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Oregon joins national project to improve addiction treatment outcomes

Oregon has been selected to participate in a national research project designed to help more people with alcohol and other drug addictions get into treatment, reduce the time they must wait to start treatment and increase the likelihood they will stay in treatment long enough to benefit.

Fifty Oregon treatment providers will participate in the federally financed research, which the Oregon Department of Human Services will manage and Oregon Health and Science University will evaluate.

“We know people are most likely to succeed if they can be admitted to treatment when they are first motivated to seek it,” said Bob Nikkel, DHS assistant director for addictions and mental health. “This project promises to help make that happen.”

The project, called the Network for the Improvement of Addiction Treatment, or NIATx 200, has shown in earlier research, including at two Oregon providers, that it increases the numbers of people with addictions admitted to treatment, decreases waiting times and reduces no-shows, resulting in greater productivity from public treatment dollars.

The project will gauge what technical assistance is most effective in helping treatment providers improve outcomes.

Nikkel said the project has providers “walk through” their operations with the eyes of a customer, including having the chief executive officer go through the admission process.

Karen Wheeler, DHS addictions policy manager, says she did a walk-through of a respected Oregon program and identified a number of unintended barriers that would discourage many people with addictions from following through on their intent to seek treatment.

“Making the decision to get into treatment can be scary,” Wheeler said, “and the likelihood people will follow through declines in direct proportion to the

number of barriers they encounter. We expect the outcomes of this project will encourage more people to seek treatment and to follow through.”

The four-state NIATx project, which also includes Washington, Michigan and part of New York state, will begin collecting Oregon data in July. Technical assistance beginning in January will include training sessions, coaches, peer discussions of practices that work, a Web site offering techniques for improving treatment outcomes and data that reflect outcomes.

Two publicly funded Oregon treatment providers, CODA in Portland and Mid-Columbia Center for Living in The Dalles, already have experience as a result of earlier participation in the federal project. They reported success through reducing client paperwork, scheduling a prompt first appointment, making reminder calls, providing a welcoming orientation, assigning a treatment “buddy,” identifying barriers such as transportation and child care, and offering positive reinforcements.