

THE POLITICAL PROCESS IS NOT ALWAYS A STRAIGHT LINE

PARITY LEGISLATION IN THE SENATE ATTACHED TO “EXTENDER BILL”

After several months of sporadic conversations and behind the scenes maneuvering, the House and the Senate supporters of the mental health and addiction treatment parity legislation seem to have resolved most of the outstanding issues. The consistent message from those involved was that the process was now a “political” one and it was a matter of trading one compromise for another. A number of trial balloons were floated, but the final language appears to be language which has all sides of this issue claiming that there is enough in it for them.

The contentious parts were around *transparency, preemption and mandate for covered conditions*. What is emerging is that there appears to be solid language in the transparency area which will provide for a mechanism for managed care companies to “disclose” their decision making criteria, especially in the medical necessity area. Preemption has consistently been a sticking point with most supporters in the Senate and the House expressing comfort with the language in the compromise legislation which would not allow this federal parity legislation to preempt stronger state laws. The final area is the mandate for covered conditions. The original House version indicated that employer sponsored insurance had to provide coverage for all conditions listed in the **DSM IV**. In other words, all conditions listed would be subjected to the “parity” test. That language was not acceptable to the business community and to the managed care community and the final compromise will allow the insurance companies to determine what diagnoses under their plans will be covered.

This carefully crafted compromise now must move from the discussion by the various vested organizations and the supporters in the House and the Senate to passage by both bodies of Congress. It is believed that if this passes, President Bush will sign it into law.

Because time is running out and because the House and the Senate want to complete their business and focus their efforts on the election cycle, it is critical that this item get on the docket for a vote. In the Senate, the first effort was made

in late July when this legislation was incorporated into a much larger and very complicated piece of legislation known as the “**extender bill**”. This piece of legislation addressed tax and energy issues and has been up and down for discussion for a number of months.

Because of the nature of this discussion, there are many “maneuverings” employed to either get the bill to a full vote or to put additional items into the bill. During the last week of July there was a vote to bring cloture to this extender bill. That vote was not a vote on the merits of the bill, but rather a vote to end discussion and then schedule an “up or down” vote on the bill. A similar vote had been taken early in July before the parity legislation was added.

The “**cloture vote**” is one that needs 60 votes to pass, so a simple majority will not get it done. The end of July cloture vote fell short by 8 votes. This should not be seen as a defeat for the parity legislation but rather understood as a move by some Senators to force Senator Reid to give in on some additional energy issues and therefore “sweeten” the deal. If those Senators get what they want, all indications are that they are then ready to vote cloture on the bill and to in fact vote yes on the entire bill. This was not a bleak vote, just a complicated one.

Seldom does an issue go in a straight line, and that is certainly the case with the parity legislation.

One of the complications on **our** issue of parity is the cost offset issue. Because the parity bill will cost the federal government some revenue dollars, the House and the Senate need to come up with “cost offset” dollars to make up the difference. As you can imagine, an election year is not a great time to be cutting dollars out of a program that is already established and which is “sacred” to someone. What is always important to remember is that someone’s target for a cut is someone’s pet project.

If you are interested in seeing how your Senators voted on the closure issue, you can go to http://www.senate.gov/legislative/LIS/roll_call_lists/roll_call_vote_cfm.cfm?congress=110&session=2&vote=00192. Because of the complication of this larger bill, it would be hard to attribute support or lack of support for parity in this vote. The tax extenders bill was only about half paid-for, so even if it

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as RJH sees it....

As the hazy/humid summer months give way to the very early days of fall those of us in the US find our attention first galvanized by the two party conventions and then the campaign cycle which really began long before the party conventions. Obviously all of this culminates in November with the election. This is a familiar process in that we go through an election for President and Vice President every four years and some percentage of Senators and House of Representatives every two years. Becoming involved in the *political process* is more than supporting or not supporting a particular candidate, it is becoming known for positions on particular issues.

Nearly two years ago the National Association of Addiction Treatment Providers began a process of becoming more visible in the area of public policy. Your board outlined several objectives which included visibility, respect and access. We set out to develop a plan and a strategy which would, over time, enable NAATP to become visible on key and important national issues; gain the respect of elected officials and their staff; and develop access to critical individuals when appropriate in order to present our case for addiction treatment, payment mechanisms for that treatment and access to treatment.

Part of our strategy was to align ourselves with NAADAC and develop a single "*department of public policy*" which was staffed by a staff person and serviced by a consultant in the area of public policy. Daniel Guarnera is our staff person and Mark Dunn is our consultant. Between the two of them we have taken some very significant steps in the area of visibility, respect and access. Much of this has been through our efforts around the parity issue, but more importantly, this activity has opened up many additional conversations. The combined efforts of NAATP and NAADAC have been noticed and are being referred to as a model for other organizations moving forward.

In addition to the forging of this single virtual department of public policy, your board has also authorized the establishment of a *Political Action Committee*. A Political Action Committee or a PAC as they are more commonly known is a type of committee organized to spend money for the election or defeat of candidates. The first PAC was created in 1944 and many business groups developed their PAC's in the 1960's and 1970's. Many groups similar to ours such as the American Hospital Association have had their own PAC's for over 20 years. PAC's are required to file with the Federal Election Commission (FEC) and there are very strict regulations on how money from PAC's can be dispersed.

The National Association of Addiction Treatment Providers has applied for and received acknowledgement from the Federal Election Commission that our statement of organization has been accepted and we have been assigned an FEC identification number. NAATP has officially created a PAC. Previously NAADAC has had a PAC but because contributions

were limited to members of NAADAC, we were not able to participate in their PAC activities or in making contributions. With the creation of the NAATP PAC, we can now move forward and develop a plan to seek contributions and then create a single committee which will manage both the NAADAC PAC and the NAATP PAC, thus maximizing our effectiveness.

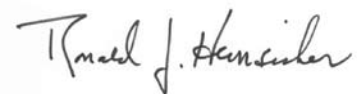
The National Association of Addiction Treatment Providers PAC will be chaired by Mr. Ed Diehl, the current chair of the NAATP Board. Ed brings considerable energy and interest to this responsibility having been involved in the political process for much of his life, especially in New Jersey.

There are several points related to PAC's which we will need to repeat so that we follow all the prescribed laws which apply to PAC's and the operation of PAC's. Perhaps the most important one is that organizations **cannot** make contributions to Political Action Committees. Individuals are the only ones allowed and eligible to make contributions. In the case of the National Association of Addiction Treatment Providers PAC, only employees of member organizations, individual members and employees of associate member organizations are able to make contributions to the PAC. Just as importantly, all contributions must be voluntary.

Over the course of the next month, we will be developing a brochure which provides additional information on PAC's and the NAATP PAC and the do's and don'ts of our PAC. The brochure will also be an invitation to participate in this very important process by making a contribution. We will provide copies of this brochure to all of our members and ask them to distribute the brochure to their employees.

This is a very big step forward for us. By participating in a PAC we increase our visibility and we also open up additional access for us. As we work with NAADAC in putting together the group which will manage these two PAC's the driving force will be to support those individuals, on either side of the aisle, who support and are supportive of our commitment to treatment and recovery, a well financed reimbursement system and a delivery system which is accessible to all who are diagnosed with the disease of addictive disease disorder.

As we move forward from the planning to the implementation phase, you can expect much more information and announcements on the NAATP PAC!



Ronald J. Hunsicker
President/CEO, NAATP

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had passed, it would not have immediately solved the offset problem that's been stalling it for the past month or so. By not getting the parity legislation passed (even un-paid-for) pushes the timetable back further (certainly into September), and with every day that passes there's one less day to get it done.

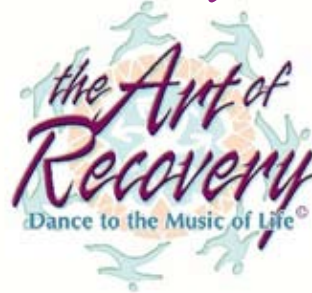
One of the more positive aspects of this very long and very complicated process is that it has provided an opportunity for NAATP and its public policy partner NAADAC to have extended conversations with legislators and their staff. These conversations will serve us well as this issue continues to move forward, albeit not in a straight line, but it will also help us in other issue as they come along.

Continue to watch for updates and email blasts as more developments occur.

Place your ad in the 2008 Salary Survey!

The 2008 Salary Survey will be published this upcoming Fall and now is the time to reserve a spot for your ad. A full page, black and white ad is only \$800. If interested, please contact Sherry Anderson at sanderson@naatp.org or call the NAATP office at 717-392-8480.

Join us for the 4th Annual Art of Recovery Expo!



**Saturday
September 20
10 am -5 pm**

**Phoenix Convention Center
Hall G
100 N. Third St. Phoenix, AZ**

featuring:

Gary Stromberg & Todd Crandall



*Author of The
Harder They Fall &
Feeding the Fame*



*Founder of Racing for
Recovery & author of
From Addict To Ironman*

The Art of Recovery Expo offers you the opportunity to meet the community who need your services for a better way of life! Discounts available to NAATP members.

**For sponsorship and exhibit information:
PH 480.767.7880 www.artofrecoveryexpo.com**

WELCOME NEW MEMBERS

**Med Mark Services, Inc.
Lewisville, TX**

**Serene Center Long Beach
Long Beach, CA**

**Brookhaven Retreat
Smyour, TN**

**Santa Fe Recovery
Santa Fe, NM**

CORRECTION:

In the last issue of the newsletter we incorrectly listed the winners for the NAATP golf tournament. The 3rd Place winners were; Rollie Fisher, Rick Baney, Frank Lisnow and Bobby Ferguson.

CAREER Opportunities

CROSSROADS CENTRE, ANTIGUA ADDICTIONS COUNSELOR

Crossroads Centre, Antigua is seeking a fulltime Addictions Counselor. Crossroads Centre provides quality, affordable addiction treatment to an international client base. Crossroads is a private, non-profit, 29-day, 12-step program, founded by Mr. Eric Clapton and located in Antigua, West Indies. We offer a unique holistic program that combines traditional and complementary therapies to provide a whole person approach to recovery.

www.crossroadsantigua.org

The successful candidate will:

- Have at a minimum a Bachelor's degree in a counseling related field, although a Master's degree is preferred.
- Have an addiction counselor certification from a recognized certification board.
- Have a minimum of 5 years of direct counseling experience in a drug and alcohol treatment environment with at least two years in a residential treatment setting. If recovering must have at least 5 years of continuous recovery and sobriety.
- Exemplify and maintain high professional standards, including but not limited to excellent confidentiality and ethical standards
- Have superb communication and listening skills
- Be proficient in computer use, to include word processing, internet, PowerPoint, and excel spreadsheet.

Job responsibilities include:

- Conducts client screenings, evaluations and intake procedures
- Completes the Bio-psycho-social-spiritual History and Summary Evaluation
- Carries a clinical caseload not to exceed 8 clients
- Taking an active role in being a participatory member of a multi-disciplinary team.
- Providing direct individual, group, and family therapy; didactic lectures and experiential group processes
- Assures that all elements of the treatment plan, including the continuing care, and aftercare plan is realized within the necessary time limits
- Completing discharge summaries on assigned clients within necessary time limits
- Maintaining appropriate rapport with additional service providers

Applications can be sent in confidence to:

Crossroads Centre Antigua
Human Resources Department
P.O. Box 3592
St. John's
Antigua, West Indies
Attn: L. Noverly Edwards-Victor
or e-mailed to:
hrdept@crossroadsantigua.org

GATEWAY REHAB CENTER EXECUTIVE VICE PRESIDENT DRUG AND ALCOHOL TREATMENT PROGRAMS

Gateway Rehab is a large drug and alcohol treatment system of services providing residential, outpatient, halfway house, and work release programs for adults and adolescents in Pennsylvania and Ohio. Corporate Offices located in Moon Twp., Pennsylvania. Executive Vice President position available. Reports to the CEO. Responsible for all Gateway Rehab Pennsylvania clinical operations including treatment programming, development and implementation of policies and procedures, oversight of clinical training and staff supervision, budget oversight, and adherence to applicable licensing and accreditation standards.

Masters Degree in a counseling discipline or other healthcare related field required. Five years executive management experience in a drug and alcohol or behavioral health setting required.

To apply, send cover letter with salary requirements and resume to:

Gateway Rehab Center
Attn: Human Resources
311 Rouser Road
Moon Township, PA 15108
Fax: 412-299-8756
Email: jobs@gatewayrehab.org
Gateway is an Equal Opportunity Employer.

SIERRA TUCSON EXECUTIVE DIRECTOR

Sierra Tucson, a member of CRC Health Group, is currently seeking an Executive Director for its premier facilities located in Arizona. Sierra Tucson, nestled in the foothills of the Santa Catalina Mountains, is dedicated to prevention, education and treatment of addictions and behavioral disorders.

The Executive Director will be responsible for managing the overall operations; budgets, financial forecasting, facilities, delivery of professional services for client care, program development and implementation, staffing and staff development, and representing the Facility to the public.

We offer a competitive salary and great benefits including Medical, Dental, Vision, 401k, tuition reimbursement and relocation assistance. This combined with the opportunity to work with top industry professionals in a comprehensive network of companies makes CRC Health Group the perfect place for that next step in your career.

Contact:

Candy Henderson-Grice, M.S.
Vice President Southern Division
CRC Health Group
850-217-7038
chenderson@crchealth.com

Beginning Sept. 5th, Register at www.naatp.org and

SAVE \$25

west Palm Beach

2009 NAATP ANNUAL ADDICTION TREATMENT LEADERSHIP CONFERENCE

PGA National Resort & Spa

400 Avenue of Champions
Palm Beach Gardens, FL 33418
1-800-633-9150

Preconference - May 14 - 15, 2009

2009 Open Minds Strategic Planning Institute:

*“Securing Your Position in Today’s
Rapidly Changing Environment”*

The NAATP Addiction Treatment Leadership Conference is an annual event where the membership of NAATP along with the Executive Leadership of the premiere addiction treatment providers come together to discuss the important issues, showcase innovative resources and programs and network with the decision makers of addiction treatment. This conference offers an Annual Golf Outing, Continental Breakfasts, Luncheons, 2 Evening Receptions, Entertainment and many educational and networking opportunities!



MAY 17-20, 2009
WEST PALM BEACH

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Sponsorship
Opportunities visit
www.naatp.org**

Presented by the National Association of Addiction Treatment Providers

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IF YOU GO TO YOUR STATE ASKING FOR FUNDS WITH ONE HAND, HAVE A REVENUE SOURCE PLAN IN THE OTHER HAND!

LESSONS LEARNED FROM ILLINOIS AND PLANS NEEDED FOR THE FUTURE

What began as an irritation in the state of Illinois has now turned into a full blown crisis and has the potential to become a catastrophe across the country. As the events have unfolded over the past weeks in IL there have been political intrigue, political back stabbing, political maneuvering, misinformation and persons needing addiction treatment being put at risk and in jeopardy.

In order to understand what has happened in Illinois and to prepare for its inevitable reoccurrence in other states, some background information is important. *In simple terms, the crisis now being played out in Illinois is a direct result of the balanced budget legislation which is in force in Illinois and in many other states.* The thrust of this legislation is that any unbalanced budget (when revenues do not equal or exceed expenditures) is unconstitutional! The drive for such legislation has been motivated by an emphasis for more fiscal responsibility and accountability.

Using Illinois as a case study may be very helpful in averting the same issues in other states, or at least in planning for them so as to not get caught by surprise. Back in May, the Illinois legislature passed a budget which was not balanced and therefore it was unconstitutional. It did not help that Illinois politics, not known for its transparency, fulfilled all of its stereotypes. Even though the Governor and all of the other leaders in the legislature are from the same party, to say that they are on the same page is an understatement. The Governor was seeking support for some new sources of revenue and did not receive that support from his own party. Therefore they ended up with an unbalanced budget and elected officials who were in public disagreement and actively seeking to make each other look bad.

The Senate was willing to support the new revenue sources but the House was not. In order to get a balanced budget, the Governor then initiated some drastic cuts into the budget including about \$55 million dedicated for addiction treatment. The House then over-rode the Governor's veto which would replace most of the cuts, but the Senate did not. *(You almost need a score card to keep track of who is on first).* That is the background information. The crisis in Illinois was precipitated by the balanced budget legislation **and this could happen in many other states!**

The magnitude of these cuts were immediate and astronomical. People are being laid off and programs are being shut down. In the best case scenario the providers in Illinois had hoped for a 3% cost of doing business increase and never in their wildest nightmares did they imagine that \$55 million in established funding would be cut. While members of the Senate told providers that they would come back into session after the November election and restore the cuts, the providers were

telling them that they would not be around and that treatment for addiction would not be available.

The providers in Illinois have been working night and day for the past four weeks to present their case to the public and to the legislators. They have gotten over 175 pages of press coverage and the message has gotten through to the legislators that the issue and the people involved will not go away.

Lessons Learned

It goes without saying that this situation could be and more than likely will be repeated in additional states in the future. Balanced budgets, economic tough times and the inability to agree on new revenue sources are ingredients for a disaster. Here are some early points which have been learned from Illinois and which need to be on the agenda of every state organization and on the agenda of NAATP as it works to prepare its members for what could happen.

1. In the past, the majority emphasis around budget discussions has been for providers to make their request for funds based on need, responsibility and results. Providers have been seen as "asking" for funds from legislators to do what they do best, to provide treatment. *When legislators begin to ask "where do you propose that we get the revenue to provide you with what you are asking for", you are in trouble!* We must become sophisticated in presenting revenue stream proposals to state legislators in order to even protect the money already in the state budgets for addiction treatment.
2. We must begin educating state legislators about the language in the SAMHSA authorization legislation. The "maintenance of effort" language may be the key to holding this sort of activity in check. SAMHSA has the authority to penalize a state by withholding the dollar for dollar matching funds if a state does not maintain its effort in the area of addiction treatment. No state has ever been penalized, but there is always a first! We must also make certain that when we finally get around to working on SAMHSA reauthorization legislation that this language is maintained!
3. We need to develop clear proposals that impact revenue in states. Perhaps now is the time for states to join together and work for increasing the state tax on alcohol. No tax is a popular item, but in order to increase state revenues, there are only limited options.

As the crisis continues to unfold in Illinois, there have been radio interviews, newspaper articles, rallies in Springfield and lots and lots of behind the scene meetings. It is not yet clear how this will be resolved, but the resolve of the treatment providers is clear. They are committed to doing everything they can to ensure that their services are available to those needing this medical service!

What needs to be equally clear is that the resolve is just as strong across the board to be alert to this happening in your state and to begin now to take the steps necessary so that you are not blindsided as the providers were in Illinois. If you want funding, then it is imperative that you be prepared to wade into the politically charged arena and make suggestions as to where the revenue will come from so that your request can be funded!

GIVE THE GIFT OF RECOVERY BY GOLFING!

The Seabrook House Foundation announces its 12th Annual Fall Golf Classic on Friday, September 26, 2008 at the Seaview Resort and Spa in Galloway Township. The Golf Classic benefits our "Patient Care Fund".

In the fall of 2001, the Seabrook House Foundation initiated the "Patient Care Fund" to help fulfill our vision "to make recovery possible for every family who needs it". We do this by providing financial support to our adult residential men and women patients who are committed to the standards of full recovery, which consists of a minimum 28 days length of stay at Seabrook House. Based on specific criteria, qualifying patients receive supplemental funds from the Seabrook House Foundation to ensure that they receive the highest quality of addiction treatment. The "Patient Care Fund" has contributed \$513,421 to the treatment of one hundred and fifteen patients.

The primary support for this fund comes from the Seabrook House Foundation's Annual Fall Golf Classic, which will be held this year on Friday, September 26, 2008 at the Seaview Golf Resort in Galloway Township. Golfer registration fee is \$250 and includes greens fees, golf cart fee, boxed lunch, snacks & beverages, foursome photo, buffet dinner and golfer's gifts.

For more information please contact Stephanie Shoemaker at 856-455-7575 ext. 1050 or sshoemaker@seabrookhouse.org; or Marcia Schmidt at 856-455-7575 ext. 1142 or mschmidt@seabrookhouse.org. Or see our website www.seabrookgolfclassic.org

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Time for the Bi-Annual NAATP Salary Survey *WE NEED YOUR HELP*

Every two years the National Association of Addiction Treatment Providers initiates a survey to provide information on salary figures for a wide range of job classifications related to addiction treatment. We are now preparing to release the 2008 Survey Instrument.

If you would like to make suggestions for improving the survey regarding the questions or format please email Angela Abshire at aabshire@naatp.org. Suggestions must be received by August 22nd.

Your participation will enable this project to continue to be a valuable service provided by the National Association of Addiction Treatment Providers.

NATIONAL ADDICTION RECOVERY DELEGATE DEADLINE FAST APPROACHING

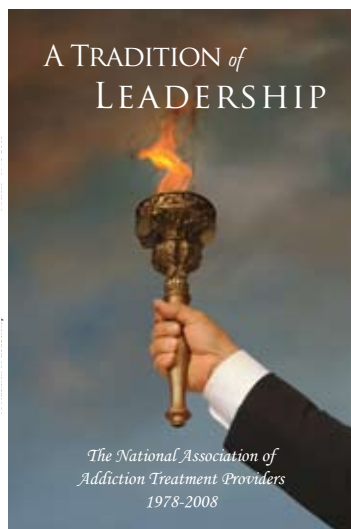
A&E Network, in partnership with the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) is searching for Recovery Delegates from each of the 50 states (and Washington, DC) to participate in the "Recovery Rally" in New York City on Saturday, September 27, 2008. The "Recovery Rally" is a national celebration that will bring together thousands of people in recovery and recovery supporters from across the country to form a human chain - a living symbol of recovery - across the Brooklyn Bridge.

Postmarked applications are due today (August 19th) and e-mailed, faxed applications are due Thursday, August 21st (see page two of application for submission detail).

Download application at <http://www.ncaddnj.org/2008/PDF/RecoveryDelegateApp.pdf>

NCADD-New Jersey and Friends of Addiction Recovery-New Jersey are pleased to be partnering with A&E Network and NCADD in this important effort and will be offering, along with A&E Network, a greatly expanded Rally for Recovery 2008 at Liberty State Park on Saturday, September 27th as well. This year's all-day free event will have morning activities including a chartered cruise from Liberty State Park to NYC where Friends' rally goers will join thousands of recovery supporters from the tri-state area in forming the human Bridge to Recovery then returning to Liberty State Park for the Friends' annual Rally for Recovery with its Battle of the Banners, entertainment and much more. Stay tuned for important details!

The history of NAATP has been recorded by author and historian William White in the book, "A Tradition of Leadership". Copies are available for \$15.00 each which includes shipping. Be sure to contact the NAATP office or email Sherry Anderson at sanderson@naatp.org for your copy.



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“Most Urgent and Important”

Some years ago I had a brief brush with self doubt, borne mostly out of the fact that in spite of the fact that Seabrook House was a wonderfully dedicated organization, doing the good work of helping desperate families find the path to recovery; insurance companies seemed bent on putting us out of business. I drug myself and senior management staff to a Steven Covey seminar in search of any pieces we might have missed to make us more competitive.

Hoping to find a deficiency in how we operate, we found little. We certainly worked hard and, I think smart. In spite of that, Mr. Covey and his fellow presenters were unrelenting in their laser focus on getting personally organized, and yes, working even harder with a maniacal zeal of which we in the addiction field are not unfamiliar. Looking beyond the obsessive success rhetoric, we found the concept of organizing around what priorities meet the dual criteria of being “most urgent and important”.

As your NAATP Board chair over these past fifteen months, I think a lot about our strategies and priorities. Using the “most urgent and important” mantra, allow me to lay out three priorities in this *Visions* opinion piece.

Public Education

There may be no time like “the fierce urgency of now” as candidate Obama has been heard to say. Our national association must lead with a clear voice around the fact that addiction is America’s number one health problem. We must showcase the success of treatment when families are involved and patients are sufficiently treated for the chronic disease of addiction.

Public Policy

We NAATP members should point with pride about our alliance with NAADAC. Bringing our two forces together to speak with one voice on the federal level are seeds well planted. Anticipating the likelihood of a more sympathetic majority in both the House and Senate, along with the possibility of a new president committed to universal healthcare in some form, sets the stage for strengthening the addiction field’s voice while government evolves.

As our work with NAADAC takes root, we will continue to build alliances established this year with our professional friends in the Association of Intervention Specialists, the American Society of Addiction Medicine and others. Our association’s public policy interests are now being guided by an experienced professional in Washington, and we look to expanding our roll through the establishment of an NAATP political action committee (PAC). Our PAC will serve as a vehicle to get our message before elected office holders as never before. Look for news about how you can help in the coming weeks.

Uniformity of Purpose

I am proud to be a member of our professional association and so should we all. We are, no doubt, comprised of the best and the brightest experts in treating this quite complex bio-psychosocial illness. Instead of fostering an “us against them” attitude when we disagree with one another, NAATP showcases the controversy. For example, our national meeting brought a forum of medical directors together to share their views on short and long-term use of Suboxone. What better way to make us all better providers.

But where we must do battle, we should. For instance, we spoke critically about celebrity rehab TV and the exploitation of the sick. We respond forcefully when less knowledgeable writers call our treatment centers spas, when so many quality providers have added legitimate adjunctive therapies like yoga and equine to the mix of care. And let’s be wary of a magazine that plays on the sensational. How odd to see in this day and age a treatment center CEO on the front cover, only to open the pages to find that treatment center as the magazine issues biggest paid advertiser. That’s not journalism.

As I have traveled to treatment centers throughout the country over this past year, I am profoundly encouraged. The willingness to share knowledge, methods and accumulated expertise is astounding. It is a hallmark of NAATP. We share a uniform commitment to helping families heal, and the good news is, they can and do.

Edward M. Diehl, President
Seabrook House
Chair, NAATP

Upcoming Events

The twenty-first annual Cape Cod Symposium on Addictive Disorders (CCSAD), "Innovative and Effective Approaches to Intervention, Treatment and Recovery," will take place **September 5-6** in Hyannis, MA. The symposium is sponsored by Recovery Solutions and the New England Chapter of the American Society of Addiction Medicine (ASAM). For more information, visit www.ccsad.com.

The Substance Abuse and Mental Health Services Administration (SAMHSA) will sponsor the Third National Conference on Women, Addiction and Recovery, "Inspiring Leadership, Changing Lives", on **September 15-17** in Tampa, FL. For more information, visit www.fadaa.org/women.

The Substance Abuse Program Administrators Association (SAPAA) will hold its 2008 annual conference on **September 15-19** in St. Louis, MO. Visit www.sapaa.com for information and a brochure.

Seabrook House will hold a full day educational event **September 19, 2008**, at the Olde Mill Inn in Basking Ridge, NJ featuring two programs, breakfast, and a networking lunch. The educational programs are "Treating Addiction, Trauma, Grief, and Anxiety with EMDR" by George Koren, Jr. M.Ed, LCADC, CODS, LPC and "Breaking the Cycle: Sex, Love and Relationship Addiction" by Terra Holbrook, LCSW, CDAC. Continuing Education credits will be provided. Please contact Lisa Weber at (856) 455-7575 ext. 1042 to register or email lweber@seabrookhouse.org.

Seabrook House's Annual Fall Golf Classic will take place at the Seaview Marriot Resort and Spa on Friday, **September 26th**. The benefit supports our Patient Care Fund, which makes recovery

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possible for those who need it. Please visit www.seabrookgolfclassic.org for more information or to register for the event.

9th National Conference on Addiction & Criminal Behavior will be held **September 28 - October 1, 2008** at the Hyatt Regency St. Louis Riverfront in St. Louis, Missouri. For more information or to register call 800-851-5406 or download a complete agenda at www.gwcinc.com.

Haymarket Center will present the **2008 Autumn Workshop Series** starting on **September 6, 2008, thru October 25, 2008** (selected Saturdays) at Haymarket Center's new training center, 22 North Sangamon St., Chicago, Illinois. Topics include: Vicarious Trauma And Self Care For The Professional; Beats, Booze, Butts, Blunts & Bullets—Dropping Bombs In Our Neighborhoods; Fetal Alcohol Spectrum Disorder (FASD); Helping Addicts Recover: The Spiritual Perspective; and Illinois' Comprehensive Prison Re-Entry. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at www.hcenter.org. Pre-registration is required.

The Ben Franklin Institute will hold the following Summits for Clinical Excellence: **Oct. 23-26, 2008** in TEMPE, AZ and also the 2nd Annual National Eating Disorder Conference **June 5-8, 2008** in LAS VEGAS, NV. For more info visit www.bmisummit.com

The National Association of Addiction Treatment Providers (NAATP) will hold its **2009 Annual Addiction Treatment Leadership Conference on May 17 - 20, 2009 in West Palm Garden, FL.**

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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