

VISIONS

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 HAS A NEW ADDRESS

January, 2002

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13 West Liberty Street, Suite 129, Lancaster, PA 17603-2748. By now you should have received an eye catching post-card announcing the move of the NAATP office and the phone and fax number change. That post card was simply the precursor to all of the January activity that culminated in the office move, the computer move, the new phone and fax lines installed and the numerous files containing the past and current activity of NAATP moved.

NAATP's home is now is a three story first third of the twentieth century building located on the northern end of "downtown" Lancaster, PA. (For those of you not familiar with the geography of South Central PA, the office move was about a four mile move). With nearly the entire move complete, you should be able to access all of the information and services that were provided from the former location.

Current projects now underway at the NAATP office include:

- The 2002 Benchmarking Survey and resulting summary report
- The 2002 NAATP Membership Directory will go into production in mid March with the Directory ready for distribution at the 2002 annual conference
- The 2002 Annual Conference
- Membership development work



First Floor, right side of the building, the corner office... This is the NAATP Office!

- NAATP's Strategic Planning process which will commence in the summer of 2002 and a final report presented to the Board in the fall of 2002
- Numerous requests for information processed by the NAATP Office.

In addition to the office move, the National Association of Addiction Treatment Providers is in the process of hiring an individual to work approximately sixteen (16) hours a week to manage and process the information and paper flow that travels through the office. All of this is a result of the significant growth that has occurred with NAATP over the past five years.

This Lancaster, PA move is yet another chapter in the significant life of the National Association of Addiction Treatment Providers. Begun in 1978 NAATP was initially an effort that attracted addiction treatment providers from California and the West Coast, with the initial NAATP office being in California. The NAATP office remained in CA until 1992, when a decision by the Board of Directors was made to relocate the NAATP office to Washington, DC. The NAATP office remained in Washington, DC through 1996 and on January 1, 1997 the NAATP office arrived and Lititz, PA and held the prestigious zip code of



Here is the "hub" of the NAATP activity

17543 until this most recent move when the address for NAATP became Lancaster, PA.

Of course, the address, the zip code and the phone numbers are always secondary. The most important function of the NAATP office is to serve the needs of its members. The Board of Directors believes that this recent move will only enhance the services and responsiveness

that you have come to expect from the **National Association of Addiction Treatment Providers**. When you are in the area (Hershey Park is only 15 miles away), be sure to give the office a call and stop in for a visit!

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There is something different about us! For the past five (5) years, I have had the great fortune to have worked for all of you and to have reported to a board of directors that serves you well. After each board meeting I come away with a renewed appreciation for the leadership that we have in our field and the way in which that leadership offers a “*value-added*” component not only to the larger addiction treatment field, but also to the larger health care field.

On returning from a recent Board meeting, I found myself reflecting on some of the ways in which “our leaders” continue to articulate the need to constantly improve the quality of care provided to patients and at the same time to explore new opportunities for providing treatment opportunities. Certainly amongst your board members, there is a real passion to deliver treatment that has the best chance of providing life-long recovery to those seeking treatment. *The leaders in our field bring added-value to their organizations and they bring a passion with their leadership.*

While I was in this reflecting mood, I decided to drill down deeper and see if I could identify some additional traits or qualities that have become distinctive hallmarks. While it is certainly true that our field has seen and “sees” its fair share of “characters”, it is also true that there is an over-arching sense of collaboration that is attributed to our organization. This same degree of collaboration does not seem to exist amongst leaders in other sectors of the health care field. Competition and cut-throat deals are more common than collaboration. “What is in it for me and my organization?” is asked much more frequently by our peers in the other health care arenas. With in our field we still find the frequently asked questions of “What is best for the patients we serve?” and “What will best serve the interests of the larger addiction treatment experience?” So, *the leaders in our field bring added value to their organizations and they bring a passion with their leadership and they bring a healthy sense of collaboration.*

This year, the NAATP annual conference has selected a theme that looks at value added and added value. What the planning committee has learned is that we have all the case studies we need amongst us for this theme. However, it is our hope that when you leave Arizona in May you will have an even larger “quiver” of arrows available to you to try out in your organization so that you can increase the value that you offer to those seeking treatment from you. This year you will find information on HIPAA, on managing through change, on issues to watch regarding employment practices, on exploring some real and genuine alternates to managed care, and updates on the University of GA addiction treatment program study as well as updates by Carlton Erickson on research. This is a real value-added conference!

But that is not all. This conference is another opportunity for the National Association of Addiction Treatment Providers to show case itself to its current members and to prospective members in terms of how this association can bring value to individual organizations. NAATP is committed to continuing the traits of *added-value, passion and collaboration* as it seeks to address the many diverse needs of addiction treatment providers across North American and even into Mexico and the Caribbean. Because we are a collegial group, we have tried to plan a conference that will not only give you information and real examples, but also provide you with an abundance of time to talk to each other, to share information and to develop formal and informal networks that continue well beyond the time you leave Scottsdale.

So once again the place to be in May will be Scottsdale, AZ. The planning is nearly complete and the registration brochures have been mailed. What now remains is for you to register yourself, to register a colleague and to register a number of your staff to attend the NAATP Annual Conference May 18-21, 2002 in Scottsdale, AZ.

That's the Perspective of RJH



Dr. Patrice Muchowski from AdCare Hospital of Worcester, MA, represents the National Association of Addiction Treatment Providers on the JCAHO PTAC for Behavioral Health. The most recent meeting occurred on January 15, 2002 in Chicago and Dr. Muchowski offers the following observations:

“Dr. O’Leary provided a “Review of 2001 Activities” and indicated that for the first time in three years the Commission experienced an increase in survey volume. New Programs in Assisted Living and Office Based Surgery were introduced in 2001 expanding the JCAHO products. The Board of Commissioners approved a Disease Specific Certification Program which will be launched in 2002.

During the meeting it was announced that the Behavioral Health Care PTAC will have three ‘Feedback Groups’ with one developed specifically for addiction. These groups will give feedback on JCAHO products and process, and not on specific standards.

The accreditation process for opioid treatment is underway. Also the medication use standards were discussed and these should be going to field review very shortly. We encourage any NAATP members who get to review them to do so as carefully as possible since they address both staff administration and self-administration of medication.”

As always, Dr. Muchowski welcomes input from NAATP members regarding standard issues and JCAHO processes.



Senate Confirms Dr. Andrea Barthwell’s Nomination to Serve as Deputy Director of Demand Reduction at the Office of National Drug Control Policy: Alcohol and Drug Treatment and Prevention Field Leaders Extremely Pleased

Earlier this month, the Senate confirmed Dr. Andrea Barthwell’s nomination to serve as the Deputy Director for Demand Reduction at the White House Office of National Drug Control Policy (ONDCP). Chairman Edward Kennedy (D-MA), Ranking Member Judd Gregg (R-NH), and other members of the of the Senate Health, Education, Labor, and Pensions Committee expressed great support for Dr. Barthwell’s nomination and helped to support her speedy Senate confirmation in the first week of this Congressional session..

Dr. Barthwell was the first Deputy Director to be confirmed at ONDCP, just weeks after John Walters’s confirmation as Drug Czar.

Dr. Barthwell is presently the Executive Vice President of the Human Resources Development Group, the President of the Encounter Medical Group, and the President and CEO of BRASS Foundation, an addiction treatment center in Chicago, Illinois. Additionally, Dr. Barthwell serves as the President of the Board of the American Society of Addiction Medicine and sits on the boards of several alcohol and drug treatment and prevention organizations, including the American Association for the Treatment of Opioid Dependence, the National Council on Alcoholism and Drug Dependence, and the Legal Action Center.

A number of organizations in the drug and alcohol treatment and prevention field actively supported Dr. Barthwell’s nomination during the confirmation process. Field leaders cited her rich experience at both the policy and clinical levels as an indication that she would play an invaluable role as the key advisor to the Bush Administration on drug and alcohol treatment and prevention issues. Advocates and clinicians look forward to Dr. Barthwell’s leadership on these issues.



President Bush to Propose \$127 Million Funding Increase for Substance Abuse and Mental Health Services Administration: Funding Increase Sought to Narrow Treatment Gap

Federal Health and Human Services Secretary Tommy Thompson announced today that President Bush will propose a \$127 million increase for drug and alcohol treatment services in his Fiscal Year 2003 budget request that is scheduled to be released on Monday. This increase will be a part of President Bush’s five year drug and alcohol treatment initiative to reduce the nation’s treatment gap. This proposed funding increase is for the second year of President Bush’s five year initiative.

The FY 03 budget proposal would increase the Substance Abuse Prevention and Treatment Block Grant by an additional \$60 million, the same funding increase requested by President Bush and appropriated by Congress in FY 02. Additionally, the President’s FY 03 budget request will include a \$67 million increase for competitive drug and alcohol treatment grants. The Substance Abuse and Mental Health Services Administration would administer these grants.

Once the President’s budget request is released on Monday, further detail will become available about these and other funding requests for drug and alcohol treatment, prevention, education and research programming. Congress’ Appropriations Committees are scheduled to begin their deliberations of FY 03 funding sometime in April.

President Bush Names James Towey as New Director of Office of Faith-Based and Community Initiatives

Recently President Bush announced that he has appointed James Towey to serve as his Deputy Assistant and Director of the Office of Faith-Based Initiatives. Mr. Towey founded Aging with Dignity in 1996 after his experiences at Mother Teresa's homes for the dying inspired him to promote better care for people facing the end of life. Towey, who is an attorney, was legal counsel for twelve years to Mother Teresa of Calcutta, and he lived for one year as a full-time volunteer in her home for people with AIDS in Washington, D.C. Before meeting Mother Teresa, Towey served in former democratic Florida Governor Lawton Chiles' Cabinet, directing the health and social services agency. Earlier, he worked in Washington, D.C. as the Legislative Director for Senator Mark O. Hatfield (R-OR).

In naming Towey to this position, President Bush referenced Towey's ability to work with members of both political parties and his commitment to public service as outstanding qualifications. President Bush stated that Towey would continue the Administration's work of eliminating government barriers that discriminate against faith-based and community programs, including working on legislation with a bi-partisan coalition from Congress that would help support faith-based and community programs. Additionally, Towey, along with five Cabinet level officials, will sit on an Advisory Council on Faith-Based and Community Initiatives, chaired by newly appointed U.S.A. Freedom Corps Director John Bridgeland. President Bush promoted Bridgeland this week from his former position as the Deputy Director of the White House Domestic Policy Council.



May 18, 2002 - The NAATP Golf outing and Luncheon! Register today to be included in this event. Early morning tee times will allow you to avoid the "brutal" AZ sun and allow time to relax around the pools in the afternoon at Marriott's Mountain Shadows Resort. Sign up today for the Golf outing - information on the selected course will be available soon.

Johnny W. Allem Named President of the Johnson Insittute

The Chairman of the Johnson Institute, William J. Milota, announced the appointment of Johnny W. Allem of Washington, DC, as the new President of the Johnson Institute. In making the selection, the Board of Directors decided to establish an Executive Office in the Nation's Capitol, reflecting the Institute's long tradition of providing national leadership in the addiction recovery field.

"We are facing a time of opportunity to advance the interests of individual and family recovery," Milota said. "The Johnson Institute believes strong initiatives are required to meet this window of opportunity. Positioning ourselves in Washington and enlisting Allem's business and policy experience is a key step in this direction."

Allem, a Washington businessman and former District Government official, brings more than forty years of experience in journalism, business, government, public relations and public policy advocacy. He is recognized as a leading national advocate for addiction recovery issues, serving as president of the Society of Americans for Recovery (SOAR) in the early 1990's. He served as a member of the CSAT Advisory Council, a delegate to numerous government and private sector task assignments, and has been a long-time member of the Johnson Institute National Advisory Council.

The Johnson Institute will maintain an office in Minneapolis, the historical home of the organization. George R. Bloom, former President of the Institute, will continue to serve on a part-time basis as Vice President Technical Assistance. Allem replaces William Cope Moyers, who resigned in October to accept a position with Hazelden Foundation. Allem assumed his duties on February 1, 2002. The D.C. office, located in the National Press Building will open March 1.

Have you returned your NAATP 2002 Dues Invoice and Payment?

Just before the beginning of each New Year, the NAATP office prepares dues invoices for the growing list of NAATP members. Those invoices were again mailed out and a good number have already returned their invoices with payment for 2002. Do you know where your invoice is?

In order to save on postage and mailing preparation, you are encouraged to return your dues invoice as quickly as possible so as to not receive a past due notice.

In addition to the membership invoice, NAATP members have been given the opportunity to advertise their program via the NAATP web site (www.naatp.org), the 2002 Membership directory and the 2002 NAATP National Salary Survey report that will be published in the last half of 2002. If you are interested in any of these "exposure" opportunities, contact the NAATP office today!

HIPAA Transaction and Code Sets Deadline Delay – How Helpful Is It?

On December 27, 2001 President Bush signed into law a bill that delays the deadline for the transactions and code sets portion of HIPAA. HIPAA's administrative simplification section created (or will create) a number of standards, including standards on privacy and security. The transaction and code sets standards are also part of the administrative simplification section of HIPAA. The standards set national, uniform formats for the electronic exchange of patient data such as health care claims as well as national codes for describing medical procedures. The original deadline for the transactions and code sets standards has been delayed for one year, and the new compliance deadline is October 16, 2003. **NOTE:** This bill does not affect the privacy rule's compliance deadline, which is April 14, 2003.

Unfortunately, the extension is not granted automatically. Covered entities (healthcare providers, health plans and clearinghouses) must qualify for the extension. In order to qualify for the extension, a covered entity must submit to the Secretary of DHHS by October 2002 (only 9 months away!) a "plan" detailing how the entity will come into compliance with the standards by the 2003 deadline. The plan must include the following information:

- An explanation of the extent to which, and the reasons why, the entity is not in compliance;
- A budget, schedule, work plan and implementation strategy for achieving compliance;
- Whether the entity plans to use or might use a contractor or other vendor to assist the entity in achieving compliance;
- A timeframe for testing that begins no later than April 16, 2003.

DHHS is developing a model form that entities may use in drafting a plan. The form will supposedly be available no later than March 31, 2002.

If an entity does not submit a plan by October 2002, and it is not in compliance with the standards, the entity could be subject to exclusion from Medicare (at the discretion of the Secretary). Section 1128A of the Social Security Act (concerning civil monetary penalties) also applies to any exclusion.

The Secretary shall provide the National Committee on Vital and Health Statistics (NCVHS) with a sample of the plans submitted. NCVHS will analyze the samples and shall regularly publish and disseminate reports containing solutions to compliance problems encountered in its analysis. The bill directs the Secretary to provide confidentiality of trade secret, commercial and financial information contained within the submitted plans. The bill also authorizes DHHS to spend \$44 million to help Medicare prepare for the transition. Those funds would help DHHS finish writing the standards, provide education and assistance, and pay for enforcement.

Additionally, an important change was made in the final bill. Instead of imposing a \$1.00 fee for paper claims submitted to Medicare, as contemplated in the proposed legislation, the bill now requires that all claims submitted to Medicare by providers (other than certain small providers) be submitted electronically after October 16, 2003.

Although the delay is important and may be helpful to many providers, it is definitely not the assistance that most healthcare providers hoped for. Additionally, at least one association, the Medical Group Management Association (MGMA), has recently expressed

concern with the bill. The MGMA were particularly concerned that the provision of the bill excluding providers who do not meet the compliance deadline from Medicare is a disproportionate remedy that would be both counterproductive and could further delay compliance efforts. You can read the press release at <http://www.mgma.com/press/oneyearhipaa.cfm>.

The bill also presents additional hurdles. A provider will need to invest a significant amount of time and effort to create the documentation required to be submitted in the plan. And, whether or not a plan is submitted and an extension granted, a covered entity will need to be making consistent efforts to reach compliance. Therefore, if the covered entity needs to begin its compliance efforts even if it plans on seeking an extension, how helpful really is the extension? And, more importantly, by submitting a plan and admitting that the entity is not in compliance, does this place the entity on DHHS' "radar screen" for possible enforcement?

Ultimately, providers would be best served by continuing to move towards compliance with the standards by October of this year. Then, around July or August of this year, evaluate where your entity is in its compliance efforts. If it appears that it will be impossible to comply with the standards, then it will be worth the effort to submit a plan for an extension.

Elizabeth Donohue, JD
Popovits & Robinson

NAATP Provides Solutions!

If you find all the HIPAA information and announcements and announced dates and changed dates confusing, you are not alone! However, your association, NAATP, provides solutions to even this very confusing process. Renée Popovits, a board member of the National Association of Addiction Treatment Providers, will provide the most up-to-date, addiction specific, information regarding HIPAA at the 2002 annual conference in Scottsdale, AZ.

Be sure to include this event on your calendar and be sure that your *key* HIPAA person attends this workshop on Tuesday May 21, 2002 at 9:30am. Check the NAATP conference brochure you have recently received to review this workshop and the many other activities scheduled for this 2002 conference which will be the 24th year for NAATP.

Register today!

Haymarket Center will present the **2002 Spring Workshop Series** starting on **March 9, 2002 through May 11, 2002** at The Chicago Athletic Association, 12 South Michigan Avenue, **Chicago, Illinois**. Topics include: Masculinity As A Cultural Identity; Addiction: A Neuro—Psychiatric Disease; Big Shadows – Little People: How To Be Shame Free; Women and Addiction: Special Issues In Clinical Counseling; Counseling Issues With The Lesbian, Gay, Bi-Sexual, and Transgender Population; Addiction, The Brain, and Treatment Planning. **SAVE THE DATES** for the **8th Annual Summer Institute On Addictions on July 24, 25 & 26** with Bill White, Anna Salter and Stanton Peele as this year's keynote speakers!! For more information, contact Carol Blyskal at (312) 226-7984 x396 or view our website at www.hcenter.org.

Q. Where are you able to hear both a Pulitzer Prize recipient and a Chief of Staff to a former President of the United States?

A. At the 2002 NAATP Annual Conference

Q. When is this happening?

A. May 20, 2002 – all morning

Q. How can I be part of this?

A. Register TODAY to attend the 2002 NAATP Annual Conference!

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Doing the Next Right Thing

It is always risky to write an article at the beginning of the year. There is a tendency to either look back or look forward in order to make some profound statement about the past or provide some meaningful insight about the future. I will do neither because today is all that is available to treatment providers. I will try keep my comments focused on today.

Today we see increasingly the criminalization of our patients. As a result, we see more treatment being conducted in prisons than in treatment centers. New regulations are being imposed upon us that force us to change the way we practice our craft. Accreditation standards are becoming less relevant to the way business and care is conducted. We hear the term addiction used in so many ways as to corrupt its meaning and hide its horror. We spend millions on drug interdiction and hundreds on treatment. We see significant research being done on anti-craving medications with limited success, but multiple prevention ideas and programs fall by the wayside. The list is endless and contemplation of these realities can lead to frustration and anger.

There are also multiple treatment modalities competing for attention and funds. Advocates line up to argue for their favorite treatment approach, talking about results that can not be compared. Therapists are assailed by treatment claims that often do not stand the test of time.

These are circumstances we need to accept. In so many ways, these realities are beyond our control. We did not make them nor did we choose to be involved in them. They are, however, the world today and in order to move forward in a positive manner, we need to accept things as they are.

Individually there is little anyone of us can do about these circumstances. Alone we are insignificant and unheard. However, today we can ban and lobby

together to make the important arguments about treatment funding, parity, crime reduction and treatment. We can all do this today because in doing so we advance our individual and collective mission of treating addictive disease one patient at a time. Together, through organizations like NAATP, there may be hundreds of things that we can do to change these circumstances. Individually there is only one thing we can do today – come together in order to advance the field for all of us.

Today we can treat the patient who walks in the door for help. Today we can provide the best assessment, treatment plan and experience and continue care recommendations possible for this individual. Today we can help one person work his or her way through the demons in his or her life. Today we can help lift the debilitating fear that another may feel.

Today, we can provide comfort, reassurance and respect. These life ingredients are missing in many of our patient's lives. By affirming the humanity of our patients every day, we combat successfully the stigmatization and contempt that many of our patients experience each time they walk out of our offices. This affirmation makes our joint mission easier to accomplish. With our individual success comes our collective success.

If we lose sight of our individual mission and what we can do today, we will lose sight of our combined mission of making treatment available to all of those who seek it. As we sit in our office wondering what to do next for a patient, we are pursuing our joint mission. This reality keeps the discouragement and resentment at bay. It keeps the fun and excitement of addiction treatment alive. It places the troubles and hassles with insurance companies, accreditation, and regulators in a proper perspective. By doing the next right thing for our patient, we are that much closer to accomplishing that which we all set out to accomplish.

**Mark Knudsen, Regional Vice President
Hazel den-Springbrook
NAATP Board Member**

Upcoming Events for Your Calendar

NAADAC The Association of Addiction Professionals and a wide range of other organizations including **NAATP** will hold the 2002 Public Policy Conference on Alcohol and Other Drugs **Feb 24 to 26 in Washington, D.C.** For more information, visit www.naadac.org.

The **U.S. Department of Health and Human Services** and the **U.S. Department of Housing and Urban Development** will present a policy academy, "Focus on Chronic Homelessness," **February/March 2002 in Philadelphia.** For more information, contact Lynnette S. Araki, M.P.H., at (301) 443-6204; e-mail Laraki@hrsa.gov; or George Kanuck at (301) 443-8642; email gkanuck@samhsa.gov, or visit www.hrsa.gov/policymakers.htm.

The **World Federation of Therapeutic Communities** will hold its 21st World Conference, A Brave New World, **Feb 17 to 22 in Melbourne, Australia.** For more information, send an email request to wftc2002@mcigroup.com.

The **National Institute on Drug Abuse** will host "Blending Clinical Practice and Research: Forging Partnerships to Enhance Drug Treatment" **March 14 and 15 in New York City.** For more information, call (301) 443-6245.

The **National Council for Community Behavioral Healthcare** and the **Association of Behavioral Healthcare Management** will hold their annual training conference **March 23 to 26 in Chicago.** For more information, call (301) 984-

6200; e-mail Chicago@nccbh.org; or visit www.nccgh.org/chicago.

The **Ben Franklin Institute** will present the Summit for Clinical Excellence 2002, "Innovations in Addiction Treatment & Behavioral Health Care," **Feb 21 to 24 in Savannah, GA; March 7 to 10 in Palm Springs, CA; and April 11 to 14 in Chicago.** For more information, visit www.bfisummit.com.

PRIDE Youth Programs will present the 25th annual PRIDE World Drug Prevention Conference, "Celebrate YOUTH," **April 10 to 13 in Cincinnati.** For more information, call (800) 668-9277 or visit www.prideyouthprograms.org.

The **American Society of Addiction Medicine (ASAM)** will hold its 33rd annual Medical-Scientific Conference **April 25 to 28 in Atlanta, GA.** For more information, call (301) 656-3920 or visit www.asam.org.

The **National Association of Addiction Treatment Providers** presents the **2002 Annual Conference, May 19-21, 2002 in Scottsdale, AZ.** The theme for this conference will be "Value-Added". For more information, call (717) 581-1901 or visit our website at www.naatp.org/scottsdale.

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The editorial office is located at:
313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748

Editor
Ronald J. Hunsicker
Phone: 717-392-8480
Fax: 717-392-8481
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

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The National Association of Addiction Treatment Providers
313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748