

NAATP PROVIDES TESTIMONY TO INSTITUTE OF MEDICINE

Your association (NAATP) was in Washington on Tuesday, July 13, 2004, where it had the opportunity to present testimony before the Institute of Medicine. The IOM serves as advisor to the nation to improve health. The IOM strives to provide advice that is unbiased, based on evidence, and grounded in science.

In 1996, the Institute of Medicine (IOM) launched a concerted, ongoing effort focused on assessing and improving the nation's quality of care, which is now in its third phase.

The first phase of this Quality Initiative documented the serious and pervasive nature of the nation's overall quality problem, concluding that "the burden of harm conveyed by the collective impact of all of our health care quality problems is staggering" (Chassen et al., 1998).

IOM Definition of Quality:

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.



In 2001, the IOM released the landmark report, Crossing the Quality Chasm: A New Health System for the 21st Century. This report concluded that the U.S. health care system is in need of fundamental change and recommended a framework and strategies for

achieving substantial improvements in the quality of health care. This report established *six aims* which would guide the improvement of the health care delivery system and they included making health care more *safe, patient-centered, timely, efficient and equitable*.

However, that report was noticeably absent in its analysis of the Behavioral Health Care System. Therefore, the IOM set out to receive testimony from the Behavioral Health field and issue a new report by the fall of 2005. The testimony given on behalf of NAATP was part of that process.

The July 13 panel appeared to be weighted heavily in the direction of mental health and that continues to be an issue for the IOM in its understanding of the place for addiction treatment within the larger health care delivery system in this country. We have some allies on the IOM, but there may need to be a minority report to fully capture all of our concerns.

On behalf of the National Association of Addiction Treatment Providers, your executive suggested that there were five organizing principles that needed to be core of any attempt to integrate addiction treatment into their recommendations for an overall health system improvement.

- ◆ Addictive disease is a primary disease and not a symptom of another disease!
- ◆ Addictive disease is a chronic disease for which life long management of the disease is needed
- ◆ Addictive disease needs standardized quality indicators based on the first two principles and standardized commitment to sustained long term recovery and life long management of the disease as the driving forces for treatment interventions. Quality indicators of effective addiction treatment must begin with the concept of "compliance" which has become the standard in quality indicators for other chronic diseases.
- ◆ Addictive disease needs to be managed as a chronic disease and not denied treatment or only offered treatment for symptom reduction by organizations representing health insurance companies

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ISSUE

naatp

national association of addiction treatment providers

I don't know about you, but it seems only last week I was looking forward to summer and now here it is nearly the beginning of September. The summer months have flown on by and if your schedule is similar to mine, September will bring more routine, more meetings and increased activity involving NAATP.

Perhaps the most obvious is that the fall of 2004 will bring a federal election which will grab most of the attention and energy at the national level. We have already had one nominating convention and by the time you read this the second one will be underway or just completed. Thus far there has been little attention paid to health care, access to health care, funding of health care and addressing the inequities that have been emerging because of managed care by either candidate. Similarly, there has been almost no attention paid to the issue of addiction treatment and its place in the delivery of health care in this country. While this should not be surprising, it does continue to be a disappointment, in that we have not been able to galvanize interest in an issue that has been wrecking havoc with the very fabric of our society. NAATP will continue to take every opportunity to raise this issue and encourages its members to do the same at local, state and at the national level.

September is also the time that NAATP begins to ramp up for a number of activities to occur in the remainder of 2004 and to begin planning for 2005. In this issue of the newsletter you will find reference to how you can participate in the 2004 NAATP Salary Survey by logging on to <http://survey.naatp.org> and completing the survey on line as well as obtaining a paper copy of the survey for your reference. You can also find a copy of the survey at the NAATP web site, www.naatp.org. There is a clear advantage when it comes to purchasing a copy of the survey to being a member of NAATP and to having completed the survey!

Activity for SECAD/2004 is well underway and the registration brochures are due to be mailed the first week of September. December 1-4 in Atlanta will again be the site of energy and excitement as state of the art presentations allow providers of addiction treatment to access the very latest in research and make the translation to practice. If you have not attended SECAD

before, make 2004 the year to become introduced to this "happening".

The fall of 2004 is also the launch time for NAATP's Membership Committee drive for new NAATP members. This committee, under the direction of Carl Kester, President of Lakeside Recovery Centers, Inc. in Kirkland, will be working to add approximately 40 new member organizations so that the NAATP membership reaches 300 by the 2005 Annual conference, May 21-24, 2005. It has been a long time since NAATP has had 300 member organizations, but the goal is in sight and with Carl's able leadership it is achievable.

Nevertheless, you can help in this effort as well. Beginning immediately, any current member organization that brings two "signed, sealed and delivered" new member organizations to the table will receive a complementary registration to the NAATP 2005 annual conference and one complementary copy of the 2004 salary survey. All you need to do is get a commitment from the decision maker at the organization and provide that information to the NAATP office and we will follow up and then provide you documentation of your conference registration. This is a way for you to help grow NAATP and to also participate in the 2005 annual conference in Phoenix, AZ.

While the summer may have been less formal, as you can see a considerable amount of activity continues to occur and certainly planning has been in progress for the fall and beyond. Continue to watch for announcements in the newsletter, email broadcasts and information at www.naatp.org as we use all avenues possible to keep you updated and provide you with the information you need to thrive in the 21st century!

THAT'S THE PERSPECTIVE OF RJH

2004 SALARY SURVEY READY TO BE COMPLETED!

NAATP AND SAAS (STATE ASSOCIATIONS OF ADDICTION SERVICES) HAVE COLLABORATED ON THE 2004 SALARY SURVEY

One of the "products" offered to the addiction treatment field has been the bi-annual salary survey. This survey reports on over 35 different job classifications within the addiction treatment field and provides national averages, national median information as well as information for each job classification sorted by geographic region and organizational size. In the past, the salary survey has been a valuable tool in evaluating salaries and in setting salaries for newly created positions.

For 2004 the National Association of Addiction Treatment Providers is extremely pleased to announce that SAAS (State Associations of Addiction Services) has joined in the process and organizations which are members of state associations will be invited to participate in the data collection process.

The "collection instrument" is **now available** on line at <http://survey.naatp.org> for completion. When you log on to this page you will be asked to complete a short registration page and provide a login name which we suggest you use your email address. You will then be sent a password which you can use to access the survey on line. You can also download a "paper" copy of the survey from this site or from the NAATP web site at www.naatp.org. You are encouraged to obtain a paper copy and review the survey before you complete the survey.

The deadline for completing the survey is **October 1, 2004!** Don't delay in participating in this important survey so that the results will have as much "depth" as possible. The results of the survey will be available by December 1, 2004.

When the survey results are published you will be able to obtain a copy of the results through the NAATP office. The pricing structure will be:

- \$100 per copy for Members of SAAS/NAATP who completed the survey
- \$200 per copy for Non-members of NAATP/SAAS who completed the survey
- \$200 per copy for Members of NAATP/SAAS, who **did not** complete the survey
- \$250 per copy for Non Members of NAATP/SAAS, who **did not** complete the survey

There is an advantage to being both a member of NAATP/SAAS and to completing the survey, so do not miss the opportunity to have access to this valuable information. Go on line @ <http://survey.naatp.org> and complete your survey today. The next NAATP salary survey will be 2006.

Don't miss this Extraordinary Opportunity!



**December 1-4, 2004
Atlanta, GA**

To register call our office toll free at 1-866-293-5510
or register online @ www.naatp.org/secad.

TREATMENT PROGRAM LAUNCHED IN AKRON

FEDERAL PLAN WILL HELP THE POOR GET DRUG AND ALCOHOL TREATMENT

From the porch of the home where the tenets of Alcoholics Anonymous were created, state and national leaders recently promoted a new federal effort to get drug and alcohol treatment to those who can't afford it.

A handful of states — Ohio is expected to be among them — will learn in September if they will be part of Access to Recovery, a program that will give vouchers to addicts who are ready to start the journey to sobriety.

A federal pool of \$100 million has been set aside for 2004. Proponents hope that amount will increase each year so more states can participate. Ohio is seeking a \$15 million share of that pie in each of the next three years.

Hope Taft, wife of Ohio Gov. Bob Taft, said it was appropriate for the announcement to take place at Dr. Bob's House on Ardmore Avenue. A large "Welcome Home" banner above the porch and potted geraniums have long invited alcoholics to visit the home where A.A. co-founder Bob Smith lived.

A.A. helped win "realization that it was a disease of the mind, emotions and body, and it's that disease concept that has taken us so far," she said, noting that the self-help movement grew from three men in Akron to 2 million people in 150 countries.

Tad Davis, acting deputy director of The White House's National Drug Control Policy, estimated that currently 100,000 people are seeking treatment for addiction but can't afford it.

The states chosen to be part of Access to Recovery would decide how to implement the voucher program.

In Ohio, it would be a matter of spreading the word to everyone from existing providers to pastors to others an addict might turn to for help, said Gary Tester, director of the Ohio Department of Alcohol and Drug Addiction Services.

"We want them to be in a position where, if they are approached, they can say, 'I know where we can take you right now so you can start down that road,'" Tester said.

Tester said Ohio would make the vouchers available starting in October. He said the program will mostly target men because women are eligible for help through a variety of other state programs. But women who fall through the cracks of those programs would be eligible.

Getting folks who hold the purse strings to recognize the importance of treatment has always been an uphill battle, Tester said.

Not all insurance companies offer coverage, and those that do usually limit how much treatment is provided and who provides it. (The federal vouchers will not have restrictions.)

Even politicians are hard to convince, Tester said. State Rep. Lynn Olman, R-Maumee, had been promoting a bill that would require insurance carriers to treat addiction and mental health needs like other medical needs. But Olman had to pull the addiction part to get the mental health portion through the Ohio House.

"He'll tell you how it hurt him to have to do it, but it was the only way he could get the mental health parity bill passed," Tester said. The bill is now in the Ohio Senate.

William Moyers, a vice president with the Hazelden Foundation in Minnesota, shared his own story of addiction and recovery.

Then he pulled from the audience Anita Bertrand, director of Compass House, a treatment center in Lorain.

"This is the face of recovery," he said. "This is what we look like."

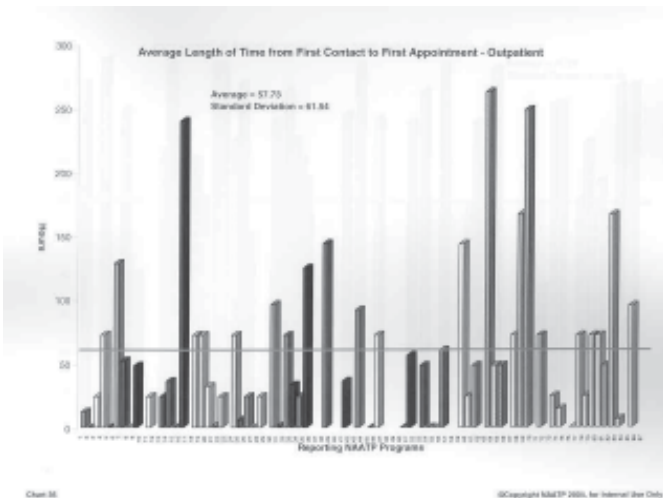
DATA IS NOT INFORMATION

*IT ONLY BECOMES INFORMATION WHEN IT IS
COMPARED TO OTHER DATA*

Addiction treatment providers, like so many other health care providers, often make key business and key clinical decisions on something less than information. While all the latest literature implores organizations to be information driven, we often settle for data instead of information. Consequently, many decisions are driven by tradition, and other contributors as opposed to information.

The National Association of Addiction Treatment Providers has for **seven (7) years** been providing its members with information. The NAATP benchmarking process collects data from participating members and then presents that data in a *comparison* format with data from other members to produce **information**. Data when compared to other data collected from like organizations becomes information that can help drive the process for program design, quality improvement, new program development and business expansion.

The 2004 NAATP benchmarking process has been completed and the information has been shared with the participating NAATP members. If you did not provide data for 2004, you do not have access to this industry unique information. Be sure to among the NAATP members that participate in 2005. Below is one sample of the over 70 graphs which were provided to participating members.



Haymarket Center will present the **2004 Autumn Workshop Series** starting on **September 25, 2004, thru November 20, 2004** at Haymarket Center, 124 North Sangamon, **Chicago, Illinois**. Topics include: Stress Reduction Through Mindfulness; How To Deal With The Past Without Re-Living It; Stages of Change; Skill Training for Recovery; and Methamphetamine: Update. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

DOUG TIEMAN, NAATP BOARD CHAIR, IS RECOGNIZED BY THE LOCAL CHAMBER OF COMMERCE

The Caron Foundation is proud to announce that Doug Tieman, president and CEO was awarded the Large Businessperson of the Year through the Berks County Chamber of Commerce. The Award was presented at the Chamber's



Annual Dinner that featured keynote speaker, legendary Penn State football coach, Joe Paterno.

Since Tieman's arrival at Caron in 1995, the Foundation has seen tremendous growth in staff and innovative new programs, its budget has tripled and philanthropy has grown nearly tenfold. Tieman attributes his success to a strong, supportive Board of Directors and a dedicated, caring staff. His tenure has also seen the acquisition of an extended care facility in Boca Raton, Florida, whose philosophy closely reflects that of the Caron Foundation.

Tieman holds a B.A. with Distinguished Honor from Concordia Teachers College (now Concordia University), a B.A. summa cum laude in business administration from Northwood Institute and a Doctor of Laws degree from Concordia University, Nebraska. He has also written a book that is being considered for publication and has conducted numerous workshops around the country based on his success concept.

Doug Tieman is also the chair of the Board of Directors of the National Association of Addiction Treatment Providers.

**BE SURE YOUR FOCUS IS ON WHAT YOU
DO BEST!**

The treacherous minefield known as “*human resources*” will only get more complicated in the future! Regulation upon regulation and requirements that take an entire shelf to house are not the exception, they are the rule in the 21st century. The hiring process, the background screen, and the payroll system for your employees may be one of the most “at risk” functions you perform. Why not let this work be done by the **experts**, who do this day after day and hour after hour so that you can focus your energies and resources on providing quality addiction treatment?

For the majority of NAATP members, the task of managing the human resource functions of their operations falls on the shoulders of persons with other responsibilities as well. The concept of “multi-tasking” is much more than a theoretical chapter in a book; it is reality and a way of life of many NAATP organizations. Now, however, you have an opportunity to turn these functions over to experts and refocus your resources on your primary business.

BDB Corporate Services, Inc. finds the best corporate services for companies from 5 – 2,000 employees and has three divisions which offer key services in the human resource area.

- **Employee Background Screening** – as organizations serving the addiction treatment field, your reputation is crucial to your success and to your ability to deliver high quality care. One bad hire, one background check ignored and you will spend years trying to undo this mistake. This division of **BDB** will customize a background screening program for your organization that will save you money and will be more than a cursory internet check.
- **Payroll, Payroll Taxes, Human Resource Administration, Employee Benefits** – The endless paperwork associated with payroll, and payroll taxes, the changing tax codes and the documentation necessary for any human resource function can be overwhelming. Why allocate your resources to this when this can be outsourced to persons who do this every day and who constantly stay on top of the changing environment. The payroll division of **BDB** can be your answer to streamlining this function of your operation.
- **Master Card or Visa Debit Cards** – 28% of all persons working in the US do not have any banking relationships. This division of **BDB** allows anyone with a driver’s license or other government ID to have a MasterCard/ Visa to which their payroll can be credited allowing them easy and convenient access to their pay. For employees who travel, they can have access to their pay and expense money as they travel.

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All you need to do is contact **BDB Corporate Services** at **480-657-8550** and discuss your situation and needs with **Bill Brown**.

When you contact him be sure to mention that your organization is a member of the National Association of Addiction Treatment Providers and you will receive a pricing schedule especially developed for NAATP members. The services and the special pricing schedule are provided to you as members of the National Association of Addiction Treatment Providers in an attempt to help you access programs and services that will enable you to remain committed to delivering addiction treatment.



**ANDREA BARTHWELL, DEPUTY
DIRECTOR FOR DEMAND REDUCTION
OF THE OFFICE OF NATIONAL DRUG
CONTROL POLICY RESIGNS**

In mid July, Andrea G. Barthwell, MD, F.A.S.A.M., resigned her position as the White House Office of National Drug Control Policy's Deputy Director for Demand Reduction. Dr. Barthwell served in the post since January 2002. News reports indicate that Dr. Barthwell may be exploring the possibility of running for the open Illinois Senate seat.

**NATIONAL ORGANIZATIONS SPONSOR BRIEFING FEATURING
NATIONAL INSTITUTE OF DRUG ABUSE (NIDA) DIRECTOR,
DR. NORA VOLKOW**

In July, National Institute of Drug Abuse (NIDA) Director, Nora Volkow M.D. spoke at a briefing on Capitol Hill on research advances in the substance abuse prevention and treatment field. Dr. Volkow's presentation emphasized the current areas of focus within NIDA's research agenda, including what they have learned about addiction as a developmental disease that typically starts during adolescence. She also emphasized the critical importance of prevention and treatment programs and the harmful impact that addiction has on the community, including the costs of incarceration. Additionally, Dr. Volkow outlined several barriers that prevent progress in the area of addiction research, including: the stigma attached to the disease of addiction; a lack of interest by the pharmaceutical industry in developing new medications for treatment; the difficulty in translating research to practice, which NIDA attempts to address with the Clinical Trials Network; and the failure of the medical profession to discuss substance abuse and addiction with their patients, including youth.

**SENATE SUBCOMMITTEE ON SUBSTANCE ABUSE AND MENTAL
HEALTH SERVICES HOLDS HEARING ON PERFORMANCE AND
OUTCOME MEASURES IN SUBSTANCE ABUSE
AND MENTAL HEALTH PROGRAMS**

During late July, the Senate Health, Education, Labor and Pensions (HELP) Committee's Subcommittee on Substance Abuse and Mental Health Services held a hearing on performance and outcome measures in substance abuse and mental health programs. Senator Mike DeWine (R-OH), Chair of the Subcommittee, was in attendance.

Dr. McLellan's testimony highlighted five main points. First, addiction treatment can be evaluated through scientific methods in the exact same manner in which the FDA evaluates new medications. Second, effectiveness does not mean a cure, but it does mean more than abstinence. Dr. McLellan explained that effectiveness means a significant reduction in substance abuse, improvement in personal health and social function, and reductions in public health and public safety problems. Third, not all treatments are effective or competent. Fourth, addiction treatment has changed over the last decade, and the contemporary approach of treating addiction like any other chronic illness is appropriate, effective and has significant implications for treatment evaluation. Finally, the basic infrastructure of this country's treatment system is in very bad condition and needs a significant investment of resources in order to function.



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- ◆ Addictive diseases will remain marginalized as long as discrimination is allowed, supported and institutionalized.

The message which was left for this group was that while there are clear advantages in looking at addictive diseases under the heading of "behavioral health" the real danger would be to miss the unique issues related to this disease. Any movement forward, must begin with an unambiguous clarion voice that echoes through the health care system of this country, through the public policy venues and the day to day public discourse, declaring that addictive disease are a primary disease, not a symptom of anything and are best "managed" when diagnosed and treated by trained professionals in the area of addictions.

The complete and full text of this testimony given to the IOM can be found at <http://www.naatp.org/testimony/>. You should feel free to use this material in whatever way you can as you present the case for addiction treatment.

VALLEY HOPE ASSOCIATION PRESIDENT/CEO AND NAATP BOARD MEMBER DENNIS GILHOUSEN ANNOUNCES RETIREMENT

Valley Hope Association President and Chief Executive Officer Dennis R. Gilhousen officially announced his retirement during the VHA Annual Meeting here August 20. Gilhousen, who started his career with VHA at Norton Valley Hope in 1971, will conclude his tenure with the nationally recognized substance abuse treatment program December 31, 2004.

Tony Jewell, chairman of the Valley Hope Association Board of Directors, announced that Gilhousen's successor will be current VHA Senior Vice President of Clinical Services Ken Gregoire, PhD, an essential member of the Valley Hope staff since 1977. Gregoire began his career with Valley Hope as assistant program director at the Norton Valley Hope treatment center. He later served as program director at both Norton and Parker Valley Hope in Colorado and has spent the past 12 years as corporate clinical coordinator. Gregoire was named vice president in 1992.

According to Jewell, "Dennis is an icon within the treatment industry - he is a renowned leader and spokesperson, but more importantly, he has the admiration and respect of the more than 600 Valley Hope Association employees because of who he is. He will be greatly missed."

Gilhousen has played a pivotal role in making Valley Hope what it is today - a nationally acclaimed forerunner in the chemical dependency treatment field. Under Gilhousen's leadership, the Valley Hope Association has grown to become among the largest private, non-profit alcohol and drug addiction treatment programs in the United States.

He was first hired in 1971 as the administrator for Norton Valley Hope, the only Valley Hope treatment center at that time. Thirty three years later, with a total of 26 facilities in seven states, Valley Hope has touched the lives of more than 200,000 individuals and family members, a statistic that makes Gilhousen reflect on his career with pride.

"I have had the great privilege of working most of my adult life with a group of people who are genuinely dedicated to helping people restore lives that have been torn apart by alcoholism and drug addiction. When my family and I moved back to Norton nearly 34 years ago, I had no idea of what the new job I was taking would become or how my life would be changed by it,"

said Gilhousen. "I have been truly blessed to have been part of what Valley Hope has done, and I am grateful for having the opportunity to be part of it. I know I will miss it, but I am looking forward to the time that lies ahead."

Gilhousen has been active in the addiction treatment field, serving as a board member and past chairman for the National Association of Addiction Treatment Providers (NAATP); and an active participant in the national coalition of treatment providers known as the Partnership for Recovery. He was the recipient of the 2003 Achievement Award from the American College of Addiction Treatment Administrators, for his long-term service to the industry and work with the Valley Hope Association. In addition, at their 2003 annual convention the Kansas Association of Broadcasters presented him with the Tony Jewell Award "for outstanding contributions to the prevention and treatment of alcohol/drug abuse".

He currently serves on the Norton County Hospital Board of Directors and is an ordained Episcopal Priest, serving on numerous committees and commissions on both a Diocesan and national church level.

Gilhousen has previously served on the Consumers Advisory Council of Kansas Blue Cross/Blue Shield; as a board member for High Plains Mental Health Center; as a Board of Education member for Norton County USD 211; and as a member of a task force of the Kansas Association of School Boards to help pass legislation to implement a mandated sex education and alcohol and drug prevention program in all Kansas schools.

Dennis and his wife, Laura, plan to remain in Norton following his retirement.



UPCOMING EVENTS FOR YOUR CALENDER

The **Seventeenth Cape Cod Symposium on Addictive Disorders** will be held **Sept. 9 to 12 in Hyannis, Mass.** For more information call 800-314-1921 or email info@cmehelp.com

The **National Council on Alcoholism and Drug Dependence (NCADD)** will hold a conference, "Celebrating Our Legacy of Recovery, NCADD: Sixty Years of Leadership and Service," **Sept. 8 to 11 in Washington, DC.** For more information, call 212-269-7797, ext. 11 or visit www.ncadd.org/affiliates/2004conf.html.

The **5th National Conference on Addiction & Criminal Behavior** taking place in St. Louis, MO on **September 26-29, 2004**. We are approved for 24 CEU's. Register at www.gwcinc.com or call 800-851-5406

The **Women's Conference presented by Betty Ford Center and Caron Foundation** will be held on **October 21st and 22nd at The Westin Stamford, Stamford, CT.** Continuing education credits will be available. For more information visit www.TheWomensConference.org or call **800-643-0797**.

NAADAC - The Association for Addiction Professionals will hold its annual conference, "Exploring new Frontiers: The Latest Practical Tools for Quality Care," Oct. 6 to 9 in West Yellowstone, MT. For more information, go to www.naadac.org or call (800) 548-0497.

The **American Association for the Treatment of Opioid Dependence (AATOD)** will hold its 20th Anniversary Conference at the Wyndham Palace Resort & Spa in **Orlando, FL, October 16 - 20, 2004.** For more information contact AATOD Conference Management Department at 856-423-7222 ext. 360 or visit www.aatod.org.

The **Association for Medical Education and Research in Substance Abuse** will hold its 28th Annual AMERSA National Conference, "Scientific Advances in Substance Abuse: Patients, Populations and Policy," **Nov. 11 to 13 in Washington, D.C.** For more information, visit www.amersa.org, call 401-349-0000 or email Isabel@amersa.org

The **National Association of Addiction Treatment Providers** presents the **South East Conference on Addictive Diseases (SECAD) in Atlanta, GA, December 1-4, 2004.** For more information, visit www.naatp.org/secad.

The **Ben Franklin Institute** presents the SUMMIT FOR CLINICAL EXCELLENCE 2004 CONFERENCES **Sept. 30-Oct. 3, 2004 in Philadelphia, Pennsylvania; November 3 - 6, 2004 in Scottsdale, Arizona; November 18 - 20 in Maui, Hawaii.** For Information call (800) 643 - 0797 for a brochure or visit www.BFIsummit.com

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