VOLUME 12
NAATP
VISIONS
February, 2006

Updates and Discussions

Two Items Dominate February NAATP Board Meeting

The Board of Directors of the National Association of Addiction Treatment Providers gathered for their scheduled two day meeting in early February. The board heard a presentation on the NAATP benchmark effort by the NAATP executive and received reports on a variety of other activities including the upcoming NAATP 2006 Annual Leadership Conference. A consistent theme of the board meeting was the recognition of the continued membership growth and the manner in which NAATP has emerged not only as a strong membership association but also an organization which engages others in the addiction treatment spectrum in discussion and dialogue.

Two particular items dominated the updates and the discussion. Both of these were items which have been on the agenda in the past and both suggested a great deal of work on the part of board members and the association. Managed Care, especially the anticipated introduction of the Managed Care Tool Kit, and Public Policy were items which were official agenda items as well as unofficial hallway and meal time discussion topics.

The long anticipated NAATP Managed Care Tool Kit will be introduced at the NAATP Annual Leadership Conference May 20-23, 2006. It is currently in 8th draft form and will soon be ready for final editing and printing. The tool kit consists of a number of chapters which describe the various processes inherent in the managed care process. Then each chapter will have a variety of actual flow sheets, forms and work sheets which are currently being used by NAATP members. The intent of the tool kit will be to not only provide background information, but also actual forms which can then be adapted to the individual situation of member organizations.

This is only one in a series of initiatives which NAATP has taken regarding managed care. While this term is not unique to the addiction treatment arena of health care, there is a sense in which the administration of this approach has been done in a rather capricious manner. If you do not really believe that persons with the disease of addiction should receive the same respect and the same level of health care as persons with other diseases, then why would it surprise us that our experience with managed care is one where persons are marginalized and their disease is held in suspect? NAATP has also begun to engage the larger health care community as well as the benefit community around the issues of the Behavioral Health Carve out system which does not allow for savings in the general health care side to flow back to those managing the behavioral health care benefit.

The Managed Care tool kit is an exciting project undertaken by NAATP, but it is not a silver bullet and the Board of Directors recognize it is one step in a much longer journey. Likewise, the NAATP board affirmed that its Public Policy efforts would be ones that would impact a number of key issues with which the Board has wrestled in the past and will wrestle with in the future.

Phil Eaton explains his views during Feb NAATP Board Meeting

The NAATP Board heard a report from the NAATP executive regarding a plan to position NAATP as a leader in the area of public policy. This plan was outlined in a previous newsletter issue, but the key components included the appointment of a standing committee on public policy, the securing of necessary funds to ensure that this effort was much more than a token effort and the selection of an organization to assist NAATP in carrying out the key objectives of NAATP in the area of public policy.

During the meeting it was reported that a number of NAATP members have committed themselves to assisting with the funding effort during a two year bridge year period until the total funding amount can be absorbed within the NAATP budget. To date, over one half of the anticipated amount needed to carry out the plan has been received and a significant portion of the remaining amount has been verbally committed. The next step will be the appointment of a standing committee and then the work on a contract with an organization to represent NAATP.

Continued On Page 5

In This Issue...

- Caring Community P. 3
- Career Opportunities P. 4
- Benchmark Survey P. 4
- Welcome New NAATP Members P. 6

NAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAATP),
2 ISSUE
naatp
national association of addiction treatment providers

AS RJH SEES IT

When One Size Does Not Quite Fit All
OR
"Why an Introduction is Not an Endorsement"

One of the signs of the growing impact of the National Association of Addiction Treatment Providers might be measured by the amount of solicitations we get from a variety of vendors offering to be the "exclusive" vendor or provider for the association. This is not an uncommon relationship with associations such as NAATP. There are numerous other associations who have entered into exclusive arrangements with a wide variety of vendors to provide their product and/or service to their members on an exclusive basis.

The exclusiveness of the arrangement means that the association agrees to work with a particular vendor and endorse their product or service and promote it to the membership. In most instances this is done in such a way that it excludes the association from working with other vendors who offer the same or similar product. This model seems to work best when the membership is a rather homogeneous group.

One of the distinguishing features of the National Association of Addiction Treatment Providers is our diversity. While the deliver of addiction treatment is the core business that links us together, our diversity may be an even greater distinguishing factor. Some of the members of NAATP are large organizations, and some of our members are rather small. Some of our members offer addiction treatment as a part of a larger health care delivery system and some of our members deliver addiction treatment as a stand alone business. Some of the members of NAATP have complex staffing patterns with significant depth within various departments; other NAATP members invented the notion of multi-tasking where all key staff have multiple responsibilities. Some members of NAATP are organized as "for-profit" organizations and others are organized as "not-for-profit" organizations.

Given this diversity, which is really the life blood of the association and which enriches the entire association, the concept of "endorsement" has not been a direction chosen by the National Association of Addiction Treatment Providers. In fact, several years ago, the Board of Directors of NAATP went on record as opposing any collaborative arrangement with an organization offering a product or service to the membership of NAATP which was an exclusive relationship.

So if not exclusive, then what? Because we do not believe that one size quite fits all, we have taken a position that we (NAATP, your association) will work with a variety of providers of products and services and introduce them to you and allow you to make the final decision in terms of what works best for you and what size actually meets your needs.

Over the past several years, this concept has worked well in the area of software and information technology, in the area of insurance and to some extent in the area of consultants. As you can imagine, in all areas there are a great many choices and the needs of the NAATP membership are quite varied. However, in order for us to do the introduction, the NAATP staff works with the interested organization to ensure that they have in interest in NAATP, an interest in the members of NAATP and an interest in exploring the needs of NAATP members. In the areas listed above it is very important that an off the shelf product not be the favored approach by organizations interested in getting their products and services before the NAAP members.

Therefore, consistent with the position of the Board of Directors and responding to the reality of membership, the National Association of Addiction Treatment Providers do not see itself as a "purchasing" organization on behalf of its members. You will, however, from time to time, receive letters of introduction from myself regarding insurance products, (including property, liability and health insurance), information technology and software products and a variety of other products and services which might be of interest to you, the members of NAATP. These occasional letters are letters of introduction. They are meant to provide some general information regarding the products and services offered and then allow you to make the decision to contact the organization for additional information or to respond to a direct contact by them if you choose. We have made it very clear that this introduction vs. an exclusive arrangement is the way we do business and they need to agree to this in order to get a letter of introduction.

We also believe that this is a two way street as well. By working with some vendors/organizations, we have an opportunity to educate them in terms of our particular needs as well. On the insurance side, the way in which you do business often gets you lumped in with some much more high risk organizations, but those organizations who are willing to take the time to understand you will be better able to get you rated correctly. Those software vendors who truly interested in understanding addiction treatment and how it is delivered should be in a position to assist you with your software needs as opposed to using some product that was primarily developed for mental health needs.

The other reality is that we are not a very big number in the larger health care arena. We might think that our numbers have grown in a phenomenal way over the past years, but in comparison to the American Hospital Association, we are a very tiny blip on the radar screen.

Our introduction approach also encourages those vendors who would like to have a letter of introduction to get to know the members of NAATP. One way for this to happen is for them to "hang out" at our annual leadership conference. This year a number of organizations which offer products and services will be supporting the NAATP Annual Leadership Conference through various efforts. I would encourage you to get to know them, to help them to get to know you and then to make the decision as to whether or not the product or service they offer is the size that fits you.

That's the Perspective of RJH

ON "CARING COMMUNITY"

By Mike Schiks, Principal Partner
Minnesota Model Consulting, Inc.

As a young counselor in training I was introduced to the concept of "potency." It speaks to the effectiveness of counselors to engage their clients in the recovery process. It is an intangible characteristic that encompasses the entire demeanor of a counselor/helper.

My years of experience have led me to believe in an organizational parallel or counterpart for this concept, which I and others refer to as "caring community". It transforms a group of skilled, competent staff and a physical location into a "true healing place."

Building a caring community involves creating an environment that feels safe enough for people to let down their guard and take the risk of sharing themselves – not just what they want others to see, but who they really are.

In my years working in treatment centers I hosted a number of visitors from various programs and facilities. One of the comments I was always glad to hear was, "This place has a good feel to it." I have also experienced this feeling when touring programs. I believe it has much to do with the status or state of the caring community.

CARING COMMUNITY BENEFITS ALL

PATIENTS: A caring community is a powerful therapeutic tool that entices and engages patients/clients into the treatment process and fosters an atmosphere of mutual support. The absence of a strong caring community may be reflected in patients feeling disconnected, aloof, and/or approaching treatment as if they were passive participants.

STAFF: A strong caring community has the capability to energize staff, engender pride and ownership, create an infectious, collaborative spirit, and advance the organization. A weakened caring community is marked by distrust and infighting.

AGENCY: A strong caring community provides leaders with a sense of confidence that staff will do what is best for patients/clients while supporting the interests of the organization. Staff members act as eager ambassadors. Conversely, without a strong caring community, leaders may find themselves viewed as adversaries or referees between staff factions. Grapevine communications gain more credibility than formal communications and the agency can deteriorate into a place of stress, detracting from results and outcomes.

Elements Needed For Caring Community

Shared Vision, Understanding of Mission

Most organizations have grappled with the exercise of writing mission and value statements, spending hours debating semantics and struggling with the right phrase to capture the "essence" of the agency. It is all too easy to get caught up in writing a flowery statement that is more promotional than practical. A good rule of thumb however is *be careful what you write because you will be judged by how you to live up to it.*

Effective mission and values statements provide guidance and vision that reflect what stakeholders - staff, alumni, donors, patients, referents - see in day-to-day transactions. *There must be congruity between mission/values and practice.* The absence of this congruity can lead to ongoing debate about the spirit, integrity and motives of an organization, and left unchecked, can affect an agency's internal operating effectiveness, its' relationship with external stakeholders, and worst of all, client outcomes.

Physical Environment

Physical environment involves balancing practical use of space with the softer side of décor and feel. All designers will look at the practical use of space. Good designers go further and consider the softer dimensions that support the agencies mission and intent. A goal is to create an environment that communicates a sense of belonging, wellbeing, safety, support and caring to clients/patients.

Managing Organizational/Staff Culture

Organizational/staff culture affects how information is communicated and interpreted throughout the organization. It defines norms in the work environment including work habits. Ultimately culture impacts everything, including an organization's effectiveness. It can move an organization towards excellence or bog it down to the futility of "wheel spinning" mediocrity.

In the treatment field, care-givers are value-driven and people focused. Conflict occurs when management practices are reduced to business transactions; staff are hired, space and resources provided, compensation earned, productivity goals met. Clearly, all organizations need to achieve these basic functions in order to operate. However, if this dimension dominates in a value-driven, people-based organization, it is viewed as "hard edged," too "business oriented" or worse, directly contrary to the spirit, mission and values of the organization.

On the other end of the spectrum there are value-driven organizations that seem to be consumed in the drama of overactive staff cultures. Continuous navigation through a myriad of staff relations issues distracts from getting the real work of the agency done. Work processes may gradually evolve to meet staff preference at the expense of the patients/clients. There may be an absence of accountability and a "fly by the seat of the pants" culture that leaves the organization vulnerable.

Most organizations fall somewhere between and it is the challenge of leadership to foster a caring community that drives out fear of blame or retribution in staff and encourages process improvement and collaboration. Only then will the agency be able to function and focus on the important work of helping people and not be caught up in the extremes of "mission vs margin."

Leadership

It has been said that *leaders are only leaders so long as they have followers*. Whether an agency's mission/value statements are effective guidelines for an organization often hinges on the actions of organizational leaders. When there is alignment, an agency/organization can effectively work as a productive, caring community. Conversely if there is even a *perceived gap* it can be difficult to nurture a caring community.

Addiction treatment services have a complexity of their own. Helping addicts is a passionate enterprise. Professionals who have been trained in their respective disciplines - whether

Continued On Page 5

Time is Running Out!

Don't Miss This Opportunity

The 2006 NAATP Benchmark Survey Instrument is now ready for completion.

Log onto www.naatp.org/2006survey.html

Complete the survey by March 15, 2006!

You must complete the survey to receive a copy of the results!

2006 Benchmark

Tully Hill Chemical Dependency Treatment Center Awarded Three-Year CARF Accreditation

Tully, New York – January 31, 2006 – CARF announced that Tully Hill Chemical Dependency Treatment Center has been accredited for a period of three years for its Detoxification, Inpatient and Outpatient Programs. This is the first accreditation that the international accrediting commission has awarded to Tully Hill.

This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to the standards established by CARF. An organization receiving a Three-Year Accreditation outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit, that its programs and services are of the highest quality, measurable and accountable.

Tully Hill is a non-profit organization with offices at 5821 Route 80, Tully, New York. It has been providing Detoxification and Inpatient services since 1990, and Outpatient services since 1996.

CARF is an independent, not-for-profit accrediting body whose mission is to promote the quality, value and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served. Founded in 1966 as the Commission of Accreditation of Rehabilitation Facilities, and now known as CARF, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

Career Opportunities

Executive Director, Hazelden Springbrook

Hazelden Springbrook's caring experts deliver comprehensive abstinence-based recovery services to anyone 18 years of age or older, and have a long-standing national reputation for excellence in treating professionals, especially those in the healthcare field. Located in the quiet countryside of Newberg, Oregon, our 23-acre campus promotes an atmosphere of respect, serenity, and support.

We are seeking an experienced professional to act as Executive Director, to promote quality clinical processes, executive functions, customer service, external and community relations and business operations. The Executive Director will partner with staff, other leaders in Recovery Services, and leaders throughout the organization.

Qualifications:
Master's degree required; Doctorate desired; 3-5 years addiction services and chemical dependency counseling experience required; 5-7 years managerial experience required; certification/license in a primary clinical discipline desired (i.e., nursing, social work, psychology, chemical dependency).

Apply online at www.hazelden.org/jobs, or send resume to: e-mail jobs@hazelden.org, fax 651-213-4394., or mail to Hazelden, Human Resources BC 16, PO Box 11, Center City, MN 55012. Hazelden is an Equal Opportunity Employer.

Continued From Page 3

psychology, psychiatry, medicine, or counseling - often have little training in working as a team. Staff in recovery themselves (most often counselors) must balance the use of their personal addiction experience with professional boundaries and interactions. This combination isn't necessarily a recipe for automatic teamwork and therefore must be systematically structured and encouraged. To make it effective takes genuinely committed and capable leaders who have the capacity to "read" an organization at a multiple levels and who have the communication skills to address a number of different audiences.

Above all leaders need to be viewed as genuine. Staff members in a treatment programs are astute, trained observers in deciphering incongruity between what people say and what people do. This training often serves as a filter for how they view leaders and ultimately the organization. Respect, empathy, commitment, fairness and competence are other baseline elements expected of a leader.

Finding effective leaders for an addiction treatment agency is not easy. It requires someone who can navigate the staff culture of a caring community and negotiate the realities of operating in a complex health care arena (which for addiction creates another set of challenges). Leaders that rise from the clinical ranks may struggle with balancing their personal commitment to recovery with the necessary business/transactional aspects of the organization. External leaders or generalists without experience with the mission and values of an organizational culture are subject to missteps when they misread the importance of a value-laden culture. These circumstances require very different leadership development plans that unfortunately are all too often neglected. The stakes are high because it's within leadership that a caring community is fostered or neglected.

Patient Peer Culture

The final ingredient in building and sustaining a caring community is the understanding and skill of building and nurturing a constructive patient/client peer culture. There is an old "tongue and cheek" saying in residential treatment centers, especially those with a healthy caring community: *The patients get well when the staff go home*. Self-help and peer support are basic tenets of the Minnesota Model of addiction treatment.

Some years ago I toured a number of psychiatric facilities on a fact-finding mission. One observation from these visits was the relative absence of patients helping each other on the units. Care was almost entirely staff driven. Besides sharing the same space and their own humanity, the diversity of their issues simply didn't lend itself to a strong mutual help process.

> In substance abuse treatment the "experience of addiction" provides a commonality that is transferred into strong peer relationships. The *Alcoholics Anonymous* text refers to these relationships as "the common peril that binds us." Strong peer connections are a vital part of the recovery process.

Skillful clinicians carefully orchestrate the building and maintenance of a positive peer-group process. This starts with continuous orientation and fostering the common message of mutual support and community. The first order of business is communicating ground rules and expectations that pertain to being part of a peer group. Patients/clients are instructed (scheduled) to tell each other their *personal stories*, i.e., what their addiction years were like, how they got to treatment and what their hopes are going forward. Alumni and outside self-help group members are often brought in to tell their stories, again fostering the idea of helping each other. Staff is continuously looking for ways to support the "training ground" dimension of treatment in which patients/clients practice sharing and helping each other.

Building a peer strong peer culture supports clients participating in follow-up caring communities, i.e. self-help groups. This self-help community contact is crucial and is something that research suggests impacts and improves outcomes.

In Closing

The obvious and the subtle dynamics required to maintain and nurture a caring community are present, to some extent, in most effective addiction treatment programs. Building and nurturing a healthy caring community throughout an organization reaps benefits in multiple ways. It promotes patient care and healing, and supports healthy, sustainable organizations that can continue to serve well into the future. However it is applied, in the end it is the "still suffering addict" that benefits. And that, we must remember, is why we are doing this work in the first place.

Michael A Schiks MSM, BA, ACATA, is President of Minnesota Model Consulting, Inc, (www.MinnesotaModelConsulting.com) a firm that works with existing and start-up programs to integrate their clinical and business operations in a way that emphasizes the human side of addiction with the practical aspects of operating in a complex health care environment. Mike's 25 year career in the addiction field includes clinical and business leadership roles encompassing all facets of holistic treatment.. He can be reached at 651-462-4551 or via email at mike@minnesotamodelconsluting.com.

Continued From Page 1

As part of the Board discussion there was an effort to address the question of how would our effort be different than the efforts of the many other associations and groups which are also involved in public policy. Like many questions, this is not an easy one to answer, but the primary differentiation would be that NAATP will engage in activities which help to create an environment in which the business of the member organizations not only survive but also grow and thrive. Our primacy focus will be on creating a business climate which encourages and supports the delivery of addiction treatment. Most of the other groups involved in public policy focus on the individuals needing and receiving treatment, which we will also support, however, few if any other organizations are looking at the regulations, the insurance coverage, the relationship to other health care delivered, and the management of this disease over the life time of an individual. That will be the niche of NAATP. The board was also clear that any contract entered into needed to be very specific in terms of the deliverables. Those were productive discussions and out of them will come yet more planning and intitiatives.

2006 NAATP New Members

Palm Partners
Delray Beach, FL

Sober Living by the Sea
Newport Beach, CA

Focused Recovery
Santa Fe, NM

Alkermes, Inc.
Cambridge, MA

Casa Palmera
Del Mar, CA

Decision Point
Prescott, AZ 86303

Focus Healthcare of Tennessee
Chattanooga, TN

Brookside Institute
Irvine, CA

Gateway Community Services,Inc.
Jacksonville, FL 32204

Heritage Home, Inc.
Huntingdon, Quebic

Mayflower Center LLC
San Rafael, CA

NASD

National Alcohol Screening Day®

Educate Your Community About Alcohol's Effect on Your Health: Register for National Alcohol Screening Day

The National Association of Addiction Treatment Providers urges clinicians to participate in National Alcohol Screening Day (NASD), a free program that offers facilities the chance to educate the public about alcohol's impact on health. This year's screening day will be held nationally on April 6, 2006. Participating sites will be given screening forms as well as materials to educate patients about the effects of alcohol on overall health, a message relevant to anyone who drinks.

To register online for this free program, visit www.NationalAlcoholScreeningDay.org or call 781.239.0071

Results!

"Brown Consulting, Ltd. helped Pavillion and its staff prepare for our accreditation - working thoroughly in each area. I recommend them highly to other organizations working towards their accreditation."

Anne Vance
CEO, Pavillion International
NAATP Member

BROWN CONSULTING
Behavioral Services

1-800-495-6786
www.danbrownconsulting.com

FROM THE

BOARD ROOM

Quality and Service

The opening plenary speaker for the 2006 Annual NAATP Leadership Conference is going to be speaking on the subject of Service and Quality. The presenter, Louis Gravance, is a former Executive for The Disney Corporation and his message should resonate well for our profession as it should for all businesses.

I wrote on the topic of Quality and Service for the NAATP Board Room six years ago and I thought I would revisit that article as a prelude to our opening Plenary Session.

When the word quality is used in any business context, it frequently refers to a product. In our line of business, quality most often refers to direct patient care (as well as care for the family). As such, we promote or advertise the concept of providing the highest quality of patient care. Patient care, our product, includes the treatment we provide to patients. We also reference the quality of patient care through staff credentialing and experience, JCAHO/CARF accreditation and, when possible, outcomes measurement. High quality care should be/is a given in our health care environment and it is what our patients and their families expect. In my 30 years working in this field, I have never heard of a treatment center promoting mediocre care. But how does one objectively judge quality? Can patients and family members really judge quality? For purposes of this article, I am taking the position that patients and their families don't have the technical/clinical skills to judge quality of care rather they make judgements about quality based on a wide range of "other" variables which are tangential to direct patient care, but end up being correlated to quality of patient care.
Additionally, how do referral sources and other gatekeepers to treatment judge facilities on quality of care? Referral sources may have the technical/clinical skills to make a judgment, but I would guess that many have not invested enough "up close" review of treatment centers to objectively evaluate quality of care.

This brings us to the topic of service. I would suggest that, more than we might be inclined to acknowledge, quality of care equates with the quality of the service environment. Some definition is appropriate at this point. The simplest dictionary definition of service states that "service is the process of satisfying a customer need." In times past, in the manufacturing arena, service was something separate and distinct from the product. Peter Drucker, management guru and author, asserts that presently, service is very much a primary product. Additionally, Karl Albrecht and Ron Zemke in their book Service America, cite Harvard Business School professor Theodore Levitt in saying, "there are no such things as service industries. There are only industries whose service components are greater or less than other industries." I would suggest that an organization or business with a strong customer service orientation is going to be judged to provide high quality care (our product). I would also allow that the converse is not necessarily true, that is, high quality care, however that is judged, cannot overcome a poor service environment.

To illustrate my point on the issue of quality and service, a referral source once said to me that, to him, "all rehabs sound pretty much the same in terms of treatment philosophy and staff credentials but they don't all respond to me in the same manner when I need to use their program." He went on to say, "If a facility cannot respond to my needs (access, courtesy) as a referral source, how can I trust the services (group therapy, family therapy) provided to my employees will be of good quality."

Exceptional service is a function of understanding customer needs. Listening is a key ingredient to understanding customer needs. Exceeding expectations is key to customer loyalty. A Harvard business review article on a Xerox study on customer satisfaction identified that on a scale of 1 (low) to 5 (high), a satisfaction level of 4, although highly satisfied, is 6 times more likely to take their business elsewhere than the 5's.

In the book, Service America, Albrecht and Zemke highlight the service concept called "Moments of Truth." "A moment of truth" is defined as any situation in which a customer comes in contact with any aspect of a company or organization, however remote or brief, and thereby has an opportunity to form an impression. Albrecht and Zemke assert that moments of truth need to be managed and, when they are not, quality of service regresses to mediocrity. Managing moments of truth means managing people (our employees) and demonstrating a philosophy of service that values the customer.

The adage, "The customer is always right" is an interesting phrase which may objectively have no basis in reality (i.e., the customer may be factually wrong). However, in today's competitive health care environment, the customer always has choices and who they value as a treatment provider is more likely to be influenced by the service environment of the provider.

JAMES DOUGHERTY, VICE PRESIDENT
MARWORTH TREATMENT CENTER

Upcoming Events for Your Calender

The National Center on Addiction and Substance Abuse at Columbia University (CASA) will hold a conference titled **"Women under the Influence. Substance Abuse and the American Woman" on March 2, 2006 in New York City.** The keynote address will be delivered by Nora D. Volkow, M.D. Director of the National Institutes on Drug Abuse. For more information or to register, visit www.casacolumbia.org.

US Journal Training will host the **Neuroscience Meets Recovery Conference, March 9-11, 2006 at the LAS VEGAS HILTON** and the **10TH Renewal Convention on Adult Children Recovery and Trauma, March 29-April 1, 2006 at the LAS VEGAS HILTON** -For Brochure Contact *800 441 5569*

The Substance Abuse and Mental Health Services Administration (SAMHSA) will hold the **National Returning Veterans Conference on March 16-18, in Washington, D.C.** For more information on workshops and registration, visit www.palmergroup.biz/RVI/vetsinfoPg.asp.

The Association for Addiction Professionals, NAADAC, will hold its **2006 Advocacy Action Day (March 23) and Workforce Development Summit (March 24-25) in Washington, DC.** The Advocacy Action day will focus on legislative issues affecting the addiction professionals while the summit will address the way addiction professionals can take leadership roles.. For more information, visit www.naadac.org.

The 5th Annual Alberta Conference on Gambling Research **"Social and economic costs and benefits of gambling" will take place on Friday, April 21 & Saturday, April 22, 2006 at the Banff Centre, Banff, Alberta.** http://www.abgaminginstitute.ualberta.ca/2006_conference.cfm

The American Society of Addiction Medicine (ASAM) will hold its 2006 **37th Annual Meeting and Medical –Scientific Conference, May 4-7 in San Diego.** Symposia, curses, workshops, lectures and poster presentations will focus on the latest developments in research and treatment issues. Call ASAM office at 301-656-3920 for more information, or visit www.asam.org/conf/cong_gf.htm.

The National Association of Addiction Treatment Providers will present their annual Leadership Conference, May 19-23, 2006 in West Palm Beach, FL. For more information, visit www.naatp.org.

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
Phone: 717-392-8480
Fax: 717-392-8481
E-Mail: RHunsicker@naatp.org
Web Site: www.naatp.org

NAATP Board Chair
Kenneth S. Ramsey, President/CEO
Gateway Rehabilitation Centers
Phone: 412-766-8700 X101
Fax: 724-378-6289
kenramsey@gatewayrehab.org

The National Association of Addiction Treatment Providers
313 West Liberty Street, Suite 129
Lancaster, PA 17603-2748

Presorted
First-Class Mail
U.S. Postage Paid
Lancaster, PA
Permit 12