



## NOW THERE ARE FIVE: Will there be 1?

After over a year of campaign debates in which Health Care Reform became a center focus for almost all candidates; and nearly a year of a new administration which has made Health Care Reform a central component of its agenda and a major commitment in the first year, we have arrived at a point where there are three different bills in the House of Representatives and two bills in the Senate. Five bills have emerged through different processes which now need to be blended into a single bill if Health Care Reform is to happen.

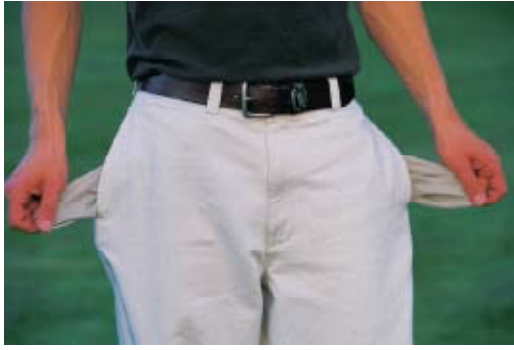
At the heart of Health Care Reform are two very clear and important principles which often become pitted against each other. The two primary principles driving reform are:

- Increasing the number of Americans who have access to health care via some form of insurance – addressing the nearly 40 million un-insured and the nearly double that number of Americans who are underinsured; and
- Reducing the overall costs of delivering health care costs in this country.



### REFORM EFFORTS MUST LOWER COSTS

It is very easy to see that these important and monumental goals are not going to be easy to achieve. How do we develop a system which makes insurance available and affordable to those who currently do not have it and how do we slow down if not reverse the rising costs of delivering health care in this country? At the end of the day, almost all of the discussion comes back to these two primary issues. Genuine philosophic, political and economic differences have both shaped the debate and clouded the discussion. But we are now at a point where the hard work of taking all the work done to date and attempting to get it into a single bill out of the House and a single bill out of the Senate is about to begin. If that is possible, then the final compromise process could lead to a single piece of legislation emerging.



**Health Care Costs**

- \$1.9 Trillion
- \$6,400 per person
- Almost \$3 Trillion by 2015

**In this Issue**

- West & Leadership Award Applications P. 5
- Phase 1 of PAC Campaign Complete P. 6
- Career Opportunities P. 9
- NAATP Executive Receives Recognition P. 10

**CONTINUED ON PAGE 4**

# as RJH sees it....

For those of us growing up in the North East, a sign warning of thin ice on a pond or stream was not an uncommon sight. Our winters were cold enough to produce ice, but not always cold enough to provide for safe ice. The warning of thin ice was something we saw often.

Over the past two years, a great deal of attention has been focused on addiction treatment. The very public debate of parity and more recently the extended discussion on health care reform has given those of us involved in addiction treatment more attention, more visibility and more *scrutiny*. One of the prices that we pay for attention is that we are held accountable and we are expected to play by the same rules as all the others at the health care table discussions! There are times when we have been able to maintain that we were different and so we should be exempt from some of the same expectations and accountability as other components of health care and it worked. That argument is no longer working.

*To continue to sit at the health care table and to ask to be treated as an equal is to invite everyone to shine their lights on us and for us to be as transparent as all other sectors of health care.*

Before those lights become too bright, we may want to think about some areas where the ice may be pretty thin and where we may wish to take precautions so that transparency does not come back to haunt us.

I would like to suggest three areas where we might be on some thin ice in terms of how we do business as it compares to the rest of health care. Of course, these generalizations do not apply to all providers of addiction treatment, but we all know how easy it is for the public to take one story or one example and assume it applies across the board.

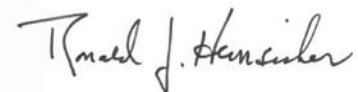
*The first area of "thin ice" is in the area of the chronic disease discussion.* There is hardly a discussion, an article or a presentation which now addresses addiction treatment which does not also either acknowledge or promote that the disease of addictive disease disorder is a chronic disease as opposed to an acute disease. However, the thin ice in this area is "where can we point to how we have changed the delivery of treatment as a result of this understanding? A chronic disease understanding assumes a life long involvement with patients as their disease is managed. We are going to need to do much more in this area to demonstrate that our use of the term *chronic disease* is more than a phrase, but truly represents a new understanding of both the disease and our approach to treating this disease.

## Danger Thin Ice

*The second area of "thin ice" is in our use of the term Recovery!* Because so many individuals who are involved in the treatment of addictions are themselves "in recovery" this term is used in so many different ways. The thin ice for us is that we have not yet clearly defined this term in any universally accepted fashion. What is needed is for us to come together, define recovery so that we all know what it is that we are referencing and so we can all then measure where a person is along the path to recovery. If we do not do this, we do not have any way to measure what it takes (and the cost effectiveness of those steps) to get a person to recovery. What we need before the ice cracks is a universally accepted definition of recovery as well as a definition of the core elements of addiction treatment!

*The final and third area of "thin ice" is the area of advertising, ethics and marketing!* This is no small issue, but as one NAATP member has suggested, it may well be the "elephant in the living room" about which no one speaks. Until we can develop some guidelines and standards which shape our practices about, fair and open pricing, refund policy disclosure, accurate depictions of both facilities as well as the anticipated treatment process, criteria for admission and disclosure of diagnostic process, core clinical competencies available within a particular treatment organization, and accurate information on how the disease is managed over the life of the individual and not "cure" or "success" rates. In our haste to grow our own business and to make treatment available to a broadening number of people, we must never compromise our commitment to integrity and to principles understood and accepted in all other areas of health care.

With the onset of colder weather here in the North east, I anticipate seeing those signs posted on some of the ponds and streams in the near future. Those signs serve as reminders to us that unless we are careful; unless we are committed to the highest professional standards; unless we are willing to learn from our health care colleagues, we may well end up on thin ice. We do not want to hear the ice crack as we take steps forward!



Ronald J. Hunsicker  
President/CEO, NAATP



*“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](http://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!”*

## CONTINUED FROM PAGE 1

In the Senate, Senator Tom Harkin who is the chair of the Senate Health, Education, Labor and Pensions Committee and Senator Max Baucus who is the Chair of the Senate Finance Committee are the key players in getting a single bill out of the Senate. While the "public option" continues to receive the majority of ink in the media, there are pages after pages of material which could have both short term and a long term impact on how health care is made available and reimbursed in this country. At some level of the discussion is the fundamental question of will all Americans be "required" to have some level of health insurance?

On the House side, work is still being done by the Congressional Budget Office which is attempting to "score" the bills proposed and fix a price tag to the anticipated legislation. Lawmakers are working to determine how to raise enough revenue to cover the cost of this reform. The House bills tend to rely on surtax on millionaires, while the Senate is leaning toward a tax on the most expensive insurance plans. Neither of these solutions is seen as a perfect solution!

In all of the five plans which are now working their way through the process, addiction treatment is mentioned as a base benefit in any plan offered and the principles of the 2008 parity legislation are referenced as the guidelines as to who those benefits should be included and managed. This is not a perfect solution, but is significantly ahead of where we have been in the past. Congressional champions have worked to ensure that all pending legislation have the recently passed Federal Parity legislation applied. As with any piece of legislation, the real work is in the details and in the regulations developed to accompany any legislation. All those involved with this process have achieved two very significant accomplishments:

- Addiction has been recognized as a major health issue in this country; and
- Addiction treatment has been recognized as contributing to the over all health of the individual, community and country.

The next steps will be to continue to be seen as an integral part of improving health in this country and our commitment to working at the absolute most cost effective ways to provide addiction treatment as every health process will be required to do.

Nevertheless, this is only the first step. Assuming that some form of health care reform passes through Congress yet in 2009, we can expect that additional work will continue in the years ahead. High on the agenda will be:

- Introduction of greater accountability into the healthcare system;
- Promotion of initiatives that increase efficiency and reduce variations in care;
- Reduced reimbursement for sub-optimal outcomes

All of these are bold initiatives and will dramatically change the way in which health care; including addiction treatment is both delivered and financed in our country. The passing of major health care reform in 2009 is only the first step in which will more than likely be an ongoing process to reform the delivery and financing process for health care in the US.

## NAATP BOARD OF DIRECTORS MEETS FOR FALL BOARD MEETING

Following the established schedule, the NAATP Board of Directors met for its fall 2009 regularly scheduled board meeting in Coeur d'Alene, ID. With the back drop of the changing seasons, the board reviewed the activity of the past year and began to plan for 2010 including receiving reports on the 2010 annual conference scheduled for San Antonio, TX.

Several major themes were explored by the board including a report and discussion on the activity taking place within Congress regarding Health Care Reform, the ongoing emphasis of NAATP in the area of Public Policy and a report on Phase I of the initial campaign to raise funds for the NAATP Political Action Committee.

The board also initiated the process of putting together a committee which will guide the board as it undertakes a strategic planning process in 2010.

The next Board meeting will be held in Washington, DC in February, 2010.



NAATP Board Members reviewing reports and planning for the future at the October 2009 Board Meeting.

## CARF Accreditation Granted

The Florida House Experience is proud to announce CARF accreditation!!! The Florida House Experience is a 200 bed treatment facility in Deerfield Beach, Florida licensed by DCF and accredited by CARF that specializes in the treatment of addiction and co-occurring disorders. Based on an integrative clinical model it is a long term program that offers residential treatment, outpatient treatment, transitional living and sober living all on one campus. Please call (866) 421-6242 or visit [www.floridahouseexperience.com](http://www.floridahouseexperience.com) for more information.

MARK YOUR CALENDAR



**MAY 22-25, 2010**

**La Cantera Resort**  
San Antonio, Texas

# VISIONS

APPLICATIONS ARE NOW BEING  
ACCEPTED FOR THE

**JAMES W. WEST, M.D. QUALITY  
IMPROVEMENT AWARD**

AND THE

**JASPER G. CHEN SEE, M.D.  
VOLUNTEER LEADERSHIP AWARD**

FOR MORE INFO VISIT  
[WWW.NAATP.ORG/CONFERENCES/AWARDS.PHP](http://WWW.NAATP.ORG/CONFERENCES/AWARDS.PHP)

## *Bigger Profits and a Better Bottom Line*

### **NAATP Member Benefit: Merchant Services**

Gina Phillips of Century Bankcard Services has been helping members save money by providing special Association pricing for Merchant Services for over 3 years.

### **Reduce Your Expenses**

With more client payments being done with credit cards make sure the fees you are paying are as low as they can be. Everything you will be saving with your Association Pricing will go directly to your bottom line.

**Call Gina at (714) 375-2929**

for your free Savings Analysis  
and low Association pricing offer.

**CENTURY BANKCARD SERVICES**  
[www.visarep.com](http://www.visarep.com)



# VISIONS

Dear Treatment Staff,

For the past three years, Dr. David Moore and Bill Manville (both recovering alcoholics) have written a weekly column, "Addictions & Answers," for the New York Daily News-fifth largest circulation in the country. Bill got clean and sober at Caron and attends local AA meetings regularly. Dave has long been a consultant for Director Scott Munson and his staff at Sundown M Ranch. No surprise then that in writing for the NY News, we support the principles of the NAATP, and the 12 Step community of recovery – and note that many of our readers email the column to friends and family, as a source of learning about recovery.

"Dr. Dave" provides the professional staff view, while Bill's role is that of the sometimes wise, sometimes bumbling old alumni. Where we hope we can have your help is this: newspaper columns depend on "page hit" levels [we run about 35,000 a month]. Since the recovering community of NAATP families and your staff are the viewpoint we try to take, it would strengthen our position with the paper if you could alert them to what we are doing.

The column can be found at the following generic site:  
<http://www.nydailynews.com/lifestyle/health/addictions/index.html>

Our hope is to have it linked as a computer "favorite" for both professionals and families in our community. Another help would be for you to circulate this email in a "loop" that includes the CEO, Treatment Director and whoever coordinates your Alumni relations. We are trying to get this message to all of the NAATP membership organizations.

And finally, if you have any human interest anecdotes about treatment that fit our format, we'd love to print them, citing the source you give us.

Feel free to contact Bill Manville, David Moore, or Steven Martel (office manager) at 253.929.1543 with any questions or comments.

**Note:** If you want to see any of the columns from the last 2 years, you can go to Dr. Moore's website and click the link to the New York Daily News [archive]. It is [www.preventionvillage.com](http://www.preventionvillage.com)

Thank you for taking the time to consider us.

Sincerely,

Bill Manville & David Moore, PhD

## PAVILLON EXPANDS INTO SOUTH CAROLINA

Pavillon, a private not for profit residential treatment center based in Western North Carolina will expand its services to open an Outpatient Center in Greenville, South Carolina this fall.

The Center, expected to open in November, will provide a full range of services, including intensive outpatient, professional assessments, a family support program and relapse prevention programs.

"We have known for some time that many of our patients from the Greenville area needed further support following residential treatment," said Anne Vance, CEO for Pavillon.

"By establishing ourselves in Greenville, it opens the door to provide that additional support not only to individuals and their families, but to past patients of Pavillon."

As with Pavillon's other treatment programs, the Center will be staffed by highly skilled credentialed clinicians. Day and evening programs will be available.

For more info please visit - [www.pavillon.org](http://www.pavillon.org)

## PHASE 1 OF PAC CAMPAIGN COMPLETE

INITIAL FUNDRAISING EFFORT FOR NAATP PAC RESULTS  
IN \$12,000 BEING RAISED

What began as a campaign launched at the NAATP Annual Membership meeting in May of 2009 and the initial pledge of one contribution has resulted in over 60 different pledge responses and a total of just over \$12,000 raised for the NAATP Political Action Committee. NAATP has taken its commitment to Public Policy to the next level with the formation of a Political Action Committee. Very few other addiction treatment national associations have formed a

PAC through which they can actively engage public figures around the areas of particular interest to the membership of NAATP.

This initial fund raising effort, under the leadership of Mr. Ed Diehl was a very successful first step. While Phase 1 is now complete, the National Association of Addiction Treatment Providers PAC will continue to receive contributions from individuals who are staff of NAATP member's organizations. This same campaign will be repeated beginning with the 2010 annual conference.

Additionally, a golf outing fund raiser for the NAATP PAC is being planned for Tuesday afternoon May 25 immediately after the close of the NAATP annual conference. Additional information on this fund raiser and how you can participate will be available within the next month. Mr. Jerry Crowder is the chair of this special event.

If you need any information on the NAATP PAC or the form to use in making a contribution, contact the NAATP office.



# HAZELDEN TO PROVIDE U.S. NAVY WITH NEW, ONLINE CONTINUING RECOVERY PROGRAM FOR ADDICTED MILITARY PERSONNEL

Hazelden, one of the world's largest and most respected private, nonprofit alcohol and drug addiction treatment centers, announced today that it will provide the BUMED, Headquarters Navy Medicine with a new Web-based continuing care support system. Called Navy MORE (My Ongoing Recovery Experience), the online system will be available free of charge to thousands of Navy substance abuse patients in recovery anywhere in the world. The contract was awarded on August 20 with four one-year options. The Navy MORE program is expected to go live in Mid-2010 and will be available to Navy personnel anywhere in the world where Internet access is available.

"Addiction to alcohol and other drugs is a chronic condition often characterized by relapse. Initial treatment is only the beginning of a lifelong journey of recovery, and continuing care is critical to maximizing a person's chance of sustaining long-term sobriety," stated Mark Mishek, Hazelden's president and CEO. "Many active-duty Navy personnel don't have access to support resources following addiction treatment because they are fulfilling their military duties. The Navy MORE program will connect sailors with the tools, support, and fellowship they need for lasting recovery."

Based on Hazelden's exclusive MORE program, Navy MORE will feature weekly online support groups facilitated by a licensed addiction counselor serving as a recovery coach; links to helpful Web sites including AA and other Twelve Step programs as well as Navy-specific resources; and encouragement to set and reach personal commitments

each week. All sections of the Navy MORE Web site will be presented in Navy-specific language and communications styles.

Additionally, Navy MORE will provide a 24/7-suicide prevention hotline. Hazelden also will train Navy clinical staff, who in turn will teach Navy personnel how to use Navy MORE.

Research has shown that continuing care is related to improved outcomes following treatment (Donovan, 1998; McKay, 2001; Moos & Moos, 2003). Especially relevant for the Navy is a large-scale study conducted by Ouimette, Moos and Finney (1998), which examined outcomes among 3,018 male veterans. The study revealed that veterans who participated in continuing recovery services for nine months or longer after initial treatment had the best outcomes.

The Butler Center for Research at Hazelden has conducted statistical analyses of outcomes data for MORE program participants. The data suggest that MORE program participants who regularly use the program modules have a significantly higher abstinence rate at 6 and 12 months post-treatment than those patients who use the modules infrequently or not at all.

## WELCOME NEW MEMBERS

**White Rabbit Partners**  
West Hollywood, CA

**St. Joseph Institute**  
Port Matilda, PA

**Discover Recovery**  
St. Peters, MO

**Genesis House, Inc.**  
Fort Worth, FL

# Onsite Workshops

is pleased to announce...

... the return of

Sharon Wegscheider-Cruse

to the Onsite Treatment Team!



Sharon is a bestselling author, family therapy pioneer, and founder of Onsite Workshops. For over 31 years, Onsite has been helping people rediscover the best in themselves and their relationships.

**Sharon will be involved in directing new programs, staff training and renewal, and will also be facilitating one day workshops in selected cities. She will serve in an advisory role to the administrative and clinical teams.**

1-800-341-7432 • [www.OnsiteWorkshops.com](http://www.OnsiteWorkshops.com)

Miles Adcox, Onsite's CEO says, "What an exciting time to be involved with Onsite! We are honored to have this opportunity to work with and continue to learn from Sharon and her experience. I'm a big believer in strong mentorship in times of change and our industry has definitely seen its share of changes over the last decade. We could not have dreamed of a better scenario to help us bridge the healing work to a new generation while maintaining and preserving the integrity throughout the process. I have a lot of gratitude for those who continue to trust the process and support Onsite and the people we serve. It is because of your vision and passion that we will continue providing hope and healing to another 40,000 people in the future."

Trusting the process for over 31 years!



Onsite Workshops  
1044 Old Highway 48 N  
Cumberland Furnace, TN 37051  
1-800-341-7432  
[www.OnsiteWorkshops.com](http://www.OnsiteWorkshops.com)



Al Salaam is an exciting and pioneering new project based in Dubai, dedicated to introducing the first 12-Step addiction treatment programme to the United Arab Emirates (UAE).

This is bold and far-sighted project for the UAE whose government policies regarding addiction and its treatment are in their infancy.

This is a fully-funded start-up project within the private sector and we need people who are passionate about working in the addiction recovery field and have the drive and determination to make a difference.

If you have this passion, combined with relevant experience and qualifications and an ambition to succeed, then joining Al Salaam may be the perfect career move for you.

We are looking for a full-time **Clinical Director** to manage our Phase One project, a 20-bed men-only residential unit offering rehabilitation and detox and two full time **Addiction Counsellors**. The programme will be offered in both English and Arabic.

## CLINICAL DIRECTOR

**Job Summary:** Reporting directly to the two managing partners, you be responsible for the design, writing, implementation, management and ongoing assessment of the treatment programme. Further responsibilities include staff training and developing relations with social care agencies as they develop within the country.

**Qualifications:** Masters Degree in a related field, at least five years working experience within a residential unit, ideally previous experience with a start-up project. Fluency in Arabic and familiarity with Middle East culture is an advantage. Recovering applicants welcome.

## ADDICTION COUNSELLORS

**Job Summary:** Reporting directly to the Clinical Director, you will interview patients and referral sources, carry a caseload of up to six patients, develop clinical treatment plans, formulate and coordinate continuing care planning and complete clinical discharge summaries. Responsibilities also include conducting individual and group therapy as assigned, conducting patient education on addiction and recovery, maintaining detailed and timely reports/records and notes of patients' progress, maintaining contact with all referral sources and participating in referral development activities as needed.

**Qualifications:** Qualification in a related field and at least three years full-time working experience within the field. Fluency in Arabic and familiarity with Middle East culture is an advantage, as is a current nursing qualification. Recovering applicants welcome.

Al Salaam is offering the right candidate an attractive tax-free salary.

For more details, interested candidates should send their CV, current salary and covering letter to Lisa Laws: [lisa@alsalaamuae.com](mailto:lisa@alsalaamuae.com)

## PROGRAM DIRECTOR

Nationally recognized licensed long term addictions/dual diagnosis facility is seeking qualified candidates for Program Director. Services offered by this well established facility include: dual diagnosis, co-occurring multiple addictions, life skills, 12 Step foundation, transition and strong clinical support. Facility is located in a rural setting near a major metropolitan area. This key role will be responsible for the overall coordination, supervision and administration of residential and clinical operations, including quality of clinical care.

### Ideal candidates will possess:

- Certification in Drug and Alcohol Counseling with preferred Master's in a related field.
- Thorough familiarity with 12-step programs and the ability to integrate a 12-step philosophy and positive peer culture with patients and staff.
- Minimum of 5 years clinical experience.
- Program management of small to mid-size multi-discipline addiction facility. Long term residential experience preferred.
- Supervisory experience in a clinical and non-clinical setting.
- Strong understanding of state licensure compliance and quality assurance systems.
- Effective leadership skills that facilitate teamwork.
- Proven facilitation and public speaking skills
- Proficient computer and excellent organizational skills.

Salary is commensurate depending on experience, talent and track record. Company offers a competitive benefit package. For consideration email resume with specific related experience, education and training to: [programdirector1@yahoo.com](mailto:programdirector1@yahoo.com).

# VISIONS

## NAATP DUES TO INCREASE FOR 2010 TO SUPPORT EXPANDED SERVICES

In preparation for the NAATP Board meeting held October 5 & 6, 2009, Board Chair Cathy Palm appointed a committee to examine the dues structure for NAATP and the needs of the association for the years ahead. This was a timely review as NAATP dues had not been raised for the past five years! During that time considerable expansion of services has taken place. As a very nimble organization, NAATP member organizations continue to enjoy:

- Electronic subscription to Alcoholism and Drug Abuse Weekly
- Expanded multi color, 10 issues per year of the NAATP Newsletter
- Annual Benchmarking effort
- Annual Printed Membership Directory
- One of the most anticipated and best attended annual conferences in the Addiction field
- Regular updates on public policy and regulatory issues
- Highly valued bi-annual salary survey
- Leadership involvement in the passing of 2008 Federal Parity legislation as well as continued involvement with the regulatory writing process
- Key involvement in the current health care reform process
- Very visible NAATP executive who speaks at regional and national gatherings as well as doing presentations for member organizations
- Much More!

This committee was chaired by David Hillis, President/CEO of AdCare Hospital of Worcester and board member of NAATP. The committee reviewed the various revenue sources for NAATP and the anticipated activity which will generate revenue and then offered a recommendation to the Board for their consideration.

Following a discussion of this recommendation, the Board unanimously voted to adopt a resolution which had two components.

For 2010 there will be a one time across the board assessment to all NAATP members of \$195. This assessment is intended to provide the association with needed cash flow to assist the organization in moving forward on a number of anticipated initiatives in 2010. This assessment will be a one time only event and will occur in 2010.

Effective January 1, 2010 all NAATP dues will be raised 3%. This will result in a new base structure for all dues and will be reflected in the 2010 dues invoice.

This new dues rate is important for NAATP to continue its aggressive work in the area of outcome measures, public policy and other important efforts. Since NAATP has not raised its dues for the past five years, membership in NAATP continues to provide real value for the dollars.

## NAATP EXECUTIVE RECEIVES RECOGNITION FOR SERVICE

DR. RONALD HUNSICKER RECOGNIZED BY PROMISES FOUNDATION FOR DISTINGUISHED SERVICE IN THE FIELD OF RECOVERY

On September 20, 2009, The Promises Foundation held their 4<sup>th</sup> annual "Polo in the Palisades" event and presented their Award for Distinguished Service in the Field of Recovery to the NAATP Executive, Dr. Ronald Hunsicker. This annual event has been used as a fund raiser for a not for profit organization which provides services to addicted women and their children called **Miriam's House**.

With two Polo matches in the background, items were auctioned off, mothers and children who had received services from Miriam's House were introduced and a crowd of nearly 600 mingled under bright sun as the event celebrated recovery and also ensured that this very important organization would continue to offer services into the next year.

In receiving the award, Dr. Hunsicker commented on his own journey that led him to the position as the executive of NAATP and that he saw his activity as more of a calling than as a job.



## HEALTHCARE PROFESSIONALS FROM RUSSIA VISIT ADCARE HOSPITAL

### Casa Palmera Awarded Accreditation from the Joint Commission

By demonstrating compliance with The Joint Commission's national standards for health care quality and safety, **Casa Palmera has earned The Joint Commission's Gold Seal of Approval.**

"In becoming accredited, Casa Palmera was evaluated against a set of national standards by a Joint Commission surveyor experienced in the delivery of behavioral health care services," says Mary Cesare-Murphy, Ph.D., Executive Director, Behavioral Health Care Accreditation Program, Joint Commission. "Achieving accreditation demonstrates Casa Palmera's commitment to provide safe and high quality care."

Barbara Woods, National Director of Business Development at Casa Palmera says that accreditation shows that "we make a significant investment in quality on a day-to-day basis from the top down. We seek accreditation for our organization because we want to be the best and we view obtaining Joint Commission accreditation as another step towards excellence."

According to CEO, Lee Johnson, "accreditation is attainable only through cooperation and communication among staff members. Everyone at Casa Palmera plays a vital role in working to meet the standards. It gives us a feeling of pride and accomplishment to work in an accredited organization. We also appreciate the educational aspect of the survey and the opportunity to interact with The Joint Commission survey team."

Casa Palmera provides a full continuum of care for Substance Dependence, Chronic Pain, Eating Disorders, Behavioral Disorders/Trauma and associated co-occurring disorders. The licensed facility blends medical, behavioral and adjunctive treatment modalities using an integrated, individualized treatment team approach.

The facility is nestled in the sunny coastal community of Del Mar, California.

For more information contact, Barbara Woods:  
972-467-7993.

A group of ten physicians, educators, journalists, and business leaders from the Moscow and Tver Oblasts (regions), not far from the city of Moscow, Russia recently toured AdCare Hospital. Their visit was part of the "Healthy Lifestyles" Program, sponsored by the US Agency for International Development (USAID) and coordinated by the International Center of Worcester.

"Healthy Lifestyles' exposes participants to campaigns that promote wellness and target the issues of tobacco, alcohol drugs, sexual health, domestic violence, diet, fitness, stress, and mental health," said ICW Executive Director, Royce Anderson. "Through a mutual exchange of ideas, visitors will be able to design healthy lifestyle campaigns upon their return to Russia," The USAID Healthy Lifestyles Program also examines how medical, educational, governmental, business, media, and law enforcement organizations can work together to promote healthy choices.

USAID visitors met with several executives of AdCare Hospital, New England's most comprehensive provider of alcohol and drug abuse treatment. Medical Director, Ronald F. Pike, MD, and Vice President of Outpatient Operations, David W. Hillis, Jr., MS, LMHC, CADAC-II, provided an overview of AdCare's full continuum of alcohol and drug abuse treatment. Human Resources Vice President, Joan L. Bertrand highlighted AdCare's employee wellness campaign, which has received community and regional recognition. "As a hospital, we promote good health among employees by providing wellness education, incentives, and programs such as Weight Watchers and smoking cessation," commented Ms. Bertrand. "The key to promoting healthy life styles is changing attitudes, behavior, and knowledge," agreed Vice President of Marketing and Development, James F. McKenna. "The job of AdCare's Community Services Department is to increase public awareness of substance abuse, treatment, and recovery," continued Mr. McKenna. "We do this through participation in national campaigns such as Alcohol Awareness Month and Alcohol and Drug Addiction Recovery Month and staff presentations throughout the year to schools, businesses, healthcare and social services organizations"

"In addition to AdCare Hospital, USAID guests plan to visit the Worcester Dept. of Public Health, UMass Medical School, UMass Memorial, the Worcester Public Schools, the Worcester Boys and Girls Club, the Mass. Dept. of Public Health, the Mass. Medical Society, AIDS Project Worcester, the Telegram and Gazette, the YWCA, Fallon Community Health Plan, and Planned Parenthood.



*AdCare Hospital welcomes participants of the Healthy Lifestyles, Russia - Community Connections Program, which is managed by the U.S. Agency for International Development (USAID), administered by World Learning, and implemented by the International Center of Worcester.*



Save the Date  
February 21-24, 2010

Attend SECAD 2010

## Attend SECAD 2010 and Explore the Expanded Agenda!

### The 2010 Agenda Includes:

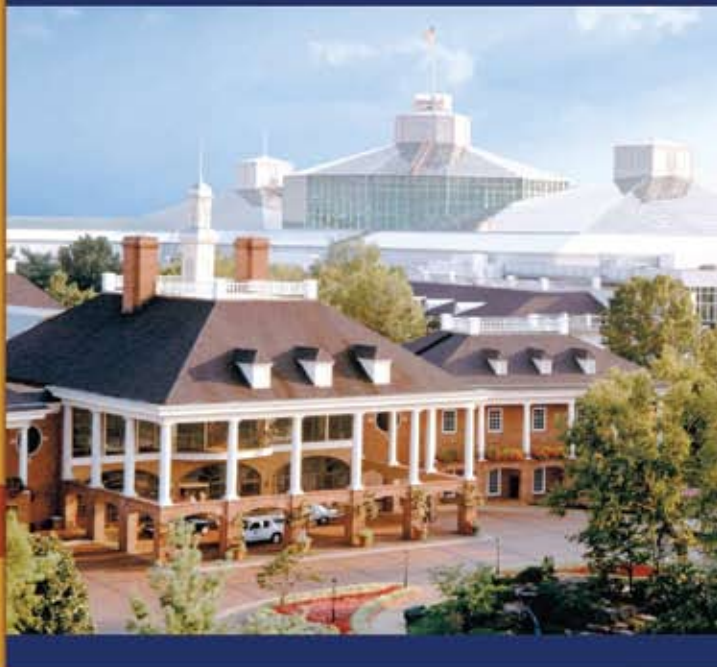
- Pre-conference workshops
- Pre-conference facility tour
- Over 50 educational sessions focusing on addiction intervention and treatment, facility design, and business technology solutions.

### Earn Up to 20 CEUs!

For information on exhibiting or sponsoring at SECAD.10, contact:

**Dianne Brindisi**  
**212.812.1421**  
**dbrindisi@vendomegrp.com**

Gaylord Opryland—Nashville, Tennessee



To Register, Visit:  
[www.SECAD10.com](http://www.SECAD10.com)

Produced By The Publishers Of:



ADDICTION PROFESSIONAL & BEHAVIORAL HEALTHCARE Magazines are published by VENDORME GROUP

In Conjunction With:



In Association With:



## Top Ten Reasons for being a NAATP Member

I couldn't resist using that title for some inane reason. Really though I want to talk about reason number one in my mind, i.e., NAATP has developed a strong commitment to and a strong presence in national public policy activity as it relates to the treatment of chemical dependency. I will leave it to others to talk about the other top nine reasons for being a NAATP member.

Just as background, let me say that I have served on the NAATP Board of Directors for a little over four years now. Still a newbie really. The organization I represent, The Valley Hope Association, has been a member of NAATP for many more years, some of them very lean years when membership could hardly be called robust. I now have the privilege of serving on NAATP's public policy committee. Yes, that's right, NAATP's public policy committee. When I first arrived on the Board four years ago NAATP was not directly committed to public policy activity. Now, NAATP is strongly committed to public policy efforts, has jumped into the fray and in cooperation with other individuals and organizations concerned about the chemically dependent has actually produced results. Those of you who have been active in public policy efforts through your careers know that defining a good result and achieving a good result where public policy is concerned is difficult. The work is arduous, the cost of doing the work in time and money is great and many just give up in fatigue or run out of resources. Occasionally, even in what first appeared a victory we have discovered that the result was tainted by unintended consequences as details of policy were hammered out by unseen authors. For all of these reasons I am so very impressed by all that NAATP has accomplished in such a short period of time. And, as you know ramping up our efforts in the area of public policy could not have come at a more important time in history. NAATP's growing presence in public policy discussion and activity is certainly one of the strong reasons for the support that the Valley Hope Association Board of Directors has shown for our membership in NAATP.

NAATP has many natural strengths when it comes to public policy work. Among its strengths are:

1. A strong leader in Ron Hunsicker who is adept at public speaking and an eloquent writer on matters related to chemical dependency and the implications of public policy for the treatment of chemical dependency. He is the face and voice of NAATP and is a national presence.
2. A talented and effective public policy consultant in Mark Dunn who amazes me with his ability to sort through an incredible amount of complex information and make it comprehensible to the rest of us. I think we can safely call him a Washington insider.
3. A public policy committee that includes two former chairs of the NAATP Board of Directors—Ken

Ramsey, Gateway Rehabilitation Center (chair of this committee) and Ed Diehl, Seabrook House. Also on the committee are Helene Cross, Fairbanks, David Hillis, AdCare Hospital of Worcester, and myself. Trust me, self excluded, this is a savvy group of politicians.

4. A United Board of Directors that has cast its support and resources behind the public policy effort.
5. A Political Action Committee (PAC) launched at the most recent annual conference. The PAC has begun receiving donations and gives NAATP another very real tool to influence the coming changes in healthcare policy. Ed Diehl is driving this initiative.
6. An Action Alert process for generating a high volume of speedy messages to legislators on pending legislation that impacts the treatment of the chemically dependent. The process starts with an email that gives background information and an easy mechanism for making contact with relevant legislators.
7. Three hundred plus member strong organization (and growing with 37 new members in 2009).
8. Dreams for the future. We all know who we are working for and what we want.

We are getting results. We have certainly had a role in the Parity Act. We have had a roll in insuring that the rules and regulations for the Parity Act become a reality. We have had a roll in insuring that treatment for chemical dependency is addressed in national health care reform. Results thus far have been impressive IMHO.

As you can see my real agenda in writing this article is to say the following:

If you are currently a member of NAATP, please continue your membership and support. If you know someone in an organization that would be interested in supporting our mission, please extend an invitation and encouragement to join NAATP.

This appears to be one of those times, one of those opportunities that come along infrequently when major change could happen, when something really, really good could happen for those still suffering from chemical dependency or something really, really negative could happen. This is not a time to sit on the sidelines.

So.....go Ron, go Mark, go NAATP, and go each and every one of us interested in helping the chemically dependent and their families.

Ken Gregoire, Ph.D., LP  
President/CEO  
Valley Hope Association  
Board Member NAATP

## Upcoming Events

The **Association for Medical Education and Research in Substance (AMERSA)** will hold its 33<sup>rd</sup> National Conference on **November 5-7** in **Bethesda, Maryland**. Visit [www.amersa.org/conf.asp](http://www.amersa.org/conf.asp) for more information.

The **Drug Policy Alliance** will hold its 2009 International Drug Policy Reform Conference on **November 12-14, 2009** in **Albuquerque, New Mexico**. For more information and to register, visit [www.drugpolicy.org](http://www.drugpolicy.org).

The LINC Foundation, Inc. will hold an ARISE Intervention Training in Boulder Colorado from November 18-20, 2009. For more information, download our training brochure at [www.linkinghumansystems.com/brochures.html](http://www.linkinghumansystems.com/brochures.html)

The **SECAD 2010** will be held **February 21-24, 2010** at the Gaylord Opryland in **Nashville, TN**. For more information see [www.secad10.com](http://www.secad10.com).

The **National Association of Psychiatric Health Systems (NAPHS)** will hold its 2010 Annual Meeting on **March 8-10, 2010** in **Washington, DC**. Visit [www.naphs.org](http://www.naphs.org) for more information.

The **National Association of Addiction Treatment Providers (NAATP)** will hold its 2010 Annual Addiction Treatment Leadership Conference on **May 22-25, 2010** in **San Antonio, TX**.

## 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](mailto:aabshire@naatp.org)**