

April, 2006

ONDCP REAUTHORIZATION



While a great many issues currently being debated by the United States Congress have made their way to front page headlines, the reauthorization of the Office of National Drug Control Policy (ONDCP) sailed through the House of Representatives on March 9 with very little attention or fanfare. On a vote of 399-5 the House affirmed the reauthorization of ONDCP. What is important about this vote is not that the reauthorization sailed through, but that it did so with a number of amendments which could have significant "down stream" impact on addiction treatment.

The reauthorization language which is now making its way through the Senate has two central themes. The first is accountability and the second is control. The House Government Reform Sub-Committee on Criminal Justice, Drug Policy and Human Resources has inserted language into the reauthorization in the form of amendments which would give this committee considerable more control over ONDCP and which would force ONDCP to be more accountable in terms of both its programs and its philosophy. One example of the language found in the reauthorization bill, which is H.R. 2829, is that it would prohibit the ONDCP director from approving a budget by an agency under its jurisdiction "for drug treatment activities that do not provide adequate result and accountability measures as determined by the Director of ONDCP". Given the way in which organizations are set up, that "under its jurisdiction" language would apply to SAMHSA!

It would appear that the major emphasis behind some of these amendments is to build into the process accountability of public sector treatment providers. The prime movers of the amendments suggest that this reauthorization bill will for the first time require a uniform system of evaluating the success of drug treatment.

If the current reauthorization bill passes the senate, then the ONDCP would have to deliver an annual report every year before February 1 that does the following:

1. develops 2-year and 5-year performance measures and targets for each National Drug Control Strategy goal and objective es-



2. describes the sources of information and data that will be used for each performance measure incorporated into the performance measurement system;
3. identifies major programs and activities of the National Drug Control Program agencies that support the goals and annual objectives of the National Drug Control Strategy;
4. evaluates the contribution of demand reduction and supply reduction activities implemented by each National Drug Control Program agency in support of the National Drug Control Strategy;
5. monitors consistency of drug-related goals and objectives among the National Drug Control Program agencies and ensures that each agency's goals, objectives and budgets support and are fully consistent with the National Drug Control Strategy; and
6. coordinates the development and implementation of national drug control data collection and reporting systems to support policy formulation and performance measurement, including an assessment of
 - a. the quality of current drug use measurement instruments and techniques to measure
 - b. supply reduction and demand reduction activities;
 - c. the adequacy of the coverage of existing national drug use measurement instruments and techniques to measure the illicit drug user population and groups that are at risk for illicit drug use; and
 - d. the adequacy of the coverage of existing national treatment outcome monitoring systems to measure the effectiveness of drug abuse treatment in reducing the illicit drug use and criminal behavior during and after the completion of substance abuse treatment; and
7. identifies the actions the Director shall take to correct

any inadequacies, deficiencies, or limitations identified in the assessment described in paragraph (6).

Whether or not this reauthorization bill will pass the Senate is unclear as the working session for

IN THIS ISSUE...

• ONDCP Reauthorization	P. 1
• Bush Releases 2007 Budget	P. 3
• Career Opportunities	P. 4
• Welcome New NAATP Members	P. 6

CONTINUED ON PAGE 6



ISSUE

naatp

national association of addiction treatment providers

THE WHOLE IS GREATER THAN THE SUM OF ITS PARTS

“HAVING HAD A SPIRITUAL AWAKENING AS THE RESULT OF THESE STEPS,
WE TRIED TO CARRY THIS MESSAGE TO ALCOHOLICS AND TO PRACTICE
THESE PRINCIPLES IN ALL OUR AFFAIRS.” STEP 12

If you are following the debate and conversation in the addiction treatment “trade press” as well as publication from the federal government and its various sub-contractors, you know that there has been relentless discussion about evidence based treatment and/or practice. EBP or EBT has become the new hot topic. The way in which the discussion has been framed is such that no one, absolutely no one can be against “evidence based treatment”. And your association, the National Association of Addiction Treatment Providers, is absolutely and directly supportive of providing addiction treatment which is evidence based! The struggle, however, is to answer the questions, “what evidence?” and “how is that evidence gathered?”

Over the course of the discussion, I have been struck by the temptation to make the discussion and thus the process much more difficult than it really is. There seems to be an attempt to list a variety of elements, or strategies or interventions as evidence based and to hang our hopes on those particular interventions or strategies as evidence based treatment. In many of the lists which I have reviewed on this topic you will find motivational interviewing listed as one of those elements, one of those strategies or interventions. So, motivational interviewing gets listed as evidence based practice. Yet, there appears to be little awareness that motivational interviewing in and of itself is utilized, there is little about it that makes it more likely that a person will achieve and be able to sustain recovery. In other words, what is missing from the current effort is the awareness that the whole is greater than the sum of its parts. Addiction treatment is most effective when it is delivered via a programmatic approach. A program is a constellation of interventions, approaches, strategies which together have a cumulative impact far greater than the impact of any single intervention. Should we, members of the National Association of Addiction Treatment Providers, not be working to help folks interested in furthering the efforts of EBT to understand that addiction treatment is best delivered as a program and that to pull the various elements out of the program is to misunderstand the very nature of the disease? I believe that NAATP needs to lend its voice to the EBT discussion, but to do so in such a way as to provide the “evidence” that the programmatic approach which is the most common form of treatment delivered by NAATP members has the evidence necessary to support this concept.

Nevertheless, this discussion does beg a second question. If we are going to look at the evidence, then what are we looking for in terms of “results of treatment”? We are, I believe, at a very critical juncture in both the political and social climate in terms

of looking at expectations for addiction treatment. My reading of NAATP is that the overwhelming majority of our members continue to support “recovery” as the goal or as the result of treatment. And therein lies the rub. Recovery and reduced harm to society and to the diagnosed individual may not be the same! Recovery and abstinence is also not the same! If, as I believe, the majority of NAATP members continue to believe that recovery is the ultimate outcome of treatment and that treatment includes the management of this recovery for the life time of the individual, then we are going to have to make that case. I do not believe that case is going to be made by public policy makers, by governmental agencies or by purchasers of health care.

Circling back then to the Evidence based treatment discussion. Is there, or better yet, can we provide the evidence to demonstrate that addiction treatment as we know it and as we deliver it, makes it more likely that persons will move toward recovery? Can we provide the evidence to show that through a programmatic approach which incorporates a number of key core elements, it is more likely that a person will embrace and integrate into themselves the reality of recovery?

And what is it that we mean by recovery? This is a very fair question and one that we need to come to some common understanding. And so I end where I began in the title of this little piece. The 12th step suggests that as a result of a spiritual awakening we are able to live a life of recovery. Perhaps one measure of whether or not a treatment program works toward recovery or whether it works toward harm or symptom reduction may be seen in the framing of a simple question. “Does your treatment program make it more likely that the person in treatment will have a spiritual awakening and thus be able to live a life as a recovering individual”? There are no guarantees in life and no addiction treatment program can make anything happen, but we can make it more likely!

The whole is greater than the sum of its parts and so a programmatic approach which incorporates a number of elements has far more power and impact than individual interventions. Recovery continues to be the primary goal of treatment among NAATP members and it may well be that this spiritual awakening is the distinguishing feature between recovery and simply not drinking. What would it look like if this language began to show up in the EBT discussion?

Ronald J. Hunsicker

PRESIDENT BUSH RELEASES FY 2007 BUDGET; INCLUDES REDUCTIONS FOR SERVICE AND RESEARCH CENTERS, LEVEL FUNDING FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT AND PROPOSAL FOR TWO NEW GRANT PROGRAMS

On February 6th, President Bush released his FY 2007 budget, targeting 141 federal programs for either elimination or substantial cuts, including the Safe and Drug Free Schools and Communities States Grants program. Under the proposed budget most federal drug and alcohol treatment, prevention, research and education programs would receive decreases in funding from the amounts allocated last year. In addition, the President's budget calls for two new initiatives through the Access to Recovery program that will seek to expand choice for people seeking prevention, treatment and recovery support services through the use of vouchers.

The President's budget requests for key alcohol and drug prevention, treatment, education and research programs are:

- The Substance Abuse Prevention and Treatment Block Grant (SAPT) program would receive \$1.7586 billion, funding level to the current FY 2006 amount.
- The Center for Substance Abuse Treatment (CSAT) would receive \$175.4 million, a decrease of \$23.5 million from FY 2006 funding levels. Within CSAT's Programs of Regional and National Significance (PRNS) the Capacity programs would be cut by just over \$27 million and the Science to Service programs would receive an increase of \$3.6 million.
- Funding for CSAT also includes \$98 million for the Access to Recovery (ATR) program. The FY 2007 ATR budget would include a new Voucher Incentive Program (VIP), a stand-alone methamphetamine voucher program, and funding for an evaluation of the Access to Recovery program. The new Voucher Incentive Program, requested to receive \$70.5 million under the President's budget, would provide up to 25 grant awards for \$1 to \$5 million to applicant States and tribal organizations; this program would seek to expand client choice through the use of vouchers. In the competitive grant process for VIP funds, States that voluntarily commit to use a portion of their Substance Abuse Prevention and Treatment Block Grant funds to deliver substance abuse prevention and addiction treatment services through vouchers will be given priority. Under the President's budget the Access to Recovery methamphetamine voucher program would receive nearly \$25 million which could fund approximately ten \$2.5 million grants to support treatment and recovery support services.
- The Center for Substance Abuse Prevention (CSAP) would receive \$180.6 million, a cut of \$12.3 million.
- For the second year in a row, the President's budget calls for the elimination of the Safe and Drug-Free Schools and Communities State Grants Program that supports community-based prevention programming. Despite the President's recommendation to zero out the program's funds last year, Congress did appropriate \$346.5 million to the Safe and Drug-Free Schools and Communities

State Grants Program for the FY 2006 fiscal year. Under the FY 2007 budget, all funds for this program would be eliminated.

- Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) would receive \$433 million and \$995 million, respectively, representing a \$3 million decrease for NIAAA and a \$5 million decrease for NIDA from FY 2006's funding levels. In addition, under the President's budget, the Drug Court program would receive \$69 million, a \$59 million increase. The President's Reentry Initiative would receive nearly \$60 million, with the Department of Labor receiving \$20 million, the Department of Justice receiving \$15 million and the Department of Housing and Urban Development receiving nearly \$25 million.

In addition, under the President's budget, the Drug Court program would receive \$69 million, a \$59 million increase. The President's Reentry Initiative would receive nearly \$60 million, with the Department of Labor receiving \$20 million, the Department of Justice receiving \$15 million and the Department of Housing and Urban Development receiving nearly \$25 million. In addition, the President's budget requested \$40 million for the mentoring of children of prisoners.

The Congressional Budget Committees begin hearings on the President's Budget this week and will be developing their own budget in the coming months.

The President's entire FY 2007 budget can be found at <http://www.whitehouse.gov/omb/budget/fy2007/>.

SEE TABLE ON PAGE 5

2006 BOARD NOMINATIONS

LOOK FOR THE 2006 NAATP
BOARD OF DIRECTORS BALLOT
ARRIVING SOON!

PLEASE RETURN TO THE
NAATP OFFICE BY

APRIL 30TH

CAREER OPPORTUNITIES

CARON FOUNDATION

INTERNATIONALLY RECOGNIZED FOR EXCELLENCE IN CHEMICAL DEPENDENCY TREATMENT, IS SEEKING THE FOLLOWING:



DIRECTOR OF RESEARCH

This position plays a key role in managing research initiatives, providing strategic oversight and direction for research studies, monitoring industry trends, producing research papers, journal articles and other literature, and presenting research at regional and national addictions conferences to position Caron as the authority on addiction research. Requires a Doctorate in Social Sciences (Ph.D. preferred) with competency in the application of research methods and 5 years exp. working in the addictions field. Must have demonstrated skill in professional writing, research design and analysis, application of statistical methods, and public relations. Must be able to travel as required.

PSYCHOLOGIST

This position plays a key role on the multi-disciplinary treatment team by providing psychological services to our adult female patients and consultation and training to clinical staff. Requirements include a current PA license in good standing, an Ed.D, Ph.D., or Master's in Psychology, one-year experience treating a chemically dependent/co-dependent female population.

CLINICAL COORDINATOR

To provide leadership to clinical staff including team building and development, participate in programmatic improvements, and ensure facility performance objectives are aligned with strategic plan at our Adult Relapse Unit. Must have effective leadership skills that foster teamwork, proven public speaking and facilitation skills, and above average organizational skills. Requires a Bachelor's degree in related field (Master's preferred) with a minimum of 3 yrs. clinical exp., preferably in a CARF accredited CD facility, Relapse Certifications and 1 yr supervisory experience preferred.

IN ADDITION TO THESE OPPORTUNITIES, CARON IS OPENING A NEW YOUNG MALE ADULT UNIT THIS SUMMER AND RECRUITING FOR ALL LEVELS OF CLINICAL STAFF. WE OFFER AN EXCELLENT BENEFITS PACKAGE. PLEASE SUBMIT RESUME AND SALARY REQUIREMENTS

TO:
CARON FOUNDATION,
GALEN HALL ROAD, PO BOX 150,
WERNERSVILLE, PA 19565
ATTN: RECRUITER. FAX: 610-678-8583
EMAIL: RECRUITER@CARONFOUNDATION.ORG
WWW.CARON.ORG

CARON TREATMENT CENTERS, INTERNATIONALLY RECOGNIZED FOR EXCELLENCE IN ADDICTION TREATMENT, IS SEEKING THE FOLLOWING:

- ADDICTION COUNSELOR
- ASSOCIATE COUNSELOR
- CLINICAL COORDINATOR
- FAMILY THERAPIST

FOR MORE INFORMATION REGARDING THESE POSITIONS, VISIT THE CAREER SECTION OF OUR WEBSITE AT WWW.CARON.ORG. SEND YOUR RESUME TO: CARON TREATMENT CENTERS, ATTN: RECRUITER, GALEN HALL ROAD, PO BOX 150, WERNERSVILLE, PA 19565. FAX: 610-678-8583. EMAIL: RECRUITER@CARON.ORG WE OFFER EXCELLENT BENEFITS INCLUDING A GENEROUS PAID TIME OFF POLICY!



TALBOTT RECOVERY CAMPUS

SALES: MARKETING MANAGER

Nationally recognized behavioral health provider seeks an experienced professional to develop new sources of business and revenue and maintain existing customer relationships. The candidate must be a self-starter with a demonstrated record of success in sales and marketing or other related experience. Requires communication and interpersonal skills and desire to succeed. Knowledge of addiction and psychiatric healthcare a plus. Requires ability to travel within the U.S. and Canada.

AN EXCELLENT COMPENSATION PACKAGE THAT CONSISTS OF SALARY PLUS BONUS, 401K AND HEALTH BENEFITS. GREAT GROWTH POTENTIAL. SEND/FAX RESUME TO HUMAN RESOURCES, TALBOTT RECOVERY CAMPUS, 5448 YORKTOWNE DRIVE, ATLANTA, GA 30349;
FAX (770) 909-6925

Overview of President's FY 2007 Budget Request for Drug and Alcohol Treatment, Prevention, Education, and Research Programming

Program	FY 2004 Funding Level	FY 2005 Funding Level	FY 2006 FUNDING LEVEL	FY 2007 Budget Request
Substance Abuse Prevention and Treatment Block Grant	\$1.7791 billion	\$1.7756 billion	\$1.7586 billion	\$1.7586 billion (level funding)
Center for Substance Abuse Prevention (CSAP)	\$198.5 million	\$198.7 million	\$192.9 million	\$180.6 million (decrease of \$12.3 million)
Center for Substance Abuse Treatment (CSAT)	\$419.2 million <i>(Includes \$100 million for the Drug Treatment Voucher Program, Access to Recovery)</i>	\$422.3 million <i>(Includes \$100 million for the Drug Treatment Voucher Program, Access to Recovery)</i>	\$398.9 million <i>(Includes \$100 million for the Drug Treatment Voucher Program, Access to Recovery)</i>	\$375.4 million (decrease of \$23.5 million) <i>(Includes \$98 million for Access to Recovery, which includes \$70.5 million for the new Voucher Incentive Program and \$25 million for a new Methamphetamine Voucher program)</i>
National Institute on Drug Abuse (NIDA)	\$991.5 million	\$1.0067 billion	\$1.00 billion	\$995 million (decrease of \$5 million)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	\$428.9 million	\$438.5 million	\$436 million	\$433 million (decrease of \$3 million)
Safe and Drug Free Schools and Communities: State Grants Program	\$437 million	\$437 million	\$346.5 million	\$0 <i>(slated for elimination, decrease of \$346.5 million)</i>

2006 NAATP

NEW MEMBERS

HANLEY HALL
VERO BEACH, FL

INNER HARBOUR, A SAFE PASSAGE FOR
WOMEN IN RECOVERY
TEQUESTA, FL

WILDERNESS QUEST
MONTICELLO, UT

NEW HOPE FOUNDATION
MARLBORO, NJ

BETTER TIMES PRODUCTIONS
CALABASAS, CA

SUNSHINE COAST HEALTH CENTRE
POWELL RIVER, CANADA

MORNINGSIDE RECOVERY
NEWPORT BEACH, CA

PLAN NOW TO ATTEND!
MAY 20-23, 2006.

PALM BEACH

2006
NAATP ANNUAL

ADDICTION TREATMENT
LEADERSHIP
CONFERENCE

FOR INFORMATION VISIT WWW.NAATP.ORG

CONTINUED FROM PAGE 1

Congress is short with a number of other very important items scheduled to be addressed. What is certain is that this is not a reauthorization bill as usual. There is an increasing effort to not only define expectations in terms of the activity of ONDCP, but there is also an effort to have ONDCP define what constitutes accountable addiction treatment and what constitutes acceptable results of treatment.

The questions which remain are how comfortable are we with having ONDCP determine what constitutes quality addiction treatment and what constitutes acceptable outcomes for addiction treatment? Are we comfortable that addiction treatment will continue to be defined as a response to a chronic disease and that the goal of treatment is long term sustainable recovery? If not, we need to let our representatives know about our concerns on this issue.

Results!

“Brown Consulting, Ltd. helped Pavillion and its staff prepare for our accreditation - working thoroughly in each area. I recommend them highly to other organizations working towards their accreditation.”

Anne Vance
CEO, Pavillion International
NAATP Member

BROWN
CONSULTING
Behavioral Services

1-800-495-6786

www.danbrownconsulting.com



INFLUENCING PUBLIC POLICY AND PUBLIC OPINION

At the February 2006 meeting of the NAATP board we had an extensive discussion regarding how the organization could most effectively impact public policy to improve public support for addiction treatment. The struggle to help the makers of public policy, and the public in general, to better understand addiction, as a treatable illness has been a challenge for as long as this understanding of addiction has existed. Despite the efforts of thousands of dedicated individuals over several decades to inform and educate, and the progress that has been made as a result of these efforts, we still find that the nature of addiction and the promise of addiction treatment is still extremely misunderstood by most policymakers and the general public.

The NAATP board is planning to lead a renewed effort on the part of the organization and our members to have a greater impact on public policy and public opinion in order to support our work in assisting individuals and families suffering from addiction. There is obviously a great deal of work to be done over the next several months. It is a huge challenge to develop a strategy that is within our resources to implement and that has a reasonable chance of making a difference in this complex arena. Despite this enormous challenge, I believe that with good planning and combined efforts we can build on the successes of the past, achieve important goals, and build a foundation for future progress.

First we must decide what the most important achievements in the public policy/opinion arena are at this time. This may seem like an obvious first step, but all too often groups begin the discussion about what they are going to do and how they are going to do it long before anyone clearly understands what they hope to accomplish. Without knowing the outcome, it is impossible to develop an effective strategy.

In addition to being certain that our energies are focused on the most important priorities, we must be certain that our goals are realistic. There are many worthwhile goals that we might pursue, but it is unrealistic to think we will have the time and energy to work on all of them at the same time. And, an unrealistic goal, clearly beyond our reach, or attempting to work on too many goals simultaneously, would likely result in none of the goals being effectively achieved. Our public policy agenda must be substantive but sufficiently modest to insure a high likelihood of success.

Once our goals or outcomes are clearly defined, it will be necessary to determine how to measure the success. There is a tendency to measure success by how much effort is put into a project rather than specific measurable outcomes that have been reached. I advocate for NAATP to be both clear about the goals and to be equally clear about the objective measures that will be used to determine our success.

The second step in a successful public policy is to develop strategies that will be helpful in achieving the outcomes that we have defined. We must be creative, innovative and willing to try new and innovative ideas, but realistic about our resources and capacity to implement the strategies that we develop. The most elegant strategy poorly implemented will never result in the desired outcome.

Finally, the NAATP board and membership must understand that money alone cannot buy the outcomes that we hope to achieve. This is not a project that can be completed by hiring and paying a public policy consultant to do all of the work. Success will only be achieved, no matter the outcomes we define, if the board and membership are willing to give of their time and energy in addition to financial resources. Each member organization must commit not only to financial resources, but also human resources to work directly with legislators, corporate decision makers and other community leaders in order to shape opinions and decisions that are made in relationship to addiction and addiction treatment.

I am excited about the possibilities and changes the NAATP might influence by means of its involvement in the addiction treatment field and the public policy arena. Both areas have such a significant impact on what we do. Therefore, I invite and challenge the NAATP membership to join with the board in defining and implementing a public policy that will continue to advance the addiction treatment field in our on-going efforts to serve the needs of individuals and their families suffering from addiction.

RUSSELL HAGEN, CEO
CHESTNUT HEALTH SYSTEMS, INC.
NAATP BOARD MEMBER

UPCOMING EVENTS FOR YOUR CALENDER

FACES will hold "Mastering Counseling Skills-Anger, Abuse, Trauma", April 19-22, 2006 in Santa Fe, NM and May 18-20, 2006 in Washington, D.C. For More information email info@facesconferences.com or call 877-633-2237.

The 5th Annual Alberta Conference on Gambling Research "Social and economic costs and benefits of gambling" will take place on Friday, April 21 & Saturday, April 22, 2006 at the Banff Centre, Banff, Alberta. http://www.abgaminginstitute.ualberta.ca/2006_conference.cfm

The Institute for Integral Development will hold the 19th Annual Northwest Conference on Behavioral Health & Addictive Disorders, May 4-6, 2006 in Seattle, WA For more information call 800-544-9562.

The American Society of Addiction Medicine (ASAM) will hold its 2006 37th Annual Meeting and Medical -Scientific Conference, May 4-7 in San Diego. Symposia, courses, workshops, lectures and poster presentations will focus on the latest developments in research and treatment issues. Call ASAM office at 301-656-3920 for more information, or visit www.asam.org/conf/cong_gf.htm.

The National Association of Addiction Treatment Providers will present their annual Leadership Conference, May 19-23, 2006 in West Palm Beach, FL. For more information, visit www.naatp.org.

The National Conference on Addiction & Criminal Behavior will be held at the *St. Louis Hilton by the Ballpark*, St. Louis, Missouri, September 17-20, 2006. Approved for 23.5 continuing education units.

For registration information call 800-851-5406 or online at www.gwcinc.com.

The Ben Franklin Institute will hold a Summit For Clinical Excellence June 8-11 in Monterey, California /Adolescent conference; September 14-17 in New York, NY; September 28-October 1 in Tempe, AZ Adolescent/Young Adult; October 27-30 in Scottsdale, AZ. For more information call (800) 643 - 0797 or www.BFIsummit.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:
313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748

Editor

Ronald J. Hunsicker

Phone: 717-392-8480

Fax: 717-392-8481

E-Mail: RHunsicker@naatp.org

Web Site: www.naatp.org

NAATP Board Chair

Kenneth S. Ramsey, President/CEO

Gateway Rehabilitation Centers

Phone: 412-766-8700 X101

Fax: 724-378-6289

kenramsey@gatewayrehab.org

V I S I O N S

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

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