

VISIONS

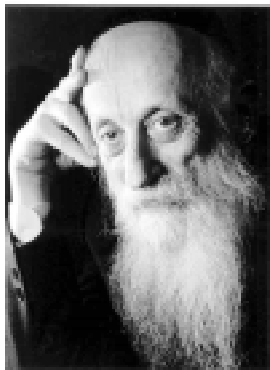
March, 2002

SCOTTSDALE IS READY... ARE YOU?

Against the backdrop of crystal blue skies, the gentle waving of palm branches around the strategically placed pools and maybe some triple digit temperatures, the Marriott Mountain Shadows Resort in Scottsdale, AZ will be the gathering spot on May 18-21, 2002 for the who's who in addiction treatment. Beginning with a golf outing and lunch on May 18 and continuing through a buffet breakfast and presentation and workshop presentations till noon on May 21, the National Association of Addiction Treatment Providers will offer an opportunity to network, learn, be challenged and participate in plenary and workshop settings. This is one of those events that by not being there, you will miss an "information" opportunity and you will be "missed"!

The NAATP annual conference has become a celebration of who we are and what we do. In recognizing individuals who have contributed to both our past and to our present, we are trying to set the stage to inspire others to achieve the same status as those whom we recognize. The **Nelson J. Bradley Life Time Achievement Award** is annually given to an individual whose life-time has been committed to furthering the cause of addiction treatment. This award takes a longitudinal look at an individual's life and recognizes the cumulative efforts she or he has made on behalf of all of us in the field of addiction treatment. This prestigious award is the highest honor that the National Association of Addiction Treatment Providers bestows on an individual.

The 2002 recipient of the **Nelson J. Bradley Life Time Achievement Award** is a long time friend and supporter of NAATP. **Rabbi Abraham J. Twerski, M.D.** was the opening plenary speaker at the 2001 NAATP annual conference and is the founder and medical director emeritus of Gateway Rehabilitation Center (an NAATP member) in Aliquippa, PA. Rabbi Twerski is an author, lecturer, physician, composer and a wonderful example of all that is right with human beings! If for no other reason, the sharing of this moment with Rabbi Twerski will make



your visit to Scottsdale a very memorable one.

This year, the opening plenary session will feature **William L. White**. Bill, as many of you remember, published a publication several years ago entitled, "Slaying the Dragon, The History of Addiction Treatment and Recovery in America". Bill will share the insights of that work with us in the morning and then in the afternoon he will be joined by Mike Boyle for a highly anticipated presentation on **Principles of Recovery Management**. Boyle and White have been extremely helpful to our field with the paradigm shift toward a disease management conceptualization for the treatment of addictions.



Two years ago, NAATP reinstated a practice of recognizing the important role of journalists and journalism in forming, shaping and informing the public. For the post part, the public gets its information on addiction from the popular press and media and not from organizations such as NAATP. In recognition of this, NAATP created the Michael Q. Ford Journalism award that is presented to an individual or an organization that has used their opportunities to inform the public about issues related to alcoholism and other drug addictions. This year, NAATP will present the 2002 **Michael Q. Ford Journalism Award** to **Mr. Eric Newhouse**, a projects editor for the Great Falls Tribune. Mr. Newhouse published a year long series of articles in 1999 entitled Alcohol: Cradle to grave, for which he received a Pulitzer Prize for explanatory reporting. Mr. Newhouse will receive the award on Sunday evening and then will have a "*Monday Morning Conversation*" with the conference attendees. The conference program has been set, the hotel is waiting for us, food has been ordered and the presenters are preparing their notes...all that it now takes is for you to register!



As our friends from Chicago say, register early and register often!!

**See you in Scottsdale,
May 18-21, 2002.**

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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).

Five years ago I sometimes wondered just how I would fill all my time with related NAATP involvements. The phone did not ring all that often, the mail was less than a handful from the mailbox and the requests I received from members were relatively easy to complete. That was five years ago. Now the phone rings much more often (some days more often than others), there are constant e-mails to respond to and the mail is no longer a light load. Also, the NAATP Web site, www.naatp.org, generates some very interesting responses and inquiries. Now, at the end of the day, I wonder what pile I will begin working on next in the morning. What I have described is not unique to the NAATP office, I hear this same saga repeated several times a week from all of you as you struggle to keep up in this time of instant communication and increasing expectations.

On numerous occasions, I have used this column to repeat the theme that unless you are making decisions based on **information**, you are not making decision....you are just guessing. Too often we have deluded ourselves into thinking that we could wing it or that we could use data to inform ourselves and we then wondered why our decisions did not turnout the way we had anticipated. You can never have enough information!

Each year the National Association of Addiction Treatment Providers attempts to assist its members in at least two areas with the information issue. For almost all of our 24 years of existence, NAATP has had an annual conference. Many of you will recall some of those meetings throughout the 80's and early 90's where we tackled issues of *accreditation, JCAHO consolidated standards, managed care, reimbursement, documentation* and a host of additional topics. In fact, I suspect that a number of you still have some workbooks that originated at these meetings. NAATP then and NAATP now is committed to providing you with information that you need today and tomorrow to successfully manage your organization and deliver quality addiction treatment.

2002 will be no exception to the tradition that is almost a quarter of a century old. In addition to the plenary sessions that have been highlighted on the first page of this newsletter, the 2002 conference will provide an opportunity to engage presenters on topics that cover the critical issues you are facing today such as:

- Disclosure Dilemmas: How to comply with both the Federal Confidentiality Regulations and the HIPAA Privacy Regulations
- Optimizing Organizational Performance
- Addiction Research – Update 2002
- Alternative to Managed Care
- What are the Innovations in addiction treatment
- Employment related liability
- Organizational Change Management

Of course, all of these topics are set within the context of continuous networking, awards being presented to deserving individuals and organizations and the Marriott Mountain Shadows resort, which has hosted our meeting numerous times over our 24 year history.

One of the reasons that I no longer wonder just how I am going to fill my time has been the NAATP leap into the benchmarking business. From an idea whose time clearly had come to five years of experience in leading the addiction treatment field in providing true information regarding all aspects of addiction treatment delivery, NAATP has become the true source of information. As you read this newsletter, we will be in final stages of collecting the information for 2002. Very shortly that information will again be turned into over 60 charts and graphs that will offer the participants a glimpse of their activity as it relates to the *NAATP Universe*. You will see how you benchmark against other NAATP members in areas of clinical, operational and financial activity. While NAATP has not taken a position as to what the number should be, we have a way to show you what the numbers actually are and where you stand in relation to the actual numbers!

As we have at the last two annual meetings, the benchmark survey reports will first be distributed at the annual luncheon on Monday as a part of the annual meeting. This is one report that you cannot afford to be without. This is information that should be constantly consulted as you make decisions throughout 2002.

If you have not completed your 2002 benchmark survey, it will be one less package you will need to carry back with you from the annual meeting, but it will also mean that you will be playing cards in 2002 without a full deck. If you have not yet completed your 2002 benchmark survey, call the NAATP office today at (717) 392-8480 and plead your case to be included.

For 24 years the National Association of Addiction Treatment Providers has provided its members with the information they needed to traverse an often cluttered landscape. Without information, a lot of that clutter could get in your way and keep your future from being the future you hope for. NAATP is your pipeline to information....use it and support it!

That's the Perspective of RJH

HHS PROPOSES CHANGES THAT PROTECT PRIVACY, ACCESS TO CARE

Revisions Would Ensure Federal Privacy Protections While Removing Obstacles to Care

HHS Secretary Tommy G. Thompson today proposed changes to HHS' health privacy regulations to ensure strong privacy protections while correcting unintended consequences that threatened patients' access to quality health care.

"The President believes strongly in the need for federal protections to ensure patient privacy, and the changes we are proposing today will allow us to deliver strong protections for personal medical information while improving access to care," Secretary Thompson said.

The federal privacy regulations guarantee patients full access to their medical records, give them more control over how their personal information is used and disclosed, and provide a clear avenue of recourse if their medical privacy is compromised.

Secretary Thompson said today's proposed revisions are needed to fix problems with the previously published rule that otherwise could make it more difficult for patients to get quality care quickly and easily. The proposal also strengthens and clarifies the rule's marketing restrictions.

Today's proposal would make the following revisions:

- **Strengthen notice provisions and remove consent requirements hindering access to care.** As written, the privacy rule's general requirement that patients give prior consent on privacy practices before receiving treatment created serious unintended consequences that interfere with patients' access to health care. For example, patients could be required to visit a pharmacy in person to sign paperwork before a pharmacist could fill their prescriptions. Similar barriers could arise when a patient is referred to a specialist and in other situations. In addition, doctors could refuse to treat patients who refused to sign their privacy consent form. To fix these problems, the proposal would promote access to care by removing the consent requirements for treatment, payment, and health care operations that could interfere with efficient delivery of health care, while strengthening requirements for providers to notify patients about their privacy rights and practices. Patients would be asked to acknowledge the privacy notice, but doctors and other providers could treat them if they did not. This change would ensure that patients can consider a provider's privacy policies before making health care decisions, but would eliminate barriers to patients' access to care.
- **Maintains the "minimum necessary" rule, while allowing treatment-related conversations.** By covering oral communications and limiting the use of personal health information to the "minimum necessary," the privacy rule raised concerns that routine conversations between doctors and patients, nurses and others involved in a patient's care could violate the rule. This could stifle essential communication necessary to provide the highest quality care possible. Today's proposed changes would continue to cover oral communications and maintain the "minimum necessary"

requirement, but would make clear that doctors could discuss a patient's treatment with other doctors and professionals involved in their care without fear that their conversations could lead to a violation. As long as a covered entity met the minimum necessary standards and took reasonable safeguards to protect personal health information, incidental disclosures - such as another patient hearing a snippet of conversation - would not be subject to penalties. Improper disclosures would still violate the rule.

- **Assures appropriate parental access to their children's records.** The current rule may have unintentionally limited a parent's access to their child's medical records. The proposal clarifies that state law governs disclosures to parents. In cases where state law is silent or unclear, the revisions would preserve state law and professional practice by permitting a health care provider to use discretion to provide or deny a parent access to such records as long as that decision is consistent with state or other law.
- **Prohibits use of records for marketing, while allowing appropriate communications.** Based on consumer concerns that the marketing provisions were ineffective to protect patient privacy, the proposal would explicitly require pharmacies, health plans and other covered entities to first obtain the individual's specific authorization before sending them any marketing materials. At the same time, the proposal would continue to permit doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

"These are common-sense revisions that eliminate serious obstacles to patients getting needed care and services quickly while continuing to protect patients' privacy," Secretary Thompson said. "For example, sick patients will not be forced to visit the pharmacy themselves to pick up prescriptions - and could send a family member or friend instead. Doctors will be able to consult with nurses and others involved in a patient's care to ensure that they get the best care."

The proposal also would make other revisions to simplify the rule's paperwork requirements while preserving the rule's strong privacy protections. The changes reflect Secretary Thompson's commitment to making regulatory requirements simpler and easier to implement - without reducing their effectiveness. For example:

- **Assure privacy, without impeding research.** The proposal would eliminate the need for researchers to use multiple consent forms - one for informed consent to the research and one or more related to information privacy rights. Instead, researchers could use a single combined form to accomplish both purposes. The proposal would also simplify other provisions so that the privacy rule more closely follows the format of the "Common Rule," which governs federally funded research. The provisions ensure privacy-specific criteria will apply equally to publicly and privately funded research.

[Continued on page 4](#)

- **Provide model business associate provisions.** The existing rule requires covered entities — health plans, health care providers and clearinghouses — to have contracts with their business associates to ensure that they follow the privacy rule’s requirements. The proposal includes model business associate contract provisions, making it easier and less costly for covered entities to implement the requirements. The changes also would give covered entities up to an additional year to change existing contracts, easing the burden of renegotiating contracts all at once.
- **Simplify authorizations.** The changes would allow the use of a single type of authorization form to obtain a patient’s permission for a specific use or disclosure that otherwise would not be permitted under the rule. Patients would still need to grant permission in advance for each type use or disclosure, but the proposal would eliminate the need to use different types of forms to obtain that advance permission.

Congress in 1996 recognized the need for national patient privacy standards and set a three-year deadline to enact such protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The law required HHS to adopt such protections via regulation if Congress did not address the issue.

HHS proposed federal privacy standards in 1999 and, after reviewing and considering more than 52,000 public comments on them, published final standards in December 2000. In March 2001, HHS received more than 11,000 comments after Secretary Thompson requested additional public input on the rule. Those comments and other public input was used to develop the proposed changes, which will be published in the Federal Register March 27, 2002, with a 30-day comment period. HHS will consider public comments on the proposed changes before issuing a final rule.

Most covered entities have until April 14, 2003, to comply with the patient privacy rule; under the law, certain small health plans have until April 14, 2004 to comply. To help people prepare for and meet the rule’s requirements, HHS’ Office for Civil Rights will continue to conduct outreach and education for healthcare providers, consumers and others affected by the privacy regulation. Additional information about the privacy rule is available on the Web at <http://www.hhs.gov/ocr/hipaa>.

Program Manager – Juvenile Drug Court and Treatment Network

Do you want to make a difference in this innovative role? Our client, a respected leader in the field of adolescent substance abuse prevention and treatment, has been making a difference in the lives of youth for over 28 years. They are seeking to fill the key position of Program Manager – Juvenile Drug Court and Treatment Network, in their southern Maine office. This position has overall responsibility for the implementation and operation of the treatment component for the Juvenile Drug Court Project, the oversight of all operations of the Juvenile Corrections Substance Abuse Treatment Network, and coordination between Drug Court and Network services. Other responsibilities include: overall management and supervision for Drug Court Treatment Managers, identification of training needs and opportunities for Drug Court components, development of interagency protocols for integrated drug court services.

Qualifications: Bachelor’s Degree in counseling or related field plus LADC or LCSW/LCPC and significant experience in substance abuse required. Three to five years of related administrative clinical experience and strong managerial skills with one to two years in a management/supervisory role. Knowledge of the judicial and corrections systems strongly preferred.

This is an exceptional opportunity for a highly motivated, team oriented individual, offering a competitive salary and benefits package, including four weeks of vacation and 401k with match.

Please forward resume and letter of interest, in confidence to:

Ellen D. Gottlieb/Donald H. Tyler, Jr.
Executive Vice Presidents

NAATP 2002 Golf Outing May 18, 2002

Sign up with your registration for the 2002 Annual Conference to participate in the Golf Outing and Lunch.

The format will be a best ball scramble... Sign up now and bring your friends

Have you completed your 2002 NAATP Benchmark survey? If not, call the NAATP office today (717) 392-8480 or go online and complete the survey at

www.naatp.org/benchmarksurvey.html

Do not wait any longer!

Our Experience with the Use of Naltrexone for Treating Chronic Alcoholics & Addicts

Tully Hill, which is a 50-bed detox, inpatient and outpatient facility located in upstate New York, embraces the 12-Step philosophy of treatment and follows a biopsychosocial model of treatment. We follow traditional treatment models, which have proven successful over time, but we also are willing to look at alternatives and new research to support modifications or additions to our current methods. One such change is the use of Naltrexone for our opiate dependent and alcoholic dependent patients. Naltrexone, originally marketed as Trexan, was approved by the FDA in the mid 1980's for use with opiate dependent individuals. Up until that time, Methadone was the only approved agent for long term maintenance of individuals with continued craving and relapse to opiates.

Naltrexone, which is an opiate antagonist, occupies the same brain receptor sites as the opiates, thereby blocking the narcotic high normally experienced when taking opiates. Naltrexone offered new hope for those individuals who did not want to participate in a Methadone maintenance program. This alternative also provided greater anonymity for this population since they were no longer required to queue in line for Methadone. This was particularly important in protecting the anonymity of healthcare professionals who were often opiate abusers. The drug proved very effective in blocking the craving, but in addition did away with the opiate dreams, which when the person woke up turned into cravings.

Addicts who stated alcohol as their second drug of choice, reported while on Naltrexone that they did not experience the high normally associated with its use. Many reported that they experienced similar elimination of cravings for alcohol as well as reduction or elimination of alcohol dreams while using the Naltrexone.

The use of the drug Naltrexone for the treatment of alcoholics was approved by the FDA December 30, 1994. This is the first drug that the FDA had approved in approximately 40 years, since the approval of Disulfiram (Antabuse) as an adjunct to the treatment of alcoholism.

The body's natural opioids (endorphins and enkephalins) are thought to be released in the brain when alcohol is consumed. Naltrexone is thought to block the effects of these natural opioids and thereby helping patients reduce or stop drinking.

Dupont Pharma approved studies using Naltrexone (once marketed as Revia) to be done with persons who had suffered from the disease of alcoholism. Tully Hill was chosen by Dupont Pharma as one of its sites to initiate this study with chronic alcoholics in the treatment of alcoholism to see if it would be helpful in reducing the relapse rate. Dr. Ronald Dougherty, Tully Hill Medical Director, has lead these efforts. In order to participate, patients must agree to the following:

- ◆ Be highly motivated and committed to stay in treatment,
- ◆ Must be willing to take medication as prescribed by the Medical Director,
- ◆ Faithfully attend and participate in all aspects of the treatment program.

Tully Hill has treated approximately 1,000 alcoholics with Naltrexone, who were chronic relapsing individuals. Naltrexone is given orally, usually once per day with approximately 50 milligrams per day. Side effects can include nausea, dizziness, fatigue and headache. To reduce the side effects, Tully Hill has learned to start with a low dose and slowly increase, beginning with a quarter of a 50 milligram tablet for approximately three days, then half (25 milligrams) for approximately ten days, and then an increase to a full tablet (50 milligrams) per day.

Contraindications for giving Naltrexone include severe kidney disease, liver disease, or the inability to remain abstinent from narcotics for at least five days prior to starting Naltrexone. Individuals who are taking Methadone or are currently narcotic dependent will experience severe withdrawal if given Naltrexone without having been properly detoxified.

Patients at Tully Hill are given a patient's guide to frequently asked questions about Naltrexone Hydrochloride tablets, which is reviewed with the medical staff. In addition, all patients are given a card that they can present to other medical personnel treating them in an emergency, advising them that the patient is currently taking Naltrexone. This card explains appropriate options to be used during a medical emergency.

Tully Hill does not believe there is a magic bullet to eliminate or remove addiction from people. However, it has been our experience that the use of Naltrexone helps with the physical cravings experienced by chronic relapsing individuals to assist them in being able to participate more fully in our treatment program. We insist that our patients engage fully in all aspects of our treatment program, which includes attendance at Alcoholics Anonymous and a total commitment to following recommendations for recovery.

Cathy L. Palm, CPA, MBA
Executive Director, Tully Hill
Board Member, NAATP

Did you know!

An introduced bill in the House of Representatives has no provision for inclusion of substance abuse as part of its coverage. A significant development is that U.S. Rep. Marge Roukema (R-N.J.) an historical supporter of substance abuse parity is sponsoring the House companion bill to the Mental Health Equitable Treatment Act of 2002 (S. 543). The House Bill number is H.R. 4066.

Rep. Jim Ramstad's (R-Minn.) substance abuse parity bill (H.R. 1194) has 38 co-sponsors and resides in committee. Our work is cut out for us in getting it out of committee and to the floor of the House.

ANNOUNCING THE ARRIVAL OF.....

A new, on-line driver training program available exclusively to policyholders of the ISA/CNA Human Services insurance program. The Van Driver Training Program instructs your van drivers in the vital driving techniques they need to know to perform their jobs safely. A total of eight 20-minute modules take your van drivers through the following topics and more:

- Recognizing why a van handles differently than a car and how to compensate.
- Maintaining a "safety zone" around all 4 sides of the vehicle.
- Handling the complexities of intersections, one of the most dangerous places on the road.
- Using scanning techniques to recognize and react to hazards long before the driver encounters them.
- Applying defensive driving techniques to specific driving environments – city driving, rural driving and expressway driving.
- Navigating parking lots – how to select the "best" parking space and avoid backing accidents.
- Pre-trip inspections – what to look for and how to report problems with the van.
- Avoiding driving distractions, dealing with aggressive drivers, and handling emergency situations.

Program Use

As a valued policyholder, you have complete access to the Van Driver Training Program, 24 hours a day, 7 days a week, via the Internet. You may choose to use this training program in a number of ways: ***new employee training, refresher training and/or post-accident training***.

Maximum flexibility allows you the opportunity to determine how to best use the program within your agency. You may require a van driver to complete the entire program or just a specific module. Scheduling is at your discretion and convenience. The program does not record which drivers use the program, so drivers do not need an individual identification or registration number.

The program is self-paced and interactive, and drivers will find it is easy and fun to navigate. The driver's knowledge of the material is reinforced using case studies and a post-test at the conclusion of each module. Both an English and a Spanish version are available. Drivers will be able to print and retain a glossary of important terms used throughout the course as well as 4 driver bulletins covering key concepts, such as how to maintain a proper following distance in a van and how to back safely.

System Requirements

To utilize the program effectively, the following are minimum system requirements:

200 Pentium processor

32 MB of RAM

28K modem

800 by 600 screen resolution

Microsoft Windows 95

Internet Explorer 4.0 or Netscape Navigator 4.7 (works for both)*

*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 with Netscape.

For more information on this innovative program, contact the Irwin Siegel Agency at 800-622-8272.

Ashley effort to improve admissions process wins NAATP award

Changes designed to make the admissions process more efficient at the Father Martin's Ashley addiction treatment organization near Baltimore are being recognized this year with a National Association of Treatment Providers (NAATP) award for quality-improvement efforts.

NAATP confirmed in early February that Father Martin's Ashley is the recipient of the second annual James W. West, M.D., Quality Improvement Award. Officials from the Havre de Grace, Md.-based treatment organization will accept the award in May at NAATP's annual meeting in Scottsdale, Ariz.

Patient and staff concerns about an admissions process that in early 2001 was averaging four hours and 12 minutes per client convinced Father Martin's Ashley staff to form a cross-functional Process Action Team to analyze the process and recommend changes. Among the concerns about the lengthy admissions process was the potential for patient seizures or injuries while the patient was waiting to be placed in a room.

The facility's director of nursing, Charlotte Meck, led the team. The group analyzed data showing that the admission nurse's responsibility was extremely comprehensive and that a lack of teamwork among several disciplines existed.

The analysis led to the creation and implementation of a list of recommendations, including development of a procedure to ensure that medically compromised patients being transferred to Ashley from other facilities arrive before 3 p.m.; development of a training protocol for the admissions process; and use of a welcoming video for new patients during wait times.

A subsequent analysis of the admissions process during a three-month period after the changes had been implemented found that the average admission process time had been reduced to two hours and 46 minutes. In addition, no patient seizures or injuries at admission were reported for that period, and patient satisfaction ratings improved as well.

Father Martin's Ashley operates an 80-bed facility on 43 acres overlooking the Chesapeake Bay, and also has an outpatient facility five miles from the main campus. Ashley has been in business since 1992, operating a recovery program that has strong 12-Step and spiritual elements.

The NAATP award is co-sponsored by MSJ Corporation and Manisses Communications Group, publisher of ADAW. A full profile of the winning program will be published in the April 2002 issue of Behavioral Healthcare Tomorrow magazine, a sister publication of ADAW.

One of the terms that we keep bumping into a lot these days is “Value Added.” As a matter of fact, in a recent editorial our fearless leader, Dr. Hunsicker, used the term nine times. I thought I would take a couple of minutes and put the term in some perspective.

First by going to Webster... “Value” is defined as the worth of a thing; more money or goods; that quality of a thing which makes it more or less desirable. And “Added” is defined as to join so as to increase. So, given the understanding of the words, I would like to look at our industry over the past ten years and see if we can apply the term “value added.”

The categories for review are the provider treatment system, the managed care system, the political system, and NAATP.

TREATMENT SYSTEM – I believe value has been added in the treatment system due to the fact that there now exists a significantly broader range of treatment opportunities for patients.

Ten Years Ago
Inpatient Detox
Inpatient Rehab
Aftercare

Current
Inpatient Detox
Inpatient Rehab
Aftercare
Outpatient Detox
Day Treatment
Intensive Outpatient
Outpatient Counseling
Much Expanded

MANAGED CARE – *Value Added* – Reduced length of stay and cost. Before I get shot and you stop reading, let me say two things. Some lengths of stay in New England were 30-40 days; and that is okay because I believe a longer captive environment improves outcome, but not at the rates being charged. At one point you could obtain three open heart surgeries

at Massachusetts General for the price of one detox and rehab at some facilities. Managed care forced us to move to a more individualized treatment which is closer to mainstream healthcare. And so as to keep our paranoia in check, try helping guide a loved one through the managed care system in a general hospital and I think you will find many areas not dissimilar to our treatment system.

Value Deleted – Managed care has swung the pendulum too far. Subsequent to achieving the initial savings of rate reductions and to continue to justify existence, dollars now come from care in the form of ridiculous lengths of stay and rate.

POLITICAL – Value Deleted. Less influence, less access, less people out front. No successful change in insurance benefits, less allies, less money available. No assistance in reducing stigma.

NAATP – Dr. Hunsicker attempted to do a good job as it relates to our organization and has identified value added items. However, in my opinion I think he missed the mark. He missed the mark on naming the most value added item in the last ten years is RJH himself. Every time I have dealt with him (colleague, boss [as past chair], friend) I have always found him cooperative, professional, friendly, and informative. So let us not forget the value added, added value RJH brings to us in our organization.

I would ask each of you to look at your own system and make a value added conclusion.

Well, I have certainly filled the space, but I am not sure if I added any value to this issue.

David W. Hill is, President/CEO
AdCare Health System
NAATP Board Member

Upcoming Events for Your Calendar

Joint Commission Resources will present "JCAHO Accreditation Standards for Addiction Treatment Programs" **April 8 in Oakbrook Terrace, IL.** For more information, call (630) 792-5800.

The **HIPAA Summit Conference Series** will present the fourth National HIPAA Summit **April 24 to 26 in Washington, D.C.** For more information, visit www.hipaasummit.com.

The **Hazelden Foundation** will present the Women Healing Conference **April 19 and 20 in Bloomington, MN.** For more information, call (888) 257-7800.

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.

NAADAC The Association of Addiction Professionals will hold its 26th annual Conference on Addiction Treatment **July 3 to 6 in Boston.** For more information, visit www.naadac.org.

Haymarket Center will present the eight annual Summer Institute on Addictions **July 24 to 26 in Chicago.** For more information, contact Carol Blyskal at (312) 226-7984, ext. 396, or visit www.hcenter.org.

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.

NAATP VISIONS

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