

# Using Data to Inform and Improve Recovery Equity

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Presented at ASAM 56<sup>th</sup> Annual Conference on April 25, 2025



# Disclosure Information

## Using Data to Inform and Improve Recovery Equity

Friday, April 25, 2025 10:30 AM

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- ✦ No Disclosures



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- ☀ No Disclosures



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- ☀ Director of Membership and Marketing, National Association of Addiction Treatment Providers (NAATP)
- ☀ No disclosures



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**Annie Peters, PhD, LP**

- ☀ Director of Research and Education, National Association of Addiction Treatment Providers (NAATP)
- ☀ Executive Director, NAATP Foundation for Recovery Science and Education (FoRSE)
- ☀ No disclosures



# Learning Objectives

1. Identify key metrics that can reveal recovery inequities in the treatment of people with SUDs
2. Discuss how staff perceptions, as well as treatment outcomes, can reveal areas for growth in recovery equity
3. Describe specific tools and practices that providers can implement to improve recovery equity in the care environment.



# Persistent Inequities

DEMOGRAPHICS HEALTH INDIGENOUS AFFAIRS SOCIAL ISSUES SOCIETY

## Overdose deaths are rising among Black and Indigenous Americans

Experts say responses such as mobile and mail-order safety supplies are needed.

BY: TIM HENDERSON - OCTOBER 29, 2024 5:00 AM



# The Joint Commission's New Standards to Reduce Health Care Disparities

1. Designate individual(s) to lead activities to reduce health care disparities
2. Assess patients' health-related social needs & provide support and resources
3. Identify health care disparities by stratifying quality and safety data by social determinants of health
4. Develop action plan to address identified disparities
5. Act when goals are not achieved or sustained
6. Inform stakeholders about progress in reducing identified disparities



# ASAM Criteria 4<sup>th</sup> Edition

- ✦ First time the ASAM Criteria have included a dedicated chapter on trauma, culture and SDOH
  - ✦ *Trauma-Sensitive Practices, Culturally Humble Care, and Social Determinants of Health*
  - ✦ Reflects an evolution of how trauma, culture and SDOH impact SUD
- ✦ ASAM hopes to inspire a re-evaluation of beliefs, biases, actions, understanding, program practices, policies
  - ✦ And to ask, “Why do we do things this way and how do these practices impact the people we serve?”

# What is “Recovery Equity” ?



**Andrew Williams**

Director, Diversity Equity and Inclusion  
Hazelden Betty Ford Foundation

- Similar to Health Equity, but specific to SUD.
- Reflects equity in **ACCESS** to culturally-responsible and gender-affirming care
  - Access to specialized treatment
  - Availability of culturally diverse professionals
- Reflects equity in **OUTCOMES**, especially atypical discharge rates

Diversity, Equity, and Inclusion (DEI)  
Best Practices in Addiction Treatment

STAGES OF  
CHANGE MODEL AND  
ORGANIZATIONAL

ASSESSMENT



NATIONAL ASSOCIATION  
OF  
ADDICTION TREATMENT PROVIDERS

TOOL

# NAATP's Stages of Change in DEIB Model

## 9 Domains of Operation

1. Organizational Commitment
2. Policies & Procedures
3. Leadership & Infrastructure
4. Training
5. Clinical Care
6. Community
7. Diversity
8. Equity
9. Inclusivity

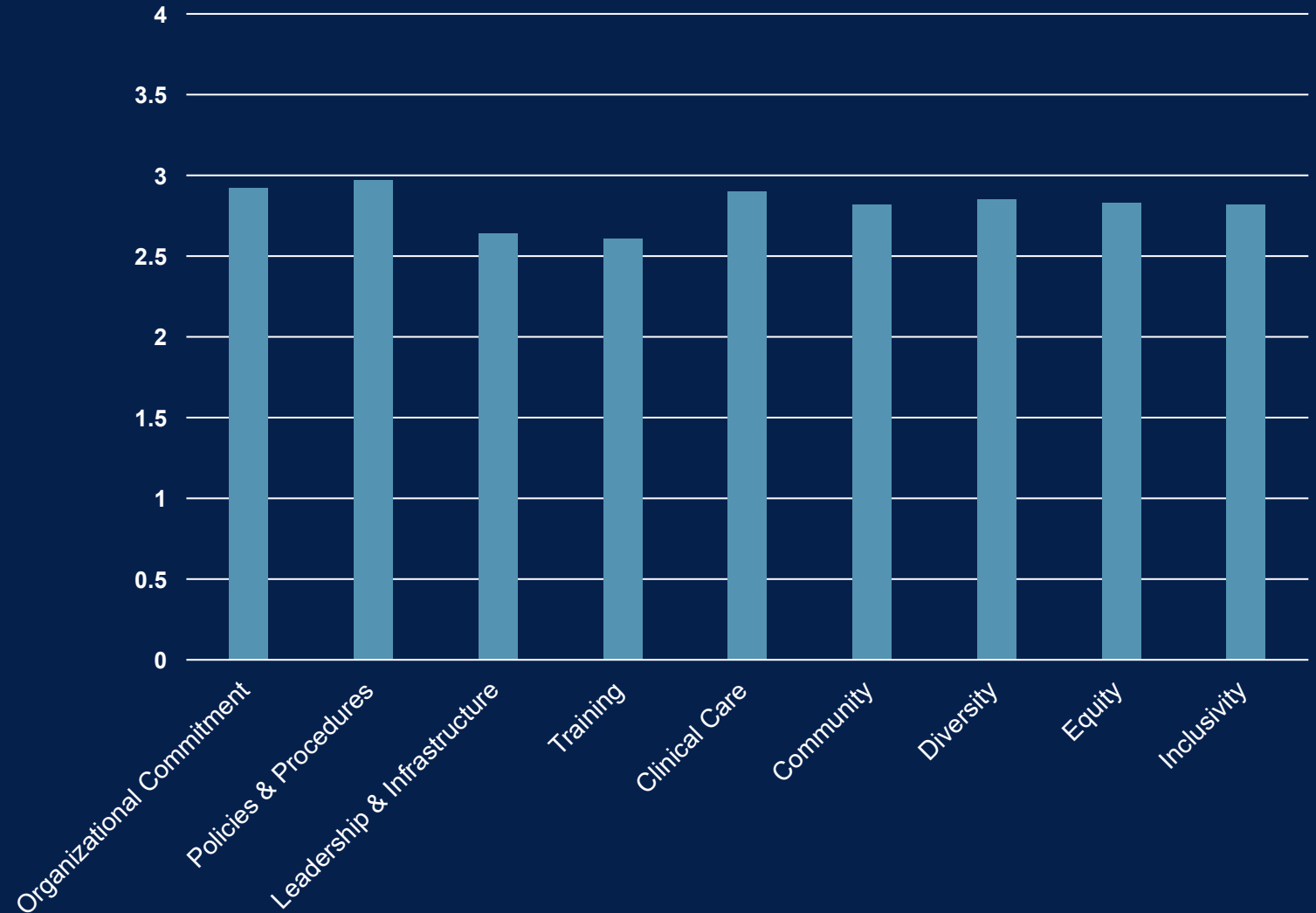
## 5 Stages of Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

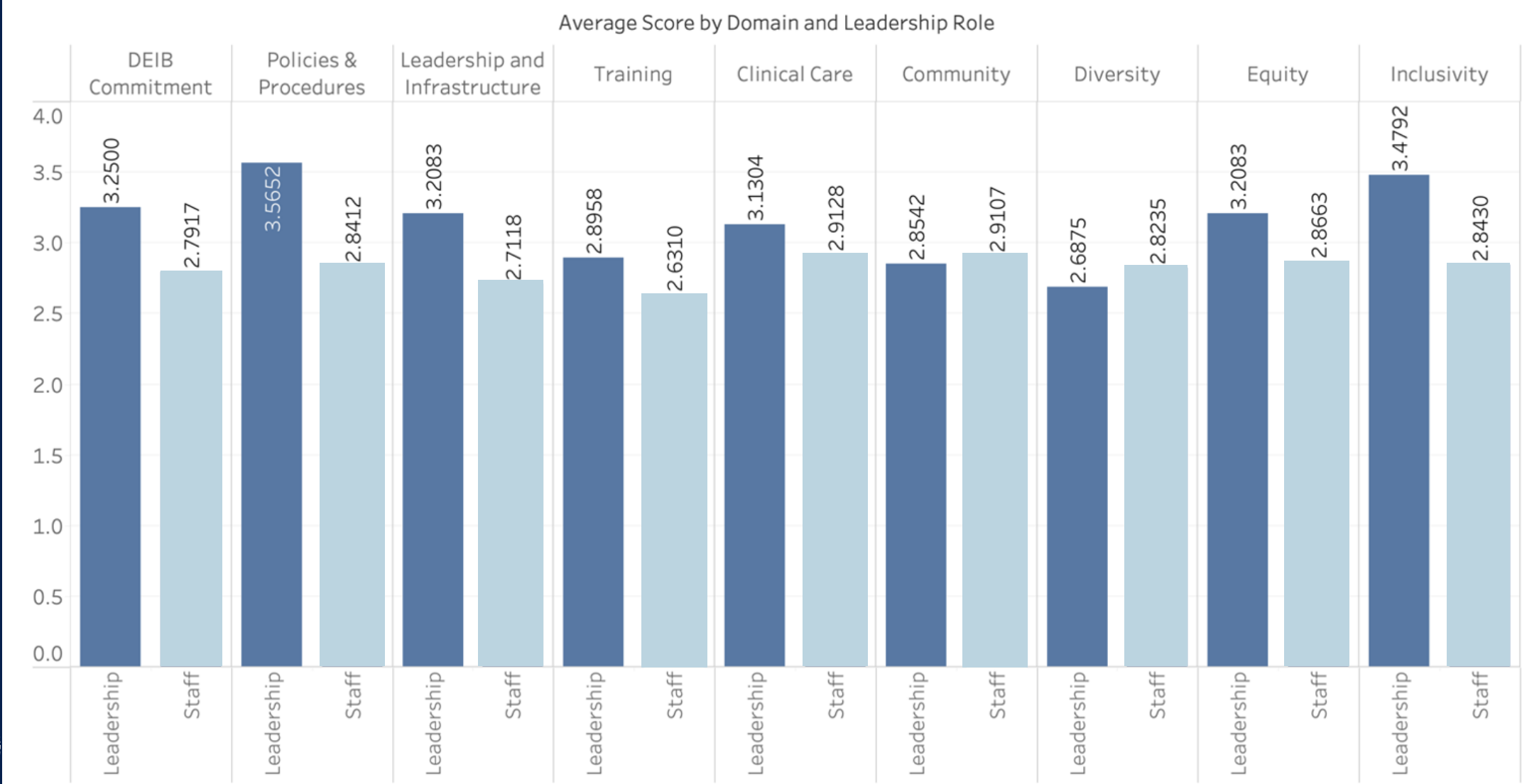
**Average scores on each  
of the 9 domains  
addressed in the survey**

- 0 Pre-Contemplation
- 1 Contemplation
- 2 Preparation
- 3 Action
- 4 Maintenance

## Average Score by Domain



# Average score on each of the 9 domains addressed in the survey, comparing upper levels of Leadership (Directors, Executives, C-Suite, and Board) with all other Staff





# 2024 Research Study: DEIB All-Staff Survey

(Matsuzaka et al., submitted); n=397

- **BIPOC** participants had lower levels of agreement on all 16 statements relative to white participants with statistical significance on four statements:
  - “The organization’s leadership (managers, directors, and executives) commits time and energy to fostering DEIB within the organization.”
  - “The organization’s leadership (managers, directors, and executives) commits financial resources to fostering DEIB within the organization.”
  - “The organization’s staff are representative of diverse communities, such as on the basis of individual difference.”
  - “At the organization, I would feel comfortable going to Human Resources to share a concern or issue related to DEIB.”
- **Women** had lower levels of agreement on all 16 statements relative to men, with statistical significance on six statements.
  - “The organization’s policies and procedures promote fair and equitable practices, ensuring that everyone has access to what is necessary to be successful,”
  - “The organization’s leadership (managers, directors, and executives) commits financial resources to fostering DEIB within the organization.”
  - “The organization provides all staff with frequent DEIB-related learning opportunities, such as trainings or workshops.”
  - “Access to opportunities for promotion or career advancement are fair and equitable at the organization.”
  - “At the organization, services are considerate of client experiences with oppression on the basis of individual difference.”
  - “At the organization, I would feel comfortable going to Human Resources to share a concern or issue related to DEIB.”
- **LGBQ** participants had lower levels of agreement on all 16 statements relative to heterosexual participants with statistical significance on five statements.
  - “The organization’s leadership (managers, directors, and executives) commits financial resources to fostering DEIB within the organization.”
  - “The organization provides all staff with frequent DEIB-related learning opportunities, such as trainings or workshops.”
  - “The organization’s staff are held accountable for interacting with coworkers and clients in ways that are affirming, equitable, and respectful across individual difference.”
  - “The organization has community partnerships to support the needs of underserved populations.”
  - “Access to opportunities for promotion or career advancement are fair and equitable at the organization.”

# Key Equity Metrics (from NAATP DEIB Tool)

1. **DEMOGRAPHICS** of board, leadership, staff, clients, and the population in need of services
2. **ADMISSION & DISCHARGE** data (call-to admit ratio, AMAs, etc.)
3. Demographic analysis of **PATIENT OUTCOMES**, with consideration of social determinants of health
4. **PATIENT ENGAGEMENT** surveys re: care they received
5. **STAFF ENGAGEMENT** surveys re: work and care environment



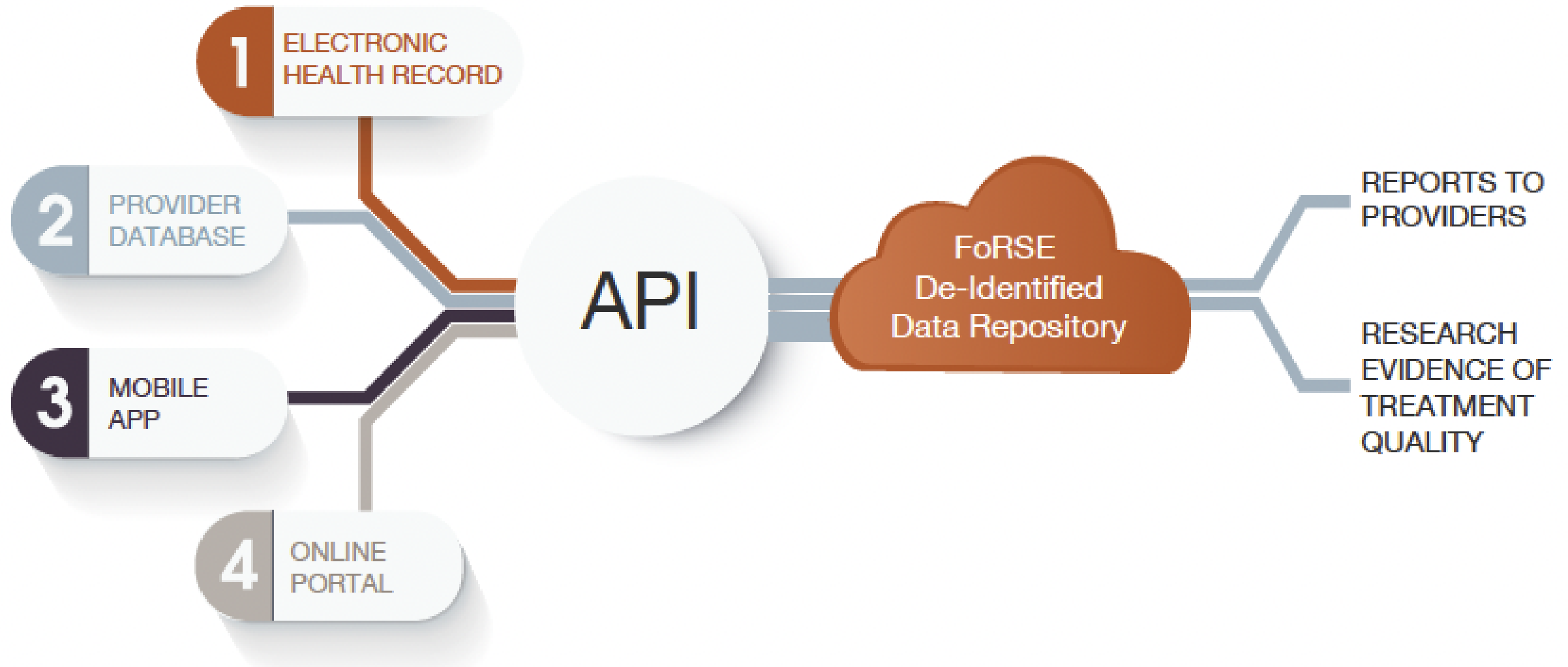
**NAATP FOUNDATION**  
for Recovery Science and Education

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*“ The Mission of FoRSE is to improve addiction treatment  
through science, technology, and education”*

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# The FoRSE SUD Treatment Outcomes Program



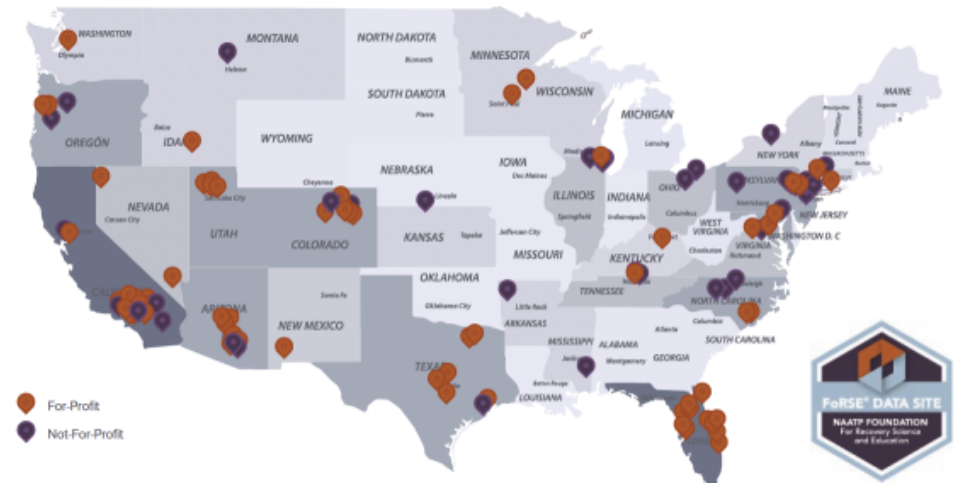
# Participating Organizations

ABC Recovery Center  
 \*A Better Life Recovery  
 \*A Mission for Michael  
 \*Above & Beyond Family Recovery Center  
 \*ADAPT Programs  
 \*Advanced Therapeutic Services  
 \*Alpha Behavioral Health  
 \*Alina Lodge  
 \*American Treatment Network  
 \*Asana Recovery  
 Ashley Addiction Treatment  
 \*AspenRidge Recovery  
 \*Augustine Recovery  
 \*Birmingham Recovery Center  
 \*Brazos Place  
 \*Bridging the Gaps  
 \*Caron Treatment Centers  
 \*Chateau Health & Wellness  
 Clear Life Recovery  
 Colman Community Services  
 \*Crossroads Centre Antigua  
 \*Cumberland Heights Foundation  
 The Differents at Mt. Rose  
 \*Dilworth Center  
 \*Driftwood Recovery  
 Elam Center  
 Empower Project  
 \*Encore Outpatient Services  
 \*Family Center for Recovery  
 \*Fellowship Hall  
 \*Friendly House  
 \*Gallus Medical Detox - Dallas  
 \*Gateway Foundation  
 \*Gateway Rehab

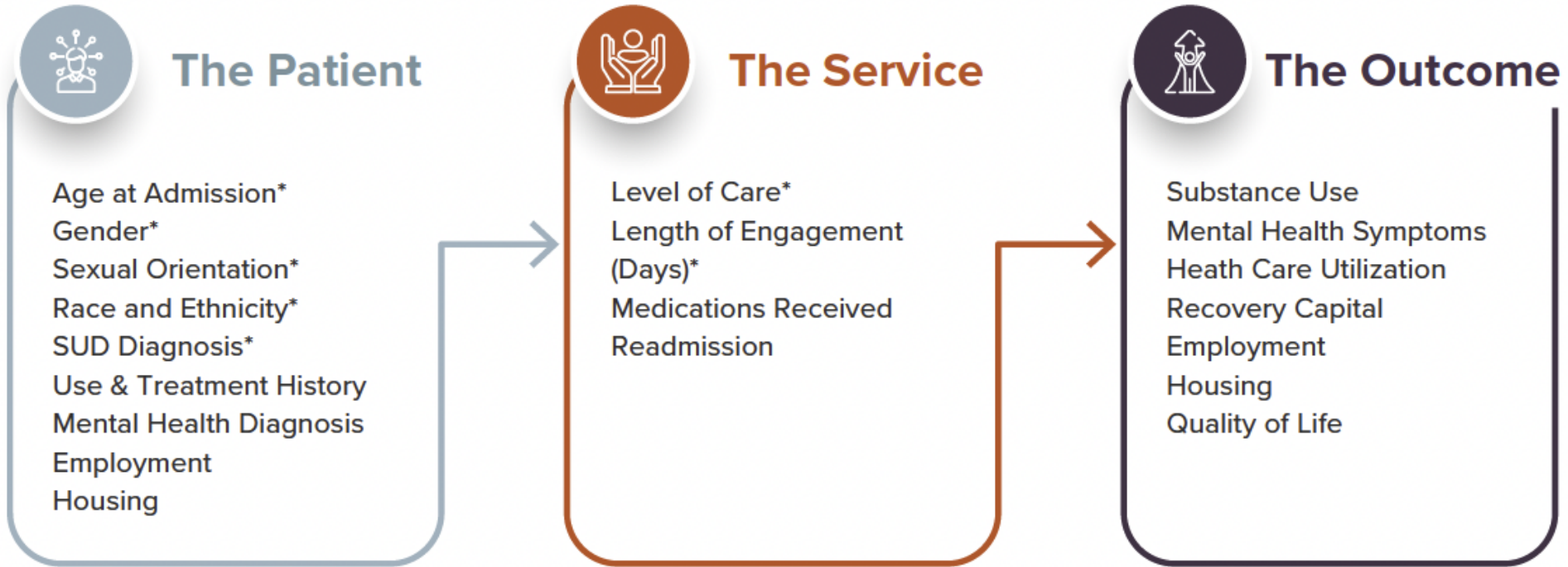
\*Gaudenzia  
 \*Glenbeigh  
 \*The Guest House Ocala  
 \*Harmony Foundation  
 \*The Haven  
 Healing Pines Recovery  
 \*High Watch Recovery Center  
 Horizon Services  
 Integrity House  
 \*Jaywalker Lodge  
 La Hacienda Treatment Center  
 \*Lakeside-Milam Recovery Centers  
 \*Livengrin Foundation  
 \*Maryland Addiction Recovery Center  
 \*McCall Behavioral Health Network  
 \*Meadows Behavioral Healthcare  
 \*Midas House  
 \*Milestone Recovery  
 \*Momentum Recovery  
 \*Mountain Sky Recovery  
 \*New Directions for Women  
 \*Northbound Treatment  
 Northern Illinois Recovery  
 NorthSight Recovery  
 Olympus Recovery  
 OneEighty  
 Oregon Trail Recovery  
 Origins Behavioral HealthCare  
 \*Pavillon  
 \*Pennsylvania Adult and Teen Challenge  
 Pine Grove Behavioral Health  
 Pride Institute  
 \*Real Recovery Solutions  
 \*Recovery Centers of America  
 \*Recovery Ways

Regard Recovery  
 Renaissance Ranch  
 Revive Recovery Center  
 \*Reviving You Recovery House  
 \*The River Source  
 \*Roaring Brook Recovery  
 Rosecrance Health Network  
 \*The Rose House  
 \*Sabino Recovery  
 Safe and Sound Treatment  
 \*Scottsdale Recovery  
 \*Serenity Lane  
 \*Stairway Resource Center  
 \*Steps Recovery Centers  
 Summit Detox  
 \*Summit Estate  
 \*Sundown M Ranch  
 Sunsets Recovery Center  
 Transformations Treatment C  
 Tranformations Mending Fer  
 \*Tree House Recovery  
 Tree House Recovery CO  
 Tree House Recovery NC  
 Tree House NW  
 Tree House Recovery TN  
 \*Tully Hill Treatment & Recovery  
 \*Turning Point of Tampa  
 \*Valiant Living  
 Valley Hope Addiction and Recovery  
 \*VARP, Inc.  
 \*Wellbridge Addiction Treatment and Research  
 \*Women's Recovery  
 YourPath  
 \*Zia Recovery Center

\*Actively submitting data (Data Sites)



# Accepted Data Points & Surveys



## Accepted Measures

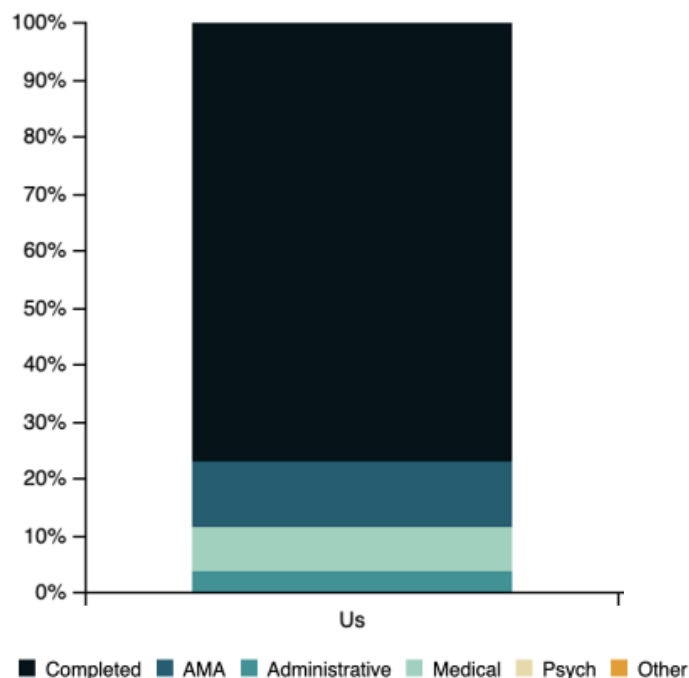
- ✓ Brief Addiction Monitor (BAM, BAM-R)
- ✓ Brief Assessment of Recovery Capital (BARC-10)
- ✓ FoRSE Outcomes Survey
- ✓ FoRSE Progress Monitoring Survey
- ✓ Generalized Anxiety Disorder screen (GAD-7)
- ✓ Patient Health Questionnaire (PHQ-9)
- ✓ Treatment Effectiveness Assessment (TEA)
- ✓ World Health Organization Quality of Life (WHOQOL-BREF)



# Stratifying Data to Examine Health Equity

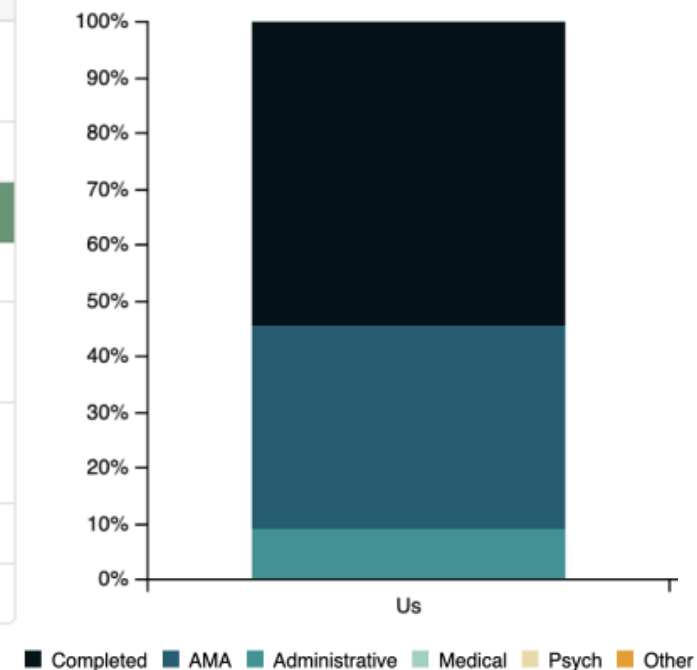
Race and Ethnicity
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latinx
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
White
Other

Discharge Type



Race and Ethnicity
American Indian or Alaska Native
Asian
Black or African American
Hispanic or Latinx
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
White
Other

Discharge Type



# Summary: Recovery Equity Metrics can reveal areas for growth in recovery equity

METRIC	EXAMPLE
DEMOGRAPHICS of board/leadership, staff, clients, and the population in need of services	<ul style="list-style-type: none"><li>- Discrepancy between diversity of staff &amp; patients</li><li>- Discrepancy between diversity of patients &amp; the population in need</li></ul>
ADMISSION & DISCHARGE data (call-to admit ratio, AMAs, etc.)	<ul style="list-style-type: none"><li>- AMAs are higher in some demographic groups</li></ul>
PATIENT OUTCOMES	<ul style="list-style-type: none"><li>- Improvement in recovery capital during treatment differs across patient demographics</li></ul>
PATIENT ENGAGEMENT surveys	<ul style="list-style-type: none"><li>- Therapeutic alliance differs across demographics</li></ul>
STAFF ENGAGEMENT surveys	<ul style="list-style-type: none"><li>- Staff from one demographic group report microaggressions while others report none</li></ul>

# Using Data to Improve Recovery Equity in the Care Environment

Specific Tools and Practices That Providers Can  
Implement

# Using Data to Reveal Recovery Inequities

- NAATP's FoRSE Treatment Outcomes Program provides insight into patient experiences and outcomes.
- DEIB Stages of Change Assessment helps organizations evaluate inclusivity and responsiveness.
- Data helps identify disparities in patient engagement, treatment success, and retention rates.

# Cognitive Errors and Biases in Treatment

- Attribution Bias: Assuming behavior stems from personality rather than external factors.
- Linguistic Bias: Language used to describe actions can convey implicit judgments.
- In-Group Preference: Favoring individuals from similar backgrounds, leading to disparities in treatment.

These biases can impact patient engagement and retention.

# Organizational Actions to Reduce Bias

- Training staff to recognize and mitigate biases.
- Using standardized documentation practices.
- Implementing inclusive intake and treatment processes.
- Encouraging staff reflection and discussion on biases.
- Adapting treatment approaches to better meet diverse patient needs.



# Strategies for Reducing Recovery Inequities

- Integrating culturally-relevant treatment materials into curricula.
- Implementing trauma-informed care that acknowledges racial and identity trauma.
- Considering contextual factors in clinical assessments.
- Addressing micro- and macro-aggressions within treatment environments.

# Empowering Providers: Using Data for Equity

- Use data-driven insights to refine treatment strategies.
- Evaluate disparities in patient engagement and retention.
- Ensure documentation and assessments reflect objective and inclusive practices.
- Advocate for policy changes that support recovery equity.

# Behavioral Health Group

A leader in addiction medicine, Behavioral Health Group (BHG) is the largest network of Joint Commission-accredited outpatient opioid treatment centers in the United States. The company offers comprehensive, personalized evidence-based medical and behavioral therapies for people with opioid use disorder.

43,000+

Patients treated each day  
across 114 locations in 22  
states



# BHG Model of Care

BHG integrates a full spectrum of outcomes-based medicine to address all the factors affecting recovery, including:

- Medication-assisted treatment (MAT) or Medications for Opioid Use Disorder (MOUD)
- Medication and lab management
- Cognitive Behavioral Therapy
- Individual and group counseling
- Case management

One of only 4.2% of organizations that offer all three FDA-approved medications (Methadone/Buprenorphine/Naltrexone), allowing clinicians to tailor protocols to fit each patient's needs.

Source: Pew Charitable Trust Report

# Addressing Impact of Health-Related Social Needs (HRSNs)

- ✱ **Joint Commission National Patient Safety Goal (NPSG) 16** – Improving health care equity for the individuals served by the organization is a quality and safety priority
- ✱ HRSNs are frequently identified as the root cause of disparities in health outcomes
- ✱ Understanding HRSNs is critical for designing practical, individual-centered care plans
- ✱ For substance abuse treatment providers, understanding which HRSNs and treatment outcomes vary by sociodemographic characteristics facilitates the tailoring of interventions to improve care.

# Addressing Impact of Health-Related Social Needs (HRSNs)

- ★ Utilize standardized HRSN screening tools
  - PRAPARE, ACH HRSN, Social Needs Screening Tool
- ★ Domains include:
  - Living Situation
  - Food
  - Financial Strain
  - Employment/Education
  - Transportation
  - Safety



# Addressing Impact of Health-Related Social Needs (HRSNs)

- ☀ Domains often vary by sociodemographic and underserved populations.
- ☀ Need to understand this data to ensure that interventions are tailored to specific populations.
- ☀ For example – women of color may have more HRSN barriers to accessing SUD treatment.

# Group Discussions

## ☀ Case Studies: Treatment Experiences

- Intake
- Documentation
- Group Therapy
- Peer Interaction
- Medication Management

# Final Takeaways/Summary

- ☀ Recovery equity requires intentional examination of disparities.
- ☀ Data provides a critical tool for recognizing and addressing inequities.
- ☀ Implementing inclusive strategies can improve patient outcomes.
- ☀ Continue training, evaluation, and advocacy to advance equity in recovery services.

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