

September, 2006

31 YEARS LATER, THE MESSAGE IS STILL THE SAME

Thirty One years ago, Conway Hunter, M.D., a physician from the Atlanta, GA area, working for Charter Medical Services, decided that it was time for area physicians to be introduced to the needs of persons diagnosed with the disease of addiction. Dr. Hunter recognized that if physicians would commit themselves to appropriate diagnosis of persons with this disease and if those persons received the treatment they needed, then this would contribute to both lifting the stigma associated with alcoholism and addiction to other drugs as well as improving the overall health of the region. That was thirty-one years ago and those ambitious and noble goals which guided Dr. Hunter continue to drive the conference event which he began.

Throughout the years, this event now known as SECAD (South East Conference on Addictive Diseases) has become one of the largest and certainly one of the most continuous conferences where information and experiences are exchanged on the treatment of alcoholism and other addictive diseases. From a beginning which saw the audience primarily consisting of physicians to the present where the audience has been broadened to include all professionals involved in the front line delivery of addiction treatment, SECAD has become a recognized place for professionals to gather and be personally enriched as well as professionally stimulated.

One attempt to recognize the many contributions made by Dr. Hunter has been the creation of the Conway Hunter, M.D. Society. Each year nominations are made and persons are elected and inducted into the Conway Hunter, M.D. Society, which is a fraternity of individuals who share Dr. Hunter's vision and who have made substantial contributions to addiction treatment. Pine Grove Behavioral Health & Addiction Services in Hattiesburg, MS has picked up the responsibility for this award and we are pleased that beginning in 2005, the opening day luncheon at SECAD has been the occasion for the pageantry of inducting persons into the Conway Hunter, M.D. Society. One of the highlights of SECAD 2006 will be this ceremony where persons will again be recognized and honored as they are introduced and inducted into this society. SECAD has not only become the



location for excellent education, but it is also the place where leaders are recognized.

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

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

Thursday - November 30 - *Special Populations*

Friday - December 1 - *Focus on the Family*

Saturday - December 2 - *Leadership Today and Tomorrow*

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

Ken Roy
Dr. Mark Publicker
Dr. Richard Soper
Cardwell C. Nuckols, Ph.D.
Cynthia Reinbach
William Cope Moyers
Westley Clark, M.D.
Carlton Erickson, Ph.D.
Stephanie Covington

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During the month of September, there have been events all across the country celebrating **National Recovery Month**. From walks to town hall meetings, from day long expo's to evenings at a ball park, from panel discussions to published articles and from elegant luncheons to radio broadcasts, events have been planned to celebrate the reality of recovery and to put real faces and real life stories to the reality of recovery. From one remarkable event to another, persons have told their story and in their own ways reminded those who will listen, that they are the face of recovery and that recovery is about them and not "those other people". More than anything else, these **National Recovery Month** events are about changing the perception and ending the discrimination.

per-cep-tion: a mental image : **CONCEPT**, so says Merriam-Webster. For many persons, it is their perception which determines reality. The way in which we perceive things or concepts determines the way in which we view the world, people around us and, of course, diseases. Unfortunately, public opinion polls, as well as, news reporting confirms to us that the perception of many, if not the majority, is that alcoholism and other drug addictions is more a character flaw than a disease. It is more a lack of will power than a genetic or brain issue. It is something which ought not be a high agenda item to address, even though we have a national recovery month. This perception we now know is not one limited to the uninformed. It is widely held by policy makers, by business leaders and by health care professionals. There appears to be a significant gap between information and perception. More information will not likely change that perception. What will change that will be more and more persons identifying themselves as recovering and making it part of dinner conversations, town hall meeting conversations, board room conversations, physician office conversations and family conversations. To change the perception, we need more than a recovery month, we need to change the conversation and to make recovery a part of our conversations in much the same way that we include other health issues.

dis-crim-i-na-tion: the act, practice, or an instance of discriminating categorically rather than individually; prejudiced or prejudicial outlook, action, or treatment, again so says Merriam-Webster. Wrong perceptions often lead to discrimination. When persons or institutions do not perceive addiction as a chronic disease, do not perceive addiction as a brain disease, they often individually and collectively engage in discrimination in that they treat both disease and the persons with the disease differently than they would others who have a different disease. Because of this, we continue to have health insurance which imposes annual dollar and visit limits, as well as, life time dollar limits and visit limits on persons with the disease of addiction

which are not imposed on persons with other diseases. **That is discrimination!** We can dance around this as much as we want, but the bottom line is that it is discrimination.

Unfortunately, in some other areas of our society, we also have experience with discrimination. What we know is that very few persons or institutions end discrimination on their own. It takes legislation, a law mandating that discrimination be stopped and then teeth in the law to enforce it. This is what **parity** legislation is all about. It is a law which would say that it is illegal for health insurance providers to discriminate against the disease of addiction in ways that they do not discriminate against other diseases. Furthermore, there would be teeth in the legislation indicating that if this discrimination does not stop, there would be consequences. **Parity** legislation is not about ending all discrimination, it is not about guaranteeing addiction treatment to everyone, it is not about ending discrimination against persons in the work place who have received addiction treatment, it is not about adding new treatment programs across the country. **It is, however, about making a bold statement that it is no longer acceptable to discriminate against this disease by organizations offering health insurance!**

While this seems so very simple, for nearly ten years efforts have been made to introduce and then get passed at the federal level legislation which would end this discrimination by providers of health insurance. To date, neither the Senate nor the House have even voted on parity legislation for addiction treatment. The commonly held perception about this disease allows persons, both individually and collectively to continue their discrimination.

So, as we move from September into the fall, each one of us is challenged to engage all candidates who are running for office in this years "off term elections" and ask them whether they would support legislation which would end the health insurance provider discrimination against addiction treatment. Most importantly, offer them yourself and the resources of your organization to help them shape or perhaps re-shape their perception of the disease of alcoholism and other drug addictions. *Perception either leads to discrimination or it leads to enlightened action to end discrimination.*



SAMHSA Celebrates Recovery Month and Releases Annual Household Survey on Drug Use; Survey Finds Decreases in Overall Youth Drug Use But Also Shows Significant Increase in Use for Older Adults

On September 7th, the Substance Abuse and Mental Health Services Administration (SAMHSA) held a press conference to kick off Recovery Month and to mark the release of the annual National Survey on Drug Use and Health (NSDUH). Recovery Month is an annual month-long event that promotes access to recovery, celebrates those in treatment and recovery, and helps to educate communities about how individuals with addiction histories can overcome a number of barriers, stigma and discrimination. The NSDUH is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the United States. Speakers at this press conference included: John Walters, Director of the White House Office of National Drug Control Policy (ONDCP); Dr. Eric Broderick, Acting Deputy Administrator of SAMHSA; Dr. H. Westley Clark, Director of SAMHSA's Center for Substance Abuse Treatment; Tonya Wheeler, a woman in recovery for addiction to methamphetamine and president of Advocates for Recovery; and Ashley Hadeed, a teenager in recovery from an addiction to prescription medication. While the NSDUH did show continuing decreases in drug use for young people, the survey also indicated a significant increase in drug use among individuals in their 50s.

Findings from the NSDUH showed that in 2005, 22.1 million people, or 9.1 percent of the population, were classified with substance dependence or abuse in the past year. Between 2002 and 2005, there was no change in the number of persons with substance dependence or abuse. In 2005, 2.3 million people reported receiving treatment at a specialty facility. Therefore, according to the NSDUH, there were 20.9 million people who needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty facility in the past year.

The NSDUH also indicates that while the overall rate of illicit drug use has remained stagnant over the last three years with 19.7 million Americans reported as current drug users, the illicit drug usage rate for people between the ages of 50 and 59 has significantly increased. The NSDUH found that the number of "baby-boomers" (persons aged 50-59) reporting current illicit drug use rose from 2.7 to 4.4 percent between 2002 and 2005.

Rates of drug use among youth continue to decline; although the 2005 youth drug use rate is similar to 2004, youth drug use has declined from 11.6 percent in 2002 to 9.9 percent in 2005. The NSDUH found that marijuana was the most common illicit drug and that 14.6 million people used marijuana in the past month. However, the rate of current marijuana use among young people ages 12 to 17 has declined significantly from 8.2 percent in 2002 to 6.8 percent in 2005. The overall use rate for cocaine is largely unchanged from 2004 but the number of young adults ages 18 to 25 who use cocaine has increased from 2.0 in 2002 to 2.6 percent in 2005. The rate of heroin use has remained unchanged since 2002. Between 2002 and 2004 the number of new methamphetamine users remained the steady around 300,000 but declined in 2005 to 192,000.

Although rates for non-medical prescription drug use among adults are largely unchanged the past year, these rates have risen for young adults. 6.4 million people reported using prescription drugs non-medically in the past month. Of these individuals, 4.7 million misused narcotic pain relievers, 1.8 million misused tranquilizers and 1.1 million used stimulants (including 512,000 methamphetamine users). The number of young adults

using prescription drugs non-medically increased from 5.4 percent in 2002 to 6.3 percent in 2005.

The NSDUH found that drinking among teenagers has declined from last year; 17.6 million reported drinking alcohol in 2004, which dropped to 16.5 million in 2005. In addition, although 11.1 million teens reported binge drinking in 2004, this number dropped to 9.9 million in 2005. Overall, approximately 55 million people, or 22.7 percent of the population, were classified as binge drinking; these individuals reported having five or more drinks on the same occasion on at least one day. Sixteen million people, or 3.3 percent of the population, were classified as heavy drinkers because they engaged in binge drinking at least five times in the previous month.

During the press conference, a number of the speakers emphasized the strides being made in reducing the number of teenagers who use alcohol and other drugs. Assistant Surgeon General Eric B. Broderick, SAMHSA's Acting Deputy Administrator, expressed that there has been a fundamental shift in drug use among young people in America, speaking about rates of teen drug use being down. ONDCP Director John Walters stressed that the drop in teenage marijuana users and the increase in the average age of initiation of drug use could be attributed to drug use prevention efforts. Director Walters expressed that teenagers are getting the message that drugs limit their futures and stressed that, to reduce drug use among young people, prevention work must continue in schools, the home, the church and the community. In his comments, Dr. Clark spoke about the importance of Recovery Month and of spreading the event's message that recovery from addiction is possible. While noting the decline in drug use among young people, Dr. Clark did express his concern about the use of drugs by older Americans, particularly the finding about increased use among individuals in their 50's.

To mark Recovery Month, two individuals in recovery told their stories. Ashley Hadeed detailed her experiences as a young person who had a problem with prescription drugs. Ms. Hadeed spoke about her struggles, but emphasized her recovery from addiction and how the comprehensive drug addiction treatment services she received helped her to become well. Ms. Hadeed also spoke about her plans to attend college in the fall. Tanya Wheeler, in long-term recovery from addiction to methamphetamine and alcoholism and drug-free for 16 years, spoke about how she began using drugs as a young teenager. Ms. Wheeler, emphasizing her upper middle class background, emphasized that addiction affects people of all backgrounds. Ms. Wheeler spoke about the importance of family and other supports to people in recovery and about how treatment is hard work. Ms. Wheeler also spoke about how she is now a drug addiction treatment counselor and the president of a grass roots advocacy group, Advocates for Recovery.

Additional information about Recovery Month can be found at: <http://www.recoverymonth.gov/2006/default.aspx>.

The NSDUH can be found at: <http://oas.samhsa.gov/NSDUH/latest.htm>.

CAREER OPPORTUNITIES

FAMILY COUNSELOR

Talbott Recovery Campus, nationally recognized program for the treatment of health professionals, has an opening for a family counselor in its extended outpatient treatment program. The successful candidate must have a masters degree in a related field and be licensed or license eligible, and skilled in couples, individual and group therapeutic approaches. Knowledge of 12 Step programs and a minimum of 2 years experience in the field of substance abuse treatment required.

Send resume to 5448 Yorktowne Drive, Atlanta, GA 30349 or FAX to: 770-909-6925.

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Jerry Boriskin, Ph.D.
Jeff Jay
Michael Wilkerson, M.D.
Paul Earley, M.D.
and many more!

In addition, there will be two day long training opportunities available on Saturday December 2. A workshop focusing on Ethics and Leadership will be offered as well as the ASAM BUPE Training. And for those who are attracted to the "food events", there will be an opening luncheon, a dinner and panel on Wednesday evening, an invitation only event in the exhibit hall for exhibitors and their invited guests as well as the traditional early morning breakfasts. SECAD has something for everyone. SECAD will be held at the Sheraton Atlanta Hotel and reservations can be made by calling 111-111-1111.

To register for SECAD, go to www.naatp.org/secad and complete the registration form on line.

**THERE ARE ONLY 2 MONTHS UNTIL SECAD.
MAKE YOUR PLANS AND BE IN ATLANTA!**

CARON TREATMENT CENTERS, 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, publishing research papers, journal articles and other literature, and presenting research at regional and national addiction conferences to position Caron as the authority on addiction research. Requires a Master's Degree in Social Sciences (Ph.D. preferred) with competency in the application of research methods and exp. working in the addictions field or hospital setting. 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.

CLINICAL SUPERVISOR

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 in 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 minimum of 3 yrs. clinical exp., preferably in a CARF accredited CD facility, a Bachelor's degree in related field (Master's preferred), and 1 yr supervisory experience preferred.

We offer an excellent benefits package including relocation assistance.

Please submit resume and salary requirements to:

Caron Treatment Centers,
Galen Hall Road, PO Box 150,
Wernersville, PA 19565
Attn: Recruiter. Fax: 610-678-8583
Email: recruiter@caron.org
www.caron.org



HOUSE APPROVES HEALTH INFO TECHNOLOGY BILL; LEGISLATION WOULD REQUIRE A STUDY ON CONFIDENTIALITY LAWS THAT COULD LEAD TO CHANGES TO STATE AND FEDERAL LAW

On July 27th, the full House of Representatives approved H.R. 4157, legislation which promotes the use of health information technology, with a 270 to 148 vote. H.R. 4157, the Health Information Technology Promotion Act, would make a number of changes to current law and would require a review of whether the State and Federal security and confidentiality laws should be made more consistent to better protect or strengthen the security and confidentiality of individually identifiable health information.

H.R. 4157, the Health Information Technology Promotion Act, would require the Secretary of the Department of Health and Human Services (HHS) to conduct a study on State security and confidentiality laws and Federal security and confidentiality standards to determine how much they vary, how these differences may negatively impact the security and confidentiality of individually identifiable health information, and the strengths and weaknesses of these state and federal laws. The Secretary of HHS would be required to report back to Congress on findings from the study within 18 months; the report would be required to include an analysis of whether there is a need for greater commonality of the requirements of State security and confidentiality laws and federal security and confidentiality standards, recommendations for how the current Federal security and confidentiality standards should be changed to provide greater commonality should the Secretary determine that greater commonality among the laws is needed, and specific recommendations on legislative changes that should be made in the form of "greater commonality legislation," specifically on the extent to which and how such standards should supersede State laws. The legislation defines greater commonality legislation as providing the commonality needed to better protect, strengthen or otherwise improve the secure, confidential, and timely exchange of health information. In addition, H.R. 4157 includes language requiring that pieces of legislation with the report's recommendations be introduced in both chambers of Congress following completion of the report.

H.R. 4157 would also require the Secretary of HHS to develop a strategic plan on the need for coordination in implementing health information technology and would create an Office of the National Coordinator for Health Information Technology within HHS which would be charged with maintaining, directing and overseeing this strategic plan; the Director of this Office would also be charged with coordinating federal government activities related to health information technology.

Introduced in October, H.R. 4157 currently has 58 bipartisan co-sponsors. Health information technology legislation was also approved by the Senate in November; once the House and Senate return from the August recess, it is possible that Members will meet to reconcile the differences between the two pieces of legislation or that the Senate will consider H.R. 4157. Timing and process for the legislation, however, is uncertain at this time. The text and status of H.R. 4157 can be found at: <http://thomas.loc.gov/>.

Geraldine O. Delaney Leadership Award

Alina Lodge is pleased to announce that this year's recipient of the Geraldine O. Delaney Leadership Award is Edward M. Diehl, President of Seabrook House, located in Seabrook NJ. Seabrook House is a non-profit drug and alcohol treatment program founded by Ed's parents Peg and Jerome Diehl. Seabrook has a 30+ year history of treating substance abuse.

"Ed" began his career in the chemical dependency treatment field in 1976. A year later, Ed joined his family at Seabrook House in 1977 as a Certified Alcoholism Counselor. In 1986 Ed was named Vice President of Clinical and Community Services overseeing all treatment activities and external communications. Shortly after his father's death in 1989, Ed was appointed President of Seabrook House, the position he holds today. Ed's expertise lies in the areas of healthcare financing, development, public policy, and managing within a rapidly changing environment. Ed is a recognized Leader in the field of addictions and serves on the Board of the National Association of Addiction Treatment Providers. His contributions to the field have been instrumental in helping thousands of people begin their journey in recovery.

We congratulate Seabrook House on the recent addition of the new 45 bed facility to house the MatriArk Program which provides a much needed service for addicted mothers and their children. Pregnant and post partum woman entering the MatriArk program bring their children up to the age of twelve with them. Length of stay in the program is up to twelve months with all medical and mental health needs provided.

The Geraldine O. Delaney Leadership Award is presented annually at our Gratitude Gala to individuals whose dedicated efforts have helped serve the substance abuse field and those individuals seeking treatment. We applaud Mr. Diehl for his dedication and commitment to all recovering people and congratulate him on being the recipient of this well deserved lifetime achievement award.



2006 NAATP

NEW MEMBERS

NEWGATE 180
MERRICKVILLE, ONTARIO, CANADA

PARADISE RECOVERY
HONOLULU, HI

DE PAUL TREATMENT CENTERS, INC.
PORTLAND, OR

LAKESIDE BEHAVIORAL HEALTH
MEMPHIS, TN

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

EXHIBITORS

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SAN  DIEGO

2007
NAATP ANNUAL
ADDICTION TREATMENT
LEADERSHIP
CONFERENCE

May 19-22, 2007

Loews Coronado Bay Resort
San Diego, CA

THE 2006 NAATP SALARY SURVEY COLLECTION INSTRUMENT NEEDS YOUR ATTENTION **OCTOBER 1**

Every other year, the National Association of Addiction Treatment Providers publishes comprehensive information on salaries and benefits based on the information collected through its survey process. The collection instrument for the 2006 salary survey will be available at www.naatp.org/salariesurvey. This form will be available October 1, 2006. This collection instrument will be an interactive instrument which will allow you to electronically obtain the survey on your desktop computer, complete the survey thorough a series of drop down menus and then either print out the form and fax it back to the NAATP office, or electronically send the completed form to be automatically entered into the database. In order to have a reliable finished product, we need you to complete the salary survey form and enter your data. **The collection instrument will be available from October 1 through November 15 at www.naatp.org/salariesurvey.** Complete the form as soon as possible.

The addiction treatment field has lost a friend, colleague, advocate and champion - Jeff Kegley. Jeff was involved in addiction treatment for a very long time and was an active member of ACATA and also NAATP. Jeff held executive positions with Bowling Green Treatment Center outside of Philadelphia as well as other positions with the corporation which owned Bowling Green - CAP - Comprehensive Addiction Treatment Programs. When CRC purchased CAP's, Jeff remained with them for a period of time and helped to develop their "medically assisted treatment" programs. More recently Jeff left CRC and began his own company, Addiction Recovery Systems. Jeff died at his home in Oxford, PA on Saturday, September 9 after a very courageous battle with cancer over the past year and a half. During the past year and a half, Jeff and I spoke on the phone several times and his courage was very evident. Jeff continued to be a strong supporter of NAATP and always wanted to be remembered to his colleagues from the 80's and early 90's.

Jeff Kegley died on Saturday, September 9, 2006.

Hope Academy, the Recovery High School at Fairbanks

On August 4th, Hope Academy, the first Indiana recovery high school and first such school sponsored by a treatment center opened at Fairbanks with thirty students. The plans for the school began as part of strategy sessions related to developing programming focused on long term recovery. Like many of our treatment center colleagues, Fairbanks' experience in treating adolescents demonstrated that long-term success for adolescents in recovery from alcohol or drug abuse is grounded in a good education and ongoing support. Our own statistics supported the national ones related to high early relapse among teens following treatment, and the often related consequence of school expulsions or just dropping out. Understanding that the majority of these teens relapsed in their home school environment, we proposed creating a recovery school as part of our recovery focused programming.

With the available options of a private school, a public alternative school or a charter school, the Board of Fairbanks endorsed the charter route for it provided the best opportunity to gain flexibility regarding curriculum development, and it would be open to all students without regard to income. As a public school, however, its limited state reimbursement meant that on-going fund raising would be needed to support the school's operations.

The mission of Hope Academy is to provide a safe, sober and challenging school experience for students who share a commitment to education, achievement and personal growth. By combining key characteristics associated with educational excellence, effective schools and an achievement-oriented curriculum with the promotion of sobriety and health, students will graduate remaining sober and ready for higher education and/or the workforce.

What are the responsibilities for the student?

Hope Academy is designed to provide a supportive community for students who want to maintain their sobriety throughout their lifetime. Students are expected to:

- Remain drug and alcohol free
- Continually work a recovery program
- Be willing to be randomly tested for alcohol or drug use
- Attend 12-step meetings
- Have a sponsor for support
- Support a recovery environment
- Abide by the Recovery Values of the school

What are the responsibilities of a parent/guardian?

Family support is important to achieve recovery success; for this reason Hope Academy ensures that parents/guardians are fully involved with their child's education and recovery responsibilities. Parenting an adolescent in recovery can be difficult at times. Hope Academy will provide each family with the best possible support. By enrolling a child, the parent/guardian becomes a member of that child's recovery team. The recovery support team is the student's personal support system. It is the responsibility of the team to see that their student is working on his or her Continuous Learning Plan and following the Recovery Values at home as well as at school. With this ongoing support system, students are more likely to achieve academic and recovery success. Additional support will be available to families through parent/faculty organizations and various school committees.

The Recovery Values are as follows:

- HONESTY - Be honest with yourself and those you care about
- RESPECT - Respect yourself and others
- SUPPORT - We help ourselves by helping others
- COMMITMENT - Keep an open mind and be willing to make healthy changes
- COMMUNITY - People are not for hurting

[How you can learn more](#)

Hope Academy is a tuition-free, public, charter high school on the Fairbanks campus, located in Indianapolis. The school is a member of the Association of Recovery Schools. For more information can be found on the Fairbanks website www.fairbankscd.org

HELENE M. CROSS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
FAIRBANKS

UPCOMING EVENTS FOR YOUR CALENDER

The Ben Franklin Institute will hold an **Adolescent Conference, September 28-October 1** in Tempe, AZ and a Summit For Clinical Excellence **October 27-30** in Scottsdale, AZ. For more information call (800) 643 - 0797 or www.BFIsummit.com

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

The Joint Commission on Accreditation of Healthcare Organizations and the Joint Commission on Resources will hold the 20th Annual National Conference on Quality and Patient Safety, "Decisions that Count," on **November 16-18 in Chicago**. The conference will highlight best practices for leadership to cre-

ate cultures of quality and safety improvement within their organizations. Featured speakers will include Carolyn Clancy, M.D., director of the Agency for Healthcare Research and Quality. A discount applies for registering by October 16. For more information, visit www.jcrinc.com.

New Directions for Women is hosting the **Systemic and Storti Model Intervention Workshop** in New York City at the New York Athletic Club on **November 15-17, 2006**. Approved for 21 continuing education units. Call 800-93-WOMEN for more info or email swaters@newdirectionsforwomen.org.

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.

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.

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