

# VISIONS

MAY, 2005

## 2005 NAATP ANNUAL LEADERSHIP CONFERENCE WILL RECOGNIZE LEADERS MAY 21-24

**N**AATP will recognize the work and achievements of leaders in the addiction treatment field at the upcoming Annual Leadership Conference. This year's conference is being held at the Doubletree Paradise Valley Resort, May 21-24, in Scottsdale, AZ.

For the fifth consecutive year, the National Association of Addiction Treatment Providers will recognize the efforts by one of its members in the area of Quality Improvement. The award is named in honor of James W. West, M.D. medical director emeritus of the Betty Ford Center in recognition of his pioneering efforts and ongoing support of quality improvement. It is co-sponsored by the Manisses Communications Group, publisher of *Alcoholism & Drug Abuse Weekly* and the National Association of Addiction Treatment Providers.

The award encourages NAATP members to document their activities in the area of quality improvement. The 2005 James W. West award will be presented to AdCare Hospital of Worcester, MA for their activities to effect a smoother transition from Inpatient to Outpatient treatment and to identify the keys to reducing the no-shows for outpatient treatment.

In addition to receiving the award, staff from AdCare Hospital will make a presentation describing their initiative as part of a Quality Improvement Breakfast on May 24, 2005.

The recipient of the **Michael Q. Ford Journalism Award** is The Reverend Dr. James B. Nelson for his recent publication, *Thirst: God and the Alcoholic Experience*. This 2004 publication by the Westminster John Knox Press draws on the authors teaching and research skills as well as his own experience in recovery.

This award has been developed in recognition

of the immense leadership provided by Michael Q. Ford, the first Executive of the National Association of Addiction Treatment Providers and whose journalistic style and flair was evident in all of the publications of NAATP. His energy, wit and determination helped to shape the direction of this organization.

On September 23, 1999 his sudden and untimely death robbed NAATP and the addiction treatment field of a champion 2005 Michael Q. Ford Journalism Award.

Dr. Nelson will receive the award as part of the Sunday evening Reception on May 22, 2005 during the 2005 NAATP annual leadership conference. Dr. Nelson will also participate on a panel on Sunday afternoon which will explore a number of dimensions of addiction, treatment and recovery.

NAATP will also present its prestigious Nelson J. Bradley, M.D. lifetime achievement award at the annual conference. In 1983, a young but rapidly emerging organization recognized Nelson J. Bradley, M.D. with its *first annual* outstanding achievement award. Dr. Bradley participated and led the pioneering activities in Minnesota that resulted in a multi-disciplinary approach to treating persons with alcoholism and the recognition of alcoholism as a treatable disease. Through his early efforts treatment models were developed which have been modified, but are still in place today.

Shortly after presenting Dr. Bradley with this award, Dr. Bradley died and the award was named in honor of Dr. Bradley and his leadership in the field of addiction treatment. Since that time, 22 individuals have received this award.

The 2005 recipient of the **Nelson J. Bradley, M.D. Lifetime Achievement Award** is Jack C. Whites, M.D., a person who has been a leader in the addiction



treatment field for over thirty (30) years. Dr. Whites will receive the 2005 Nelson J. Bradley Life Time Achievement Award on May 23, 2005 during the awards luncheon.



### IN THIS ISSUE...

- |                              |     |
|------------------------------|-----|
| • NAATP 2004 Annual Report   | P.2 |
| • HEART Act Reintroduced     | P.3 |
| • CRC Acquires Sierra Tucson | P.4 |
| • Washington Update          | P.6 |

## 2 004 Annual Report

In these last weeks of preparation before the 2005 NAATP Annual Leadership Conference and annual meeting of the National Association of Addiction Treatment Providers it is my responsibility and privilege to prepare for you, the members of the association, a report on the activities of the association. This will be the eighth annual report I have prepared for the National Association of Addiction Treatment Providers and each one has provided a broader and more comprehensive view of the landscape and of the work of NAATP.

For those of you who were around in the early 1990's I am sure that you, as do I, marvel at the rapid change which has taken place in and with the association. From under 100 member organizations in 1996 we have grown to over 275 organizations; from a basement office in 1997 we have grown to an office building and two part time support staff persons. 2004 has been another good year for the association and we continue to build on the achievements and activities of the past.

For the past two years, the NAATP Board of Directors has been led by Doug Tieman, CEO of the Caron Foundation, who has served as the chair of the board of NAATP. Doug has brought his energy, his vision and his "can do" attitude to this board position. **Under the very capable leadership of Doug Tieman, your association has thrived in 2004.** The entire board of directors has taken seriously their charge to "manage the efforts of the association". Board attendance and board participation has been extremely high in 2004 and there is a remarkable sense of attending to those issues and matters which are best for the association and putting aside the individual issues or concerns. You can be extremely proud of the board members you have elected and the way in which they represent you.

Throughout 2004, a number of activities could be listed that would capture the emphasis of NAATP. This is not an exhaustive list, but a representative one:

- 30 organizations became new members of the National Association of Addiction Treatment Providers in 2004. This marks the fourth consecutive year in which we have had 20 or more organizations become new members.
- 2004 Benchmark process was completed. A "re-vamped" collection instrument was introduced and it was available online for a more rapid completion. This is the **only** benchmark tool available for addiction specific providers. The benchmark tool can become a valuable management tool for NAATP member organizations.
- The 2004 Annual Leadership Conference was held in Tampa, FL with nearly 300 registrants. The conference was an extremely important time to network, be introduced to new ideas and to demonstrate the value of the association. During the conference, NAATP also recognized several individuals and organizations with prestigious awards.
- 2004 NAATP annual salary survey was completed and published. This bi-annual publication has proven to be

extremely helpful in establishing benchmark salaries in the addiction treatment industry.

- NAATP hosted ASAM and NAADAC for a 1 ½ day meeting to explore the concept of "federation". While no specific plans for federation emerged, a much greater sense of working together and collaboration did emerge.
- The 2004 SECAD conference was again held in Atlanta, GA. This very large exhibit exposition and clinical conference draws individuals both nationally and internationally. The 2005 SECAD will be the 30<sup>th</sup> SECAD event.
- The NAATP executive presented testimony to the IOM (Institute of Medicine) on the need for an addiction treatment system in this country that was clinically driven and reliably and consistently reimbursable.
- For the 8<sup>th</sup> consecutive year, NAATP ended the year with revenues exceeding expenses.

There was a great deal more activity with your association than these bullet points listed above. 2004, like other years, saw the National Association of Addiction Treatment Providers respond to numerous requests from members and non members for information; assisted individuals and families with finding NAATP member organizations for addiction treatment they were seeking; responded to inquiries from national and regional media for information on "issues of the moment"; prepared news releases on important information; utilized email to update NAATP member organizations on critical issues impacting addiction treatment, and on and on.

Nevertheless, with all of this activity an "old" but also "new" issue emerged at every NAATP board meeting and became the focus of much discussion and planning. The issue of how addiction treatment benefits within health care plans were managed created some of the most board energy and most creative thinking during the year. The old topic of "managed care" has again become a number one priority of your association. NAATP acknowledges that all of health care is managed in today's environment. However, it has become clear that the way in which addiction treatment benefits are managed are not consistent across the board and they are managed in such a way as to suggest that chronic nature of the disease and the need for life time management of the disease are not understood and/or accepted. Your association has appointed a standing task force to address this and to be your voice in responding to the crisis which this has produced. You can expect that during 2005 you will hear much more about this initiative.

In looking back on 2004, I am pleased to report that the National Association of Addiction Treatment Providers, your trade association, has represented you well, has been recognized by other associations as a vibrant, visionary organization and has been consulted with regarding many of the important issues. I hope to see all of you in Scottsdale, AZ in a very short time and anticipate that when we gather in Palm Beach, FL for the 2006 conference, we will have an even larger agenda to report.

**THAT'S THE PERSPECTIVE OF RJH**

**EXPERIENCED ADDICTION EXECUTIVE DEBORAH  
KELTZ TO LEAD CLINICAL OUTREACH  
DEPARTMENT**

**SEABROOK, NJ (Monday, March 28<sup>th</sup>, 2005) -**

Seabrook House, South Jersey's largest private, non-profit alcoholism and drug addiction treatment facility, today announced that Deborah Keltz, a 16-year veteran of the addiction field, has joined its upper management team. As Director of Business Development, Keltz will be responsible for overseeing Seabrook House's admissions, marketing, and clinical outreach departments. Along with Clinical Outreach Representatives, Lindy Judd, LCSW, CADC and Dena Patel, M.A., NCC, CSAC, Ms. Keltz will be building relationships with other organizations and individuals practicing in the healthcare arena to build a robust Seabrook House referral network. Because of her vast experience, she will also assist in the development and implementation of the Seabrook House business/marketing plan.

"Having worked with Deb (Keltz) before, I know what she is capable of in terms of marketing," said James Mulligan, M.D., Medical Director of Seabrook House, who worked with Ms. Keltz at Caron Foundation. "She was an integral part of Caron's success and we look forward to Seabrook House's future having Deb aboard."

Ms. Keltz began her career as Coordinator of Adolescent Admissions at Caron Foundation Adolescent Treatment Center in 1991 and shortly thereafter was appointed Director of Adolescent Admissions. She was later made part of Caron's Executive Leadership Team in 1996 as Executive Vice President of Marketing. With Caron Foundation, Ms. Keltz established a regional sales force that spanned from Maine to Florida to the Mississippi River, subsequently increasing the organization's out-of-state admission from 42% to 65% in two years. Also while at Caron, Ms. Keltz helped the treatment center achieve organizational business objectives such as, increasing up-front payment collections upon admissions and converting more pre-admission intake calls into actual patient admissions. Also through solid customer service training, Mrs. Keltz also had an impact on the treatment center's dramatically decreased reliance on health insurance, by getting more patients to commit to full-length treatment stays with out-of-pocket funds.

Ms. Keltz left Caron Foundation in 2002, to open a private consultation business. As a consultant, Deb has helped many prominent addiction rehabilitation centers in the areas of marketing, business development, and operations.



**ABOUT SEABROOK HOUSE CLINICAL OUTREACH**

Clinical Outreach was created in 2001 around the core belief that inpatient treatment needs to be no fewer than 26 days. An initiative that focuses on the treatment and recovery process from inpatient to aftercare, Clinical Outreach

representatives Lindy Judd, LCSW, CADC, and Dena Patel, MA, CSAC, work conjointly with aftercare providers in the community to assist Seabrook House patients upon their discharge of the inpatient treatment program. Providers in the Clinical Outreach Network include: private practice psychologists and clinicians, licensed social workers, outpatient facilities, psychiatrists, psychiatric hospitals, and community based programs in the New Jersey, New York, Pennsylvania and Delaware regions. To learn more about the Clinical Outreach Initiative, or to become a Clinical Outreach alliance to Seabrook House, call 1-800-761-7575.

**COLEMAN AND CLINTON PUSH  
LEGISLATION TO PROVIDE EQUAL ACCESS  
TO SUBSTANCE ABUSE TREATMENT  
PROGRAMS FOR 23 MILLION AMERICANS**

April 14th, 2005 - Washington, DC - Senator Norm Coleman (R-MN) and Senator Hillary Clinton (D-NY) today reintroduced the HEART (Help Expand Access to Recovery and Treatment Act). The bill would provide equitable access to substance abuse treatment services for 23 million adults and children who suffer from alcoholism and other drug dependencies and are in need of treatment. Congressman Jim Ramstad (R-MN) has introduced companion legislation in the House.



"Literally millions of Americans suffer each day from alcoholism and other substance abuse problems," Coleman said. "Science has shown us that this is a disease and sufferers deserve treatment just as those that suffer from other medical ailments. I believe that we are not taking drug and alcohol dependency seriously enough and this legislation would get us on track in tackling this serious problem."

"This legislation will help provide access to critical treatment services for Americans who are plagued by substance abuse problems," Clinton said. "Alcoholism and drug addictions affect the lives of so many and we should encourage insurance coverage for those who seek treatment."

The HEART Act does not mandate insurance companies to cover substance abuse; however, for insurers that do, this bill requires that their substance abuse coverage be on par with other medical and surgical benefits. In America at least 75% of individuals who are alcoholics have access to private health insurance. However, fewer than 70% of employer-provided health plans cover alcoholism and drug treatment at the same level as other medical conditions.

For more information regarding the HEART Act see article on page 5.

## CRC Health Group Announces Forthcoming Acquisition of Sierra Tucson;

### NAADAC AND IC&RC PROPOSE CREDENTIAL CONSOLIDATION

The National Certification Commission (NCC) of NAADAC, The Association for Addiction Professionals, the International Certification and Reciprocity Consortium (IC&RC) and the Society of Credentialed Addiction Professionals (S.CAP) announced a proposal to unify their independent credentials for addiction counselors into a series of credentials that will be available at the local, national and international level. This proposal will be submitted to the IC&RC Board of Directors in April 2005 and the NAADAC Board of Directors in July 2005. If accepted the consolidation will affect 45,000 credentialed addiction counselors.

The committee, made up of equal numbers of NAADAC and IC&RC representatives, decided on six essential components for any addiction credential:

1. The need for strong local credentialing boards;
2. Local, national and international credentialing for the profession;
3. Valid and legally defensible examinations;
4. The purpose, foundation and scope of practice for each credential;
5. Portability of credentials from state to state; and
6. Appropriate levels of credentialing based on the needs of local and international credentialing boards.

The proposal being presented to the IC&RC and NAADAC Boards will suggest the establishment of a new addictions treatment and prevention credentialing board that will incorporate the current credentials of IC&RC and NAADAC. The new organization, and its credentials, is intended to be local, national and international in scope. The joint NAADAC/IC&RC committee proposes that all current IC&RC and NAADAC credentialed professionals will have their qualifications unified by December 31st, 2005.

The co-chairs of the workgroup recommending the changes, William Cote, APRN, LADC, MAC, NAADAC National Certification Chair, and Jim Scarborough, IC&RC Chair, stated: "We are excited by the positive and frank discussion that NAADAC and IC&RC have had. Unifying the addiction profession will benefit everyone who works in addiction prevention, intervention and treatment and the clients they serve. Instrumental to this process was Dr. H. Westley Clark, Director of CSAT and Dr. Karl White, CSAT's Team Leader for Workforce Development. Without their support these discussions would not have taken place. We would like to thank Dr. Clark and Dr. White on behalf of the 80,000 people throughout the US who work in the addiction profession"

(San Jose, CA) — CRC Health Group, the nation's largest alcohol and drug abuse treatment provider, today announced the signing of a definitive agreement to purchase Sierra Tucson, one of America's premier behavioral treatment facilities.

Dr. Barry Karlin, Chairman & CEO of CRC Health Group said, "The acquisition of Sierra Tucson is a vital step in our strategy of building a nationwide network of behavioral facilities serving the needs of all addicted persons no matter where they are in the lifecycle of their disease or their geographical location. Sierra Tucson is an outstanding organization and a clinical powerhouse that has energized this industry. They provide a level of service to a target demographic not currently served by CRC."

Bill O'Donnell, Founder and Chairman of Sierra Tucson added, "I am extremely proud of what we have accomplished at Sierra Tucson over the last twenty-two years. It is my hope and belief that this step with CRC Health Group will enable Sierra Tucson to reach ever greater heights and carry on our tradition of clinical excellence and quality that we have so painstakingly built since its inception."

CRC states that the purchase of Sierra Tucson is a perfect fit for CRC Health Group's growth model that seeks to acquire programs that are well established in their communities and have demonstrable records of clinical excellence. Over the course of the last ten years, CRC has grown to 89 facilities in 20 states. Each new acquisition adds its unique brand of excellence to CRC's network. These facilities range in age from twenty to forty years of treatment leadership in their respective communities. CRC's corporate leadership seeks to preserve and expand that which is excellent and add value through treatment innovation and industry leadership.

CRC expects to complete the transaction in the next couple of months. The acquisition of Sierra Tucson will further establish CRC's leading position in the alcoholism and drug abuse treatment arena.

#### About CRC Health Group

CRC Health is the nation's largest for-profit provider of drug and alcohol treatment services and treats more than 30,000 people yearly. The company is based in San Jose, California and operates residential, outpatient and opiate treatment centers throughout the U.S. CRC provides lifelong care to adult and adolescent patients through a continuum of services including detoxification, residential treatment, day treatment, intensive outpatient programs, sober living, community education, intervention and aftercare. CRC has extended its presence to the Internet with eGetgoing, an online substance abuse treatment platform.

#### About Sierra Tucson

For twenty-two years Sierra Tucson has provided unparalleled behavioral health care that emphasizes healing the whole person. The company is based in Tucson, Arizona and operates a duly licensed, accredited special psychiatric hospital and behavioral health center. Programs offered include a full continuum of addiction services (substance abuse, gambling, sexual), a renowned eating disorder program, and treatment for depression, anxiety and emotional trauma.

For more information about CRC Health Group:

<http://www.crchealth.com>

For more information about Sierra Tucson:

<http://www.sierratucson.com>

***Companion Legislation to Provide Parity for Substance Abuse Prevention and Alcohol and Drug Addiction Treatment Services Introduced in Senate: the "Help Expand Access to Recovery and Treatment Act of 2005"***

Senators Coleman (R-MN) and Clinton (D-NY) this week introduced S. 803, the Help Expand Access to Recovery and Treatment (HEART) Act of 2005, legislation that would amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to provide parity with respect to substance abuse prevention and addiction treatment benefits under group health plans and health insurance coverage. The Help Expand Access to Recovery and Treatment (HEART) Act of 2005 would not mandate insurance companies to offer substance abuse prevention and alcohol and drug treatment coverage, but would require that if an insurer does provide such coverage that it be on par with other medical and surgical benefits. The HEART Act is the companion bill to the Time for Recovery and Equal Access to Treatment in America (TREAT America) Act of 2005 that was introduced by Congressman Ramstad (R-MN) in the House several weeks ago.

S. 803 would:

\* Require that group health plans (or health insurance offered in connection with such a plan) that provide both medical and surgical benefits and substance abuse treatment benefits not impose treatment limitations, such as any day or visit limits, on the treatment benefits unless similar limitations are imposed for medical and surgical benefits.

\* Prohibit group health plans (or health insurance offered in connection with such a plan) that offer coverage for substance abuse treatment benefits from imposing financial requirements such as any deductible, coinsurance, or costsharing, or an annual or lifetime dollar limit imposed with respect to the benefits under the plan or coverage, on substance abuse treatment benefits unless similar requirements are imposed for medical and surgical benefits.

\* Define substance abuse treatment services as including:

- \* Inpatient treatment, including detoxification;
- \* Non-hospital residential treatment;
- \* Outpatient treatment, including screening and assessment, medication management, individual, group and family counseling, and relapse prevention;

\* Prevention services, including health education and individual and group counseling to encourage the reduction of risk factors for substance abuse.

\* Provide an exemption from complying for small employers (those with fewer than 50 employees).

Following introduction, the HEART Act was referred to the Senate Committee on Health, Education, Labor and Pensions (HELP) where the legislation awaits review.

Looking for a sober, supportive post-treatment living environment?



New Hope Recovery Center offers Extended Care - Independent Living for adults in early recovery. Individuals in the Extended Care Program reside in apartment units nearby the New Hope treatment facility, where they participate in structured, clinical programming. Along with individualized, outpatient treatment services, participants receive a morning meal at the hospital, occupational guidance, and free access to a fitness center and yoga classes. Participants in the program experience sober, communal living in close proximity to the numerous twelve-step and other supportive meetings offered in the Lincoln Park area.

**New Hope Recovery Center offers an affordable, transitional living environment for adults who have been clean and sober for a minimum of thirty days.**

Please call for further information about any of our levels of care:

- Residential/ Inpatient
- Intensive Evening Outpatient
- Day Treatment
- Extended Care - Independent Living



Lincoln Park Hospital  
550 W Webster 2N  
Chicago, IL 60614  
773-935-1830  
[www.new-hope-recovery.com](http://www.new-hope-recovery.com)



## SENATE APPROPRIATIONS SUBCOMMITTEE CONVENES HEARING ON METHAMPHETAMINE; HEARING FOCUSES ON IMPORTANCE OF PREVENTING, TREATING AND RESEARCHING METHAMPHETAMINE ADDICTION

This week the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies convened a hearing on methamphetamine addiction. Emphasizing the need for prevention of methamphetamine use, and treatment and further research of methamphetamine addiction, panelists providing witness testimony explained the federal government's response to methamphetamine addiction, and identified the need for funding in these areas. The hearing was chaired by Senator Tom Harkin (D-IA), Ranking Member of the Subcommittee. Senator Harkin requested the hearing because of the prevalence of methamphetamine use and addiction in Iowa, and expressed his thanks to Senator Arlen Specter (R-PA), Chairman of the Subcommittee, for allowing and encouraging him to chair the hearing. Senator Harry Reid (D-NV), Minority Leader of the Senate, also participated in the hearing.

Witness testimony was provided by: Charles G. Curie, Administrator, Substance Abuse and Mental Health Services Administration (SAMHSA); Dr. Nora D. Volkow, Director, National Institute on Drug Abuse (NIDA); Vicki Sickels, Iowa Lutheran Hospital, Des Moines, Iowa; and Richard E. Steinberg, President and CEO, WestCare Foundation, Inc., and President of Therapeutic Communities of America.

Senator Harkin began the hearing by discussing how significant the problem of methamphetamine use and addiction is in his home state of Iowa and across the country. Senator Harkin emphasized that several pieces of legislation concerning methamphetamine use and addiction have been introduced during this Congressional session, but that most of these bills have narrowly focused on strengthening law enforcement efforts to address the problem. Senator Harkin asserted that while law enforcement is a critical component in curbing methamphetamine use, these efforts would not be effective unless legislation also focuses on how best to prevent methamphetamine use and treat methamphetamine addiction. Senator Harkin stressed the importance of funding in the FY 2006 appropriations cycle to support the critical work of SAMHSA and NIDA, and expressed his opposition to cutting all funding to the Safe and Drug-free Schools and Communities State Grant program, slated for elimination in the President's budget.

In his comments, Minority Leader Reid also emphasized the importance of approaching the problem of methamphetamine use and addiction from the perspective of preventing it and increasing the availability of treatment. Minority Leader Reid expressed concern at the number of young people in his home state of Nevada who are using and becoming addicted to methamphetamine, and stressed that efforts to prevent this use and treat the addiction must involve parents, teachers, and counselors. Acknowledging that treatment for methamphetamine addiction is effective, Minority Leader Reid praised a treatment facility in Nevada that is helping people with addiction.

SAMHSA Administrator Curie spoke about SAMHSA's response to methamphetamine use and addiction, and about how prevention of methamphetamine use and treatment of methamphetamine addiction does work. Mr. Curie spoke about how a number of SAMHSA's funding streams are being used to help curb methamphetamine addiction. Mr. Curie spoke about how the Access to Recovery (ATR) voucher program gives states the flexibility to tailor the funding they receive toward their specific treatment needs. Mr. Curie identified two states in

particular that have received funding through the ATR program and are focusing this funding on expanding methamphetamine treatment. In addition, funding through SAMHSA's Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) is also directed toward the prevention of methamphetamine use and the treatment of methamphetamine addiction. Mr. Curie spoke about CSAT's Targeted Capacity Expansion grants which are intended to meet the needs of communities and regions dealing with emerging drug epidemics. Mr. Curie also emphasized the importance of CSAP's Strategic Prevention Framework which serves to identify programs around the country that are effective and utilize science-based prevention approaches so that they can be replicated across the country.

Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), a NIH institute, testified about the nature of methamphetamine addiction as a brain disease and explained that, although methamphetamine is a highly addictive and damaging drug, treatment for methamphetamine addiction is effective. Dr. Volkow did stress, however, that it is extremely critical that individuals with methamphetamine addiction receive treatment; using brain scans to show how damaging methamphetamine is, Dr. Volkow demonstrated how important it is for people with methamphetamine addiction to receive treatment to improve the chance of recovery. In her testimony, Dr. Volkow spoke about the effectiveness of prevention efforts and asserted that, since addiction often begins in adolescence, prevention for youth should be a top priority. Dr. Volkow echoed the comments of a number of other panelists in emphasizing the importance of schools, families, parents and members of the medical community collaborating to curb adolescent methamphetamine use and addiction.

Richard E. Steinberg, President and CEO of Westcare Foundation and President of Therapeutic Communities of America (TCA), testified about the importance of increasing funding for the full continuum of prevention, research and treatment services. Speaking as a provider of addiction treatment services, Mr. Steinberg emphasized that treatment for methamphetamine addiction does work, but that people receiving addiction treatment services often need a longer period of time for the treatment to be most effective and additional funding from the federal government is essential. Mr. Steinberg spoke about the importance of the Substance Abuse Prevention and Treatment (SAPT) Block Grant to the addiction treatment system, and how much providers rely on the SAPT Block Grant to maintain high quality of care.

Vicki Sickels, an addiction counselor from Iowa who is in recovery for methamphetamine addiction, spoke about her own experiences with methamphetamine addiction, and how addiction treatment has helped her live in recovery as a productive citizen for over seven years. Ms. Sickels spoke about her being raised in a loving, middle-class family, and being college-educated to further emphasize that methamphetamine addiction, like addiction to alcohol and other drugs, affects people of all backgrounds. Ms. Sickels spoke of her experiences of recovery to highlight that treatment does work.

\$5

## At The Cleaners”

Recently, while I was visiting with an alum—actually laying the groundwork for a solicitation (I know that’s a surprise to all who know me)—he shared a story with me. Early in his recovery, he was down to his last \$10. He figured he would use \$5 for dinner that evening and \$5 for lunch the next day, in anticipation of receiving his first paycheck from a new job the following afternoon. Much to his chagrin, a friend of his (who had even less) approached him prior to his dinner and asked if he could spare him some money for food. The alum shared with him that he was down to his last \$10—\$5 for dinner and \$5 for lunch the next day. But, he was moved by their friendship and the other man’s desperation, so he said, “Why don’t we both go to dinner? I’ll spend \$5 and you can spend \$5.” They agreed and had a nice dinner.

The alum figured he could “tough it out” until he got paid that following afternoon. So, he started the next morning at his job at the drycleaners. Lo and behold, as he was doing his routine work he noticed that in one of the shirts there was a \$5 bill, which he was able to use for his own lunch that day. As a result of his finding, he realized giving his friend his last \$5 the day before proved to be no sacrifice, but rather enhanced a friendship. He shared with me how he realized that there are no coincidences, that God works through people, and that what you give away freely and generously you always get back.

I truly believe this is how it is in our field today. Those professionals that have been in the addiction recovery field for a long time know that our history is to share information, provide guidance, freely consult and assist in any manner to help a colleague be successful at another facility. Through the sharing experience, you usually learn something that actually helps you and your facility, just like finding the \$5 at the dry cleaners. It is truly one of the joys of the addiction recovery field; to see collaboration rather than competition.

During the past two years, in which I’ve had the pleasure of serving as Chairman of the NAATP Board, I have seen the spirit of collaboration alive and well; between individuals, colleagues, facilities and even between associations.

It is a real joy to see NAATP members at our conferences excitedly renewing old relationships, thoughtfully sharing information, eagerly meeting new members and embracing

them into the fellowship of our association. Under the direction of Ron Hunsicker, that same level of collaboration now extends beyond our association into strong working relationships with the Partnership For Recovery, the National Council on Alcoholism and Drug Dependency, the Providence Summit, the American Society of Addiction Medicine and the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

It is energizing and invigorating to see facilities, organizations and associations working together in such important areas such as public education, public awareness, insurance reform and parity legislation. It is exciting to see the positive direction of our field and our associations. I know that under Ken Ramsey’s able leadership as the incoming Chair of NAATP, the spirit of “giving your dinner money away because you believe that you, too, will find the \$5 at the cleaners,” will continue to be a fundamental truism of our field and critical for all of us to be successful.

Thank you to everyone for allowing me to serve as your Chairman. A special thanks to the Board of Directors and Ron Hunsicker who have endured my idiosyncrasies and character defects.



**DOUG TIEMAN**  
**CHIEF EXECUTIVE OFFICER**  
**CARON FOUNDATION**  
**CHAIR, NAATP BOARD OF DIRECTORS**

UPCOMING EVENTS FOR YOUR CALENDER

The **National Association of Addiction Treatment Providers (NAATP)** will hold its Annual Addiction Treatment Leadership Conference **May 21-24, 2005 in Phoenix, AZ**. For more information check the NAATP website at [www.naatp.org](http://www.naatp.org).

The second **UK/European Symposium on Addictive Disorders**, "To Match or not to Match: Enhancing Client Outcomes," will take place **May 29-31 in Central London, England**. For more information, visit [www.ukesad.org](http://www.ukesad.org).

The **National Association of State Alcohol and Drug Abuse Directors, Inc.** will hold their 2005 Annual Meeting, "Connecting Science, Service and Policy for Addiction Free Communities," **June 2-5 in Bal Harbour, FL**. For more information, visit [www.nasadad.org](http://www.nasadad.org).

The **University of Miami** and the **National Institute on Drug Abuse (NIDA)** will hold a conference, "Smart Practice, Practical Science: Blending Treatment and Research," **June 6-7 in Miami Beach**. For more information, visit [www.synergyentic.com/blendingmiami](http://www.synergyentic.com/blendingmiami), or contact the NIDA Logistics Coordinator at (240) 485-1700 or [blendingmiami@synergyentic.com](mailto:blendingmiami@synergyentic.com).

The **21<sup>st</sup> Annual National Rural Institute on Alcohol and Drug Abuse** will take place **June 12-16 at the University of Wisconsin-Stout**. For more information, visit [www.uwstout.edu/solutions/ces/ruralaoda](http://www.uwstout.edu/solutions/ces/ruralaoda).

The **Institute for International Research** will present the 13<sup>th</sup> Annual Medicaid Managed Care Congress, "Bringing States and Health Plans Together to Improve Quality and Control Costs," **June 13-15 in Baltimore**. For more information, visit [www.iirusa.com/mmcco5](http://www.iirusa.com/mmcco5).

**NAADAC, The Association for Addiction Professionals** will hold its annual conference **July 7-9 in Corpus Christi, Texas**. For more information, visit [www.naadac.org](http://www.naadac.org).

The **Community Anti-Drug Coalitions of America** sponsors its Midyear Training Institute **July 25-28 in Phoenix**. Training will focus on "The Business of Coalitions." For more information, visit [www.cadca.org](http://www.cadca.org).

## NAATP VISIONS

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

The editorial office is located at:  
313 West Liberty Street, Suite 129  
Lancaster, PA 17603-2748

Editor

Ronald J. Hunsicker

Phone: 717-392-8480

Fax: 717-392-8481

E-Mail: [RHunsicker@naatp.org](mailto:RHunsicker@naatp.org)

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

NAATP Board Chair

Douglas Tieman, President/CEO

Caron Foundation

Phone: 610-678-2332 X2189

Fax: 610-678-5704

[dtieman@caronfoundation.org](mailto:dtieman@caronfoundation.org)

V I S I O N S

Presorted  
First-Class Mail  
U.S. Postage Paid  
Lancaster, PA  
Permit 12

The National Association of Addiction Treatment Providers  
313 West Liberty Street, Suite 129  
Lancaster, PA 17603-2748