



The Reach of Northwest ATTC



12,802
Live webinar attendees



74,428
Views of recordings



389
Events



9,138
Trained



176
Products



3,899
E-course takers



227,557
Webpages viewed



7,552
Subscribers

Our Mission: Strengthen the Workforce




The Northwest ATTC strengthens the addiction workforce in **Alaska, Idaho, Oregon, and Washington** through educational and consultative services to disseminate useful treatment and recovery practices.



On-Demand Resources

A host of on-demand resources enable workforce members to learn when, where and how they prefer.

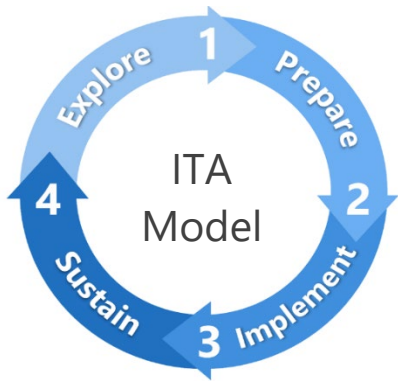
- Recorded webinars on topics like:
 - harm reduction efforts
 - combating stigma
 - culturally-responsive practices
- Telehealth video demonstrations
 - behavior therapies
 - care coordination of OUD meds
 - clinical supervision
- Interactive online trainings on:
 - ethics in clinical relationships
 - opioid use disorder for peers
 - contingency management
- *Talking to Change* podcasts
- *Hearing from the Helpers* podcasts
- *Caring Contacts* curriculum
- *Cultural Humility Primer for Peers*

Connect With Us!

 attnetwork.org/northwest
 @NorthwestATTC
  youtube.com/c/NorthwestATTC

 northwest@attnetwork.org
 @NorthwestATTC

Our Approach to Intensive Technical Assistance (ITA)



The EPIS Model guides our projects, supporting the implementation of:

- Motivational interviewing
- SBIRT
- Recovery oriented systems of care
- Trauma-informed care
- Trauma recovery and empowerment model
- Clinical supervision
- MH/SUD service integration
- Leadership enhancement of employee wellness
- Healing of the canoe
- Contingency management
- Integration of family-based services in SUD care
- Culturally responsive clinical supervision for tribal communities

What can we help you implement?

Our Impact: These Projects Make a Difference!

Motivational Interviewing (MI) Telehealth Coaching

Goal: Support clinicians' use of MI skills in telehealth sessions

Method: Four 30-minute individual coaching sessions, completed by 41 clinicians, featuring telehealth role-play, immediate feedback and coaching

Evaluation: MI skillfulness indicated by reflection to question ratio (R:Q, with 1.0 = beginning competency) demonstrated at each coaching session.

Mean R:Q	
Session 1	Session 2
1.4	1.5
Session 3	Session 4
1.7	2.0

Contingency Management (CM) Targeting Stimulant Abstinence

Goal: Support CM implementation by opioid treatment programs (OTPs)

Method: Customization of CM programming to site needs, online didactic training, virtual coaching-to-criterion for clinical staff, ongoing consultation.

Evaluation: CM fidelity as defined by established benchmark; clinical effectiveness based on UDS results prior to vs. during implementation; sustainment of CM as decided by OTP leadership at project conclusion.

Outcomes	
Staff demonstrating fidelity:	100%
Increase in stimulant-free UDS:	11%
OTPs choosing to sustain CM:	100%

Integration of Mental Health/Substance Use Disorder Services

Goal: Enhance co-occurring disorder (COD) services at SUD programs

Method: Organizational assessment of COD capacity via the Dual Diagnosis Capability in Addiction Treatment (DDCAT), and NIATx process improvement efforts guiding subsequent program change efforts.

Evaluation: DDCAT was administered at baseline and again at final review 9 months later.

Dual Diagnosis-Capable Programs	
At baseline:	30%
At final review:	71%

Tribal Clinical Supervision Immersion Learning Collaborative

Goal: Learn to use a competency-based counselor skill model, and explore importance of cultural humility in clinical supervision processes

Method: 40-hour course including live experiential instruction, direct Observation + individual coaching, subsequent group consultation.

Evaluation: Program completion, attainment of supervisory credentialing.

Across 3 Annual Cohorts	
# attaining supervisory credentials:	24
Tribal organizations represented by these supervisors:	16

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