

VISIONS

2002 NAATP Annual Conference Issue

May, 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).

Some of you will be reading this newsletter as you relax in the warm sun of the South West and participate in the National Association of Addiction Treatment Providers 2002 annual conference. The rest of you reading this will just have to imagine what it was like listening to some of the most notable presenters in our field, networking with the premier providers of addiction treatment and recognizing our leaders for the multitude of contributions that they have made to addiction treatment. This is the conference edition of *NAATP Visions* and it has been distributed first to those attending the conference.



2002 marks the second consecutive year in which the conference registration surpassed 200 and it is the first year in which the exhibitor number shot past 30. We have almost twice the number of exhibitors at this conference than we did last year. This year the golf outing drew over 35 participants as we moved the outing to the day before the conference. NAATP has been on the move and continues to look to the future in an effort to provide the best possible services to its members.

In addition to this issue of the newsletter, the conference attendees will be receiving the 2002 NAATP Membership directory and the 2001 NAATP Annual Report. Copies of these documents will then be mailed to all NAATP members during the last week of May.

In addition, all conference attendees received complements of Hazelden, a copy of Eric Newhouse's book *Alcohol: Cradle to Grave* and complements of Chestnut Health System, William White's book, *Slaying the Dragon*. With the theme for the conference being *Value Added*, the conference committee certainly helped to build a conference experience that added value to all those that attended.

However, **The 2002 conference was only a Prelude to the 2003 Conference in Indian Wells, CA.**

As you have noticed in some of the published information, 2003 will be the 25th anniversary of the National Association of Addiction Treatment Providers. Because NAATP was birthed and incorporated in California in 1978 the natural choice was for us to return to California ... *where the dream began!* The Renaissance Esmeralda Resort in Indian Wells, CA (Palm Springs) will be the site for this 25th gala celebration. Be sure to mark your calendars now for the dates of May 17-20, 2003.

Mr. Ed Diehl from Seabrook House in Seabrook, NJ has agreed to chair the 2003 conference committee and has already been at work in selecting the site and beginning to gather thoughts about the program and how to best celebrate our 25th anniversary. If you have any interest in working on this conference committee, contact the NAATP office or Ed Diehl directly.

If you missed 2002, it is not too early to make plans to **not miss** 2003!



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Aery shortly ½ of 2002 will be completed and then we will be marching toward 2003! That's a scary thought! But the truth of the matter is that in our speeded up world, time does almost fly. What is significant about 2003, of course, is that it will mark the 25th anniversary for the National Association of Addiction Treatment Providers. Begun 25 years ago as an association of primarily California providers, NAATP has had a significant and profound impact on the addiction treatment process in North America. However, I am of the opinion that we have not nearly tapped all of our potential.

Elsewhere in this newsletter you will find reference to the 2003 conference and how we are planning to have this be a gala celebration of our 25 years representing you and your colleagues at a wide variety of tables and venues. In the previous issue of *NAATP Visions* you read about the 119 programs that participated in the benchmarking project for 2002. Copies of those reports have been mailed out and if you do not have a copy, it means that you did not participate and provide information for 2002. Without being overly pejorative, I wonder how you can manage a quality treatment program without this information. (Well, maybe that was a bit strong, but nevertheless, quality providers of addiction treatment need to have access to the best possible information and the NAATP benchmarking report is a **must have** for many of the premier administrators and executives.

You also know that in the 3rd quarter of this year we will begin to collect the information for the 2002 Salary Survey. It is expected that we will have some 35-40 different job classifications and collect information on the average salary for persons in those positions and then present that data as information analyzed according to program type and geographic location.

All of which is to illustrate the benefits of membership in your association. But, as I noted earlier, I do not believe that we have really begun to tap into all of our potential. That is why your board had undertaken a strategic planning process that will be launched this summer and culminate with a two day board retreat to sift through the findings and begin to chart the course of your association for the next 25 years!

Some of the questions that will be examined as a part of this process include:

- What membership categories are needed by NAATP for the next five years?
- How do we best use the resources of the association to serve its members?
- What products and services will attract new members?

- What other organizations and associations might NAATP seek out for collaborative relationships?
- What elements or resources are not now represented on the Board that we will need in the future and how do we make sure they are represented in the future?
- What staff resources will be needed in the future to ensure the continued success and value of the National Association of Addiction Treatment Providers?

These and a host of other questions will be the “framing” questions used to spark discussion and then turn that information into a useful plan and “direction shaper”. As we move into the second half of this year, a great deal of energy on the part of your NAATP staff and your board will be spent in working on this plan and then preparing it for presentation to you. This is not a secret plan, but rather a plan developed through strategic discussions around how best to build, position and sustain the National Association of Addiction Treatment Providers as the premier trade association that represents quality providers of addiction treatment.

And finally on a penultimate note, there are a lot of organizations that would like to lay claim to representing addiction treatment providers, because their primary mission is to be big, to be comprehensive and to guard turf. NAATP lays claim to the mantle of representing addiction treatment providers via the argument that this is all we have ever done, and this is our future. What we know best is what you do, deliver addiction treatment. NAATP is here to ensure that you deliver the best quality treatment, have access to the best information and that you network in the best way possible with other members of NAATP to ensure that we continue to build a comprehensive delivery system that is accessible and affordable for those individuals needing the services you offer.

This is not the last word on the NAATP strategic plan, it is only the first. Continue to watch for additional updates, requests for your participation, etc. as we move into 2003 and the celebration of 25 years of this association and plan for 25 more years!

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CARBON Cumberland HAZELDEN ROSCRANCE REMUDA

Do you have a copy of the NAATP 2002 Benchmark Survey Report on your Desk?

The Bal Iots have been Counted!

NAATP Members have el ected the "Cl ass of 2005" Board Members

Throughout April, the NAATP fax continue to print out the NAATP Board Ballot returns as you voted and returned your ballots to the NAATP office. For the twenty-four years that NAATP has existed, it has been fortunate to have had dedicated leaders in the addiction treatment field serve on the board. This year you have elected the following individuals to a three year term as members of the Board:

- John Schwarzlose – The Betty Ford Center
- Kenneth Ramsey – Gateway Rehabilitation Center
- Cathy Palm – Tully Hill
- Edward Diehl – Seabrook House Foundation
- James Griffis – Sierra Tucson
- Linda Bell – Bellwood Health Systems

These individuals will make up the class of 2005 as their term of office will be completed with the annual conference in 2005. Board members receive no compensation or reimbursement for the participation in the work of the association. They attend several board meetings a year and participate in another 2-3 conference calls per year. Many board members participate in committees of the association or work on task forces that have particular assignments. Many board members also make signification contributions that help to support the work of NAATP through conference sponsorship and assisting with sponsorship at SECAD.

Congratulations to the newly elected *class of 2005* board members and to all those have serve on the board and help to provide direction to your organization.

New NAATP Dues table to become effective January 1, 2003!

NAATP DUES STRUCTURE
ADOPTED BY BOARD OF DIRECTORS
2/12/02

This formula is based on Gross Charges for Chemical Dependency activity.
This model caps NAATP dues at \$10,000

This model treats multi-site/location organizations as one and the dues should be paid on the total for all.

Gross Charges	NAATP Annual Dues
Gross Charges less than 1.5M	\$750.00
Gross Charges 1.5M but less than 3 M	\$850.00
Gross Charges 3M but less than 5M	\$1,200.00
Gross Charges 5M but less than 8M	\$2,000.00
Gross Charges 8M but less than 12M	\$3,500.00
Gross Charges 12M but less than 18M	\$4,800.00
Gross Charges 18M but less than 25M	\$6,500.00
Gross Charges 25M but less than 35M	\$9,000.00
Gross Charges greater than 35M	\$10,000.00



Senate Confirms Mary Ann Solberg, Drug and Alcohol Prevention Expert, as Deputy Director of the Office of National Drug Control Policy; Barry Crane also Confirmed as Deputy Director for Supply Reduction

In late April, the Senate voted to confirm Mary Ann Solberg as the Deputy Director of the White House Office of National Drug Control Policy (ONDCP), the second-highest position in the agency. Ms. Solberg, an expert in community-based drug and alcohol prevention issues, has worked for many years to improve prevention services in her own community and nationally. Her nomination received extensive support from both prevention and treatment field organizations nationally that enthusiastically supported having an expert in community-based prevention issues in a leadership position at the Office of National Drug Control Policy.

Prior to joining ONDCP, Mary Ann Solberg served in Michigan as the Executive Director of both the Troy Community Coalition for the Prevention of Drug and Alcohol Abuse and the Coalition of Healthy Communities. She also served as an advisor to the Center for Substance Abuse Prevention and as a member of the Board of Directors of the Community Anti-Drug Coalitions of America. Ms. Solberg has provided consulting assistance to numerous community partnerships and coalitions across the United States, helping these organizations plan effective prevention services.

During that same week, the Senate also confirmed Barry Crane as the Deputy Director for Supply Reduction at ONDCP. Before joining ONDCP as Director for Supply Reduction, Barry Crane evaluated the effectiveness of interdiction operations against the cocaine business and the technical performance of other interdiction systems for the Institute for Defense Analysis. Mr. Crane is a graduate of the Air Force Academy, received his Ph.D. in physics from the University of Arizona, and retired from the U.S. Air Force in 1991 as a Colonel.

Senate Finance Subcommittee on Social Security and Family Policy Holds TANF Reauthorization Hearing on Helping Hard-to-Employ Individuals: Alcohol and Drug Problems Identified as a Common Barrier to Employment

During the last week of April, the Senate Finance Subcommittee on Social Security and Family Policy held a hearing on the reauthorization of the Temporary Assistance for Needy Families (TANF) program. The hearing, chaired by Senator John Breaux (D-LA), focused on the goal of helping families move from welfare to work. Senator Breaux opened the hearing by stating that many families currently receiving TANF benefits will have trouble moving to full-time work without remedial services, treatment, training, or education because they face multiple barriers, including learning disabilities, illiteracy, domestic violence, mental health and substance abuse problems. Senator Breaux voiced concern about the Administration's TANF reauthorization proposal, stating that its work requirements would not permit States to provide sufficient services to TANF beneficiaries facing acute barriers, such as illiteracy, a significant problem in Louisiana.

Appearing before the Senate Subcommittee were four witnesses representing different perspectives on the TANF program. Natasha Metcalf, the Commissioner of the Tennessee Department of Human Services, testified about Tennessee's initiatives to overcome barriers to employment, including a program that has used TANF funds to provide counseling to beneficiaries with addiction, mental health and domestic violence problems. Michelle Laureano, a TANF recipient from New Jersey, talked about her difficulties working as a single parent with four children, three of whom have special needs. Stephanie Smith, Director of Operations, Goodwill Industries of Southern Arizona, testified about Goodwill programs, including drug and alcohol treatment and job training programs that have helped many individuals move from welfare to work. David Butler, Vice President of Manpower Demonstration Research Corporation in New York, a non-partisan think-tank, discussed work requirements in the Administration's TANF reauthorization proposal. He testified that drug and alcohol treatment should count as work for at least six to twelve months, as opposed to three months – the standard that the Bush Administration and House Republican leadership has proposed.

The Senate Finance Committee is preparing to review TANF reauthorization legislation sometime during the next few weeks, before the Memorial Day recess. It is unclear at this time how Senate Finance Committee legislation will differ from the Bush Administration's reauthorization proposal.

The 2002 James W. West, M.D. Quality Improvement Award will be presented to Father Martin's Ashley during the 2002 NAATP annual conference.

The 2002 James W. West, M.D. Quality Improvement Award will be presented to Ashley, Inc as a part of the NAATP 2002 annual conference. The submission made by Ashley pertained to a *Process Action Team* that was initiated by the Admissions Department to reduce the time required to complete the admission process. The following information is a part of the presentation made by Ashley staff at the conference upon receiving the award.

ADMISSION PROCESS PROCESS ACTION TEAM

PROJECT IDENTITY - The Admission Process Process Action Team ("PAT") was chartered to reduce the total time required to complete the admission process, reduce the potential for patient seizures or injuries and to improve patient and employee satisfaction.

PROJECT DESCRIPTION - As a result of declining patient satisfaction as reflected on the patient satisfaction surveys during the fourth quarter 2000, and increasing employee dissatisfaction with the admission process, a decision was made by the Executive Committee of the Professional Staff ("EXCOPS") to charter a cross-functional Process Action Team ("PAT"). The goal of PAT was to evaluate the admission process, beginning with the patient's arrival to the Crisis office and ending with the patient being escorted to his/her room.

Date Initiated: January 2001

NARRATIVE SUMMARY - In January 2001, the admission process at Father Martin's Ashley was at an all time high average of 4 hours 12 minutes. Patient Satisfaction Survey's reflected declining satisfaction with the process. Employees expressed concern regarding lengthy patient waits, and the organization was concerned with patient safety.

The opportunity for improvement was identified in the first quarter, 2001. In June 2001, a PAT was chartered. The team was under the purview of Rob Kinneberg, Director of Administration, Charlotte Meck, Director of Nursing, and Dave Gerick, Director of Quality Improvement Services. They were chosen as the primary process owners. A ten member multi-disciplinary team represented five departments across organizational lines: Medical Services, Program Service Aides, Crisis/Admissions Department, Nursing Department, and Counseling Department.

Team goals included:

- Decreasing potential for patient seizures and injuries while waiting
- Improve patient and employee satisfaction

The team collaborated for two months to meet their charter.

The cross-functional team flow charted the current process, brainstormed possible causes of excessive wait times, collected data, constructed a cause and effect diagram, multi-voted and constructed a Pareto chart.

Data collected reflected that the admission process took an average of 4 hours 12 minutes during the months of February - April 2001. The Admission Nurse's responsibility was extremely comprehensive and time consuming. There was a lack of teamwork

between several disciplines. It was also noted the potential for patient seizures and injuries during the long wait time was paramount, as three patients had experienced seizures or falls during that time.

The Process Action Team utilized literature searches and Best practice Articles. Attempts to benchmark with either similar organizations were unsuccessful, as they were not monitoring the same process. As a result of data analysis, the following recommendations were made by the Team, approved by the Executive Committee of the Professional Staff and implemented.

- Determine the 12 busiest hours of admissions and staff accordingly.
- Develop a procedure to assure that medically compromised patients who are transferred from other facilities arrive prior to 3 p.m.
- Obtain a replacement computer for Admission Nurse's office.
- Develop a training protocol for the admission process and assure all nurses are skilled in the admissions process.
- Develop a policy that assures personal effects are transferred from Admission/Crisis Department to the PSA

Continued on page 6

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(“Program Service Aide”) or nurse, assuring that the chain of custody is maintained.

- Admission/crisis office will make badges/labels for new admissions.
- Revise the computerized admission tool (BPSA) Part B and C.
- Admitting physician will assume responsibility for completing BPSA Part C.
- Research and approve a “welcoming video” featuring Father Martin’s Ashley representatives to be utilized in the event a patient has to wait.
- Program Service Assistants (PSA’s) will assume responsibility for the distribution of the patient handbook.
- PSA’s will assume responsibility for welcoming, escorting and introducing the patient to the environment and their room.
- The unit manager will assume responsibility for answering phone calls in Bantle Hall, assist in chart preparation and order transcription.
- The Charge Nurse will assume responsibility for the review and implementation of orders and any medication administration required upon admission.

SUCCESS OUTCOMES -All desired outcomes were achieved.

- Average Admission Process time was reduced from an average of 4 hours 12 minutes to 2 hours and 39 minutes. (Reduction of 1 hour and 33 minutes or 37%)
- Patient seizures/injuries were reduced by 100%
- Patients who must wait for short periods of time view an educational video in a safe, comfortable area
- Patient satisfaction with the admission process improved from an average score of 81% during October-December, 2000 to an average of 90% favorable comments in August – December 2001, an increase of 9%.



Mental Health Parity is back on the Table!

But there may be more “fluff” to this than real progress. Once again Substance abuse parity did not get on the radar screen

In response to President Bush’s call for Congress to approve mental health parity legislation, Senate Majority Leader Tom Daschle (D-S.D.) yesterday said that such legislation will reach the Senate floor “in the coming months,” perhaps before Memorial Day, Congress Daily/AM reports. “We have an opportunity to pass a bill that has broad bipartisan support,” Daschle said. Sen. Pete Domenici (R-N.M.) has been negotiating with Bush administration officials on a mental health parity bill (Rovner, Congress Daily/AM, 5/1).

Domenici’s bill (S 543), also sponsored by Sen. Paul Wellstone (D-Minn.), would build on the original 1996 mental health parity law, which prohibited health plans that cover mental illnesses from setting different annual and lifetime benefits for those illnesses than they do for physical illnesses. The law, which expired last October, was reauthorized for one year in December after the Wellstone-Domenici proposal, which was attached as an amendment to the fiscal year 2002 Labor-HHS appropriations bill, failed to pass a House-Senate conference committee. The 1996 measure does not prevent insurers from establishing higher deductibles or co-payments for mental health benefits than for other medical conditions, a loophole that the new proposal seeks to eliminate.

The bill, which has 64 cosponsors, would require all health plans that provide mental health benefits to offer full parity with respect to both costs and access to services. Bush on Monday did not directly address whether he favors a bill that covers all mental illnesses or only the most serious disorders — an issue that appears likely to be the main dividing point as negotiations over parity legislation proceed (California Healthline, 4/30). Bush also “stopped short of endorsing” the Wellstone-Domenici bill (Congress Daily/AM, 5/1).

Comments:

Before we begin to feel sorry for ourselves in that our issue, “addiction treatment”, did not receive mention in this new initiative, we need to examine what actually might happen and what is political posturing! While it is true that President Bush seems to have “jump started” the mental health parity issue, he has made no commitment to sign the current legislation being proposed. He has left himself an out in that any party legislation must not increase the cost of health insurance.

This is remarkably similar to the language that President Bush has used around the “patients rights” issue. While positioning himself as a supporter of this movement, he has not yet agreed to sign any meaningful legislation.

The mental health parity legislation has been wrapped in the aftermath of 9/11 in that certain individuals have not been able to access their benefits for the help they need following the traumatic impact of 9/11.

We have a lot of work to do in order to have addiction treatment parity pop up on the radar screen, but we need to make sure that when it does, it is a real issue and not simply a political posturing issue!

What a year! With the events of September 11th our lives have permanently changed. It's impossible to look back over the past year and not think in terms of before and after 9/11. Almost every aspect of our lives today has been altered in ways we are only beginning to understand. From our family priorities to how we conduct our professional and personal lives; things are very much different today. Prior to September 11th the big concerns seemed to be, when was the stock market going to turn around and who was driving the kids to the game this weekend? Then all at once life became much more real and much more precious. Family, friends and being a part of something took on renewed importance. We looked to each other for support and learned you just couldn't take things for granted anymore. I believe the same holds true of our field. We need to support each other and not take things for granted. It is far too easy to only focus on the individual needs of our organizations. But alone we lack the support, energy and influence to meet the challenges we face. Getting up, getting out and getting involved is critical not only for our field but for our organizations as well.

Whether we are facing new security concerns, having to address significant reductions in funding due to the ailing economy or meeting the ever-increasing demands of regulators and payers every program must remain diligent to keep up and keep moving forward. For me, one of the best resources I have for meeting the challenges facing my organization today is membership in NAATP. One of the most significant insights I have gained since becoming active in NAATP is the commonality of our concerns. It doesn't seem to matter what part of the country you are from or what type of services you offer, we all face many of the same challenges. In helping my organization to meet those challenges the other members of and the resources offered by NAATP have been invaluable.

Thanks to the dedication and effort of our President, Ronald J. Hunsicker, NAATP has continued to move forward and grow. As a result of his efforts over the past 5 years, with virtually no support staff, Ron has continually added value to NAATP membership and has grown the organization to the point where it is now viewed as the voice of addiction treatment. As always Ron has been busy growing NAATP while improving and adding to products offered to our members. A few of the accomplishments of the past year include:

- During 2001 NAATP added over 30 new programs as members of the association. This growth continues a

trend of growth in which the membership continues to become more diverse.

- Completed the fourth Benchmarking survey with 80 reporting programs participating. With this accumulating database we are now able to provide valuable custom reports for participating members.
- Published ten issues of NAATP newsletter.
- Moved the NAATP office to a permanent location at 313 West Liberty Street, Suite 129 Lancaster Pa.
- A very successful SECAD 2001 with nearly 900 attendees and 100 exhibitors. Our involvement with SECAD has provided an excellent opportunity to increase membership and visibility for NAATP.
- Brought to conclusion the discussions around the need for a new membership dues structure that was approved by the board in February.
- Continued presence at the federal level regarding parity, charitable choice and other issues of importance to addiction treatment providers.

As we enter into another year we, as a field, will face new challenges: HIPAA, parity, decreases in funding, increases in regulation, staffing shortages and on and on and on. While the issues on the list may change, there will always be the next big challenge or the next big crisis. The key will be are we organized enough, as a field, to meet those challenges? Historically as a field we have fallen short in our ability to advocate for our clients and ourselves. It is my belief that NAATP is our best opportunity to have a collective voice, to be heard, and to make a difference. Your membership and your involvement does make a difference.

**Scott Munson, Executive Director
Sundown M Ranch
Board Chair, NAATP**

Upcoming Events for Your Calendar

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.

The **New England Institute of Addiction Studies** will present its annual New England Summer School of Addiction Studies **June 16 to 21 in Rindge, N.H.** For more information, call (207) 621-2549; e-mail neias@neias.org; or visit www.neias.org.

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.

The **American Society of Addiction Medicine (ASAM)** will present a workshop on Forensic Issues in Addiction Medicine on **July 18 in Washington, D.C.** For more information, visit www.asam.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 **Institute for Integral Development** will present the 26th annual Summer Institute on Behavioral Health and Addictions, **Aug. 5 to 8 in**

Colorado Springs, Colo. For more information, visit www.institutefortraining.com.

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

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

Serenity House will be providing a seminar, Understanding and Treating Adult Children of Addicted Families, on **July 12, 2002.** For more information, contact Tom Stamas at (630) 620-6616 ext. 105 or visit www.serenityhouse.com.

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

NAATP VISIONS is published ten times a year by NAATP. Information printed in NAATP Visions does not represent official NAATP policy or positions.

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