

VISIONS

JUNE, 2001

POST 2001 ANNUAL CONFERENCE ISSUE

From the moment the very first name tag and registration packet was handed out on Sunday morning till the final putt was sunk as part of the golf outing on Tuesday afternoon, the 2001 NAATP annual conference was a flurry of activity, constant sunshine and blue skies, excellent opportunities for networking and copious new information available through workshops and plenary presentations.

The 2001 annual conference saw nearly 250 individuals attend some or all of the conference and 18 different organizations provided exhibits in the continental breakfast area. This easily accessible area became the focus of a great deal of conversation and interaction for the conference attendees. The splendid Arizona weather and the courteous staff of the Marriott's Mountain Shadows Resort combined to offer the attendees a relaxing but extremely informative few days in May. The 2002 conference dates have already been set for May 19-21, 2002 and the National Association of Addiction Treatment Providers will again return to Scottsdale, AZ and the Marriott's Mountain Shadows Resort for its conference. Mark your calendars and plan to attend now!



DR. TWERSKI OPENS THE 2001 ANNUAL CONFERENCE

Throughout the rest of this newsletter, an attempt will be made to provide you with some glimpse of those 2 ½ days in May! Paper and ink cannot do justice to the rock colors and the

sky hues that were the backdrop for the conference. But for those of you who were not in attendance, this is the best we can do. For those of you who were in attendance, this should serve to rekindle some memories.

The National Association of Addiction Treatment Providers annual conference is the one time a year that members (and potential members) gather to interact with each other, to hear presentations on addiction treatment innovations, regulatory issues, public policy potential and to exchange much more than business cards with each other. The conference planning committee, under the leadership of Mr. William J. Hartigan, CEO of the Liberty Management Group, designed a conference that struck a unique balance between the structured and the unstructured. A gentle mixture of workshops and plenary sessions offered the "expert" input and the relaxing receptions, meals and "breaks" provided the opportunity for members to renew previous connections and to foster new ones.

The 2001 conference was also built around the theme of SUCCESS! Attendees were reminded in a variety of ways that success was dependent on both quality clinical programming and on quality business planning. Quality planning from both the business and clinical perspective were essential to the success of the individual members as well as to the success of the addiction treatment field.

DR. TWERSKI GETS US STARTED ON SUNDAY MAY 20!



A few of the workshop presentations are summarized below in articles that first appeared in *Alcoholism & Drug Abuse Weekly*, May 28, 2001 and are used here by permission.

IN THIS ISSUE...

- 2001 Annual Conference Issue P. 1-6

CONTINUED ON PAGE 3

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).

The frenetic pace here at the NAATP office that characterized the final weeks leading up to the NAATP annual conference has now faded into the past we have returned to our normal hectic routine. Questions to answer, information requests to fill, new memberships to process, updates on public policy issues, newsletters to publish collaborative relationships with collegial groups to maintain are only some of the routine business that takes place at your office. One of the most fascinating changes that has taken place over the past five years, is that there is really no “slow” time of the year for NAATP!

Coming out of the Annual Conference and the concurrent meeting of the Board of Directors of the National Association of Addiction Treatment Providers was a process to examine the dues “formula” for membership in the National Association of Addiction Treatment Providers. For well over seven years, various committees of the Board have been working on this issue in order to develop a formula that is:

- ❖ Easily understood and implemented
- ❖ Fairly spreads support of the association across the entire spectrum of the membership, and
- ❖ Is relatively “revenue neutral” in terms of revenue for the association.

If you believe that this is an easy task, then you have not been assigned the task of working on any of the many committees that have attempted to tackle this task. For the past year, however, a committee under the leadership of Scott Munson (then Secretary/Treasurer) of the Board has been working to develop a formula that would meet the above three criteria and which would gain the support of the membership. This proposal was presented to the Board of Directors at their recent meeting in Scottsdale, AZ on May 19, 2001.

As a result of that presentation and the resulting discussion, it was determined that additional information and *feedback* from the membership of NAATP was needed before any additional steps could be taken. The next six weeks have been designed to gather accurate information from the membership so that any dues formula might be shaped on the basis of information as opposed to “hunches”.

The current dues formula has been in place since the very beginning of NAATP in 1978. It is a formula built around “licensed beds”. Thus the NAATP dues were a factor of a multiplier times the number of beds owned or operated by an organization. In 1978 there was some uniformity in terms of both what a bed represented and the amount of revenue a bed could generate per year. In 2001 that is no longer the case. We have acute care beds, we have primary care beds, we have residential beds, we have halfway house beds, we have ¾ beds and we have “domiciliary” beds. Of course we also have

a significant number of outpatient programs and many of the “bed based providers” are also providing outpatient treatment (see the percentage of total revenue from outpatient operations as reported in the 2001 benchmark survey). All of this suggests that the formula used in 1978 might not be appropriate in 2001.

Getting to this point in the discussion was the easy part. There was and continues to be general agreement that a dues formula based on something other than beds is desirable. The “new dues formula committee” is proposing that the common denominator for the new formula be *OPERATIONAL EXPENSE DOLLARS*. We would design a formula that used operational expenses as the common indicator and then use a grid to plug in dues. To do this, however, we first needed to find out:

- ❖ What the actual operating expenses were of NAATP members, and
- ❖ What impact this would have on individual member dues payments and on the overall impact to the association.

Early in June, a letter was sent to all NAATP members to collect the information that we needed and to *test* out a model. The normal hectic pace of the NAATP has been accentuated with the faxes, emails and phone calls that have been generated by that letter. The early assessment has been very supportive of the effort and of the commitment to find a formula that works better than the current dues formula. At the same time the normal resistance to any change can also be seen in some of the responses. Those whose dues would be lowered are very supportive. Those, whose dues remain relatively the same, say, “let’s do it”. Those whose dues are raised are a little more cautious with their support.

Nevertheless, the process is working! We are getting information, we are getting real numbers that we did not have before and we are getting your feedback. This process will continue till the middle of next month when all of the information will be tabulated and analyzed and then again presented to the Board of Directors in October. The preliminary indications are that the expense indicators will need to be made smaller and that the dues will not rise as quickly as the proposed model. It is conceivable that there will need to be another survey in the fall of 2001 to again test another model. The present projection is that any new dues change will not go into effect until January 1, 2003. Likewise, the NAATP office is committed to working with each and every member around any dues change to arrive at a process that will work for both the member organization and for the association.

Change is part of what is happening with NAATP, but it will not be unilateral. Your association needs your input and we hope that you need the services of your association!

THAT’S THE PERSPECTIVE OF RJH

Two well-attended sessions at the NAATP annual conference addressed the nature and extent of the link between chemical dependence and mental health.

Carlton Erickson, Ph.D., research scientist at the University of Texas College of Pharmacy and director of the college's Addiction Science Research and Education center, left conferees pondering whether chemical dependence was, in fact, a form of obsessive-compulsive disorder (OCD).

"Chemical dependency satisfies all the criteria of OCD" Erickson told attendees. "OCD treatments might treat chemical dependency... we're trying to treat abnormal, de-regulated brain chemistry."

Erickson made his pronouncement against a backdrop of information provided to attendees on the overlapping nature of mental health and addiction, citing the following evidence of an addiction/ODC link:

- ❖ Drug dependence satisfies all *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria for OCD.
- ❖ 50 percent of cocaine addicts exhibit compulsive "foraging."
- ❖ 11 percent of heroin addicts have OCD
- ❖ In treatment-based abstinence, patients still use other drugs (usually nicotine).

Erickson asked conferees whether pathological gambling, compulsive shopping, hypersexual behavior and smoking were addictions or obsessive-compulsive disorders, implying that it was a difficult distinction to make.



PHILIP EATON, NAATP BOARD CHAIR, HOSTED THE SUNDAY EVENING RECEPTION

Erickson made his presentation a day after conferees were primed on the burgeoning presence in the treatment system of addicted patients with comorbid mental health disorders by Anne Linton, M.D., medical director of the Professional Recovery Program at the Betty Ford Center.

Linton told attendees that patients seeking treatment for alcoholism have between 15 and 67 percent rate for depression and a 5 to 42 percent rate for panic disorder; cocaine-dependent patients have a 33 to 53 percent rate of mood disorders; and opiate dependent patients have a 16 to 75 percent rate of mood disorders. She added that many opiate patients have comorbid depression.

Conversely, substance use can induce depression, as noted particularly in the process of withdrawal from nicotine. "Smokers have trouble

quitting - it's a cause of depression," Linton said. Methamphetamine use can also cause psychosis, while Ecstasy can cause permanent serotonin loss, inducing depression, she said.

Linton said that addicted patients tend to emphasize psychiatric symptoms, while psychiatric patients often underestimate them.

For patients with comorbid psychotic disorders, there are often treatment obstacles. "it's very difficult to treat [this population] because of a lack of funding in the public sector - where a lot of them end up", said Linton.

For patients that are treated, it's critical to get a diagnostic history - including looking for attention-deficit/hyperactivity disorder (ADHD) in the childhood/adolescent years, said Linton.

Both Linton and Erickson emphasized a combination of medications and therapy as the best way to treat the addicted and dually diagnosed populations. "Behavioral therapies probably tend to normalize brain chemistry," said Erickson.

The future, however, for these patients will often involve medications. Treatment will be medicalized; brain imaging will confirm changes in people's neurochemistry; and genetic studies will identify the genes for addictions, said Erickson.

He added that identification of addiction genes will enhance prevention efforts; "bad" genes will be fixed; and, in the distant future, gene therapy will eradicate the disease of addiction.

PANEL URGES PROVIDERS TO MINE UNTAPPED POTENTIAL OF FUNDRAISING

Despite the potential barriers to private fundraising that addiction treatment providers face, the addiction treatment leader who some consider the guru of fundraising offers one simple reason why most providers don't raise money: They don't ask.

Douglas Tieman, President/CEO of the Wernersville, PA-based Caron Foundation, moderated a panel entitled "Fundraising - Your Trump Card - Use It". Tieman and colleagues told an audience of addiction treatment executives and professionals that a successful fundraising strategy would enable them to weather financial storms during turbulent times.



CAN YOU THINK OF A BETTER WAY TO END THE FIRST DAY OF THE CONFERENCE THAN WITH A RECEPTION BY THE POOL?

CONTINUED FROM PAGE 3

The panelists offered several common themes for crafting a fundraising plan, including seeking the advice of peers who have ventured into fundraising, hiring experienced professionals to do the job, and focusing as much as possible on landing major gifts.

“Fundraising is a skill, it’s a profession. You want to hire people who know how to do it,”Tieman said.

In conjunction with conference sessions on capital financing and on acquiring an information system, the fundraising session reflected an NAATP meeting agenda that added several business topics to its traditional focus on clinical practice and spirituality.

Tieman, who arrived at Caron Foundation in 1995 has overseen a development effort resulting in an increase in fundraising revenue from 6% of total revenue to 22% of total revenue. Caron’s fundraising effort was built on several factors that Tieman considers crucial for any organization:

- ❖ Commitment from the chief executive, including ensuring that the organization devotes sufficient financial resources to fundraising.
- ❖ Hard work by the board of directors. Organizations must select board members with either the energy to devote to the cause or the resources to contribute directly.
- ❖ The presence of a full-time development professional on staff that reports to the chief executive. Tieman urged providers to use a search firm to find the right official, saying this has been one of the most difficult positions to fill in his organization.
- ❖ Creation of a staff fundraising campaign. “You want your employees giving to your organization annually,”Tieman said.
- ❖ Strong fundraising communications at organization events



MONIQUE TER HAAR AND ANTHONY GRUPPO LEAD A WORKSHOP ON: “SIX DEGREES OF IMPACT: BREAKING CORPORATE GLASS”

and in organization publications, as well as a defined strategy for communication.

Panelists told the NAATP audience that changes in the corporate marketplace have made the need for private giving more urgent than ever. Kenneth Ramsey, President/CEO of Gateway Rehabilitation Center in the greater Pittsburgh area, said that the changing treatment environment also has added to the challenge. Back when Gateway began in the 1970’s, long-range stays in treatment were common, self-paying patients were the rule, and patients acquired a bond with the program that often resulted in them becoming alumni donors. Today, shorter stays in treatment are expected, and most patients simply want to put their addictions behind them, Ramsey said.

He added that donating to addiction treatment organizations doesn’t appear to be a high priority for foundations. Some have advised Gateway to establish a for-profit subsidiary to assume the task of raising money. This has made Gateway’s pursuit of fundraising professionals for its staff all the more important, he said.

CONTINUED ON PAGE 5



PHIL EATON, NAATP BOARD CHAIR, CONDUCTS BUSINESS AT THE NAATP ANNUAL MEETING



PHIL EATON PASSES ON THE LEADERSHIP TO SCOTT MUNSON, THE NEW CHAIR OF THE NAATP BOARD

“The one person I’ve fired more than anyone is the director of development,” he said. “Some don’t seem very results-oriented.”

Ramsey said capital campaigns have yielded the most success for Gateway, amounting to a total of \$8million over the last two efforts. Special events have not been nearly as successful, he said, primarily because it has been difficult to gain board support for events.

Mark Schottinger, Chief executive at Little Hill Alina Lodge in Blirstown, NJ, stressed the importance of having a clear mission at a treatment organization, since donors will want to understand what their money is supporting.

He added, “You have to have your organization in good shape management-wise. No one wants to support a losing operation.”

Schottinger said that Alina Lodge’s fundraising strategy has incorporated a variety of approaches including direct-mail campaigns and special events. “But if you’re going to do this successfully, it’s going to be with major gifts,” he said.

Joining the three treatment executives on the NAATP panel was Gary J. Hubbell, senior consultant with the Milwaukee-based Growth Design Corp., which specializes in fundraising for nonprofit organizations. Hubbell said the more an organization prioritizes private fundraising, the easier and cheaper it will become to raise dollars.

“Philanthropy is the cheapest source of capital your organization has access to,” Hubbell said.



DR. JASPER G. CHEN SEE AND MONSIGNOR IGNATIUS MCDERMOTT, RECEIVED THE NELSON J. BRADLEY AWARDS AND SHARE WARM LIFE STORIES WITH EACH OTHER

Observing industry trends in general, Hubbell said time-limited capital campaigns tend to be drying up, replaced by ongoing fundraising efforts that focus on receiving major gifts. He also said that while hiring fundraising consultants is common (his firm has worked with all three of the executives on the NAATP panel), this does not mean treatment administrators should abandon their own personal involvement in fundraising.

SPEAKERS PRESENT ALTERNATIVES TO TRADITIONAL BANK FINANCING

Traditional lenders may have all but abandoned the specialty health care industry, but that doesn’t mean addiction treatment providers lack alternatives to finance acquisitions, facility upgrades or new construction. At the NAATP annual conference two panelists discussed a variety of capital financing options, including a program supported by the U.S. Department of Housing and Urban Development (HUD).



ALLEN DRUM IS PRESENTED THE ACATA ADMINISTRATOR OF THE YEAR AWARD BY LEN BALTZER

Walter J. Reidy, vice president of Century Health Capital Inc. a Saratoga Springs, NY health care and commercial mortgage lender, described the merits of HUD-insured programs for new construction and acquisition/refinancing that are authorized under sections 232 and 223 of the National Housing Act. The programs, which are HUD-insured but use private lenders, have attractive interest rates and include a non-recourse provision that protects individual borrowers, Reidy said.

Reidy and Thomas Carden, vice president of Healthcare Business Credit Corp, in Mount Laurel, NJ told NAATP members that several factors have caused traditional lenders to exit the health care market. Headlines about long-term care facility collapses have had spillover effect to other health care sectors. Also, Carden described the implications of what he called the “Charter effect”, referring to last year’s bankruptcy of psychiatric hospital giant Charter Behavioral Health Systems.



THE LIBERTY MANAGEMENT TEAM PREPARES FOR TUESDAY AM PRESENTATION AFTER RECEIVING THE JAMES W. WEST, M.D. QUALITY IMPROVEMENT AWARD

Carden said these developments have more providers turning to nontraditional lenders that specialize in health care transactions. He said some of the health care industry’s recent problems offer opportunities to potential borrowers.

AWARDS CONTINUE TO BE AN IMPORTANT PART OF ANNUAL CONFERENCE

For many attendees, the Monday luncheon has been an anticipated and sometimes emotional event where NAATP recognizes the contributions of leaders, pioneers and visionaries have made to the efforts of addiction treatment. This year NAATP presented the **Nelson J. Bradley Life Time Achievement Award** to two deserving individuals. Dr. Jasper Chen See, Medical Director Emeritus of the Caron Foundation and Monsignor Ignatius McDermott from the Haymarket Center in Chicago received this prestigious award. Conference attendees were treated to the humor, simplicity and deep spirituality of Father "Mac" as he accepted the award and also the gracious acknowledgement by Dr. Chen See's son as he accepted the award for his father and for the entire family.

The second **Michael Q. Ford journalism** award was presented to the National Institute on Drug Abuse for their work in creating powerful and effective television public service announcements premiered late in the summer of 2000.

The American College of Addiction Treatment Administrators also presented its **Administrator of the Year Award** to Allen Drum, recently



DR. SUESS, AKA DR. MAX A. SCHNEIDER PROVIDES ENTERTAINMENT, CHALLENGES AND "PEARLS OF WISDOM" IN THE CLOSING PRESENTATION ON TUESDAY MORNING

retired administrator of Laurelwood Psychiatric and Substance Abuse Facility in Gainesville, GA. Allen is a former recipient of the Nelson J. Bradley Award for his work in helping to initiate the formation of the American College of Addiction Treatment Administrators.

This year also marked the inaugural presentation of the James W. West, M.D. Quality Improvement Award. The award has been created to recognize the efforts and the commitments of organizations to incorporate quality improvement into the ongoing activities of their organization. The 2001 award went to Liberty Management. Their efforts were also highlighted in the April issue of *Behavioral Healthcare Tomorrow* magazine.

While the 2001 annual conference is now memories, pictures and "files", the planning has already begun for 2002. Ms. Cathy Palm the Executive Director of Tully Hill Treatment Center, in Tully, NY is the chair of the 2002 committee and is already hard at work to ensure that the 2002 conference exceeds the registration of 2001 and that the conference itself more than exceeds the expectations of the attendees.

The National Association of Addiction Treatment Providers **Board of Directors**, meeting during the NAATP annual conference in Scottsdale, AZ, announced the selection of new officers for the 2001 - 2002 year. The NAATP Board year is built around the annual conference. Therefore, the new officers assumed their responsibilities at the conclusion of the annual meeting on May 21, 2001.

Elected for one year terms were:

Board Chair: Scott Munson, the Executive Director of Sundown M Ranch in Yakima, WA.

Chair Elect: Douglas Tieman, President/CEO of the Caron Foundation in Wernersville, PA.

Secretary/Treasurer: Anthony Cole, Vice President of Haymarket Center in Chicago, IL.

Immediate Past Chair: Philip Eaton, President/CEO of Rosecrance Health Network in Rockford, IL.

These individuals make up the **Executive Committee** of the Board of Directors and provide the immediate oversight to the work of the association and its staff. All of the individuals were elected to a one-year term as per the bylaws of NAATP. Their present term of office will continue through May 20, 2002.

If you have any concerns, suggestions or would like to volunteer for committee or project work on behalf of your association, do not hesitate to contact any of the officers!



THIS IS WHERE YOU CAN BE, MAY 19-21, 2002. MARK YOUR CALENDARS TODAY!

There are very few corporate leaders who have had the same successful impact as Bill Gates of Microsoft fame. Jack Welch at General Electric, Mort Myerson of Perot Systems and Steve Miller at Royal Dutch Shell also come to mind as more visible examples of business leaders whose business achievements have been publicized. While the successes of these very well known leaders have been well communicated in the media and press, there are many other thousands of less well-known but equally successful leaders.

Should you have the inclination and time to poll some of these CEO's to identify the single most important element in determining their organizational success, the chances are they would say, "effective leadership". Generally, agreement could be reached that effective leadership is reflected in today's politics and sports, as well as many other human activities where leadership is the clear demarcation between an enterprise's success and failure.

Is this a rational view? Can leaders really play a crucial role in determining the fortunes of organizations? It's hard to imagine discussing "the leader of the future" without hearing the words of Harvard researcher, Dr. Ronald Heifetz, who is one of the world's leading authorities on leadership. He suggests that the role of the leader is changing, arguing that leadership's new role is "to help people face reality and to mobilize them to make change". And making change is painful. Exercising leadership generates both resistance and pain. People are afraid that they will lose something that's worthwhile. They're afraid that they're going to

"Leaders of the future will need to have the fortitude for both conflict and uncertainty..."

David W. Cunningham

have to give up something that they're comfortable with at the present time.

Leaders of the future will need to have the fortitude for both conflict and uncertainty - within themselves and among their people. That's why it's going to be important to have an experimental mindset. For sure, some decisions will work and some won't. Some projects will have a significant return on investment while others won't. But every decision and every project will teach the leader and her/his organization something about how the world is changing - and about how the company/organization compares with its competition.

The real courage in leadership is trying to identify what, in fact, is the reality of the operating environment - then having the people around you see the reality that you have interpreted. This is where the term, vision, comes into play. Vision can be interpreted as a CEO's capacity to see the present reality and the power to predict future events. When we most often talk about vision, it most likely refers to an abstract term or an inspirational mission statement on which people might focus. But for the most successful organizations, the quality of vision really depends on its accuracy and not necessarily on its appeal or imaginativeness.

Gathering the courage to successfully examine future realities seems to be the central purpose of a leader. That also requires a need to face several realities at once. Most importantly, what values do we as leaders stand for - and how does this compare with how we actually behave in the process of leading? Secondly, where are the talents and skills of our organization - and where do the gaps lie between these skills and talents and the requirements of the marketplace? Lastly, have we identified what opportunities the future holds - and what are the gaps between these possibilities and our ability to capitalize on them?

No leader can possibly have all the answers. The actual solutions about how best to meet the challenges of the moment have to be made by the people closest to where the action is. Leaders don't have to answer all the questions themselves. That means that the old standard of leadership; the leader has all the answers - the vision - and everything else has mostly gone by the wayside. There's no question that leaders certainly have to provide direction. But that often means posing well-structured questions rather than offering definitive answers. Leaders have to find ways to empower the frontline people, to challenge them, to provide them with the resources they need and then to hold them accountable. As they struggle with this challenge, the leader becomes their coach, teacher and facilitator. Change how we define leadership and we change how we run a company or organization.

**DAVID W. CUNNINGHAM, CEO
RIMROCK FOUNDATION, BILLINGS, MT
MEMBER, NAATP BOARD OF DIRECTORS**

UPCOMING EVENTS FOR YOUR CALENDER

The **Mid-Atlantic Addiction Training Institute** will present the 13th annual MAATI Summer School, "High-Risk Children, Families, and Behavioral Health," **July 16 to 20 in Indiana, PA**. For more information, call (724) 357-2227.

The **National Institute on Drug Abuse** will present "MDMA/Ecstasy Research: Advances, Challenges, Future Directions" **July 19 and 20 in Bethesda, MD**. For more information, call (301) 443-6245.

The **National Academy for State Health Policy** will hold its 14th annual State Health Policy Conference **Aug. 12 to 14 in Charlotte, N.C.** For more information, call (207) 874-6524 or visit www.nashp.org.

Haymarket Center will present the seventh annual Summer Institute on Addictions Conference **Aug. 22 to 24 in Chicago**. For more information, contact Carol Blyskal at (312) 226-7984, ext. 396 or visit www.hcenter.org.

The **American Society of Addiction Medicine** will hold its 13th National Conference on Tobacco Dependence **Sept. 13 to 16 in Atlanta**. For more information, call (301) 656-3920.

North River Foundation Inc. will present the 14th Cape Cod Symposium on Addictive Disorders, "Recognizing Diversity for Optimum Diagnosis, Treatment and Healing," **Sept. 20 to 23 in Hyannis, Mass.** For more information, call (800) 767-9061 or (781) 834-0005, or visit www.ccsad.com.

The **Alcohol and Drug Problems Association of North America** will hold its 14th annual

Women's Issues Conference, "Creating Our Lives," **Sept. 30 and October 1 in Tucson, AZ**. For more information contact Kittie Robertson at (573) 368-4377; email kittie@fidnet.com.

The **Colorado Behavioral Healthcare Council** will present the 2001 Colorado Behavioral Healthcare Conference, "Treating the Whole Person: Multiple Systems...Coordinated Solutions," **Sept. 21 to 25 in Breckenridge, Colo.** For more information, call (303) 832-7594 or send an e-mail request to cbhc@cbhc.org.

Comprehensive Neuroscience Inc., the **Annenberg Center for Health Sciences** and **Manisses Communications Group** will present the Behavioral Healthcare Tomorrow/Behavioral Informatics Tomorrow conference **October 8 to 10 in Washington, D.C.** For more information, call (415) 435-9821.

The **National Association of Addiction Treatment Providers** presents **SECAD 2001 November 28 - December 1, 2001 at the Sheraton Atlanta Hotel, Atlanta, GA**. Plan to be with us as SECAD marks 26 years as one of the world's finest educational conferences in the field of alcohol and drug addiction treatment. For more information, call 888-506-7394 or visit our website at www.naatp-secad.com.

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
Web Site: www.naatp.org

NAATP Board Chair
Scott Munson, Exec. Director
Sundown M Ranch
Phone: 509-457-0990
Fax: 509-457-5313
smunson@sundown.org

V I S I O N S

Presorted
First-Class Mail
U.S. Postage Paid
Lancaster, PA
Permit 363

The National Association of Addiction Treatment Providers

501 Randolph Drive
Lititz, PA 17543-9049