

VISIONS

September, 2001

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).

DEADLINE FOR APPLICATION RAPIDLY APPROACHING

Over the past several years, we have watched a number of catchy phrases appear and then disappear from our radar screens. These have been attempts to capitalize on our propensity to chase after something new and different. However, one phrase, and one concept that appeared several years ago remains. The commitment to quality has not only survived the test of time, but it has gotten even more important over time!

The National Association of Addiction Treatment Providers continues to recognize the importance of quality and continues to look for opportunities to promote quality efforts among its members and also seeks to share efforts regarding quality with members. One such initiative was undertaken by NAATP in 2000 with the creation of the **James W. West, M.D. Quality Improvement Award**.



This represents the first award created by NAATP to recognize the efforts of organizations to not only improve the quality of the services they deliver but their commitment to have the concept of quality permeate their organization. This award was established in 2000 by NAATP, the MSJ Corporation, a subsidiary of the Betty Ford Center, and Manisses Communications Group, publisher of *Behavioral Health Care Tomorrow and Alcoholism & Drug Abuse Weekly*. The award bears the name of Dr. James W. West, the Medical Director Emeritus of the Betty Ford Center and a long-time quality advocate.

The deadline for the **2002** award is rapidly approaching as all applications must be received at the NAATP office no later than November 15, 2001 to be considered for the 2002 award.

The winner of the *James W. West, M.D. Quality Improvement Award* will receive recognition throughout our industry. In addition to an award presented at the 2002 NAATP Annual Conference, the winner will have an opportunity to present their project to the conference and will also be featured in a four-page profile in the April 2002 edition of *Behavioral Healthcare Tomorrow* magazine.



With all of the other events that tend to crowd onto our calendar each fall, make sure that you block out time immediately to complete the application form for this award. Applications are available through the NAATP office, so call (717-581-1901) or email (rhunsicker@naatp.org) today for a copy of the application if you do not already have one.

The 2001 recipient of this award was the Liberty Management Group, based in Ramsey, NJ. Their presentation at the NAATP conference, the coverage they received in *Behavioral Healthcare Tomorrow* has opened up numerous opportunities for visibility including invitations to present at several national conferences.

This award is not only an opportunity for recognition of the outstanding work your organization is doing with **quality**, but it is also an opportunity for recognition and visibility of your program and organization on a national level. **Apply Today!**

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Questions, More Questions, and Still More Questions

There are moments, there are events and there are memories that become indelibly etched into the fabric of our lives and in some instances seared into our souls. **September 11, 2001** is one of those dates and dates and one of those memories. I suspect that all of us have our own particular images and pictures that have been chiseled into our memory that will always be associated with September 11, 2001.

Some members of the National Association of Addiction Treatment Providers had staff and/or business associates who were working in the World Trade Center at the time of the attack. Many members of NAATP either knew persons themselves who were working in the WTC or knew persons who knew persons who are yet not accounted for as a result of the attack. The impact of this tragedy has gone far beyond the city limits of New York City or the circles surrounding the Pentagon and Washington, DC. Out of this lived through experience there are far more questions than answers and the questions beg for genuine reflection on the part of each one of us and our *collective* selves as well.

This column and this newsletter is not the most appropriate platform for social commentary on the implications of September 11, 2001 on our personal and collective lives. There are many other publications and other platforms for that process. However, working off the assumption that everything has changed and that nothing is the same, I would like to share a few observations on what might come into play for those of you delivering addiction treatment.

The National Association of Addiction Treatment Providers has attempted to be focused in terms of its mission and approach to serving members. In a rather simplistic way, we have identified three major barriers to addiction treatment and the Board of Directors of NAATP has attempted to position the organization to provide information to members around these identified threats and to offer assistance in solving the dilemmas posed by those threats. Succinctly put, the major issues are:

- ❖ Addiction is not treated and viewed in the same way as all other diseases – *STIGMA*
- ❖ All parties paying for addiction treatment (both private and public) do their very best to avoid paying for treatment – *FINANCIAL RESTRICTIONS*
- ❖ Addiction treatment has not been embraced as a public health issue, it has been labeled a social problem – *DIAGNOSIS ERROR*

Certainly there could be additional ways to conceptualize the landscape as you pick your way through it on a daily basis. However, these three guiding issues have more than kept NAATP busy for well over 20 years as we have worked to answer the issues raised and provided the much needed research and “larger picture” needed to respond to these and other issues.

Because of September 11, 2001, those issues will not change, they will only become magnified and in some instances they might become an even larger barrier to treatment than we have previously imagined. AS we with the rest of our nation and the world return to something that we call normal, let me suggest several concepts or frameworks that will become part of our everyday existence.

- ❖ Over the past several weeks there have been significant action taken by Presidential order and by activity of the congress to “fund” relief, bail out and precautionary activity. Before September 11, 2001 we were learning that the “surplus” had almost disappeared and that excess funds were going to be hard to find. That situation has now become accelerated! **Funding for addiction treatment will be harder to find as the priorities of this country continue to shift away from treatment to security!**
- ❖ One of the hallmarks of addiction treatment has been our ability to promise and deliver privacy as a part of addiction treatment. For a wide variety of reasons persons seeking treatment demanded and were granted the ability to receive treatment in an environment where their “medical record” and their lives were protected from public scrutiny. **In the short term and perhaps in the long term, privacy and confidentiality will be challenged in the name of national security. Today there is less interest in personal confidentiality issues and more interest in national security.**
- ❖ Once more, in the short term and perhaps on the long term, there appears to be less tolerance today for difference, especially when it comes to behavior. The tolerance level for individuals whose behavior we do not understand has diminished. **Addiction treatment is provided to individuals whose behavior has often gotten them into trouble and who are often not understood by those around them. As our tolerance for persons we do not understand diminishes, it becomes easier to call them bad people as opposed to sick persons needing treatment!**

Perhaps what we do know about the future is that what was normal in the past will not be how we define normal in the future. Nevertheless, you association (NAATP) and the staff of your association is committed to not only asking questions, but to also providing the information you need to respond to whatever emerges as normal in the weeks, months and years to come.

That's The Perspective of RJH

Physician Seeking Employment



American Society of Addiction Medicine Board Certified physician (certificate 79270), looking to relocate from the West Virginia area to the Washington, DC – Baltimore area and seeking employment with an addiction treatment provider. This physician has had a successful primary practice in General Surgery with a secondary practice in Addiction Medicine. Because of family commitments, is seeking to relocate and focus on a practice in Addiction Medicine.

If you are interested in exploring employment opportunities with this individual, contact:

John J. Duwel, M.D., ASAM
Box 862

Shepherdstown, WV 25443
P – 304-876-3361 or 202-293-0040

Never Too Early To Mark Your Calendar

If you do not have the dates on your calendar, then it is time to reserve these dates. The 2002 NAATP Annual Conference will be May 19-21, 2002 at the Marriott's Mountain Shadows Resort in Scottsdale, AZ. Mark your calendars, flag the dates on your computer and make sure that you will join your colleagues for this "not to be missed" event. *Creating a Value Added Environment* will be the theme of the 2002 conference.





Look for our complete agenda and registration mailer in early September.
For more information call us at **1-888-506-7394**
or (770-579-2502) • secad@mindspring.com

For the latest SECAD information or to register online visit our website: www.naatp-secad.com

The registration brochures have been mailed!
If you have not received yours, be sure to call 888-506-7394 today and request that a copy be sent to you.

Almost all of the exhibit spaces have been reserved, so be sure to call to day for your exhibit space and be included in this exceptional gathering of addiction treatment professionals.



If you would like to view pictures from the NAATP 2001 Annual Conference, then go to the NAATP web site and click on the page for "Annual Conference" and finally click on the above button for the pictures.

These pictures should get you in the mood for reserving May 19-21, 2002 on your schedule for the 2002 conference.

acata

American College of Addiction Treatment Administrators dues invoices for the 2001 – 2002 year have been mailed out and are now due. To avoid a "Past Due" notice, return your payment with the invoice to the NAATP office as quickly as possible. If you did not receive an invoice and you would like to become a member of the American College of Addiction Treatment Administrators, contact the NAATP office for membership information.

During this year, there will be a page within the NAATP web site devoted to management and administrative issues and the process to advance from the member level to the advanced member level will be completed. Persons who become advanced members are eligible to use the initials "ACATA" after their name.

Watch for more information on ACATA in future issue of the *NAATP Visions*.

Fair Havens Christian Care Association Bermuda Executive Director

Fair Havens Christian Care Association is engaged in an exciting process of transitioning from a custodial care, residential facility for chemically dependent women to a chemical dependency treatment center built upon the 12 Steps of Alcoholics Anonymous and Narcotics Anonymous.

The Board of Directors is currently recruiting for the position of Executive Director. We are seeking, an enthusiastic, energetic behavioral health care professional. The responsibilities of the position include...

- ❖ Managing the administrative, clinical, programmatic, performance improvement, human resources, financial, budget, and fund raising function of Fair Havens.
- ❖ Implementing marketing and public relations activities with referral sources, churches and community groups in order to maintain a high positive community image, effective communication and maximum client census.
- ❖ Successfully implement and ensure conformance with all aspects of agency policies, procedures, accreditation standards and plans.
- ❖ Provides thorough and accurate human resources function related to staff recruitment, hiring, supervision, compensation, benefits, performance evaluation, training and termination.
- ❖ Providing clinical and administrative supervision of all staff.
- ❖ Responsible for all aspects of the physical plant including supplies, food, maintenance and repair, heating and air conditioning and health and safety practices.

Qualifications for the position include...

- ❖ Knowledge, training and experience in alcohol and drug or mental health administrative practices to include supervision, program planning, marketing, public relations, human resources, and performance improvement;
- ❖ Ability to plan and prioritize work, meet and deal effectively with staff and clients solve problems, and establish and maintain effective working relationships with associates;
- ❖ A combination of education and experience equivalent to a Masters degree in counseling, social work or clinical psychology or Bachelor's Degree in human services with at least four years experience in a human service or medical field;
- ❖ Knowledge and experience in alcohol and drug treatment and Twelve-Step programs.

Please send a cover letter describing your interest and qualifications, resume and the names and telephone numbers of three references to Fair Havens Search Committee, PO Box 753, Devonshire DV BX, Bermuda or e-mail to Vaughan A. Sullivan at: vasullivan@tyco.com.

Health Care Fraud & Abuse Allegations: Options for Risk Transfer

Pick up any health care publication and it is clear that the government's regulatory oversight is increasing, particularly in the area of health care fraud and abuse. Ferreting out fraud and abuse and recouping money for the Medicare and Medicaid Programs has become a big business and a big headache for health care providers.

Because of this, the government's major anti-fraud initiatives have made investigation for fraud probably the largest single financial/legal risk faced by health care providers today. Just when you thought that you could breath a sigh of relief because you do not participate in either the Medicaid or Medicare Programs, the big hammer falls because HIPAA contains provisions that not only beefs up penalties and expands the government's authority to protect all health care benefit programs (not just Medicare and Medicaid) it also expands the scope of enforcement to include both the actual perpetrators of fraud and any individual or entity, such as CEO or board member, who deliberately ignores or recklessly disregards their legal obligation to prevent health care fraud.

It is this last section that has gotten the attention of all health care providers, including addiction treatment providers. The issues that are being investigated not only include the *normal* billing issues, but also focus on quality of care issues where the government is charging programs with not providing the level of care expected for the level of reimbursement they received. Likewise, the government begins with the assumption that every effective compliance program must begin with a formal commitment by the health care providers governing body. Thus the ethical, legal and financial liability extends to the *Directors and Officers* of your organization.

Traditional *D&O* insurance has not generally covered defense of regulatory wrongful acts. However, the Van Wagner Group has worked with an insurance company to provide coverage that could be added to your current Directors and Officers Liability Insurance Policy. This would provide up to \$1 million of coverage for defense and settlement for alleged fraud and abuse violations.

For more information on this contact Mr. Tom Van Wagner at the Van Wagner Group at 800-735-1588. Unfortunately it is too late to add the coverage when the OIG knocks on your door, or you receive notification from them that they have initiated an investigation of your practices.

The following Letter was recently written by a friend of NAATP, and illustrates how to keep the issue of stigma before the public

The New York Times
229 West 43rd Street
New York, NY 10036-3959

I'm sure all of us in New York are aware of the tragic accident that was caused by a New York City Police Officer while he was under the influence of alcohol. I'm not writing this letter in his defense, but I am taking this opportunity to share my feelings concerning the subject of Alcoholism. For whatever reason, there is a stigma connected with this illness. As we can see in the case of Patrolman Gray, no one of his fellow officers, supervisors, etc. brought to his attention his drinking habits, or sent him for help.

Alcoholism is a disease that psychologically tells the person they don't have a disease. I'm sure if Officer Gray had Cancer, all of his fellow officers including Department Heads would be supportive of him, but for some reason we are silent about this illness until a tragedy happens and then we decide it's much easier to get rid of the patient than deal with the illness. I am not saying that Officer Gray is not responsible for his actions, but I am saying the way we treat people with this illness is one of the reasons so few people go for help.

The economic cost, the psychological cost, the breakup of families, the time cost at the job, the violence in the home, the carnage on the highways related to alcoholism is immeasurable. There is an epidemic of it in our society and no one seems to want to talk about it. Our prisons are crowded with people with this addiction. Society's remedy is to punish, punish, punish. **It doesn't work!**

It would be an even greater tragedy if we allow the lives of those innocent people who were killed to have died in vain. For all intensive purposes, Officer Gray is dead, but no matter what the final outcome of his life will be, we can never bring back the family that was killed. What we in America don't fully understand is that alcohol is a drug and it is the number one killer over all other drugs in the country. We have a choice. Wait for the next accident to happen or look into the reasons why there is a stigma connected to this illness which prevents people from going for help.

I thought, you as a News Network, could possibly put together a program discussing all the aspects of alcoholism and its effect on our society.

Very truly yours,

Thomas E. Van Wagner

Editors note: Thanks tom for reminding all of us of the need to be sensitive and yet deliberate in our efforts to keep this issue in front of everyone!

The Alliance Project Seeks a Campaign Coordinator for New, National Effort

The Alliance Project is an effort to help organize groups and individuals together in a national public education campaign about recovery from alcohol and other drug addiction. After almost three years of work, The Alliance Project, with the help and participation of recovery advocates and national organizations, is now poised to launch an education and advocacy effort that gives a voice to and puts a face on addiction recovery. This campaign will show proof that there are real solutions to alcohol and other drug addiction.

The Alliance Project is now looking for a motivated individual to coordinate this national campaign. The Campaign Coordinator will oversee all implementation and coordination of the public education campaign, including:

- Guiding national campaign strategy, national media work, production and distribution of campaign materials, coordination of action steps, management of campaign website, leadership development, and presence among national organizations.
- Staffing a National Campaign Advisory Committee that helps to set campaign direction and implement the campaign.
- Managing team of communication and research consultants on public opinion research, the production of campaign materials, and implementation of national media strategy.
- Providing training and assistance on organizing and public communications to recovery community organizing projects.
- Assisting recovery community organizing projects incorporate national campaign components into their local work.
- Working closely to involve national organizations and networks in the national campaign.
- Securing probable multi-year funding of the national campaign.
- Managing an Administrative Assistant and other campaign staff.

Strong candidates for this position will have community organizing or public campaign and communication experience. Knowledge of or close connection to the issues of addiction and recovery are desirable but not a requirement.

Salary and benefits are extremely competitive, and based on experience.

Send cover letter and resume by Friday October 31st to:

The Alliance Project
1954 University Avenue West, Suite 12
St. Paul, MN 55104

Top accreditation decision categories renamed

After input from various advisory groups, JCAHO is renaming two accreditation decision categories to make them more understandable to the general public. After **January 1, 2002**, *accreditation without type 1 recommendations* will be renamed *accreditation with full standards compliance* and *accreditation with type 1 recommendations* will be renamed *accreditation with requirements for improvement*.

The revised names have been established to more accurately convey an accredited organization's level of performance. Descriptions of the two affected categories are shown in the box below.

Revised decision category names

Accreditation with full standards compliance (previously accreditation without type 1 recommendations) An accreditation decision awarded to a health care organization that demonstrates satisfactory compliance with applicable Joint Commission standards in all performance areas.

Accreditation with requirements for improvement (previously accreditation with type 1 recommendations) An accreditation decision awarded to a health care organization that demonstrates satisfactory compliance with applicable Joint Commission standards in most performance areas, but has deficiencies in one or more performance areas or accreditation policy requirements that require resolution without a specified time period.

JCAHO Issues Standards for Hospitals to assess their Staffing Effectiveness

The Joint Commission has approved new and revised standards for hospital's monitoring of its staffing effectiveness. These standards, which will be implemented for **hospitals on July 1, 2002**, rely on the use of screening indicators. *Staffing effectiveness* is defined as the number, competency, and skill mix of staff involved in providing health care services.

This is a departure to earlier discussions on staff-to-patient ratios that had dominated the direction of JCAHO. Now, the Joint Commission is using an approach that is based on screening indicators to monitor staffing effectiveness, analysis of the data, and action based on the analysis.

While these new standards will only apply to **hospitals** and initially apply to very few **NAATP** members, it can be assumed that experience with the hospital standards will shortly lead to promulgation of standards for behavioral health organizations. NAATP will continue to monitor this effort and bring you updates via its representative on the JCAHO Professional and Technical Advisory Committee.

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- We understand claims can happen at any time, so you can report a claim 24 hours a day

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The 2002 Public Policy Conference, will be held on February 24-26, 2002 at the Hyatt Regency Washington on Capitol Hill. Hold those dates on your schedule and look for registration material to arrive in the mail and join NAATP and other organizations in looking at public policy issues for 2002!

Surveys Highlight Criminalization/Racial Disparities in the War on Drugs

A landmark 1998 study conducted for the Office of National Drug Control Policy found that as many as *333,000 Cook County residents are hard-core users of powder cocaine, crack, or heroin.* This data is particularly alarming because it is three times higher than previous estimates.

In reference to the **Cook County** study being 3 times higher at 333,000; it was dramatically contrasted with a recent, more traditional federal survey showing only 117,000 users of illegal drugs. If the number of serious drug users has been grossly underestimated by previous studies then the data has enormous Public Policy implications. For example, there are likely more people committing crimes related to drug use, and not in treatment, than had previously been expected. Thus we need to seek a major increase in funding for drug treatment to accommodate the unprecedented number of people suffering under the bondage of addiction.

In terms of **Chicago**, according to an ongoing study conducted by the National Institute of Justice, *over 80% of people arrested and booked for felonies and misdemeanors tested positive for recent illegal drug use in the last quarter of 1999.*

Further, the John Howard Association has reported that **Illinois** has the fastest growing prison population in America with nearly 75% classified as substance abusers yet fewer than 1% receive treatment.

The role of race has been highlighted in a survey entitled – “Punishment and Prejudice: Racial Disparities in the War on Drugs” a nationwide report by the Human Rights Watch provided hard evidence that minorities are victims of racial bias built into the justice system. Major findings of the report indicate:

1. For drug offenses, which can carry a wide range of penalties, the number was 57 per 100,000 for **Blacks**, yet only 1 out of 100,000 for **Whites**.
2. In Illinois, **Blacks**, represent 90% of those persons incarcerated for selling or using drugs. This is noteworthy when one considers a June 8, 2000 *New York Times* article covering this report mentions; that experts at the Bureau of Criminal Justice Statistics say that *studies indicate there are five times as many White users of illegal drugs as Black users.*
3. **Perhaps the most alarming and disturbing finding was that Illinois ranked #1 among the 10 states with the greatest racial disparity in sentencing.**

When **Governor Ryan** was interviewed by the *Chicago Defender* (6/12/00) on his thoughts about the report findings he commented: “It’s probably true... there is no equality in the way people are sentenced based on the crime they commit, and it varies from area to area.” Further he stated, “After I did the death penalty moratorium, I said to my staff ‘people, if there are these many people on Death Row who

don’t belong there, how many people are sitting in jail serving a sentence that don’t belong there because of our antiquated system’... There has to be some equity in the system, and its true with drug dealers and drug users”.

Even before the Human Rights report was released **Barry McCaffrey**, the former Director of ONDCP stated in a *USA Today* article on 9/10/98 that he “*hopes that politicians will allocate more money for treatment programs, calling it a cheaper way to cut crime than imprisoning drug addicts.*”

A 1997 study by the Rand Corp. supported McCaffrey’s position noting that treatment is 15-17 times more effective than prison. *For every one crime that incarceration would eliminate, treatment would eliminate at least 15.* Another supportive study was conducted by the Arizona Supreme Court which estimated that the state’s program to treat nonviolent drug offenders rather than imprison them saved more than \$2.5 million in the first year (Belenko, Stephen-Behind Bars, New York, National Center on Addiction and Substance Addiction at Columbia, 1998). As recent as May 2000 a survey by the research institute Drug Strategies (reported in *Alcoholism & Drug Abuse Weekly* 7/24/00 p.3) found that Americans support treatment over interdiction.

It appears that **Americans have a distorted perception of the image of the drug addict** as someone living on the fringes of society in impoverished minority communities. However, the Substance Abuse & Mental Health Services Administration (SAMHSA) reveals that the typical addicted individual is White, employed and between the ages of 18 to 44. Here again, this data stands in stark contrast to the disproportionate number of Blacks compared to Whites serving time for drug related charges.

The data noted in the above studies begs a major public policy question: whether the preferred intervention model toward addiction for Blacks is viewed as criminal thus justifying imprisonment, while the more humane model for Whites leans heavily toward viewing addiction as a disease, worthy of treatment and capable of recovery? Perhaps, the data simply reflects a more aggressive enforcement of drug laws in Black versus White communities by the police and judges. In any case, Blacks are imprisoned in far greater numbers than their representation in the general population. Question, Is this fact a result of equal application of the law, i.e., Justice? If not, are Blacks being profiled for drug offenses based on race?

**Anthony A. Cole, Vice President
Haymarket Center, Chicago, IL
NAATP Board Member**

Upcoming Events for Your Calendar

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 **National Association of Addiction Treatment Providers** Board of directors will hold their annual fall board and strategic planning meeting **October 1 & 2, 2001 in Providence, RI.** All agenda items should be directed to Mr. Scott Munson at 509-457-0990.

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 **New York State Association of Alcoholism & Substance Abuse Providers** will hold its fifth annual statewide conference, "Advancing the Conversation in the Empire State," **Oct 21 to 24 in Saratoga Springs, NY.** For more information, call 518-426-3122.

Women Healing presented by **Hazelden Foundation, Betty Ford Center and Caron Foundation, October 26-27, White Plains, NY.** For more information, call 888-257-7800, Ext 4429 or email pbroat@hazelden.org

Haymarket Center will present the **2001 Autumn Workshop Series** starting on **November 17, 2001 through January 19, 2002** at The Chicago Athletic Association, 12 South Michigan Avenue, **Chicago, Illinois.** Topics include: Treating The Chemically Dependent Family; DUI Law: Secretary of State Hearing Officers; Exploring Alternative Therapeutic Approaches To Similar Presenting Problems; Working With Adult Survivors of Childhood Sexual Abuse in a Substance Abuse Treatment Setting; Brief Solution Focused Therapy in Substance Abuse Treatment. For more information, contact Carol Blyskal at (312) 226-7984 x396 or view our website at www.hcenter.org.

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.

Women Healing presented by **Hazelden Foundation, Betty Ford Center and Caron Foundation, November 30-December 1, Chicago.** For more information, call 888-257-7800, Ext. 4429 or email pbroat@hazelden.org

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