



IF YOU ARE NOT IN ATLANTA FOR SECAD 2006 YOU MADE A WRONG TURN

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

For the 31st year, Atlanta will be the location for the SECAD (South East Conference on Addictive Diseases) conference. Beginning with a SECAD pre conference conducted by Open Minds on November 28, 2006 and concluding with either an Ethics and Leadership Seminar or a Buprenorphine and Office Based Treatment of Opioid Dependence on Saturday, December 2, 2006, SECAD promises to pack its days with innovation, interaction, networking, stimulation and fellowship.

This year SECAD has been organized by themes for each day. Those themes include:

Wednesday: Promising Practices and Research Findings

Thursday: Special Populations

Friday: Focus on the Family

Saturday: Leadership Today and Tomorrow

You will want to arrive and be registered early as the very first presentation promises to stimulate the thinking as it will examine, *Drug Free versus Medication Assisted Treatment Debate*. A panel of experts will provide information and some very thought provoking presentations as this topic is presented so as to help everyone better understand the issues, alternatives and expectations. SECAD is your source for up to date information and you will certainly receive it this year!

Another very important event on the opening day will be the Opening Luncheon where the induction ceremony for the Conway Hunter, M.D. Society will be incorporated into this event. Be sure to plan to be at the luncheon to that you can help recognize and honor your colleagues who have been selected to

be inducted into this society. Dr. Conway Hunter was the person who first organized SECAD some 31 years ago and this society is a way to keep his legacy alive.

Other presenters for SECAD 2006 will include:

Cardwell C. Nuckols, Ph.D.

Rich Beach, M.D.

Cynthia Reinbach, M.S.

H. Westley Clark, M.D.

Carlton Erickson, Ph.D.

Martin Cheatele, Ph.D.

Stephanie Covington, Ph.D.

Jennifer Angler

Debra Neal

Kirk Kureska

Jerry A. Boriskin, Ph.D.

Carolyn Costtin, MA

Bitten Johnson, RN

Tim O’Farrell, Ph.D.

Jeff Jay

Paul Earley, M.D.

Michael Wilkerson, M.D.

Ellen McCabe O’Mara, Ed.D.

Kristina Wandzilak

An added feature for 2006 will be the Thursday evening November 20, 2006, invitation only dinner in the exhibit hall for exhibitors and one invited guest. This special meal will feature authentic Gumbo and budin sausage prepared under the supervision of Dwayne Beason, from St. Christopher’s in Baton Rouge, LA!

The usual very energizing exhibit area has been sold out for several weeks with a waiting list, so be sure to spend your break times in the exhibit hall. During most of the breaks, there will be raffle drawings, stimulating conversations and displays about new programs, products and approaches. November 29 - December 2, 2006 - SECAD 2006. The place to be!

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RJH SEES IT

The campaign ads have disappeared, the rancorous personal attacks have been set aside (at least for the moment) and most of the ballots have been counted. The results are that there will be some changes at the federal and state level beginning in January. Posturing for that change has already begun. With the new congress which takes office in January of 2007, the Democrats will control both the House and the Senate. Practically speaking this change involves new leadership on all committees in both the house and the Senate as those positions will be filled by Democrats. The Democrats will now have the ability to control the flow of items out of committee to the floor for votes and they will determine the agenda as to what items receive attention and which ones remain buried in committees. However, the executive branch of our government remains controlled by the Republican Party and there is not guaranteed votes in congress to override vetoes so that compromise and cooperation will still be needed for any meaningful legislation or agenda to be accomplished!

Nevertheless, this is an opportunity and we need to seize it. As you can imagine, whenever there is a significant "power shift" in Washington and at the State level, there is a lot of uncertainty, a lot of anxiety. Relationships which may have been developed are now not as important. Connections which were important are now less important. It is a time of new alliances! Even more important is that at the staff level there may well be a significant number of persons now looking for employment as their jobs may no longer exist.

For the National Association of Addiction Treatment Providers it is also an opportunity. Like other sectors of our society, chemical dependency treatment is needed, exists and continues no matter which party is in control of Congress or the White House. But we do have an opportunity to make sure that those persons now in control of Congress know about us, understand our concerns and hear our offer to help chart a reasonable course.

In this time of transition, we need to make sure that we do not confuse them or make our message any more complicated than it needs to be. I would suggest that we focus our efforts and our conversations around two very important concepts. Those two are **recovery** and **dependence**! If we are clear about these two concepts and if we make any progress in helping to educate and provide information to those that control the agenda in Congress (this also needs to occur at the state level as well), then all of our other concerns will flow from these two principles.

We should be absolutely clear that as an association our primary concern and interest is a focus on recovery. Put another way, we believe that the goal, aim, outcome of chemical dependency treatment should be recovery. This may seem like a simple enough statement, but there has been an erosion of this principle and I do not believe that there is the same commitment to this concept as there once was. Recovery is not the same as abstinence. Recovery is not the same as reduc-

ing the number of arrests, or the number of days absent from work, or the number of drinking days per month. Recovery involves a life re-orientation! Recovery is an every day attempt to change the way you see life, experience life and live life. Chemical dependency treatment needs to be organized and of sufficient intensity and length so that it is more likely that the person receiving treatment will *re-orient* their life and therefore participate in recovery.

The second principle which we need to champion is dependence. Once again, on the surface this seems like a *no brainer!* But a little scratch of the surface reveals this is not the case. There has been perhaps a decade long confusion and blending of the issues surrounding *abuse* and *dependence*. There is no question that alcohol and drug abuse in this country has been and remains a very significant social problem with very catastrophic consequences. It is also true that a certain percentage of individuals who abuse alcohol and drugs do at some point become *dependent*. But to confuse the two and to merge abuse and dependence into one category is both intellectually and clinically dishonest.

We need to be absolutely clear that as an association our primary interest is in providing chemical dependency treatment for those persons who have been clinically diagnosed as *chemically dependent*. Again, we certainly recognize the implications of abuse and the research which shows some potential connection between abuse and dependence, but we cannot confuse the two. The National Association of Addiction Treatment Providers is primarily concerned about ensuring that persons who meet the criteria for dependence receive treatment which makes it more likely that they will experience recovery and that this treatment is reimbursed at a reasonable and fair rate!

If we do not make this distinction between dependence and abuse and problem users, then it will become very easy for the entire efforts around chemical dependency to be seen as a social problem and not as a chronic medical disease.

The people have spoken and there is a change in political leadership. It is now our responsibility to engage those new leaders in conversations around recovery and dependence. Even more importantly, it is our responsibility to assure those leaders that as providers of chemical dependency treatment we are committed to providing treatment which makes it more likely that persons will experience recovery and that we practice clinical integrity and ensure that patients admitted into treatment meet the clinical criteria for dependence. The elections provide us with both a challenge and an opportunity, we just need to make sure that we do not confuse them with an inconsistent message.



THAT'S THE PERSPECTIVE OF RJH

THERE IS SOME WORK TO DO, BUT WE ARE UP TO THE TASK!

With the results of them mid-term elections now finalized, there will be some changes in Congress beginning in January of 2007. The most significant changes will be that the Democratic Party will now control the chairperson positions on all the committees of congress. The significance of this is that the party in control gets to make the major decisions about which pieces of legislation move out of committee and which ones receive the support of the majority party.

For those of us in the chemical dependency treatment arena, this is good news. There does seem to be support by the majority party to get the "parity" legislation to the floor of congress and have both a discussion and a vote. That is the good news. The bad news is that the lesson we have learned from parity legislation which has been passed at the state level is that we can win the battle, but loose the war. Most states which have passed parity legislation have done so with sections in it which do not increase the access to treatment. Parity has become more of a symbolic phrase which is a polite way of saying that there may be some acknowledgement that chemical dependency should be recognized as a disease on par with other diseases, but in reality those that pay for chemical dependency treatment continue to find ways to avoid increasing the access to treatment and then payment for that treatment.

We have a very small window now to improve on the language in H.R. 1402. In its current form, it is more symbolic than material. In order to improve this proposed legislation we need to work with the sponsoring legislators to ensure that the following issues are addressed:

- The term chemical dependency needs to be included in this legislation so that it is not perceived as primarily a mental health parity bill.
- Medical management criteria needs to be addressed to assure parity in health plan design.
- In the case of a plan or coverage that provides in-network benefits, rules need to be strengthened to prevent the imposition of any treatment limitations or financial requirements on out-of-network benefits unless they are comparable to those applied to medical and surgical benefits.
- A section needs be added precluding health plans from overruling benefit and patient placement determinations made by a physician or other addiction specialist
- A section needs be added requiring plans and providers to use ASAM patient placement criteria
- A section needs to be added requiring health plans to disclose medical necessity definitions to plan participants and providers in advance of executing contractual agreements.
- A section needs to be added to require health plans to disclose utilization review and quality criteria prior to executing contractual agreements.

There is a lot of work yet to be done and a great deal of education in the process. As you can imagine, when you

open up proposed legislation for new language, there is a tendency for everyone to want their own ideas included. The National Association of Addiction Treatment Providers is working with a coalition of other organizations to address our concerns and to ensure that we have the best possible legislation with the best chance at being passed. A lot of work, but we are up to the task!

HAZELDEN TO BUILD YOUTH TREATMENT FACILITY IN KERHONKSON, NY

CENTER WILL BE BUILT ON GROUNDS OF VERITAS VILLA

Hazelden, an international leader in drug and alcohol addiction treatment, has announced plans to construct a treatment facility for youth on the grounds of Veritas Villa, a treatment center which has operated in Kerhonkson, N.Y. (mid-Hudson Valley area) since 1981. The new Hazelden facility is expected to open in early 2009, pending receipt of local and state regulatory and other approvals.

Jim and Sue Cusack, the owners of Veritas Villa, and Hazelden have reached an agreement in principle by which the Cusacks will gift the use of about 40 acres of their property to Hazelden. Hazelden, which has facilities in Minnesota, Illinois, Oregon and New York, has operated a treatment center for youth since 1981 in Plymouth, Minn. That operation, the Center for Youth and Families, serves young people ages 14-25.

"We are very excited about this project and extremely grateful to Jim and Sue Cusack for making it possible," said Hazelden President and CEO Ellen Breyer. "There is an incredible demand for residential programs for young people all across the country, and especially in New York and the rest of the Northeast. Establishing this facility is integral to Hazelden's mission of expanding our services to help young people and their families reclaim their lives from the disease of addiction."

"We are honored to help Hazelden establish this center," said Jim Cusack, who founded Veritas Villa in 1973 with his wife, Sue. "Our missions are the same, and we are happy to play a role in helping more young people find the road to recovery from addiction."



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of quality in the treatment of alcohol and drug addiction*

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The James W. West, M.D. Quality Improvement Award was established in 2000 and continues to be supported by the National Association of Addiction Treatment Providers and Vendome. Dr. West, Medical Director Emeritus of the Betty Ford Center, is a long-time quality advocate.

The recipient of the James W. West, M.D. Quality Improvement Award will receive recognition throughout our industry. In addition to an award presented at the 2007 NAATP Annual Conference, the recipient will have an opportunity to present their submission to the annual leadership conference and will also be featured in a four-page profile in the April 2007 issue of Behavioral Healthcare Tomorrow.

To obtain an application please contact the NAATP Office. **Applications must be received no later than January 1, 2007.**



3rd Annual Joint Commission National Conference on Behavioral Health Care: Issues for Today, Actions for Tomorrow

The Third Annual Conference on Behavioral Health Care is designed for behavioral health care clinicians and providers. This year the conference takes an integrated approach to understanding timely topics and issues important to those in the field of behavioral health care through coordinating plenary sessions with setting- or population- specific break out sessions. In addition, poster presentations from organizations extend the opportunity to learn about good practices and to network with peers. Topics that form the nucleus of the meeting include selecting, retrieving and applying outcome measures to direct client care, treatment and services; services that support recovery and resilience; SAMHSA's New National Registry of Evidence Based Practice; and the Joint Commission's Hospital- based In-patient Psychiatric Services. Current issues that are highlighted include disaster planning for behavioral health care; benchmarking; data driven approach to combat homelessness; implementing co-occurring treatment; and workforce concerns.

Attendees at this conference will:

- Gain knowledge of how to select and retrieve outcomes measures
- Develop insight into the use of outcomes measurement to direct client care, treatment and service
- Broaden understanding of the benchmarking process and its application in behavioral health care
- Gather information on SAMSHA's New Registry of Evidence-based Practices and/or the Joint Commission's Hospital based In-patient Psychiatric Services
- Learn current information about workforce development that supports and sustains systems of behavioral health care
- Examine recent findings on evidence-based and promising practices
- Assess the need for and basics of disaster planning for community based behavioral health
- Have the opportunity to interact with poster presenters and to network with colleagues

The National Association of Addiction Treatment Providers is a supporting organization of this conference. Maximize your benefits by attending both the National Conference and the special pre-conference. We encourage your members to attend to receive the full benefit of your support.

December 5-6, 2006, Chicago, IL

Program code: 06-138

Program fee: \$595 per registrant

Early bird discount: \$495 per registrant

(Expires 30 days before the program)

Held in the same hotel a day before the conference, Behavioral Health Care Update is a special pre-conference to the Third Annual Joint Commission National Conference on Behavioral Health Care: Issues for Today, Actions for Tomorrow.

December 4, 2006, Chicago, IL

Program code: 06-095

Regular program fee: \$450 per registrant

Discounted fee if also attending the National Conference: \$300 per registrant

Early bird discount: \$390 per registrant

(Expires 30 days before program)

Special offer! Save \$150 per person. Register for both the Third Annual Joint Commission National Conference on Behavioral Health Care and its pre-conference, Behavioral Health Care Update on December 4, 2006 and pay \$895 per person for both. **(Discounts cannot be combined)**

To register, please contact JCR Customer Service at 877-223-6866

Visit www.jcrinc.com for full details on these seminars.

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2006 NAATP

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PLAN NOW TO ATTEND!

Under the pressure to complete my assigned turn in submitting an article for the NAATP newsletter, I was trying to focus on something profound that would capture the essence of the state of the addiction industry today. Some enlightening best clinical practice or business technique sure to wow the field. Nothing happened. I sat stumped.

Pressure mounting. Press deadlines. I even thought, "I'm the boss, can't I tell someone to write this?" Again, nothing happened. Pressure. When, with my door shut, and my staff believing me to be hard at work, I noticed a 1960 black and white snapshot prominently placed on a bookshelf in my office of a 12 year old boy in shabby jeans and high-top tennis shoes proudly holding a stringer of freshly caught perch and crappies. What a catch! Those small trophies were caught from a leaky wood row boat, with a cheap cane pole, chubby night crawlers, a simple weighted hook, and a red and white cork bobber. It worked. Success. An outcome that, once cleaned, gave us a tasty dinner.

There was the goal...dinner. I had never even dreamt about Bass Pro Shops, Orvis outfitters or Smoker Craft Boats with a 110 hp fuel injected engine. I had no idea I needed sonar fish finders, GPS location devices, to not only tell me where to find fish - but to tell me water depth and temp, trolling speed, and the stages of the moon! Today, I can review on-line chat rooms for lakes I want to fish with advice for the best tackle, bait, locations, etc. I can buy chemicals to apply to my bait and lures to aid in the attraction of the biggest fish!

I can stay in some of the most luxurious fishing resort accommodations, with spa-like attention to my every need/want. I can have an ocean, golf, mountain or desert (*I never caught fish in the desert, but I had to include it to keep the metaphor going*) view. I am besieged with slick fish market-

ing slogans with promises that tout an experience greater than the goal itself. How did I ever catch anything without all these essential amenities? How did I ever have a good outcome? Maybe I didn't. I just thought I did.

It seems the high tech, bells and whistles; corporate influence is focusing the goal away from the outcome, to the experience itself. How could I have been so foolish to have missed all this? All the growth in this fishing business does seem a little fishy. Is the clamor for fishing all just hype? Just to make a buck off us guys like me, who are so nuts...about fishing?

Where will it all end? Will there be any fishing spots left after the cycle runs its' course, or will there be such a bad (fish) taste that no one will even believe in fishing any longer. Who will stand up for fishing? Do we really know the best way to fish? Will the fishing with high tech and chemicals change the way we think about fishing? Will anyone remember why we started to fish in the first place?

Enough distraction. I need to focus. There must be something I'm passionate about, some subject that has interest to the field...

PHILIP W. EATON, PRESIDENT/CEO
ROSECRANCE HEALTH NETWORK

UPCOMING EVENTS FOR YOUR CALENDER

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

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

Children and family future and The **Children's Research Triangle** will sponsor "Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare and the Courts." To be held **January 30 through February 2, 2007 in Anaheim, CA.** For

more information, visit www.cffutures.org.

The **National Association of Addiction Treatment Providers** will hold its winter **Board of Directors Meeting**, February 12 & 13, 2007 in Phoenix, AZ.

The **National Association of Addiction Treatment Providers** presents its **Annual Leadership Conference** in **San Diego, CA, May 19-22, 2007** at the Loews Coronado Bay Resort. For more information, visit www.naatp.org.

The **National Council on Problem Gambling** will hold its national conference "Gambling and Co-Occurrence: Improving Practice and Managing Consequences," **June 9-11, 2007 in Kansas City, MO.** For more information, visit www.ncp-gambling.org

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V I S I O N S

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