EDITOR'S NOTE

The first ever National Conference on Addiction Disorders is now in the books, and by all accounts it was a success. The collaborative effort between NAADAC and Vendome, publishers of Addiction Professional and Behavioral Healthcare magazines, as well as other partners, creating a dynamic, instructive place for addiction professionals to learn, innovate share their ideas.

While it is too late to participate in the 2010 conference, we’re already gearing up for 2011 with the call for presentations open until January 7, 2011. Don’t miss the opportunity to get involved. Full details are available at the NAADAC website, www.naadac.org.

Enjoy the issue!

Donovan Kuehn
NAADAC News Editor
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MESSAGE FROM NAADAC’S PRESIDENT

Historic Changes Come and Continue to Come to the Addiction Profession

We Enter a New Era in the Addiction Profession

Don P. Osborn, MS, MA, MAC, LMHC, President of NAADAC

Events from the recent National Conference on Addiction Disorders (NCAD) in Washington, D.C., ushered in a new era for the addiction profession. Changes long talked about for the addiction profession are finally here.

National Conference on Addiction Disorders

The NCAD conference was historic in that for the first time several entities, organizations and stakeholders in the addiction profession came together to form the conference. The annual Advocacy in Action meetings with Congress were also incorporated in the national conference. The result was nearly 1,000 attendees coming together to learn about best practices and celebrate the profession. The annual Advocacy in Action meetings with Congress were also incorporated in the national conference. The result was nearly 1,000 attendees coming together to learn about best practices and celebrate the profession.

A National Standardized Addictions Curriculum and Professional Scope of Practice

In September, the new National Addiction Studies Accreditation Commission (NASAC) was signed into existence in a ceremony at the National Conference on Addiction Disorders (NCAD). NASAC is a joint effort of a new national partnership between NAADAC and the International Coalition for Addiction Studies Education (INCASE). The NASAC was the culmination of three years of work of the National Addiction Studies and Standards Collaboration Committee (NASSCC) which was supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This initiative allowed NAADAC and its partners to begin the hard work of developing a national curriculum and standards for the addiction profession.

The mission of the NASSCC was to gather national stakeholders of academics, program directors, representatives of other national entities (such as the Addiction Technology Transfer Centers and SAMHSA), clinicians and individuals served to formulate a national addiction studies standardized curriculum for certificate through doctoral degree programs. Once developed, the curriculum would then be joined with a national scope of practice designed by NAADAC. The national scope of practice would provide guidelines for ethical practice and delivery of addiction services, workforce functions and treatment.

We are now at a time where education will direct the content of certification and testing. This will also add to developing the next generation of researchers, research, professors and supervisors for the addiction profession, and will provide states with legislative resources and workforce standards. NASAC will become the national accreditation body for addiction studies degree programs in colleges and universities that are accredited by the Higher Learning Commission.

The goal of this process is to simplify the system for clinicians and clients so those professionals who are in the field, or contemplating joining our ranks will have clear national standards and criteria to conform to.

President, cont. on page 6
NAADAC 2010 Award Winners
Outstanding Addiction Professionals Recognized
Veronica Leventhal, NAADAC Intern

In a profession where interventions can have life or death consequences, choosing outstanding addiction professionals can be a difficult job. NAADAC recognizes the work of addiction professionals, organizations and public figures who work above and beyond to make a difference. This year, NAADAC has selected eight awardees who represent the best in their respective specialties.

Mel Schulstad Professional of the Year
WOODY GEISSMANN

Woody Geissmann, a creative and compassionate addiction counselor and founder of Right Turn, Inc., has worked in Boston and Cambridge, Mass., for a decade and a half. Geissmann has worked with a variety of clients, often channeling his efforts toward fellow recovering musicians. In 2002, he created Right Turn Inc., a treatment center for artistic individuals with a creativity-based recovery system. In addition to leading the staff as CEO and as a front line clinician, he creates multiple entertainment benefits every year, including Comics for Recovery and a Charity Golf Tournament. Last year, Geissmann organized an all-star concert benefit featuring Alice Cooper as the headliner.

Lora Roe Counselor of the Year
RICHARD GREENE

For over 30 years, Richard Greene has worked in the addiction profession. Greene has held a variety of jobs, from case manager to quality specialist for the Texas Department of State Health Services (DSHS) to senior counselor. One of his proudest accomplishments was developing a highly specialized relapse prevention program, the “Genesis Relapse Prevention Program,” at La Hacienda Solutions. As an active member of the Texas Association of Addiction Professionals, he served on the Executive Committee and the state’s Certification Board and he wrote a Policies and Procedures Manual for the Association. Greene mentors new individuals to the profession and is a regular speaker in addiction classes at Austin Community College.

William F. Callahan Award
ERIC MARTIN

Eric Martin, is an active member of the Addiction Counselor Certification Board of Oregon (ACCBO), works as an Adjunct Faculty member with the University of Oregon and a contract instructor with Oregon’s Child Welfare Division. As a direct result of his work with the ACCBO, a gambling treatment program eliminated due to budget cuts was reinstated in Oregon. For 25 years, Eric has worked in addiction treatment and prevention, serving on several Governor’s advisory boards, producing a number of educational videos, and working as an international presenter and treatment advocate. Previously, Martin received the Governor’s Award of Excellence, presented by Oregon Governor John Kitzhaber.

Organizational Achievement Award
MEMORIAL HERMANN PREVENTION AND RECOVERY CENTER

The Memorial Hermann Prevention and Recovery Center (PaRC) in Houston, Texas, is a chemical dependency treatment center for adults and adolescents that provides multiple levels of care for male and female clients, including inpatient medical detox, residential, outpatient and supportive residential programs. But the PaRC is not only a treatment center, but it is also a training facility for chemical dependency counseling. Due to an incredibly generous $1 million grant from a local, private foundation, the PaRC was able to establish the PaRC Cameron Fellowship for Addiction Professionals. The PaRC exemplifies what providers for recovery and education in the addiction profession could be like. The award was accepted by Matt Feehery, the center’s Chief Executive Officer.

Donna Croy, NAADAC Director of Member Relations, receiving recognition for her 25 years of continuous service to the association from Cynthia Moreno Tuohy.
NAADAC President’s Award for Lifetime Achievement
HONORABLE PATRICK KENNEDY
For 16 years, Rep. Patrick Kennedy has served as the representative for Rhode Island’s 1st district. Kennedy is recognized as a leader on health care issues and his leadership in breaking down the barriers and stigma of mental health care and health care for those with substance use disorders has added to his reputation. Seeing the disparities in mental healthcare and substance abuse treatment as an issue of civil rights, Kennedy co-sponsored the Wellstone-Domenici Parity Act which passed in 2008. The Act requires insurance plans to cover addiction and mental health conditions the same way they cover other medical conditions. While Kennedy chose to not run for re-election this year, his legacy as an advocate for mental health and substance use disorders will remain.

NAADAC Legislator of the Year Award
HONORABLE MARY BONO MACK
After the tragic death of her husband, Congressman Sonny Bono, Rep. Mary Bono Mack filled his seat and became California’s only Republican female representative. Bono Mack currently sits on numerous Congressional committees and task forces, is also the founding co-chair of the Congressional Caucus on Youth Drug Prevention, the first Congressional caucus ever to focus specifically on substance use/abuse prevention. This year, Bono Mack sponsored the Stop Oxy Abuse Act of 2010, which would direct the Commissioner of the Food and Drug Administration to modify the approval of any drug containing controlled-release oxycodone hydrochloride. Bono Mack has consistently supported awareness of addiction issues in her Committee.

Senator Harold E. Hughes Advocate of the Year Award
GERRY SCHMIDT
For over 35 years, Gerry Schmidt, MA, LPC, MAC, has been in the mental health and addictions treatment profession, currently serving as the Vice President and Chief Development Officer at Valley HealthCare System. At NAADAC, Schmidt is the Clinical Affairs Consultant, the Chair of the Public Policy Committee and coordinated the Practitioners Services Network (PSN) projects for NAADAC and the Center for Substance Abuse Treatment (CSAT). He has served as Chair and co-Chair of the NAADAC Public Policy Committee and has helped set the legislative agenda for NAADAC. During his tenure as chair, with the passage of the Wellstone-Domenici Parity Act, the prospect of ending insurance discrimination against people with substance use disorders has become a reality.

NAADAC Emerging Leaders Award
CENTER FOR STUDENTS IN RECOVERY AT THE UNIVERSITY OF TEXAS AUSTIN
University of Texas Austin (UT-Austin) was recently named Top Party School in the U.S. for 2010 by Playboy magazine and was listed as number seven on the Princeton Review list of Top 20 Party Schools. This is why the Center for Students in Recovery (CSR) at UT-Austin is so significant, imperative and revolutionary. The students in the program are certainly going against popular social activities and succeeding. Students in CSR are eligible for scholarship assistance and over $15,000, raised through community supporters and by the students through campus events, is given annually to program participants. By providing a safe, supportive environment for students, the CSR is breaking down stereotypes of what a college experience “should” be like.

Honorary Life Member
EUGENE N. CHRONE, PhD, MAC
The recipient of the 2010 NAADAC Honorary Life Member selection was Eugene N. Crone, PhD, MAC. This selection was made due to his contributions to the leadership, long service and special focus on addiction services and research for the hearing impaired. Dr. Crone has worked in association with the owners of the National Deaf Academy since September 1995 as Director of Addiction Services. As a recovery specialist, he earned the prestigious Mel Schulstad Professional of the Year Award from NAADAC in 1997 and The Professional of the Year Award for outstanding work in the addiction profession presented by the Florida Chapter of NAADAC in 1996.

President’s Awards
DIANE SEVENING, EdD, and ANNE HATCHER, EdD, CAC III, NCAC II
University professors Diane Sevening, EdD, and Anne Hatcher, EdD, CAC III, NCAC II, were selected by NAADAC President Patricia M. Greer for special recognition. Both instructors have labored for many years in developing and teaching addiction studies; mentored new leaders and maintaining up-to-date curriculum. They performed these tasks without asking for any recognition, payment or special privileges. They were selected as 2010 President’s Award recipients due to their contributions, leadership and long service.

All winners received their awards in a ceremony at NAADAC’s national conference, held this year in Washington, D.C. For more information, visit naadac.org.
Healthcare Bill Impact on Addiction Providers

NAADAC representatives met with Dr. Westley Clark, Director of the Center for Substance Abuse Treatment, a part of SAMHSA. Discussion focused on the impact national healthcare legislation will have on addictions counseling. Dr. Clark informed NAADAC that the healthcare bill will promote the master’s degree for clinical services and reimbursement in addictions. He also stated that the “transition to that degree” is now. In this instance degrees and course work granted only from institutions that are accredited by the Higher Learning Commission, and relevant to clinical delivery as designated by proof of course transcript, are the degrees to be considered. Exceptions to this are in the areas of faith-based services and residential treatment community operations.

There is also the acknowledgment that the outcome of the fall election could change the healthcare bill. The Republican victory could cloud the future of the healthcare legislation. Ultimately, the U.S. Supreme Court may decide the 21 state lawsuits questioning the constitutionality of the bill.

To state it clearly, the new standard of practice in the addiction profession will be a master’s degree for clinical services and third party reimbursement.

NAADAC Growth

There are some exciting things in development at NAADAC related to NAADAC being the premier Addictions Professionals Organization. A new organizational model was brought about by the Executive Committee known as the Four Pillars of NAADAC. I also want to note other national organizations have expressed interest to now come and join under the “NAADAC Umbrella.” The NAADAC Board of Directors is enthusiastic about these opportunities and more news will follow.

My Thanks

Finally at the conclusion of the NAADAC Board of Directors Meeting I took the office of President of NAADAC. I am happy and excited to lead the profession with a very capable NAADAC staff and Executive Committee. Given the historic changes and the changes that are coming we have truly entered “A New Era in the Addictions Profession.” I thank you for your encouragement and prayers as we move forward.

Build upon a heritage and leave a legacy, Don

Donald P. Osborn serves as the President of NAADAC, the Association for Addiction Professionals. To contact him directly, please e-mail dposborn@hotmail.com.
Addiction Professionals Reach out to Legislators
Treatment and Recovery Advocates Shape the Discussion on Capitol Hill

Donovan Kuehn

NAADAC members took the message of substance use prevention, intervention treatment and recovery to members of Congress.

In September, as a part of the National Conference on Addiction Disorders, members from NAADAC, the Association for Addiction Professionals, the largest organization serving addiction-focused professionals, gathered on Capitol Hill to speak on behalf of 80,000 dedicated addiction services professionals throughout the U.S. Under discussion were a range of policies that affect the health of the over 22 million Americans who suffer from substance use disorders.

Participants in the advocacy track focused on legislative issues affecting addiction professionals and the clients they serve. Attendees met with their members of Congress about adequate funding for research and treatment, workforce development, veterans’ health care and recovery support for ex-prisoners.

“It is critical that we bring our message to decision-makers in Washington, D.C. We’re the experts on what works and what doesn’t, and we need to educate our representatives,” said Cynthia Moreno Tuohy, NAADAC’s Executive Director. “This was a productive conference.”

Participants received briefings, advocacy strategy trainings and heard from high-ranking officers from within the government. Speakers included David Mineta, Deputy Director for Demand Reduction for the Office of National Drug Control.

Topics addressed by the participants in preparation for their meetings with legislators included health care reform and mental health parity and an introduction to effective advocacy, including how to communicate with legislators and their staff members.

The Political Action Committee (PAC) also hosted a silent auction and a reception featuring musician and songwriter John McAndrew. The PAC supports candidates committed to the issues most important to addiction professionals, such as workforce development and increased funding for alcohol and drug prevention and treatment. The auction and reception raised over $2,000.

For more information on NAADAC’s advocacy efforts, please visit www.naadac.org/advocacy, or contact Director of Government Relations Chris Campbell at ccampbell@naadac.org.
The Life and Recovery of Senator Harold Hughes
The 40th Anniversary of the Uniform Alcoholism and Treatment Act

Matt Felix, MS

In 1952, on a Midwest winter night, a man sat at his kitchen table next to an empty whiskey bottle. He stared at a closet down the hall, where he knew his loaded shotgun was stored. Despair filled him as he thought about his life. He had lost everything valuable to him — his wife, children, his trucking business, and the respect of a small Iowa community he had grown up in. The man mumbled out loud, “I have even lost all hope.” Harold Hughes took the shotgun from the closet and headed for the bathroom. He lay down in the bathtub so that in death he would not create even more of a mess than his life had created.

Harold Hughes then dedicated his life to others with addictive diseases and never wavered from that dedication over the next forty years? He joined Alcoholics Anonymous that year and became an advocate and an active member. He went on 12-step calls at any time of the day or night. A woman called him for help with her husband, and Hughes drove across Iowa and took her husband to a noon meeting in Des Moines. Harold helped start new meetings in a number of the neighboring states as well as his home state...He became well known for his dedication and hard work. He applied for work as a truck driver but because of his reputation and knowledge he was selected for a management position in a trucking company.

In 1956 Hughes started the Iowa Better Trucking Bureau and learned a little about politics. Eventually he was elected to the State Commerce Commission, where he served for four years. Many around him urged him to get into politics. He was intrigued by the thought that he could be in a position of power to help those in need. In a heavy Republican area, and having grown up a Republican, he switched parties and ran for governor in 1962. He beat a well-Liked incumbent, attributing his win to honesty and openness.

Hughes continued to attend AA during his term from 1962 to 1969, and became famous for adjourning a committee meeting to attend an AA meeting, inviting those politicians whom he felt would benefit as well. During his tenure as governor, the State of Iowa adopted a new system of alcohol control. Recognizing that some people can drink while others cannot, the new system monitored sales closely but appeared fairer to all.

As governor Hughes also implemented a system of addiction treatment facilities or hospitals. During his term from 1962 to 1969, he wanted this legislation to set the standard for states to pass similar laws that will help lift alcoholics out of jails and into treatment facilities or hospitals.
The comprehensive Intoxication and Alcoholics Treatment Act made it through multiple committees with the powerful liquor industry and the Nixon administration fighting it all the way. President Nixon refused to sign the bill into law until the Republicans from Iowa and others warned him that they stood a chance of losing that state in the next election. Senator Hughes, still angry from the battle, refused to go to the signing. It was passed into law 1970.

This law created the National Institute of Alcohol Abuse and Alcoholism (NIAAA). Later the National Institute of Drug Abuse (NIDA) was established under the National Institutes of Health. The Act became the most influential legislation in understanding addiction as a brain disease and in formulating effective treatment for those with addictions, and it remains pivotal to this day. It laid the groundwork for mandated insurance coverage of addictions, and for the American Medical Association’s acceptance of alcoholism as a disease. The act defined alcoholic and alcoholism and provided protections for those with the disease. At the same time it allowed for “protective custody” holds for set periods to try and break the addiction cycle. This act was very detailed and extensive in defining treatment of the disease. It inadvertently lifted a great deal of stigma about alcoholism that was so prevalent during the early part of the century. The act was a huge step forward in the public understanding of the suffering alcoholic as well as establishing a professional treatment system.

Hughes never lost sight of his mission to help others. He decided therefore not to run for reelection, but to carry his message to those individuals in need. He left the senate and devoted his efforts to his chosen foundations and a religious retreat in Maryland. Eventually, he retired, but never stopped attending AA and made himself available to any group that wanted a speaker on addictions.

Many States have adopted Harold Hughes’s Uniform Comprehensive Act word for word into state law. This law did indeed change forever how those suffering from addictions were viewed and treated. This year is the 40th Anniversary of the passage of the Act. As he aged, he decided to retire and moved to Arizona. His life slowed a bit but he never lost touch with the recovery community. He died in 1996, a sober man with 42 years of memories.

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Keeping Care Accessible

New Regulations Outline how Clients will Access Preventive Services

From the Coalition for Whole Health

The following are comments to the Departments of Labor, Health and Human Services, and the Treasury Departments regarding the interim final rules regulating coverage of preventive services under the Patient Protection and Affordable Care Act (ACA).

We strongly support the goals of healthcare reform to ensure that all Americans have access to high quality, affordable health care, including mental health and addiction care.

Under Section 2713 of the ACA, health insurers are required to provide, with no cost-sharing, access to a range of preventive health services, including critically important mental health and substance use services for children and adults. Improving access to preventive care has the potential to greatly improve the health of our nation’s children, families and communities. As the Departments work to implement the Section 2713 of the ACA, the undersigned organizations urge you to ensure that the Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act address the following:

1. Explicitly recognize the preventive mental health and substance use services that are included as covered preventive services under the ACA and ensure that primary care professionals receive adequate training to provide these services.

2. Encourage the U.S. Preventive Services Task Force to convene to consider evidence of effectiveness for additional substance use and mental health preventive services not yet required as reimbursable services.

3. Revise provisions of the Interim Final Rule that would make accessing the preventive services benefits of Section 2713 disproportionately burdensome for people with mental health and/or substance use disorders.

4. Ensure that the appropriate steps are taken to educate the public, service providers and insurers so they understand the new requirements and implement strong enforcement mechanisms to ensure compliance.

What this means: NAADAC and the Coalition for Whole Health want to ensure that preventative health services for substance use and mental health disorders are covered by the new regulations and that the people who need the services can easily access them.

1. The need for explicit recognition of the preventive mental health and substance use services that are included as covered preventive services under the ACA and work to ensure that primary care professionals receive adequate training to provide these services.

We are pleased that, under the ACA, a number of preventive services for mental health and substance use are clearly included as covered reimbursable services. These include the following screenings and interventions that have been identified as effective by the U.S. Preventative Task Force:

- Alcohol misuse screening and counseling for adults
- Tobacco use counseling for adults and interventions for pregnant women
- Depression screening for adolescents and adults
- Developmental screenings for infants and young children
- Early childhood autism screenings
- Developmental surveillance for all children Psychosocial/behavioral assessments for all children

Preventive services covered by Section 2713 of the ACA also include a number of effective mental health and substance use preventive services for children and adolescents identified in the Health Resource Services Administration’s (HRSA) comprehensive preventive guidelines. Services identified by HRSA that are reimbursable covered preventive services under the ACA include:

- Alcohol and drug use screenings for children and assessments for adolescents
- Developmental screenings for infants and young children
- Early childhood autism screenings
- Developmental surveillance for all children Psychosocial/behavioral assessments for all children

We ask that the Departments make clear to health insurers that the above-listed mental health and substance use screenings and assessments are covered preventive services under the ACA.

In addition, we urge the Departments to ensure that the primary care workforce that will be providing these critically important services receives training on mental health and substance use conditions. It is imperative that the primary care professionals conducting these preventive services receive adequate education about and training on mental health and substance use disorders, effective screening and assessment tools, treatment, and recovery. This includes not just providers in traditional primary care settings, but also those in schools, juvenile justice facilities, and other primary care settings where prevention services related to substance use disorders and mental health are especially needed. It is also extremely important that primary care professionals are given guidance about the need to refer individuals with mental health and/or substance use disorders in need of more intensive services to providers of treatment, rehabilitation and/or recovery support services.

What this means: NAADAC and the Coalition for Whole Health want to ensure that preventative health services for substance use and mental health disorders are covered by the new regulations and that the people who need the services can easily access them.

2. In addition to those mental health and substance use screenings that are explicitly covered preventive services under the ACA, there are additional preventive screenings for substance use and mental health conditions that have been used for a number of years and are extremely effective. The following should also be included as reimbursable services.

- Coverage for drug screening in adults: To date the U.S. Preventative Task Force has not yet determined the value of screening for illicit drug use due to insufficient evidence. The
National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and other distinguished researchers have demonstrated that screenings for drug use are effective tools to help identify adults in need of brief interventions and treatment services. Recent research clearly demonstrates that rapid, economical screening and brief interventions reduce substance use and significantly reduce health care costs.1

• Coverage for suicide screening in adults: Screenings for suicide ideations have been used for a number of years and have been effective tools to help identify many youth and adults in need of services. Under the ACA, those screening procedures for adults would not be required cost-free services despite evidence of effectiveness.

Given the low risk and low cost of screening for substance use and mental illness, and the current state of knowledge about the consequences of untreated addiction and mental illness, the harms associated with not screening are too severe to be ignored. Therefore, covered screenings should include the full range of mental health and substance use preventive services that have demonstrated clear effectiveness.

What this means: NAADAC and the Coalition for Whole Health want to ensure that the current regulations expand coverage to include drug screening and suicide screening in adults.

3. Revise provisions of the Interim Final Rule that would make accessing the preventive services benefits of Section 2713 disproportionately burdensome for people with mental health and/or substance use disorders.

We ask the Departments to reconsider provisions of the proposed regulations that would be particularly burdensome for people with mental health and/or substance use service needs to access these preventive services. Specifically, we ask that the Departments to:

• Reconsider the provision allowing cost-sharing to be imposed if a preventive service is billed separately from the office visit. The logical and convenient setting for many of the covered preventive services is during primary care office visits, however the regulations allow cost-sharing for otherwise covered preventive services if the preventive service is not the primary purpose of the visit. With substance use disorders and mental health screenings in particular, it is critically important that no-cost screenings be allowed during visits for other primary care services, since individuals most in need of mental health and addiction screenings are unlikely to seek them out on their own.

• Require plans to allow out-of-network providers to conduct preventive health screens if no in-network provider is reasonably available, without cost-sharing. The limited number of providers available to screen for substance use disorders and mental illness is a serious concern, and the regulations should require that plans allow out-of-network providers to conduct preventive screens without cost-sharing obligations if no in-network provider is reasonably available to provide those services. This is especially important in rural areas.

• Require plans to disclose the medical management criteria they use for preventive services to enrollees in advance of them accessing preventive care services. The regulations allow plan issuers to use “reasonable medical management techniques” to determine coverage limitations if a recommendation or guideline for a recommended preventive service does not specify the frequency, method, treatment or setting for the provision of that service. Given that there is no federal definition of "reasonable medical management," plans should be required to disclose the medical management criteria they are using to plan participants in advance so participants will know whether the cost-sharing requirements of the service will actually be waived.

What this means: NAADAC and the Coalition for Whole Health want the new regulations to be followed, regardless of where the client receives the services; allow those with insurance to receive out of network care at no additional cost and full transparency from insurance providers.

4. Ensure that the appropriate steps are taken to educate the public, service providers and insurers so they understand the new requirements and implement strong enforcement mechanisms to ensure compliance.

To maximize success of the new prevention benefits and improve public health, it is important for the Departments to recognize the need for strong consumer, family, and provider outreach and education efforts to help them to understand and utilize the new benefits. The regulations governing coverage of preventive services under the ACA should include a discussion of the outreach effort needed to inform and educate consumers and providers about the specific provisions and requirements of the law. The Departments should also recognize the need for strong enforcement mechanisms to ensure compliance.

What this means: NAADAC and the Coalition for Whole Health want this program to be publicized so that the people who could benefit the most know that the program exists.

These new regulations will go into effect in the new year. If you have any questions on how the regulations will affect you or your practice, please contact Christopher Campbell at ccampbell@naadac.org or 800.548.0497, ext. 129.

NAADAC is a part of the Whole Health Campaign, a coalition of national organizations advocating for improved coverage for and access to mental health and substance use disorder prevention, treatment, rehabilitation and recovery services.

1See Madras, B.K.; Compton, W.M.; Avula, D.; Stegbauer, T.; Stein, J.B.; and Clark, W.H. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. Drug and Alcohol Depend [e-pub ahead of print], 2008.


Around the Nation

Undates from the States

Donovan Kuehn with contributions from Diana Kamp

**CALIFORNIA** (submitted by Diana Kamp)

Southwest Regional Vice President, Jerry Synold, is pleased to announce that a new affiliate has been formed in California. Addiction Professional Association for California (APAC) founding board members are Tom Gorham, President; Don Cherms, Treasurer; Deborah Freeman, Regional Representative; Roland Williams, Regional Representative and Lynn Goodman, Regional Representative with advisory board member Earl Hightower. In June, APAC hosted a one-day workshop on Motivational Interviewing with Pharmacology featuring NAADAC’s Executive Director Cynthia Moreno Tuohy at Promises Treatment Center in Los Angeles. APAC and NAADAC thank Promises for co-hosting the event and looks forward to future endeavors. Following the workshop, NAADAC hosted a leadership orientation for the new board and in September, the APAC board met and began to develop a training schedule to include all regions of California. To find out more on APAC, visit them at www.naadacapac.org.

**INDIANA**

The 2010 Richard M. Fairbanks Circle of Hope Award, given annually in recognition of outstanding contributions to research, education or treatment of drug and alcohol abuse and addiction, was presented to Indiana Wesleyan University (IWU) as a special place in the world.”

“...and Professor of Graduate Addictions Counseling and Executive Director of the Addiction Studies Center. Osborn also serves as the President of NAADAC.

**MARYLAND**

Timothy Schlauch, an addiction counselor from Taylorsville, Md., ran unopposed on the Democratic ticket in Maryland’s 4B district. He will face incumbent Don Elliott, who has served in the House of Delegates as a Republican since 1987, in the general election in November.

**MISSOURI** (submitted by Diana Kamp)

Alice Kibby and Ben Shirver, leaders of the newly re-energized affiliate in Missouri — Missouri Association for Addiction Professionals (MoAAP) — welcomed NAADAC members, addiction professionals and NAADAC staff to join them in July in Lake of the Ozarks for a one-day workshop focusing on Motivational Interviewing with Pharmacology presented by Cynthia Moreno Tuohy, NCAC II, CCDC III, SAP. MoAAP was also instrumental in hosting the North Central Regional Leadership Training and included affiliate board members from North Dakota, Kansas, Minnesota and Missouri. Board members were introduced to NAADAC projects, products and how NAADAC staff can assist them.

**MONTANA** (submitted by Diana Kamp)

Montana Addiction Professionals Association (MAPA) (formerly Montana Association of Alcohol and Drug Abuse Counselors (MAADAC)) is re-energizing with a new board of directors and name change. Past President and Regional Vice President, Pete Formaz installed the new officers in July: Julie Messerly, President; Jack Clarkson, Past President and MAPA board and committee members Allison Collins, Kristi Johnson, Steven Buffalo, Patricia McClure Buffalo, Paul Hauth, Bob Clarkson, Linda Rogers and Tricia Ayers. The MAPA board is currently developing a strategic plan to bring enhanced benefits to Montana addiction professionals.

**NEVADA** (submitted by Diana Kamp)

Nevada Association for Addiction Professionals welcomes new board members Allen Flagg, Jr., President, Meghan Pierce, Secretary, and Julio Landero, Treasurer. The Nevada Association for Addiction Professionals is working closely with NAADAC and the Southwest Regional affiliates to bring together the Southwest Regional Conference in Las Vegas, Nevada on November 11 & 12, 2010. The conference will include a keynote presentation by Dr. H. Westley Clark, as well as workshops. Contact Diana Kamp at dkamp@naadac.org for more information.
Advisory Group Recommends New Addictions Institute Replace NIAAA, NIDA

NIH Director Determines What Happens Next

Benjamin Chambers, Join Together

An expert working group recommended on Sept. 15 to replace the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) with a new Institute on Addictions within the National Institutes of Health (NIH), according to an email sent to NIAAA liaison representatives.

The Substance Use, Abuse, and Addiction (SUAA) Working Group was created in 2009 by the Scientific Management Review Board (SMRB) to advise it on whether NIH should be reorganized to maximize its work on addictions. The question of whether NIH should combine NIAAA and NIDA — both founded in the early 1970s — has been a topic of debate for several decades.

The SUAA Working Group said in its report (PDF) that although its members agreed unanimously that the current NIH structure was not effective, they disagreed on how to address the problem.

After numerous meetings and gathering public input, the working group recommended two options for consideration: “(1) a single institute focused on addiction, in which all NIH addiction-related research would be relocated, or (2) a trans-NIH addiction program (like the Neuroscience Blueprint) with participation from all institutes and centers that fund addiction-related research.”

In other words, the first option was a structural merger of NIAAA, NIDA, and other addiction research portfolios located in other NIH centers. The second proposed option was a functional one, designed to support interdisciplinary work on addictions without changing the NIH’s organizational structure. Interestingly, the SUAA Working Group’s report noted that a NIDA advisory council had voted unanimously for the first option, while a NIAAA advisory council voted unanimously for the second option.

The SUAA Working Group presented the options to the full SMRB at a meeting in Washington, D.C. on Sept. 14–15. Members voted to recommend creating a single Institute on Addictions. The meeting agenda and the report of the SUAA Working Group can be found on the SMRB website. The meeting was webcast while it was underway; if it is archived, it will be posted with other NIH webcasts.

What happens next? NIH director Dr. Francis S. Collins, M.D., Ph.D. has to decide whether to accept the recommendations of the SMRB. If he does, the actual structure of the new institute would need to be hammered out.

Then the Secretary of the Department of Health and Human Services, of which NIH is a part, would need to sign off on the new institute, followed by a six-month review period for Congressional “notification” and public comment.

This story is reprinted from Join Together (www.jointogether.org).

NACoA Announces New Board Leadership

Faye J. Calhoun, DPS, MS, has been elected Chairman of the NACoA Board of Directors. Dr. Calhoun is a past Deputy Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the National Institutes of Health, and has been a member of the NACoA Board of Directors since retiring from NIAAA in 2006. She is currently Special Assistant to the Vice Chancellor for Graduate Education and Research at North Carolina Central University in Durham.

TENNESSEE

Nashville resident and NAADAC member, Melinda Mendez-Scott, has been selected to represent Tennessee for A&E’s 2010 Recovery Project. A&E Network created The Recovery Project in 2008 as a national effort to raise awareness about the enormous public health problem drug and alcohol addiction has become and that recovery from addiction is possible.

Over 10,000 individuals and families in recovery, treatments partners and advocates from all 50 states joined together at Recovery Walks!, which was named as the National Hub event for Faces and Voices of Recovery’s Rally for Recovery. Fifty-one recovery delegates from all 50 states and the District of Columbia, along with A&E’s first National Youth Delegate were chosen to represent their home states.

Melinda Mendez-Scott participated in leading the walk as the delegate of Tennessee. To be chosen as a delegate, individuals must be in recovery for at least 10 years and be an active member in the recovery community. Mendez-Scott came to recovery in August of 1998, after she had forfeited her career, her family and her dignity to alcohol and drugs. Participation in the Recovery Community has changed her life. Mendez-Scott celebrates her sobriety by dedicating her professional and personal life to aiding others in addiction as a practicing addiction counselor for the past nine years.

You can read more about Melinda’s recovery at www.aetv.com/real-life-change/the-recovery-project/delegates/index.jsp.

A dedicated web site, www.therecoveryproject.com, provides information about the initiative and includes ways to get involved.
The use of illicit drugs among Americans increased between 2008 and 2009 according to a national survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The National Survey on Drug Use and Health (NSDUH) shows the overall rate of current illicit drug use in the United States rose from 8.0 percent of the population aged 12 and older in 2008 to 8.7 percent in 2009. This rise in overall drug use was driven in large part by increases in marijuana use.

The annual NSDUH survey, released by SAMHSA at the kickoff of the 21st annual National Alcohol and Drug Addiction Recovery Month, also shows that the nonmedical use of prescription drugs rose from 2.5 percent of the population in 2008 to 2.8 percent in 2009. Additionally, the estimated number of past-month ecstasy users rose from 555,000 in 2008 to 760,000 in 2009, and the number of methamphetamine users rose from 314,000 to 502,000 during that period.

Flat or increasing trends of substance use were reported among youth (12 to 17-year-olds). Although the rate of overall illicit drug use among young people in 2009 remained below 2002 levels, youth use was higher in 2009 compared to 2008 (10.0 percent of youth in 2009, versus 9.3 percent in 2008, versus 11.6 percent in 2002). The rate of marijuana use in this age group followed a similar pattern, declining from 8.2 percent of young people in 2002, to 6.7 percent in 2006, remaining level until 2008, and then increasing to 7.3 percent in 2009. Additionally, the level of youth perceiving great risk of harm associated with smoking marijuana once or twice a week dropped from 54.7 percent in 2007 to 49.3 percent in 2009, marking the first time since 2002 that less than half of young people perceived great harm in frequent marijuana use. The rate of current tobacco use or underage drinking among this group remained stable between 2008 and 2009.

Overall past-month illicit drug use among young adults aged 18-25 increased from 19.6 percent of young adults in 2008, to 21.2 percent in 2009. This rise in use was also driven in large part by the use of marijuana.

“These results are a wake-up call to the nation,” said SAMHSA Administrator Pamela S. Hyde, J.D. “Our strategies of the past appear to have stalled out with generation ‘next.’ Parents and caregivers, teachers, coaches, faith and community leaders, must find credible new ways to communicate with our youth about the dangers of substance abuse.”

“Today’s findings are disappointing, but not surprising, because eroding attitudes and perceptions of harm about drug use over the past two years have served as warning signs for exactly what we see today.” said Director of National Drug Control Policy, Gil Kerlikowske. “Fortunately, this Administration’s National Drug Control Strategy, with its focus on prevention, treatment, smart law enforcement, and support for those in recovery, highlights the right tools to reduce drug use and its consequences. But our efforts must be reinforced and supported by the messages kids get from their parents. Past month marijuana use was much less prevalent among youths who perceived strong parental disapproval for trying marijuana or hashish once or twice than among those who did not — 4.8 percent versus 31.3 percent, respectively.”

Despite some troubling trends, the 2009 NSDUH shows continued progress in lowering levels of tobacco consumption among people aged 12 years and older. Current cigarette use among this population has reached a historic low level at 23.3 percent. However, even in this case, the pace of improvement is stagnating. The use of cocaine among those aged 12 or older has also declined 30 percent from 2006.

As in previous years, the 2009 NSDUH shows a vast disparity between the number of people needing specialized treatment for a substance abuse problem and the number who actually receive it. According to the survey, 23.5 million Americans aged 12 or older (9.3 percent of this population) need specialized treatment for a substance abuse problem, but only 2.6 million (or roughly 11.2 percent of them) receive it.

NSDUH is a scientifically conducted annual survey of approximately 67,500 people throughout the country, aged 12 and older. Because of its statistical power, it is the nation’s premier source of statistical information on the scope and nature of many substance abuse behavioral health issues affecting the nation.

The complete survey findings are available on the SAMHSA website at http://oas.samhsa.gov/nsduhLatest.htm.
WVAADC, Inc., the NAADAC state affiliate in West Virginia, celebrated the 30th anniversary of the fall conference this year in Canaan Valley, W.V., during October. The conference is described by some as “the most special conference experience”, “a place to connect deeply with others in the field”; “a homecoming” reflecting the deep affection that the “fall conference” has among addiction professionals across the state of West Virginia.

The conference is organized by board and conference committee members who are all volunteers committed to making the experience educational, fun and rejuvenating. A free pre-conference has been offered as a part of the conference experience, and this year was no exception with a special moderated panel discussion related to advocacy. The session was followed by the second annual West Virginia Walk for Recovery, with a 5K run option. At last year’s inaugural Walk for Recovery we were joined by W.V. State Senator Jeff Kessler.

Recovery comedian, Tim Grealish of TEG Interventions in McMurrey, Pa., concluded the first night of the conference. He shared his personal recovery story as well as 23 years of experience working in the addiction profession. Dr. George Parks, of the Addictive Behavioral Research Center at the University of Washington delivered two sessions, one on the Past, Present & Future of Treatment and Recovery and one on Relapse Prevention Therapy. We were also treated to presentations by Tom Durham PhD, Executive Director of The Danya Institute, Project Director for the Central East ATTC and Mid-Atlantic Regional Vice President of NAADAC; Madeline Dupre, Denise Hall, Susan Coyer, Steve Burton, Ronni Rittenhouse, Ph.D., Carlyn Maddox, Andrea Hansen-Ford, Liz Lindley, Brad Price, Ph.D., Barry Row, Russ Taylor, Randy Housh, Gail Kinsey, Jim Baker, Sheila McBride and Judy Kesterson.

This year also featured an exhibit called “Unheard Voices,” provided by the Foundation for Rape Information Services. As we know too well substance abuse and trauma are unfortunately found together and we are many times faced with a “chicken and egg” situation. The Unheard Voices exhibit is an interactive display of plaster face castings paired with the actual person telling his/her story on audio cassette. Participants sit facing the casting and listen to survivors tell their 4- to 6-minute stories for a very powerful experience.

The conference also featured Morning Meditations, which provide attendees an opportunity to start the day with a positive outlook. Days conclude with Bedtime Stories which ease attendees into the night with relaxation. The conference offered daily 12-Step meeting to support those in recovery and to provide those professionals new to this vocation, or to recovery, with the opportunity to attend.

This is a learning environment that is unmatched. Adding to the experience were shared meals, included in the price of the conference, an Annual Scholarship Benefit Auction and a celebration Awards Banquet with the WV Certification Board of Addiction & Prevention Professionals to honor those who have attained certification and other honors from their peers.

Please plan on joining us at our next conference. More details are available at www.wvfallconference.com or www.wvaadc.com and follow us on facebook at WVAADC, Inc.

The conference would not be possible without the generous sponsors and we thank all of YOU!

WV State Senator Jeff Kessler (l) and Russ Taylor, WVAADC Immediate Past President leading conference attendees at the 2009 Walk for Recovery. Photo by Chuck Conner.
12 Lessons Learned From the Recession
Personal Connections are Making a Comeback

Dianne Gubin

Jobs. Jobs come and go. Is your identity attached to your work? If your job goes away, will you have a life after your job? Have you developed other areas of your personal and professional life for balance?

People come and go from our lives. Who are the people who are really there for you when you need them?

Money. Living on credit is not as solid as having cash in the bank. Most of us have significantly pulled back on spending to live within our means and to save.

Local businesses. If we don’t support the small businesses in our community, they go away. Do we really only want to work with and shop at the mega stores?

The federal bank bailouts are not helping Main Street. The middle class is eroding. Self-sufficiency is necessary today.

If we don’t bring back manufacturing and re-establish a significant manufacturing base, the jobs that have left the state and the country will be gone forever. As a country, we need a significant commitment from the government and private sector to fund manufacturing.

New jobs. Finding a job in today’s economy is all about who you know. More people find jobs through their personal networks than by submitting résumés into online databases.

Ask for what you want. It’s easier to negotiate, barter and deal as everyone is eager to move things forward. Credit card and mortgage companies are now willing to negotiate more than ever.

Step up your personal and corporate marketing efforts. Staying visible both personally and professionally online and in the community will continue to create new opportunities.

Volunteer. Look for ways to give back. Volunteering will make you feel good, as well as give you the opportunity to help others who are less fortunate.

Appreciation. Appreciate and be grateful for what is important and already in our lives. It’s nice to have nice things, but many of us realize that materialism is not what makes us happy. We don’t need to collect more to have more.

Stay positive. Stay focused on what’s important in your life and let the rest be background noise. Everything is a cycle and this too shall pass.

Dianne Gubin is a career consultant, recruiter and public speaker who addresses topics related to career, professional development and workplace issues. Dianne can be contacted via email at dianne@diannegubin.com or follow her blog at www.diannegubin.wordpress.com.

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EXECUTIVE DIRECTOR

The Cambridge and Somerville Program for Alcoholism and Drug Rehabilitation (CASPAR) is seeking an experienced and dynamic Executive Director to lead this Cambridge and Somerville, Massachusetts-based organization with a respected history as a pre-eminent regional provider of client-centered substance abuse treatment.

The Organization

Founded in 1970 as a nonprofit, community-based response to the need for substance abuse treatment in the adjoining cities of Cambridge, Somerville, Arlington, Watertown and Belmont, CASPAR has evolved from a single halfway house for men and a shelter for homeless men and women to a comprehensive provider of services to people wherever they are on the substance use/abuse/recovery continuum. With a $4 million annual operating budget and 65 staff, CASPAR provides a range of programs and services to 2,500 adults and adolescents annually.

CASPAR’s long-time Executive Director retired in January, 2010, and the organization has been under the able leadership of an experienced interim executive director and an experienced and dedicated staff. During this time, an assessment of the organization has been completed and reviewed by the Board of Directors. The new Executive Director, in partnership with the Board, will lead strategic planning initiatives, manage operations, diversify funding sources and further develop and improve internal systems and operations.

The Position

CASPAR seeks an innovative Executive Director who has the capacity to think strategically about the delivery of human services; motivate and inspire a highly dedicated staff; build and guide an integrated, effective senior management team; and successfully advocate for CASPAR with public policymakers, funders, and the wider community. The Executive Director will:

• Ensure competent and effective management of CASPAR’s programs and services, budgetary and fiscal operations; administrative functions, personnel policies and procedures; grants and contracts; and multiple facilities.
• Develop long-term diversified funding strategies, including marketing initiatives to expand community support for CASPAR and fundraising activities, and strengthen relationships with corporate, foundation and government funders and individual donors.
• Develop and sustain CASPAR’s relationships with the local and regional substance abuse and social service organizations, public sector representatives, and state and federal agencies.
• Create an agency-wide program evaluation and outcomes measurement system that will drive ongoing program quality improvement and support fund development activities.
• Engage actively in board development to identify and recruit new members with a range of skills and experiences, provide ongoing board education, and develop strategies for board member engagement.

QUALIFICATIONS

The ideal candidate will be an energetic leader and administrator with demonstrated successful senior management experience in the nonprofit sector. S/he will offer:
• Passion for the mission of CASPAR
• Demonstrated executive leadership skills
• A minimum of ten years’ experience as a senior nonprofit manager
• Established record of success in program development, administration, evaluation, fiscal management and resource development
• Demonstrated expertise in obtaining and managing state and federal contracts and grants and fundraising with foundations and other donors
• Experience advocating for public policies in human services or related areas
• Strong interpersonal and communication skills
• Experience in substance abuse programs and policies is preferred
• A master’s degree in management, human services, health care administration, business or a related field is desired

For more information: please visit us at www.casparinc.org. CASPAR is an equal opportunity employer.

To apply: Send cover letter, resume and salary history to Susan Egmont at Egmont Associates, segment@egmontassociates.com.

Posted October 28, 2010

SUBSTANCE ABUSE SOCIAL WORKER OR PSYCHOLOGIST

The US Army provides care, treatment, and rehabilitation of active duty and retired Army military and their families. Almost 45,000 civilians in various health care occupations work in our hospitals, clinics and facilities providing care to more than five million beneficiaries. We are especially committed to behavioral health issues encountered by soldiers and to their treatment and support through the professional care of experienced and well trained Psychologists and Social Workers. We offer the opportunity to be challenged and to truly make a meaningful contribution — a critical difference in the lives of others.

The US Army needs civilian psychologists and social workers with substance abuse treatment experience!

Help the Army Substance Abuse program to make a difference in the lives of returning soldiers and their family members. Risk for substance abuse and suicide has never been greater. We need professionals to provide assessment and counseling in the treatment of substance abuse, co-occurring disorders and suicide risk assessment associated with PTSD for active duty military and family members.

We are looking for psychologist and social worker candidates with Masters Degrees and independent clinical licensure. Candidates must possess or obtain Substance Abuse certification within one year and have at least one year post degree experience providing substance abuse treatment services. US citizens only.
Counseling Centers are located on Army installations throughout the US and overseas. We are now hiring for immediate openings available in several locations. Locations include Alabama, Alaska, Arizona, California, Colorado, District of Columbia, Georgia, Hawaii, Kansas, Kentucky, Louisiana, Missouri, Oklahoma, North Carolina, New York, South Carolina, Tennessee, Texas, Virginia, and Washington. For a full listing of locations, go to: http://medcell.army.mil/locationlist.asp

PCS, Recruitment, relocation or student loan repayment will be offered.

Highly competitive salary, outstanding benefits, job security. Enjoy 11 paid holidays, 13–26 vacation days, and 11 sick days a year. Employer matching 401K and shared cost health/life insurance. Most rewarding of all — your expertise and care will help our soldiers and their families!

**REQUIREMENTS**

**EDUCATION:** Master’s degree in Social Work, Counseling Psychology or Clinical Psychology.

**EXPERIENCE:** One year experience post-Master Degree that included providing clinical treatment to alcohol/drug dependent clients.

**LICENSURE:** Independent clinical practice license (LCSW, Licensed Psychologist, LMFT or equivalent).

**CERTIFICATION:** Must possess or obtain Substance Abuse Certification through proctored examination within one year.

**CITIZENSHIP:** Must be US Citizen.

Resumes should be emailed to Jennifer. Loy@us.army.mil, titled NAADAC 3, and include licensure information, SSN, and geographic availability.

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- management of complex withdrawal
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As a physician at Hazelden you would be part of a team of full-time physicians trained in a multifaceted approach to the treatment of addictions and function as part of a multidisciplinary team to provide up-to-date, 12-step and evidence based care for patients with addictions.

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**Qualifications required:**

- M.D. with license eligibility to practice medicine in the State of Minnesota
- Board certification in Internal Medicine, Family Practice, Emergency Medicine AND previous experience in managing patients with addictions
- DEA and Buprenorphine certification required; ASAM certification or eligibility is desired
- Full benefits including health, disability and life insurance, paid malpractice and CME.

Applicants must be free of addiction and substance use for three years at the time they begin employment.

If you would like to learn more about this opportunity, please contact Betsy Nordby at: 651.213.4267 www.hazelden.org

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**MEDICAL DIRECTOR – CALIFORNIA**

MedMark Treatment Centers is a comprehensive substance abuse treatment provider specializing in opioid dependency. As part of our expanding role within the community we have an opportunity for an experienced Medical Director to assume leadership responsibility for our core group of Addiction Clinics. The successful candidate must possess a current valid California Physicians license and have at least 7–10 experience in a drug abuse environment of which three of those years were as a Medical Director. Methadone treatment experience and ASAM certification are major pluses.

Key responsibilities include the complete overseeing of our Methadone/Opioid Treatment Programs located currently in Sacramento, Fairfield, Stockton, Hayward, Vallejo and Fresno. The successful candidate will be the key source for advice, counsel and leadership as it applies to the care and treatment of our patients.

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UPCOMING EVENTS

November 10 – 13, 2010
NAADAC Southwest Regional Conference
Las Vegas, NV

November 12, 2010
Call for Presentations for the National Conference on Addiction Disorders
San Diego, CA
Submit your presentation ideas for the nation’s largest conference on addictive disorders. More details at www.naadac.org.

December 4 – 11, 2010
Exam dates for the December 2010 NCAC I, NCAC II, MAC, ASE, Nicotine Dependence Specialist and Basic exams
Across the nation
For credential descriptions, please visit www.naadac.org.
The Professional Testing Company administers testing for the NAADAC National Certification Commission. For more information on the exam, please visit www.ptcnry.com/clients/NCC.

March 9 – 11, 2011
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For more details, please contact Diana Kamp at dkamp@naadac.org.

April 1 – 30, 2011
NAADAC Election Period
Nationwide
For full details on NAADAC elections, please visit www.naadac.org.

April 30, 2011
NAADAC Awards Deadline
Alexandria, VA
Know an individual or an organization that deserves recognition? Celebrate the best of the profession. Nomination criteria available on the NAADAC website at www.naadac.org.

September 17 – 21, 2011
National Conference on Addiction Disorders
Town and Country Hotel
San Diego, CA

For a complete interactive calendar, visit www.naadac.org > Education > Calendar of Events
Have an event we should know about? Contact 800.548.0497, ext. 125 or e-mail dkuehn@naadac.org.