

VISIONS

December, 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).



HAPPY HOLIDAYS!

2002 NAATP Year in Review!



NAATP moves into new office space, January 2002



Eric Newhouse accepts the 2002 Michael Q. Ford Journalism Award



For the Third year, NAATP provides the SECAD Conference



The fifth year for the NAATP Benchmarking efforts with over 120 programs participating



Looking forward to 2003

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Nearly a year ago, your board of directors initiated a strategic planning process to ensure that the National Association of Addiction Treatment Providers will have a future that equals or exceeds the accomplishments of the first twenty-five (25) years of our history. We are on the verge of entering **2003** and celebrating the first quarter century NAATP. The strategic planning process has provided an intentional opportunity for your board members to look at the future, to work at setting some goals for the future and to commit itself to continuing to be the **voice** for addiction treatment. Over the course of the next year you will hear more about the plans of your board for the years ahead. What is important is that you board is committed to a strong voice and a strong force that represents the board array of addiction treatment programs committed providing quality treatment for the chronic disease of addiction.

In looking ahead, I would like to take this last issue of the 2002 newsletter to do some “*predicting*” in terms of what I believe will be key issues or trends to watch in 2003. These might be identified as the major items of focus or the major agenda items for 2003.

First, I believe that 2003 cannot come to an end without the creation of a Presidential commission on Addiction Treatment. **The creation of a Presidential National Commission on Addiction Treatment** should be one of the upper most issues on the table for NAATP, for addiction treatment providers and for everyone concerned about a coherent and viable delivery system for addiction treatment. Just as 2002 saw the creation of the President’s New Freedom Commission on Mental Health, so we need to focus our voices, our energy and our commitment to making this happen. In addition, the creation of such a Commission must result in the appointment of an NAATP representative to the Commission! Some of the questions that we will have to face in this effort will be:

- What political capitol will it cost us to have such a commission appointed?
- What legislators at the federal level and who within the executive branch will be our allies in working toward this goal?
- Are we prepared to offer positive and workable solutions to a fragmented delivery system? Will NAAATP be part of the solution?

Secondly, the recent issuance of a presidential executive order has essentially paved the way for the *faith-based* initiatives to move forward. By-passing the legislative process, the executive order informs the federal agencies to not discriminate against faith-based groups in their allocation of federal funds. Previously, those faith-based organizations were prohibited from accessing federal funds (tax dollars) because they did not adhere to anti-discrimination hiring practices. For NAATP, 2003 will be a monitoring year to determine what happens as a result of this in the area of addiction treatment:

- Will non licensed programs, delivering service by non-certified and credentialed individuals be called addiction treatment programs?
- Will there be an increased temptation to view addiction as a “moral” problem and not a chronic disease?
- Will this initiative help or hinder the need to develop uniform standards and protocols for providing addiction treatment?

Thirdly, the health care system in this country as we know it, especially the payment portion of the equation, is about to collapse. Business have reported that their health care premiums have risen nearly 30% this past year and the predictions are that this rate of increase will continue into the future. Business’ simply cannot and will not be able to afford to provide health care to their employees in the future. My prediction is that as the health care cost crisis continues to be ratcheted up, employers will take the opportunity to move out of providing health care benefits. That will signal the collapse of the health care system as we know it! It will be replaced, I believe, by some sort of “*voucher*” system where every individual (universal health care) will be provided with a voucher and then the opportunity to “buy up” or acquire additional coverage. If my prediction is true, then the following are critical to NAATP:

- Will addiction treatment be included in the basic voucher plan?
- Will NAATP be at the table as compromise after compromise will need to be fashioned to get to any acceptable solution to the impending crisis?
- Who will represent what constitutes “adequate” addiction treatment?

Three critical issues identified for 2003 and nine questions raised on the eve of moving into 2003. NAATP is a forward thinking and a progressive organization that is the voice of addiction treatment. On behalf of the Board of Directors I want to express my appreciation to each and every one of you for all the hard work you have done on behalf of NAATP and for your membership in NAATP. **Happy 2003!**

That’s the Perspective of RJH



HAZELDEN®

ELLEN L. BREYER NAMED HAZELDEN PRESIDENT AND CEO

CENTER CITY, MINN. – (November 25, 2002) – Ellen L. Breyer has been named President and CEO of the Hazelden Foundation. Founded in 1949, Hazelden is internationally known for its work treating alcoholism, drug addiction and related diseases.

Hazelden’s Board of Trustees unanimously approved Breyer’s selection. A committee of board members recommended her from a list of candidates compiled during a five-month national search. Breyer had served as Hazelden interim president and CEO since May.

Breyer is the first woman hired to head Hazelden in its 53-year history.

“I’m happy to have the opportunity for a longer-term commitment to Hazelden in our mission to help more people achieve recovery,” Breyer said. “There is no more important work than helping people overcome addiction to alcohol and other drugs.”

Board of Trustees Chairman Marvin Koslow lauded Breyer’s work during the interim period.

“She really got to know the detailed operations of the whole organization,” Koslow said. “She didn’t skirt the tough issues. She cares about Hazelden and will do a great job leading us forward.”

Breyer brings to the position an extensive background in business development, marketing and strategic planning, both in the for-profit and non-profit sectors. She currently serves on the board of directors for Freedom from Hunger, WATCH, and Minnesota Center for Book Arts.

“We want to make treatment more accessible to more people, and demonstrate that treatment works and makes a difference in the lives of individuals and families,” Breyer said. “That’s our opportunity and our responsibility.”

Breyer lives in Minneapolis, is married to Jan Breyer and has three sons.

Hazelden is a non-profit provider of treatment, recovery, research and training. Hazelden offers a wide variety of programs, services and publications, designed to help individuals, families and communities affected by chemical dependency.

Buprenorphine

The Substance Abuse and Mental Health Services Administration (SAMHSA) today launched a new professional and public education initiative to raise awareness about a new medication, buprenorphine that can be used to treat addiction to opioids, such as prescription painkillers and heroin. Unlike other medications available to treat addiction, buprenorphine can be prescribed by physicians in their own offices. The “New Paths to Recovery” educational materials will also inform doctors of the credentials necessary to administer the therapy from their offices.

“The application of buprenorphine treatment therapies will result in improved and expanded assistance for those who have been trapped by opiate dependence,” said John P. Walters, Director, White House Office of National Drug Control Policy.

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Buprenorphine Continued....

“Medical doctors now have one more important tool to heal those addicted to drugs. We look forward to working with the medical community to help reduce the demand for drugs at various stages of the dependence continuum.”

“The availability of buprenorphine heralds a new day in the treatment of addiction,” said SAMHSA Administrator Charles G. Curie. “With this new medication, qualified physicians will, for the first time, be able to prescribe an anti-addiction medication to their patients in their office. This major advancement in substance abuse treatment will expand availability of addiction services and permit doctors to treat heroin and other opioid addiction just like any other medical condition, such as diabetes or hypertension.”

Approved by the U.S. Food and Drug Administration (FDA) to treat addiction to heroin or other opioids, including prescription painkillers, buprenorphine blocks the craving for the drugs. This new medication will not replace methadone therapy, provided through special methadone treatment facilities, but will provide physicians the opportunity to treat patients in their offices. The Drug Abuse Treatment Act of 2000 permits qualified physicians to provide this medication in an office setting. The law also requires physicians to have the ability to refer patients to full-spectrum care for their social and psychological needs.

Leading Physicians Call Adolescent Substance Abuse a “Major National Public Health Problem,” Recommend Systemic Changes

The Physician Leadership on National Drug Policy (PLNDP)—a bipartisan group of leading physicians from across the country—today released a comprehensive report on adolescent substance abuse and urged lawmakers and public health officials to revisit strategies for curbing and treating teen drug abuse.

The report “Adolescent Substance Abuse: A Public Health Priority,” contains recommendations for policy changes aimed at the prevention, screening, assessment, and treatment of adolescents prone to or affected by abuse:

- lawmakers are urged to increase federal and state funding for prevention and treatment efforts and to expand education efforts geared to adolescents to include current data on risk and protective measures;
- healthcare professionals are called upon to increase training for screening, diagnosis, referral and treatment, as well as to expand support for research to develop and test intervention models;
- the justice system is urged to expand treatment and services for adolescents in correctional facilities, provide transitional and aftercare services as youth re-enter the community, increase collaboration and communication with the medicine, legal, and education communities, and increase research into the effectiveness of criminal justice procedures in reducing drug abuse and crime.

The report details the prevalence and causes of adolescent substance abuse, and the particular challenges posed when abuse and addiction take hold in young people. “Substance abuse among teens is a national problem in need of national attention,” said Dr. Louis Sullivan, former Secretary of Health and Human Services and a member of PLNDP. “The bad news is that substance abuse is starting at younger ages, taking hold earlier, and leading many teens to end up in jail. The good news is that a growing body of evidence suggests that prevention and treatment work, and are more efficient and cost-effective than incarceration alone.”

The 70+ page report highlights the link between adolescent substance use problems and mental health disorders, and explores the role that America’s juvenile justice system can play in holding youth accountable for delinquent behavior while at the same time linking them to treatments and resources that effectively treat addiction and prevent future problems. “Adolescents are a special population with a unique set of challenges and needs,” said June E. Osborn, M.D., Chair of PLNDP. “This report points out that it is in all of our interests to see that these needs are met.”

The 37-founding members of PLNDP include many former high-ranking health or drug policy advisors under the Reagan, Bush, and Clinton administrations. In addition to Drs. Sullivan and Osborn, PLNDP members include David Kessler, M.D., immediate past Commissioner of the Food and Drug Administration; Edward Brandt, M.D. and Philip Lee, M.D., who were Assistant Secretaries of Health and Human Services under Presidents Reagan and Clinton, respectively; Antonia Novello, M.D., former U.S. Surgeon General

under the Bush Administration and current Health Commissioner of New York; Frederick Robbins, M.D., Nobel Laureate; the current and former editors of the Journal of the American Medical Association and the former editor of Science; and a former editor of the New England Journal of Medicine. Funding for the PLNDP project comes principally from the Robert Wood Johnson Foundation and the John D. and Catherine T. MacArthur Foundation. The organization’s consensus statement on drug abuse and addiction have been endorsed by many medical professional organizations, including the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics.

For more information about PLNDP or the report, please visit PLNDP’s web site at <http://www.plndp.org> or contact Christine Heenan at (401) 831-5898.

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evidence-based information. Their mission is to meet the highest standards of research practice and technical innovation, using cost-effective, “real world” solutions. TRI develops policy and practice recommendations based on objectivity and science and collaborate with stakeholders who share related missions.

Inflexxion, Inc. (www.inflexxion.com) is a pioneer in delivering scientifically based solutions to consumers and clinicians in critical areas of health education, prevention and disease management. Using interactive multimedia and Internet technologies that guarantee user involvement, Inflexxion brings efficiencies and new treatment options to all aspects of health. The company draws upon the unique skills of clinical psychologists, multimedia designers, scientists and educators to develop multimedia health solutions. A majority of product development funding comes through the National Institutes of Health (NIH) and Small Business Innovative Research (SBIR) Program. All products are clinically tested in carefully designed field trials.



Make Plans to Attend the NAATP annual Conference and 25th anniversary Celebration
May 17-20, 2003
Indian Wells, California

Employment Opportunity

Job Title: Executive Director of New Directions for Women

Organization: New Directions for Women, Inc is committed to providing treatment services to women experiencing problems with alcohol or other chemicals. It includes a recently opened residence for women residing with their children while in treatment.

Web Site: newdirectionsforwomen.com

Job Responsibilities:

- Oversee overall operation and management of New Directions
- Raise funds through private donations, fundraising events and grants
- Promote positive image of the organization through marketing and network building
- Develop strategies, plans and policies consistent with the philosophy of the organization
- Ensure compliance with regulatory and legal requirements
- Supervise staff responsible for operations, finances and clinical treatment

Requirements:

- Bachelors degree minimum
- Proven executive leadership
- Exceptional fundraising and marketing skills
- At least 3 years experience in treatment and/or recovery programs
- Team builder and leader

Salary: Negotiable

Send resume to: Lawrence Ebner at lebner@mofo.com or mail to Lawrence Ebner, Twelfth Floor, 19000 MacArthur Blvd., Irvine, CA 92612-2445

A new physicians group has also joined La Hacienda. MS Physicians Group is comprised of Dr. Dan Boone of Kerrville, Dr. David Blackburn of Boerne, and Dr. Butch Munden of Austin. MS Physicians Group will work in conjunction with the Medical Director, Dr. Raul Rodriguez of Stillpoint Medical Group, to provide the best possible medical care for those individuals who seek help for alcoholism and other drug addictions.



Frank Sadlack is honored with the opening of the Frank J. Sadlack Family Center at La Hacienda Treatment Center. Frank is a member of the Board of Directors of NAATP and will continue on as a consultant to the Governing Body of La

La Hacienda Treatment Center

Announces new Executive Director and Physicians Group

Arthur J. VanDivier, MA, has joined La Hacienda Treatment Center in Hunt, Texas as Executive Director effective October 31, 2002. Mr. VanDivier served as Client Delivery Executive with Electronic Data Systems in Plano from 1996 to 2002, and also has extensive hospital administrator experience. Mr. VanDivier accepted this position upon the retirement of Frank J. Sadlack, PhD, who served as Executive Director from 1993 to October 2002. **Dr. Sadlack is a member of the Board of Directors of the National Association of Addiction Treatment Providers.** Dr. Sadlack will continue to serve as a consultant to the Governing Body of the facility.

On October 11th, 2002, Dr. Sadlack was honored at an Open House and building dedication of the newly constructed Frank J. Sadlack Family Center. This building provides services for patients and their family members who attend weekly Family Program activities.

2003 NAATP Dues Invoices



The 2003 NAATP Dues Invoices will be in the mail during the last week of December! Your prompt response to your invoice is appreciated.



107th Congress Adjourns; Final FY 03 Funding for Many Programs, Including Alcohol and Drug Treatment, Prevention and Research, Remains Unresolved

After finally passing the Homeland Security bill, Congress adjourned this week, marking the end of the 107th Congress. During its post-election “lame duck” session, Congress failed to address any of the remaining eleven FY 03 appropriations bills, leaving them for the 108th Congress to complete upon its return. To fund programs that do not have a final appropriations, the Congress passed a Continuing Resolution on November 14th. The resolution funds programs at the FY 02 funding level. Additionally, the continuing resolution extends the Temporary Assistance for Needy Families (TANF/welfare) law, including funding for TANF, until March 31, 2002. Congress will return to Washington to begin the 108th Congress on January 7, 2003.

Congress Extends Current Mental Health Parity Law for One Additional Year; Advocacy for Full Mental Health Parity Will Continue during 108th Congress

On November 15, Congress passed a bill that extended the Mental Health Parity Act of 1996 for one year, until December 31, 2003. The law's requirements ensure that insurers may not impose arbitrary dollar limits on mental health coverage. However, studies have found that insurers avoid this parity requirement by imposing inpatient day and outpatient visit limits instead. As a result, mental health advocates have been seeking a full mental health parity requirement that would preclude the imposition of day and visit limits.

During the 107th Congress, full parity achieved substantial support with 67 Senators and 243 Representatives co-sponsoring the Mental Health Equitable Treatment Act, S. 543/H.R. 4066, originally sponsored by the late Senator Paul Wellstone (D-MN), Senator Pete Domenici (R-NM), and Representatives Marge Roukema (R-NJ) and Patrick Kennedy (D-RI). Additionally, 250 public and private national organizations supported the Mental Health Equitable Treatment Act, including several national drug and alcohol treatment and prevention organizations. Senator Domenici has pledged to make passage of a full mental health parity bill a priority early in 2003, in part to honor the memory of parity advocate Senator Paul Wellstone. Senator Domenici has stated that he plans to address the parity issue soon after the 108th Congress convenes in January.

MULTIMEDIA VERSION OF THE ADDICTION SEVERITY INDEX (ASI-MV) TO BE USED IN THE DRUG EVALUATION NETWORK SYSTEM (DENS)

Newton, MA (November, 2002) – Inflexxion, Inc. is proud to announce that the Treatment Research Institute (TRI) of Philadelphia, Pa., will integrate a tailored version of Addiction Severity Index - Multimedia Version (ASI-MV) client self-report software into their existing Drug Evaluation Network System (DENS). The new combined ASI-MV/DENS software package will enable TRI research sites nationwide to reduce ASI staff administration costs, gather consistent data and upload data anonymously to a central national database.

The Addiction Severity Index (ASI) is a structured interview and measurement tool developed in 1980 by A. Thomas McLellan, Ph.D. The AIS rates the overall functioning of substance abusers.

The Addiction Severity Index-Multimedia Version (ASI-MV) was developed and tested by Inflexxion, Inc. with grant support from the National Institute on Drug Abuse (NIDA). The ASI-MV is valid, reliable and highly cost-effective. One of the major users of the ASI is the Veterans Administration (VA), where it is required. Many VA facilities are switching from the interviewer version to the ASI-MV. The return on investment for ASI-MV is substantial and this product has the potential of saving millions of dollars at the VA and other substance abuse providers around the country.

The Treatment Research Institute was founded in 1991, by Dr. McLellan and is associated with the Center for Studies of Addiction, Department of Psychiatry, at the University of Pennsylvania. The Treatment Research Institute is a not-for-profit organization dedicated to reducing the devastating effects of alcohol and other drug abuse on individuals, families and communities by employing scientific methods and disseminating

Continued on page 4

What to say—what to say—what to write—what words of wisdom to share. It seems to me in this holiday time that the most important message I can offer is that we should all take the time to sit and say “thank you.”

We all regularly honor our employees at annual service award presentations. AdCare, being no different, recently honored 19 of its employees who collectively have served for over 205 years. This dedication and commitment found at AdCare is mirrored across the country at all of your facilities. Whether you have worked for 40 hours or 40 years the personal satisfaction of helping people and their families overcome addiction makes it easy to achieve length of service. As a society we often focus on the negative rather than the positive. I know that in the disease that we treat with chronic relapse situations we sometimes lose sight of the vast number of people who we help.

Recently I was approached and thanked by two people who had been in treatment at AdCare. The first person told me he believed his treatment at AdCare saved his life more than 15 years ago. The second person indicated he is currently in AdCare Outpatient treatment, and this has helped him avoid a relapse after years of sobriety.

The personal stories of these two individuals shared with me represent thanks to our exceptional and dedicated staff. I would challenge all facilities to make sure that thank you’s are shared frequently with your staff.

On behalf of patients across the country I say “thank you” to the staffs who have helped them and wish all of you happy holidays and a healthy and prosperous new year.

David Hill I is, FACATA
President/CEO, AdCare Hospital
NAATP Board Member

CMHC Systems will present "HIPAA Road Map – How do I Get There From Here?" **Jan. 13 to 15 in Columbus, Ohio.** For more information, send an email request to hipaaroadmap@cmhc.com or visit www.cmhcsystems.com

Lorman Education Services will present a seminar, "HIPAA Implementation: Beyond the Basics in Rhode Island", **Jan 16 in Providence, RI.** For more information call (715) 833-3940 or visit www.lorman.com.

The **29th Annual Winter Symposium**, "Addictive Disorders and Behavioral Health," will be held **Jan. 28 to Feb. 1 in Colorado Springs, CO.** For more information, contact Sandra Della-Giustina at (719-594-9304 or email addicteduc@aol.com

The **Council on Substance Abuse-NCADD** will present the International Conference on Addictions **Feb. 1 and 2 in Montgomery, AL.** For more information call (334) 262-1629; e-mail sancadd@bellsouth.net; or visit www.consancadd.org.

The **Community Anti-Drug Coalitions of America (CADCA)** will present the National Leadership Forum XIII, "Community Coalitions: The Heart and Soul of America," **Feb. 11 to 14 in Washington D.C.** For more information, visit www.cadca.org; email: forum@cadca.org; or call (800) 542-2322.

The **Florida Council on Compulsive Gambling Inc.** will hold its 10th annual conference, "The Innocence of Gambling: An Inside Look at Teens and Betting," **Feb. 21 and 22 in Orlando, FL.** For more information, contact Pam Stiles at (407)865-6200

Nineteenth Annual National Rural Institute on Alcohol and Drug Abuse to be held June 1-5, 2003 at the University of Wisconsin-Stout in Menomonie, Wisconsin. Visit our website at <http://www.uwstout.edu/solutions/ruralaoda>.

The **National Association of Addiction Treatment Providers** will hold its annual conference and its **25th anniversary celebration May 17-20, 2003 in Indian Wells, CA.** For more information contact the NAATP office at (717) 392-8480 or visit www.naatp.org.

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