

# VISIONS

MARCH, 2001

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP), the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC) and the National Treatment Consortium (NTC).

## COLOR GRAPHS AND A WHOLE LOT MORE!

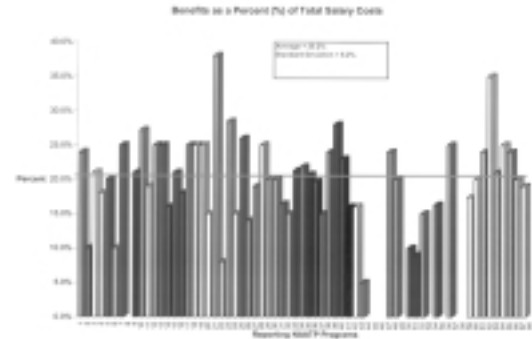
**F**or the fourth (4<sup>th</sup>) consecutive year, the National Association of Addiction Treatment Providers is providing “benchmarking” information exclusively for addiction treatment programs. At a time when almost every organization imaginable claims to have comparative information, only membership in the National Association of Addiction Treatment Providers actually gets you access to comparative information that utilizes treatment programs most similar to yours - addiction treatment programs!

It has become fashionable to speak about performance measures, benchmarking, best practices and improving work processes. In fact, an entire consulting industry has grown up around and as a result of these terms. However, they remain stained ink on a page if there is not an attempt to actually collect the same data and compare it in a consistent way with other providers. When the generic term of *behavioral health* is used the categories are often less than adequate for addiction treatment providers and many alcohol and other drug treatment programs have had to “adapt” in order to complete the forms. **Not so with the benchmarking effort of NAATP!**

Since the spring of 1998, NAATP has been collecting information from addiction treatment providers, for addiction treatment providers and the collection points were identified by addiction treatment providers. Instead of having to make adjustments and gerrymander the questions and the results, the NAATP benchmarking reports are on time, on target and easy to understand.

For 2001 a glossary was developed and accompanies the collection form so as to ensure a more uniform collection of data. The glossary is not intended to necessarily alter the way terms are used in individual programs, but it is intended to help ensure that for collection purposes, everyone defines the terms the same way and calculates the data in a way that all the formulas are consistent. This will only enhance the credibility of this effort.

For those programs that have participated in the past, the report should be recognizable and the grayscale representation of one page of the report below hardly does justice to the professional report prepared for all the participants. For 2001 there are 54 different “pieces” of data re-



GRAYSCALE “SAMPLE” OF ONE NAATP 2000 BENCHMARK CHART. TO GET THE “REAL DEAL” COMPLETE YOUR 2001 COLLECTION FORM TODAY AND RETURN IT TO THE NAATP OFFICE.

quested. Consequently the final report will contain fifty-four bar-graph charts that will visually depict all of the information collected, identify your bar number which will be a constant number on all the charts, calculate the average number for each data set and identify the standard deviation. **All of this is a member benefit and all you need to do is complete the NAATP benchmarking data collection form and return it to the NAATP office.** Of course, you also need to be a member of NAATP, which can easily be accomplished by calling the national office at 717-581-1901.

So, have you ever wondered:

- What is a reasonable percent of my total salary costs to spend on benefits?
- What is a reasonable percent of eligible family members and significant others to participate in treatment along with the identified patient?
- What is a reasonable expectation of billable hours per outpatient addiction treatment counselor per week?
- What is a reasonable expectation of an AMA rate from outpatient detoxification services?
- What is a reasonable number of days in accounts receivable?

### IN THIS ISSUE...

- Last Call for Benchmarking 2001 Material P. 1
- Annual Conference Update P. 6

CONTINUED ON PAGE 3

**W**ell over twenty years ago (1978 to be exact) a group of dedicated, energetic and visionary individuals completed a process that had begun with discussions several years before this date. The outcome of this process was the *incorporation* of the National Association of Addiction Treatment Providers (first called programs). This represented the first major attempt to organize addiction treatment providers outside of the umbrella of federal block grant funding and state funding efforts.

One of the primary initial focuses of this newly organized group was to advocate for a uniform and standard benefit in employer sponsored health care plans. This was critical to this fledgling organization, as many of its initial members offered inpatient addiction treatment and were not receiving federal or state funds. Thus, they were looking to "*health care insurance*" to be a payment mechanism for the services that they provided. This was also coupled with the overwhelming commitment of this early group to the disease concept of addiction and the desire to have it recognized, diagnosed and treatment funded in a fashion that was on par to other medical conditions.

While the more than twenty years have come and gone and some of those original visionaries are no longer with us, 2001 is not all that different from 1978. In fact, some of the same arguments used to exclude addiction treatment from equal recognition and equal access and equal payment are still being used.

**Nevertheless**, NAATP has not only survived, it has shown itself to be amazingly resilient and it continues to make a significant contribution to the addiction treatment efforts. During the past twenty years NAATP has:

- ❑ Provided testimony to the US Supreme Court in a case that focused on the "willful misconduct" definition of this disease,
- ❑ Initiated a major national study demonstrating the "cost effectiveness" of providing treatment for alcoholism and other chemical dependencies,
- ❑ Spawned the initial work group that resulted in the Patient Placement Criteria and *gave* the rights to this work to ASAM,
- ❑ Published several national salary surveys,
- ❑ Provided specialized consulting and training services to NAATP members,
- ❑ Offered national and regional conferences,
- ❑ Published position papers, and
- ❑ Increased the "valued added" component of membership in NAATP

All of this has been achieved because individual providers of addiction treatment, from some of the largest in the country

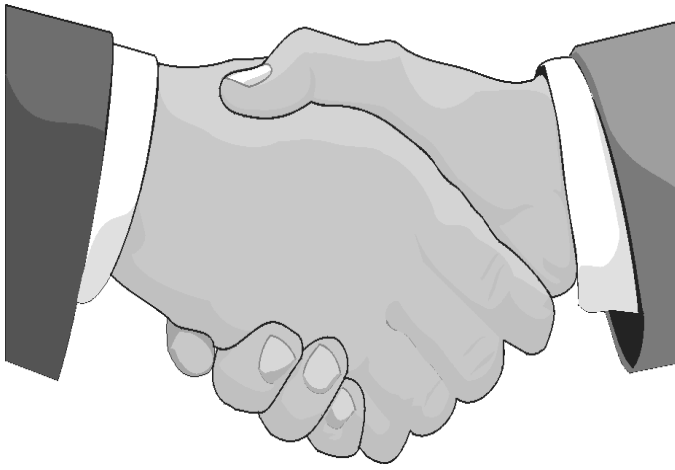
to some of the smallest, have consistently chosen to become and remain members of this association dedicated exclusively to increasing the accessibility and affordability of quality addiction treatment. Membership has been and will remain key to the successful accomplishment of this mission. Membership is key, because membership dues are what fund the efforts and activities of the National Association of Addiction Treatment Providers!

In 1978 almost all of the members of NAATP had "*beds*" as their primary treatment mode. And, those beds were nearly all the same in terms of how they were viewed by state licensure agencies and eventually by insurance companies. So, it was not surprising that the initial thinking of those early NAATP pioneers was to craft a dues structure that was "bed-focused". That remains the case today, even though the times are changing!

For the past twelve months, the NAATP board has been working on the creation of a new dues structure for membership in the National Association of Addiction Treatment Providers. It will be a dues structure that will reflect more accurately the makeup of the current NAATP membership and it will be a dues structure that will more equally distribute the responsibility for supporting the work of NAATP. Over the course of the next nine months, you will receive information on this process both in individual mailings and in newsletter articles. The NAATP board is committed to creating an open process so that information flows rapidly and accurately. At this point the new dues structure will:

- ❑ Be based on operating expense budgets as opposed to licensed beds,
- ❑ Attempt to keep the total dues collected from all NAATP members under the old plan nearly equal to the total dues collected under the new plan,
- ❑ Have ranges into which programs slot themselves so that dues do not change every year, and
- ❑ Have built in safety nets so that programs do not have their dues increased or decreased beyond a specified percentage in any one year (a phase in process to achieve parity).

The Board has been using itself as a representative group to develop various models for review. They are in the process of reviewing this most recent model based on operating expenses and plan to act on the recommendations of the "dues review committee" at the May meeting. This is the first but certainly not the last communication regarding this commitment on the part of the NAATP board of directors to develop a dues structure that is consistent with the vision of 1978 and yet recognizes the realities of 2001 and beyond. You can expect some article or clarification as this model is tested and then put into operation with the dues year 2002. We will also provide a forum for information on this process at the annual conference in **That's The Perspective of RJH**



### NAATP Membership Benefits

Membership has its privileges! For the National Association of Addiction Treatment Providers this is more than a cliché or a slogan. Through the dedicated efforts of its Board of Directors, NAATP has continued to expand the privileges of membership.

Every NAATP member has a need for property & liability insurance that includes professional insurance, as well as risk management services.

But not every policy or company is the same. Why purchase your liability insurance from a program that knows little about the addiction treatment business and does not understand our idiosyncrasies.

The Irwin Siegel Agency has committed itself to working with NAATP members to insure that they receive personal handling, extensive coverage's, and specialized risk management services, all at an affordable price. It requires little to no effort to receive an insurance quote, just have your insurance agent give us a call at 1-800-622-8272.

Alan Kulchinsky is the Irwin Siegel Agency contact for NAATP members. He is available to answer any of your questions, so please call him at 1-800-622-8272.

### NAATP BOARD HEARS REPORTS, AND PLANS FOR 2001

On February 22, 2001, the National Association of Addiction Treatment Providers Board of Directors met to review the activities of the past year and finalize action plans related to the annual conference in May and for the rest of 2001. These board meetings have become "round-table" discussions as activities are reported on from across the country.

In addition to the "normal" reports, the board spent considerable time on issues related to:

- Faith-based initiatives
- Growing interest to move at the state level from addiction as a criminal justice issue to a treatment issue
- Parity at the state and federal level
- New dues structure for NAATP membership (see the RJH

CONTINUED ON NEXT COLUMN

### LAST CHANCE TILL 2002 TO PARTICIPATE IN BENCHMARKING

- 49 other key indicators in the addiction treatment process

If, in fact, you have wondered about these and many more key indicators, then the benchmark survey summary report will contain your answers. However, you cannot buy this report, you cannot borrow this report, and hopefully you cannot steal this report. You can only get this report by participating in the data collection process itself by returning your data collection form. If you have not returned your form and if you cannot locate your form, call the NAATP office **today** so that you will not be omitted from the 2001 report. You will want to have a copy of this on your desk.

Because NAATP has now been collecting this information for the past four years, your association has a database that is second to none in terms of trends, and key indicators. NAATP has the capability of providing you with four-year trending reports (provided that you "inputted" information for the past four years), and NAATP has the ability of producing custom reports that compare your program to other "most like" programs. These trending and custom reports are available from the NAATP office and can be ordered for a modest fee at the time that you receive your "standard" 2001 benchmark report. The NAATP staff is also available to provide you, your staff and/or your board with a detailed presentation on benchmarking and on your individual reports.

Since information is the key to success, then this is information that you must have and it is information that is only available through your association, the National Association of Addiction Treatment Providers.

Remember, if you miss this opportunity, it will be another year before you can participate again!

### BOARD REPORT CONTINUED.....

perspective article on page 2 for more details)

On the faith-based issue and on the issue of moving individuals out of the criminal justice system and into treatment, the NAATP board of directors decided that your association should be represented in these discussions with a position paper. Those are now both in the early draft stage and it is hoped that papers can be presented to the Board in May for approval and circulation. If this is accomplished, the papers may be available at the annual conference. In both instances, it is critical that NAATP position itself as vigorously supporting addiction as a disease. Any attempt to "de-medicalize" addiction will be resisted in the strongest possible way by NAATP. This position will be the cornerstone for any public positions NAATP takes on either faith-based initiatives or on the process of moving from criminal justice to treatment.

The February meeting of the Board again highlighted the commitment your representatives have to this organization. As uncompensated board members, they volunteer for committee work, for conference calls and for meetings in Denver in February!

A more complete report on the activities of 2000 will be included in the 2000 annual report, which will be ready for distribution at the May Annual Conference.

# \$2.5 MILLION AVAILABLE FOR YOUTH ALCOHOL/DRUG TREATMENT

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment recently announced the availability of funds to encourage communities to strengthen drug and alcohol identification, referral and treatment systems for youth.

Approximately \$2.5 million will be available to fund 3 to 5 cooperative agreements. The average award is expected to range from \$500,000 to \$750,000 per year. Cooperative agreements will be awarded for a period of up to 5 years.

"Developing early and comprehensive interventions for youth with a substance abuse problem is a major need throughout the Nation." Said Health and Human Services Secretary Tommy G. Thompson. "While the funds available are limited, this program is an important expansion of services that can be used as a model for other communities."

Applicants should be existing, experienced providers with the capacity to address emerging and unmet needs of youth and their families with state-of-the-art treatment interventions. Services must be directed to youth 21 and younger who are experiencing substance abuse problems.

Joseph H. Autry III M.D., SAMHSA Acting Administrator, pointed out that "SAMHSA estimates that there are over ½ million adolescents aged 12-18 who need substance abuse treatment but do not receive help for their problems. Most of the treatment for youth is referred from the criminal justice system. We need to find ways to provide early and comprehensive interventions before these young people are caught up in crime."

"CSAT is seeking applicants that can develop substance abuse treatment services and create a system that includes a continuum of care for substance abusing youth," said CSAT Director H. Westley Clark, M.D., J. D., M.P.H. "We are looking for public and private non-profit entities with the capacity to successfully identify, refer and intervene with youth."

Details regarding all SAMHSA funding opportunities are published in the Federal Register and may be found on the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) as they become available.. Interested parties should request an application for GFA Number: T101-004. Applications must be received by May 21, 2001.



## YOU'VE GOT MAIL!. ..... WELL, MAYBE NOT!

By the time that you read this newsletter, the "electronic sending" process will have begun with the NAATP member benefit - A subscription to *Alcoholism & Drug Abuse Weekly* newsletter. This newsletter has been added to the growing list of member benefits for the National Association of Addiction Treatment Providers. As has been noted in earlier articles and in mailings, this newsletter will come to you via email and it will be delivered in .pdf format. Instructions on how to access the newsletter will appear on the screen and are only a few clicks (mouse clicks) away.

However, if you have not received your electronic copy of this newsletter, there are a few "probable causes":

1. You have not paid your 2001 NAATP membership dues!, or
2. You did not provide the NAATP with an email address.

Both of these "probable causes" can be taken care of with a phone call to the NAATP office at (717) 581-1901 today! The NAATP staff team is ready to assist you in making sure that your correct email address is entered into the database and in confirming your dues payment for 2001.

If you are **not** an NAATP member and the *Alcoholism & Drug Abuse Weekly* newsletter sounds like something of interest to you, a call to the NAATP office can get a membership packet on its way to your office that very day.

**Don't have your mailbox be empty...Get signed up for your NAATP 2001 membership and begin to receive your newsletter today!**



# NIAAA LAUNCHES COMBINE CLINICAL TRIAL

ELEVEN UNIVERSITIES TO TEST BEHAVIORAL AND PHARMACOLOGIC TREATMENTS FOR ALCOHOL-ISM

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) today announces the start of Combining Medications and Behavioral Interventions (COMBINE), a nationwide study that targets persons with the diagnosis alcohol dependence, commonly known as alcoholism. COMBINE is the first national study to evaluate the effectiveness of behavioral treatments alone and in combination with medications. It begins at a time when advances in genetics, neuroscience and treatment research are forging new directions for alcoholism treatment and building expectations among patients, clinical practitioners and the public for improved treatment outcomes.

“More than 8 million American adults meet clinical criteria for alcoholism, a condition characterized by an abnormal appetite for alcohol that leads to significant impairment—tolerance, impaired control over intake, physical dependence and, often, severe craving following sustained abstinence,” said NIAAA Director Enoch Gordis, M.D. “Of persons who receive treatment, as many as 50 percent relapse at least once and a minority achieve long-term remission of disease. Identifying and developing effective treatments is the first priority of alcoholism research.”

Over the next 24 months at eleven treatment research centers across the United States, the COMBINE study will recruit and randomize 1,375 people who meet current diagnostic criteria for alcohol dependence. Participants will receive one or both of two behavioral treatments (moderate-intensity and lower-intensity) and one or both of two medications (naltrexone and acamprosate) or a placebo. They will attend outpatient sessions for 4 months, then return for three followup visits over the subsequent 12 months.

“COMBINE is based on the accumulated knowledge of two decades in which NIAAA researchers have applied rigorous clinical trial methodology to test treatments for alcoholism,” said Richard K. Fuller, M.D., Director of NIAAA’s Division of Clinical and Prevention Research. “In 1996, Project MATCH, another benchmark multisite national trial, demonstrated the effectiveness of facilitated mutual-help involvement and two professionally delivered behavioral treatments [see “NIAAA Reports Project MATCH Main Findings” at Press Releases, <http://www.niaaa.nih.gov>].”

“Also during the past decade, research on medications to treat alcoholism has rapidly expanded as neuroscientists have advanced understanding of the biology of drinking behavior. From among the most promising pharmacologic and behavioral treatments, COMBINE is expected to define the optimal treatment combinations,” said Raymond F. Anton, M.D., Medical University of South Carolina. Dr. Anton serves as chairperson of the COMBINE Steering Committee, a position held previously by Stephanie S. O’Malley, Ph.D., Yale University School of Medicine.

According to current research, the most promising pharmacologic treatments are naltrexone, approved by the U.S. Food and Drug Administration in 1994, and acamprosate, in use in Europe for about 14 years and currently under review by the U.S. Food and Drug Administration. Naltrexone, an opioid blocker, interferes with brain neurotransmitter systems that produce the rewarding effects of alcohol. Researchers have shown that naltrexone-treated patients are less likely to relapse to heavy drinking. Acamprosate is believed to normalize abnormalities in the glutamate (NMDA) and GABA neurotransmitter systems involved in alcohol withdrawal and may ease the discomfort of abstinence, thereby helping to prevent drinking. Among other questions, COMBINE will explore whether treatment effectiveness is improved by pairing a medication that reduces the risk of any drinking with one that reduces the risk of heavy drinking.

The moderate-intensity behavioral treatment developed for COMBINE integrates motivational enhancement therapy, cognitive-behavioral skills training and facilitated patient involvement in mutual-help groups such as Alcoholics Anonymous—treatments shown by NIAAA’s Project MATCH to increase abstinent days and reduce heavy drinking. The lower-intensity behavioral treatment is designed to sup-

port sobriety, enhance medication compliance, and be incorporated into the daily routine of health care practitioners in primary and managed care settings.

“Alcoholism results from an interplay of drinker characteristics, including intrinsic neurochemical factors, some of which may be genetically modulated, with environmental risk factors. From brain imaging studies, we know that both medications and behavioral treatments can influence brain function and resulting behaviors. Our expectation is that the behavioral and pharmacologic treatments being tested in COMBINE will complement and perhaps enhance one another,” Dr. Gordis said.

The most severe condition in the spectrum of alcohol problems, alcoholism affects about 13 percent of Americans at some time in their lives. Chronic, heavy drinkers are prone to cirrhosis and other liver diseases, neurological disorders, cardiovascular damage, pancreatic disease, and certain cancers. A patient being treated for the consequences of drinking occupies approximately one in four urban hospital beds.

In addition to the 8 million Americans with alcohol dependence, about 6 million meet diagnostic criteria for alcohol abuse disorder, a pattern of harmful or hazardous drinking that persists despite interpersonal, social, employment, or legal problems but does not entail physiological addiction. Millions more engage in risky drinking patterns that could lead to alcohol problems, including impaired productivity, property damage, and injuries. More than one-half of adult Americans have direct family experience of alcohol problems, which cost American society more than 100,000 lives and approximately \$185 billion each year.

The COMBINE study is recruiting people aged 18 years and older. Persons interested in participating may determine their geographic eligibility by calling **886-80-STUDY** after 8:00 AM (EST) March 8. Participants must be willing to be screened for alcoholism and be abstinent for a minimum of 4 and a maximum of 21 days prior to entering the study. There is no cost for participating in the COMBINE study.

One of 25 institutes and centers at the National Institutes of Health, NIAAA is the lead Federal entity for research on the causes consequences, prevention and treatment of alcoholism, alcohol abuse, and alcohol-related problems. Through an integrated, multidisciplinary program, NIAAA supports and conducts more than 90 percent of alcohol research in the United States. The results of NIAAA research contribute directly to the treatment and prevention of alcohol problems and the formulation of national health policy.

For interviews with Dr. Gordis, Dr. Fuller and the COMBINE principal investigators, telephone the NIAAA Press Office, (301) 415-5776 or (301) 415-6999. For additional information about alcohol research, please visit <http://www.niaaa.nih.gov>

ASAM certified family practitioner finishing  
Addiction Medicine Fellowship in  
June. Looking for work opportunities.  
Works well individually or in team  
setting. Willing to consider full or part-time.  
Contact:

[rmoores@mail.jamaicaplain.com](mailto:rmoores@mail.jamaicaplain.com)

# ANNUAL CONFERENCE UPDATE



## IT MAY NOT BE SHANGRI-LA, BUT IT IS SCOTTSDALE, AZ

The planning is complete, the registration brochures have been mailed, all the tabletop exhibits have been reserved and the registrations are ahead of last year. It is hard to imagine that you would want to be any place other than the Marriott's Mountain Shadows Resort from May 20-22, 2001. In case you have not looked at a calendar, that is only *eight (8)* weeks from now!

The 2001 conference, with the backdrop of the wonderful ambience provided by the Scottsdale area, promises to provide you with an energizing experience. Workshops, plenary presentations and lots of time to renew friendships and make new ones will characterize this event.

However, the focal point of the event will occur on Monday with the awards luncheon where the:

- Nelson J. Bradley Life Time Achievement Awards
- American College of Addiction Treatment Administrators Administrator of the Year Award
- James W. West, M.D. Quality Improvement Award
- Michael Q. Ford Journalism Award

will be presented. This celebrative and festive event will honor and recognize just some of the individuals and programs that have carried the torch for the ad-

diction treatment field. Not only will your attendance help you gain a perspective on what is happening in the addiction treatment field and what trends will shape the future, but your presence will also speak volumes in helping to recognize the individuals and programs receiving National Association of Addiction Treatment Providers awards.

If you have not already made plans, do so now. If you do not have a registration form, you can download one off of the NAATP website at [www.naatp.org](http://www.naatp.org) or you can call the NAATP office at (717) 581-1901.

## IT MAY NOT BE SHANGRI-LA, BUT IT IS SCOTTSDALE, AZ AND YOU CAN BE THERE IN 8 WEEKS!



T

his is a great time to be working in the Chemical Dependency treatment field, and by extension to be part of the work of NAATP. There is a lot happening that reinforces the valued lessons of our collective past, the strength of our present, and the promise of our future. We have truly stepped into the new Millennium with energy and vision, and I am firmly committed to the notion that as “The Carpenters” sang about 35 years ago, “We’ve only just begun...”

But with so much drawing us to look to the future, I want to take a moment on this page to take a personal look back. On April 6, 2001, I will be observing my 30<sup>th</sup> anniversary as a Valley Hope employee. Now I now that most of us are part of “reality based” treatment programs, but that is one reality that just about blows me away! 30 years is more than half of my life. Valley Hope is only the second place I have worked since leaving graduate school in 1969. (I guess that says I have either found “my place”, or I haven’t been very good at following up on other job opportunities!) Whatever the case, in those 30 years I have seen Valley Hope grow from on facility in Norton, Kansas, with about 30 patients and maybe 20 or 25 employees, to 19 facilities in six states with an average of over 300 residential patients, another 150 or so intensive outpatients, and over 400 employees. With the soon to be announced opening (I guess I just announced it!) of our new residential and IOP facility in Dallas-Ft. Worth area, all those number are going to jump again.

I am rehearsing all that simply because it absolutely amazes me how much has changed in the last 30 years. You can run the list yourselves-reimbursement issues, accreditations standards, credentialing and turf conflicts, the growing bureaucracy both within our own organizations and within those who oversee us- and 30 years ago the term “managed care” didn’t even exist! But I want to leave all that change behind for a moment, because I am even more amazed at how much has remained the same. And that is what I want to talk about for a moment, and to do it I have to think in personal terms about my own organization. There were a few things that were central to what Valley Hope believed 30 years ago, that gave us a foundation that has supported us through the “tough years” and that remain central to what I believe makes us a strong voice for recovery today.

- ❑ The alcoholic and drug addict is first and foremost *created* as a dignified human being, and deserves to be treated with respect.
- ❑ Addiction is a family centered and family disrupting *dis-*

*ease* and treating the total disease requires treating all the symptoms.

- ❑ Our strength is not in our buildings, or policies or programs. The strength that sustains us and gives us both a history and a future lies in the people who work in those buildings, carry out the policies, and bring life to the programs.
- ❑ I can usually learn more, and make more of a difference, by listening than I can by talking.
- ❑ At Valley Hope, we have a tradition that when patient complete treatment they hang their coffee cup on the wall as a symbol of their sobriety. Family members who participate in that treatment hang a saucer with it. As I travel around, I sit in on those ceremonies as often as possible. I have never seen a cup or saucer hanging that did not let me see the God of my understanding at work, or see a black ribbon on a cup already on the wall (a symbol that an alumnus has died) that did not make me cry inside. That is because I care about what I am doing, and about the people for whom I am doing it.
- ❑ And a whole lot more, all seasoned with both humility and gratitude for being part of it.

30 years ago is a long time. Coming to Valley Hope from a good job in a big hospital in a big city was a big step on April 6, 1971. But it was exactly the right step. In that 30 years the world, the treatment field, and my life have all changed in ways that are almost beyond comprehension. I can look back on all that now and say, without hesitation, that I would do it all over again because it is the best thing I have ever done. I believed in the potential of that new adventure into the unknown 30 years ago, and bet my life on it. I still believe in the potential of our field today, and will bet my future on it.

**DENNIS R. GILHOUSEN, PRESIDENT/CEO  
VALLEY HOPE ASSOCIATION  
BOARD MEMBER, NAATP**

## UPCOMING EVENTS FOR YOUR CALENDER

The **New York State Office of Alcoholism & Substance Abuse Services** and the **Alcoholism & Substance Abuse Providers of New York State** will present "Sharing the vision" Prevention at Work" **April 1 to 3 in Albany, N.Y.** For more information, call (518) 426-3122.

**Community Anti-Drug Coalitions of America** will present a satellite broadcast, "Youth Leadership: America's Future," **April 5 at various locations.** For more information, contact Ed Kronholm at (877) 820-0305.

The **American Society of Addiction Medicine** will present the Ruth Fox Course for Physicians **April 19 in Los Angeles.** For more information, call 301-656-3920.

The **American Society of Addiction Medicine** will present a Buprenorphine Training Course **April 22 in Los Angeles.** For more information, call 301-656-3920.

The **National Institute on Alcohol Abuse and Alcoholism** and the **University of California at San Francisco** will present a symposium, "Neurobiology of Drug and Alcohol Abuse," **April 26 and 27 in San Francisco.** For more information, call (510) 985-3100.

The **National GAINS Co-Occurring Disorders and Justice Center** will present a regional forum, "Developing Integrated Strategies for Youth with Co-Occurring Mental Health

and Substance Abuse Disorders in Contact with the Juvenile Justice System," **May 16 to 18 in Tampa, FL.** For more information, call 800-311-4246 or visit [www.prainc.com](http://www.prainc.com).

The **National Association of Addiction Treatment Providers** will hold its 2001 annual conference May 20-22, 2001 in Scottsdale, AZ. The theme will be: "**SUCCESS = Quality Clinical Programs and Quality Business Plans**". For more information, call (717) 581-1901.

The **National Association of Alcoholism and Drug Abuse Counselors** will hold its 25<sup>th</sup> annual Conference on Addiction Treatment **May 23 to 26 in Portland, OR.** For more information, call (800) 548-0497 or visit [www.naadac.org](http://www.naadac.org).

The **Substance Abuse and Mental Health Services Administration** will present the third National Women's Conference, "A Generational Journey: Women Carrying the Vision," **June 18 to 21 in Orlando, FL.** For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

The **National Association of Addiction Treatment Providers** will present **SECAD 2001, November 28 - December 1, 2001 in Atlanta, GA.** For more information call (888)-506-7394 or [www.naatp-secad.com](http://www.naatp-secad.com).

# NAATP VISIONS

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

The editorial office is located at:  
501 Randolph Drive  
Lititz, PA 17543-9049

Editor  
Ronald J. Hunsicker  
Phone: 717-581-1901  
Fax: 717-581-1902  
E-Mail: [RHunsicker@naatp.org](mailto:RHunsicker@naatp.org)  
Web Site: [www.naatp.org](http://www.naatp.org)

NAATP Board Chair  
Philip W. Eaton, CEO  
Rosecrance Health Network  
Phone: 815-391-0100  
Fax: 815-391-5041  
[peaton@rosecrance.org](mailto:peaton@rosecrance.org)

V I S I O N S

Presorted  
First-Class Mail  
U.S. Postage Paid  
Lancaster, PA  
Permit 472

The National Association of Addiction Treatment Providers

501 Randolph Drive  
Lititz, PA 17543-9049