

VISIONS

August, 2002

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).

NAATP LAUNCHES DATA COLLECTION PROJECT



The All New and Improved NAATP 2002 Salary Survey is Ready for Your Participation!

The bi-annual National Association of Addiction Treatment Providers 2002 Salary Survey has been prepared with your input from the last survey. This survey includes:

- Expanded Job Classification List
- Job Classification Glossary

The National Association of Addiction Treatment Providers (NAATP) has a long-standing commitment to providing valuable information to those organizations that offer addiction treatment. The 1998 through 2002 NAATP Benchmarking data collection and reporting process and the bi-annual salary survey are examples of our commitment to offering timely and important information concerning the delivery of addiction treatment.

NAATP members have consistently requested information regarding a wide variety of positions within their organization in helping them to remain market sensitive and market competitive regarding salaries and benefits. In order to provide the most comprehensive and accurate information, we need your participation in this survey.

The information that you provide will be kept confidential and will only be reported in terms of national and regional averages and ranges. Therefore, we are seeking the most complete response possible in order that the printed results will accurately reflect national and regional activity.

The Salary Survey Collection Instrument is now available! **Complete your survey by October 1, 2002 and you will receive a 20% discount on the NAATP 2002 Salary Survey Report available in December of 2002.**

The National Association of Addiction Treatment Providers offers the only National Salary Survey that is Addiction Treatment Specific! Factoring the nuances that are unique to addiction



treatment, this salary survey is a must for ALL providers of addiction treatment.

The collected information will be organized by region, organizational type and size as well as numbers reflecting the overall national picture.

We are committed to repeating this survey every second year and the publishing of the resulting information. The next survey will be conducted in 2004! By participating in the survey, you will be able to purchase the results for **Sixty dollars (\$60.00)**. Additional copies of the survey and copies to non-participating organizations will be **Seventy-Five dollars (\$75.00)** and may be ordered through the NAATP national office after December 1, 2002.

To participate select one of the following methods:

Go to www.naatp.org/salariesurvey, download the printable glossary and complete the survey online.

Go to www.naatp.org/salariesurvey, download the complete printable survey, complete the survey and return it by mail or fax to the NAATP office.

Call the NAATP office at 717-392-8480 and a complete survey will be faxed to you for your completion.

We appreciate your assistance in this project and look forward to continuing to provide you with the information that you need to remain a premier provider of addiction treatment.

The Deadline for Completing the Survey is October 1, 2002!



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For the past ten years, one of the several consistent themes at any gathering remotely related to addiction treatment, has been the sense of urgency around the need for “**outcome studies**”. Certainly this well-directed urging has spawned some very interesting activity and conversations, but still the cry goes out for outcome studies and evidence based treatment.

Addiction treatment has languished on the edge of acceptance/non-acceptance within both the reimbursement community and the general medical community. Although we have established the standard that addiction is a disease, that it follows a progressive course and that it responds to specific treatment, we have failed to establish key indicators of successful treatment/outcome. This lack of clarity around key indicators may, to some extent, explain the hesitancy to undertake the outcome studies called for by so many.

Having accepted addiction as a disease, we must then view it and understand it as a chronic disease for which there is no cure! Treatment for this chronic disease, as is the case for all chronic diseases, is to reduce the acute flair-ups and improve the **functionality** of the individual in treatment. Therefore, the chronic disease model holds much more promise and authenticity in examining treatment for addictions. If we do not both adopt the chronic disease model and contribute to the understanding of chronic diseases, we will, by default, back ourselves into the acute disease model corner for which outcome studies must demonstrate a cure as a logical and expected result of treatment.

The voices which have urged us to become involved in outcome studies have been half right. We do need to document the effectiveness of treatment and we do need to measure our efforts and to be held accountable for those health care resources which we consume through treatment efforts. But, they have only been half right! To simply advocate for outcome studies is not enough! By being so quick to respond we have been let to use abstinence as the primary measure of outcome. I would respectfully suggest that abstinence is the first cousin of sure. Thus, once more, we have slipped from the chronic disease model to the acute disease model. In so doing, our results will always be looked upon with suspicion (since we still use self reporting as a primary data collection method) and our data will tend to be viewed as a successful or unsuccessful cure rate.

I, too, join the chorus of those urging for the development of reliable and understandable post-treatment data. I, too, join the chorus of those urging that such outcome data look at treatment taking place in every level of intensity. I suggest, however, that the key area to be studied and examined should be **functionality** and not abstinence. Do persons, having gone through addiction treatment, function better as fathers, mothers, wives, husbands, employees, employers, neighbors, and citizens of the community in which they live than they did prior to treatment? Addiction treatment must focus on functionality and specific functionality improvement as a goal or outcome of treatment.

With the same rigor that allowed our field, first led by NAATP, to develop patient placement criteria, I would suggest a commitment to the development of a “tool” that would measure individuals functioning prior to treatment and then again at six month intervals for up to five years after treatment. Such an effort would provide us with the data on effective treatment and its relationship to health care dollars spent for such treatment. The following is a modest proposal as to the areas to be measured.

1. Health Index

Since it is known that addiction takes its toll on the general health of an individual an index would be developed to rate a person’s overall health. Generally, in the majority of individuals an improved health index will lead to fewer health care dollars spent on “repair” activity.

2. Employee/Work Index

Perhaps the largest concern on the part of employers is, “will an individual be a better employee as a result of treatment”? Thus, this index will need to measure elements of tardiness, accidents, productivity, relationships to supervisors, suspensions, performance evaluations, and other elements which contribute to effective employment.

3. Legal Index

Attention has often been given to DUI’s and other violations an individual has as a part of traditional addiction treatment. Again, it can be argued that improved functionality as an addiction treatment goal should result in fewer legal entanglements. This index should not only focus on the traditional and obvious ones, but should also examine those related areas such as missed child support payments, bankruptcy, and other areas which realistically have been impacted by the active addict.

4. Relationship Index

Closely related to the spirituality index is the need to measure an individual’s ability to develop and sustain healthy relationships. If the goal of relationship is to give and receive genuine affection, then the index will measure the evolution of that process from pre-treatment to post-treatment.

5. Spirituality Index

This is perhaps the most difficult area to measure but yet potentially the most important. Addiction robs an individual of the ability to appropriate a focus outside or on larger concepts than herself/himself. Thus, this index will measure the individual’s ability to appropriate in their life a force which is larger and greater than they are.

This is only a modest proposal - a beginning point. It is my contention that if we continue to measure abstinence and its derivatives we will be missing an opportunity. Health care dollars are a limited and precious resource. We have an obligation to demonstrate that not only does treatment work, but that it contributes to the larger goal of society through increasing the functionality of those persons who seek treatment in outpatient or inpatient settings for the chronic disease of addiction.

That’s the Perspective of RJH



Senate Appropriations Committee Passes FY 2003 Labor, Health and Human Services and

Education Funding Bill: Drug and Alcohol Treatment, Prevention, and Research Receive Funding Increases

This week, the Senate Labor, Health and Human Services and Education Appropriations Subcommittee and Committee reviewed (marked up) the FY 2003 funding bill. The bill would provide substantial funding increases for drug and alcohol treatment and research; restore the deep cut to the Center for Substance Abuse Prevention; and increase the State Grants portion of the Safe and Drug Free Schools and Communities Program. Increases would include:

- **\$70 million increase** for the Substance Abuse Prevention and Treatment Block Grant, which would bring the FY 2003 funding level to \$1.795 billion, \$10 million above the President's FY 2003 budget request.
- **\$18 million increase** for the Center for Substance Abuse Treatment, which would bring the FY 2003 funding level to \$310 million, \$48 million below the President's FY 2003 budget request.
- **\$4 million increase** for the Center for Substance Abuse Prevention, which would bring the FY 2003 funding level to \$202 million, surpassing the President's FY 2003 budget request by \$49 million.
- **\$34 million increase** for the National Institute on Alcohol Abuse and Alcoholism, which would bring the FY 2003 funding level to \$418 million, equaling the President's FY 2003 budget request.
- **\$80 million increase** for the National Institute on Drug Abuse, which would bring the FY 2003 funding level to \$968 million, equaling the President's FY 2003 budget request.
- **\$161 million increase** for Ryan White Care Act funding, bringing the FY 2003 total to \$2.07 billion, surpassing the President's FY 2003 budget request by \$161 million.

The bill would not provide an overall funding increase for the Safe and Drug Free Schools and Communities Act Program — it would fund the program at \$654 million, \$93 million below its FY 2002 funding level of \$747 million, but \$10 million above the President's FY 2003 budget request. However, the State Grants portion of the program, which funds local prevention programming, would receive a **\$13 million increase** in its portion of the FY 2003 funding, and would be funded at \$485 million.

The House Appropriations Subcommittee on Labor, Health and Human Services and Education is scheduled to review its FY 2003 funding bill on September 5th, immediately after Congress' August recess. However, since the House Appropriations

Subcommittee has a different and substantially less generous overall funding allocation than the Senate Subcommittee did, it is expected that the House bill will contain significantly fewer funding increases and potentially harsh funding cuts for many programs. Congressional staff have indicated that substantial grassroots advocacy is required for programs to maintain funding gains made in the Senate bill as the appropriations process moves forward in the House.

Haymarket Center

will present the

2002 Autumn Workshop Series

starting on **September 14, 2002, thru November 9, 2002** at
The Chicago Athletic Association, 12 South Michigan Avenue, Chicago, Illinois.

Topics include: Spirituality As A Recovery Tool; Conduct Disorder/ Oppositional Defiant Behavior in Adolescence; Gambling; Assessments; and Childhood Depression. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

2002 NAATP Conference on Tape!

As the summer begins to slip away, the May 18-21, 2002 NAATP annual conference becomes an even more distant memory. Or, if you were not able to attend the conference, there is just blank material in your memory bank for that event!

NAATP has a solution to that *distant memory syndrome or that blank material gap*, **the NAATP annual conference was recorded on tapes and CD's and is available for your purchase**. 22 tapes of the entire conference are available or you can select individual tapes representing the complete range of activities at the conference.

To find out about the tapes and to order your tapes, contact:

OnSite Taping
29318 Quail Run
Agoura Hills, CA 91301
(818) 991-8084
(818) 991-8096 Fax
Conftape1@aol.com

Don't miss the opportunity to listen to the sessions you missed or the sessions you would have liked to have heard. Adding value is the mission of NAATP!

THE EFFECTIVENESS OF ACUPUNCTURE IN AN INPATIENT ADDICTION TREATMENT SETTING

INTRODUCTION: Auricular acupuncture is intended to assist patients in the reduction of symptoms related to withdrawal and abstinence syndromes, and in relapse prevention. Auricular acupuncture has been provided by certified acupuncture detoxification therapists at the St. Lawrence Addiction Treatment Center as an adjunctive therapy since 1999.1

In general, acupuncture means treating, by the insertion of very fine needles at a point or combination of points on the body, to achieve a therapeutic or prophylactic effect. This treatment is based on the theory of a physiological relationship of body organs with an associated point (or combination of points) on the surface of the human body which relates to various diseases, disorders, or dysfunction. Auricular acupuncture (needle insertion points are on the ear) detoxification therapy is the specific acupuncture service provided by the ATC.

CLINICAL PROCEDURE FOR ACUPUNCTURE DETOXIFICATION THERAPY

STEP 1: Patient is assessed by certified acupuncturist detoxification therapist (specific Acupuncture Assessment used, see attached); appropriate patients referred to physician for review and approval.

STEP 2: Patient is scheduled for acupuncture clinic session.

STEP 3: Patient arrives in room where the acupuncture treatment will be administered; treatment is carried out in a group setting.

STEP 4: Patient completes a pre-treatment survey.

STEP 5: Patient cleans his or her ears and hands with alcohol swabs.

STEP 6: Acupuncture detoxification therapist provides a brief educational introduction to a particular aspect of acupuncture detoxification therapy.

STEP 7: Acupuncture detoxification therapist inserts pre-sterilized, disposable acupuncture needles in designated ear points (e.g., shenman, sympathetic, liver, kidney, and lung).

STEP 8: Once the needles have been inserted, a brief guided imagery exercise takes place; the patient remains quiet and still during the treatment (which lasts approximately 25 – 45 minutes).

During treatment, at least one acupuncture detoxification therapist is always present.

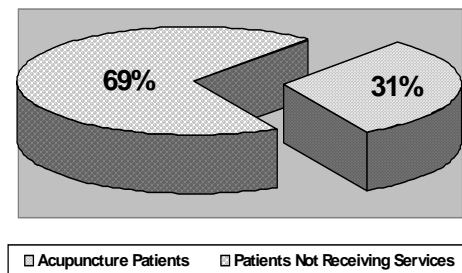
STEP 9: At the end of treatment, the acupuncture detoxification therapist removes needles from ear; all needles must be accounted for and disposed of in a "sharps" container.

STEP 10: Patient and acupuncture therapist evaluate session; post-session surveys completed.

Herbal tea may be served prior to and after treatments.

EVALUATION: During 2001, 169 different patients received acupuncture services; this represents 31% of all patients receiving treatment at the facility during that 12-month period. These 169 patients underwent 774 acupuncture session units; the average number of sessions was 4.58 sessions per patient (range = 1 – 21 sessions). Evaluation was based on patient subjective reports of symptom relief and satisfaction, and subjective reports of the acupuncture detoxification therapist. A five-point rating scale was used by each patient to report symptom relief or improvement in five areas: anxiety, inability to focus, cravings, irritability, and muscle aches.

Patients Attending Acupuncture Sessions as Part of Total Number of Patients Admitted to or Discharged from Facility in 2001



SUMMARY OF FINDINGS:

Patient Satisfaction Rate with Acupuncture Treatment: 92%

Expressed Symptom Relief Rate (as reported by patients): 90%

Patient Relaxation Rate (as reported by acupuncture detoxification therapist): 98%

Range of Patient-Reported Specific Symptom Relief in Five Areas: 60% - 79%

Patient ACA Rate: With Acupuncture = 3½% No acupuncture = 14%

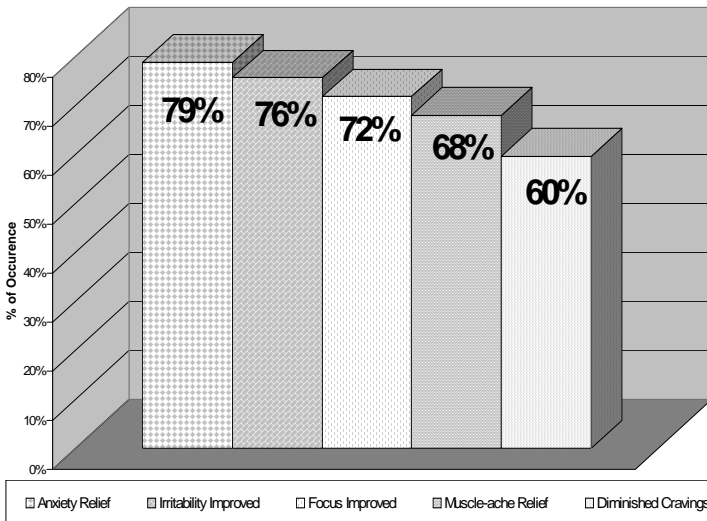
DISCUSSION: Auricular acupuncture seems to be an effective adjunct to the inpatient addiction treatment process for certain patients. This finding is more pronounced when the data is examined more closely. When comparing those patients who chose to discontinue acupuncture after one or two sessions with those who continued, patient satisfaction with the service increased for those patients attending more sessions. It was concluded that patients themselves quickly and ably determine the efficacy of this non-traditional treatment methodology.

Of the 169 unique persons receiving acupuncture treatment, 64 terminated treatment within two sessions (26 received one treatment; 38 received two treatments). Those 105 patients receiving more than two acupuncture treatment sessions underwent an average of 6.4 sessions.

CONCLUSION: Auricular acupuncture is considered to be an effective adjunct to inpatient addiction treatment for some

patients. Furthermore, of those patients assessed and found appropriate for acupuncture treatment, a self-elimination or self-selection process developed. Patients who found acupuncture treatment effective or valuable continued with treatment. Those who did not quickly dropped out.

Symptom Relief



(Footnotes)

1 Facility acupuncture services are regulated by the NYS Office of Alcoholism and Substance Abuse Services under Part 830 of the Office's Program Operating Regulations.

Facility Acupuncture Detoxification Therapists are clinicians who have successfully completed an educational program (acceptable to the NYS Education Department under Article 160 of the Education law). Facility Acupuncture Detoxification Therapists are supervised by a NYS licensed Acupuncturist.

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Executive Director/Administrator

A truly unique and wonderful opportunity exists for an Executive Director. Deering and Associates has been retained to conduct a search for an Executive Director/Administrator of **Perinatal Treatment Services in North Seattle, Washington.**

Perinatal Treatment Services (PTS) is a non-profit organization, established in 1994, that provides long-term residential and outpatient treatment services to low-income, pregnant and parenting, chemically dependant women and their children. PTS is certified by DSHS and licensed by the State Department of Health.

They are extremely well funded and have two locations, one in Tacoma and the other in North Seattle. The two Washington facilities have approximately 52 FTE's and the Executive Director has six direct reports. The programs are well managed and the centers are successful with waiting lists on the inpatient side.

Requirements:

- A Master's Degree in Public Administration, Healthcare, Public Health, Business, Nursing or Social Work or equivalent is required.
- Two years of management experience of a healthcare unit/facility;
- Four years experience as an Addiction Practitioner/Clinician is also required.

Compensation and benefits are excellent and negotiable.

The position is just recently open owing to the resignation of the Executive Director.

If you or anyone you know might be interested in such a position, have them reply in strictest confidence to:

Deering & Associates
1605 116th Avenue, NE, Suite 200
Bellevue, Washington 98004
fax (425) 453-1332.

Questions may be answered by calling toll free at
(888) 321-6016.

We've added to our Online Library!

Another new training program is now available exclusively to policy holders in the ISA/CAN Human Service insurance program, the [Passenger Assistance Safety & Securement \(PASS\) online program](#). This program gives you an optional format to popular PASS classroom course created by the Siegel Agency.

Here's more...

Program Features:

- An interactive and self-paced training course instructs your drivers and assistants in the essential information they need to know to assist clients in boarding, unboarding and transporting in a safe and professional manner.
- The program can be successfully used to accommodate new employee training, refresher training, or post-accident training.
- The program is available on a 24/7 basis, so you can schedule staff training around their schedule.
- Case studies ask the learner to apply the teaching points to real-life situations.
- The learner is provided with printable take-away materials, including a glossary of key terms, emergency vehicle procedures, a prêt-trip vehicle and equipment inspection checklist, and the "10 Commandments of Communicating with People with Disabilities".
- The learner is instructed to print the results of post-test questions and case studies, which you can retain on file as documentation of each successful training session.
- The program is available in both English and Spanish versions.

Program Content

A total of three modules take your staff through the following topics and more:

- Sensitivity to the special needs passenger.
- Assistance techniques for passengers using canes, walkers and wheelchairs.
- Assistance techniques for passengers with visual and/or hearing impairments.
- Safe use of wheelchair lifts.
- Proper seating and securement of all passengers, with detailed procedures for passengers using wheelchairs.
- Supervision of passengers, including how to deal with disruptive behaviors.
- Emergency procedures in case of an accident, including evacuation procedures.

Instructions for Logging On

Log onto the Irwin Siegel Agency website at www.siegelagency.com

Click on "Passenger Assistance Safety & Securement Program", then "Current Programs". When the login box appears, enter the user name of "insurance" and the password "services". Select "Passenger Assistance Safety & Securement".

Minimum System Requirements

Users using Internet Explorer can view the course and hear the audio without downloading any plug-ins. Users of Netscape Navigator 4.7 will need to download Windows Media Player to hear the audio narration. Users of Netscape Navigator 6.0 and above will not be able to hear the audio because of limitations of Netscape.

- IBM-compatible computer (not a Macintosh) with 200 Pentium processor or better
- 32 MG of RAM
- 28K modem
- 800by 600 screen resolution
- Microsoft Windows 95
- Internet Explorer 4.0 or Netscape 4.7 (works for both)

Need Help?

If you or your staff need assistance in accessing this program or others on the Irwin Siegel Agency website, please call 800-662-8272 and ask for a Client Service Specialist.



NIDA'S New Journal for Researcher-Provider Dialogue

NIDA is launching a new publication for drug abuse researchers and treatment providers. *Science & Practice Perspectives* seeks to promote a practical, creative dialogue between science and service providers. Published twice a year, the exchange of information, observations and insights is expected to help clinicians make the most of their programs and treatment outcomes while helping researchers construct new hypothesis and design studies of strong relevance to the needs of providers and patients.

"Drug abuse researchers and clinicians share a common dedication to reducing the devastation caused by drug abuse and addiction," observes NIDA Acting Director Dr. Glen Hanson. "By combining forces, researchers and clinicians are able to produce treatment results and improvements that far surpass the results that either could achieve on their own. *Perspectives* joins the Clinical Trials Network as cornerstones of NIDA's ongoing efforts to help achieve these results – both by presenting and stimulating ideas and solutions that can reduce the deadly toll of drug abuse."

Volume 1, Number 1 of *Perspectives* should be available in June of 2002. No-cost subscription can be ordered through the online order form at NIDA's Web site, www.drugabuse.gov



Perfect World

It is easy to suppose that everything should be great—no problems, perfect health, no addiction—just all of us examining and experiencing our own personal growth. But reality is what it is, and the reality of addiction is a little debatable, at best.

“Addiction,” you say? What addiction? Oh... *nicotine*. Sometimes it seems like the one we don’t want to talk about as an industry. Yes, we have smoking cessation programs, and some are even effective and comprehensive enough to show positive results. But in many cases, we admit the patients into our facility and give them a talk, a patch, a lecture, some encouragement, and then we proceed to work with the *problems* they came into treatment for.

The grand debate begins when, as in the recent past, the subject of having a smoke-free treatment center comes up as a topic at a board meeting. In this instance, the diversity of the board members and their priorities were evident early in the discussion. One board member is an alleged smoker. I say alleged because, as our society dictates, there are not many places where you would have an opportunity to see him smoke. As the subject was broached, a variety of responses emerged. First of all, the chief financial officer wanted to reassure everyone that, although he was not in favor of smoke-free treatment at this time, it was not because of potential lost revenue. Some in the meeting had a difficult time not laughing at this point. Revenue fear was so thick, it reminded me of a 1960’s smoke-filled poolroom. And, of course, no one wanted to admit it or address it.

As the meeting proceeded, an AA old-timer on the board said, “Bill Wilson would never tell someone they couldn’t come to AA if they smoked.” Hmmm. Then another old-timer with less revenue fear spoke up and said, “Yes, that is true. However, 27 years ago when I came to AA, there were hardly any non-smoking meetings, and now there are hardly any smoking meetings.” His point being that society has changed during the past decades with respect to smoking, and we have not kept up in the treatment world. Hmmm.

The computer systems expert spoke up and logically said, “How can we possibly think about a smoke-free facility unless we have a valid smoking cessation program? This passive attitude about patients quitting satisfies some of our guilt, but in order to *really* be smoke-free, we would have to be aggressive with our program.”

During the meeting, I tended to watch the one (admitted) smoker, and he was looking like he needed a cigarette. Finally he spoke up,

“When we talk about ‘addiction’ and ‘addiction treatment,’ we simply cannot lump smoking in with all the other addictions we treat. How many smokers do you know who have stolen their family’s valuables to buy cigarettes, been in jail because of smoking, lost their license, and the list goes on. Smoking is a different type of addiction. I am recovering from drug addiction and have been successful for many years. However, I can tell you firsthand that quitting cigarettes is much more difficult for me.”

So, what came out of the board meeting? Nothing much. We had a good last quarter; this quarter will be better, etc. Okay, I will stop here. Of course, this was **not** an actual account of a board meeting. They are much more dull than this illustration. It is just an example of where I see the treatment field with respect to smoking. I applaud those of you who have taken that giant step into smoke-free treatment.

When I was in treatment in 1979, the admitting doctor heard some strange noises in my lungs during the H&P. He sent me down to x-ray. When he looked at the pictures, he said that my lungs were so dark he couldn’t see anything. He said that I needed to quit smoking... but one addiction at a time. He said I should quit after I got a handle on the alcohol problem.

I believe we have changed our attitudes enormously in the past two decades. Wouldn’t it be great if our treatment changed to match our changed attitudes? Imagine the headline... “*NAATP ANNOUNCES ALL MEMBER TREATMENT CENTERS SMOKE-FREE.*” Would that stop some people from getting the help they need? Would it hurt business? Would it be recognized as a healthy move for a healthy treatment field?

I put all of this out just as food for thought. Isn’t it interesting that smoke-free treatment is controversial? Well, I guess this is just not a perfect world.

Jim Griffis

Jim Griffis
Executive Director, Sierra Tucson
NAATP Board Member

Upcoming Events for Your Calendar

The National Association of Addiction Treatment Providers will present **SECAD 2002 Dec. 4 to 7 in Atlanta**. For more information, call 888-506-7394, or outside the US 770-579-2502; fax 770-579-1218; write SECAD c/o NAATP - P.O. Box 670656, Marietta, GA 30066-0128; or visit www.naatp-secad.org

The **North River Foundation Inc.** will present the 15th Cape Cod Symposium on Addictive Disorders "Addiction as a Brain Disorder: Prevention, Treatment, and Healing" **Sept. 19 to 22 in Hyannis, Mass.** For more information, call (800) 767-9061; fax (781) 585-0607; e-mail nriverfound@earthlink.net; or visit www.ccsad.com.

The first **World Forum on Drugs, Dependencies and Society** will be held **Sept. 22 to 27 in Montreal**. For more information, call (514) 340-4550; or fax (514) 340-4440.

Comprehensive NeuroScience Inc., the **Annenburg Center for Health Sciences** and **Manisses Communications Group** will present the Behavioral Healthcare & Informatics Tomorrow (BHIT) conference Sept. 22 to 25 in Washington D.C. For more information, call (800) 770-8443 or visit www.bhitomorrow.com

The **U.S. Journal Training, Inc.** will present the eighth annual Counseling Skills Conference **Sept. 26 to 28 in Las Vegas, Nevada**. For more information all (800) 441-5569 or visit www.usjt.com

Pavillon International will present the 2002 Carolina Conference on Addiction and Recovery **Sept. 25 to 28 in Charlotte, N.C.** For more information, visit www.carolinaconference.com or call (877) 392-9973.

The **State University of New York at Binghamton** and **Broome Community College** will present a research conference, "Treating Addictions in Special Populations: Research Confronts Reality," **Oct. 7 and 8 in Binghamton, N.Y.** For more information, contact Jane Angelone, Conference Coordinator, Professional Development and Research, Binghamton University, P.O. Box 6000, Binghamton, NY 13902-6000; phone (607) 777-4447; fax (607) 777-6041; e-mail angelone@binghamton.edu; or visit sehd.binghamton.edu/pdr/index.htm.

The **GAINS Center for People with Co-Occurring Disorders in the Justice System** will hold its second national conference, "Policy and Practice: Expanding Access to Community Based Services," **Oct. 28 to 30 in San Francisco**. For more information, visit www.gainsctr.com.

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