

VISIONS

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP),

PARITY IS THE RIGHT THING TO DO..

October, 2006

So

WHY NOT JUST DO IT?

During each session of Congress for the past four sessions, language has been introduced in the House of Representatives which would provide *parity* to persons whose health insurance offered coverage for addiction treatment. *Parity*, as it is used in this context, means that health insurance companies would have to treat the disease of addiction in the same way that they treat all other diseases covered by their plans. In practice it translates to insurance companies eliminating the annual and life time dollar caps and limits which it imposes on the persons with the disease of addiction but not on other diseases. **PARITY** is all about ending discrimination!

Over the course of the years as the wording for this legislation has been refined, there has been a growing number of cosponsors for this legislation. Led by the efforts of Representative Jim Ramstad from MN and Representative Patrick Kennedy from RI, this bill has gained momentum to the point where today there are 230 cosponsors to this legislation. In its current form the [Paul Wellstone Mental Health Equitable Treatment Act of 2005](#) has language in it which includes both mental health and addiction treatment as the focus for the parity activity. With the 230 cosponsors, this legislation has enough votes to be passed by the House of Representatives, but the Leadership of the House continues to refuse to allow this legislation to leave the committee and to be voted upon on the floor of the House.

In order to *force the issue*, Representatives Kennedy and Ramstad introduced on September 28, 2006 a [discharge petition](#). If this petition receives sufficient signatures (cosponsors) it would force the legislation to the floor of the House for an up or down vote. A vote on this legislation is long overdue. A very simple message needs to be communicated to all members of the House of Representatives, and especially those who cosponsored the Paul Wellstone Mental Health Equitable Treatment Act of 2005. That message is:

On September 28th a discharge petition (#18) was filed for H.R. 1402, the Paul

Wellstone Mental Health Equitable Treatment Act of 2005. As you may know, this bill has 230 cosponsors. This bill has more than a majority of the House as cosponsors and is long overdue for a vote on the floor.

Please help the millions of Americans who suffer from mental health and substance use disorders by signing discharge petition #18 and bringing H.R. 1402 for a vote on the House floor as soon as possible.

In order for the discharge petition to *move the legislation from committee to the floor*, there needs to be **218** signatures on the petition. Currently there are **165**. You can do the math; this means that **53** more members of the House need to sign the petition. This is a very crucial strategy and one that will take your action by contacting your member of the House of Representatives. It is imperative that all members who have cosponsored this legislation sign the discharge petition and it is equally important to contact all members of the House and urge them to both cosponsor the legislation and to cosponsor the discharge petition. In order to determine if your member of the House of Representatives has either cosponsored the legislation or the petition you can do the following:

Action: Use the toll-free Parity Hotline, **1-866-parity4** (1-866-727-4894), to call your Representative to urge him/her to sign the petition to bring mental health parity to a vote. (The Parity Hotline reaches the Capitol switchboard, which can connect callers to their Members of Congress.)

Targets: All House cosponsors of H.R. 1402: <http://thomas.loc.gov/cgi-bin/bdquery/z?d109:HR01402:@@P>.

Message: *"I am calling to ask that the Representative cosign discharge petition #18 for immediate passage of the Paul Wellstone Mental Health Equitable Treatment Act. I appreciate his/her having cosponsored the bill, but families struggling with mental or substance use disorders need this additional help now."*

Background: Just before the House recessed until November 13, Representatives Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) filed a "discharge petition" that, if approved by the House, would

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ACCOUNTABILITY

It doesn't seem to take very much for the press to pick up an issue and run with it. Recent events in Washington, DC resulted in a former Congressman resigning his seat in congress and trading it for admission to an addiction treatment program. Within hours of his announcement the press was having a field day pointing to the numerous persons who have used addiction treatment programs to shield them from the immediate scrutiny as well as the responsibility for their behavior. In this instance, the former Congressman listed his alcoholism as well as numerous other factors in his background as possible reasons for why he did what he did and behaved the way that he behaved. **The result was that the press saw his going to addiction treatment as a way for him to avoid taking responsibility and accountability for his actions!**

Shortly after the individual referenced above was admitted for treatment, the Capital Hill news publications began to run a series of articles which questioned both the sincerity of the individual who uses addiction treatment as a way to "*duck accountability*" and they also questioned the entire addiction treatment process as if it also supported the lack of accountability. How did we get to the point where a disease can be used as an excuse for our behavior? How did we get to the point where a diagnosis absolves us of all accountability? We got here because the disease of addiction continues to be misunderstood and in many instances the disease itself questioned!

Because of this recent story, albeit a tragic one, which was played out on the front pages of our newspapers and which continues to have personal and political repercussions, we need to take a stand on this not so subtle attempt to suggest that the disease of addiction is an excuse for any behavior. It is time that we again attempt to provide information, and hold up real role models of persons with the disease of addiction who do take full responsibility for their behavior and are not afraid to be held accountable.

No place in the Twelve Steps or the Twelve Traditions does it suggest that we should use this cunning and sometimes baffling disease as an excuse for our behavior. In fact, there is a great deal of attention to assisting the person with the disease of addiction in identifying those areas of their life which have become problematic and then setting out to make amends as appropriate. **Recovery is about accountability.** It is about integrating self understanding, the power of the group and your higher power into a life that accepts responsibility and is willing to be held accountable. Maybe if some of the writers of the press stories spent a bit more time attending open 12-step meetings they might find that accountability abounds in such gatherings.

Nevertheless, this is an issue which will not go away and it is one that we should address. Since the charge of using addiction treatment as a place to avoid responsibility and accountability also implicated addiction treatment, we need to be

exceedingly careful with our accountability.

1. In our quest to identify and admit patients for addiction treatment, **we must** hold up the highest standards for determining the appropriateness of persons for addiction treatment. To compromise on the admission criteria is to diminish the disease and to suggest that problems with alcohol for example always equate with alcoholism. Our accountability demands that we always ensure that we admit persons appropriate for the level and intensity of treatment we offer.
2. While it is important that all of our treatment programs are "safe places" for persons seeking treatment, they should not be seen as an escape or a shield from reality. Recovery does not necessarily mean that problems go away or that life is easier. Recovery is more about having the tools to live life and face both the pain and the joys that come our way.
3. Our accountability also then spills over into the area of consistency. As we find ourselves using the language of chronic disease to describe addiction, we need to ask how our treatment design reflects our language. Do our treatment approaches reflect our understanding of this as a chronic disease? We do need to be accountable to the language we use.
4. As we continue to understand more and more about this disease as having a significant "brain" component, we need to ask, to what extent does our treatment reflect our understanding of this as a brain disease? How does our treatment reflect the latest science?

Being accountable is a two way street. It is easy for us to take some shots at those who want to attack persons with the disease of addiction as not being accountable. It is easy for us to write off the writers in the press for not really understanding the disease. But that will not make the issue go away. We need to also be accountable and make sure that the language we use is consistent with the way in which we deliver treatment. We need to be accountable to each other, to those boards that grant us a license and to those organizations which accreditate our programs.

One of the values of your trade association, the National Association of Addiction Treatment Providers, is that it is a vehicle by which we can have conversations with each other, network with each other, and hold one another accountable. The disease of addiction should never be used as an excuse for not taking responsibility. Likewise, not talking to each other should never be used as an excuse for not being accountable.



THAT'S THE PERSPECTIVE OF RJH

CONTINUED FROM P1

compel a November vote on their mental health and substance use disorder bill. The sponsors view this step as necessary because of the continued opposition of the House Republican Leadership. A total of 230 Members of the House are on record as cosponsoring H.R. 1402 (37 of whom are Republicans). Though this is 12 more than a majority in the House, the bill has been blocked.

The Legislation: The Kennedy-Ramstad bill, H.R. 1402, addresses discrimination in group health plans against persons with mental or substance use disorders. It would expand the Mental Health Parity Act of 1996 by prohibiting group health plans from imposing treatment or financial limitations on mental health benefits that are different from those applied to medical/surgical services. The legislation closes the loopholes that allow discrimination in the copayment, coinsurance, deductible, maximum out-of-pocket limit and day and visit limits. It applies only to group health plans already providing mental health benefits, and excludes (as does current law) health plans sponsored by employers of fewer than 50 people.

New data has proven that parity in the Federal Employee Health Benefit Program has had minimal cost. Members of Congress and their staffs are among the 8.5 million federal employees, retirees and dependents who have had parity for BOTH mental health and substance use disorders since January 2001. H.R. 1402 was modeled on that federal employee benefit.

We have some work to do; we have never backed away from hard work in the past and now is not the time to begin backing away. Additionally, we are in the midst of the election cycle so it is equally important for each of us to take the opportunity to address this issue with all candidates for the House of Representatives. We need to secure a commitment from the candidates in terms of their willingness to cosponsor H.R. 1402 and then also for them to commit to cosponsor the discharge petition 18.

This is about discrimination! This is about doing the right thing. So make your calls, send your emails today!

THOMAS J. THELIN GETS HAT TRICK

Named “Counselor of the Year” by NAADAC, MAADAC (2005) and a “Health Care Hero” by *Worcester Business Journal* (2006)

Thomas J. Thelin, Day Treatment Program Co-Coordinator and Lead Clinician at AdCare Hospital’s Worcester Outpatient Clinic, has been selected as the Lora Roe Memorial Alcoholism Counselor of the Year Award winner by the National Association of Alcohol and Drug Abuse Counselors (NAADAC).

This award is presented to a counselor who has made an outstanding contribution to the profession of addiction counseling. Mr. Thelin will receive the Lora Roe award at NAADAC’s annual awards presentation and conference, scheduled for September 28 to October 1, in Burbank, CA.

In addition to the NAADAC “Counselor of the Year Award,” Mr. Thelin was recognized by the Massachusetts Association for Alcohol and Drug Abuse Counselors (MAADAC) in 2005 with a “Counselor of the Year Award,” and was honored locally by the *Worcester Business Journal* in 2006 with a “Health Care Hero Award.”

A Certified Alcohol and Drug Abuse Counselor (CADAC), a Licensed Alcohol and Drug Counselor (LADC), and a Certified Clinical Supervisor, Mr. Thelin also holds two master’s degrees in Divinity and Criminal Justice, and has over 25 years of experience in addiction counseling for the clients of community, religious, and private organizations. AdCare Vice President of Outpatient Operations David W. Hillis, Jr., M.S., L.M.H.C. attributes Mr. Thelin’s effectiveness as an alcohol and drug abuse counselor, “not only to his exceptional clinical skills, but also to the compassion and commitment that he shows to each one of his clients every day.”

Mr. Thelin serves on the Board of Directors for the Massachusetts Board of Substance Abuse Counselor Certification, the Massachusetts Addiction Council and the Bridges Conference Planning Board.



NAATP BENCHMARK FOCUS GROUP

As we plan for the 2007 Benchmark Process, you can participate in a focus group to review:

- Data Set Points currently used in the collection instrument,
- Data Set Points that should be removed or added,
- How to make the electronic collection instrument more “user friendly”
- What reports and in what format are most helpful to those responding, and
- How to increase the participation.

The NAATP 2007 Benchmark Focus Group will take place during SECAD 2006 in Atlanta, GA on Thursday November 30, 2006 from 1:30pm till 5:00pm. **If you participate, you will receive a complementary registration to SECAD 2006.**

To participate, call the NAATP office at 717-392-8480 and speak to Sherry Anderson or email her at sanderson@naatp.org. When you speak to Sherry just let her know that you would like to participate.



SECAD 2006

NOVEMBER 29 - DECEMBER 2, 2006

SHERATON ATLANTA HOTEL

Atlanta, Georgia

“Keep Coming Back” has been a message of utmost importance for those in recovery and SECAD has been a unique opportunity for professional growth. I attend SECAD each year, not only for the newest trends and cutting-edge information in the field, but also for the wonderful opportunity to meet with the world’s leading professionals. For those in recovery, we wouldn’t want to miss our meetings and if you are in the treatment field, you certainly don’t want to miss this dynamic and exciting professional conference.

Arthur Trotzky
Ridgeview Institute

If you have not yet made plans to be in Atlanta for the 31st SECAD, you will want to do so now! Secad brings together the best information, the best presenters and the best and most loyal conference attendees. After thirty one years, SECAD is **THE International Conference for Alcohol and Drug Addiction Professionals**.

Final plans have now been made and the roster of speakers and presenters for SECAD 2006 is complete. There will be a wide range of individuals presenting on a host of topics related to addiction treatment. For 2006, the planning committee has attempted to organize the presentation around “day” themes. SECAD 2006, November 29 – December 2, will have the following themes:

Wednesday – November 29 – *Promising Practices and Research Findings*

Thursday – November 30 – *Special Populations*

Friday – December 1 – *Focus on the Family*

Saturday – December 2 – *Leadership Today and Tomorrow*

A sample of some of the persons who will be presenting and participating in this year’s SECAD include:

Cardwell C. Nuckols, Ph.D.

Cynthia Reinbach

William Cope Moyers

Westley Clark, M.D.

Carlton Erickson, Ph.D.

Stephanie Covington, Ph.D.

Debra Neal

Jerry Boriskin, Ph.D.

Jeff Jay

Michael Wilkerson, M.D.

Paul Earley, M.D.

and many more!

In addition, there will be two day long training opportunities available on Saturday December 2. A workshop focusing on Ethics and Leadership will be offered as well as the ASAM BUPE Training. And for those who are attracted to the “food events”, there will be an opening luncheon, a dinner and panel on Wednesday evening, an invitation only event in the exhibit hall for exhibitors and their invited guests as well as the traditional early morning breakfasts. SECAD has something for everyone. SECAD will be held at the Sheraton Atlanta Hotel and reservations can be made by calling 800-833-8624.

TO REGISTER FOR SECAD, GO TO

www.naatp.org/secad AND

COMPLETE THE REGISTRATION FORM ON LINE.

MAKE YOUR PLANS AND BE IN ATLANTA!

2006 Salary Survey



Every other year, the National Association of Addiction Treatment Providers publishes comprehensive information on salaries and benefits based on the information collected through its survey process. The 2006 salary survey is now available at www.naatp.org/salariesurvey.

naatp

national association of addiction treatment providers

Hurry! You must complete the survey by November 15!

PRESS CONFERENCE CALLS FOR ACTION ON PAUL WELLSTONE MENTAL HEALTH EQUITABLE TREATMENT ACT; ANNOUNCES WEBSITE FOR LEGISLATIVE ACTION

On Thursday, September 21st, U.S. Reps. Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) in conjunction with Equal Coverage for Addiction Treatment (ECAT) hosted a press conference on Capitol Hill to call for passage of H.R. 1402, the Paul Wellstone Mental Health Equitable Treatment Act.

H.R. 1402 would require insurance companies to treat addiction and other mental health disorders on an equal basis with other chronic diseases, such as diabetes or hypertension. The bill is co-sponsored by U.S. Reps. Patrick Kennedy (D-RI) and Jim Ramstad (R-MN) and has 228 co-sponsors.

Speakers at the event included:

- U.S. Rep. Patrick Kennedy, D-RI
- U.S. Rep. Jim Ramstad, R-MN
- Douglas Tieman, CEO, Caron Treatment Centers
- Leonard Bade, Vice President of Alumni Services of Betty Ford

- Robert Lindsey, CEO, the National Council on Alcoholism and Drug Dependence
- Steven Treistman, Director, Brudnick Neuropsychiatric Research Institute
- Christopher Kennedy Lawford; author, actor and addiction treatment advocate
- John Hiatt, singer and songwriter
- Carrie S., Caron alumni and recovering individual who was denied adequate coverage from her insurance company

Equal Coverage for Addiction Treatment (ECAT) is a partnership of treatment centers and non-profit addiction organizations created to raise awareness for this and other major issues facing those seeking recovery. Additional information about the ECAT partnership can be found at <http://www.ecatnow.org/>.

2006 NAATP

NEW MEMBERS

NEWGATE 180
MERRICKVILLE, ONTARIO, CANADA

PARADISE RECOVERY
HONOLULU, HI

DE PAUL TREATMENT CENTERS, INC.
PORTLAND, OR

LAKESIDE BEHAVIORAL HEALTH
MEMPHIS, TN

REBECCA'S HOUSE/EATING DISORDER
OUTPATIENT PROGRAMS
LAKE FOREST, CA 92630

RECOVERY CONNECTION
PHILADELPHIA, PA

HAZELDEN'S BOOKAID REACHES OUT TO NEEDY ADDICTION CENTER IN KENYA

From county jails and state penitentiaries to treatment centers for the homeless, Hazelden's BookAid program has been reaching out for many years across the country to provide free books, curricula and other published items that can inspire and build recovery. When hurricanes Katrina and Rita devastated several states last year, BookAid responded by sending 8,600 books, pamphlets and videos valued at \$172,000 to people and organizations in need.

"Wherever there is crisis and human suffering, there will be an increased need for addiction and recovery resources," said Ellen Breyer, president and CEO of Hazelden. "Responding to the call for action is a responsibility of nonprofit organizations everywhere. We're excited when we're able to help meet the needs of people in search of hope and healing."

Breyer was especially grateful that the BookAid program gave assistance to Support for Addictions Prevention and Treatment in Africa (SAPTA) Trust and Centre, an addiction education and recovery organization in Nairobi, Kenya. William Sinkele, D.Min., the director of SAPTA, attended the NAATP Conference in May in West Palm Beach, Fla., as a guest of NAATP. He came to the United States to build relationships and seek support for his organization. He also came with a wish list of published items he hoped to obtain. NAATP President Ronald Hunsicker put Sinkele in touch with Breyer and Breyer passed along that wish list to the BookAid people at Hazelden's Publishing division.

The result: Sinkele received a mini-library of materials for

SAPTA, an organization that provides addiction counselor training and an outpatient center for individuals and families in recovery. SAPTA also offers an addictions library with the largest collection of resources on addiction prevention and counseling in Kenya.

Sinkele received a package of materials valued at \$3,500 to aid SAPTA's efforts. Some items provided were the Matrix Model, the intensive outpatient curriculum for the treatment of addiction; Stages of Family Recovery video; Medical Aspects of Chemical Dependency video; Helping Women Recover; and more books and videos.

"I am overwhelmed and delighted at the generosity Hazelden provided to us in Africa," said Sinkele, a recovering alcoholic of 18 years who earned a doctor of ministry degree at Catholic University in Washington, D.C. "I know that all of this material will be of great use both in our addiction counselor training program and in our outpatient program. We are working with most of the treatment centers in Kenya, so this material will have a large impact."

SAPTA Centre is a nonprofit Kenyan charitable trust and is the only addiction counseling training center in Africa approved by the National Association of Alcohol and Drug Counselors (NAADAC) of the United States. Its mission: "To promote the prevention of alcohol and drug abuse and other addictions, to advocate for greater access to affordable and professional treatment of addictions, and to promote capacity building among addiction treatment centers."

There is a SAPTA Foundation based in the United States to help fund the group's mission. The SAPTA Foundation was founded in 2004 by Sinkele, with a major goal of promoting collaboration between U.S. and African treatment and prevention groups. SAPTA works with Global Outreach for Addiction Leadership and Learning (G.O.A.L.) and other groups to achieve its mission.

The SAPTA mission is similar to that of Hazelden and several major treatment centers, so it's not surprising that SAPTA will earn the support of U.S. philanthropic sources.

"Passing it on" is a major goal of Hazelden Publishing, the leader of published materials for people affected by addiction. "Our mission is to use educational materials to improve the quality of everyone's lives, not just those individuals or programs with resources to purchase them," said Nick Motu, senior vice president of Hazelden Publishing. "We are deeply committed to honoring all requests for donated literature that meet our need criteria."

The donation of materials to SAPTA was a rare request from outside the United States, according to Jody Klescewski, who administers the BookAid program with the help of volunteers. Most requests come from individuals and underfunded programs such as the Salvation Army, Catholic Charities, halfway houses, schools, hospitals and correctional facilities. In 2005, the BookAid program gave out over 24,000 items valued at nearly \$500,000.

"Every year our goal is to help everyone who has a need," said Klescewski. "We receive about 200 requests for free materials every week."

Those who request BookAid are asked to fill out an application for aid to demonstrate need. Given recent state and federal budget cuts for helping agencies, the demand for free recovery literature has increased significantly. Hazelden relies on donations to BookAid to meet the many requests.

"BookAid is a great example of how people and organizations can practice the Twelfth Step and help carry the message to those who still suffer," said Motu.

For more information on BookAid, contact Jody Klescewski at 888-257-7800, ext. 4731 or jklescewski@hazelden.org. To contribute to BookAid, visit www.hazelden.org/bookaid. For more information on SAPTA, visit www.saptafoundation.org.

ADDICTION AND RESPONSIBILITY

Recently, two colleagues and I were interviewed for an article by Alan Feuer of the New York Times. In a story spurred by the announcement that a disgraced Florida congressman sought addiction treatment immediately upon resigning his seat, Mr. Feuer wanted to explore an issue most folks just can't help thinking about.

Entitled "When They Say Alcohol Made Me Do It" the reporter pointed not only to the Congressman's checking into treatment, but the wave of highly visible admissions of the famous. No doubt about it, when an actor with a history of anti-Semitic remarks shouts them at a cop when arrested drunk or another congressman with a long history of corrupt involvement with a convicted lobbyist disappears into treatment at the height of the crisis, it leaves everybody a bit skeptical. Of course it does, but that doesn't mean these troubled guys aren't alcoholics entitled to treatment.

In the most recent case, the congressman's lawyer was quick to add; the cynical might say for good measure, that as a young man our guy was molested by a clergyman. So, I think we are meant to conclude that his propensity for the perpetration of young boys came from his own victimization and he just could not make a responsible judgment about these impulses because he was a drunk. And then several people close to the congressman said they never saw him under the influence. Wow, what a mess.

So, where do we treatment providers go with all this? Our work is to educate wherever we can. The truth is that the addicted only "come to" as the result of a crisis. Sometimes the crisis is ugly - infidelity, hit and run accidents, violent crime, losing good jobs. Often the "bottom" one hits brings shame to spouses and children and leaves the addict stunned, trapped and depressed by the gravity of their predicament. The number of professional interventions that effectively reverse the symptoms of denial and minimization may be at an all time high, and this is good news.

None of us can or should comment on the individual circumstances of these high profile admissions to treatment. Let's remember that part of this suspicion about using addiction as an excuse comes from generations of stigma, too. It has only been in the last two generations that everyday Americans began to accept our people as sick and not bad.

Edward Diehl, President
Seabrook House
Vice Chair, NAATP
Board of Directors

UPCOMING EVENTS FOR YOUR CALENDER

The Ben Franklin Institute will hold a **Summit For Clinical Excellence October 27-30** in Scottsdale, AZ. For more information call (800) 643-0797 or www.BFIsummit.com

Haymarket Center will present the **2006 Autumn Workshop Series** starting on **September 16, 2006, thru November 11, 2006** at Haymarket Center, 124 North Sangamon, **Chicago, Illinois**. Topics include: Tired, Wired, & Mired: A Look At Professional Burnout; What You Need To Know About HIV and Street Drugs; The Latin Population and Substance Abuse In Illinois; DUI Update: 2006; and Vouchers and Recovery. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org.

New Directions for Women, along with co-hosts **Seabrook House, Freedom Institute and Cirque Lodge**, will host a **Systemic and Storti Model Intervention Training** on **November 15-17** in **New York City**. For more information, contact Shannon Waters at (949) 548-5546 or email swaters@newdirectionsforwomen.org.

The Joint Commission on Accreditation of Healthcare Organiza-

tions and the Joint Commission on Resources will hold the **20th Annual National Conference on Quality and Patient Safety, "Decisions that Count,"** on **November 16-18 in Chicago**. The conference will highlight best practices for leadership to create cultures of quality and safety improvement within their organizations. Featured speakers will include Carolyn Clancy, M.D., director of the Agency for Healthcare Research and Quality. A discount applies for registering by October 16. For more information, visit www.jcrinc.com.

The American Academy of Addiction Psychiatry (AAAP) will hold its **17th Annual Meeting and Symposium** on **December 7-10 in St. Pete Beach, Florida**. For more information, visit www.aaap.org/meetings/2006am/2006info.html.

The National Association of Addiction Treatment Providers presents the **South East Conference on Addictive Diseases (SECAD)** in **Atlanta, GA, November 29 - December 1, 2006**. This will be the 31st SECAD! For more information, visit www.naatp.org/secad.

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V I S I O N S

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