

# VISIONS

January, 2003

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).

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ISSUE

## Benchmarks, Benchmarking, Best Practices and Better Treatment

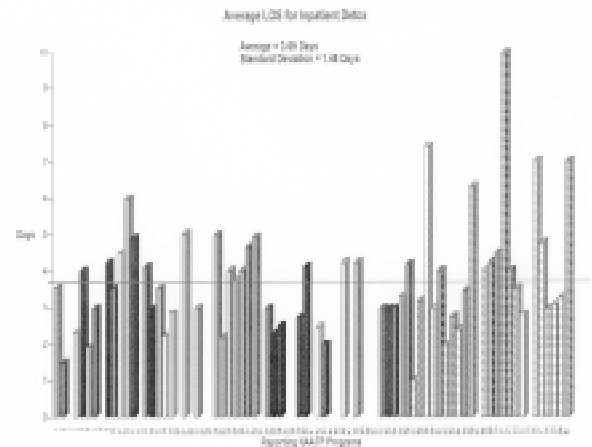
If you have an archive of NAATP newsletters, you will find that six years ago an article appeared outlining the NAATP initiative to collect information from its members and provide the results in a format that could lead to **Better Treatment being delivered by NAATP members**. That was a bold article and a bold promise! But six years later your association has a product that is the envy of many other associations and you have a product that gives exceptional value to membership in the National Association of Addiction Treatment Providers.

By the second week in February the 2003 NAATP Benchmarking collection tool will be available for you to again submit your information so that it can be turned into a report that *benchmarks* your activity and your results with those of other NAATP members. In 2003 the collection instrument will again be available via the NAATP website [www.naatp.org](http://www.naatp.org) so that you can enter the data in that method or the "old fashion" paper and pen/pencil method of filling out a paper collection tool will also be available. Be sure to watch your mail and your email for information on this 2003 process!

This year (2003), NAATP will also be adding a number of specific clinical indicators so that we expand from our operational base into the clinical and direct outcome base. As we continue to grow more in this area we will have access to additional information in terms of efficacy of different treatment approaches.

The National Association of Addiction Treatment Providers has provided leadership in this area of bringing some normalcy to a very fragmented effort to deliver addiction treatment. The last ten years have seen a great deal of effort go into the development of "standards of care" and best practice information so that persons seeking treatment for a "health" problem can expect some standard treatment no matter where they seek their assistance. The addiction treatment effort has resisted that effort by suggesting that everyone provides treatment just a little different, and that everyone sees different persons in treatment and that it would be very difficult to develop some "standards of care". While it may be difficult and while we may have resisted

doing it, we are going to have to work toward the development of some basic, recognized and accepted elements of addiction treatment. The identification of such basic elements will go a long way in giving shape to just what is and what is not addiction treatment. **Addiction Treatment will have the basic elements!** Treatment providers may well provide additional elements of treatment, but unless we can agree on what constitutes some basic elements then everything is addiction treatment and if everything is addiction treatment then nothing is addiction treatment!



The NAATP benchmarking process is the first step in identifying what are some basic elements of treatment. We are beginning to identify activities that are common and are found in all treatment programs. We are also beginning to identify some common language that describes and then measures those elements. Additionally, the NAATP benchmarking process is beginning to provide some answers to questions like:

- I wonder what the accepted AMA rate from detoxification ought to be?
- I wonder what percentage of our operating budget should be spent on marketing and public relation activities?

While the National Association of Addiction Treatment Providers has chosen not to put itself in a position of telling its members what the answers to these and a page full of other questions

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**S**uddenly it crept up on us and it is now 2003 and in some official way the National Association of Addiction Treatment Providers has entered the 25<sup>th</sup> year of its existence. For many of you, 1978 seems like a distant year on a long forgotten calendar, and for others it must feel like yesterday that this struggling organization was emerging in California due to the commitment and vision of those early leaders. Forged out of a need to have insurance companies (at the time primarily Blue Cross and Blue Shield) implement a standard benefit in their employer sponsored plans, this organization grew due to the sheer persistence of those early leaders.

As I now look at the calendar and see 2003 staring me in the face, it seems incredible that we are celebrating a quarter of a century of existence and making bold and visionary plans for another quarter century (Mark your calendars because in 2053 NAATP will celebrate its 50<sup>th</sup> anniversary). Won't that be a blast!

One of the startling realizations for me is that with the beginning of 2003 I find myself beginning my seventh year as the executive of your organization! Little did I know that in 1996 when I was approached by the board that I would be writing these articles monthly, that NAATP would move its office out of my basement and into an office at 313 West Liberty Street, Suite 129, that we would have a benchmark project that is the envy of many other associations both within and outside of the addiction field and that the membership would have doubled in size! In addition to my tenure as the executive, I was also on the Board of Directors of NAATP in the mid 80's and served nearly four years as a board member. Now here is the amazing revelation, with my board terms and with my terms as the executive, I have been involved with NAATP for nearly half of its entire life.

I could get nostalgic at this point and begin to tell stories about annual conferences, educational seminars, board meetings, etc, but I will resist the temptation. However, what I most cherish from my involvement with NAATP are the people that I have met. From the 80's through the 90's and now in the 20's (I guess that is how we designate the 21<sup>st</sup> century), I have had the rare opportunity to meet some fantastic, committed, energetic, visionary and sometime crazy individuals. This organization is a microcosm of the entire treatment field in that it has been the sheer determination of individuals that has gotten us where we are today, and I suspect it will continue to be the sheer determination of individuals that will get us through the next 25 years.

NAATP has had the honor to have been served by some of the most outstanding individuals I have ever met. Persons who argued, who fought, who cajoled, and who led their colleagues

because they were so sure that addiction treatment was the right way to approach alcoholism and other drug addictions in this country. Some of those persons whom I have grown to cherish as friends are still in the addiction treatment field and some are still on the board of directors of the National Association of Addiction Treatment Providers. Others have chosen to move on to other career paths and still others have, sadly, passed away.

This pausing and staring at the calendar has generated two thoughts for me:

- How will we remember the past history of NAATP especially the contribution of our leaders? I believe that NAATP needs an official archive location where we can store our historical documents and we need a written history of NAATP.
- Where will the leaders come from to lead NAATP for the next 25 years? NAATP needs to commit energy and resources to ensure that leadership development continues to be a priority not only for individual treatment programs but also for the larger field.

So, the calendar says 2003 and we have begun the 25<sup>th</sup> anniversary celebration. Beginning with the next issue of the newsletter and continuing throughout the year, we will publish a story, a picture or announcement that will remind all of us of where we have come from so that we can better chart where we are headed. **Happy 25<sup>th</sup> Anniversary NAATP!**



**That's the Perspective of RJH**



## Benchmarks, Benchmarking, Best Practices and Better Treatment

**Patrice M. Muchowski**, NAATP's representative to PTAC, reports the following from the Fall 2002 JCAHO meeting:

**A.** Significant progress is being made to develop a common set of standards to be applied across all manuals with a major emphasis of JCAHO on patient safety and quality care. This will result in significant changes in the method of survey. Much less emphasis will be placed on reviewing policies and procedures with a greater emphasis on observation and evaluation of the type of care patients receive.

**B.** The survey process itself is going to change. The first change in the survey process is a self-assessment done by the organization within 18 months of the last survey. This self-assessment will be reviewed with an assigned surveyor and an action plan will be developed to address any deficiencies. Eighteen months later the organization will have an on-site survey at which time the surveyor will review the agency's implementation of the action plan identified 18 months previously.

The second major component of the on-site survey will be the use of a tracer method. The surveyor will ask for open records, pick several of these and trace the patient's progress throughout the entire health organization. The surveyor will then interview staff about the care they delivered, rationale for delivering/not delivering services, cross reference responses to protocols/procedures, etc. This will make preparation for the survey more or less difficult depending on the organization's competency.

**C.** JCAHO listed fourteen critical foci that will be focused on during the survey:

1. Assessment
2. Communication
3. Credentialing
4. Equipment use
5. Infection control
6. Information Management
7. Medication use
8. Organizational structure
9. Orientation and training
10. Rights and ethics
11. Physical Environment
12. Quality improvement
13. Safety engineering
14. Staffing

**D.** All of these will be evaluated during the tracer method. To insure surveyor consistency a certification exam for surveyors was implemented in January 2002 and will continue to be utilized by JCAHO. The improvement organization performance standards have six new standards. One of the major components is recognizing and acknowledging risks and proactively managing risks. This means letting patients and families know when errors occur. This is probably a bigger deal for hospitals but still an issue nonetheless.

ought to be, we are in a position to show you what the average is and what the distribution spread looks like among NAATP members. By doing this, you are able to see if you are plus (+) or minus (-) a standard deviation or more from the average. And, this is important, we are able to produce reports that not only report on the current year being surveyed, but with five years of compiled information we can provide trends and trend reports. Where else is this information available for addiction treatment providers? The answer is that it is not available in any other place!

And why is it so important to identify **best practices**? The answer is one that is altruistic in nature. We do this so that we can identify those processes that lead to the best results. If we identify those programs that have been able to lower their **days in accounts receivable** then we need to ask, "What processes have they put in place that has resulted in lowering their days in accounts receivable?" The sharing of those processes is what is crucial so that we can all move toward best practice results in as many indicators as possible.

Benchmarking is then the first step. It is the collection of common information and the presentation of this information so that you can see where you **benchmark** with your NAATP colleagues. After that information is presented, the next step is the asking of questions about why your numbers or indicators are where you want them to be or where you would like them to be in relationship to other addiction treatment providers? Then you can also ask, "What will it take on our part to change our processes so that we can move closer to being a "best practice" in this particular indicator?"

And finally, many of the accreditation organizations are now asking for you to document to them how you benchmark with your colleagues. **Participate in the NAATP annual benchmark effort and you will have a colorful, professionally prepared report that will impress any surveyor!**

### US Journal Spring Training Conferences

April 2-4, 2003  
5<sup>th</sup> Annual Anger Trauma and Addiction Conference, Las Vegas Hilton, Las Vegas, NV

April 23-25, 2003  
1<sup>st</sup> Las Vegas Adolescents and the Family, Las Vegas Hilton, Las Vegas, NV

May 8-10, 2003  
2<sup>nd</sup> Sexuality and Intimacy Conference, New Orleans, LA

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For nearly six years, Frank Sadlack has served as a member of the board of Directors of the National Association of Addiction Treatment Providers. During that time, Frank has been vigilant in his attention to the duties as a member of the Board of Directors. His penetrating questions, his humor and wit, his passion for recovery and his faithful representation of the entire membership have been hallmarks of Frank's participation on the Board.

With the changes in leadership at La Hacienda that Frank describes below, Frank will be leaving his position on the board of directors of NAATP. Frank has served you the members well and NAATP is a better organization because of Frank's contribution on your behalf on the Board of Directors!

December 20, 2002

Dear Colleagues/Friends:

I thought I'd bring you up to date on what's happening with me, and also with La Hacienda. Approximately a month ago a physician and two of the Board Members came into my office, sat at my desk and told me that I had never, as long as they had known me, taken a vacation or taken care of myself. The physician told me I was definitely declining because I had never taken time out to regain my strength and balance. He stated he wanted me to take an extended vacation and focus on my health. The Governing Body agreed. They then told me that Art VanDivier, who I was training as Executive Director, was officially going to step

into the Executive Director's slot, and that I was to: 1) not show up to work, 2) go on a vacation, and 3) get better. I resented all this initially. Now I thank God that they had the foresight to do what they did. They explained to me that once I got back from vacation some time in January, they wanted me to function as consultant to the Governing Body and go about starting a new venture – "The La Hacienda Press."

I definitely like writing, especially about the neural and behavioral mechanisms involved in chemical dependency. My thinking is, if La Hacienda is as good as we think we are, we should not have only other treatment center's written materials in our book store, but should have books, tracts, and pamphlets written and published by staff of La Hacienda.

As I mentioned earlier, I have been working with a potential Executive Director, and that gentleman is Mr. Art



**Frank J. Sadlack, Ph.D.**

VanDivier. Art and I have known each other for twenty-some years. He is totally dedicated to the suffering addict. He had worked for a time at La Hacienda as Clinical Director, during the eighties. He also ran two chemical dependency hospitals in San Antonio, and worked for quite a number of years with EDS in Dallas. Art will make a wonderful Executive Director. He is not reactive, but is very laid back and thoughtful in his approach to crisis. He is a man of not only impeccable credentials, but also strong ethics and morals.

Unlike yours truly, I'm sure you folks have some skills, like typing. I would appreciate it if you could give Art, the new Executive Director of La Hacienda, a welcome to the fold. His e-mail address is: [avandivier@lahacienda.com](mailto:avandivier@lahacienda.com).

I really appreciate all you folks have done in the past and I hope to see you in the near future. Thanks.

Sincerely,

Frank J. Sadlack, Ph.D.

## Career Opportunities Available Through NAATP Member Organizations



Send your Resumes

Crossroads Centre, Antigua is seeking a North East Community Outreach representative in the Tri-State area of New York, New Jersey, Connecticut. Crossroads Centre is a non-profit, 29-day, 12-step program, founded by Mr. Eric Clapton and located in Antigua, West Indies. We offer a unique holistic program that combines traditional and complementary therapies to provide a whole person approach to recovery. [www.crossroadsantigua.org](http://www.crossroadsantigua.org)

The successful candidate will:

- Be located in the Tri State region, preferably New York
- Have a minimum of 3-5 years experience as a community outreach/marketing professional with a proven track record
- Have extensive experience working in the addiction field

Salary is commensurate with qualifications and experience.

Applications can be sent in confidence to:

Crossroads Centre Antigua  
Human Resources Department  
P.O. Box 3592  
St. John's  
Antigua, West Indies  
Or e-mailed to:  
[hrdept@crossroadsantigua.org](mailto:hrdept@crossroadsantigua.org)

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### Program Director Position Available

**Gray Wolf Ranch is currently accepting resumes for full time Program Director**

Gray Wolf Ranch is a state of the art extended care residential recovery lodge located 50 miles northwest of Seattle on Washington's Olympic peninsula. Sited on 15 wooded acres GWR provides a transitional living environment for up to 26 young men between the ages of 14 and 25 in early recovery from substance abuse.

Gray Wolf's mission is to provide a natural, safe, and supportive setting for beginning a structured progression towards a sober lifestyle.

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For more information on our program, see our web page at [www.graywolfranch.com](http://www.graywolfranch.com) or contact me directly. We will be accepting resumes for this position through February 4, 2003. You can send your resume to Gray Wolf Ranch at our address below or e-mail your resume to [jobsearch@graywolfranch.com](mailto:jobsearch@graywolfranch.com).

Peter Boeschstein, President  
Gray Wolf Ranch, Inc.  
P.O. Box 102  
Port Townsend, WA. 98368  
800-571-5505  
Local-360-385-5505  
Fax 360-385-3605  
[www.graywolfranch.com](http://www.graywolfranch.com)

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## FDA and SAMHSA Join Efforts to Prevent Misuse of Prescription Medications

Americans are abusing prescription medications, including opioids, depressants and stimulants, at an alarming rate. The National Household Survey on Drug Abuse, an annual survey by the Substance Abuse and Mental Health Services Administration, shows that first use of stimulants for non medical purposes has surpassed the numbers seen in 1974, 646,000 new users, the former high point. In 2000 there were 697,000 new users of stimulants for non medical purposes, up from 219,000 new users in 1991. For prescription pain relievers, the number of new users reached 2 million in 2000, up from 400,000 during the mid-1980's.

The Food and Drug Administration (FDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), both part of the Department of Health and Human Services, will hold a press conference on January 16 to announce new data on prescription medication abuse and launch public education efforts to inform the public of the dangers of misuse of prescription medications.

WHO: H. Westley Clark, M.D., J.D., M.P.H., Director, SAMHSA's Center for Substance Abuse Treatment (CSAT)  
John Jenkins, M.D., Director, FDA's Office of New Drugs  
Kyle Moores, Youth in Recovery, Manassas, VA.

WHEN: January 16, 2003 at 9:30

WHERE: National Press Club  
Holeman Lounge  
National Press Building  
14<sup>th</sup> and F Streets NW  
Washington D.C.

# NAAATP board Member authors article

An article by Hoffmann, DeHart, and Campbell published in the current issue of the *Journal of Chemical Dependency Treatment* is the first in a series of articles that show the distinct features of dependence as contrasted to abuse of substances. Unlike previous research reports on the dependence vs. abuse distinction that used cumbersome research tools, the current studies are based on simple to use diagnostic interviews used throughout the United States.

Using data produced by the SUDDS-IV (Substance Use Disorder Diagnostic Schedule-IV), a comprehensive diagnostic interview, and the TAAD (Triage Assessment for Addictive Disorders) a brief 10-minute structured interview, the study found marked differences in the severity and scope of problems reported by those who met DSM-IV criteria for dependence as compared to those who met only abuse criteria. Although the SUDDS-IV produced definitive differences, the TAAD was also able to provide a sound foundation for the differentiation for the majority of cases.

The validity of a six-item screen for dependence will be the focus of an upcoming article in the *Journal of Drug Issues* and another article documenting the construct validity for alcohol dependence is to be published soon in the *Journal of Substance Use and Misuse*. These articles in peer-reviewed journals not only support the diagnostic distinctions, but also document that pragmatic clinical instruments can be used to make compelling determinations.

The importance of the diagnostic distinction between abuse and dependence is highlighted by recent work of Marc Schuckit and colleagues who found that in a sample of individuals who were at high risk for alcohol dependence, but were not seeking treatment many if not a majority of the abuse only cases had no further problems over a five year period. The opposite was true for those meeting dependence criteria. Previous work by Hoffmann has shown that demographic and clinical risk factors associated with dependence can double the duration of treatment services required to produce reasonable outcomes.

**Norman G. Hoffmann, Ph.D., President**  
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## 2002 NAATP Salary Survey Now Available!

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NAATP	             Sixty dollars		Sixty dollars!
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	Phone		
	xxx		
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	II		<input type="text"/>

**NAATP Board of Directors to meet in Session February 3 and 4, 2003. Their agenda will include; finalize plans for 2003, Review 2003 Annual Conference and approve Board Nominations for Membership vote in the Spring of 2003.**

**Exhibit and Sponsorship Opportunities**

Interested in being visible at the NAATP annual Conference, May 17-20, 2003? Contact the NAATP office @ 717-392 8480 for exhibit and sponsorship opportunities.

**T**he last time I had the privilege of writing an article in “Visions” was November, 1999. Entitled “What a Strange World We Live In”, I drew upon the disparity between the sometimes quite adequate services available to our very poor and the abundance of high quality care within easy reach of families with money. My point then was that our organization’s focus must remain steadfast in its support of equal access to adequate care for the great majority of America’s addicted, the working middle class with employer sponsored health insurance.

The conditions that existed in 1999 have not changed, except for the view that it may have gotten worse. Recent news of financial difficulties in the managed care industry should give hope only to the unreasonably optimistic. We would be quite foolish to look to a collapse of managed care as our salvation. The really great news among my colleagues in NAATP is that few of us have waited for the world to change. Those who did aren’t around anymore.

A recent article in Alcoholism and Drug Abuse Weekly described my own organization’s success. Eighteen months ago Seabrook House’s administration and Board took what AA calls a “searching and fearless inventory” of our business. A decade of shorter and shorter residential stays, and more and more unreasonable restrictions to outpatient care left our organization lean, and a devoted staff tired and frustrated. And if that weren’t enough, we had to conclude that our patients were being underserved. We made a decision to “go to any lengths” (a sobriety principle) and to employ the wisdom of the Serenity Prayer of knowing the difference between the things we couldn’t change and the things we could.

Essentially, our strategy included the re-establishment of length of stay guidelines based on nearly thirty years of experience. We determined that an aggressive education of the patient and their families would include our belief that a minimal length of stay of twenty-six days of residential care is best for most. We communicated this change completely with the insurance companies with whom we had contracts and made certain that we were clear on what all parties should expect. Simply put, we know, the insurance company knows, and now our patients and their families know what financial support to anticipate as we step through each day of treatment. We continue to battle on behalf of our patients for every insurance day to which they are entitled and then expect their families to support the balance of our recommended care. In more and more circumstances we are finding success. And last, the Seabrook House Foundation has

provided funds to supplement families whose share of the expense is burdensome.

The impact on care has been dramatic. Although our entire census has not achieved the desired length of stay, our average daily census has reached eighteen days. This has enabled our patients to stabilize in residential care, absorb the powerful benefit of their therapy group, and clear adequately enough to retain the priceless education that can be received in a secure, supportive environment of residential care. Employees today feel a part of the patient’s solutions; not ground down daily in the mill environment brought on by countless admissions approved for only a few days of detox.

In these short eighteen months our staff’s morale has lifted measurably for reasons too numerous to mention. There is no doubt, however, that witnessing patients feeling better has been a major contributor. By no means do I wish to convey that Seabrook House has fully accomplished our plan or that the months ahead will be easy. We are inspired by our staff’s commitment to build upon the core values and principles of our tradition of patient centered care. It has been the energy from which our recent success has flowed.

Much appreciation must go to our colleagues in NAATP. The generous sharing of strategy, experiences, and beliefs has existed here within our organization in ways I suspect do not occur in other trade organizations. So, in that tradition, I would invite any of you, our fellows members of NAATP to visit, write or call and share your experience with us and we with you.

Let me close by not forgetting the families who do not have the resources to supplement the care that is funded today by employer sponsored health plans. We must work for parity in our States and all efforts that may help to equalize the opportunity for treatment. It is up to all of us to continue to fight on their behalf.

**Edward M. Diehl**  
President, Seabrook House  
NAATP Board Member

## Upcoming Events for Your Calendar

**Paths to Recovery: Changing the Process of Care for Substance Abuse Programs**, a Robert Wood Johnson Foundation Initiative, will host a free Access and Early Engagement Improvement Workshop **January 24 in Chicago** and **January 31 in Portland, OR**. For more information, visit [www.pathstorerecovery.org](http://www.pathstorerecovery.org).

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 **Council on Substance Abuse-NCADD** will present the International Conference on Addictions **Feb. 1 and 2 in Montgomery, AL**. For more information call (334) 262-1629; e-mail [esancadd@bellsouth.net](mailto:esancadd@bellsouth.net); or visit [www.consancadd.org](http://www.consancadd.org).

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)865-6200

The **National Center on Addiction and Substance Abuse at Columbia University (CASA)** will present a CASACONFERENCE, "Feeling No Pain: Substance Abuse, Addiction and Pain Management," **Feb 27 in New York City**. For more information, visit [www.casacolumbia.org](http://www.casacolumbia.org).

The **US Journal Training** will hold 3 Spring Conferences; the *5<sup>th</sup> Annual Anger Trauma and Addiction Conference*, **April 2-4 at the Las Vegas Hilton, Las Vegas NV**; the *1<sup>st</sup> Las Vegas Adolescents and the Family*, **April 23-25 at the Las Vegas Hilton, Las Vegas NV**; and *2<sup>nd</sup> Sexuality and Intimacy Conference* **May 8-10 in New Orleans, LA**

The **National Association of Drug Court Professionals** will hold its 9<sup>th</sup> annual Adult Drug Court Training Conference **May 15 to 17 in Reno, NV**. For more information, visit [www.nadcp.org](http://www.nadcp.org).

The **National Association of Addiction Treatment Providers** will hold its annual conference and its **25<sup>th</sup> anniversary celebration May 17-20, 2003 in Indian Wells, CA**. For more information contact the NAATP office at (717) 392-8480 or visit [www.naatp.org](http://www.naatp.org).

# NAATP VISIONS

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