

ARE YOU CONFUSED?

ELECTRONIC HEALTH RECORDS ARE NOT THE SAME AS ELECTRONIC MEDICAL RECORDS

There have been a lot of words uttered, emails sent and papers written about Electronic Health Records, as if we all understand what that means. Suddenly the economic stimulus bill has money in it for EHR work and everyone wants access to those monies, so Electronic Health Records have become popular. But what are they? What needs to happen to get to an Electronic Health Record? Whatever happened to electronic medical records?

Most of this began on April 27, 2004 when President Bush signed an executive order committing the country to move toward an *electronic health record* system by 2014. The time line for this movement was 10 years. The key was to create an electronic health record that was interoperable in nature so that it could integrate all the various health records currently kept on individuals; provide some transparency in pricing and improve the quality data and overall quality and efficiency of care. A pretty tall order, but then we had 10 years. Now it is 2009 and we only have 5 years to get to 2014!

Whenever there is any talk about the cost of health care or of health care reform, the first step taken is to see if there can be some cost savings in the current system. This Electronic Health Record is one such initiative. It is believed that there are significant cost savings within the current system and for most, cost savings as opposed to changing the system is always more attractive.

But let's step back a few steps and see if we can unravel this very complicated and potentially revolutionary concept. It was not all that long ago when all health records, including the records kept on addiction patients were hand written. Diagnosis, treatment plans, progress notes, staffing

notes, etc. were all hand written in a sometimes large folder that stayed with the organization that provided the treatment. Sometimes the History and Physical, the "aftercare" plan and a few other pages were faxed to another provider when the patient showed up for treatment and the appropriate release forms were completed.

Then all of a sudden the electronic medical record burst onto the scene. Instead of hand writing all the information, it was entered by a key board or an electronic pen and we had this record that could be accessed by appropriate staff in an organization that contained all the information pertaining to the individual's treatment for addiction. For many, this meant significant financial resources invested in systems that would ultimately integrate the clinical and the billing functions of an organization. For some this has been a painful process as software vendors tend to have a short self life and selecting a software vendor may not mean that they are around five years later. ***This is where we are today. Many organizations have some sort of electronic medical record that serves their organization well!***

But this is not the Electronic Health Record. The same patient who has been treated for addiction may have up to 10 or more health records in other organizations as they have had surgery, outpatient treatment for a skin disease, they have been hospitalized at four different hospitals over the course of years etc. **The Electronic Health Record is the gathering together of pertinent information from all 10 of those medical records into a centralized electronic health record!**

In order for this to happen there are several key concerns.

- v The software used by a health provider will have to be certified that it meets the requirements to provide the information needed to go to an Electronic Health Record. If it does not, the health provider will need to upgrade and it will cost to upgrade!
- v All health care providers will need to purchase or be part of a collective that will provide software that will "sweep" information from the medical record to the electronic health record. Again, this will entail a cost!
- v Agreement will need to be reached on just what



In this Issue

- Annual Conference P.7
- H.R. 911 P.3
- Clinicians Awards P.8
- A.A. Survey P.5

CONTINUED ON PAGE 4

as RJH sees it....

In the article written for this issue of the newsletter in the *Board Room* section, Michael Neatherton reminds us all of the value and need for communication and leadership courage. There is absolutely no question that these are challenging times and that they call for the very best we have to offer. From our past history, we know that we do best when the association becomes an organization that looks out for everyone and provides the best resources to all.

Twelve years ago, in 1997 I wrote my first column in the NAATP newsletter as the newly appointed NAATP executive. One of the first things I committed myself to at the time and continue to elevate as an important activity is communication. *Getting information to the membership was the key to rebuilding NAATP in 1997 and it will be the key today as we navigate our way through this uncertain but certainly changing time!*

A lot has changed since 1997, you do not receive as many mailings from NAATP as you once did, but you receive more email blasts; you do not receive as many "paper" copies of the newsletter but you now receive the newsletter in wonderful color as an email attachment or you can download it from <http://www.naatp.org/newsletters/index.php>; you hardly receive any faxes from NAATP, but you are left messages on your cell phone, and the list could go on. A lot has changed in the last 12 years. In fact, *change* has become the accepted descriptor of what we can expect in the future. We know the term; we just do not know all the details.

Because the details are so important, communication with all of you will be so very important in the weeks, months and years ahead. We know that the agenda is to change, but we need to monitor, comment, agitate, and get our point across so that change does not exclude us. A few examples would include:

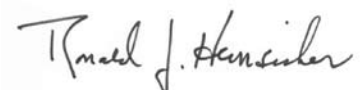
- Now that we have passed federal parity which includes the disease of addiction, we **must** pay attention to the writing of the regulations which will determine how this legislation will be enforced, monitored and what reports will be given to Congress and to the public. The job is only half done at this point.
- Health care reform is a new catch word. Everyone wants it, but everyone also has their idea of what it is and how it should be crafted. How will we ensure that however it is framed, addiction treatment is recognized,

included and funded at every level? NAATP is shouldering the responsibility to make sure that this is represented at the table.

- Electronic Health Records have again been the focus of attention. How to get information from medical records to an electronic health record and how to deal with the confidentiality issue are questions that call for change.

These are just three of the many issues that loom not on the horizon but right in front of us. For NAATP to take a leadership role, we need to be nimble, act fast, communicate with all of you and ask for your support. Sometimes that will be simply asking you to comment on position papers, sometimes it will be asking you to contact specific congressional leaders about very specific issues, and sometime it will be *asking you to financially support this effort so that our voice is heard and that there will be a future for all of you*. If you would like to help support the efforts of NAATP to represent your interests in the public policy arena, contact the NAATP executive at rhunsicker@naatp.org and ask how you can make a financial contribution to ensure that our voice is heard on the three issues outlined above and on the many more that will come to the table. These are economically challenging times that are going to be characterized by change. However, unless our views, our voice is represented, the change may just exclude us as many other forces are mounting well funded efforts to represent their interests and not ours. This cannot happen and we must not let it happen.

In the weeks and months ahead, continue to look for the communication from NAATP. It is going to increase. My pledge to you is to keep you updated every step of the way as we both navigate our way through these economically challenging times together and as we also see fundamental structural changes take place with legislation, government agencies and researching opportunities. The voice of NAATP must continue to speak for the primary aspect of this disease, the value of treatment and the commitment to long term recovery as the most acknowledged outcome of treatment.



Ronald J. Hunsicker
President/CEO, NAATP

IF YOUR ORGANIZATION PROVIDES SERVICES TO ADOLESCENTS, YOU WILL WANT TO READ THIS ARTICLE!

Sometimes, well meaning and well intended efforts end up creating much more mischief and burdens than intended. **H.R. 911** is one example of this. This is a bill which was introduced in the House of Representatives and passed out of committee during the second week of February. As now organized the title of the bill is: **Stop Child Abuse in Residential Programs for Teens Act of 2009**. On the surface, you can see that with this title it would be hard for anyone to vote against this bill. The intent of the bill is to set standards and enforcement so as to reduce child abuse in residential programs offering services to teens (adolescents). The primary issue with this proposed legislation is that if a program/facility/organization is licensed by the state and accredited by a national or regional organization, then standards and enforcement mechanisms are already in place. As it now stands, the only exemption from this rather onerous additional layer of reporting, standards and enforcement is to:

1. a hospital licensed by the state; or
2. a foster family home that provides 24-hour substitute care for children placed away from their parents or guardians and for whom the State child welfare services agency has placement and care responsibility and that is licensed and regulated by the State as a foster family home.

As you can see, the exclusion is very narrow. The National Association of Addiction Treatment Providers in its public policy efforts is working with a number of other organizations to draft substitute language for the exclusion clause and then actively work to have it inserted. This will probably happen in the Senate. In the last Congressional session this bill passed out of the House but found no traction in the Senate.

NAATP will continue to monitor this effort, but does want to alert you to the current status and movement. As with other efforts, this takes a strategy and your association is working on your behalf to develop a strategy that will benefit you the members of NAATP and then to successfully carry out that strategy. If you have not seen the full text of this bill, it can be found at: <http://www.govtrack.us/congress/billtext.xpd?bill=h111-911>

Remember to support the efforts of NAATP, your trade association in these efforts! If the issue is not specific to you today, it certainly could be tomorrow!

Advocacy In Action Conference 2009 Washington, DC

Elections have been held and what we already know is

- *There will be a new person occupying the house at 1600 Pennsylvania Avenue.*
- *There will be a whole new cast of players in key cabinet positions.*
- *There may be some changes in key leadership positions in both the House and the Senate*

It does not matter how the election ends, those changes will happen. What is important for us will be:

- *What policies of the new administration intersect with the interests of those involved in addiction treatment?*
- *Who are our allies in the legislative branch of government?*
- *Who are the key individuals who have the potential to “de-rail” our agenda if we do not spend time educating them on the disease of addiction and the value and cost saving impact of treatment?*
- *What impact will budget deficits have on addiction treatment issues?*
- *After passage of the parity legislation, what comes next?*

Those and many more issues will be explored during the **2009 Advocacy in Action Conference presented by NAATP and NAADAC March 8- March 10, 2009 in Washington, DC**. Continue to watch for announcements on how to register for this very exciting conference. This will be your opportunity to hear first hand some answers to the questions above and to get to meet in person some of the policy makers who will play key roles in shaping policy and direction over the course of the next 2 to 4 years.

Through the generosity of individuals on the NAATP Board of Directors, there will be 25 registration scholarships available to members of NAATP organizations to attend this conference. Watch for announcements for how to apply for one of these scholarships and how to register for this conference. Put this on your list as a must attend conference for 2009.





Bedrooms

Common Areas

Offices

Dining Rooms

Classrooms

ToughStuff... Furniture With an Attitude!

NEED FURNITURE & Mattresses?



Sober Living, Detox, Recovery...

www.furnitureconcepts.com 800-969-4100

CONTINUED FROM PAGE 1

information is “swept” into the EHR.

- v Agreement will need to be reached on just who will have access to the EHR. Will some portions be able to be blocked by the patient/consumer themselves?
- v What if there is a breach of security? What sort of notification system will be set up?
- v Because all information related to addiction treatment is protected by 42 CFR, can any information from addiction treatment be included.

This is not an exhaustive list, but it is a beginning, with the last question perhaps the most immediate challenge we face. Electronic Health Records in some form will exist. The other questions related to the security and what is in and who sees it will be solved. If we want to be at the table and seen as part of the much larger and much more complex health care delivery system in this country, than the addiction community must figure out a way to both protect its integrity around the confidentiality issue and at the same time participate. What is clear is that if the addiction treatment organizations opt out of the Electronic Health Record process, we will have opted out of any additional health care reform discussions as well! That is serious!

WELCOME NEW MEMBERS

**The Chancellor Group
Eden Prairie, MN**

**Substance Abuse Director’s Assoc. of AK
Anchorage, AK**

**The Florida House Experience
Deerfield Beach, FL**

**OneRecovery, Inc.
Solana Beach, CA**

**St. Gregory Retreat Center
Des Moines, IA**

CODE OF CONDUCT AND CONFLICT OF INTEREST DOCUMENTS

COMPLETED BY THE NAATP BOARD OF
DIRECTORS

In an ongoing process to review its policies, by laws and practices, the board of the National Association of Addiction Treatment Providers determined that it needed to add two additional “key” documents to the policies applying to persons serving on the NAATP Board of Directors. In October of 2008 the Board adopted a document entitled *National Association of Addiction Treatment Providers Code of Ethics and Responsibilities* and then in February it adopted a companion document identified as *Conflict of Interest Policy for members of the Board of Directors for the National Association of Addiction Treatment Providers*.



Both of these documents will become valuable tools to help guide the direction and activity of the association. For nearly a year a special committee appointed by the Board Chair Mr. Ed Diehl and chaired by Ms. Renée Popovits worked on both of these documents. The *Code of Conduct* document grew out of the desire to have a clearer statement of the responsibilities related to NAATP Board membership. The goal was to create a document which in broad terms highlighted the responsibilities as well as establishing expectations for board membership. The NAATP code of conduct is an empowering document which focuses on the positive opportunities and responsibilities which one assumes when accepting a position on the board as opposed to listing limiting behaviors. This document is one which provides a framework as opposed to limitations.

The second document is a *conflict of interest statement along with a disclosure statement* intended to promote transparency in all dealings involving the NAATP Board of Directors. Members of the board will be expected to annually sign the conflict of interest statement and to then list any potential conflicts in categories identified by NAATP. In the discussion around the creation of this document it became clear that it was not the potential conflicts which were the issue; it was the failure to disclose them that had the potential for trouble.

Both of these documents are ones which all members of NAATP should have for their operations as well. All boards should have a code of conduct as well as a conflict of interest policy. If you are interested in obtaining the template of these two policies developed by NAATP, contact the NAATP office at rhunsicker@naatp.org and we will be pleased to provide them. These will be provided at no charge to NAATP members. Membership has its privileges!

VISIONS

DID YOU KNOW?

Alcoholics Anonymous conducts membership surveys every *three* years in order to provide information to the membership of A.A. as they carry the message of recovery. The most recent survey revealed some very interesting details.

- 39% of A.A. members surveyed were referred to Alcoholics Anonymous by a health care professional.
- 33% listed their stay in a treatment facility as the most important factor in leading them to the Fellowship.
- 11% said they were originally mandated to attendance at meetings by court order.
- 74% say their doctors know that they are recovering alcoholics.
- 33% of those attending A.A. are women which is up from 22% in the 1968 survey, the first survey.
- 33% of those surveyed are sober more than 10 years, while 31% are sober less than one year.
- The average age of an A.A. member, according to the survey, is 47.
- 63% of those polled for the current survey said that they had received some type of treatment or counseling before entering A.A.

More than 8,000 A.A. members from the United States and Canada were polled for this survey. This complete survey is available online at aa.org in the “For the Media” section. Copies can be ordered from the General Service Office. (*Information for this article came from A Newsletter for Professionals - About AA - Winter 2008*)



*“Lending a hand...
...anytime, anyplace.”*

Interventions

Addictions

Mental Health/Dual-Diagnosis

Co-Dependency

Consulting

Marketing/Operations

Treatment Coordination

Monitoring

Post-treatment recovery

www.southworthassociates.net

“You made a difference in our lives.”



“I am more appreciative

than words can express.”



“Thank you for giving me my life back!”



west Palm Beach

May 17 - 20, 2009

Preconference - May 14 - 15, 2009
2009 Open Minds Strategic Planning Institute:
***"Securing Your Position in Today's
Rapidly Changing Environment"***

2009
NAATP ANNUAL
ADDICTION TREATMENT
LEADERSHIP
CONFERENCE

PGA National Resort & Spa
400 Avenue of Champions
Palm Beach Gardens, FL 33418
1-800-633-9150

Register at www.naatp.org and save \$25!

Workshops include:

The Two Cultures of Chemical Dependency Treatment: Time for Reconciliation? - John Wallace, Ph.D.

CARN Certification and Expectations - Denise Bertin-Epp - Brighton Hospital

Co-morbidity of Eating Disorders and Chemical Dependency - Michelle Klinedinst - Rosewood Center for Eating Disorders

The Hip Bone Is Connected to the Thigh Bone – Addiction Medicine Prescribes the therapeutic Alliance Between the Treatment Team, Medical Team and Addiction Medicine - Stanley Evans, MD, FASAM, PA, Medical Director of Caron Renaissance, Kenneth Thompson, MD – Medical Unit Director of Caron Treatment Centers; Jennifer Lorey, LMSW – Caron Renaissance

Collaborative Research: Combining the Science of Neurobiology with Clinical Experience - Dr. Barbara Krantz- Hanley Center; Dr. Paul Kenny, Scripps Research Institute and Dr. Karen Dodge, University of Miami and the Palm Beach County Health Department.

Presentation by the 2008 Recipient of the Dan Anderson Research Award – Markus Heilig, M.D. Ph.D. - Identification of a novel neurotransmitter system involved in craving for alcohol

The Residential Family Restructure Model – An In-depth Overview of Quality Treatment for the Entire Family - Mary Davis, BS, CMHP – Caron Renaissance, Michele Michael, LMHC

Why Research needs to begin with Practice - Cara Renzelli Ph.D. - Gateway Rehabilitation

What we Can Learn from the Illinois Budget Crisis - Renee Popovits - Popovits & Robinson

Leadership Issues in Health Care - Mark Mishek - Hazelden Foundation

Public Policy and Addiction Treatment - General Barry McCaffrey

Plus luncheons, dinner receptions, entertainment by Roseanne Cash, a golf outing and MUCH, MUCH More!!!

TWO OUT OF THREE 2009 OUTSTANDING CLINICIANS AWARDS GO TO INDIVIDUALS FROM NAATP ORGANIZATIONS

RUTHANN ADAM, LCDC AND FREDERICK MONTGOMERY, MD

The Addiction Professional magazine selected its first set of individuals to recognize for their clinical care. From the 72 nominations which they received, they selected three individuals to recognize in their January/February issue of the magazine and in a public way at the SECAD 2009 event held in Atlanta, GA on February 9-11, 2009. They selected three categories to recognize and provided recognition to one individual in counselor, clinical supervisor/manager and physician category.

Of the three persons selected for recognition, two (clinical supervisor/manager and physician) are employed by NAATP member organizations. Their stories can be found in the January/February issue of Addiction Professional.

Ruthann Adam, LCDC is the clinical program director at Memorial Hermann Prevention and Recovery Center in Houston, TX. In addition to the many other clinical innovations initiated by Ruthann, she leads a clinical team which is fluent in Spanish. In 2005 Ruthann was named member of the year by the Texas Association of Addiction Professionals. Congratulations to Ruthann Adam and to Memorial Hermann Prevention and Recovery Center.



Frederick Montgomery, MD is the Medical Director of Sundown M Ranch in Yakima, WA, also a member of the National Association of Addiction Treatment Providers. Dr. Montgomery began working for Sundown M Ranch in 1973 when he was a Psychiatric Consultant to the organization and then became the medical director in 1975. Scott Munson, Executive Director of Sundown M Ranch and Board Member of NAATP wrote in nominating Dr. Montgomery, "Early on Dr. Montgomery realized the value in medical students gaining an understanding of alcoholism and the treatment offered at programs like Sundown M Ranch. Beginning in the mid 70's he invited medical students from the University



of Washington to Sundown for a practicum. This program continues today with each of the residents in the local family practice program doing a rotation at Sundown during their second year." Congratulations to Dr. Montgomery and to Sundown M Ranch for this recognition.

Is your NAATP Membership Directory Listing Up to Date?

Each year the National Association of Addiction Treatment Providers prints a membership directory which is distributed to members and other key decision makers in the area of addiction treatment. In order for the directory to be "optimally useful" we need to make sure that the information is as up to date as possible. With your membership dues invoice, you were reminded to check your listing and to provide the NAATP office with any changes, updates, etc. The deadline is rapidly approaching for us to finalize any changes which will be included in the 2009 Membership Directory.

March 1, 2009 is the deadline for making any changes. If you have any changes to submit or if you have any questions about your listing in the NAATP Membership Directory, be sure to contact Sherry Anderson in the NAATP office at sanderson@naatp.org.

If you would like to place your ad in the 2009 Directory you must hurry! Please contact Sherry Anderson for details.

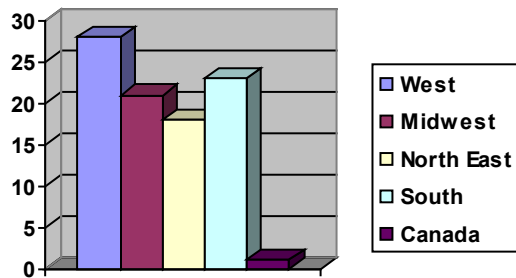


THE 2008 SALARY SURVEY RESULTS ARE READY!

NAATP Salary Survey done in Conjunction with NAA-DAC now ready for distribution

Every two years, the National Association of Addiction Treatment Providers conducts a salary survey and provides this information in a report format. This year the survey was conducted in cooperation with NAADAC. The dead-

line for gathering the data has come and gone and the report has now been finalized and is ready for distribution. The following are just a few “teaser” graphs from the report.



There are many more graphs and calculations contained within the report including an analysis of over 30 different job classifications. For those organizations which provided data, one complimentary copy will be electronically sent to you. For the rest, you can order your copy through the NAATP office by contacting Sherry Anderson at sanderson@naatp.org. The price for the report is listed below.

	Complimentary Copy	Paper/Hard Copy Cost	Electronic Copy Cost
Organizations that completed Survey	One Complimentary Copy	\$100.00 each additional	\$50.00 each additional
NAATP or NAADAC Members that did not complete survey		\$175.00 Each	\$85.00 Each
Non NAATP or NAADAC Members		\$250.00 Each	\$125.00 Each



TAG YOUR OWN DAMN MOOSE!

When I agreed to write this article, it seemed like a good idea...at the time. As the deadline grew closer and 'NAATP Article' kept surfacing on my task list, it no longer seemed like a good idea. Instead, I felt I was trudging along a road - but not one of happy destiny. This task became an intrusion on an already busy schedule, and once again, I asked myself why I thought this was a good idea.

Well, I do know why, but I'm not crawling into that quagmire in this article. When I asked what I should write about Ron Hunsicker told me the topic and content were wide open. With that thought in mind, I looked at the past 12 months, determined to write about what has been most significant and worth sharing from a professional perspective.

My thoughts kept taking me to the importance of communication. George Bernard Shaw once said, "**The single biggest problem in communication is the illusion that it has taken place.**" I get that. Three of the greatest teachers I've had in my life have been my daughters. When they became teenagers, I immediately became an idiot. Up to that point, the jury was still out. Here is a typical exchange with one of my daughters:

Me: Didn't we just talk about that?

She: No.

End of conversation.

As Shaw said, I had only the illusion we had communicated. Shortly after one of my famous, emotionally-charged discussions with my oldest daughter, she stated, "Dad, your parenting skills suck." Guilty as charged! As I think back over my years of delusional confidence in my skills as a communicator, I reluctantly have to say she was right. But what was more of a challenge was accepting that verdict and then figuring out how to communicate effectively with my daughters. I'm still learning, and that brings me to the point of this article.

One of the corporate values we espouse at the Betty Ford Center is the importance of staff communication and working within a spirit of commitment and collaboration. During this period of unprecedented economic challenges, we've seen that communication, commitment, and collaboration have taken on even greater significance. When the phones are ringing and the census is solid, when more cash is flowing in than out, when admissions outpace discharges, and when there is a sense of economic stability and job security, it's easy to be an effective leader and manager.

In our current reality, we're seeing a reverse of all the above scenarios, resulting in a critical need for even more effective leadership.

The economic down-turn has impacted BFC on three separate, but obviously, interrelated fronts: operations, fundraising, and the strength of our endowment. Think in terms

of a three-legged stool. If just one leg is out of whack (not to mention all three), there is a distinct possibility you'll end up on the floor. This is a position way too familiar to me.

In early 2008, we had a sense that we would not be immune from the country's looming economic turmoil and laid the groundwork for how the organization would respond. Leadership began to think in terms of mission-critical versus value-added and necessity versus expendable. As a result, we adopted the guiding principle that we would protect quality, and - to the best of our ability - full-time jobs. Everything else was placed under the microscope.

To meet this guiding principle, and to do what had to be done, we first and foremost needed buy-in from all staff members and support from the board of directors. We got both. Years ago a good friend gave me a book by Max De Pree titled *Leadership is an Art*. In the book, De Pree states, "Good corporate communication allows us to respond to the demands placed on us and to carry out our responsibilities." Over the past year, the demands and responsibilities seemed to have increased exponentially. In reality, this may not be the case, but it sure seems that way. On we go.

One of the things we have fostered effectively over the years is the mind-set of open-book management. At our quarterly All Staff Meetings, leadership normally does most of the talking from a set agenda. Part of the agenda is for our CFO to present a snapshot of year-to-date performance specific to statistics, bottom line performance, fundraising, and investments (our savings account.) This is an okay format during normal times, but these times are anything but normal. Business-as-usual staff meetings would not be sufficient; we wanted and needed a forum that would promote more effective communication, allowing us to suspend assumptions, exchange opinions, and elicit staff input. When you're going to announce across-the-board salary reductions, changes in the corporate match component of the 401K program, freezing merit increases and open positions, and implementing hundreds of thousands of dollars of cost-containment measures (with the majority of ideas coming from staff), you better have your communication strategy well thought out. We did.

Leadership agreed that a 'Town Hall In The Round'-style format would be most conducive to what needed to be accomplished: namely, candidly sharing the economic realities and asking for staff help in moving through a difficult time. To promote interaction, the number of participants in each session was limited. Precise minutes were taken at each meeting and were posted the next day on the Center's internal web site.

CONTINUED ON PAGE 11

Staff appreciated having ready access to everything that was discussed. It was determined, and ultimately proved to be true, that the Town Hall strategy was an effective tool. But we also needed to think about how we were going to continue to communicate with the staff and keep them apprised as to future developments and changing conditions, both positive and not so positive. It meant we had to think about the appropriate use of email as one small component of an overall ongoing communication strategy, but not at the expense of getting in front of the staff as necessary and talking about difficult issues. It meant that those of us occupying leadership positions had to be more available to staff. Most important, it meant that those of us in leadership positions had to truly lead; not give the illusion of leading. Remember *Mutual of Omaha's Wild Kingdom*? Marlin Perkins would say something like this to his colleague, Jim Fowler: "Jim, hop out of the boat and tag that moose while I wait here"...as the moose was swimming away (I didn't even know moose could swim). If Jim was anything like me, I imagine his response would be something along the lines of "Hey Marlin, why don't you just kiss my @#*." Some days you just have to get out of the boat and tag your own damn moose! So it is with leadership.

As challenging as these times are, they have given us an excellent opportunity to bring a portion of our values statement to life, and "walk like we talk." Leadership is about making "courage" statements. It's about delivering unpleasant realities face-to-face so messages won't be misconstrued. It's about committing to and telling the truth, and returning to Shaw's quotation, it's about avoiding "the illusion that communication has taken place."

As a result of the aforementioned actions, staff has told us they feel listened to, respected and included. This doesn't mean they like the necessary actions that have been taken. None of us do. It's like building consensus. I may not totally agree with it, but I can support it. Over the past year I have been forced to enhance my listening skills, and as a result, I'm hearing better and understanding to a larger degree. I like that. What I don't like are the circumstances that brought about the change. Even though my parenting skills sucked "back in the day," hopefully my leadership and communications skills won't...at least not as much. Thank God for progress not perfection.

I am convinced that - as the result of these tough times and difficult decisions - the Betty Ford Center will be a stronger and more efficient organization. I also know that we'll go through tough times in the future, and that lessons learned in this go-around will once again prove valuable. As many of us have come to realize... *we will not regret the past nor wish to shut the door on it.*

We work in an industry that teaches patients and clients the importance of sharing and communicating. I find it very ironic that - many times - we fall short of the communication ideal within our individual facilities as well as within the broader industry. We cannot solve the economic

crisis that is affecting every element of our society. What we can do is manage the impact within our own organizations, and what we must do is sustain open, honest communication. Remember... ***this too shall pass.***

Michael S. Neatherton
Executive Vice President/COO
Betty Ford Center
Member of the Board, NAATP

A VERY PERSONAL NOTE FROM ED DIEHL, CHAIR OF THE NAATP BOARD OF DIRECTORS

DEAR COLLEAGUES AND FRIENDS,

The Diehl family was stunned today (Feb 8, 2009) to learn of the violent death of my very dear brother, Jack. This talented, big hearted and gentle soul was murdered in a senseless act of violence in front of his hillside home in St. Thomas in the U.S. Virgin Islands. Jack was fatally wounded by two gunshots when he stepped outside to investigate the sound of gunfire, instructing his two teenage boys, Nolan and Cullen to stay inside with their mother, Joanne.

Jack was just 52 years old, and had his own construction business for over twenty years on the island. He was exceptionally devoted to his wife and boys, and cherished his four brothers, Dick, Ed, Jerry and Bob as his closest friends and confidants.

On behalf of our mother, Peg Diehl, Jack's family, "the brothers" and their loved ones, and his many St. Thomas friends, we thank you in advance for your prayers and love. Our family is committed to peace, justice and above all, non-violence in a world that is sometimes so very cruel and difficult to understand. In the days ahead we are sure to be comforted in the knowledge that Jack's beautiful spirit will live on in his two sons, of whom he was so very proud.

Sincerely,

Ed Diehl

Upcoming Events

The NAATP and NAADAC Advocacy in Action Conference will be held in Washington, DC on **March 8 - March 11, 2009**. Watch for more details on registration.

The Alabama School of Alcohol and other Drug Studies (ASADS) will hold its 34th annual conference on **March 24-27** in Tuscaloosa. For more information contact ASADS by phone at (205) 221-5644 or Kathy Seifried at (344) 242-3967, or e-mail her at Kathy.seifried@mh.alabama.gov.

The California Institute for Mental Health will host the Ninth Annual National Information Management Conference and Exposition: Addressing the Needs of Mental Health, Alcohol and Other Drug Programs on **April 22-23, 2009** at the Crowne Plaza Hotel in Anaheim, California. More information about the program and how to register can be found at: http://elearning.networkofcare.org/cimh/content/IM0809_PrelimPrgm_v1.23.09.pdf

The American Association for the Treatment of Opioid Dependence (AATOD) will hold its national conference **April 25-29, 2009** in New York City. Visit www.aatod.org or call 856-423-3091 for more information.

VISIONS

The American Society of Addiction Medicine (ASAM) will hold its 40th Annual Medical-Scientific Conference on **April 30-May 3, 2009** in New Orleans, LA. For more information visit www.asam.org.

The Substance Abuse Directors Association of Alaska, Inc will present the 35th Annual School on Addictions and Behavioral Health, **May 4-6, 2009** at the Sheraton Anchorage Hotel, Anchorage Alaska. For more information please Contact-Anna Sappah at sada@ak.net or 907-242-6608.

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.

The editorial office is located at:
313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748



Editor

Ronald J. Hunsicker
President/CEO
Phone: 717-392-8480
Fax: 717-392-8481
E-Mail: RHunsicker@naatp.org
Web Site: www.naatp.org

NAATP Board Chair

Ed Diehl, President
Seabrook House
Phone: 856-455-7575
Fax: 856-455-7015
ediehl@seabrookhouse.org

**Newsletter Submissions may be sent to
Angela Abshire at
aabshire@naatp.org**