

# 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).



## Look at What Your Association is Doing!

November, 2001

**U**nless than forty-five (45) days, the calendar will move from December to January and from 2002 to 2003. What makes this page flip on the calendar more remarkable than other turns from December to January is that with the turn to 2003, the National Association of Addiction Treatment Providers will begin celebrating its **25<sup>th</sup> anniversary!** Twenty-Five years of representing some of the finest and some of the highest quality providers of addiction treatment. Throughout 2003 there will be a number of special activities and recognitions of this milestone with the highlight being the **2003 Annual Conference, May 17-20, 2003 in Indian Wells, CA.**

Even though 2003 will be a very special and important time, you should not forget the many projects and initiatives that are underway right now and which call for your participation.

For the past two months, you have been providing information to NAATP regarding salaries and job descriptions. That information has been collected and is now in the analysis stage with publication of the results projected for early

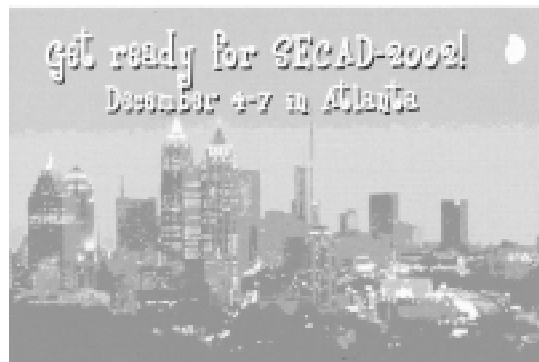
December. In the December newsletter you will find an order blank for **2002 NAATP National Salary Survey.** We believe that you will find this to be a valuable resource tool as you review your own compensation scales. NAATP appreciates all those organizations that responded to this survey and you can expect the next survey to occur in 2004!

Together with *Manisses Communications Group* and *MSJ Corporation* the National Association of Addiction Treatment

Providers established in 2000 an award to a member organization that submits an application demonstrating their activity in the area of **Quality Improvement!** The award is known as the *James W. West, M.D. Quality Improvement Award* and is named after Dr. James W. West, the Medical Director Emeritus of the Betty Ford Center. The deadline for applications has been extended from November 15, 2002 to November 30, 2002, with no application being accepted after November 30. If you are interested in submitting an application and have not yet done so, contact the NAATP office at 717-392-8480 for complete application information.



**December 4, 2002 is the opening date for the SECAD 2002 conference in Atlanta, GA.** This event which is much more an experience than a conference will showcase some of the premier presenters in the field of addiction treatment. There are 22.0 CME's in Category 1 awarded by the School of Medicine of the Medical College of Georgia available at this event. In addition to the



medical CME's there are a wide range of additional continuing education credits available.

For specific information, contact the SECAD office at 1-888-506-7394. The National Association of Addiction Treatment Providers is very pleased to present this SECAD experience and urges everyone to share this time in Atlanta. **Remember, the dates are December 4-7, and the place is Atlanta, Georgia.**

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**T**he recent untimely and tragic death of Senator Paul Wellstone in an airplane accident which also took the life of his wife and adult daughter, has left a momentous void at the national level in terms of legislators who understand and support the issues related to addiction treatment. The National Association of Addiction Treatment Providers joins Senator Wellstone's colleagues and friends as the outpouring of condolences came from many individuals and organizations during the last week of October. As strong as our grief is over the loss of Senator Wellstone, we can only imagine the grief that his surviving sons must feel over the loss of their father, mother and sister! Our thoughts and prayers are with the Wellstone family as they begin the long healing process surrounding this tragedy.

Senator Wellstone came to Washington nearly twelve (12) years ago as a former college professor and newly elected Senator from Minnesota. He very quickly became known as someone with *passion!* Known in the Senate as a *liberal*, he often stated positions so strongly and so clearly that there was considerable room in the center for compromise and movement. During the nearly 12 years that Wellstone served in the Senate he understood well the need for constructing a position that would allow the largest number of supporters and he often took the lead in stating positions that then gave his colleagues "*cover*" in moving to the center behind an idea that Wellstone first presented.

Over the past years, very few other Senators could speak with such emotion and such passion as Senator Wellstone could on those issues near and dear to him. His consistent vision and his commitment to his constituents from Minnesota was correct the social injustices that he saw and identified. As much as anyone in the Senate, Wellstone was committed to social change and the correction of injustice wherever he found it and wherever it was experienced. If he had intolerance, it was for injustice that was played out in the lives of individuals in this country.

Given his burning desire to address injustice, it was no accident that Senator Wellstone became an ally of the addiction treatment community in their fight to end discrimination that health insurance policies often have built into them regarding the benefits for addiction treatment. Using the rallying calls to "*end discrimination now*", and "*it is the right thing to do*", Senator Wellstone took the lead in the Senate to forge legislation that became known as addiction treatment parity. Unfortunately, this legislation never got out of committee and has yet to be debated on the floor of the Senate or voted upon by the Senate. Senator Wellstone was also a supporter of Mental Health Parity and reluctantly agreed to unhook mental health parity from addiction treatment parity in hopes that it would allow his colleagues who

had particular biases toward or against mental health and/or addiction to not have an all or nothing bill to vote on. While a diluted version of Mental Health parity did pass some three years ago, a stronger and more comprehensive bill still remains in the Senate waiting for action.

**Senator Wellstone and his staff were our allies!** They always took phone calls, it was relatively easy to get into see them and they were continuously interested in what was happening in terms of any progress made to provide accessible and affordable addiction treatment available. Senator Wellstone also had the ability to constantly ask the penetrating questions of why the addiction treatment field was so splintered and why it was so difficult for the addiction field to galvanize itself around an issue such as parity. Senator Wellstone seemed to despair that we made life complicated with our splintering and our sometimes inability to put aside differences and our egos and work for a common goal. Perhaps the single greatest tribute that could be paid to our friend and our colleague, Senator Paul Wellstone, would be for a greater collaborative effort to emerge on the part of addiction treatment provider organizations.

However, as tragic as the loss of Senator Wellstone has been to the Addiction Treatment organizations, his death also exposes the fragility of our influence on legislative matters at the federal level. When the death of one individual nearly wipes out your entire game plan, your achilles heel, lack of depth has been exposed! Some marketing strategists suggest that when you are over reliant on one segment of the market for your business, a market shift can be fatal! When we are over reliant on one Senator as our voice and as our champion, then one *accident* can have tremendous repercussions.

In addition to all the other lessons that are to be learned from this airplane crash on October 25, we need to double and perhaps triple our efforts to educate legislators about discrimination, about the value and the worth and the cost effectiveness of addiction treatment. We need to double and perhaps triple our efforts to find individuals who will point out injustices, who are willing to listen to reason, who are able to understand the futility of not supporting addiction treatment and who are able to shape all of this into useful public policy that based on sound research, quality treatment approaches and that refuses to discriminate against those with the disease of addiction.

Certainly October 25, 2002 was a tragic day, but the future will even be more tragic if we let the passion of Senator Paul Wellstone lay on the cold ground of the crash site in northern Minnesota.

That's The Perspective of RJH

The NAATP 2003 annual conference committee has been hard at work in putting together an outstanding line up of speakers, workshops and *fun* for the 2003 conference. Plans are underway for a golf outing on May 17 followed by a luncheon and then the opening plenary session on Sunday morning, May 18. The rest of Sunday will have CEO and CFO roundtable luncheons as well as workshops and the evening will end with the board reception and **entertainment by Larry Gatlin!** The remainder of the conference will see awards and recognition sessions, workshops, an annual meeting lunch and a closing plenary session Tuesday morning. **Mark your calendars now and reserve those dates to join your colleagues in Indian Wells (Palm Springs) California!** Watch for the *save the date* post cards to arrive on your desk before the end of November.

Before we know it the calendar will read 2003. But as you can see, there is a great deal of activity taking place before we have November and December turned. We need your participation in these events to continue to build on the energy that has been generated and on the good will that has marked this association.



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**Bishop Gooden Home**, a provider of residential treatment since 1962 is seeking a counselor for its alcohol and drug extended care program. Experience needed in individual counseling, educational and process groups. Join with other counselors and program director as a member of a supportive and highly professional treatment team. Prefer candidates with CADAC certification. Fax resume to (626) 795-2944 or email to [bghome@earthlink.net](mailto:bghome@earthlink.net). Inquiries to Jennifer Workman, (626) 356-0078.



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  - Business associate
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- Notice of privacy practices
- HIPAA privacy guidance for criminal justice clients
- Guides on specific areas such as psychotherapy notes, hybrid entities, and healthcare components
- PowerPoint trainings for Board members and staff, including pre- and post-tests
- Summary of disclosures under 42 CFR Part 2 and HIPAA
- Privacy Reference Guides (set of 10), summarizing the privacy requirements applicable to substance abuse treatment facilities
- Patient Rights Reference Guides (set of 10), summarizing the six patient rights under HIPAA

### Privacy Policies and Procedures (Delivery by November 1)

- Comprehensive set of policies and procedures to implement HIPAA privacy regulations
- Sample forms and compliance checklists

### Security Policies and Procedures (Delivery Summer 2003)

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## New Collaboration Announced Between NIDA and SAMHSA to Expand Research into Application

The National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) today announced a unique intra-agency agreement to expedite the application of findings from treatment research into clinical application.

The \$1.5 million agreement between NIDA and SAMHSA's Center for Substance Abuse Treatment (CSAT) will help ensure that findings from NIDA's treatment research will be quickly and readily available to practitioners around the country.

Under the agreement, NIDA will provide funding to support CSAT's Addiction Technology Transfer Centers (ATTC), a network comprised of 14 independent regional centers and a national office charged with increasing the knowledge and skills of addiction treatment practitioners and fostering alliances to support and implement best treatment practices. The purpose of the agreement is to enhance efforts to disseminate and apply findings from NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN) as well as other NIDA-supported studies to practitioners served by the ATTCs.

Grants totaling almost \$6 million were awarded this week to add three nodes—Northern New England (covering 5 states), New Mexico, and Arizona—to NIDA's CTN. The network is now comprised of 17 research nodes around the country. These nodes are conducting a variety of research protocols on behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions in 27 states at 120 community treatment sites. More than 3,500 patients are participating in these studies. The CTN is designed to determine treatment effectiveness across a broad range of community-based treatment settings and diversified patient populations.

## Judge Rules in Favor of Confidentiality Laws in Bush Case

Orlando Circuit Judge Belvin Perry Jr. ruled Monday that Noelle Bush's drug therapists will not have to testify in court about the crack cocaine found in her shoe, citing the federal law governing confidentiality of alcohol and drug patient records and state laws that protect patients' privacy rights and govern the drug court system. Monday's ruling was greeted as a victory by drug-treatment advocates, who argue that forcing treatment-center staff members to testify against a patient about drug use or possession would set a dangerous precedent, especially since relapse is a frequent occurrence. The case is being watched closely across the country because of its possible implications for patient privacy.

Prosecutors pledged Monday to appeal the ruling that federal confidentiality laws protect Bush as long as she resides in a drug-treatment center and remains under the supervision of a drug-court judge. An assistant state attorney for Orange County said that his office disagreed that privacy laws applied to the case and that it would appeal Judge Perry's ruling to the Fifth District Court of Appeals.

## National Forum Meeting Held in Washington, D.C.

The National Forum held its semi-annual meeting on October 25<sup>th</sup> at the National Press Club. The Forum includes executives and representatives from more than 50 national organizations serving the addiction field – including prevention, treatment, and recovery. The Forum raises significant awareness within the field toward the family nature of addiction consequences and the importance of research and science-based thinking in every initiative. Hosted by the Johnson Institute, the Forum convenes in Washington, D.C. every May and October. Presenters at this meeting included:

- Charles Curie, M.A., SAMHSA Administrator,
- Andy Finch, M.Ed., Executive Director of Creative Recovery Communities, who discussed the Association of Recovery Schools whose members advocate for the strengthening and expansion of high school and college programs dedicated to achieving both academic and recovery goals,
- Roberta Lies, Program Director at Join Together and Paul Samuels, Director of the Legal Action Center, who reviewed testimony and issues related to the August Join Together/ABA Policy Panel on Discrimination of Individuals in Treatment/Recovery,
- Tom McLellan, Ph.D., veteran researcher from the University of Pennsylvania who presented a report on the Nation's Addiction Treatment Infrastructure,
- Ivette A. Torres, Assistant to the Director for Community Affairs for the Center for Substance Abuse Treatment (CSAT) who reported on the 2002 National Recovery Month,
- Rick Sampson, Executive Director of Faces and Voices of Recovery, who reviewed their activities which include a campaign against the new Christian Dior perfume called Addict, and
- Jack B. Stein, Ph.D., Deputy Director of the National Institute on Drug Abuse's Office of Science, Policy and Communications, who reported on NIDA's latest developments, county alcoholism services and community alcoholism outreach in Fairfax County, Virginia, as well as substance abuse planning coordination for Northern Virginia. Ms McGrath officially assumed her duties in June.

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**The Physician Leadership for National Drug Policy** has released a new report, **Adolescent Substance Abuse: A Public Health Priority**. The report addresses the need for prevention, identification, treatment, and financing interventions to curb adolescent substance abuse problems. The report is available electronically on the PLNDP website, [www.PLNDP.org](http://www.PLNDP.org) or is available on DVD. For more information or to request a DVD call 401-444-1817.

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## NIDA Research and SAMHSA Physician Training Combine to Put Care for Opiate Dependence in Hands of Family Doctor

Buprenorphine, a new medication developed through more than a decade of research supported by the National Institute on Drug Abuse (NIDA), will now become available to treat heroin and other opioid dependence through certification and training of physicians to use the medication by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Buprenorphine will be able to be used by physicians in office-based treatment, as long as physicians have the minimum eight hours of training mandated by Congress and obtain a waiver that allows them to prescribe certain controlled substances. Buprenorphine was approved in early October, 2002 for treatment of opioid dependence by the Food and Drug Administration. This medication will not replace methadone therapy, provided through special methadone treatment facilities, but will provide the office-based physician an opportunity to treat patients for addiction to heroin or other opioids, including prescription pain-killers. Physicians will be required to refer patients to full-spectrum care for their social and psychological needs.

"This is a major step forward toward improving and broadening treatment options for individuals addicted to opioids," said Dr. Glen Hanson, Acting NIDA Director. "Buprenorphine is an important new treatment tool. Not only will it expand availability of treatment, but its method of administration and dosing schedule

will make it more likely that recovering addicts will be more likely to adhere to the treatment regimen."

"Buprenorphine will allow patients to be treated for addictions in the same manner as they are treated for other chronic illnesses, such as diabetes or hypertension," said SAMHSA Administrator Charles G. Curie. "A qualified physician will be able, for the first time, to prescribe an anti-addiction medication in an office setting and treat opiate addiction as any other chronic disease."

Buprenorphine's unique effects and pharmacology make it an attractive and clinically helpful treatment option. Buprenorphine is related to morphine, but is a partial agonist that functions on the same brain receptors as morphine, but does not produce the same high, dependence or withdrawal syndrome. It is long-lasting, less likely to cause respiratory depression, and well-tolerated by addicts.

Buprenorphine represents a milestone in NIDA's medication development program. Buprenorphine is the second medication to come out of NIDA's 12-year investment in this program and many more compounds are under development. The first medication to come out of the program was LAAM (1-alpha-acetyl-methadol), which was approved in 1993 for the management of opiate dependence.

Buprenorphine will join methadone, naltrexone and LAAM as the fourth medication available for treating heroin and other opiate addictions.

Physicians who are not addiction medicine specialists, and who want to offer this new option to their patients, must first complete an eight-hour training session to qualify for a waiver from the Controlled Substances Act 21 [USC 823(g)], which restricts the use of methadone and other opiate drugs to federally licensed addiction treatment clinics. The waiver permits primary care physicians to provide office-based treatment. To date, approximately 2,000 physicians have received training.

In the next few months, SAMHSA will establish a nationwide registry of physicians holding this waiver to assist health care workers and patients identify qualified treatment professionals for detoxification (weaning off heroin) or maintenance (keeping off heroin) of as many as 30 patients. It is estimated that there were 898,000 chronic heroin users in the United States in 2000.

To encourage physicians to participate in buprenorphine training sessions and to inform the public about this new treatment option, SAMHSA/CSAT will be launching an information campaign in the near future. This campaign will kick-off in Washington, DC and roll-out to cities across the United States including: Baltimore, MD; Boston, MA; Chicago, IL; Dallas, TX; Detroit, MI; Miami, FL; New Orleans, LA; Newark, NJ; New York, NY; Portland, OR; Salt Lake City.

SAMHSA has set up an information website and toll free number for physicians to call for information. Physicians can get more information from or by calling the SAMHSA Buprenorphine Information Center at 866-BUP-CSAT from 8:30 A.M. to 5:00 P.M., EST.

## BHC ORYX Requirements Modified

Behavioral healthcare organizations providing 24-hour care and that have an average daily census of 10 or more will no longer have to enroll in a listed performance system in order to meet the ORYX requirements in the *Comprehensive Accreditation Manual for Behavioral Health Care (CAMBHC)*. The changes, effective immediately, were approved at the September meeting of the Executive Committee of JCAHO's Board of Commissioners. The modifications will remain in effect until relevant core measures are identified and implemented by JCAHO.

"The changes give BHC organizations more flexibility in meeting ORYX requirements," says Mary Cesare-Murphy, Ph.D., executive director, Behavioral Health Care Accreditation Program. "Organizations can continue participating with a performance measurement system or they can choose to gather the data and analyze it internally. Participation in a performance measurement system does have the advantage of providing comparative data that may not otherwise be readily available.

"There has been no change in the ORYX requirements for BHC organizations that provide non-24 hour care or 24-hour care with an average daily census of 10. These organizations can continue collecting and analyzing data internally or they can choose to participate in a performance measurement system," explains Cesare-Murphy.

For more information, contact Frank Zibrat, associate director, ORYX implementation, [fzibrat@jcaho.org](mailto:fzibrat@jcaho.org) or (630) 792-5992.

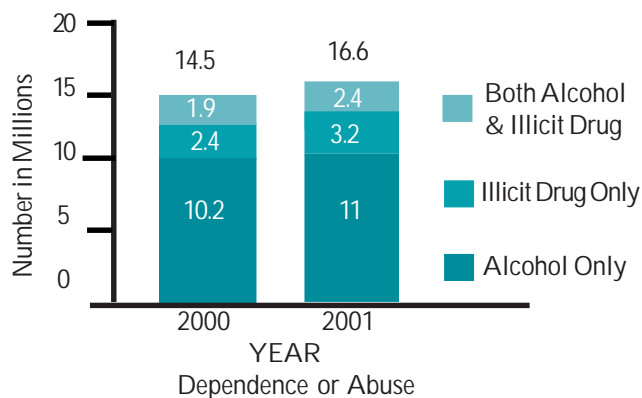
### ORYX options for all BHC organizations surveyed under the CAMBHC

Including those providing 24-hour care and non-24 hour care

**Option 1:** Identify six performance measures, collect data, generate run charts or control charts on each measure on at least a quarterly basis. Analyze the data and use for internal quality improvement activities. JCAHO surveyors will review the charts during the onsite survey. This will occur until core measures are identified and implemented.

**Option 2:** Participate in a listed performance measurement system which will submit monthly aggregate data to JCAHO until core measures are identified and implemented.

### Past-Year Substance Dependence or Abuse Among People Age 12 or Older: 2000 and 2001



Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001

## Survey Finds Millions of Americans in Denial About Drug Abuse

Findings released recently from SAMHSA's 2001 National Household Survey on Drug abuse indicated that the number of Americans who could benefit from drug treatment was significantly larger than previously understood. More than 4.6 million Americans who meet the criteria for needing treatment for illicit drug use do not recognize they have a problem. The annual survey was released as part of the kickoff for the 13<sup>th</sup> annual National Drug and Alcohol Addiction Recovery Month observance.

"We have a large and growing denial gap when it comes to drug abuse and dependency in this country," said John Walters, Director of National Drug Policy. "We have a responsibility- as family members, employers, physicians, educators, religious leaders, neighbors, colleagues, and friends- to reach out to help these people. We must find ways to lead them back to drug-free lives. And the earlier we reach them, the greater will be our likelihood of success."

**The Arizona Addiction Recovery Center** located in Casa Grande, Arizona began operation in September. AARC provides 30-day residential treatment for alcohol and drug dependency and compulsive gambling using research-based treatment interventions at a very affordable price. For more information visit [www.az-arc.com](http://www.az-arc.com)

AARC

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**T**ully Hill recently celebrated our 12<sup>th</sup> Anniversary of opening October 3, 2002 and additionally kicked off our first capital fundraising campaign. The primary purpose of the capital campaign is to raise funds to purchase our building. This has been a dream of several of the founding board members, of which I am one, since the late 1980's when Tully Hill was first being organized.

I believe effective leadership requires focus, commitment and passion to our mission, a vision and the willingness to walk through our fears when we experience them. Tully Hill's mission is to provide appropriate, cost effective care, of the highest quality, to alcoholics or chemically dependent persons and their families, to achieve and maintain sobriety. This has been embraced by our Board and staff since prior to our opening in 1990. Our mission was revisited in 1996 and once again in October 2002. The Continuous Quality Improvement Team recommended that we reconfirm our commitment to this mission. This recommendation was recently presented to the Board and approved. Throughout our history our mission continues to be put in the forefront of our decisions. My message to my staff since assuming the position of Executive Director in March of 1996 is that if we continue to embrace our mission, then we will keep our focus on providing excellent care to those we serve. If my staff is doing what we are here to do on a daily basis, our reputation will be solid and I will be able to do what is necessary to assure our long term survival.

Tully Hill's Vision is that "We will be a local, statewide, and nationally recognized, financially independent, premier treatment facility with a highly trained professional staff, using the latest in research and technology to provide a comprehensive continuum of care to persons and their families suffering from the disease of chemical dependency." This Vision was also recently reviewed and a recommitment made to it by the Continuing Quality Improvement Team and subsequently the Board of Directors.

We are currently reviewing our values and such values as honesty, integrity, safety, security, compassion, dignity, and respect for patients and staff will continue to be on our list. They have served us well during our 12+ years. Our staff has responded with others they believe are important to us and the Continuous Quality Improvement Team and Board will be finalizing those soon.

Our facility was built specifically for us as an alcohol and drug treatment center, but we were intended to be a tenant forever or at least for the 25 year life of our Lease Agreement. As Board Treasurer and volunteer, I noted that in the original Lease Agreement there was no provision for an option to buy. At the recommendation of the Board Chair, I pursued this with the owners and successfully included a provision for this prior to our opening. The purchase options at that time seemed very expensive but, I

was pleased to at least have the provision that the purchase of the building could be discussed.

Tully Hill continued to face many challenges in the marketplace as most centers did during the nineties. As the landscape of the Healthcare Marketplace changed from liberal access for addiction treatment to limited or denial of access to care, we were faced with enormous financial challenges. We did, however, stay focused on our Mission and Vision. We developed plans with expense reductions, revenue enhancements, hardship plans, survival plans, etc., etc. Our landlord was not exempt from the impact of these plans. However, through it all we have been able to establish credibility with our landlord as well as our marketplace. Focus on Mission and following our plan allowed us to accomplish this.

Finally an opportunity presented itself to us in the summer of 2002 and we prepared a purchase offer at a realistic price to the current owners, which has been accepted. The Board has embraced the need to conduct a major Capital Campaign to accomplish this acquisition.

One special community relationship has evolved and been nurtured since 1996. When this individual asked me at that time what she could do to help Tully Hill, I told her some day we would need help purchasing our building. I am pleased to announce, this person is responsible for our first \$200,000 gift. To date we have approximately 40% of our fundraising goal in cash and pledges. With much work ahead of us to achieve our goal, we expect to close during the first half of 2003.

Lessons learned for me during this experience are the necessity of having a vision and a dream; the belief that it is critical for a Board and staff to stay focused on our mission; and the commitment to values as decisions are made. We have continued to provide excellent care to maintain our outstanding reputation which makes it possible to ask the community to support such a major effort. I also believe that a higher power has wanted us to help those we serve. That same higher power has worked through people, for example, our dedicated staff and leadership, an understanding landlord and a very generous community of donors.

Thanks to many, Tully Hill is realizing a dream which should help us to provide care for those in need.

**Cathy Palm**  
Executive Director, Tully Hill I  
Naat Board Member

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

The **International Council on Alcohol and Addictions** (ICAA) will hold its 45<sup>th</sup> annual international conference on “Politics, Legislation and Drug Policy: Congruence or Divergence,” **Dec. 8 to 10** in Sao Paulo, Brazil and **Dec. 11 to 13** in Rio de Janeiro. For more information, contact ICAA-Brasil, Rua Joao Moura 647/184, 05412-911, Sao Paulo, SP Brasil; telephone: 55 11 3083 7415; email: [brasil@uol.com.br](mailto:brasil@uol.com.br)

**CMHC Systems** will present “HIPAA Road Map – How do I Get There From Here?” **Jan. 13 to 15 in Columbus, Ohio**. For more information, send an email

request to [hipaaroaddmap@cmhc.com](mailto:hipaaroaddmap@cmhc.com) or visit [www.cmhcsystems.com](http://www.cmhcsystems.com)

The **29<sup>th</sup> Annual Winter Symposium**, “Addictive Disorders and Behavioral Health,” will be held **Jan. 28 to Feb. 1 in Colorado Springs, CO**. For more information, contact Sandra Della-Giustina at (719) 594-9304 or email [addicteduc@aol.com](mailto:addicteduc@aol.com)

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

The **Florida Council on Compulsive Gambling Inc.** will hold its 10<sup>th</sup> annual conference, “The Innocence of Gambling: An Inside Look at Teens and Betting,” **Feb. 21 and 22 in Orlando, FL**. For more information, contact Pam Stiles at (407) 65-6200

## NAATP VISIONS

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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](mailto:RHunsicker@naatp.org)  
Web Site: [www.naatp.org](http://www.naatp.org)

NAATP Board Chair  
Scott Munson, Exec. Director  
Sundown M Ranch  
Phone: 509-457-0990  
Fax: 509-457-5313  
[smunson@sundown.org](mailto:smunson@sundown.org)

v i s i o n s

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