

# VISIONS

AUGUST, 2003

## SECURITY OF HEALTH CARE INFORMATION

**I**t's not too late to purchase HIPAA materials! It will benefit your organization and NAATP!

NAATP is offering its members special discounts for a valuable set of resources to assist with HIPAA Compliance on privacy and security of protected health information. The third binder of this three volume set will be release at the end of September. For those of you who already purchased the IADDA HIPAA Handbooks, the Security policies and procedures, as well as the CD Rom, will automatically be shipped to you. A number of NAATP members have been involved in the development of these security policies that will not only comply with the new regulations, but also include practical tips of information technology experts working in the addiction treatment field.

**By way of background, the HIPAA privacy regulations compliance date was April 14, 2003. On February 20, 2003, the U.S. Department of Health and Human Services ("DHHS") released its final Security Standards as required under the Health Insurance Portability and Accountability Act ("HIPAA"). The date for providers to be in compliance with the Security Standards is April 21, 2005; small health plans have until April 21, 2006 to comply.**

While the Privacy Standards apply to protected health information ("PHI") in any form, the Security Standards only apply to electronic PHI. In general, the rule requires covered entities to ensure the confidentiality, integrity and availability of all electronic PHI that it creates, receives, maintains or transmits. It must protect against any reasonably anticipated threats or hazards to the security or integrity of such information as well as protect against any reasonably anticipated uses or disclosures of electronic PHI that are not permitted or required under the Privacy Standards. This includes electronic PHI at rest (in storage) as well as during transmission and the protections must be applied to internal as well as external transmissions. The Security Standards do not include the transmission of paper-to-paper faxes or voicemail. The covered entity must also ensure that its workforce complies with the security rule.

**In order to ensure the confidentiality, integrity and availability of all electronic PHI, covered entities must implement reasonable and appropriate administrative, physical and technical safeguards to protect electronic PHI from unauthorized access, alteration, deletion, and transmission. These safeguards are in the form of "Standards", each of which the covered entity is required to meet. However, the final rule does allow for flexibility in meeting each Standard by allowing covered entities to determine those measures which are reasonable and appropriate based on the covered entity's specific needs.**

Each Standard contains "implementation specifications" to provide guidance to covered entities on how to meet each of the Standards. The implementation specifications are either "required" or "addressable". Covered entities must implement those implementation specifications that are required. If the implementation specification is "addressable", the covered entity must determine whether it is a reasonable, appropriate security measure to apply within its particular security framework. The decision to implement an addressable specification is based upon a variety of factors including, but not limited to, the entity's:

- Risk analysis;
- Risk mitigation strategy;
- The security measures already in place; and
- The cost of implementation.

Based on this decision, if the covered entity determines that an addressable implementation specification is reasonable and appropriate, the covered entity must implement it. If the covered entity determines that the addressable implementation specification is an inappropriate and/or unreasonable security measure but the standard cannot be met without implementation of an additional security safeguard, the covered entity may implement an alternate measure that accomplishes the same end as the addressable implementation specification. The covered entity might determine that an implementation specification is simply not applicable (neither reasonable nor appropriate) to its situation and that the standard can be met without implementation of an alternative measure.

If the covered entity does not implement the addressable implementation specification, it must document:

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**A** cruel hoax is being played out in community after community as the ugly head of discrimination expresses itself in new and even stranger manifestations. In the twenty-five year history of the National Association of Addiction Treatment Providers there is nothing more evident than the stark reality that addictions is discriminated against as a disease and that persons with this disease are discriminated against as persons. This discrimination is no less serious than the discrimination expressed toward persons because of ethnic background, skin color, gender, sexual orientation, religious preference, etc. Discrimination is discrimination and the right thing to do is to not tolerate it at any level!

Recently, the National Association of Addiction Treatment Providers joined several other organizations including the American Society of Addiction Medicine, National Council on Alcoholism and Drug Dependence, NAADAC/The Association for Addiction Professionals, etc as *Amici Curiae* in support of the respondent in a case to be heard before the Supreme Court of the United States. Unfortunately, it is another example of discrimination in its most alarming form.

The Raytheon Company has enacted a policy that states (greatly summarized) that an individual with a past history of alcohol or drug addiction may not be considered for employment within the company. In this case, Raytheon (supported by many of the Nation's largest employers) is urging the Court to construe the ADA (Americans with Disabilities Act) in a way that would effectively nullify this important promise: that an individual's *history* of disabling addiction will not be permitted to define his or her lifetime employment opportunities. In this particular case the critical issue is Raytheon's policy of "lifetime ineligibility for applicants whose prior misconduct led to dismissal." Such a policy would automatically (and perpetually) exclude an individual who has "completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs. Is this discrimination or what!

On October 8, 2003, The Supreme Court of the United States will hear the oral arguments in this case. However, it should be noted that the Bush administration has filed a brief stating that Raytheon's no-hire rule "represents a legitimate effort to promote workplace safety and productivity."

The finer points of law and case law will come into play as this case is heard. But the reverberations are already heard throughout the walls of business and industry. Discrimination against a person who is addicted clearly takes place and some organizations want to make it legal! It has almost become a worn out cliché, but against what other disease have we allowed the same level of discrimination? We would be hard pressed to identify others.

This is but one example of this blatant discrimination that has been allowed to grow and spread. The problem with discrimination is that when it is allowed to go unchecked, it becomes normal behavior and incorporated into society as an acceptable standard. Thus, Raytheon is asking the court to normalize (legalize) discrimination. The voice of the National Association of Addiction Treatment Providers and the voice of each one of its members are needed now more than ever to speak out and to challenge each and every instance of discrimination. There are two very specific activities that **your association** is asking you to become involved in this regard.

**First**, at the Federal Level, legislation has again been introduced that seeks to end discrimination on the part of insurance companies against persons with Addictions. The HEART ACT-Help Expand Access to Recovery and Treatment Act of 2003 has been introduced in the Senate by the Honorable Norm Coleman (S. 1138) and in the House of Representatives by Representative James Ramstad (H.R. 2256). They need your support and you are encouraged to contact your Senators and your Representative and urge them to support these bills and to get them to the floor for a vote. The National Governors Association suggests that government (State and Federal) now pay 64% of the total addiction treatment expenditure per year while the private sector pays 24%. This is a direct result of the lack of parity in benefit design packages of insurance plans.

Alarming, only 2% of the 16 million alcoholics and addicts enrolled in health insurance plans are receiving adequate treatment, notwithstanding the purported "coverage" of addiction treatment by those plans. That's because plans require greater patient cost sharing, co-payments and deductibles and offer less coverage for number of visits or days of coverage and annual/lifetime dollar expenditure limits.

**Secondly**, as we gear up for the 2004 election cycle, it is important that every official running for office, from the local level to the national level, be asked her or his understanding of addiction. We need to clearly have individuals on record as approaching addictions from a disease perspective. In 2004 we do not need to hear that they are still gathering information; that they are waiting for their staff to pull together a position, etc. We need officials who understand this disease and who are not willing to tolerate discrimination of this disease and who are committed to addressing the addictions issue from this perspective. You can help by making sure that all officials running for office in your area get placed on record regarding their perspective.

It is the end of summer and perhaps some of us are a little "steamed", but then why should we not be steamed over discrimination?

**THAT'S THE PERSPECTIVE OF RJH**

## 12 ALCOHOLICS ARE SET TO SUE ALCOHOL INDUSTRY IN THE UK!

In July of 2003, a group of twelve alcoholics announced that they were beginning the process to sue the alcohol industry for failing to warn them of the dangers of alcohol. The group, aged between 18 and 60, will claim that their lives have been ruined by addiction and that no warnings were given.

This group announced that it could be ready to launch Britain's first legal challenge to the "drink" industry as early as August. The first step would be to seek legal aid for its clients. Lawyers would then try to present a test case before the Court of Session in Edinburgh.

"Any litigation would have to be based on whether or not the product causes harm and whether or not the producer has a duty of care to customers," said Jim Price, the solicitor preparing the case.

The alcoholics intend to show that drinking led to ill health, loss of jobs and the breakdown of relationships, damaging their quality of life. They will argue that drink manufacturers owed them a duty of care to warn of the dangers of addiction.

In America, laws requiring health warnings on alcoholic drinks came in more than a decade ago. Similar rules are being proposed in Ireland. The British Medical Association has made repeated calls for health warnings on alcoholic beverages in Britain.

"Alcohol is promoted now in the same way that cigarettes were in the 1950s," Price said. "Manufacturers want us to believe that drinking alcohol is sexy and trendy."

While this is a long way from a similar class action being taken in the US, it certainly does raise the issue again as to when and where such action will occur. In previous issues of this Newsletter, the caution has been issued, and is again issued that the Alcohol industry will use every effort possible to discredit the basic assumption that alcoholism is a disease. What is at stake for them is the exposure or liability they would have with such a class action activity. What is at stake for us is the very core of our understanding of addiction!

### You are invited to serve on the 2004 NAATP Annual Conference Committee!

The 2004 Conference Committee will be led by Kenneth Ramsey, Chair. If interested, please email Angela Abshire.

[aabshire@naatp.org](mailto:aabshire@naatp.org)



### Director of Nursing

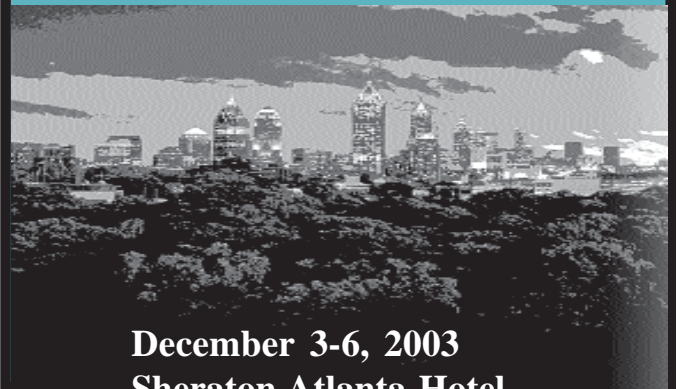
New Jersey alcohol and drug treatment center is seeking a full time Director of Nursing to supervise the nursing division of our rehabilitation facility. The position reports directly to executive staff and oversees budget, management and operations of the nurses as well as supervising, training, orienting and mentoring of the nursing staff. Exceptional interpersonal, organizational and supervisory skills are essential. Knowledge of and experience in chemical addiction and recovery are important attributes. Familiarity and experience in compliance with credentials, regulations, and standards is a must. A Bachelor of Science - Registered Nurse with three years experience in the addictions field and two years of supervision are required.

Send resume to:

NAATP  
313 W Liberty Street, Suite 129  
Lancaster, PA 17603-2748



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**WE WANT YOUR IDEAS!**

If you have any suggestions for topics for plenary and workshop sessions, as well as presenters please email Angela Abshire.

[aabshire@naatp.org](mailto:aabshire@naatp.org)

### **CARON FOUNDATION REPORT FINDS ADDICTION RELAPSE SIMILAR TO THAT OF OTHER CHRONIC DISEASES**

**Wernersville, Pa.** - Relapse following treatment for drug and alcohol addiction is common, predictable and preventable, according to "Relapse and Recovery: Behavioral Strategies for Change," a research report by the Caron Foundation, one of the nation's oldest and largest addiction treatment centers. The report provides information for individuals and families touched by addiction, and is a reference for professionals.

"Relapse should not be viewed as a failure; it is part of a learning process that eventually leads to recovery," says Susan Merle Gordon, Ph.D., author of the report.

Relapse rates for addictive diseases do not differ significantly from rates for other chronic diseases. Relapse rates for addictive diseases range from 50% for resumption of heavy use to 90% for a brief lapse.

The potential for relapse is part of a chronic disease. As is the case with chemical addiction, patients with diseases such as diabetes, asthma and hypertension frequently fail to comply with their treatments. Just as people with chronic diseases must adjust their lifestyles and assume responsibility for managing their own care, so do those with addictions to drugs and alcohol.

Gender is an important factor in relapse. "Women are less likely to relapse than men, in part because they are more likely to seek treatment and engage in group counseling," according to Gordon.

Caron separates relapse treatment from primary care, admitting those who have acknowledged their addiction, maintained sobriety for at least six months, and are familiar with the 12-step recovery process. Treatment includes identifying early warning signs and relapse triggers, and developing strategies to avoid or cope with them.

Caron experience, confirmed in participation in a national study, is that aftercare plays a critical role in long-term recovery.

More than 60% of Caron patients who regularly attend some form of aftercare following treatment remained completely abstinent from drug or alcohol use, compared with 40% of patients who attended sporadically, and 30% who did not attend an aftercare program.

The report includes definitions of relapse, theories of relapse and related treatment models, relapse triggers and prevention strategies, and predictors of recovery. The report is available online at [www.caron.org](http://www.caron.org), and 800-678-2332 Ext. 2469.

Consistently listed among the top alcohol and drug addiction treatment providers nationally, the not-for-profit Caron Foundation annually treats more than 4,000 patients from across the U.S. and abroad. Caron offers residential treatment and outpatient programs for adults and adolescents, as well as families affected by the disease of addiction.

Caron operates a residential treatment center in Wernersville, in Southern Pennsylvania, and Renaissance Institute of Palm Beach, an extended care treatment center in Boca Raton, Florida. It also has regional offices in Philadelphia and New York. In early 2004, Caron Foundation of New York will open a recovery center in Manhattan, with special emphasis on adolescents and their families.

**Contacts:** Sally Orth, director of communications, Caron Foundation, 800-678-2332 Ext. 2245  
[sorth@caronfoundation.org](mailto:sorth@caronfoundation.org) and Donna Brennan, PR counsel to Caron, 610-469-8765 [brennan@voicenet.com](mailto:brennan@voicenet.com).

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## What You Need is What You *Should* Get

By William Filstead, PhD

**I**t's hard to find anyone who would quarrel with the popular adage, "What you need is what you get." However, for years the alcohol treatment field has operated out of the belief, "What you need is what we got."

The alcohol treatment field believed:

1) Getting alcoholism accepted as a disease was a major victory. (This could still be improved upon if hospitals and the doctors within the hospitals would treat it as such.) Moving alcoholics and alcoholism treatment from state mental hospitals and into the medical and psychiatric units of general hospitals—the mainstream of health care—was another great step forward. Moving into the mainstream of health care led to insurance coverage for this major health care problem.

2) Having won this battle to obtain hospital-based treatment programs for alcoholics, the alcohol treatment field became incapable of seeing other treatment options as viable alternatives. It seemed unnecessary to offer a range of services just after succeeding in getting hospitals to accept and treat alcoholics.

3) Economic considerations such as hospital beds also played a role in solidifying hospital-based treatment as *the* modality of care for alcoholics.

Given these forces, it is not too difficult to understand why hospital-based/residential programs have evolved to the point of providing



the lion's share of alcohol treatment services. It is no oversimplification to suggest that over the years, the patients who presented themselves for alcoholism services generally got what the provider offered—typically inpatient hospital treatment—rather than other treatment options.

The 1980s have demanded and the 1990s will continue to require that the alcohol treatment field live up to the basic tenet of any health service provider—evaluate, assess, and deliver the services called for by the client's clinical condition. Pressures from third-party reimbursement sources, EAPs and industrial referral sources, public pressure for accountability, and concerns expressed from segments within the alcohol treatment field, have moved the field a long way in a short period of time. At present, phrases such as "tailoring treatment to the individual's needs," or "matching patients' needs with treatment resources," or "individualizing care," represent this heightened awareness of the importance of a comprehensive clinical assessment and, where warranted, differential diagnosis.

At Parkside Medical Services, since 1980, the phrase "levels of care" has represented our philosophical commitment to giving the patient the amount and intensity of service that is required by the clinical condition. While it is not always easy to have the array of clinical services needed to put this philosophy into operation, it is the key, for it will ensure that the best effort is being made to see to it that patients are receiving the levels of clinical services they need.

The challenge has been made to the alcohol treatment field—meet the clinical needs of patients and document the treatment impact these clinical interventions have. The first step in responding to this challenge is to develop the standards and criteria for evaluating the presenting clinical needs of the client and the rationale for recommending a specific course of action. Before treatment recommendations are made, it is essential to have a process for assessing the patient's situation and needs.

If we do this well, we can take pride in saying, "What you need is what you *are going to get*."

Anything less is less than individualized quality care. ■

*William J. Filstead, PhD is Director of Program Research and Evaluation, Parkside Medical Services Corporation, Park Ridge, IL.*





## AVAILABLE POSITIONS

**Haymarket Center** will present the **2003 Autumn Workshop Series** starting on **September 27, 2003, thru November 22, 2003** at The Chicago Athletic Association, 12 South Michigan Avenue, **Chicago, Illinois**. Topics include: Adolescent Girls, Substance Abuse, and Gangs; After Treatment – Now What?; CARF – Demystifying The Standards and Accreditation; Re-Entry Models From Prison To The Community – An Illinois Model; and Cultural Diversity and Addictions. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at [www.hcenter.org](http://www.hcenter.org).

### CLINICAL DIRECTOR

**Pavillon International**, a 50-bed alcoholism and chemical dependency treatment center located in Western North Carolina, is seeking a candidate to serve in the position of Clinical Director. This position reports directly to the CEO and oversees the budget, management and operations of all counseling throughout all levels of care. A strong clinical background in the chemical dependency field along with exceptional interpersonal, management and organizational development skills are essential to the position. Knowledge of and experience in compliance with credentials, regulations, and standards is required. The Clinical Director position requires a Master's degree in counseling, Social Work, or one of the behavioral sciences and a minimum of 5 years supervisory experience in the chemical dependency field.

Please send resume to:  
**Human Resources**  
**Pavillon International**  
**241 Pavillon Place**  
**Mill Spring, NC 28756**  
[www.pavillon.org](http://www.pavillon.org)

### CONTINUED FROM PAGE 1

- Its decision not to implement the addressable implementation specification;
- The rationale behind that decision; and
- Either the alternative safeguard implemented to meet the standard, or if no alternative safeguard is implemented, how the standard is being met.

The final Security Standards require covered entities to enter into a "business associate agreement" with those business associates who create, receive, maintain or transmit electronic PHI on the covered entity's behalf. This replaces the "chain of trust" agreements in the proposed rule. Covered entities should already have business associate agreements in place to meet the requirements of the Privacy Standards, therefore, in most situations, covered entities may incorporate via an attachment to the existing agreement assurances from the business associate that it will appropriately safeguard PHI by:

- Implementing administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the covered entity's electronic PHI;
- Ensuring that its agents and subcontractors to whom it provides the information do the same;
- Reporting to the covered entity any security incident of which it becomes aware;
- Authorizing termination if the covered entity determines that the business associate has violated a material term of the agreement.

DHHS intended the rule to be flexible and scalable enough to allow different entities to implement the standards in a manner that is appropriate to its specific needs, risks, and environment. Compliance will require covered entities to diligently document its actions and its decisions regarding the security measures it implements.

For more information on the three volume set of HIPAA Handbooks, specifically tailored for behavioral health care providers, contact Ron Hunsicker at the NAATP office. You may view the table of contents of the three handbooks at [www.popovitslaw.com](http://www.popovitslaw.com).

*Renée M. Popovits & Nancy A. Armatas*  
*Popovits & Robinson*  
*Attorneys at Law*

### ADMINISTRATIVE/FINANCIAL MANAGER

**Pavillon International**, a non-profit 50-bed alcohol and addictions treatment facility located in the mountains of Western North Carolina, is seeking a Financial Manager. Responsibilities include accountability for the financial management, profit and loss budget processes and fiscal solvency of Pavillon. Will oversee compliance with state and federal laws, licenses, and regulations governing financial management of treatment facilities. Experience with CARF accreditation a must. The successful candidate should have an accounting degree and at least an undergraduate degree from an accredited university.

**Pavillon International**  
**Human Resources**  
**241 Pavillon Place**  
**Mill Spring, NC 28756**  
[www.pavillon.org](http://www.pavillon.org)

**I** have the pleasure this year of serving as Vice Chairman of the NAATP Board of Directors and also as Chairman of the 2004 NAATP Annual Conference. I am happy to serve in both capacities, but I am especially excited about my duties as 2004 Conference Chair. After all, it is THE national conference for the drug and alcohol field. This conference presents a wonderful opportunity for all of us to gain new skills, network with colleagues, learn about new programs, make new friendships, validate information about our programs, and to take home ideas, concepts, and practices which have worked in other programs around the country. What more can one want!

The 2004 NAATP Annual Meeting and Conference, **“Addiction Treatment Leadership 2004”**, will be held in Tampa, Florida, May 15<sup>th</sup>-18th. And, to provide continuity, all future annual conferences will be “Addiction Treatment Leadership” conferences – Addiction Treatment Leadership 2005, etc. Please mark your calendars for May to join your colleagues in sunny Tampa, Florida. Bring your family; bring your co-workers.

One of the best opportunities to network and learn from each other during this conference is at the CEO Round Table. We would like to slightly change the format for the CEO Round Table this coming year. For example, we will have a panel of two or three speakers briefly sharing their experiences with issues such as staff recruitment and retention, Board relations, leadership motivation, etc. At each table will be a member of the NAATP Board of Directors serving as facilitator to give everyone an opportunity to discuss the issue and to share experiences from their own programs. We think that this format will provide meaningful, practical, and useful information for program executives, supervisors, board members, and even clinical staff. You won't want to miss the CEO Round Table in 2004.

While we are still in the early planning stages, we expect to invite speakers on such topics as engaging your board, embracing change, bringing research findings to practical use, motivational leadership, public policy, and clinical practices. We plan evenings of free time, entertainment, twelve-step meeting opportunities, and fun.

However, this is your conference. We want it to be important, informative, and useful to you...our members. **To that end, I am asking for your input.** If you have suggestions for format, topics, or speakers, please contact either Dr. Ronald J. Hunsicker, FACATA, President/CEO, NAATP (717-392-8480) or me at my office (724-378-4461, ext. 101). I look forward to hearing from you, so that this conference can be our best ever.

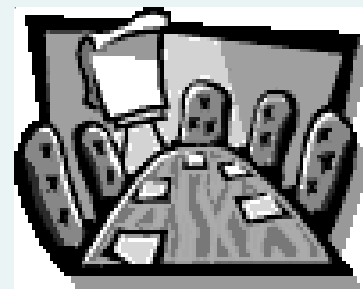
One more thing...your attendance at the conference certainly is needed but so is your financial support. If you are able and interested in sponsoring or co-sponsoring some aspect of the

conference, please contact Dr. Hunsicker or me. We plan to have many vendors and provide exhibits, but space is limited. So, let us know early of your plans to exhibit. We are also open to suggestions for new vendors/exhibitors.

Please plan to join us for your “Spring Break”, in Tampa, for NAATP's **Addiction Treatment Leadership 2004**. See you there.

KENNETH S. RAMSEY, PH.D., PRESIDENT AND CEO  
GATEWAY REHABILITATION CENTER  
NAATP BOARD MEMBER AND BOARD VICE CHAIR

## NAATP Board of Directors Meeting



October 28 and 29, 2003  
Kansas City, MO

## UPCOMING EVENTS FOR YOUR CALENDER

The **New England Institute of Addiction Studies, Inc.** will hold its 11<sup>th</sup> annual New England Advanced School of Addiction Studies **Aug. 25 to 28 in Waterville Valley, N.H.** For more information, call (207) 621-2549; e-mail [neias@neias.org](mailto:neias@neias.org); or visit [www.neias.org](http://www.neias.org).

The **Betty Ford Center, Caron Foundation and Father Martin's Ashley** will present the Women's Addiction Conference, "Relationships and Recovery," **September 5 and 6 in Baltimore; and September 19 and 20 in San Diego.** For more information, call 800-643-0797 or visit [www.TheWomensConference.org](http://www.TheWomensConference.org).

The **Center for Applied Sciences (CENAPS)** Corporation will offer a relapse prevention update, "Resiliency & Relapse in Times of Stress," **Sept. 18 to 20 in Elk Grove Village, IL.** For more information, call 708-799-5000; e-mail [info@cenaps.com](mailto:info@cenaps.com); or visit [www.cenaps.com](http://www.cenaps.com).

9<sup>th</sup> Annual Counseling Skills Conference, **September 18-20, 2004, Las Vegas Hilton.** For more information, call 800-851-9100 X220 or visit [www.usjt.com](http://www.usjt.com)

The **International Council on Alcohol and Addictions** will hold its 40<sup>th</sup>

International Conference on the Prevention and Treatment of Dependences **Oct 19 to 24 in Toronto.** For more information contact the ICAA Secretariat at (=41 21) 320-9865, or [secretariat@icaa.ch](mailto:secretariat@icaa.ch); or visit [www.icaa.de](http://www.icaa.de).

The **Association for Medical Education and Research in Substance Abuse (AMERSA)** in collaboration with the International Nurses Society on Addictions (IntNSA) will hold its 27<sup>th</sup> Annual National Conference, "Promoting Partnerships for Change," **Nov 6 to 8 in Baltimore.** For more information, visit [www.amersa.org](http://www.amersa.org).

The **Hazelden Foundation** will present "Women Healing: Reigniting the Spirit" **Sept. 26 and 27 in Portland, OR; Oct. 31 and Nov. 1 in Nashville, TN and Dec. 5 and 6 in Chicago, IL.** For more information, call (888) 257-7800, X4429 or email [womenhealing@hazelden.org](mailto:womenhealing@hazelden.org); or visit [www.womenhealing.org](http://www.womenhealing.org).

The **National Association of Addiction Treatment Providers** proudly presents **SECAD 2004, December 3 - 6, 2003 in Atlanta, GA.** This is the 28<sup>th</sup> year for this prestigious international conference. For more information, call (888)-506-7394 or email [secad@naatp.org](mailto:secad@naatp.org) or visit [www.naatp.org/secad/](http://www.naatp.org/secad/).

## NAATP VISIONS

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