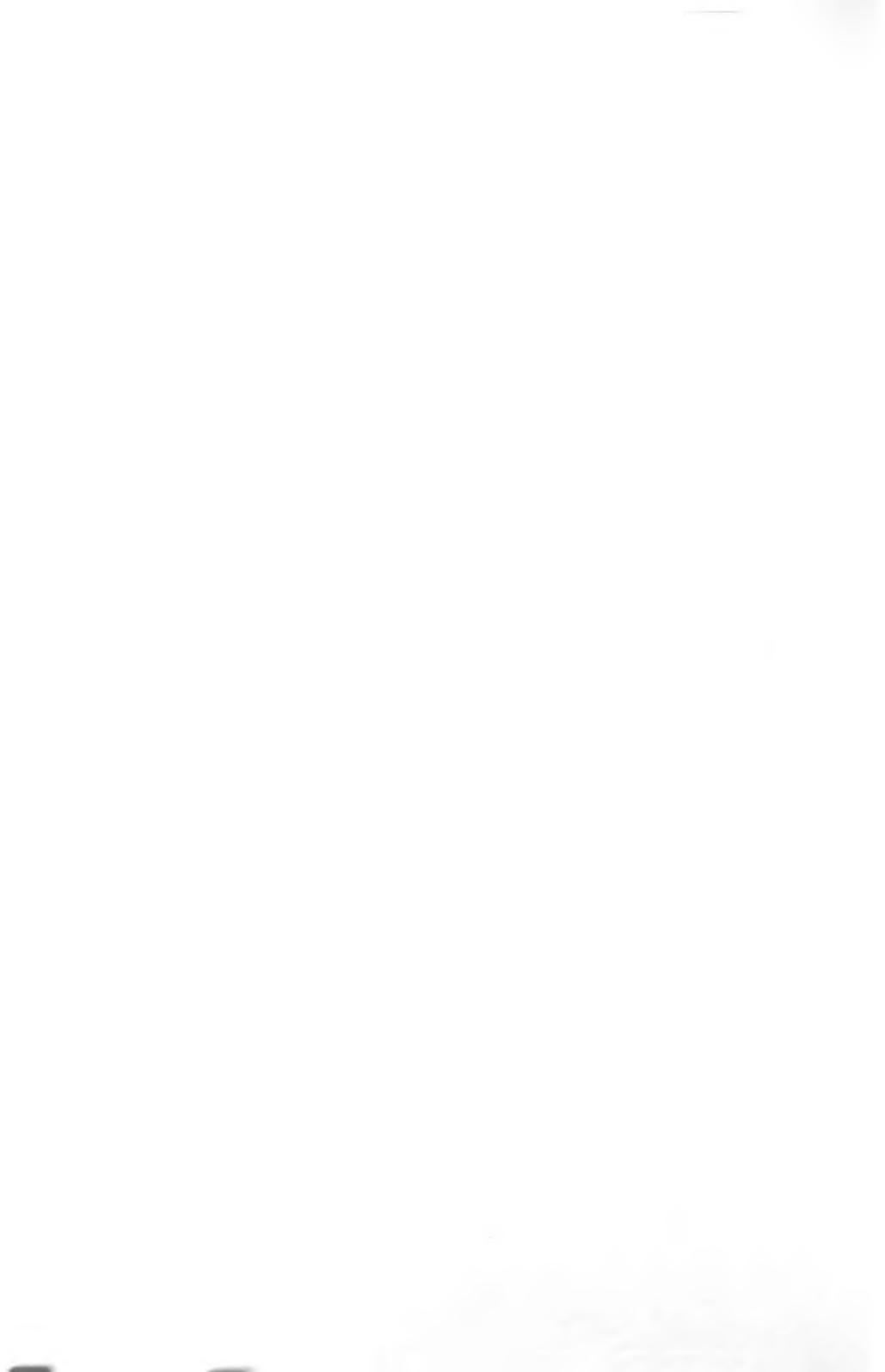


A TRADITION *of* LEADERSHIP



*The National Association of
Addiction Treatment Providers
1978-2008*



THE TRADITION OF LEADERSHIP
THE NATIONAL ASSOCIATION
OF ADDICTION TREATMENT PROVIDERS
1978–2008

William L. White

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Preface

I am humbled by the opportunity to introduce you to this fine work of author Bill White, a great historian and writer whose contribution to the addiction field is a true blessing. The inspiration for cataloguing NAATP history in this form came from the focused thinking of our association's president, Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997), to whom we all owe so much.

Just about thirty years ago I joined my parent's work at Seabrook House. Our founders were thankful to friends like Chit Chat Farms founders Dick and Catherine Caron in neighboring Pennsylvania, who shared their know-how without hesitation and celebrated in our success. This generosity was to become a hallmark of NAATP membership. When news spread east that colleagues in California had formed an association of treatment providers, we jumped at the opportunity to join them in exploring common interests. The promise of working collaboratively to improve conditions for America's families seeking addiction treatment soon gave rise to the National Association of Addiction Treatment Providers (NAATP). Borne from

the inspiration of the twelve step recovery movement, our new field set a course to improve treatment comprehensively as a bio-psy-chosocial disorder.

Soon the treatment of a disease so weighted down by centuries of stigma, and only slightly understood by mainstream healthcare, began to grow rapidly. The leadership and focused drive of our Association provided the impetus for such advances as accreditation, credentialing and the development of patient placement criteria. Woven throughout this account of NAATP's first thirty years are stories which define our field's uniqueness, perhaps holding a clue to how and why the addiction treatment profession thrives today. We hope the legacy of our association's past offers promise to this and future generations of addiction treatment providers. In the words of the Serenity Prayer, so critical to millions in recovery, our field's early pioneers had "the courage to change the things they could". The rich history on the pages that follow are a celebration of their great wisdom and perseverance.

*Edward M. Diehl, Chairman
NAATP Board Chair 2007–present*



Foreword

Milestone events have long been celebrated with proclamations, parades, panels and presentations. For the National Association of Addiction Treatment Providers 2008 represents a very significant milestone event in that this trade association representing organizations delivering addiction treatment celebrates its 30th anniversary. Instead of a proclamation or a parade or a panel or a presentation, NAATP has chosen to celebrate this event through the publication of its history. As the idea began to crystallize for this book, old newsletters were reviewed, board minutes were read, photos were categorized and conference brochures were collected. While all of that material is and will remain important, it became clear that the real story of NAATP, the real history of an association that represented the private sector of addiction treatment was contained in the voices of those who have given their heart, soul and life to the association and to the cause of addiction treatment.

Recognizing the value of these voices was the first step to preparing a history for NAATP. The second step was in selecting someone who could take voices; loud ones and soft ones, high ones and low

ones, eloquent ones and passionate ones and fit them together into a choir so that the voices could make music. . . . The History of the National Association of Addiction Treatment Providers. We were so very fortunate in being able to secure William White of Chestnut Health Systems and author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* to arrange the voices and then weave them together to tell the story of leadership and service.

This history does not read like a novel (we still do not know the ending) and it does not read like a time line. The history of NAATP is a collection of individuals and organizations who literally willed something wonderful and energetic into existence. Beginning with a small group of individuals gathering on the west coast, the idea soon spread to the east coast and through the heartland of this country as the National Association of Addiction Treatment Providers moved from a formal document of incorporation to a dynamic organization, always guided by persons first committed to responding to the disease of addiction.

Thirty years later, we are at a place to look back and reflect. We hear the role that NAATP played in establishing standards for accreditation of programs by the Joint Commission. We hear the role that NAATP played in training persons to write treatment plans, in developing marketing plans and in evaluating the outcomes of treatment. We hear the role that NAATP played in the monumental Supreme Court willful misconduct case. We hear the role that NAATP played in leading the effort to standardize patient placement criteria. We hear the role that NAATP played in shining the light on the discrimination carried out against the disease of addic-

tion. We hear all of this and so much more through the voices of those who were there, of those who signed the incorporation papers, of those who represented us at the accreditation table, of those who raised the first critical questions about the impact of managed care, of those who argued to maintain our principles and the voices of those who believed in the association when it would have been easy to have given up.

The history of NAATP is very much like the history of many of its members. Birthed with so much promise and enthusiasm, turbulent adolescent and established leadership into the 21st century only begin to tell the story. As you read the story of the National Association of Addiction Treatment Providers you will be introduced to the voices of the past, present and the future. You will hear voices which will tug at you to lend your voice to the choir, to get involved, to make sure that in thirty years there are new chapters to add to this history. This is more than the history of NAATP, this is a celebration of the many voices who have gotten us where we are and who are committed to continuing to move us forward.

Ron Hunsicker
President/CEO of NAATP

Acknowledgments

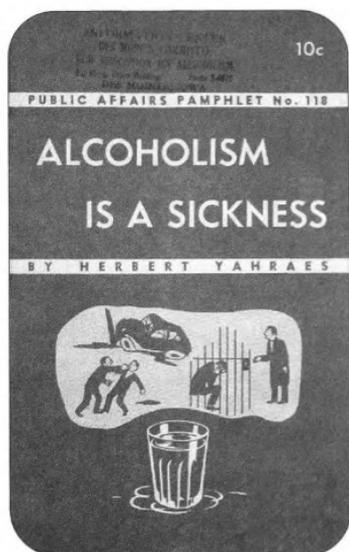
Special thanks go to the following individuals who contributed their time to be interviewed, to fill out questionnaires, and to review early drafts of this document for accuracy and completeness: Thomas Armstrong (Member of the NAATP Board of Directors in the 1980's and early 1990's), Allen Drum (Board Member of NAATP during the 1980's and a prime mover in the creation of the American College of Addiction Treatment Administrators), Barbara Duckett (Member of the NAATP Board of Directors in the 1980's and early 1990's), Philip Eaton (Current member of the NAATP Board of Directors and Chair of the Board 1999–2001), James Emmert (Member of the NAATP Board of Directors in the 1980's), Frank Fanella (Member of the NAATP Board of Directors and Chair of the Board 1992–1993), Dennis Gilhousen (Board Member Emeritus of the NAATP Board of Directors and Chair of the Board 1998–1999), Dr. William Hawthorne (Member of the NAATP Board of Directors in the 1980's representing ASAM), David Hillis (Current Member of the NAATP Board of Directors and Chair of the Board 1997–1998), Ron Hunsicker (Member of the NAATP Board of Directors in the

mid 1980's, President/CEO of NAATP since 1997), Carl Kester (Current Member of the NAATP Board of Directors), Joe "Chip" Marshall (Part of the NAATP Legal Counsel Team in the 1980's and early 1990's), Dr. A. Bela Maroti (Early NAATP Board Member and Chair of the Board 1980–1982), Scott Munson (Current Member of the NAATP Board of Directors and Chair of the Board 2001–2003), Irvin (Sam) Muszynski (Part of the NAATP Legal Counsel Team in the 1980's and early 1990's as well as Acting President of NAATP during the mid 1990's), Dr. Ken Ramsey (Current Member of the NAATP Board of Directors and Chair of the Board 2005–2007), Robert Rundio (Early NAATP Board Member and Chair of the Board 1982–1984), John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995), Jerry Spicer (Member of the NAATP Board of Directors in the 1990's), Harold Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992), Doug Tieman (Current Member of the NAATP Board of Directors and Chair of the Board 2003–2005), Len Baltzer (Founding Member of NAATP) and Benjamin Underwood (Current Member of the NAATP Board of Directors and Chair of the Board 1995–1997). Special thanks to Hazelden and the Illinois Addiction Studies Archives for providing photographs that helped us illustrate the NAATP story.

Introduction

In 1944, Mrs. Marty Mann founded the National Committee for Education on Alcoholism (NCEA) in the belief that she and NCEA could change the way America viewed alcoholism and the alcoholic. Mann and a generation of recovery advocates and visionary professionals spent the next decades laying the foundation for modern addiction treatment. There were four critical cornerstones of that foundation:

1. growing cultural acceptance of the idea that the alcoholic was a sick person worthy of and capable of being helped,
2. the development of replicable models of addiction treatment, e.g., the Minnesota Model,
3. landmark federal legislation championed by Senator Harold Hughes that provided government funding for community-based addiction treatment throughout the United States, and
4. changes in insurance reimbursement policies championed by organizations, such as Kemper Insurance Companies,



"Early Alcoholism is an Illness"
Pamphlet. Source—Illinois Addiction
Studies Archives



Early Hazelden Campus,
Courtesy of Hazelden



Mrs. Marty Mann and Senator Harold Hughes.
Courtesy Illinois Addiction Studies Archives



James Kemper, Jr. Courtesy Christopher
D. Smithers Foundation, Inc.

that provided for the treatment of alcoholism and other drug dependencies.

Built upon that foundation were two overlapping systems of treatment: one public, one private. Recent national studies by the Institute for Behavioral Research at the University of Georgia confirm what have long been the essential differences in these two systems. While public and private addiction treatment institutions have much in common, the latter are distinguished by income source (primarily private insurance and self-pay rather than governmental funding), client characteristics (greater affluence and a higher percentage of alcohol use disorders), characteristics of staff (higher levels of education and experience, higher rates of certification/licensure, higher salaries), and treatment methods (e.g., greater use of pharmacotherapies). When NAATP was initiated in 1978, there was no organization or association representing the interests of private sector addiction treatment providers, especially in the area of uniform insurance benefits. Over the years, the private sector has grown to be characterized more by its revenue source than any other characteristics.

Many professional and trade associations were formed in the 1970s representing organizations and service roles within public sector addiction treatment. In January 1978, 21 individuals representing private addiction treatment programs met in San Pedro, California to form what became the National Association for Alcoholism Treatment Programs (NAATP). This brief monograph celebrates NAATP's thirtieth anniversary and honors the organizational members and individual leaders who have been central to its history.

In the coming pages, we will review NAATP's birth and turbulent adolescence, its near death, and its resurrection and maturation into one of the most vibrant voices representing the field of addiction treatment.

This history was prepared based on research of NAATP archival documents and through interviews with key figures in the NAATP history. Excerpts from these interviews allow those who shaped this history to describe in their own words key events and their meaning to NAATP and the field. This tribute ends with a brief discussion of the threats and opportunities facing NAATP and the larger field in the coming years.



NAATP's Founding and Developmental Years (1978–1988)

The 1970s witnessed enormous changes in attitudes and policies towards addiction treatment. The National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse had been founded and were channeling federal dollars through new state addiction agencies to local communities to build, staff, operate, and evaluate addiction treatment. Insurance companies were beginning to expand insurance coverage for alcoholism treatment—coverage that spread from accredited hospital-based programs to free-standing programs as well as the first extension of coverage from inpatient to outpatient care. The number of public and private treatment programs exploded, and the professions of addiction medicine and addiction counseling were poised to come of age.



First Lady Betty Ford

It was a heady time in the field, as noted persons from all walks of life publicly declared their recovery from alcoholism as part of The National Council of Alcoholism's Operation Understanding in 1976. Those stepping forward to put a face on alcoholism recovery included astronaut "Buzz" Aldrin, actor Dick Van Dyke, and Congressman Wilbur Mills. Two years later, First Lady Betty Ford announced to the nation her treatment and recovery for dependence

on alcohol and other drugs. For the advocates who had worked tirelessly through the 1940s, 1950s and 1960s, it seemed their dreams were becoming a reality in the 1970s.

The 1970s witnessed a rapid promulgation of professional associations, trade associations, and organizations representing specialty sectors and roles within the field. It was within this context that a small number of private alcoholism treatment providers began meeting in California in 1976 and 1977 to discuss the potential of forming an organization of addiction treatment programs whose services were supported primarily by private (insurance reimbursement and self-pay) rather than by public funding. Founding NAATP Board Member Len Baltzer, describes the needs that sparked discussions of forming an association.

We needed an association because we were all shooting in the dark at this time. All of us were in recovery and had some education on the counseling side of things, but none of us had any business background whatsoever. For years, I didn't even know it was a business. I just thought we were doing this altruistically. I knew we had to make some money, but that was not the goal. The goal was just to get people into recovery. So the five of us got together regularly to compare what we were doing and the idea of an association grew out of those meetings.



Len Baltzer

In September 1976, twelve program directors began meeting in California to discuss the possibility of establishing an association of private non profit alcoholism programs. An organizational meeting was held in March 1977, attended by Len Baltzer (St. Joseph

Hospital), Hank Clark (Brea Neuropsychiatric Hospital), Jim Fulton (San Pedro Peninsula Hospital), Wade Potsch (St. Jude's Hospital), and Bob Scott (Beverly Manor). It was decided to create an association of private alcoholism treatment providers in the State of California. As discussions continued throughout 1977 about how to fund the new organization, Advanced Health Systems (a subsidiary of Petroline Corporation that had recently purchased most of the Raleigh Hills hospitals) agreed to fund the association until it was self-supporting if the association was established on a national basis.

These early meetings generated a formal proposal in January 1978 to form the National Association for Alcoholism Treatment Programs (NAATP). The first official meeting of NAATP was held January 26, 1978, at San Pedro Peninsula Hospital in San Pedro, California. James E. Fulton, Jr. hosted the meeting with 21 persons in attendance. Bob Scott, Len Baltzer, Joan McCrea, Hank Clark, Jim Fulton, & alternates Lou Carrier and Jerry Creeden were appointed as an executive committee. On March 17, 1978, the following officers were nominated and elected: President Bob Scott, Vice President/CEO Len Baltzer, Executive Secretary Jim Fulton, Corresponding Secretary Hank Clark, and Treasurer Burt Knight. That same month, Articles of Incorporation for NAATP were filed with the State of California (with the first directors listed as Steven Hollingsworth, John A. Doerst, and George J. Siegel). The first formal meeting of the newly incorporated organization was held on March 27, 1978, with the first general meeting held March 31, 1978. An initiation fee for joining NAATP was set at \$200, and subsequent annual dues were set at \$50.



NAATP founding President Bob Scott, with Michael Ford.

Source—NAATP Review July/Aug 1988

In May and June of 1978, NAATP's first bylaws were drafted and adopted. The by-laws required that members had to receive more than 50% of their revenue from non-governmental block grant funds.

The purposes of the National Association of Alcoholism Treatment Programs shall be as follows: (a) to meet periodically and develop methods of communication so that experience and methodologies in alcoholism treatment can be shared and programs improved; (b) to provide a professional identification and common voice for private alcoholism treatment programs; (c) to identify and respond to needs of its membership con-

stituency; (d) to promote the credibility of private interests in the field; (e) to improve, enhance and communicate the state-of-the-art in alcoholism to benefit the field and society; (f) to provide direction and shape to the alcoholism disciplines; (g) to develop improved standards and techniques in providing services; (h) to provide continuous growth and outreach.

Ron Hunsicker, former NAATP board member and current President/CEO of NAATP, explains this unique focus.

NAATP, in its founding vision, was not a professional society. It was a trade association. Membership was made up of private treatment organizations, not individuals. The representation was by the chief executives who cast votes on behalf of their respective organizations. Its earliest members banded together to form a united front to seek a uniform benefit for alcoholism treatment from Blue Cross Blue Shield of California, but it quickly developed a broader national agenda as organizations like Hazelden and CompCare joined. Funding, program accreditation, quality of care and larger treatment policy issues dominated the early meetings of NAATP. NAATP became the voice of private programs and a unique source of technical support for this sector.



Dr. Ronald J. Hunsicker

NAATP's first annual meeting was held in conjunction with NCA in St. Louis in June of 1978, and was followed by a direct mail campaign to increase membership beyond its 40 founding institutions. Later that year, annual dues were reset at \$600 for institutions and \$200 for individuals. The 1979 NAATP operating budget was \$38,600. Beginning in August 1978, James F. Bailey of Advanced Health Systems provided technical support to NAATP and served as its Executive Director. In 1982, NAATP became financially independent of Advanced Health Systems, established itself as an independent trade association, and changed its name to the National Association of Alcoholism Treatment Providers. NAATP grew rapidly in the 1980s.

We started to get some interest in NAATP from outside of the West Coast with programs like Hazelden joining us. When Dan Anderson [of Hazelden] and a couple of other key people joined, we started growing

like crazy, and it was fun to be a part of it. As we grew nationally, you could really see the brilliance and the passion that was in this newly emerging field. —Len Baltzer (Founding member of NAATP)

NAATP spread eastwardly from California to become a truly national organization with more than 650 members in 45 states in its first decade of operation. Frank Fanella (Member of the NAATP Board of Directors and Chair of the Board 1992–1993) of Edgehill Newport notes how NAATP arrived on the East Coast.

In the early 1980s, those of us running private treatment centers in the northeast felt it was important for us to try to set up a group that could help the addiction field in legislative and operational matters. So I hosted a meeting at Edgehill Newport to discuss this possibility and invited many treatment centers from the northeast. We talked about how we could form a group, but someone suggested that there was a national organization called NAATP and that it might be good for us to join them. That's how we first heard about NAATP and got involved with it. Needless to say, almost all of us ended up joining and have been involved ever since.

Ben Underwood (Current Member of the NAATP Board of Directors and Chair of the Board 1995–1997) of Talbott Recovery Campus describes his first impression of NAATP after joining in 1985.



Frank Fanella



Ben Underwood

I was very impressed with NAATP when I first joined and more so when I really got involved on a board level. The commitment and the dedication of everyone and the passion for providing good treatment for this disease was frankly what I most liked. I was honored to be a part of NAATP and have felt that way ever since.

These early days of NAATP growth were not without their tensions. NAATP board member and 1982–1984 Chair of the Board Robert Rundio of St. Luke's Behavioral Health Center explains.

We did achieve the goal of bringing together the private providers, but this wasn't easy. We had the large private for-profits represented as well as the larger and smaller not for profit providers. There was initially considerable competition, friction, and even open hostility

between some of these organizations. There were some tense moments in our early history, and we weren't sure if it was going to work or not. But we found we could work together even though we had different interests and even different philosophies. We found common ground.



Bob Rundio

A few years later, Board Member Harry Swift, representing Hazelden, would be able to say:

I was very impressed early on. Here were people who were competitors in the marketplace but who were coming together in meetings and agreeing on what we needed to do as a field. They were able to set aside their personal and institutional issues and focus on the big picture. NAATP really served a useful purpose bringing competitors together and creating a structure where they could work together on important issues.



Harry Swift

NAATP brought local and national competitors together to collaborate on issues of common need and interest. Len Baltzer (Founding member of NAATP) of St. Joseph's Hospital describes one such venture.

There were about eight private treatment providers in San Diego. As we started getting together, we found out that when my program advertised on television, everyone benefited. The phone rang at all of those treatment programs, and visa versa. And so we said, "Why don't we all get together, pool our money and put on regular ads on TV that at the end say, 'brought to you by the many fine treatment programs of San Diego County', and then list them." It took about two years before the trust factor was high enough for us to pull that off, but it was one of our greatest accomplishments of the early 1980s in San Diego. That's the kind of collaboration NAATP tried to promote locally and nationally.

Throughout 1979 and 1980, an emerging infrastructure emerged for the now growing NAATP. NAATP's first newsletter—*The Private Line*—began its regular publication. Quarterly board meetings continued, and the NAATP annual meeting continued to be hosted with the National Council on Alcoholism. An annual award was established (the Jay Lewis Journalism Award), and the first NAATP training seminars were offered to its members. The latter sparked interest in more formal education for program administrators and led to a proposal to establish the American College of Addiction Treatment Administrators (ACATA). There was a genuine interest among the early executives in addiction treatment to establish themselves as peers and professionals in the area of health care administration. ACATA was modeled after the well established American College of Health Care Executives North American College of Alcoholism Program Administrators.

In January 1980, Senator Frank Moss was hired as a Washington-based lobbyist for the fee of \$3,600. Most importantly, NAATP membership growth afforded the opportunity to hire a full time Executive Director, Michael Q. Ford. Michael Ford worked for NAATP initially through the contract with Advanced Health Systems. Michael Ford's leadership role placed the NAATP office during these years in Irvine, California.

As the first and one of two full-time executive directors in NAATP's thirty-year history, Michael Ford exerted an enormous influence on NAATP's early success.



Michael Q. Ford.

Source—NAATP Review, Summer 1992

One of the strong points of Michael Ford was his ability to create an atmosphere for sharing information. His ability to facilitate cooperation and collaboration rather than competition was very successful. —Dr. William Hawthorne (Member of the NAATP Board of Directors in the 1980s) representing the American Society of Addiction Medicine.

Michael was a big proponent of getting independent data on addiction treatment outcomes, and his support for NAATP to do the MEDSTAT study was one of the first efforts to validate the cost-benefit of addiction treatment. I give Michael a lot of credit for his early leadership of NAATP. —Ben Underwood (Current Member of the NAATP Board of Directors and Chair of the Board 1995–1997) representing Talbott Recovery Campus.

The NAATP board also provided early and continuing leadership to the organization.

Behind Michael Ford and Ron Hunsicker have been a wider cadre of NAATP leaders. Key individuals on the board such as John Schwarzlose, Dennis Gilhousen, Ben Underwood, David Hillis, Ken Ramsey and others provided steadfast leadership to NAATP through its best and worst times. —Phil Eaton (Current Member of the NAATP Board of Directors and Chair of the Board 1999–2001) representing Rosecrance Health Network.



Phil Eaton

One word summarizes NAATP and the larger addiction treatment field in the mid-1980s: Growth! NAATP membership went from 339 members in 1984 to more than 650 members in 45 states just four years later. NAATP's growth reflected the growth in private alcoholism treatment programs in the United States, both hospital-based and free-standing, and an increase in the number of programs with mixed private/public funding seeking membership in NAATP. Membership also grew via the proprietary chains.

Our growth was in part a function of how we had drafted our bylaws. There was a clause in the bylaws that said that if one program of an organization joined, all of them had to join. This was the time of explosive growth for the proprietary addiction treatment chains that ran free standing units or managing units within acute care hospitals, and almost all of those were members of NAATP. We counted our membership back in the early to mid '80s by individual programs. So at one point, NAATP counted its membership in the 800s, but 90 of those were Parkside and 70 were Comp Care. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997)

This growth improved access to addiction treatment, but also fueled competition. A hospital-based program that once served a whole region of a state suddenly found itself with half a dozen regional competitors. Such competition triggered the modern treatment field's first marketing wars. The growth in membership during this period also required NAATP to add staff, including Laurie Poul, NAATP's first Associate Director.

NAATP played a critical role in elevating the quality of operations of this growing network of treatment institutions.

The field was rapidly growing, but it was still naïve and unsophisticated. NAATP tried to shape the funding

and regulatory environment at the same time we tried to help programs meet the increasingly rigorous standards. We achieved the former by both influencing the emerging Joint Commission on Accreditation of Hospitals (JCAHO) standards for alcoholism programs and by encouraging an alternative to these standards through the Council on Accreditation of Rehabilitation Facilities (CARF). We achieved the latter by providing training to our members on clinical processes such as assessment, treatment planning, service documentation, utilization review and quality improvement. NAATP offered up to 10 different workshops/conferences a year during this period to prepare our members for these rapid changes in the field. Richard Weedman and others played important roles in developing and delivering this training on behalf of NAATP. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

NAATP's trainings on topics ranging from clinical protocol to managed care to marketing were very important. I can remember sitting in rooms with 200–300 people at those trainings. I think that was an incredible service to the field, to people who were very much novices about insurance and the emerging system of managed care. —Tom Armstrong (Member of the NAATP Board of Directors in the 1980's and early 1990's) representing Lakeside-Milam Recovery Centers.

The key issues for NAATP members during this period were professional legitimacy via accreditation via the Joint Commission on Accreditation of Hospitals (JCAHO) or the Council on Accreditation of Rehabilitation Facilities (CARF), the certification/licensure of clinical staff, achieving financial stability in the face of inconsistent reimbursement policies, maintenance of high service utilization rates, and quality enhancement.

In addition to its advocacy and training activities to address these issues, NAATP also developed an NAATP Advertising Code of Ethics (approved in 1985). In 1984, NAATP completed five years of development work by incorporating the American College of Addiction Treatment Administrators (ACATA). While the American College of Addiction Treatment Administrators was birthed and developed by the leadership of NAATP, this organization soon incorporated itself and contracted with a management company to carry out the business of this professional society. ACATA held its own annual conference, it developed procedures to admit and advance addiction executives throughout the membership categories, and it provided a routine way to have members maintain their credentials through continuing education. ACATA also recognized one of its members annually with the Administrator of the Year Award. The American College of Addiction Treatment Administrators continued as a separate entity until the mid 90's when it came home to the National Association of Addiction Treatment Providers and became an integrated section of NAATP. NAATP Board Member Allen Drum (Board Member of NAATP during the 1980's and a prime mover in the creation of the American College of Addiction Treatment Administrators) of Laurelwood Psychiatric and Substance Abuse Facility describes the rationale for ACATA:

The formation of ACATA was an early coming of age milestone for NAATP and the field. Most of us running organizations at that time came from a clinical background, but we knew little about running rapidly growing organizations. In my Master's program, they didn't even talk about that kind of stuff. There were some of us that believed we needed the same level of competence in management that we were trying to develop in the clinical positions. We also had a sense that if we didn't take control, others would come in from outside the field and take over leadership of the field. ACATA was our answer to that need and that potential threat.



Allen Drum

NAATP came of age in many ways in the mid-1980s. During this period, it:

- reached its peak growth,
- began hosting its own national conference independent of other conferences (beginning in 1983),

- developed new awards programs (e.g., the NAATP Outstanding Service Award that was later renamed the Nelson J. Bradley Outstanding Service Award),
- developed products aimed at elevating service quality (e.g., a clinical supervision of alcoholism treatment manual), and
- became a national advocacy force.

NAATP's advocacy activities in this period included influential position statements on alcoholism insurance benefits and Medicare reimbursement for alcoholism treatment. In 1987, NAATP scored a



Dr. Max Schneider speaking to Dr. Donald Ian MacDonald—both Nelson Bradley Award Recipients.
Source—NAATP Review May/June 1989; Richard Weedman presenting NAATP seminar.
Source—NAATP Review Jan/Feb 1987.

major victory when the JCAHO Board of Commissioners accepted the changes in standards that had been recommended by NAATP. That same year (1987), NAATP filed an Amicus Curiae with the Supreme Court in support of Petitioners Traynor and McKelvey opposing the Veteran's Administration's regulatory definition of alcoholism as "willful misconduct." This act, perhaps more than any other, marked NAATP's emergence as a major player in national-level policy advocacy.



1988 Jan/Feb NAATP News Cover:
NAATP Brief to Supreme Court.

The brief we filed in the infamous Supreme Court “Willpower Case” confirmed NAATP’s growing power as an advocacy organization. Through the leadership of Michael Ford and the board, we demonstrated our ability and willingness to take on issues on behalf of the whole field. We were rightfully proud of our involvement in that case. —John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing the Betty Ford Center.



John Schwarzlose

A review of NAATP conference keynotes of 1986 and 1987 reveals the presence of key national figures such as ADAMHA’s Dr. Donald Ian MacDonald, NIAAA’s Dr. John Noble, as well as addiction researchers such as Dr. Boris Tabakoff. NAATP conference workshops of this period reveal efforts to wrestle with difficult clinical issues (e.g., the treatment of cocaine dependence, the treatment of co-occurring medical and psychiatric disorders) and some of the broader questions facing the field:

1. Do private sector alcoholism treatment providers have an obligation to provide free care to indigent patients?
2. Are too many adolescents inappropriately hospitalized for chemical dependency treatment?
3. Is the medical model of alcoholism treatment becoming outmoded?
4. Should alcoholism remain a psychiatric diagnosis?
5. Do HMOs pose a threat to traditional alcoholism treatment?



President Orville McElfresh and Michael Ford welcome Senator Christopher Dodd to NAATP Meeting.
Source—NAATP Review May/June 1987.

During this period, NAATP was also trying to respond to greater demands for service utilization and cost data on addiction treatment. A 1987 NAATP survey of its membership included data on more than 11,000 patients, 92% of whom were admitted to inpatient

treatment and 5.5% and 2.3% admitted for outpatient or a combination of inpatient and outpatient respectively. The average cost per admission was \$6,046, with an average charge per day of \$263, and an average length of stay of 23 days.

Three other NAATP activities reflected responses to broad changes in the field. In response to demands for improved admission and level of care placement decisions, NAATP began work on “Development of Admission Criteria for Discrete Levels of Care in Chemical Dependency Treatment”—a product that was turned over to the American Society of Addiction Medicine in 1991 and became a standard for the field.

In response to demands for better data on the effectiveness of addiction treatment, NAATP created the NAATP Research Foundation and hired Dr. Richard Kite as Director of Research and Evaluation. The focus of this role was on the collection and analysis of data on treatment effectiveness from the private treatment sector. This was a role and function very consistent with the mission of the incorporation of NAATP...to provide information central to the providers of private sector addiction treatment. The Research Foundation was never able to generate the revenue stream needed to sustain this effort. Most of the Federal grant money for this effort was restricted to looking at the effectiveness of treatment in the public sector. Like most of its membership, the National Association of Addiction Treatment Providers began to experience less robust times in the early 90's and this position was eliminated in efforts to reduce spending. The focus on and the examination of the effectiveness of addiction treatment delivered in the private sector continues to be an unrealized effort.

A third milestone was the 1987 change in NAATP's name from the National Association of Alcoholism Treatment Programs to the National Association of Addiction Treatment Providers. This name change reflected the near complete integration of the treatment of alcoholism and other drug dependencies and the dissolution of what had been the separate fields of alcoholism treatment and drug abuse treatment.

In 1988, NAATP celebrated its tenth anniversary at its annual conference in Chicago.

That meeting was a major milestone for us. It was a black-tie dinner dance and was first class. We even got a telegram of congratulations from President Ronald Reagan. It was a great moment for Michael Ford and the NAATP board. It was a big psychological boost to our members to review our ten years of success and to feel that we were leaders representing the field. It was a very hopeful time. We had the sense that the future of the field was in our hands. —A. Bela Maroti (Early NAATP Board Member and Chair of the Board 1980–1982) representing DePaul Rehabilitation Center

A final milestone in NAATP's first ten years offered an omen of what was to come. In January 1988, NAATP reported on a study of hospital-based treatment units noting that the percentage of units making a profit declined from 62.7% in 1987 to 50.9% in 1988. What could not be predicted was how rapidly that trend would escalate



A. Bela Maroti

and if private addiction treatment programs and NAATP could survive. In the coming years, the capacity for survival of NAATP and its constituency organizations would be rigorously tested.



The Field and NAATP in Crisis (1989–1996)

As NAATP entered its second decade, much of the business of the association continued. NAATP's membership exceeded 650, annual meetings and training activities continued, and NAATP introduced a new trade journal for its members, the *NAATP Review*, and published a book, *The Road to Recovery*, by Milan Korcok, with a forward by Mrs. Betty Ford. The NAATP board expanded with the addition of Dr. William Hawthorne who served as a non-voting member representing the American Society of Addiction Medicine. A 1990 Board planning retreat focused on strengthening the Association, enhancing the vitality of NAATP member organizations, and addressing the image of addiction and its treatment. That same year, the NAATP Public Policy Committee formulated three guiding elements for public policy statements:

- Alcoholism and other drug dependency must be addressed primarily as a public health problem.
- Access to appropriate care, delivered by credentialed professionals, must be provided to persons dependent on alcohol and other drugs.
- Public and private funding must be significantly increased and policies improved to provide adequate levels of care for persons dependent on alcohol and other drugs.

NAATP continued an experiment in organizing state and regional chapters with more than 15 such chapters operating by 1991. Like many other organizations, the National Association of Addiction Treatment Providers struggled with its structure in terms of an emphasis on a national focus or a regional focus. The chapters emerged and grew as it became easier to encourage and support regional rather than national travel. Some regional chapters focused on very specific regional issues which provided a natural rallying point. The chapter structure allowed for a representative from the *Council of Chapter Chairs* to also sit on the board of directors of NAATP. While the chapter structure encouraged growth, it was also the source of struggle between a strong national organization and a more regionally focused association. When some organizations choose to only join the chapters and not the national association, the NAATP board committed itself to building a strong national presence and allocated fewer resources to continue the chapter structure.

These routine activities belied awareness of a larger crisis in the field that was brewing. That crisis was captured in a single phrase—*managed care*—and it was an issue that dominated NAATP and the larger field in the early 1990s. Two early signs of the coming crisis were a drop in NAATP membership between 1989 and 1990 and a headline in the Fall 1990 issue of *NAATP Review* was entitled “Where have all the patients gone?” The headline signaled the declining occupancy rates in inpatient addiction treatment units across the country. Those changing rates were a product of externally imposed limits on lengths of stay, which rapidly went from 28 days to 21 days to 14 days and lower.

It was all a product of the math. If you have 30 beds and your average length of stay is 30 days, you only have to get 30 patients that month to achieve full utilization. If your average length of stay is cut by half or three-quarters, look at how many more admissions that requires for full utilization. As the length of stay declines, the initial assessment and intake costs didn't decline and you could no longer spread those costs over a 30 day stay. Programs just simply began to disappear. The 1993 collapse of Parkside, the largest addiction treatment provider in the country, shook NAATP and the larger field. We knew if it could happen to Parkside, it could happen to any of us. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

Programs were getting picked off and were closing one after another because of financial problems. It was so unexpected. The addiction field had become somewhat accepted, in large part because a number of famous people had come forward and talked about their addiction treatment and recovery. Addiction treatment had been included in a number of states as required coverage for medical insurance, and the field had grown and had become more accepted and more professional. This attack on treatment by the insurance companies was like a tsunami. We thought we could fight it, but we were engulfed by it. —Dr. William Hawthorne (member of the NAATP Board of Directors in the 1980s) representing the American Society of Addiction Medicine.



William Hartigan, William Hawthorne, Doug Tieman—
Dr. Hawthorne receives the Nelson J. Bradley Award in 2004.

The years 1992–1996 were really critical. We witnessed the dismantling of Comp Care and the collapse of Parkside and other treatment systems large and small. Many of these systems had grown in such a highly leveraged way that they couldn't sustain themselves in the face of a downturn in occupancy precipitated by managed care. They simply didn't have the cash flow to sustain themselves. And in that transition, the managed care companies were demanding that someone fail in outpatient before they could be admitted to inpatient. But most programs of this time had no outpatient programs, or income from such programs could not offset the loss of income from inpatient revenues. While managed care was making unreasonable demands, the field was itself resisting developing alternative levels of care. We had this unfortunate reality that there weren't outpatient programs to send people to. The field simply wasn't ready for the speed at which this change was coming. —Sam Muszynski (Part of the NAATP Legal Counsel Team in the 1980's and early 1990's as well as Acting President of NAATP during the mid 1990's)



Sam Muszynski

Doug Tieman, who would later serve as the NAATP Board Chair in 2004 and 2005 describes an event in 1995, which was representative of just how far the organization had slipped at that time.

NAATP was losing so many members in the early 1990's that you would think that the organization would try to take care of the few remaining members that it had like Caron. However, I could not even arrange for NAATP mailings to come to me directly. They continued to send the information to Leo McLaughlin who had been President of Caron, but had left more than a year and a half earlier.

Feeling a responsibility to be involved with NAATP, I attended a joint Public Policy Conference at that time in Washington DC. There was a separate breakout for NAATP members and there were only 8 of us in that room. That was very discouraging. Those in attendance referenced a book that had been published several years earlier, The 100 Best Treatment Centers in the United States. An attendee remarked that he should write a new book entitled, The 100 Last Treatment Centers in the United States. Unfortunately that was the prevailing sentiment about the future of the addiction treatment field and the National Association of Treatment Providers. There was a defeatist attitude that managed care was going to kill the entire field.



Doug Tieman

The question of how to best respond to managed care created a real split within the NAATP membership.

Managed care was the first real divisive issue within NAATP. There were members who quickly said, “We gotta survive. We’ll do whatever that takes.” And there were members saying, “Over my dead body. We’ll close the doors before we have someone dictate how we provide treatment.” NAATP had a hard time issuing an official position because of this split. This issue also revealed our vulnerabilities. First, we failed to accurately read the environment. Some said, “Woe is me. All treatment is going to disappear” while others confidently predicted, “Managed care is a passing fad that will disappear in another year.” Both of these predictions were wrong. Second, everyone else coming to the healthcare table had hard data. We had anecdotal stories. We could tell stories that would make you cry, but we couldn’t give you any numbers. It was the end, I

think, of the era when addiction providers closed their eyes to science. As an industry, we didn't have the ability to integrate existing treatment ideology with new scientific data and financial realities. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

NAATP had worked hard to prevent, postpone, contain and then influence the emerging system of managed behavioral health care for some time, but it seemed like the crisis of managed care arrived overnight and rippled through the field with lightning speed. NAATP experienced sudden financial shortfalls in 1990 as membership began dropping as a result of decreased treatment revenues and the resulting closure of many addiction treatment programs.

NAATP was not passive in the face of this crisis. In 1991, it contracted with MEDSTAT to produce reports on treatment effectiveness. The MEDSTAT report, "Treatment is the Answer," constituted one of the early efforts to use hard data to support the effectiveness of addiction treatment. NAATP's role in generating early data on treatment effectiveness was a coming of age moment for the organization and the field it represented.

Before the MEDSTAT study, many programs had resisted outside evaluation by scientists who could do objective, rigorous research on effectiveness. Some early proposals to do such research were rejected, which was a disappointment. There were some members who said we were not that sophisticated, but others argued we

couldn't have it both ways. We can't say alcoholism is a disease and we want the insurance benefits to treat it, but when it comes to having it looked at say, "Well jeez we're not that way, we are just country folk." We finally decided we needed to deal with alcoholism like cancer and other diseases—check results and see which is more effective and go with that. The MEDSTAT study was a milestone in that process. —Allen Drum (Board Member of NAATP during the 1980's and a prime mover in the creation of the American College of Addiction Treatment Administrators) representing Laurelwood Psychiatric and Substance Abuse Facility.

NAATP's MEDSTAT study was the first credible study that looked at the cost-benefit of treatment and the health care savings that accrued as a result of effective alcoholism treatment. That was a landmark piece of work that we did as an Association. —Jim Emmert (Member of the NAATP Board of Directors in the 1980's) representing Amethyst.



Jim Emmert

In the 1991 Spring issue of *NAATP Review*, Michael Ford outlined a 5-point plan for NAATP to counter what he characterized as the “war on addiction treatment.” His plan called on NAATP to: 1) affect public policy, 2) develop effectiveness data for treatment, 3) promote utilization of NAATP/ASAM patient placement criteria, 4) shape regulatory laws governing treatment and treatment reimbursement, and 5) support the Society of Americans for Recovery (SOAR). (SOAR was a national alcoholism policy advocacy organization founded by former Senator Harold Hughes.) NAATP also surrendered its copyright on “Patient Placement Criteria for Adult and Adolescent Substance Use Disorders” to the American Society of Addiction Medicine in 1991. It was thought that these criteria would have greater credibility coming from ASAM than from a trade association of treatment providers.



1991 Cover Photo of NAATP Annual Meeting.

Source—*NAATP Review* Winter, 1990.

Several long-time NAATP observers noted NAATP's role in helping its members adapt to the rapidly changing managed care environment.

NAATP did an enormous job of trying to deal with managed care. Without NAATP, the effect on managed care on the field would have been far worse. It's still difficult for treatment centers to exist in the reimbursement environment, but it's getting better, and NAATP has played a role in that improvement. (NAATP Board Member Harry Swift, representing Hazelden)

I think it was through NAATP that we were able to organize our resources and combat managed care. We didn't stop it, but we slowed it enough to give us time to adapt to its inevitability. —Barbara Duckett (Member of the NAATP Board of Directors in the 1980's and early 1990's) representing Beech Hill Hospital.



Barbara Duckett

NAATP legal counsel, Chip Marshall, recently reflected on how this period heightened NAATP's responsiveness to its members.

The collapse of Parkside and others was a turning point that violently shook the field and NAATP. At the end of the day, your lifeblood of any trade association is your member's ability to pay their dues. When managed care threatened that ability, NAATP had to reassert its value. That made the Association more accountable and responsive to its members.



Joe "Chip" Marshall

NAATP's near-death experience as an Association also altered relationships between members:

There was a period at the height of managed care when people got very competitive and preoccupied with protecting their "trade secrets." But the threats we faced together through NAATP created a more collaborative

model once again of sharing information and working together. We came to realize that the real challenges we had were not with each other but with the policy makers. —Jerry Spicer (Member of the NAATP Board of Directors in the 1990's)



Jerry Spicer

1992 was a critical turning point in the history of NAATP. The NAATP Board made the decision to move the NAATP offices to Washington DC effective January 1, 1993, and closed its California office in December 1992. Michael Ford chose not to make the transition to Washington, and NAATP's growing financial problems sparked the termination of all other NAATP staff. Irvin "Sam" L. Muszynski, Jr., NAATP's Legal Counsel, contracted to serve as "managing director" from his Washington D.C. office. The move was made quickly and within a cloud of mystery and rumor that generated strong feelings among NAATP board members.

I think one of the significant milestones in NAATP's history was the move from California to Washington, DC. That was a major accomplishment, but very difficult. I happened to be President at that time, and that was a very key vote of the board. It was a difficult time because we had a number of board members who were not in favor of the move, even though the majority voted to move to the east coast. There were loyalties to Michael Ford, but we felt we needed to make the move to give NAATP more of a policy and legislative presence. —Frank Fanella (Member of the NAATP Board of Directors and Chair of the Board 1992–1993) representing Edgehill Newport.

The move of the NAATP office from Laguna Beach to Washington, D.C. was probably the most divisive issue in the history of the Association. What became clear was that if we were going to be a national organization, we had to have a physical presence in Washington D.C., and we were not large enough to have east and west coast offices. These needs and resource limitations were balanced against the fact that Michael Ford had been an effective CEO of NAATP, and everybody loved him. Other complications at this time tipped the scale for the Board, and the upshot of all this was that we moved the NAATP office to D.C. and Michael Ford chose not to make the move to D.C. We asked our

attorney at the time, Sam Muszynski, whose office was in D.C., to serve as acting director of NAATP until we figured out what to do. It was a touchy transition for the board members. Imagine all of the sudden you are told by a phone that the offices are moving to D.C. and that Michael Ford isn't going to make the move east. It was a terrible, terrible time for this organization. There are still strained relationships today because of those times. —John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing the Betty Ford Center.

In spite of this strained transition, NAATP continued to function from 1993–1996 under the joint leadership of Sam Muszynski and key board members. Sam describes this period as follows:

You know on one level, I enjoyed it because I thoroughly enjoyed the people I worked with on behalf of NAATP, but it was a rough time—a period of darkness and chaos, not just for NAATP, but for the whole field of addiction treatment. There was a core cadre of folks who hung with that board and served extra terms and in different capacities to keep the NAATP candle burning. If you gave me a roster, I could tell you who were the stars that made NAATP's survival and renewal possible. I wouldn't do justice to everyone but people like Ben Underwood, David Hillis, and others were

tireless in their efforts and dedication to NAATP. Some kept paying NAATP dues at a time their own programs were under financial distress. Those people deserve to be memorialized and acknowledged for their special dedication.

Ben Underwood (Current Member of the NAATP Board of Directors and Chair of the Board 1995–1997) echoes the struggles during the 1993–1996 years:

Many NAATP members could not even afford dues and others were beginning to close. A lot of the old-line programs had enough staying power to get through it. Unfortunately, some of the smaller programs that were excellent programs and had very dedicated people just did not have the kind of financing to make it through. Some very good programs closed, and some good people left the industry. It was a very, very difficult time for the association and for the industry. NAATP's struggles were just symptomatic of what was going on with the tremendous changes in treatment reimbursement. It was the "Just Say No" era, but that message was coming from the insurance companies, not from the White House. So, we were juggling things, and I think John Schwarzlose, David Hillis, Dennis Gilhousen, myself and a number of others worked diligently through a lot of conference calls trying to figure out how we could

keep NAATP going. We did feel like this was an interim period. We knew that the disease wasn't going away. We knew that people were going to still need good treatment. And we also knew that treatment worked and was a sound investment. We just had to figure out how to get through that dark period. We did, but there was no quick fix.

During this period, Board Member John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) raised the question of whether there were too many organizations in the field and the possible need to merge existing organizations into a new organization that could speak for the field with a united voice. An ad hoc committee was created to explore this option, and discussions were pursued with NAATP, the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC), and the Alcohol and Drug Problems Association of North America (ADPA). These discussions marked a period of heightened cooperation. NATC and ACATA dissolved as independent organizations and became sections of NAATP; NAATP and NAADAC hosted a Joint Legislative Conference in 1993, and joint conferences were held with NAATP, NATC, and ACATA.

The need for increased cooperation was, in part, a product of the crisis faced by the field in this period. Jerry Spicer (Member of the NAATP Board of Directors in the 1990's) who represented Hazelden, explains:

Everyone had great concerns about the future of their organizations during this period. We were witnessing the field starting to disappear before our eyes. There was a lot of fear and anxiety and preoccupation with individual survival, but I think a lesson emerging in that period was that to succeed as individual programs required that we succeed as a field and that required banding together to form a strong voice. In the end, we all realized that we needed to reach out to one another, within and outside NAATP, to shape that unified message. In the end, there was nothing to be gained by trying to go it alone.

As the crisis deepened for the field and for NAATP, many early members became reflective about the source of this crisis and suggested that it was rooted in part in excesses within the field. At an NAATP Board Retreat in October, 1995, Len Baltzer (Founding Member of NAATP), addressed the board about his concerns for the field and NAATP.

I am neither naïve nor too old to recognize the many and rapid changes that are taking place in the field of alcoholism and drug addiction treatment. I believe there is a root cause to these changes, GREED and ARROGANCE. We [as a field] have moved from "how can I provide the best service to the greatest number of chemically dependent persons at the most reasonable

costs” to “what will the market tolerate for the price of this bed.” . . . Every decision we make as an Association needs to be justified by how will this decision help the chemically dependent person and their families, not how will this further my organization / facility or my career. Let us strive to eliminate the greed and arrogance, and return to why this Association was founded.

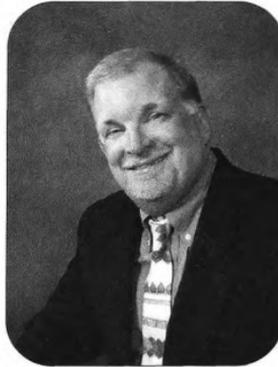
The years 1995 and 1996 were a test of financial survival, but they were also a test of NAATP's core values.

During 1995–1996, the NAATP Board wrestled with whether to move back to a full time NAATP Director amidst growing concern about erosion of membership dues available to support NAATP. The April 1996 treasurer report noted a budget deficit of \$22,000, and NAATP Membership plummeted in 1996 to a low of 86 members (many of whom were not paying their dues). There were serious discussions in late 1996 about whether NAATP could even survive as an organization.

In an act of remarkable faith, the NAATP Board asked Ron Hunsicker to consider serving as the Executive of NAATP. Ron accepted the position of “Consultant” to the Board beginning January 1, 1997, with the charge of determining if NAATP had a future and if so how, that future might best be shaped. Ron describes the role the board asked him to take at this point.

The arrangement that I had was that I would begin January 1 of 1997 and would help the Board members

decide whether the association could continue, or whether we should have a dignified funeral for it and move on. We moved the NAATP Office from Washington DC to the basement of my home in Lititz, Pennsylvania. The 1997 NAATP conference in Scottsdale, AZ that occurred shortly afterward was NAATP's low point, with only 57 persons present (including spouses) and no exhibitors. That was NAATP's moment of hitting bottom. The question remained, "Could we recover?"



Ron Hunsicker
Source—NAATP Review



Survival, Maturity, Vibrancy (1997–2008)

NAATP's resurrection after the program closings and membership erosion of the early 1990s required two things: 1) a dedicated core of board members who managed to breathe life in to what seemed a dying organization, and 2) the vision and dedication of a new leader. Ron Hunsicker describes the personal vision he developed for the renewal of NAATP.

By the end of my first year, I concluded that there was a continued need for NAATP as a trade association and that our primary one should be providing critical information and other services to our members. I believed that what organizations would pay dues for were information and services that could enhance their

position in the marketplace. And I felt we had to personally demonstrate the value NAATP could provide. That's the strategy that I personally chose to rebuild the organization. Improving the quality of the newsletter, launching our website, and promptly returning every single phone call, and linking members to needed resources within and outside of NAATP, the association rekindled its value to the membership and the larger field. Within two years, we got most of the old NAATP members and began rebuilding our numbers. 1997 was a turning point. We increased membership for the first time in eight years and ended the year in the black for the first time in 6 years. NAATP was on the move again.

NAATP Board Member Scott Munson (Current Member of the NAATP Board of Directors and Chair of the Board 2001–2003) of Sundown M Ranch describes how this strategy worked:

Sundown M Ranch

The goal was one of revitalization, and we were able to do that under Ron's leadership. We rebuilt the membership base so that we had the financial resources to represent the field, and then we began enriching the services to the membership—from the benchmarking work, to the salary surveys to Ron's availability to the members. Members began to feel NAATP had value and that they were personally connected to it. NAATP has come back as strong as ever.



Scott Munson

According to Board Member Dennis Gilhousen (Board Member Emeritus of the NAATP Board of Directors and Chair of the Board 1998–1999), NAATP's survival was also a process of healing and reconciliation.

In order to survive and evolve into a mature organization, we needed the catharsis of a dramatic change. The move to Washington and the loss of Michael Ford did that. That transition generated hard feelings among many members and the loss of members as well as the feeling that NAATP was falling apart. I really missed a lot of the older members who had dropped out and when I was chairman, I made a sustained effort to bring as many of these members back as possible. Achieving that was part of the healing process that set the stage for NAATP's revival.



Dennis Gilhousen

As NAATP revived itself, it unveiled a new logo, a new newsletter format (Visions), a new website (www.naatp.org), and a new mission statement:

The Mission of the National Association of Addiction Treatment Providers (“NAATP”) is to promote, assist and enhance the delivery of ethical, effective, research-based treatment for alcoholism and other drug addictions. NAATP will seek to accomplish this mission by: (1) providing its members and the public with accurate, responsible information and other resources related to the treatment of these diseases; (2) advocating for increased access to and availability of quality treatment for those who suffer from alcoholism and other drug addictions; and (3) working in partnership with other organizations and individuals that share NAATP’s mission and goals.

NAATP also continued its goal of reducing the proliferation of organizations in the addictions field by arranging in 1998 for the National Treatment Consortium to become a section of NAATP. The association also adopted *The Journal of Chemical Dependency Treatment* as the official journal of NAATP. The annual meeting in Baltimore, Maryland was highlighted by NIDA Director Dr. Alan Leshner's opening plenary "Addiction as a Brain Disease" and by workshops on confidentiality, new treatment alternatives, outcomes-based treatment, and accessing the media.

As NAATP entered the new century, it seemed fitting to do so with a new vision, which the board adopted in 2000: *The National Association of Addiction Treatment Providers shall be the organization that enables addiction treatment providers to grow and thrive in a changing healthcare environment.* In 2002, the NAATP Executive Board refined that vision and amplified its mission statement.

NAATP envisions itself as a national association of addiction treatment providers dedicated to the recognition of alcohol and other drug addiction as a chronic yet treatable disease to which society responds by insuring the availability of affordable, scientifically and ethically sound treatment, the goal of which is abstinence and a new quality of living.

NAATP's mission is (1) to resource and support its member organizations by providing tools and services that help improve the quality of treatment, cost efficiency and effectiveness, (2) to assist the industry in achieving public recognition of the effectiveness of treat-

ment and (3) to secure parity within the larger health-care system.

To fulfill these aspirations, the association looked to new services that it could provide its members. Those services included benchmarking reports beginning in 1998 through which organizations could compare themselves to others on key performance indicators, the first national salary survey (1999), and new awards programs to honor individual and institutional pioneers in the field (e.g., the Michael Q. Ford Journalism Award, the James W. West. M.D. Quality Award—the latter given to an organization judged to have demonstrated a commitment and achievement of quality in a number of categories).

In its search for additional revenue to support NAATP activities, the association negotiated in 2000 the rights to own and host future meetings of the SECAD—the South East Conference on Addictive Diseases, one of the oldest (since 1975) and best addiction training conferences in the country. The SECAD conference continues to show up as a significant source of revenue as well as expense for NAATP.

A major factor that helped NAATP restore its strong financial footing was its membership growth. NAATP is growing at a rate of 25–30 new members each year, with a membership retention rate of 90%. (Most of the lost membership is due to existing members merging with one another.) The improved financial status of NAATP was marked in January 2002 by moving the Association's office from Ron Hunsicker's home to 313 W. Liberty Street, Suite 129, Lancaster, Pennsylvania.

When NAATP celebrated its 25th anniversary in 2003, it did so from a position of financial stability and renewed faith regarding the future of itself and its member organizations. That same year, NAATP issued a *Statement of Principles and Values* that read as follows.

As an organization, NAATP acknowledges that treatment providers have a variety of philosophies and approaches to the treatment of substance use disorders as defined in the current version of the DSM (Diagnostic and Statistical Manual) of the American Psychiatric Association. Within this diversity, NAATP adheres to the following principles and values:

- *We recognize substance dependence as a treatable chronic disease.*
- *Because the fundamental improvements in the quality of life and health for dependent individuals are achieved through abstinence from alcohol and other drugs of abuse, abstinence is the primary treatment goal for dependent persons.*
- *We recognize that engaging individuals in the treatment and recovery process may involve setting an assortment of primary goals. The preferred primary goal of this association is sustained abstinence.*

- *We value the importance of self-help groups for ongoing recovery, especially AA and related 12-step programs.*
- *We require adherence to strong ethical standards of conduct in every area.*
- *As an association and as treatment providers, we must act as advocates for all persons affected by addiction, so that recovery will always be an option for those who choose it. This includes not only adequate access for those in need of treatment, but also sufficient level and duration of services.*
- *We are committed to participation in national public policy development as it relates to addiction treatment and prevention.*
- *We value ongoing research and development that open avenues of innovation and learning.*
- *As an organization and as providers, we strive to inform clients, families, and other stakeholders of the services required to address the needs of each individual as indicated by current standards of care and research findings.*
- *We recognize that individuals suffering from a primary substance dependence diagnosis may also have a co-occurring mental health condition*

requiring evaluation and services as part of the treatment process.

- *Because family members are often affected by an individual's substance dependence, family involvement is critical to the long term management of this chronic disease.*

In addition to the points emphasized above, we support the delivery of treatment services in accordance with the principles of effective treatment developed and published by NIDA for both alcohol and other drugs.

NAATP leadership remained concerned about the fragmentation of organizations representing different stakeholders within the addictions field. In 2003, President/CEO Ron Hunsicker prepared a confidential proposal to the NAATP board to explore the creation of a Federation of Addiction Treatment Providers and Addiction Treatment Professionals that would bring together many of the major organizations in the addictions field to speak with a single voice on policy issues. In April 2004, a Federation Summit was held with NAATP, ASAM, and NAADAC to identify common goals, obstacles to collaboration, and development of a preliminary proposal for increased collaboration. In 2005, NAATP and NAADAC held preliminary discussions about a potential merger of the organizations. This focus on collaboration and integration has been a continuous emphasis of the leadership of NAATP. This was reflected in joint annual conferences where NAATP and in the late 1990s decisions of

The American College of Addiction Treatment Administrators, the National Adolescent Treatment Consortium and the National Treatment Consortium to become sections of NAATP. NAATP has attempted to provide a tent or an umbrella which can host as many other organizations as possible.

As a field we have been criticized for our failure to reach consensus and for not having strong leadership. NAATP has filled that void and for many years now has provided THE leadership for the treatment field. The field now looks to NAATP for leadership and guidance on critical issues through the voices of its board members and its executive leaders. —Dr. Ken Ramsey (Current Member of the NAATP Board of Directors and Chair of The Board 2005–2007) representing Gateway Rehabilitation Center.



Dr. Ken Ramsey

Through the opening decade of the new century, NAATP's renewed vibrancy was very evident in its well-attended annual conferences. The conference agendas of this period reveal a decreased emphasis on financial survival—a topic that had dominated the agenda in the early to mid-1990s—and a greater emphasis on quality of care. The latter was reflected in numerous keynotes and workshops on research to practice (e.g., new medication-based treatments) and the treatment of special populations, e.g., the treatment of women, adolescents, families, people of color, persons with co-occurring medical or psychiatric disorders, and persons referred from the criminal justice system.

NAATP continued to recruit national leaders to conduct plenary and workshop sessions at its annual conferences. Recent speakers have included Dr. Andrea Barthwell (on the National Drug Control Strategy), NIDA Director Dr. Alan Leschner (report on clinical trials), NIAAA Director Dr. Ting-Kai Li, Director (on the developmental trajectory of and recovery from alcoholism) Dr. Tom McLellan (bridging the gap between clinical research and clinical practice), Dr. William Miller (on motivational interviewing), Dr. Carlton Erickson (research update), Dr. C.C. Nuckols (on the neuroscience of recovery), Dr. David Powell (leadership development and succession planning), William Cope Moyers (on the new recovery advocacy movement), Dr. Abraham Twerski (on blending mission and business), and William White (the history of addiction treatment, recovery management).

Workshop topics at the NAATP annual conferences also included subjects aimed at enhancing the organizational effectiveness of NAATP members: management information systems, fundraising,

new business technologies, innovative marketing strategies, change management; HIPAA privacy regulations, liability and risk management, medical records management, insurance cost management, as well as CEO roundtable discussions. In 2006, NAATP distributed its *Managed Care Tool Kit* to members at the annual conference and reviewed the results of its 9th benchmarking study and the bi-annual member salary survey.

The growing membership of NAATP and increased conference attendance reflected renewed growth in the larger field. Board Member Phil Eaton (Current Member of the NAATP Board of Directors and Chair of the Board 1999–2001) representing Rosecrance Health Network describes this latest growth of the field.

We are seeing a lot of the agencies that survived the 1990s starting to expand and build and we are seeing new organizations enter the field. We are now seeing a lot of brick-and-mortar expansion, which there was little of between 1990 and 2003, as well as new start-ups, including the advent of the spa treatment centers. We didn't have that before. Unlike the growth of the 1980s that was fueled primarily by hospitals, the hospitals really aren't involved in this current expansion of the field.



2004 NAATP Annual Conference:
Ron Hunsicker, Charisse Strawberry, Darryl Strawberry, Doug Tieman



NAATP Board Members networking at 2001 Conference



Carl Kester Putting for prize at 2005 Annual Conference



President and Mrs. Ford at NAATP 25th Anniversary, 2003

The new century also witnessed renewed advocacy efforts by NAATP. These efforts included:

- Issuing position statements such as *One Standard for All Addiction Treatment* (2001) that addressed the issue of federal funding for “faith-based” approaches to addiction treatment.
- Working with Christopher Kennedy Lawford to author op ed pieces for national publication.
- Development of a Managed Care Tool Kit for its members as well as a strategy to respond to the managed care phenomena.

Board Members attribute much of NAATP’s survival and renewal as an organization to the temperament and skills of its CEO, Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980’s, President/CEO of NAATP since 1997). The following comments are typical of those heard in recent interviews with past and present board members.

NAATP could have easily died when managed care wiped out a bunch of the membership when treatment centers closed or just bailed on their membership fees. If not for Ron Hunsicker, it probably would have. Ron had been a board member for years and was the first board member to complete the fellowship for membership in

ACATA. I honestly believe that without his leadership, NAATP would not have survived or enjoyed its professional standing, its political standing, its industry standing and its financial well-being. Ron's recruitment stands as a critical milestone in the history of NAATP. What he has kept NAATP focused on is its mission. He has kept the organization focused on the soul of treatment, not just the pharmacology and the technology of treatment or the business of treatment. —Jim Emmert (Member of the NAATP Board of Directors in the 1980's) representing Amethyst.

I attended my first NAATP national conference at NAATP's low point and during Ron's first year. Ron brought a level of enthusiasm and optimism that was sorely needed. He saved the Association by getting everything re-focused, improving the quality of the conferences and other services, bringing former NAATP members back, bringing new organizations into NAATP, and reinvigorating the board. It's hard to think where we would be today without his efforts. —Doug Tieman (Current Member of the NAATP Board of Directors and Chair of the Board 2003–2005) representing Caron Treatment Centers.

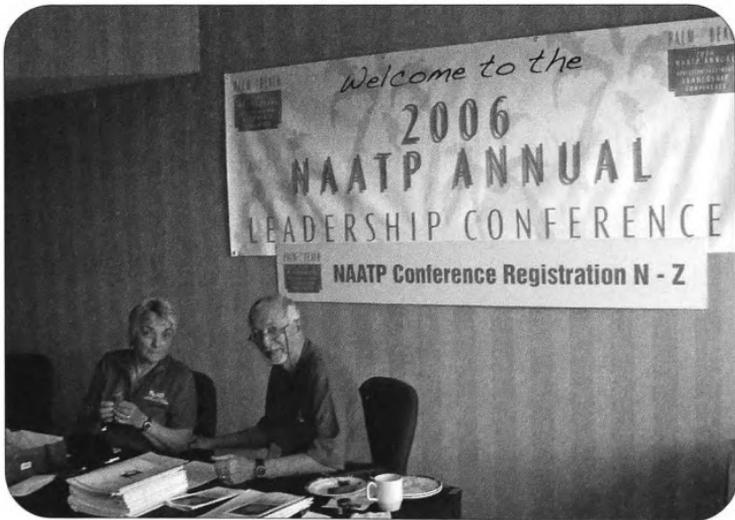
We (Board Members) like to take credit for NAATP's renewal, but it's really been Ron and his ability to make individual members feel important and connected that

made a difference. To him, we are not just another name on the list that gets a bill every year to pay up. He has created an atmosphere where we feel we are NAATP. A lot of credit has to go to him for what we are today. —Scott Munson (Current Member of the NAATP Board of Directors and Chair of the Board 2001–2003) representing Sundown M Ranch.

I think we were extremely fortunate to have hired Ron. I remember a meeting several of us flew to in Dallas, Texas to first interview Ron. We knew that he was who we were looking for. He just had a passion for this disease and he just exudes caring. I don't believe NAATP would be where it is today if it wasn't for Ron and his ability to grasp what is going on. His work with the board was essential to NAATP's revitalization. I give Ron a lot of credit because he has run a good organization and he's focused and he's respected. I think now NAATP is seen as the resource for addictions information. It is very well respected. —Ben Underwood (Current Member of the NAATP Board of Directors and Chair of the Board 1995–1997) representing Talbott Recovery Campus.



Judy Collins at 2007 Conference



Registration Desk for 2006 Conference



NAATP Member Services

For three decades, NAATP board members and NAATP staff have worked to enhance the organizational effectiveness of its membership, with a particular emphasis on quality of care. It has also sought to create a cultural, political, and economic climate in which its members' service missions could thrive. That support has been offered in a number of key areas of activity: 1) information dissemination, 2) training and technical assistance, 3) member networking, 4) professional and organizational recognition, 5) positioning and policy advocacy, 6) special membership benefits, 7) public service initiatives, and 8) quality improvement of the association.

Information Dissemination: NAATP is an information organization. It maintains regular communication, seeking to keep its members abreast of the latest developments in the field through the NAATP web site, the NAATP Newsletter (10 issues a year), providing all members a subscription to *Alcoholism and Drug Abuse Weekly*, and by providing updates on JCAHO & CARF. NAATP also distributes an Annual Membership Directory and makes available addiction-related informational brochures to its members.



Training and Technical Assistance: NAATP provides state of the art training and technical assistance to its members through the NAATP annual conference, through SECAD, and through other conferences and workshops. It also supports its members through the development of key products such as the NAATP Managed Care Tool Kit, the bi-annual salary surveys, and the annual performance

benchmarking surveys. NAATP staff members are also available to offer guidance to members on critical issues.

Of all of these training vehicles, the NAATP annual conference gets singled out for particular praise by the membership. The following comments are illustrative:

The annual conferences are exceptional. What I like most is all the stuff from outside the field we get exposed to, particularly related to management and trends in the field. It's the one place you can stay clinically abreast of what is happening and learn what you need to know to run a treatment center. —Jim Emmert (Member of the NAATP Board of Directors in the 1980's) representing Amethyst.

The NAATP annual conference has grown into one of the really very good conferences in our field. I take a little bit of pride in thinking that where we started has turned into something of such great value. —Robert Rundio (Early NAATP Board Member and Chair of the Board 1982–1984) representing St. Luke's Behavioral Health Center.

Networking: When NAATP members are asked what they get most out of their involvement with NAATP, they often refer to the networking that NAATP membership affords. This extends through the NAATP Annual Conference and other meetings as well as the

ability of members to develop relationships with one another through which they can use each other for resource sharing and problem solving.

You know we are all busy, we are all working, and we just don't have that sort of time where we can step out of our day to day job and talk to other people and learn from them. Creating a place for that to happen is an important contribution that NAATP has made. —Jerry Spicer (Member of the NAATP Board of Directors in the 1990's) representing Hazelden.

NAATP to me is the collegiality and the chance to get to know other key people in the field. It's going to coffee with people before and after the meetings, and having the Russ Hagen's and the Jerry Spicer's of the world available to take a call from me between meetings. It's that personal time with my counterparts around the country that I have treasured the most. That collegiality is an important part of the NAATP legacy. —John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing the Betty Ford Center.

I have had some really great friends that I met at NAATP. It was wonderful in that we could communicate what was going on in the field and share ideas with one another. We could always draw upon each

other when questions came up. It was wonderful to have such a network that you could communicate with and be able to freely call them and get some advice or to give some advice. It was really a great informal network that we developed, and we owe that to NAATP. —Frank Fanella (Member of the NAATP Board of Directors and Chair of the Board 1992–1993) representing Edgehill Newport.

The networking through NAATP helped individual careers as well as organizations.

The networking at NAATP was personally very beneficial. I would meet people and later call them to pick their brains and share ideas, and people would call me and do the same. I think that almost every job I got was as a result of knowing people through NAATP. NAATP gave me a terrific career. —Allen Drum (Member of NAATP Board) representing Laurelwood Psychiatric and Substance Abuse Facility

The underlying value of NAATP for me has always been the relationships that I have developed with people who have similar interests and concerns in the field. The annual conference has always been a great opportunity for developing professional relationships and friendships that have lasted for years and years. And

for some with less resources, the opportunity to pick up the phone and call a Russ Hagen or Dennis Gilhousen about programmatic questions, technical questions, and resource questions is invaluable. Frankly, much of the success Rosecrance has experienced in the past 10 years is largely due to the networking opportunities that NAATP has afforded my organization. —Phil Eaton (Current Member of the NAATP Board of Directors and Chair of the Board 1999–2001) representing Rosecrance Health Network.

This networking function is a product of design rather than unintended side effect of NAATP meetings. Ron Hunsicker, President/CEO of NAATP explains.

What we try to do is assure that the NAATP meetings are high energy and highly interactive—the perfect recipe for networking. We’re trying to provide information, but we’re also trying to create an atmosphere in which people enjoy each other and feel comfortable enough the rest of the year to be in touch with each other.

Professional and Organizational Recognition: NAATP has consciously sought to honor individuals and organizations that have made pioneering contributions in the field.

These awards include the following:



NAATP Golf Outing 2003



NAATP Golf Luncheon 2007



NAATP Golf Outing 2007

The Nelson J. Bradley Lifetime Achievement Award. This award, named for one of the celebrated pioneers of the “Minnesota Model of chemical dependency treatment”, has been given to the following individuals since its inception: Nelson J. Bradley, M.D., Dan Anderson, Allen Drum (Board Member of NAATP during the 1980’s and a prime mover in the creation of the American College of Addiction Treatment Administrators), Mrs. Betty Ford, Donald Ian MacDonald, M.D., the Rev. John Keller, Max Schneider, M.D., Senator Harold Hughes, Lewis F. Presnall, James W. West, M.D., Douglas Talbott, M.D., Mrs. Tipper Gore, the American Society of Addiction Medicine, Anne Geller, M.D., the Rev. Gordon R. Grimm, Father Joseph C. Martin, S.S., the Rev. Vernon E. Johnson, Harry A. Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992), Jasper G. Chen See, M.D., Monsignor Ignatius McDer-



Brom Johnson accepts 1999 Nelson J. Bradley Award on behalf of his father, Reverend Vernon J. Johnson.

mont, Rabbi Abram Twerski, M.D., President Gerald R. Ford & Mrs. Betty Ford, William Hawthorne, M.D., Jack Whites, M.D., Mark Gold, M.D., and Carlton K. Erickson, PhD.

The James W. West, M.D. Quality Improvement Award. This award recognizes organizational achievement for the improvement of quality in the treatment of alcohol and drug addiction. Recipients since 2000 have included Liberty Management Group, Father Martin's Ashley, Marworth Treatment Center, Illinois Institute for Addiction, Recovery at Proctor Hospital, Rosecrance Health Network, AdCare Hospital of Worcester, Talbott Recovery Campus, and Little Hill Alina Lodge.

The Michael Q. Ford Journalism Award. This award recognizes journalistic efforts, both electronic and print, that promote the value of and need for addiction treatment. Past award recipients have

included the National Institute on Drug Abuse, Eric Newhouse, William White, Donna Corrente, Dr. Abraham Twerski, Dr. James B. Nelson, Susan Cheever, Christopher Kennedy Lawford, and William Cope Moyers.

The Gavel Award was presented to Dennis Gilhousen (Board Member Emeritus of the NAATP Board of Directors and Chair of the Board 1998–1999) in 2005. The Gavel Award is presented to former NAATP Board Chairs who have retired from the treatment field.

ACATA Administrator of the Year Award has been awarded to administrators who have demonstrated exceptional leadership and contributions to their own organizations and the larger field of addiction treatment. Recipients of this award have included : Harold Swift, Richard Esterly, Ronald Hunsicker, Benjamin Underwood, David Hillis, Allen Drum, Phil Eaton, Dennis Gilhousen, Linda Bell, Ken Ramsey, Ellen Breyer, William Hartigan.

The very first of these awards was one of the most memorable as Allen Drum (Board Member of NAATP during the 1980s) recalls:

The awards to the pioneers are very important. And that first award given to Nelson Bradley at our meeting at the Hyatt in Kansas City was one of the most moving ever. It was near the end of his life, and his wife told me she thought he was staying alive just to receive that award from all of us. We were in a hotel conference room with these sliding doors, and as we were getting ready for the ceremony this rock band starting playing at a Prom next door. It was so horribly loud, you could

hardly hear the person sitting next to you. We arranged to be moved to another location, and here we were moving Nelson Bradley up and down in his wheelchair to get to the new location. We finally got everyone resettled and conveyed to Nelson Bradley our thanks for his role in creating the field we now represented. It is a very touching moment in NAATP's history.

Drum was himself a recipient of the Nelson J. Bradley Lifetime Achievement Award and describes what being honored by his NAATP peers meant to him.

It was the greatest acknowledgement of my life. Nelson Bradley received the first, Dan Anderson was the second, I was the third, and Betty Ford was the fourth. What an honor that was. Ron [Hunsicker] invited me to NAATP's 25th anniversary, and flew Bonnie and I out to join all the other recipients of the Nelson-Bradley Award. What a treat that was. I mean that was really special.

Positioning and Policy Advocacy: There has been debate throughout NAATP's history about how much of NAATP's resources should be focused on policy advocacy. NAATP has sustained such activities as government relations, lobbying, forming strategic organizational alliances, formulating position papers, and providing its members with legislative updates and policy alerts. Three early events set the

tone for NAATP's advocacy work over the past three decades. The first was NAATP's influence in shaping early accreditation standards for alcoholism programs and the reimbursement policies of private insurance companies.

NAATP put a focus on improving the quality of care issues as well as on regulatory and lobbying efforts in Washington. I got involved with NAATP's efforts to influence the emerging standards that were coming from the Joint Commission on Accreditation of Hospitals (JCAHO). At one early point, JCAHO had come up with a new set of standards that simply were not workable for alcohol and drug programs. So we began to protest, but JCAHO responded by saying, "We hear what you are saying but NAATP is only one group. What about the other groups?" We then formed and led a coalition of NAATP and other groups representing the whole field of alcohol and drug treatment. I represented NAATP and this larger coalition on the Professional Technical Advisory Committee (PTAC) of the Joint Commission and Accreditation of Health Care Organizations. I lost count of how many trips I made to the John Hancock tower in Chicago as part of this advocacy effort, but getting the JCAHO Board of Commissioners to accept the PTAC standards was a great victory for NAATP and the field. —Harry Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992) representing Hazelden.

In 1981, NAATP Board Member Len Baltzer (Founding Member of NAATP) drafted a model package for reimbursement of alcoholism treatment and presented it to Jim Kemper of Kemper Insurance Company. This draft proposal sparked early changes in alcoholism treatment reimbursement policies by Kemper, Aetna, Blue Cross/Blue Shield, and other insurance companies.

A second milestone was NAATP's role in negotiating an exception for the planned inclusion of alcoholism treatment in early national health reform efforts. In 1983, Medicare implemented a scheme of standardized reimbursement for more treatment of more than 400 medical diagnoses, referred to as Diagnosis-related Groups (DRGs). This combined patient classification and resource allocation framework exerted an enormous influence on an emerging system of managed care in the United States. Sam Muszynski (Former NAATP Legal Counsel and Acting President of NAATP during the mid 1990's) explains NAATP's role in influencing the role of alcoholism and drug dependency in the DRG's:

The alcoholism treatment field was growing but facing many challenges both in terms of social stigma and creating a reimbursement niche in the health care system. NAATP advocated that alcohol and drug treatment programs should be exempted from this system until such time as data was available to establish norms for reimbursement of particular types of treatment services. NAATP's success in that effort was a growing up stage for the organization and put NAATP

on the map in terms of its growing power as an advocacy body. It was a major success.

NAATP Board Member Allen Drum describes how that success was achieved:

When the first Medicare guideline for the alcoholism DRG first came out, they had averaged the length of stay of detox with the average length of stay of rehab to generate a recommendation for reimbursement for 12 days of services. When we protested that detox and rehab were separate entities and that their respective lengths of stay could not be averaged, the Medicare folks responded that everybody says they are exceptions and they were going ahead with their original recommendation. We drew on our resources within NAATP, and Betty Ford helped set up a meeting with an NAATP committee and Margaret Heckler, the Secretary of the Department of Health and Human Services. We met in a hotel suite for a couple of hours, and she really listened to us and understood what we were saying. Several of us missed planes because the meeting went longer than expected, but that was the beginning of our successful exemption from the DRG system.

The third milestone was NAATP's involvement in a case heard before the Supreme Court in 1988. The case in question was Traynor

and McKelvey versus the Veteran's Administration. Eugene Traynor and James P. McKelvey sought an extension to the VA policy that educational benefits had to be used within ten years of discharge from active duty. They challenged the denial of their request for extension on the grounds that they were disabled by the disease of alcoholism during that ten year period. The VA countered that their drinking was willful misconduct and that they should not be granted educational benefits. While many organizations in the field raised concern about this case, it was NAATP that filed a formal brief with the Supreme Court in support of Traynor and McKelvey.

The work Chip Marshal did in preparing the brief for the Supreme Court should not be forgotten. NAATP's leadership on such a substantive issue cemented the Association's presence as a force in the policy advocacy arena. —Sam Muszynski (NAATP Legal Counsel and Acting President of NAATP during the mid 1990's).

Several board members comment on other smaller but influential milestones related to NAATP's policy advocacy work. The following is typical of such accounts.

The original effort to get the parity bill was a big milestone because it was our first attempt in some time to mobilize our organizations and our alumni into a grassroots campaign for legislative action. Even though that effort failed, doing something on that big scale was

a milestone in our revitalization as an organization. Buying SECAD and broadening the composition of our membership to include for profit organizations and organizations supported by government funding were equally important steps in NAATP becoming the treatment spokesmen for the nation. —Dennis Gilhousen (Board Member Emeritus of the NAATP Board of Directors and Chair of the Board 1998–1999) representing Valley Hope Association.

NAATP and its member organizations have provided testimony, resources and leadership in the ongoing effort to obtain a federal parity bill. NAATP members in a wide variety of states have been successful in getting state parity bills passed. In 2007 NAATP along with numerous other organizations consistently circulated information on the progress of the bills in both the Senate and the House. These efforts have not gone unnoticed by other associations as well as lawmakers.

In 2007, NAATP entered into a collaborative arrangement with NAADAC: The Association for Addiction Professionals (representing over 11,000 addiction counselors) to combine their policy advocacy efforts. Through this agreement, NAATP and NAADAC will support a full time legislative liaison to advocate public policies that support addiction-related services. NAATP President/CEO Ron Hunsicker explains the significance of this new venture:



Michael Ford offering congressional testimony NAATP Review Summer 1991;
Betty Ford offering congressional testimony NAATP Review Summer 1991.

For the first time, we are moving beyond our individual turf and taking the important collaborative steps to clearly present a unified position on important issues related to addiction and addiction treatment. This may well be a model for future efforts and an opportunity for other organizations to join with us. This could well be the beginning of the unified voice for the field that we have needed for so long.

Special Membership Benefits: NAATP has tried to garner resources and offer them as a benefit for its member organizations. An example of such a benefit is the group coverage for professional liability and general liability available through NSM Insurance Group for NAATP members.

Special Public Service Initiatives: Opportunities arise when the resources of NAATP members need to be quickly mobilized. An example of such a need occurred in the aftermath of Hurricane Katrina. Many Gulf Coast treatment centers were suddenly closed due to the destruction of the hurricane, leaving many persons in need of continued treatment and leaving little capacity for new admissions within the region. NAATP was part of an effort to respond to this crisis. NAATP leadership mobilized its members' resources and made beds available through which individuals in the Gulf Coast region in need of treatment could be transferred or newly admitted to facilities across the country.

Quality Improvement of the Association: An element that has contributed to NAATP's current renewal of the past decade has been its commitment to self-evaluation. This has involved formally and informally soliciting feedback on the quality of member services from NAATP's member organizations. The feedback generated from this process has allowed NAATP to evolve in tandem with the needs of its members.



NAATP's Legacy and Future

There are many things that could be said about the National Association of Addiction Treatment Providers. When long-term observers of NAATP were asked about its legacy to the field, many accomplishments were noted, including its prominent role in public policy debates and its influence on other organizations in the field such as the American Society of Addiction Medicine, and its role in elevating the quality of addiction treatment, but perhaps NAATP's greatest achievement is that it continued to serve its members even as their needs changed through the turbulent course of the past three decades. NAATP has maintained fidelity with its founding vision even as that vision has been amplified. That fidelity will continue to be challenged as the field evolves in the face of new threats and opportunities.

NAATP's success has many potential sources. The first of such sources is its membership. The influence of NAATP is inseparable from the status of its member organizations, and some of the best and most innovative addiction treatment programs in the country are counted among NAATP's membership. The second source of NAATP's success is the continuity of its leadership. NAATP is unique among the major organizations in the addictions field in having had only two full-time CEOs since its inception. That continuity of leadership is further enhanced by the long tenure of many NAATP board members. The third source of success rests in the innovative strategies and tools NAATP has developed to serve its members. The result has been an Association that, while serving its members, has made significant contributions to the larger arena of addiction treatment and recovery in America.

In commenting on NAATP's resilience and responsiveness, many of those interviewed to prepare this historical tribute noted that NAATP had helped keep its organizational members focused beyond the business issues to the individuals and families whose lives are so profoundly influenced by addiction treatment. Barbara Duckett (Member of the NAATP Board of Directors in the 1980's and early 1990's) spoke of the deep recovery orientation and deep involvement in the recovery community that marked the histories of NAATP's founding members. Harry Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992) spoke similarly of NAATP's focus on the outcomes of treatment. Bela Morati spoke of NAATP's role in helping the larger culture understand the complex, multifaceted nature of addiction treatment and recovery. And Chip Marshall (Part of the NAATP Legal Counsel Team in the

1980's and early 1990's) spoke of NAATP's visibility and credibility, but also its creation of a collegial community through which a CEO in Iowa could call a CEO in California to share ideas or work out a common problem.

We would be remiss in closing this historical tribute without some brief reflections about the future of NAATP and the field of addiction treatment. Those we interviewed for this tribute shared many concerns and much excitement about this future.

Most of the concerns focused on the maintenance of core service values, the public perception of addiction treatment, the application of new scientific findings, need for leadership unification in the field, threats to addiction treatment as a specialized field, and leadership development. Here are the predictions and suggested strategies of those interviewed.

Core Service Values: NAATP member organizations will continue to experience tension between their historical service values and their financial health—what several referred to as the tension between mission and margin. NAATP will continue to play a role in achieving this balance of quality of care and financial viability.

Assuring that the middle class and working poor have financial access to addiction treatment services will continue to be a major issue for NAATP and the field. We must sustain our advocacy efforts to guarantee such access and to assure a quality and duration of services supportive of long-term recovery. —Dr. Ken Ramsey (Current Member of the NAATP Board of Directors and Chair of the Board 2005–2007), Gateway Rehabilitation Center.

I think the biggest challenge of the next decade will be to prevent the business of addiction treatment from co-opting the profession of addiction treatment. A physician, Dr. LeClair Bissell, and a Jesuit priest, James Royce, wrote the field's first ethics text in the 1980s. They tried to make a distinction between the profession whose motivation is to serve the patient and the business whose motivation is to make money. Now both of these are legitimate functions, but the challenge will be to keep our focus. Are we a profession that exists to serve the patient or a business that exists to serve our shareholders? We have to figure out how to avoid becoming a commodity that has been stripped of its passion and service focus. —Jim Emmert (Member of the NAATP Board of Directors in the 1980's) representing Amethyst.

We have to make sure that we're well integrated into the behavioral health care system and the primary health care system, but as changes come down the line that push for further integration, NAATP will need to avoid being engulfed and losing our historical identity and our uniqueness in that process. —Robert Rundio (Early NAATP Board Member and Chair of the Board 1982–1984) representing St. Luke's Behavioral Health Center.

We should never take for granted our need to continue to talk about the disease of addiction and the dreadful impact it has on individuals, families, and communities. And we must maintain our grounding in and connections to the 12 Step recovery community. There are still many of us who believe that this connection is the foundation of effective treatment. —Phil Eaton (Current Member of the NAATP Board of Directors and Chair of the Board 1999–2001) representing Rosecrance Health Network.

The most significant threats we will be facing are pharmacotherapy without supportive treatment and the adoption of ideas that will lead to efforts to help addicts drink less. —Carl Kester (Current Member of the NAATP Board of Directors) representing Lakeside-Milam Recovery Centers.

Several NAATP board members spoke of the challenge NAATP will face maintaining core values and focus in the face of an increasingly diverse membership. The following comment is reflective of that concern.

I think the changing face of the field and the more diverse interests represented among NAATP members will be a challenge. We now have really large organiza-

tions and some remarkably small organizations that have incredibly different needs and interests. We have organizations that have been in the field for decades and organizations just arriving who wouldn't recognize the names Chit Chat, Parkside, Comp Care, or Koala. And we have a growing number of members who are for profit organizations. The challenge will be how to meet the needs of these diverse constituencies. I don't know the answer to that, but I think it's a central question for NAATP's future. —Doug Tieman (Current Member of the NAATP Board of Directors and Chair of the Board 2003–2005) representing Caron Treatment Centers.

Board members also acknowledged the need for NAATP to protect its image and the image of the field in light of the growth in “high end” treatment centers that generate an excessive amount of publicity. The advent of “spa” or “boutique” treatment centers will further diversify the NAATP membership and offer challenges to how NAATP represents the treatment industry at the media level.

The Public Perception of Addiction Treatment: A major threat to the future of addiction treatment is the perception that treatment is expensive and ineffective. This pessimism is fed by the media preoccupation with celebrities heading off to rehab to escape their latest public indiscretions and by past misrepresentation of long-term treatment outcomes.

I think NAATP needs to keep reinforcing the idea that addiction is treatable and that treatment is a cost-effective intervention. This is going to become more critical as health care expense becomes more of a public issue. Our health care system is destined to change and we need to make sure addiction treatment is not left by the wayside. —Harry Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992) representing Hazelden.

I think the field simply has to reassert itself as a primary caregiver and develop a chronic illness model that shapes our approach to insurance industry and policy makers. —Tom Armstrong (Member of the NAATP Board of Directors in the 1980's and early 1990's) representing Lakeside-Milam Recovery Centers.

The explosion of boutique treatment is posing a challenge to the field and to NAATP. All the celebrity media attention surrounding rehab is turning treatment into a joke. Jay Leno said last night on his show that answer to global warming was to put a power-producing generator on the revolving door in and out of celebrity treatment facilities. We are getting painted in with a public image that is a far cry from what treatment really is. I worry that such an image could damage the future of addiction treatment. —Scott Munson (Current Member

of the NAATP Board of Directors and Chair of the Board 2001–2003) representing Sundown M Ranch.

We have contributed to public misunderstanding by failing to define what treatment is and what an episode of treatment can and cannot do. We still lack some very basic definitions. If you go for a particular surgical procedure in Baltimore or in Minneapolis, it is essentially the same procedure. If you get addiction treatment in Baltimore and addiction treatment in Minneapolis, it is possible that nothing is the same. We are fragile as a field because we don't have a common definition of addiction treatment. Defining these ingredients would be a huge step forward for the field. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

Keeping Abreast of Addiction Science: Virtually every policy document on addiction treatment in the past decade has lamented the gap between clinical research and clinical practice in addiction treatment. As a country, we have generated more scientific studies with far more rigorous methodologies in the past two decades than existed in the preceding two centuries. That means that new knowledge about addiction, addiction treatment and addiction recovery are emerging faster than the implications of that research can be integrated into frontline service practices. Nearly everyone interviewed for this historical tribute of NAATP noted the great challenges and opportunities presented by this new research.

We have to look to the best documented recovery outcomes and replicate or refine the ingredients generating those outcomes. There is considerable data on the high recovery rates of physicians and airline pilots. If it turns out that this is not a function of better treatment but a better and more time-sustained monitoring system, then we have to find a way to make this part of mainstream treatment. That will happen only when we as a field and a culture truly understand addiction as a chronic disease and begin treating it like it is. If this is a chronic disease, then why are we discharging people? We act as if they are done. They're not done. We use the language, but our behavior gives us away. We are also calling addiction a brain disease, but our treatment doesn't look like treatment of a brain disease. We have to get the practice to match our rhetoric. The science is going to be pushing us in this direction, and NAATP has a responsibility to get its members prepared for this transition. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

This unraveling of addiction as a brain disease is very exciting and potentially very helpful. It may give us medications that help, but we must be careful that it does not oversimplify the recovery process. I have fears that the pharmaceutical industry will see this as a

lucrative market and create the illusion of a simple, safe solution to the problem of addiction. NAATP has a role in helping us carefully blend this emerging science into existing treatment and to challenge the claims of quick fixes. Harry Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992) representing Hazelden.

Lack of Unifying Voice for the Field: One of the challenges facing the field of addiction treatment is the lack of a singular organizational voice to policy makers and the public. There have been cyclical efforts to bring the field's organizations together—many of these initiated by NAATP—but to date these efforts have failed. This remains a major agenda for NAATP and the field.

If you look at our brothers in the mental health field, they have two groups, one representing private psychiatric hospitals and one representing community mental health centers. Those two groups speak for mental health providers. In contrast, we have had what seems like dozens of organizations: NAATP, ASAM, AAAP, NAADAC, NTC, NASADAD, NCADD, FaVoR, NADCP, NAMA, TCA, CADCA, and MADD, to name just a few. I saw this convoluted mess and said my platform as President of NAATP was going to be merger. And I failed miserably. It was because people were just protecting their turf and not looking at the broader needs

of our field and those we serve. It is to Ron's credit that he has continually raised this issue and communicated NAATP's willingness to discuss organizational consolidation. We have tried and will continue to try to create some kind of federation through which the field can communicate to the public and to policy makers with one unified voice. We must address the question, "Who speaks for the field?"—John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing the Betty Ford Center.

I think the field has to find a way to organizationally consolidate in the next five years. We cannot continue to expect public policymakers to listen to eight different voices from the field conveying often contradictory messages. I'm an advocate of federation, but I'm ready for somebody else to propose something else that'll work. It's a strong field with lots of strong egos, but we have to find the courage and means to do this.—Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

I think one of the things that the field needs to continue to work on is not to let differences in clinical practice become barriers to organizational collaboration.—Jerry Spicer (Member of the NAATP Board of Directors in the 1990's) representing Hazelden

If NAATP and the broader addiction treatment field have an Achilles heel, it is the lack of a consumer advocacy group. We have had no counterpart to the mental health associations that could mobilize the voices of parents and spouses of those with mental health problems. Efforts such as SOAR have been tried, but the field has yet to mobilize a powerful, sustainable consumer advocacy group. NAATP and their members can always be accused of supporting their institutional interests. We need individuals and families to talk about how treatment has affected their lives. —Harry Swift (Member of the NAATP Board of Directors and Chair of the Board 1990–1992), representing Hazelden

It is something of a puzzle why we don't have the voice of people in recovery and their family members represented through a singular advocacy voice. Harold Hughes and others have had the right idea, but it just hasn't come to fruition. That's why "Faces and Voices" was so important and why we have to figure out why "Faces and Voices" doesn't have a million or more members today. —John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing Betty Ford Center.

The failure to develop powerful advocacy organizations representing individuals and families in recovery has handicapped the treatment field. In public forums

or legislative hearings, providers of addiction treatment can always be seen as self-serving when we talk about treatment needs. Movement happens when the populace, those who are affected by the illness, speak on an issue and exert pressure. I was a member of SOAR, which failed to sustain itself. I hope Faces and Voices of Recovery will sustain its work into the future. We will always be limited on what we can accomplish in the public arena until we have such a force for change.

—Scott Munson (Current Member of the NAATP Board of Directors and Chair of the Board 2001–2003) representing Sundown M Ranch.

Threats of Colonization: Newly emerging professions and industries are always vulnerable to potential colonization by more powerful forces in their operating environment. Some past and present NAATP members expressed concern that such colonization could come through efforts to integrate addiction treatment with the mental health field, within primary health care, or through the growing influence of the pharmaceutical industry.

I think one threat will be the public perception that's going to be fostered by pharmaceutical companies that all that is needed to treat addiction is a pill. That may be a natural, inevitable consequence of our push for a medicalized understanding of addiction. —Tom Armstrong (Member of the NAATP Board of Directors in the 1980's)

and early 1990's) representing Lakeside-Milam Recovery Centers.

There's growing concern about co-occurring illness and the fact that we seem to be seeing more medically and psychiatrically compromised patients in addiction treatment, and this has spurred some calls to integrate the mental health and addiction fields. I'm a little cynical about such calls. There is considerable danger in returning to a definition of addiction as simply a symptom of an underlying psychiatric illness and losing our understanding of addiction as a primary disorder. We need to be vigilant in our response to calls for integration. The modern mental health field has been dominated by its embrace of medication as the answer to mental illness. We need to be careful that we don't again allow addiction to be defined as a subset of mental illness and reduce treatment and recovery to a singular concern of medication compliance. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

The Coming Leadership Crisis: The addiction treatment field faces a unique problem in terms of its leadership in administration, policy, clinical supervision, research and education, and training. Long-tenured leaders who have been responsible for much of the field's success over the past three decades are aging out of the work-

force without a new generation of leaders prepared to take their place. That concern includes NAATP staff and Board Members.

We are facing a major leadership transition in the next decade, and our boards are going to need help replacing folks like myself who have been around a long time. I think NAATP could play a significant role in helping programs with the issues of leadership development and succession planning. I don't see anyone else stepping up to assume this role. Perhaps it is time for NAATP to partner with the Addiction Technology Transfer Centers and other organizations in the creation of regional leadership academies to prepare and support our next generation of leaders. We need to prepare this coming generation for local organizational leadership and to assume some of the national leadership roles many of us will be vacating. (Current Member of the NAATP Board of Directors and Chair of the Board 2005–2007) Gateway Rehabilitation Center. —Dr. Ken Ramsey (current member of the NAATP Board of Directors and Chair of the Board 2005–2007) representing Gateway Rehabilitation Center.

What do we do after Ron Hunsicker? We tend to sit back and think about how he kept us in the game, but Ron's not getting any younger and neither are many long-tenured board members. At the Betty Ford Center, the board has dictated that we do updated succession

plans each year for our top ten positions. We need to do such planning for NAATP staff and Board. We need to figure out how to develop new leaders, and we don't have much time to do it. —John Schwarzlose (Current Member of the NAATP Board of Directors and Chair of the Board 1993–1995) representing Betty Ford Center.

One of the most important things NAATP will face is what happens after Ron. It's almost impossible to separate what has happened to NAATP in the last 10 years from Ron. At some point, in the not-to-distant future, NAATP will need to face what they're going to do in terms of leadership when Ron leaves. It is his determination and his personality that helped NAATP survive and thrive. The transition to a new leader will be a huge challenge. —Dennis Gilhousen (Board Member Emeritus of the NAATP Board of Directors and Chair of the Board 1998–1999) representing Valley Hope Association.

We've had some very strong leaders within NAATP, but I don't know if we have people who are ready to step up to be the next generation of leaders. I think a lot of people want to be players, be part of the association, but I don't know where the strong leaders are going to come for NAATP, for our member organizations, or for the larger field. This is a priority for NAATP and the field. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).

There are people who have come to the field or have risen in the field who are emerging as tomorrow's potential leaders. We have to be bright enough and skilled enough to turn over the reins to them. And I don't know if we're always good at that. I think NAATP needs to develop and empower this new generation of leaders. —David Hillis (Current Member of the NAATP Board of Directors and Chair of the Board 1997–1998) representing AdCare Hospital.



David W. Hillis

Now the difference between a pioneer and a leader is in my estimation that the leader can get the followers to follow him, but the pioneer has to find new ways to do things. That's why we need to develop pioneers. Leaders will not be enough. You have to have pioneers whose vision is broader and who recognize the total environment. —A. Bela Morati (NAATP Board Member) representing DePaul Rehabilitation Center

NAATP board members also expressed concern about aging of the overall addiction treatment workforce and the need to recruit and develop a new generation for frontline service professionals. Leadership and workforce development is a major issue in the field that NAATP will need to address in the coming years.

I think our treatment workforce has to be strengthened. The need for well-trained and experienced clinicians will increase as will the need for clinicians who deeply understand the long-term recovery process. There has been a disconnect between clinical expertise and recovery knowledge, and NAATP has a role in assuring that addiction counseling is strongly connected to the more enduring process of recovery. We also need to sustain the passion that historically has fueled so much of this work. I think there's a difference between a job and a vocation. A vocation is a calling. I think that's what the first generation of front line clinicians had. Unfortunately, we have lost some of that in a society that rewards jobs rather than vocations. —Ron Hunsicker (Member of the NAATP Board of Directors in the mid 1980's, President/CEO of NAATP since 1997).



A Closing Message: A decade ago, there were 57 people and no exhibitors at the NAATP Annual Conference. Today, NAATP's annual conference draws close to 400 people and 100 exhibitors—one indication of NAATP's renewal and emergence as a leading organization in the field of addiction treatment. We are entering a window of great vulnerability and great opportunity for the field of addiction treatment. We believe that the next ten years will exert an enormous influence on the history of addiction treatment and recovery throughout the twenty-first century. NAATP has members who are committing their time and talents in shaping this future. Come join us. Help us shape the future of addiction treatment and recovery in America.

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Epilogue

2008. The debate on the floor of the U.S. House of Representatives continues in discussing the Wellstone Mental Health and Addiction Parity Bill. The speeches, the words are at once hopeful and sad. Some of our elected Congressmen get it and understand that alcoholics and addicts have been denied access to care for far too long. But others attempt to trivialize the issue and fight the bill on behalf of businesses and the insurance industry. This journey to get this issue even considered began in 1996 with Senator Paul Wellstone and Representative James Ramsted. Congressman Patrick Kennedy from Rhode Island has joined these leaders on this issue. NAATP was there in 1996 and has been there ever since. NAATP will stand up against any discrimination against alcoholics and addicts and their families.

Yet, a frequent criticism is that the alcoholism/addiction field simply has no leaders. When will someone stand up and be counted? 'The number 1 crisis in the alcohol and drug area is the vacuum in leadership. Some individuals and groups simply have to step-up and provide the needed leadership.' This accusation is heard so often it

makes many of us cringe. But how do we answer this?

The National Association of Addiction Treatment Providers has stood for thirty years for the highest quality and ethical standards in the field of addiction treatment. The best known treatment programs in the world have sought membership in our prestigious association. But, it is a hard reality that at times NAATP feels like a child discovering how vast is the world around it.

The largest provider of alcohol and drug treatment services in the U.S. is the criminal justice system. These services at both the federal and state levels are coordinated with no other provider of services. Each of our 50 states has a network of various types of treatment programs, most of which are financially supported by federal and state funds. Most of the states believe their system of care is broken. In most of these states, private treatment programs, many of them members of NAATP, are not even considered part of the state system.

The number of national organizations with a stake of some kind in the alcohol and drug field is enormous. The cooperation and collaboration between these various groups is almost non-existent. In fact, competition is much more the norm. So many groups believe they have a stake in this area including mental health, psychiatric, community coalition and advocacy groups. And who is to say they do not?

But this translates to the outside as a lack of any true leadership. Yes, there has been a lack of personalities that transcend the issues: the late Senator Harold Hughes and former first lady, Betty Ford, are two that fit this bill, but there have not been many. For thirty years, NAATP has attempted to provide a level of leadership that represents its members.

The Betty Ford Center joined NAATP twenty-six years ago during the year of our opening. We have been proud to be a member and a colleague with so many dedicated individuals and programs. Two individuals stand out over these thirty years as the pillars of NAATP. Michael Ford was a distinguished and effective CEO of our organization. Under his watch, NAATP asserted itself as a leader in issues as diverse as a key Supreme Court case to a landmark insurance study called Medstat. Michael watched over a real spurt in growth of membership. NAATP survived a real downturn in the treatment field and part-time leadership of this national organization. Board leadership reached out to one of its own, Dr. Ron Hunsicker, to become the CEO. Under Ron's leadership, membership and NAATP's participation in national issues has risen. Ron has put NAATP back in the center of the alcohol and drug treatment map.

We are a field that does not know even what to call itself—Alcoholism, addiction, drug dependency, drug abuse, substance abuse, substance dependence, addictive disease, alcohol problems. . . . One can go on and on without end. Confusion is often the centerpoint of our work. Recently on the same day, the American College of Physicians called for Medical Marijuana laws to be passed in all 50 states and the reduction of criminal penalties for marijuana possession while the White House Office on National Drug Policy stated that marijuana is now the number one illegal drug being imported from Mexico.

Alcoholism/Addiction is a bio-psycho-socio-spiritual disease. It is complex and fatal if unchecked. It is a chronic, relapsing disease that is misunderstood at all levels of our society. It is not easy. Everyone has been touched in some way by this disease and everyone has a

strong opinion about it. Many people believe it is not a treatable disease and that it is a disease in which the addict should be blamed for taking alcohol and other drugs. The National Association of Addiction Treatment Providers has been the steady voice of reason in educating about this disease and the millions of men and women who deserve access to care. When I started my professional career in 1972, our federal government stated that 85% of alcoholics and addicts in the U.S. will never get help in their lifetime. In 2007, unbelievably our government confirmed that this percentage of those who will never get help for their disease has not changed. Thirty-five years and still only a very few have access to care. NAATP talks about this crisis all the time and seeks any solution possible.

The National Association of Addiction Treatment Providers has never been about competition, but about cooperation. Many programs who have been members of NAATP for many, many years talk about the collegiality and collaboration that is the heart of this organization. We are about our patients. We are about providing access to effective treatment for alcoholics/addicts and their loved ones.

March 2008

John Schwarzlose, President / CEO

Betty Ford Center

NAATP Board President/Chair

1978–1980	Bob Scott	1995–1997	Benjamin Underwood
1980–1982	Bela Maroti	1997–1998	David Hillis
1982–1984	Robert Rundio	1998–1999	Dennis Gilhousen
1984–1985	Linda Pasternak	1999–2001	Philip Eaton
1985–1990	Orville McElfresh	2001–2003	Scott Munson
1990–1992	Harold Swift	2003–2005	Doug Tieman
1992–1993	Frank Fanella	2005–2007	Ken Ramsey
1993–1995	John Schwarzlose	2007–	Edward Diehl

NAATP Board Members: 1978–2008

Terry Allen	Karen Christensen	Kent Farr
Thomas Armstrong	Gene Christopherson	Mary Lou Finney
Jim Bally	Anthony Cole	Rebecca Flood
Len Baltzer	Valerie Craig	Michael Q. Ford
Dwayne Beason	Jerry Creeden	Jim Fulton
Robert Bednarek	Helene Cross	Larry Gibson, M.D.
Linda Bell	Jerry Crowder	Dennis Gilhousen
Brian Boegel	David Cunningham	Michael Ginger
Timothy Boruff	Kermit Dahlen	Ivan Goldberg
Zolita Boysen	Leonard Agnus Dahlen	Abe Gosman
David Bralove	Edward Diehl	Kenneth Gregoire
Ellen Breyer	Jerry Dielh	Jim Guderjohn
Tom Brink	George Dominquez	Uwe Gunnerson
Kay Brown	James Dougherty	Myron Hagebush
Douglas Brush	Allen Drum	Russell Hagen
Edward Carels	Barbara Duckett	William Hartigan
James Carmany	Philip Eaton	Stanley Haugland, M.D.
Mitzi Carroll	James Emmert	Robert Haven
Albert Charest	Frank Fanella	William Hawthorne, M.D.

NAATP Board Members *(continued)*

David Hillis	Orville McElfresh	John Schwarzlose
Gerald Horowitz	Leo McLaughlin	Bob Scott
Ronald Hunsicker	Eugene McWilliams	Christy Shannon
John Jaquette	James Moore	Gerald Shulman
Margo Johnson	Scott Munson	Jerry Spicer
Stanley Kantanie	Michael Neatherton	Barbara Stern
Barry Karlin	Cathy Palm	Larry Steudie
Robert Kasselmann	Linda Pasternak	James Strack
Dick Kessler	Dick Peters	Harold Swift
Charles Kester	Vicki Pevsner	Douglas Tieman
Carl Kester	Renee Popovits	Carol Trenergy
Kathy Lay	Wade Potsch	Benjamin Underwood
Stephen LeBel	Kenneth Ramsey, PhD	Art VanDivier
Doug Lindley	Jerome Rhodes	
John Lord, PhD	Su Roselle	
Phyllis Mabbett, PhD	Robert Rudio	
A. Bela Maroti	Frank Sadlack, PhD	
Wes Marshall	Rich Santoni	
Scott Martin	Michael Schiks	

Nelson J. Bradley Award Recipients

- | | |
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| 1983 – Nelson J. Bradley, M.D. | 1997 – The Rev. Gordon R. Grimm |
| 1984 – Dan Anderson | 1998 – Father Joseph C.
Martin, S.S. |
| 1985 – Allen Drum | 1999 – The Rev. Vernon E. John-
son |
| 1986 – Mrs. Betty Ford | 2000 – Harry A. Swift |
| 1987 – Donald Ian
MacDonald, M.D. | 2001 – Jasper G. Chen See, M.D.
and Monsignor Ignatius
McDermont |
| 1988 – The Rev. John Keller | 2002 – Rabbi Abram Twerski, M.D. |
| 1989 – Max Schneider, M.D. | 2003 – President Gerald R. Ford
and Mrs. Betty Ford |
| 1990 – Senator Harold E. Hughes | 2004 – William Hawthorne, M.D. |
| 1991 – Lewis F. Presnall | 2005 – Jack Whites, M.D. |
| 1992 – James W. West, M.D. | 2006 – Mark Gold, M.D. |
| 1993 – Douglas Talbott, M.D. | 2007 – Carlton K. Erickson, Ph.D. |
| 1994 – Mrs. Tipper Gore | |
| 1995 – ASAM as an Organization | |
| 1996 – Anne Geller, M.D. | |



Michael Q. Ford Award Recipients

- 2002 Manisses Communication Group
- 2003 William White
- 2004 Donna Corrente
- 2005 James Nelson
- 2006 Christopher Kennedy Lawford, Susan Cheever, Rabbi Twerski
- 2007 Carlton Erickson



The commitment and the dedication of everyone and the passion for providing good treatment for this disease was frankly what I most liked. I was honored to be a part of NAATP.

-Ben Underwood, Talbott Recovery Campus

The 1993 collapse of Parkside, the largest addiction treatment provider in the country, shook NAATP and the larger field. We knew if it could happen to Parkside, it could happen to any of us.

-Ron Hunsicker, President/CEO of NAATP

You know we are all busy, we are all working, and we just don't have that sort of time where we can step out of our day to day job and talk to other people and learn from them. Creating a place for that to happen is an important contribution that NAATP has made.

-Jerry Spicer, representing Hazelden.

As a field we have been criticized for our failure to reach consensus and for not having strong leadership. NAATP has filled that void and for many years now has provided THE leadership for the treatment field.

-Dr. Ken Ramsey, Gateway Rehabilitation Center

