

# THE DIALOGUE

A PUBLICATION OF THE CENTRAL EAST ADDICTION TECHNOLOGY TRANSFER CENTER SUMMER 2010

## In this issue...

*In this challenging economic environment, substance abuse treatment programs are investigating ways to work more efficiently and maximize their resources. The spotlight article in this edition of The Dialogue newsletter discusses the NIATx (The Network for the Improvement of Addiction Treatment) process improvement approach. The NIATx approach is one of many process improvement strategies that could assist treatment programs in getting the most out of limited resources.*

### Process Improvement: Take the Right Steps to Enhance Services

By Paula Jones

If a restaurant provides poor service, customers will probably stop going and tell their friends and neighbors not to go. The same can be true for addiction treatment providers. While demand for addiction treatment services is often high, poor organizational systems and processes can prevent consumers from accessing services and drive existing consumers away.

For the restaurant, it might be obvious what is wrong. Perhaps the dining area is unclean or the food is overpriced. However, for other providers of services, the problems may not be so obvious. Determining what is wrong may require a little research. Once the problem is identified, a plan must be developed for setting things right. Identifying the changes that need to be made and taking the steps to implement the changes is referred to as **Process Improvement**.

#### Process Improvement

A series of actions taken by a change team to identify, analyze, and improve existing processes within an organization to meet new goals and objectives.

– Definition of Process Improvement Used by NIATx

#### What is Process Improvement?

There are various factors that lead to successful organizational change—change that can result in better services for consumers. Process improvement explores an organization's "processes," how things get done, and identifies strategies for "improving"

these processes. The challenge is to identify the important factors that can result in improved services and determine what changes are necessary.

While major corporations and a wide variety of businesses and organizations use similar approaches, process improvement strategies have been successfully applied to the work of addiction treatment providers. Process improvement can help businesses improve the bottom line; however, the stakes are much higher for addiction treatment providers—their work directly impacts the many, many Americans in need of addiction treatment.

#### The Need to Improve Addiction Treatment

"Every year, more than 20 million Americans need substance abuse treatment but less than 10 percent get into treatment. Of this 10 percent, less than half show up for their appointments. This disparity adversely affects individuals, families, and society as a whole. In financial terms alone, addiction-related illnesses cost more than \$400 billion per year."

Source: NIATx

#### The NIATx Approach to Process Improvement

NIATx, a collaborative project working with substance abuse and behavioral health organizations, teaches organizations to use a simple process im-

(Process, cont. on page 2)

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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provement model. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin-Madison and is supported through funding from the Robert Wood Johnson Foundation and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment. In 2009, NIATx worked with more than 1,500 organizations.

According to Todd Molfenter, NIATx co-deputy director, NIATx focuses its efforts on two significant challenges facing addiction treatment providers. First is the need to implement evidence-based practices, which has been emphasized by both public and private sector funders for the last decade. The second challenge is financial solvency—keeping the organization running.

NIATx's approach centers on the Quality Improvement Capacity Building program, which is based on systematic problem solving and tailored to the needs of addiction treatment providers. The approach is designed to help organizations:

- Develop a deeper understanding of consumer needs;
- Restructure the work flow to better respond to consumer and staff needs; and
- Make the most efficient use of available resources.

“Organizations are understaffed and over stimulated with requests from consumers and payers. They have a hard time focusing on special projects,” states Molfenter. “However, there are many benefits from implementing process improvement. Consumers get in quicker and the services are better. Staff benefit from streamlined processes and happier consumers. Finally, the organization is better off financially and strategically.”

The key component of the NIATx process is the program walkthrough, during which the program administrator experiences step-by-step the organization's assessment, treatment, and referral process as if he or she is a consumer entering the program. The actual work of process improvement is carried out by a change team, which is made up of frontline staff, management, and even consumers. The team evaluates how business is conducted, identifies changes that can improve the organization's outcomes, and develops a strategy for implementing the changes and measuring their impact.

When working with addiction treatment organizations, NIATx focuses on the following service delivery issues:

- Reduce waiting time between the first request for service to the first treatment session;
- Reduce the number of patients who do not keep an appointment;
- Increase the number of people admitted to treatment; and
- Increase the period that patients stay engaged in treatment.

“The literature indicated that wait times, no shows, and continuation were typical problems,” states Molfenter. “If you address them, it will lead to better outcomes.”

### Process Improvement Brings Results

Over the last four years, NIATx has worked with organizations that have realized significant improvements in the targeted service delivery areas.

- 34 percent reduction in waiting times
- 33 percent reduction in no-shows
- 21 percent increase in admissions
- 22 percent increase in treatment continuation

### Sustaining Process Improvement

Ideally, process improvement should become integrated into how an organization and its departments operate. An organization's data should regularly be reviewed, with an eye toward areas of improvement.

“There should be a continual process of selecting projects. Organizations should do this in a sensible and efficient way. Projects do not need to be time intensive. It should become a part of how an organization operates,” states Molfenter.

### Next Steps for NIATx

While NIATx has focused on access, retention, and financial viability, there are other operational areas that could benefit from process improvement. In particular, the processes of how systems operate between organizations (e.g., referral of consumers) could be improved. Also, as technology plays more of a role in the provision of services, the impact and potential must be assessed.

“There is a new generation of consumers and employees that are very tech savvy,” notes Molfenter. “We need to look at how technology can help with process improvement and the delivery of care.”

### Information on NIATx

More information on NIATx and its process improvement resources is available at: [www.niatx.net](http://www.niatx.net)

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## Process Improvement: The Basics

### Key Elements

Successful process improvement strategies must address three key components of services provision: customers; problems; and organizational processes.

- **Customers** are broadly defined. It includes external customers (e.g., clients, families, friends, referral sources, payers, and the community) and internal customers (e.g., staff and departments within the organization). Internal and external customers are both part of the change process.
- **Problems** are the difference between the actual and the desired performance—changes target problems.
- **Processes** are the inputs, steps, and outcomes required to deliver services.

### Key Problem Solving Steps

- Define the problem;
- Generate solutions;
- Implement solutions;
- Evaluation solutions; and
- Repeat previous steps until the problem is solved.

### The Importance of Leadership

Within an organization there can often be resistance to change—people want to do things the way they have always done them. A “champion,” someone with respect and influence in an organization, can help to gain support for process improvement. With the right leadership, staff often embraces process improvement. It is important to note that the champion may be anyone within the organization. However, process improvement must have the support of management. If the executive director is not on board, process improvement activities will be difficult to implement. As NIATx’s co-deputy director Todd Molfenter states, “The executive needs to explain how PI will make the organization fitter, stronger, and more flexible.”

### Data Help Measure Change

Data are necessary to show the results of process improvement efforts. Baseline data tell you where you are when you start. These data can be compared to data collected following the initiation of process improvement efforts. The ability to measure change is essential to the success of process improvement. Data demonstrate that positive change has taken place. These data can be used to tell your story of successful change to staff and consumers.

The collection of data can present some challenges—initiating data collection activities and identifying which data to collect. Gaining assistance with data collection and analysis upfront can help to facilitate and streamline data-related efforts.

Source: NIATx Website

## Using Process Improvement to Increase Admissions:

### Mountain Manor’s Experience

For those seeking addiction treatment services for themselves or others, making that first call asking “How do I get help?” can require significant courage. If that call gets routed to voicemail, the opportunity to bring in a new client may be lost.

Mountain Manor, an addiction treatment provider serving adolescents, young adults, and adults, used process improvement to explore how to increase admissions to their program. As one of the five organizations participating in a process improvement project supported by OSI, Mountain Manor had to select a focus area for their project. Both the organization’s executive and owner identified increasing admissions as a priority.

The change team began by exploring various issues related to how Mountain Manor interacts with consumers prior to admission and what happens to consumers when they call for information about the program. The team was headed by Catrina Scott, Associate Director of Admissions. Other members of the team represented key departments within the organization including medical records, information technology, reception, and outpatient services.

“It was important to select a team with first-hand knowledge of the problem being addressed,” states Scott. “By getting the people doing the work, you ensure buy-in at that level.”

The team identified several factors that could deter consumers. These included:

- Staff unavailable for intakes;
- High voicemail volume during business hours;
- Calls not returned in a timely manner;
- Complaints regarding service; and
- Hang ups.

(Mountain Manor, cont. on page 4)

Danya Institute received funding from the Open Society Institute (OSI) of Baltimore to support the implementation of NIATx’s Quality Improvement Capacity Building program in five Baltimore Substance Abuse System (BSAS)-supported addiction treatment programs: Baltimore Community Resource Center; Damascus House; Mountain Manor; Echo House; and Sinai Hospital. Participating programs were provided training and technical assistance to implement process improvement projects.

(Mountain Manor, cont. from page 3)

In response, the team identified a goal designed to address how the organization handles incoming calls from consumers. At the time, calls were handled by the two staff members responsible for intake. If these two staff members were unavailable, the calls were routed to voicemail. The goal established by the team was to provide a live response to every admission call during business hours.

### Other Proposed Solutions

Provide Bluetooth headsets

Establish a sign in/out board for key staff

Hire part-time staff

Give overtime to staff for after-hours calls

Install automated answering system

Provide cell phones to key staff

Encourage walk-ins

Hire another full-time staff member

Having established a goal, the team used brainstorming exercises to identify potential solutions. Many solutions were proposed and the team assessed each to determine their feasibility in terms of available resources and potential effectiveness. The team selected three to form the central focus of their response:

- Create a triage response team;
- Train additional staff; and
- Have receptionist hold calls until staff is located.

The team proposed a three-tiered response system, which expanded the number of staff members trained to handle intake calls and established a process for making sure that calls are answered by a “live” staff person. If calls are not answered, the receptionist pages a staff person on the next tier.

Tier 1: Intake staff responds to the page for new admission call.

Tier 2: Admission staff (2) responds to second page for admission call.

Tier 3: Administration staff responds to third page for admissions call.

To implement these changes, an instruction sheet on how to process admissions calls using the three-tiered system was developed. A call log was established to track messages and missed calls.

According to Catrina Scott, staff was curious about the changes taking place. “There was a buzz about it, she states. “As a team, we knew that the things we were working on would have an impact. It was a big motivator.”

The immediate impact of the project also served to motivate staff. The following positive trends were noted:

- Fewer hang ups;
- Fewer messages left during business hours; and
- Staff felt that the office atmosphere became more professional and more consumer-friendly.

Admissions data demonstrated the success of the three-tiered system. The change team process began in June 2008. In July 2008, admissions increased by 23.4 percent from the previous year. August and September saw increases of 38.5 percent and 25.5 percent respectively.

The assistance from NIATx and Danya played an important role in the success of the project. According to Scott, it was beneficial to have a clear vision of the process from beginning to end when they started their project. It was also helpful to have NIATx provide suggestions and review completed work.

“The most important advice they gave us was to keep it simple, don’t overcomplicate things, and to just try something,” states Scott. “While we were conducting some quality-related activities prior to this project, nothing was formalized. It helps to have an identified goal and a proven process so that you can tackle a problem in a systematic way and get results.”

Building on the success of handling intake calls, the change team looked for other ways to improve the admission process for consumers. A second project, focusing on improving consumers’ waiting experience during admission, was launched.

“Some parents and teens have to wait as long as 5–6 hours during the admission process,” relates Scott. “We wanted to find ways to make them more comfortable and also provide information about our programs.”

The change team identified and implemented several measures designed to enhance the admissions experience. To date, the following measures have been implemented:

- Decrease traffic through lobby by re-routing patient traffic;
- Provide fresh fruit and coffee;
- Provide magazines and information brochures; and
- Install a television.

The organization is working on establishing a separate waiting room for adolescents and their parents.

When asked what she would say to other organizations that are considering carrying out process improvement-related projects, Scott states, “Try it. It worked for us. We improved outcomes and now have tools that we can use to tackle future issues.”



# Products

## for Counselors and Other Substance Abuse Professionals



### **Self Care: A Guide for Addiction Professionals**

The Central East ATTC recently re-published the document entitled *Self Care: A Guide for Addiction Professionals* into Spanish. The purpose of this document is to identify common workplace stressors for addiction professionals and provide strategies for both agencies and addiction professionals that can be used to address these stressors and promote overall self-care. The guide covers topics such as: Nutrition, Mental Wellness, Recovery Management, and Exercise. The guide also provides helpful tools and resources to help addiction professionals identify and reduce stress.

**Self Care Guides: \$7 ea.**

*Specify English or Spanish version*

### **An Overview of Evidence-Based Practices: Implementing Science-Based Interventions in Practical Settings**

This recently revised document is a collection of articles that appeared in The Dialogue newsletter related to evidence-based practices. The document also includes a discussion about the identification and implementation of evidence-based practices and other new resources on evidence-based practices.

**Manual: \$7 ea.**



### **Outreach Competencies: Minimum Standards for Conducting Street Outreach for Hard-to-Reach Populations**

The purpose of the Outreach Competencies is to promote and guide the professionalization of the field of outreach work through consistent training, certification, and job development. This brochure identifies the minimum knowledge, skills and attitudes for conducting street outreach for hard to reach populations. This brochure is also available in English or Spanish and as a PDF document at [www.ceattc.org](http://www.ceattc.org).

**Brochure: \$5 ea.**

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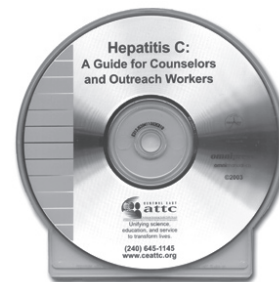
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# More Products

## for Counselors and Other Substance Abuse Professionals

### Hepatitis C: A Guide for Counselors and Outreach Workers

Designed for addiction counselors and outreach professionals, this two-hour online course provides an overview of the hepatitis C virus (HCV), including the function of the liver, HCV infection, risk factors for HCV infection, incidence and prevalence, signs and symptoms, natural history and progression, acute and chronic infection, health consequences, and co-infection. It examines such modes of transmission as drug use, tattooing and body piercing, transfusions and transplantations, sexual transmission, mother to infant transmission, and occupational transmission. It reviews various affected populations. It reviews diagnosis and testing, who should be tested, why individuals should be tested, and diagnostic tools. The course examines various treatment options, such as interferon treatment. Finally, the course examines a variety of prevention issues, such as HCV vaccines and prevention messages. The course overview is available in CD-ROM format.

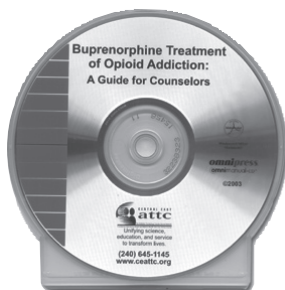


Online at [www.ceattc.org](http://www.ceattc.org): \$20

CD-ROM: \$5

### Buprenorphine: What Counselors Need To Know

Designed for addiction counselors, this 2- to 3-hour continuing education course provides basic information on buprenorphine, and how it fits into behavioral treatment. The specific content of the course covers the following topics: recent changes in opioid treatment; science of addiction; what is buprenorphine and how does it work; how it compares to other opioid medications, its safety and efficacy and the common myths about opioid agonist treatments and responses; patient selection; general issues in counseling drug dependent patients; counseling issues; and patient management issues associated with treating patients with buprenorphine. The course overview is available in CD-ROM format.



Online at [www.ceattc.org](http://www.ceattc.org): \$20

CD-ROM: \$5

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Hepatitis C: A Guide for Counselors and Outreach Workers	CD-ROM		\$5	
Overview of Evidence-Based Practices	Manual		\$7	
Outreach Competencies: Minimum Standards for Conducting Outreach	Brochure: <input type="checkbox"/> English <input type="checkbox"/> Spanish		\$5	
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D05/10



# Delaware News

## 39th Annual Summer Institute Announced

July 26–30, the Delaware Division of Substance Abuse and Mental Health will host its 39th annual Summer Institute at the Embassy Suites hotel in Newark, Del. The theme of this year’s institute is “Hope Transcends.” ‘Hope transcends’ is an open-ended statement; hope transcends personal feelings, situations, traumas, experiences, losses, illnesses, frustrations. Hope is intangible and indefinable and, yet, is the very foundation of recovery. It is the catalyst of the recovery process.

The institute will provide a number of one- and two-day trainings, as well as night sessions related to substance use and mental health treatment. The institute will also feature Dr. Dan Gottlieb and Debra Gottlieb-Ewing presenting the Dr. Mario Pazzaglini keynote address.

For more information, visit the conference website at: [www.dhss.delaware.gov/dhss/dsamh/summerinst2010.html](http://www.dhss.delaware.gov/dhss/dsamh/summerinst2010.html).

# Maryland News

The Maryland Alcohol and Drug Abuse Administration (ADAA) wrapped up its eighth annual management conference at Rocky Gap in Flintstone, Md. in the fall of 2009. Under ADAA’s new director, Tom Cargiulo, the conference took on a new look and feel.

It was an opportunity for the administrators of funded treatment programs from Maryland’s 24 jurisdictions to gather as a forum and discuss the impending issues of the day. System transformation was the focus and the event began with Dr. Mady Chalk, Director of the Policy Center at the Treatment Research Institute (TRI), presenting the Nation Quality Forum’s standards for quality of care recommendations for substance abuse treatment. She was followed by Bill Atkins and Mildred Brooks, of Health Management Consultants, LLC, who provided timely information on business practices related to fee for service financing. Their presentation was particularly relevant as

Maryland’s treatment system, traditionally grant-funded, transitions into a hybrid funding system consisting of grant- and fee-for-service financing. An afternoon workshop expanded the topic to discuss specific questions and concerns regarding the transition. The forum proved an opportune time to update system administrators on the practices that govern our work.

Panel discussions and afternoon workshops addressed issues impacting system transformation such as the movement to a Recovery Oriented System of Care, the activities of the State Drug and Alcohol Council, and the status of revisions to the regulations that proscribe treatment practice in Maryland. Other critical discussions included the mandated goal to expand treatment access, the plans for rolling-out Maryland’s Strategic Prevention Framework and the system-wide transformation from an acute care treatment model to a chronic disease model of care.

# New Jersey News

## Das Focus is on Chronic Care, “Recovery Zone” Supports

*By Raquel Mazon Jeffers, Director of the Division of Addiction Services*

For many people, drug addiction is a chronic disorder, with relapses possible even after long periods of abstinence<sup>1</sup>. The treatment of addiction should be approached with the same considerations that drive the treatment of other chronic illnesses. The system of care, including treatment and funding mechanisms, must adapt to provide comprehensive care using evidence-based methods and practices to manage acute addiction and foster sustained symptom remission<sup>2</sup>.

The prevailing acute care addictions treatment model is structured to provide an encapsulated set of specialized service activities (assess, admit, treat, discharge, and terminate the service relationship). This acute care model does work for many individuals, especially those with high

(New Jersey, cont. on page 6)

<sup>1</sup> National Institute for Drug Abuse. (1999). Principles of Drug Addiction Treatment: A Research Based Guide

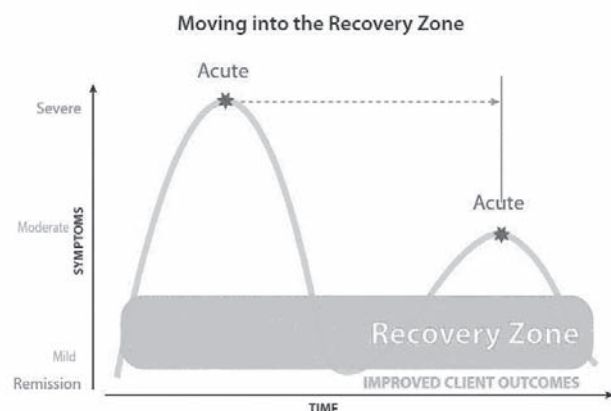
<sup>2</sup> Institute for Research, Education and Training in Addictions. Addictions Recovery; When Knowing the Facts Can Help. 2007 Edition.

(New Jersey, cont. from page 5)

“recovery capital,” which refers to aspects of well-being like stable housing, employment, and strong social networks. However, the acute care model does not voluntarily attract the majority of individuals with low recovery capital, i.e., people who experience co-occurring issues of poverty, homelessness, unemployment, mental illness and poor physical health. These are the very individuals the public sector dollars are targeted to serve.

The current addictions treatment system has historically had low engagement rates and high attrition rates. Dropout rates between the call for an appointment at an addiction treatment agency and the first treatment session range from 50–64%<sup>3</sup>. Nationally, more than half of clients admitted to addiction treatment do not successfully complete treatment (48% “complete”; 29% leave against staff advice; 12% are administratively discharged for various infractions; 11% are transferred)<sup>4</sup>. In New Jersey, 52% complete treatment, 27% leave against staff advice, 7% are administratively discharged, 5% are transferred and 9% leave for other reasons.

Existing research indicates that substance-dependent individuals with prompt access to a full continuum of care driven by the client’s clinical needs which implements evidenced-based practices and addresses a client’s comorbidities consistently yields positive recovery outcomes. Kirk (2007) described this disease management process as one that addresses a client’s individual recovery needs in a manner that facilitates a client’s entry and stabilization in the “recovery zone” as quickly as possible following an acute episode. (See Figure.) **The “recovery zone” is a term used to describe a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing, and supportive social and spiritual connectedness.**



<sup>3</sup> Gottheil, Sterling & Weinstein, 1997

<sup>4</sup> OAS/SAMHSA 2005

<sup>5</sup> Ilgen, et al, 2006

<sup>6</sup> White, Boyle & Loveland, 2003

In a recovery-oriented system of care (ROSC) approach, the treatment agency is one of many resources needed for a client’s successful integration into the community. No one source of support is more dominant, or more important, than another. Various supports need to work in harmony with the client’s recovery plan, so that all possible supports are working for and with the person in recovery. A ROSC supports person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families and communities to achieve health, wellness, and recovery from alcohol and drug problems.

A recovery-oriented model has a different composition of the service team than does the acute care model, and an emphasis on supports needed to sustain long term recovery. Motivation is important, but as an outcome of a service process, not a pre-condition for entry into treatment. A strong therapeutic relationship can overcome low motivation for treatment and recovery<sup>5</sup>. Motivation for change can no longer be seen as sole province of individual, but as a shared responsibility with the treatment team, family and community institutions<sup>6</sup>.

The systems changes required to support clients’ ability to enter and sustain life in the “recovery zone” are the guiding principle for all the work that DAS is invested in. In the next three years DAS will be working on some hallmark changes encapsulated in our “Recovery Zone Plan” to facilitate client movement into the “recovery zone.”

These steps include: 1) Adding two new services (targeted case management and a wellness and recovery coach) to the array of services supported by DAS and drawing down new Medicaid revenue for Medicaid eligible clients to help finance these services; 2) Designing and implementing a fuller array of supportive housing options for individuals in early recovery; 3) Promoting wider implementation of the NIATX process to support client engagement and retention in treatment; and 4) Endorsing the use of evidence based practices system wide.

### 1. Targeted case management and Medicaid recovery support services.

Targeted case management seeks to encourage a client’s mastery over their substance use disorder; thus increasing the likelihood of the individual’s staying in the Recovery Zone. DAS proposes the inclusion of targeted case management within our current system of care to reduce service fragmentation, promote service continuity, and increase clients’ capacity to manage their chronic health condition.

Targeted case management interventions that support clients’ initiation and maintenance in the recovery zone not only improves the quality of life for substance-



dependent individuals but reduces the cost of their care by promoting access to outpatient treatment and recovery support services which are less costly than acute residential care.

## **2. Develop a continuum of supportive housing services.**

Supportive housing is a critical recovery support that may help treatment-resistant clients take the first step in their recovery process, as well as help to support sustained recovery. It is a successful, cost-effective, combination of affordable housing with services that help people live more stable, productive lives. It offers permanent housing with services that work for individuals and families who face complex challenges such as homelessness and/or have serious and persistent issues that may include substance use, mental illness, and HIV/AIDS. A limited but growing body of research suggests that stabilizing individuals in supportive housing can reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, and jails. Studies indicate that supportive housing has positive impacts on reducing or ending substance use.

## **3. Continued work with NIATx on engagement in treatment.**

Recovery-oriented practitioners promote access to and engagement in care by removing barriers to entering treatment and “meeting clients where they are.” NIATx (The Network for the Improvement of Addiction Treatment.) is a learning collaborative that works with substance abuse and behavioral health organizations across the country to teach them to use a simple process improvement model to improve access to and increase engagement and retention in treatment in order to achieve better outcomes and more efficient use of resources.

## **4. Support adoption of evidence-based practices (EBPs).**

DAS has included the increased use of evidence-based practices in the licensed treatment system as one of its three-year strategic plan goals. To meet this ambitious goal, DAS will recruit providers that have successfully implemented EBPs to inspire, mentor and coach agencies that hope to embark on the process, will set up a learning collaborative of interested providers and will focus training efforts that support fidelity to EBP and measure outcomes of these efforts.

In conclusion, the measurable outcomes we will be trying to achieve with these changes are:

- Reduction in frequency of admissions to long term residential, detoxification and short term residential facilities
- Increase in frequency to outpatient levels of care
- Reduced cost per client
- Decrease in the unmet need for treatment in NJ
- Increased retention rates
- Decrease in number of clients who are homeless at discharge

It will take years to transform addiction treatment from an acute care model of intervention to a recovery management model of sustained recovery support. That process will require what is already underway; a tremendous effort to align concepts, contexts (infrastructure, policies and system-wide relationships) and service practices to support long-term recovery.

# **Washington, D.C. News**

The Addiction Prevention and Recovery Administration (APRA) collaborated with FEI.com, Inc., (an IT service provider) and the University of Maryland’s Institute for Government Service and Research (IGSR) to provide comprehensive training on the Web Infrastructure for Treatment Services (WITS) to our APRA staff and those providers who participate in the Drug Treatment Choice Program (DTCP). The District’s WITS program is identified as the District Automated Treatment and Accounting (DATA) system.

The DTCP providers are required to enter client information in the DATA system in order to be reimbursed for treatment services provided to the DTCP clients. APRA

has coordinated and scheduled those on-going trainings in the clinical, administrative and billing fields in order to accomplish the established goals regarding the new system.

In addition to these changes, APRA conducted a Relapse Prevention training to introduce participants to behavioral and physiological processes associated with the relapse syndrome. APRA also conducted a training entitled: Cultural Competence: Implications For Counseling to introduce to participants the cultural beliefs and diversities that effect many people’s behaviors and day-by-day decision making processes.

## The DIALOGUE

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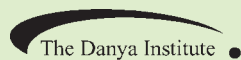
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The Danya Institute

www.danyainstitute.org

The Danya Institute, Inc., which manages the Central East ATTC, is a non-profit organization whose mission is to promote the professional development of health care professionals and to enhance service delivery systems nationwide through the transfer of empirically based research into practice.



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**ATTC**

Unifying science, education  
and services to transform lives.

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## 2010 Upcoming Training Events

### June 22 One-day evidence- based practice symposium

Trenton Marriott  
Downtown  
Trenton, New Jersey

#### Session 1

Motivational Incentives  
Novel Approaches to  
Treatment Engagement  
and Retention  
9:00-4:30pm

#### Session 2

Buprenorphine  
Treatment: Training  
for Multidisciplinary  
Addiction Professionals  
9:00-4:30pm

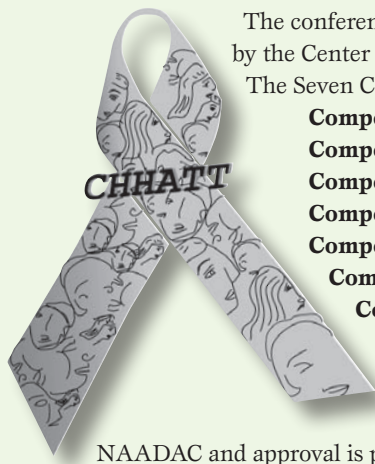
For more information,  
please go to:

**www.ceattc.org**

## Keeping It Real 2010 Conference Street-Level Intervention Strategies for Addiction, HIV/AIDS, and Hepatitis

Baltimore Marriott Inner Harbor at Camden Yards  
Baltimore, Maryland • October 2-4, 2010

Our ninth national conference will provide cutting-edge information on issues related to HIV/AIDS, hepatitis, and substance abuse. All outreach workers, substance abuse counselors and related healthcare personnel who work with substance users, at risk or HIV/AIDS impacted populations are encouraged to attend.



The conference is based on disseminating the seven Outreach Competencies developed by the Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT).

The Seven Competencies are:

- Competency 1** – Understanding Outreach and Outreach in a Scientific Context
- Competency 2** – Understanding Chemical Dependency
- Competency 3** – Understanding Disease and Wellness in the Context of Drug Use
- Competency 4** – Engagement
- Competency 5** – Intervention
- Competency 6** – Client Support
- Competency 7** – Supporting Ourselves

Attendees will find this an informative and interactive forum providing the most up-to-date information and techniques available in the field. Up to **18 contact hours** can be earned. CEUs will be provided through

NAADAC and approval is pending from the National Association of Social Workers.

Plenary session speakers include: H. Westley Clark, MD, JD, MPH, CSAT Director; Frances M. Harding, CSAP Director; Alfred "Coach" Powell, Human Motivation Circle; Devin Robinson X's one-man show about HIV; and Thelma King Thiel, RN, Hepatitis Foundation International. In addition, on Wednesday and Thursday afternoons, we will offer three skill-building tracks: Skills Training, Self Care for the Outreach/Prevention Worker and Research-Based Information on HIV/AIDS, Hepatitis and Substance Abuse.

**For more information and to register, please visit: [www.ceattc.org](http://www.ceattc.org)**