

# VISIONS

JANUARY, 2001

## 2001 ANNUAL CONFERENCE PLANS UNVEILED

**A**s the Polar Ice Cap continues its grip on the Mid-West and much of the East, the National Association of Addiction Treatment Providers annual conference committee has huddled and planned for the 2001 annual conference in Scottsdale, AZ, May 20-22, 2001. Once again the Marriott's Mountain Shadow Resort will be the location and setting for this annual tradition. Instead of ice sickles and wind chill factors, there will be warm breezes, palm trees, golf courses and of course the annual conference!

During the first week off February the annual conference brochure and registration form will be printed and mailed. As soon as the material is ready, it will also be placed on the NAATP web site ([www.naatp.org](http://www.naatp.org)) so anyone and everyone can download a copy. Over the past four years the conference has continued to attract new attendees and the conference planning committee anticipates another increase over last year's highly successful conference.

Some of the remaining details are being finalized, but the conference will feature:

- Dr. Abraham J. Twerski as the opening and keynote plenary speaker**
  - Dr. Max Schneider (former Nelson J. Bradley award recipient) as the closing plenary speaker on Tuesday morning**
  - The Nelson J. Bradley Life Time Achievement Award**
  - The Michael Q. Ford Journalism Award**
  - The Dr. James W. West Quality Improvement Award, this will be the inaugural presentation of this award**
  - The American College of Addiction Treatment Administrators, Administrator of the Year Award**
- Workshop Topics with titles such as:**
- "Fundraising—your trump card—use it!"
  - "Sources of Capital"
  - "Technology and Business Applications: Realizing the Benefits of Implementing New Technology"

- "Improving Marketing through Information"
- Several more!
- ◆ **Annual Awards Luncheon**
- ◆ **Board Chair Reception**
- ◆ **CEO Roundtable Lunch**

This will be a very full and dynamic 2 ½ days in Scottsdale. Under the banner of "Quality Clinical Programs and Quality Business Plans = Success", addiction treatment providers will have an opportunity to gain the skills and perspective necessary to remain ahead of the curve in this very dynamic and turbulent time for health care and especially for addiction treatment.

In addition to the presentations and the workshop session, the annual conference has been the key opportunity for NAATP members and prospective members to network and to develop essential connections that have proven to be so very valuable to everyone. Make plans today and mark your calendars for this event.



**ANNUAL  
CONFERENCE  
MAY 20-22, 2001**  
QUALITY CLINICAL PROGRAM  
**SUCCESS**  
QUALITY BUSINESS PLAN  
MAY 20 - 22, 2001  
NAATP ANNUAL CONFERENCE

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP), the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC) and the National Treatment Consortium (NTC).

### IN THIS ISSUE...

- NAATP Annual Conference Planning P. 1
- Member Benefits P. 3
- HIPAA Teleconference P. 4

AS

the new Administration rode into town (a euphemistic phrase for Washington, DC) last week, they did so amidst a significant amount of clamor and chatter over *special interest groups*. As a campaign theme this issue received sporadic attention, though no party moved much farther than the usual rhetoric on the subject. The thesis behind this issue is that *special interest groups* have conflicting and competing interests and that they attempt to influence government and government agencies and policies to favor their interests. The downside of this is that with competing interests, it is difficult to carve out a position that is in the best interest of all and serves the *common good*. I am sure that this debate will continue and I am not very confident that we will see a significant resolution.

If this is an issue in Washington (I said to myself), perhaps it is also an issue within the addiction treatment field as well. Perhaps we are not as united as we believe and perhaps we are not as firmly supportive of each other as we would like to believe and would like others to believe as well. The fact is, the addiction treatment field is riddled with special interest groups:

- all of which are competing for the same recognition,
- all of which are competing for the same space in the public press,
- all of which are competing for the same attention of policy makers and
- all of which are competing for the same scarce resources.

If the above reflection is not a description of special interest groups, then I have completely missed the definition. The addiction treatment field has a very troubling history in terms of our ability to work for the larger issues, as opposed to getting caught up in the finer details. In this newsletter, you will find two articles that describe some dramatic and rather significant changes that will take place in 2001 that will affect the way methadone is used in treatment and also the way in which physicians (in their offices) will be empowered to use buprenorphine to treat opiate addiction. Were special interests at work in these regulation changes? Absolutely! It now remains to be seen how the larger treatment field will incorporate these changes and work for larger goals as opposed to focusing on special interests.

What is even more telling in this area is the proliferation of organizations that have been formed and maintained to support these special interests. There is an organization to represent the interests of addiction counselors (actually there is more than one organization), there are organizations to represent the interest of physicians involved in the treatment of addictions, there are orga-

nizations that represent the interest of "Halfway Houses", there are organizations that represent the interests of "therapeutic communities", and methadone providers, and state funded programs and of course there is the National Association of Addiction Treatment Providers. This litany of organizations could go on and on. Each has some structure; each has some communication vehicle or vehicles, each some staff, each some training or conference mechanism. And each and every one of them, more or less, has their own special interest that sometimes conflicts with the interests of the other groups and always creates confusion in the eyes of the public and in the eyes of the public officials at every level who are asked to sort all of this out.

So while Washington has taken up the mantra of *special interests*, it is well past time for the addiction treatment field to get its own house in order and present a much more united front while preserving the very scarce resources we have to accomplish the task at hand. And what, some might ask, is that task? In simple terms it is:

- To ensure that quality addiction treatment is available and accessible to everyone diagnosed with an addictive disease disorder, and
- To ensure that this treatment is adequately funded.

The only way in which this can possibly happen, is for a "Federation" or a "League of Associations" to be formed that puts special interests as a secondary activity and has its primary activity focused on achieving the above two goals.

So here is the challenge. The National Association of Addiction Treatment Providers issues in invitation to all other organizations and associations to send their executive and one board member to the SECAD 2001 conference in Atlanta, GA to participate in a ½ day meeting to explore the Federation or League of Associations concept. It will be an open agenda and discussion with no preconceived outcome. It will, however, be a time for all organizations to examine their commitment to larger goals for addiction treatment visa via their commitment to *special interests*.

There, the gauntlet has been laid down.... we will see who comes to Atlanta, November 28-December 1, 2001.

THAT'S THE PERSPECTIVE OF RJH

# Benefits

## TAKE ADVANTAGE OF THIS OPPORTUNITY

Are you aware of the most recent benefit for NAATP members? If you are a member of NAATP and have committed your organization to paying your 2001 dues, you will receive an electronically transmitted copy of *Alcoholism and Drug Abuse Weekly* newsletter. This is a benefit only available to NAATP members and only to those members that pay their dues in the current year.

If you have not received information on this member benefit, contact the NAATP office today! If you have not paid your 2001 dues, do so today so that you will be included in this distribution list.

This is a benefit you will not want to miss! Make sure you have "checked" this off your to do list!



## STILL MORE NAATP MEMBER BENEFITS

The Hazelden Distance Learning Center for Addiction Studies and the National Association of Addiction Treatment Providers have teamed up to offer NAATP members access to the "on line educational courses" offered through the distance learning center at substantial discounted rates over regular course fees.

Information on this *member service* was mailed with the invoice for the 2001 NAATP membership dues. NAATP members will receive a 15% discount on the normal published course fees when they order and prepay a minimum threshold amount of courses over a twelve-month period of time. Additionally, NAATP receives a 5% rebate of every purchase you make! This is an opportunity for you to maximize your training and education dollars and at the same time, help to increase the revenue for NAATP.

Secondly, Hazelden Information and Educational Services is making available to NAATP members the opportunity to link their web sites to the Hazelden bookstore online. All purchases through this "linked" connection will accrue a 10% commission to the member institution and NAATP will receive a 2% consideration for each purchase. Once again, here is an opportunity for you to gain "credit" for your literature purchases and also make a contribution to the National Association of Addiction Treatment Providers.

For additional information on the Distance Learning opportunity and for the bookstore link, contact the NAATP office at 717-581-1901.

## 2001 BENCHMARKING EFFORT UNDERWAY

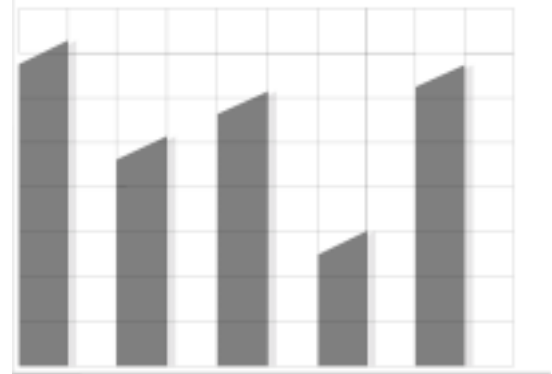
By the time that you read this article, you will have received your "NAATP Benchmark" data collection form for 2001. This marks the fourth consecutive year that NAATP has collected timely and pertinent information related to the delivery of addiction treatment. There is no other organization that provides information related to the operational, financial and clinical aspects of addiction treatment. Additionally, this information is presented in benchmarking format so that the participants are able to visually view their data in relationship to the others that have responded.

Begun in 1998, this survey has been refined to include those items deemed most important by the NAATP benchmark committee after reviewing the comments of participants. This year's completed summary reports will be ready for distribution at the annual conference in May.

As in past years, NAATP is committed to the highest level of confidentiality and protects the data provided. Likewise, the results of this survey are only available to those organizations that participate and provide data.

If you have not received a data collection form, you can go to the NAATP web site at [www.naatp.org](http://www.naatp.org) and download the data collection form from the Benchmark section of the site. Additional questions should be addressed to the NAATP office at 717-581-1901.

Remember, no data, no results. Don't be left out in the cold without your graphs. Get your collection form into the NAATP office today!



**Haymarket Center** will present the **2001 Spring Workshop Series** starting on **February 10, 2001 through May 5, 2001** at our main location at 932 W. Washington Blvd. in **Chicago, Illinois**. Topics include: HIV Prevention & Support Within A Substance Abuse Treatment Center; Managing Risk In A Substance Abuse Treatment Setting; Overcoming Addictive Relationship; Sexually Dysfunctional Families; Nonviolent Crisis Intervention. For more information, contact Carol Blyskal at (312) 226-7984 x396 or view our website at [www.hcenter.org](http://www.hcenter.org).

**National Association of Psychiatric Health Systems**  
In cooperation with the  
**National Association of Addiction Treatment Providers**

# GET READY FOR HIPAA...

REGISTER NOW FOR

A TELECONFERENCE BRIEFING FOR BEHAVIORAL HEALTH  
PROVIDERS SPONSORED BY CENTROMINE

*Learn what **psychiatric and addiction treatment providers** need to know to get ready to meet new, **complex HIPAA privacy and security requirements***

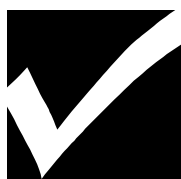
✓Hospitals could spend as much as \$22.5 billion in the next 5 years complying with HIPAA provisions, according to an analysis commissioned by the American Hospital Association. (*Modern Healthcare, December 18-25, 2000*)

✓Nearly three quarters of payers and providers expect to need help from outside consulting firms to complete their HIPAA compliance programs. (*AHA News, December 11, 2000*)

Hospitals, health plans, and others covered by the Health Insurance Portability and Accountability Act (HIPAA) now need to prepare to comply with tough new standards for protecting the privacy and security of health information. Your behavioral health systems will need to revamp for this dramatic change - in a very short period of time. Contracts with vendors and workers, staff training, and electronic data transfer systems are just some of the areas in which you need to be certain your policies, procedures, and technology will be up to date. To help members prepare, the National Association of Psychiatric Health Systems (in cooperation with the National Association of Addiction Treatment Providers) has organized a specialized telephone conference call *exclusively focused on the implications of the Health Insurance Portability and Accountability Act (HIPAA) for behavioral health providers.*

The teleconference format allows you to get all the benefits of an interactive conference - without ever leaving your office - and without breaking your budget. Registration fees are per incoming telephone line, not per participant. You can have as many people listen in on your telephone's speakerphone as you wish.

Tuesday, February 27, 2001, from 1pm - 3pm Eastern



## FACULTY:

Mark Lutes, **Partner, Epstein Becker & Green, Washington, DC**

*Mr. Lutes is a well-known health regulatory lawyer who counsels provider and payor clients on healthcare information confidentiality and security. He also serves on a number of advisory boards on e-health matters.*

Matthew Weinstein, **President, Managed Networks of America, Virginia Beach, VA**

*Mr. Weinstein is a respected behavioral healthcare expert with experience in bridging communications between providers and payers. His company provides management services to a broad variety of public and private behavioral providers with a number of specialized programs for corporate compliance and operating systems implementation.*

For more information on this very important **teleconference** or to register call 202/393/6700, Ext. 15. Additional information can also be obtained through the NAATP office or by calling 717/581/1901. The registration fee is **\$125** for NAPHS and **NAATP** members and **\$175** for non-members of NAPHS or **NAATP**.

**One more reason to belong to NAATP. As a member, you have access to the best and most up-to-date information at a discount price.**

---

**PAST  
DUE!**

**Do not allow your name to be removed from this NAATP newsletter list! However, if you are an ACATA SECTION member, your dues for 2000-2001 are past due!**

**If you are a National Treatment Consortium SECTION member, your 2001 dues are due now!**

**Throughout this newsletter you will find descriptions of the excellent activity of the National Association of Addiction Treatment Providers of behalf of its members and its section members. In order for you to remain up-to-date on this activity, your dues need to be paid. If you have any questions as to whether or not your dues are paid, contact the NAATP office today before your name disappears from the list.**

# TWO BIG ISSUES FOR 2001 -

## METHADONE AND BUPRENORPHINE

### METHADONE REGULATIONS

#### ISSUED

During the week of January 15, 2001, the Federal Government issued the anticipated federal regulations regarding the use of and regulation of methadone. Since these regulations were first proposed in July of 1999, there has been considerable discussion and not always agreeable debate over these regulations.

The regulations now will shift the federal oversight of methadone treatment from the Food and Drug Administration (FDA) to the Center for Substance Abuse Treatment (CSAT). The most significant shift is that methadone programs will now be required to be "accredited" as the primary way to monitor quality delivery. The move from FDA to CSAT represents a shift from regulation to accreditation. It is anticipated that CARF... The Rehabilitation Accreditation Commission and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are expected to emerge as the primary organizations that accredit the delivery of Methadone.

The regulations will take effect on March 19, 2001. At that time, existing FDA regulations pertaining to methadone programs will be rescinded. Programs will have about two years to achieve accreditation under the new system, but will have to start their application process within 90 days of CSAT approving a second accrediting body.

While no one can predict the eventual outcome of this effort, it would appear that it would have the effect of providing a more integrative framework for the comprehensive examination of addiction treatment. As a number of approaches to the various aspects of addiction treatment are brought together and all are viewed under the umbrella of "health care", there is a greater chance of acceptance of addiction treatment both in and outside of the health care professional community.

The regulations were published in the Jan. 17, 2001 Federal Register.

### BUPRENORPHINE APPROVAL

#### IMMINENT

The imminent approval of buprenorphine by the Food and Drug Administration (FDA) for treatment of opiate addiction will continue the efforts to integrate drug addiction treatment with mainstream medicine and continue efforts to integrate this approach to other mainstream addiction treatment approaches.

With the FDA approval of buprenorphine, the federal law enacted last year will go into effect that allows physicians, who meet requirements, to treat up to 30 patients with buprenorphine for opiate addiction. It is anticipated that buprenorphine will be targeted toward those patients who are more stable and not as severely impacted by their addiction.

The law requires physicians to have either been certified in addiction psychiatry by the American Board of Medical Specialties; hold an addiction certification from the American Society of Addiction Medicine (ASAM), the American Academy of Addiction Psychiatry (AAAP), the American Medical Association (AMA), the American Osteopathic Association (AOA), the American Psychiatric Association (APA), or other associations deemed appropriate; have participated

in clinical trials; or have completed a certain number of hours of classroom training.

Training has already begun to meet the requirements and ASAM will sponsor a training session in Los Angeles in April and anticipates that 250 physicians will participate.

One argument for this effort has been that it will address the treatment capacity issue. Over the years, statistics have shown that there is not enough capacity to address the overall need for addiction treatment. However, what is not clear is how will this treatment methodology be paid for and if it only addresses that population that has access to self-resources or insurance, it does not in any significant way address treatment capacity.

At the very heart of this effort and the effort to move the Methadone treatment from FDA control to CSAT oversight is the philosophical understanding of addiction treatment. The risk with this initiative is that addiction treatment will be viewed as a pharmacological treatment and not as treatment that addresses the body, soul and mind of an individual. If physicians, involved in the office based practice of providing buprenorphine treatment to opiate dependant individuals, do not refer those individuals for psycho-educational services, then we may have increased the number of "drug free" individuals but we have not impacted the number of "recovering" individuals.

### OPPORTUNITIES TO PROMOTE YOUR PROGRAM

The National Association of Addiction Treatment Providers has a number of opportunities for you to advertise and promote your program or service. In the past, these opportunities have proven to be a valuable way for you to identify with the work of NAATP and for your program or service to be recognized as a strong supporter of this premier association of premier providers of addiction treatment.

Annually the National Association of Addiction Treatment Providers publishes a **Membership Directory** that is not only distributed to members of NAATP, but is widely circulated at other conferences and meetings. This is a resource for not only identifying quality treatment programs across the country and for networking with NAATP members. The 2001 directory will be printed in April and first distributed at the NAATP annual conference. Full-page ads in this directory are available and information. This is available through the NAATP office.

The NAATP web site - [www.naatp.org](http://www.naatp.org) continues to be a key component in the communication effort of NAATP. Rotating banner ads follow you throughout the entire web site and a simple click on a particular banner ad, takes you to the home page of that organization. For information on having your organization represented with a rotating banner ad on the NAATP web site, contact the NAATP office for details.

The **2001 Annual Conference** will be May 20-22, 2001 in Scottsdale. Sponsorship and exhibit opportunities remain for organizations that would like to access the visibility and synergism associated with the NAATP conference. Information on these opportunities is also available through the NAATP office.

Call today to make sure that you do not miss out on NAATP visibility in 2001!

## 2001 Public Policy Conference on Alcohol and Other Drugs – February 4-6, 2001

Once again, the Holiday Inn on the Hill, 415 New Jersey Avenue, NW, Washington, DC will be the location for the annual Public Policy Conference initiated over ten years ago by the National Association of Alcoholism and Drug Abuse Counselors and the National Association of Addiction Treatment Providers. This year over 20 additional organizations will be helping to sponsor and host the conference.

The conference is an opportunity to hear from policy makers and their staff, to identify and develop a public policy agenda for 2001 and to network with a wide variety of individuals involved in addiction treatment across the country.

Beginning on Sunday noon there will be opening presentations followed by the evening reception. Monday will begin with a “congressional breakfast” and input session on 2001. The afternoon has been blocked out for “visits on the hill”. The final day, Tuesday, will feature an awards breakfast, as well additional workshops, with the afternoon, again, available for visits on the hill.

**THE PREMIER  
NATIONAL FORUM  
FOR DISCUSSION  
AND PROMOTION  
OF SUBSTANCE ABUSE  
ISSUES**

*“I look forward to this conference and hearing from people who are making a difference in the treatment and prevention of alcoholism and drug addiction”.* Representative Jim Raimstad

### JCAHO - AN UPDATE FROM OUR PTAC REPRESENTATIVE

Patrice Muchowski, Sc.D. the Vice President for Clinical Services at AdCare Hospital of Worcester, MA and the NAATP representative to the JCAHO Professional and Technical Advisory Committee participated in the PTAC meeting on January 11, 2001. JCAHO identified five priorities for itself in the upcoming year.

1. Patient safety (dominant)
2. Value of Accreditation (JCAHO is concerned about making the survey process useful not burdensome)
3. JCAHO as a “Future Information Company”
4. Increase physician engagement with JCAHO
5. Demonstrate the impact of accreditation, through research focus

The 2001 manuals are available for providers and a table of applicable standards exists in the new manual. Issues specific to behavioral healthcare are as follows:

1. Holds Significant discussion took place relative to more scrutiny surrounding patient holds. This could have significant impact for any adolescent programs. It appears that the Joint Commission will expect programs to define “Holds”, develop policies and procedures, staff training and provide monitoring, etc. Some suggested that holds might be interpreted under restraint standards.
2. Core Measures: Sharon Sprenger provided the PTAC with a

description of the process of developing core measures. She is looking for individual organizations willing to participate in the process.

3. Assessment of Staffing Effectiveness: The Joint Commission convened a work group that formulated specific measures to be used by organizations to assess staff effectiveness. This is a potential loaded gun issue (spending significant amounts of time/money on evaluating staffing effectiveness). PTAC members provided input that it should be approached simply.
4. Competency Assessment: There is new language which says that competencies must include an assessment by an individual of the same skills.
5. Culturally and Linguistically Appropriate Healthcare Services were discussed. These standards appear rather cumbersome. Dr. Muchowski is not sure of the status of these standards but will keep us apprised.

The National Association of Addiction Treatment Providers is well represented through the efforts of Dr. Muchowski and we continue to appreciate her efforts and more importantly, her commitment to keep the membership of NAATP up-to-date!



If you are looking for a bargain, have we got a deal for you! The 2000 NAATP Salary Survey report has hit the market and is going fast. Early responses from those that have received their ordered copies are that they find the format of the report very easy to understand and use!

This salary survey report is based on a response of over 225 treatment providers and has information on over 40 different job classifications. It is the only comprehensive salary tool that specifically and exclusively addresses addiction treatment programs.

However, the best part about this report is the cost. For those programs that participated in providing data, the cost is \$25 per copy. For all others, the cost is \$50. So, order now and order quickly as a second printing may result in a price increase. For information on this report, contact the NAATP office at 717-581-1901 or [Rhunsicker@naatp.org](mailto:Rhunsicker@naatp.org).

I have always felt that if someone wanted to work in a people helping profession, one that really had an impact on improving the human condition, our quality of life and troubles we face as a society, then they would be hard pressed to find a more worthy endeavor than the treatment of alcoholism and other drug addictions. In this respect, I have felt blessed in my work. I truly believe that more people's lives are tragically affected by the disease of addiction than any other illness or public health problem. It is truly one of the core people problems that causes mass destruction in our society. If one wanted to put it in fundamental religious terms, alcohol/drug addiction is one of the devil's chief weapons. It doesn't just destroy one aspect of the person's life; it destroys their physical, emotional, spiritual and social health, including their family, their relationships, their self-esteem, their values and their self-respect.

As the illness progresses, it has severe affects on our society's health care system because it is a causal factor in many accidents and injuries, psychiatric and emotional illnesses, heart disease, cirrhosis, pancreatitis, seizure disorders and AIDS just to mention a few. The American Medical Society estimates that people hospitalized under various other diagnoses who also suffer from alcoholism or drug addiction, occupy 25% to 40% of the nation's hospital beds. There are also high estimates of alcohol and drug abuse involved in motor vehicle fatalities and accidents, incidents of spouse abuse, child abuse, suicide, homicide, crime in general, etc. The illegal trafficking of drugs and the crime resulting from an addict seeking to pay for drugs, dominates our law enforcement efforts and fills our correctional facilities.

I mention all of this to say and point out how amazing it is that our country, as well as mankind, continues to ignore the problem and even discriminates against people who come forward seeking help from this illness. Appropriate treatment for people who become chemically dependent is the single best way to reduce the impact of all the above. There are treatment methods and protocols that result in more than 50% recovery. Yet our government provides very little financial support for treatment. Insurance companies/HMO's severely limit or deny payment for treatment, preferring to pay for all the health care consequences that result. This is tragic and perhaps even more tragic than the illness itself. The addict's denial that there is a problem (so they continue to use the drug they are already using) is exacerbated by the denial of our society, which does not understand the core problem. Most people believe addiction is self-inflicted; therefore the person deserves to suffer the consequences of their behavior. People simply do not realize or understand that over 70% of the adult population drinks alcohol and thereby is exposed to alcoholism and that over 50% of our high school seniors over the past 20 years have admitted using illegal drugs thereby exposing themselves to drug addiction. Of course, most people who drink do not become alcoholic and most people who use illegal drugs do not become drug addicts. Some, however, do have a predisposition physically and/or emotionally to addiction and either initially or subsequently with time are not able to control their consumption and begin to suffer the progressive devastation of the illness.

I think all these factors make working in this field extremely challenging and difficult but also extremely rewarding. People who do recover from addiction experience a rebirth of life and spiritual awareness and most enjoy the unique fellowship and love offered through 12-Step recovery programs. Attached is poem I wrote about recovery entitled "God's Grace". It reflects how people help to stay sober, a founding principle of Alcoholics Anonymous.

Recovery involves honesty, the willingness to share feelings

and listen to others, turning the urge to control everything over to a higher power beyond one's self, praying for God's will, admitting one's faults and limits and in general getting away from a self centered lifestyle. This is good stuff for anybody. For someone to change their life, from the tragedy of addiction into the gift of recovery, is truly an amazing phenomena.

I sincerely hope that people who work in this field and that those in recovery can continue to advance an understanding of addiction in our society that will allow people, who suffer from this illness, to have a reasonable opportunity to recover their lives and contribute positively to our society. It is possible for us to significantly reduce the pain and suffering which exists today and improve the quality of life in our society, if we could reduce the trauma resulting from untreated addiction. This has certainly been the mission of my career.

#### GOD'S GRACE

We have felt the pain  
Of total despair  
Then experienced God's grace  
In our heart's repair.

Once we hated life  
And the misery it could bring  
Then asked for help  
And heard the birds sing.

And as we grew in recovery  
We again learned to give  
We then reached out  
So others could live.

We learned we could stay sober  
By helping someone else  
By sharing our feelings  
We could help ourselves.

Now we live our lives  
One day at a time  
Appreciating God's gift  
To all mankind.

Though we may walk alone  
We are always together  
Though we are apart  
We love one another.

**JERRY W. CROWDER, PRESIDENT/ CEO  
BRADFORD HEALTH SERVICES  
MEMBER, NAATP BOARD OF DIRECTORS**

## UPCOMING EVENTS FOR YOUR CALENDER

The **Institute for Integral Development** will present the 22<sup>nd</sup> annual Training Institute on Addictions **Jan. 31 to Feb 3 in Clearwater Beach, FL**. For more information, call 800-544-9562 or visit [www.developmenttraining.com](http://www.developmenttraining.com).

The **National Association of Alcoholism and Drug Abuse Counselors and other Organizations** will present the 2001 Public Policy Conference on Alcohol and Other Drugs **Feb 4 to 6 in Washington, D.C.** For more information, call 703-741-7686 or 800-548-0497.

**Haymarket Center** will present its 2001 Spring Workshop Series, with topics that include HIV Prevention & Support Within a Substance Abuse Treatment Center and Managing Risk in a Substance Abuse Treatment Setting, **Feb 10 to May 5 in Chicago**. For more information, contact Carol Blyskal at 312-226-7984, ext 396.

The **California Association of Alcohol and Drug Program Executives Inc.** will present its annual public policy conference, "Places, People, Policies, and Promises," **February 26 and 27 in Sacramento, CA**. For more information, call 916-329-7409.

The **Child Welfare League of America** will hold its national conference **March 7 to 9 in Washington, D.C.** For more information, call (202) 942-0289 or visit [www.cwla.org](http://www.cwla.org).

The **Institute for International Research** will present "Ensuring Operational Compliance for HIPPA" **Jan 29 and 30 in Philadelphia**. For more information, call (888) 670-8200.

The **Healthcare Information and Management Systems Society** will hold its 2001 annual conference and exhibition **Feb 4 to 8 in New Orleans**. For more information, call (312) 664-4467 or visit [www.himss.org](http://www.himss.org).

The **American Society of Addiction Medicine** will present the Ruth Fox Course for Physicians **April 19 in Los Angeles**. For more information, call 301-656-3920.

The **American Society of Addiction Medicine** will present a Buprenorphine Training Course **April 22 in Los Angeles**. For more information, call 301-656-3920.

The **National Association of Addiction Treatment Providers** will hold its 2001 annual conference May 20-22, 2001 in Scottsdale, AZ. The theme will be: "**SUCCESS = Quality Clinical Programs and Quality Business Plans**". For more information, call (717) 581-1901.

The **National Association of Alcoholism and Drug Abuse Counselors** will hold its 25<sup>th</sup> annual Conference on Addiction Treatment **May 23 to 26 in Portland, OR**. For more information, call (800) 548-0497 or visit [www.naadac.org](http://www.naadac.org).

# NAATP VISIONS

NAATP VISIONS is published ten times a year by NAATP. Information printed in NAATP Visions does not represent official NAATP policy or positions.

The editorial office is located at:  
501 Randolph Drive  
Lititz, PA 17543-9049

Editor  
Ronald J. Hunsicker  
Phone: 717-581-1901  
Fax: 717-581-1902  
E-Mail: [RHunsicker@naatp.org](mailto:RHunsicker@naatp.org)  
Web Site: [www.naatp.org](http://www.naatp.org)

NAATP Board Chair  
Philip W. Eaton, CEO  
Rosecrance Health Network  
Phone: 815-391-0100  
Fax: 815-391-5041  
[peaton@rosecrance.org](mailto:peaton@rosecrance.org)

V I S I O N S

Presorted  
First-Class Mail  
U.S. Postage Paid  
Lancaster, PA  
Permit 472

The National Association of Addiction Treatment Providers  
501 Randolph Drive  
Lititz, PA 17543-9049