more likely to treat patients who have to travel more than an hour, less likely to provide vaccinations, less likely to provide psychiatric medication for mental health problems and less likely to have agreements with health plans, for example. But they don't show anything about quality of care and what needs to be provided under the accreditation guidelines. Stone said that the full CBHSQ data will be available at some time in the future.

In the meantime, however, OTPs see Lubran's remark as a sign of disingenuousness at best from the man who is in charge of regulating OTPs. Mark W. Parrino, president of AATOD, said he told Lubran that his quote would be translated by readers into meaning that for-profits provide "lower-quality" care. "No objective reader can look at that quote and say it doesn't mean quality of care," said Parrino.

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Continued from previous page
propriately but not to overrespond, because you can easily bring more fire onto yourself if you overreact."

For example, do not put out a press release, because that makes a program look defensive, said Ullman. And definitely do not have a press conference to "set the record straight" — that's "a lot of money for little payback," she said.

The reporter may not be very "persuadable," said Ullman. But keep responding with facts, she said. "At some point in the future there may be some benefit," she said.

In fact, that is exactly what happened with the Baltimore Sun. "I did send them a lot of information, and they weren't stupid," she said. "None of what I sent came out in the series of five because they knew what they were going to say before they wrote it." But a few months later the story came up again. "Lo and behold, they started putting in the arguments I had given them," she said. "They said that you don't want to make this inaccessible to the people who need it — you'll doom other people to not being able to have treatment."

There are financial issues as well, in for-profit companies, said Ullman. "You wouldn't have the chief financial officer talk to the press," she said. "But if you aren't handling this well, you could get a shareholder lawsuit for running the company badly."

Parrino, who as an association president doesn't have to worry about shareholders but does have to worry about his members, has spent hours with reporters bent on negative agendas. These reporters "do not absorb information," he said. "They argue with me. Why are they calling me if they don't think I have credibility?" •

Also see the *From the Field* article on biased journalists (www.alcoholismdrugabuseweekly.com/feature-detail/handful-of-biased-journalists-threaten-treatment-industrys-good-work.aspx) in *ADAW*, October 1, 2012.

Hazelden's Seppala presents on MAT at Rx drug abuse summit

Marvin Seppala, M.D., chief medical officer of Hazelden, told attendees at the prescription drug abuse summit last week about the Minnesota treatment program's new combination of 12-Step and medication-assisted treatment, which it calls COR-12 (for Comprehensive Opioid Response). After the presentation, Seppala told *ADAW* more about how the program, which is incorporating Hazelden's new expansion into the maintenance medications buprenorphine and naltrexone (Vivitrol), is working (see also *ADAW*, November 12, 2012).

"This is our internal designation for the program, and we like it," Seppala said. "It reflects the fact that we are using everything at our disposal and multiple evidence-based practices to address this crisis."

There are now three tracks for opioid dependence — Vivitrol, buprenorphine and no medication, he said. The patient chooses which to be in, and at the same time must be "involved in long-term addiction treatment with a recovery management (disease management) approach."

The program using Suboxone and Vivitrol just started in January, and only at the Center City and St. Paul facilities, said Seppala. "We have not reached 30 of each medication yet," he said. Hazelden is conducting a formal research study on the outcomes through its affiliated Butler Center for Research.

> **'Using medications alone ignores the psychological, social and spiritual manifestations of addiction.'**
>
> Marvin Seppala, M.D.

Some patients are already on Suboxone when they are admitted to Hazelden, which will soon be expanding the COR-12 program to its Oregon program. "Eventually we plan to do both medications at all of our sites," he said.

Staff training

Hazelden has done a great deal of internal training to describe the opioid crisis and the program's overall response to staff, to help them understand how medications can work within the 12-Step, abstinence-based program, said Seppala. "Resistance was minimal, and we have had tremendous support internally," he said.

Incorporating medications with 12-Step "allows patients to establish a lifelong recovery program while on medications, and then discontinue medications with the confidence of solid recovery intact," he said. "Using medications alone ignores the psychological, social and spiritual manifestations of addiction. We will study this as well, and believe many will be able to successfully discontinue both medications and remain abstinent."

Positive outcomes aren't due only to the use of medications, said Seppala. "We have had experience with opioid dependence for decades, but with the escalation of numbers, especially in a younger population, and the increased death rate nationally we chose to examine the entire treatment of this population," he said. Unfortunately, existing studies with Suboxone show a high dropout rate, and often abstinence is not strictly defined, he said. "We be-

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lieve providing our robust treatment model with the medications will enhance outcomes beyond what we have had and what the research currently reveals, but will have to await our research to prove this."

So far, said Seppala, Hazelden is seeing increased engagement by those with opioid dependence whether or not they are on one of the medications.

Challenges

There are special challenges to treating patients with opioid dependence — a growing problem, among young people in particular. For example, there are some "unit milieu" issues, said Seppala, with patients with opioid dependence "banding together in a negative, rather than positive, manner." The result was that other patients were left out, trust was undermined and there were even threats made at times. "There was a code of silence among them," he said. "There was also an increased rate of opioid use during treatment."

Another problem is an increase in overdoses following treatment. "They would detox in treatment, stay a few weeks and lower their tolerance due to extended abstinence," he said. "After leaving they would remain sober for a period of time, and if relapse occurred some did not account for the lowered level of opioid tolerance, leaving them at risk for overdose and death." This same phenomenon is seen at programs around the country, Seppala noted.

"Milieu management issues" for opioid-dependent patients include patients leaving early and not completing treatment, said Seppala. This leads to the "revolving-door syndrome" of patients entering treatment with a history of multiple treatments and relapses, he said.

In addition, many opioid-dependent patients are entering treatment with little internal motivation and "are not yet ready to change," said Seppala. "This requires motivational and other techniques."

The bottom line: patients with opioid dependence are "staff-intensive," requiring "a great deal of time and energy from our staff," said Seppala.

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www.wiley.com

The summit

At the summit, the schedule had treatment and law enforcement tracks occurring simultaneously, which unfortunately limited the opportunity to go to both. "As a result, I did not see much crossover," said Seppala. He did go to a law enforcement session on medication diversion, since Hazelden has two healthcare professional programs. "The speakers directed most of their comments toward law enforcement, but one asked how many clinicians were in the room and there were at least ten or so," he said. However, there were no mixed presentations with both clinicians and law enforcement speaking together, he said. •

However, you can go to the summit website and download the presentations at http://nationalrx-drugabusesummit.org.

Addiction treatment may benefit from parity lawsuit

A class action lawsuit filed last month in U.S. District Court on behalf of the New York State Psychiatric Association (NYSPA), which alleges that UnitedHealth Group violated federal and state mental health parity laws, applies to addiction treatment providers and patients as well, according to the lawyer handling the case. "The case also includes addiction treatments," said D. Brian Hufford, with Pomerantz Grossman Hufford Dahlstrom & Gross LLP, the New York City-based firm filing the class action suit.

"Among other things, we allege that insurers cannot legally impose preauthorization requirements for outpatient services for mental health or substance abuse treatments, as doing so violates the parity laws," said Hufford. "Similarly, applying medical necessity guidelines that are more strict for mental health or substance abuse than for medical/surgical care is impermissible."

"Because of the nature of the specific claims relating to our current named plaintiffs, the primary allegations focus on mental health, but the overall claims apply to both types of treatments," Hufford said.

'The case also includes addiction treatments.'

D. Brian Hufford

And the National Association of Addiction Treatment Providers (NAATP) is paying attention — as it is to the still-unreleased final rule implementing the parity law. "Although we are not involved in this current suit, we are watching this case and the implementation process closely," said Michael E. Walsh, president and CEO of the NAATP. "When we see or hear about issues with regard to potential parity violations, we encourage facilities and consumers to forward their concerns to the appropriate government

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Continued from previous page
agencies such as Health and Human Services.' Walsh told *ADAW*. "We are not alone in our concerns and have had conversations with many related associations whose members are also very concerned," he said, adding, "We look forward to being a part of the solution."

The NAATP is also asking members to communicate with the association when encountering potential violations "in order to assist them in getting their concerns to the appropriate parties," said Walsh. "Our membership is very concerned with implementation, and a final rule is needed so that an enforcement mechanism is put in place."

Seeking class recognition

The class action suit was brought on behalf of three people who are insured by plans administered or issued by United, and are seeking to represent a nationwide class. The NYSPA, which is a division of the American Psychiatric Association, is also seeking injunctive relief on behalf of its members and their patients.

The suit was also filed by Jonathon Denbo, Michael Kamins on behalf of his son, and Brad Smith on behalf of his son. Denbo said United stopped paying for psychotherapy late last year. Kamins said only two psychotherapy sessions a month were allowed for his son, although two a week were requested. United stopped paying for residential treatment for Smith's son and instead required outpatient treatment.

Asked for a comment, United spokesman Daryl Richard said, "We are committed to helping people with mental health issues reach long-term recovery. We received the complaint and are currently reviewing."

United is the country's largest health insurer and is subject to the Mental Health Parity and Addiction Equity Act of 2008 as well as New York parity laws, which prohibit insurance companies from imposing limitations on mental health and addiction treatment that are more restrictive than those applied to medical and surgical treatment.

According to the plaintiffs, "United has adopted insidious, multi-layered policies and practices that violate applicable parity laws and impose unjustifiable restrictions on mental health care." In particular, United uses concurrent treatment reviews to limit and deny benefits prospectively for conditions that are "unpredictable."

Grievances

The 100-page complaint details the grievances NYSPA has heard about stemming from United's denials of mental healthcare. "Over the past year, NYSPA has attempted to work with United Healthcare and its affiliates to resolve some of the issues identified in the complaint, but those efforts were unsuccessful," said Seth P. Stein, NYSPA's executive director and general counsel, in a statement when the suit was filed. "Enforcement of existing state and federal parity statutes is paramount to ensure that individuals with mental illness receive access to necessary and appropriate care and treatment."

The suit alleges that people covered by United have difficulty in particular obtaining authorization for intensive outpatient treatment.

"The mental health parity laws are designed to prevent the very practices in which United has engaged," Hufford said in a statement when the lawsuit was filed. "Through this action, we seek to compel United to change its restrictive approach to mental health care, while establishing uniform, industry-wide standards."

Hufford and Pomerantz have a track record that may worry United in this case. In 2010, the Pomerantz firm negotiated a $350 million settlement with United for misusing the "usual, customary and reasonable" (UCR) rates in the Ingenix database to determine out-of-network reimbursements. Pomerantz is also the chair of the Plaintiffs' Executive Committee in a multidistrict litigation pending against Aetna for similar practices. Pomerantz also played a role in a $249 million settlement of its UCR class action against Health Net in 2008.

Working with Hufford is co-counsel Meiram Bendat, founder of the California-based mental health insurance advocacy service Psych-Appeal. Bendat is a practicing psychotherapist and an attorney.

Hufford told *ADAW* that this kind of case takes a "long time" to wend its way through the courts. He urges any *ADAW* readers interested in the case to contact him at dbhufford@pomlaw.com. •

DOD's Tricare to pay for tobacco-cessation medications

Tricare, the insurance program run by the Department of Defense (DOD) for people in active military service, announced April 2 that it would pay for tobacco-cessation medications through its Pharmacy Home Delivery program. The coverage includes "a wide range of gums, pills, lozenges, patches or nasal sprays," according to the Tricare announcement. The same medications will also be available — free — through military clinics and hospitals.

Some military programs also require participation in a cessation program or class. Tricare limits each beneficiary to two quit attempts a year under the new program, although a third quit attempt may be covered per year if medically necessary and preauthorized through a physician.

"This is an important step in moving from health care to health through a comprehensive Tricare tobacco cessation program," said Jonathan Woodson, M.D., Assistant Sec-

retary of Defense for Health Affairs and director of Tricare Management Activity. "When troops smoke, it diminishes their ability to participate in physical activity and, of course, increases the chance of respiratory disease."

The military has a new "Operation Life Well" campaign that includes as primary goals tobacco cessation, weight management and treatment of other substance abuse issues. "We must dedicate time and effort to building a fit and ready force and making sure that our beneficiaries, even after they retire, live long and healthy lives," said Woodson.

In 2007, Tricare officials estimated that treatment of tobacco-related diseases cost the DOD at least $500 million. Active-duty service members in 2008 did show via a survey a small decline in tobacco use, but at 31 percent, smoking in the military far exceeds that in the general population, which was estimated at 19 percent in 2010 by the Centers for Disease Control and Prevention.

Tricare offers face-to-face counseling and live "coaching" through toll-free numbers. There are tobacco quit tools at the DOD website (www.ucanquit2.org), which includes a 24/7 live chat. Veterans can also use this site through collaboration with the Department of Veterans Affairs.

Tricare will also be establishing a toll-free quit line. •

'We must dedicate time and effort to building a fit and ready force and making sure that our beneficiaries, even after they retire, live long and healthy lives.'

Jonathan Woodson, M.D.

Phoenix from page 1

homeowners who want the homes to be used for this purpose, often for reasons attached to their own personal recovery. Phoenix House owns some sober home beds in California as well.

"It's not imperative to us to own the sober living sites ourselves," Patrick B. McEneaney, senior vice president and regional director of Phoenix Houses of New England, told *ADAW*. "But if we have nowhere to go to provide this, we have to build it."

McEneaney says he sees stable housing as perhaps the most important component to a lasting recovery. He also believes that it is desirable for a treatment organization to have its own housing supports in place as part of its continuum of care, in order to assist multiproblem individuals who still stand the greatest chance of falling through the cracks of the healthcare system even under health reform.

"For the Affordable Care Act to be effective, these individuals have to be housed and treated," said McEneaney. "They can't be left to the emergency rooms."

Phoenix House

Founded: *1967*

Regional operations: *New England, New York, Mid-Atlantic, Florida, California and Texas*

Employees: *More than 1,600*

Clients Served: *16,000 a year in adult and adolescent programs*

Payer Mix: *More than one-quarter insurance and self-pay, with the rest public funding*

History

When McEneaney arrived at Phoenix House in 1999, the organization already was operating 20 beds in Brattleboro, Vt., under a model it refers to with the acronym "RISE" (Recovery in an Independent Sober Environment). It now has more than 120 beds in Vermont, targeting populations ranging from military veterans to offenders coming out of prison.

A relatively low level of clinical services at the homes, focusing mainly on case management while some residents receive higher-intensity clinical care in the community, means that the homes are generally "a working house," said McEneaney. "People go out every morning," he said, for work or related pursuits.

With insurance generally not covering recovery-focused housing support, most of the Vermont homes operate under contractual arrangements with entities such as the state corrections department; this helps finance the case management services. "The residents pay rent, and the department will pay a small amount for each bed," McEneaney said.

The average rent in Phoenix House's Vermont homes is $63 a week, McEneaney said, with case management and other services subsidized by the state.

Each home is staffed by a full-time house manager in recovery who lives in the residence, McEneaney said. The residences essentially serve as community re-entry programs for the inhabitants, and McEneaney said that while residents can live in the homes anywhere from 1 to 18 months, "We like to get people out within a year."

Just last week, Phoenix Houses of New England expanded its recovery residence operations into neigh-

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Continued from previous page

boring New Hampshire when it opened Phoenix House Cornerstone, a site that had formerly housed Cornerstone House for Women. Business and personal health challenges led to the decision by the previous owner, Newfound Recovery, to cease operation of the women's home. Phoenix House Cornerstone will be a coed facility.

Building on relationships

Phoenix House officials had gotten to know the operators of Newfound Recovery, Wendy and Paul Lavallee, through the couple's previous work in the recovery residence community in Rhode Island. Two years ago, Phoenix House completed a merger agreement under which the Rhode Island Council on Alcohol and Other Drug Dependence, which had operated sober home beds in the state but was having difficulty coping with rising business costs, became part of Phoenix House. Wendy Lavallee managed recovery residences in the state at that time, and Phoenix House kept her in that role.

Sober homes in Rhode Island have developed in a somewhat different fashion from how they've grown in Vermont. Rhode Island has been noted for having a vibrant and close-knit recovery community despite — or perhaps because of — its small size, and this has led to an environment in which several property owners have been eager to lease home sites to a recovery residence operator.

"People know each other here," said McEneaney, adding by way of example that later that day he would be having the kind of face-to-face meeting that is practically unheard of in many states — an appointment with the state's director of behavioral health services.

Phoenix House now operates eight recovery residences in Rhode Island, with a total of 64 beds. As is the case in Vermont, the homes are for individuals who have come from primary treatment or are otherwise working a recovery program. Unlike the structure in Vermont, the programs in Rhode Island are standalone housing initiatives, and the weekly rent averages $125.

McEneaney said that from a business standpoint, the Vermont homes have been somewhat more successful than the Rhode Island residences. Yet he added, "There is no one set rule here that this certain product has to produce these certain margins. It's more important to look at where this service adds value."

He says it certainly makes sense to try to ensure that individuals in early recovery can meet the challenges associated with it in a safe environment. Extending the continuum of care might make good business sense for Phoenix House in the health reform era, but McEneaney sees a greater purpose as well. "This humanizes a company," he said. •

Coming up...

The annual medical-scientific conference of the **American Society of Addiction Medicine** will be held **April 25–28** in **Chicago**. For more information, go to **www.asam.org/AnnualMeeting.html**.

In case you haven't heard...

In the never-ending quest to prevent people on the Internet from saying bad things about you — an interest shared by everyone from restaurants to dentists to babysitters — Scottsdale Recovery Center is partnering with a consumer resource website geared toward treatment reviews, testimonials and complaints. The Scottsdale, Arizona-based program is partnering with "Addiction Treatment Reviews & Information" to make it more difficult for the "general public" to "bash" treatment centers, according to a press release. "We find that more and more, these online complaint sites are utilized by unscrupulous competitors who charge twice as much for treatment services or even disgruntled ex-employees [who] were maybe discharged due to any number of reasons," said Chris Cohn, CEO of Scottsdale Recovery Center. "When a treatment center [or] drug rehab facility receives a consumer complaint, it often lends a serious question as to the validity of the claim, considering that drug addicts and alcoholics have become very well acquainted with embellishing or even lying as a means to protect their patterns of behavior while in active addiction."

State News

State prosecutors jail drug-using moms by mistake

The law as of last year in Tennessee is that pregnant women cannot be charged with reckless endangerment or assault against their unborn babies for using drugs. But prosecutors didn't get the message. One woman, a longtime cocaine addict who has been clean for five months, was jailed and lost custody of her baby. As of July 1, 2012, this was not allowed. Even the state attorney general didn't realize this, according to the Associated Press. The district attorney for Rutherford County stands by the convictions of three women who gave birth after the law changed, because drug tests or admissions by the mothers indicate that they used drugs prior to July 1. The Tennessean, a newspaper, inquired about the arrests. Bill Jones, the public defender for one of the women, said, "Nobody's defending the conduct of taking drugs while you're pregnant. The girls who do it know it's bad. But the fix for it was worse than the problem."