



# T.L.C. NEWSLETTER

The Quarterly Newsletter of The Lennard Clinic

February 2006

## OUR MISSION

The mission of The Lennard Clinic is to assist opioid users in Essex and Union Counties to reduce illicit substance abuse, decrease criminal activities, enhance health conditions and improve socio-economic positions.

## CORPORATE VALUES (D.I.R.E.C.T.)

- **DIGNIFIED** - treating clients with human dignity and consideration for their individuality, encouraging staff to conduct themselves professionally, according to established ethical guidelines, both in and out of the workplace.
- **INCLUSIVE** - involving clients, staff and community members in the organizational and programmatic decision making process to assure that appropriate treatment is geared to meet client's needs.
- **RESPECTFUL** - motivating both clients and staff to show mutual respect for one another.
- **EMPATHETIC** - displaying a clear and real understanding for the feelings and experiences of individuals with opioid dependent disorders.
- **CARING** - attending to the needs and demands of both clients and staff alike with sensitivity to emotions, expectations and individual differences.
- **TENACIOUS** - using every available resource to insure high quality, comprehensive treatment by a motivated staff to produce the desired outcome in the client.

## Spotlight on a Star

### Kanileah Phelps, Board President

The Board of Trustees of The Lennard Clinic (before its name change) in a majority vote elected Kanileah Phelps as the new President in 2004.

Mrs. Phelps now serves as the first female President in the organization's 20-year history. Mrs. Phelps, an African American, who served as a board member since 2000 replaced the distinguished former President, Dr. Miles Austin. Dr. Austin remains an active member of the Board.

Mrs. Phelps, a graduate of Rutgers University School of Social Work holds an MSW in Social Work, Direct Practice. She was previously employed as an HIV counselor at Essex Substance Abuse Treatment Center. Currently, Mrs. Phelps is employed by New Jersey's Division of Youth and Family services where she was promoted to Litigation Specialist.

In an interview, Samuel Roberson spokesperson of TLC quoted the Chief Executive Officer, Lewis Ware as hailing the election of Mrs. Phelps "a historic moment". Mrs. Phelps will oversee a culturally diverse governing body of an organization whose client population is comprised of over 50% female and nearly sixty-percent African American. The employee composition is comprised of more than 60% female and eighty-percent African American. Ms. Phelps brings with her a wealth of experience, compassion and commitment to help TLC maintain its reputation as a model program in the field of addiction recovery.

## Assistant Commissioner visits TLC

Carolanne Kane-Caviaola, Assistant Commissioner, Division of Addiction Services at the NJ Department of Human Services, visited the TLC facility on November 16, 2005. It was a visit that, as CEO Lewis Ware put it, "meant a lot for both staff and clients."

Kane-Caviaola, who has been strongly committed to the substance abuse treatment field for long, impressed the TLC staff with her enthusiasm to know more about the clinic's activities, and about the barriers TLC faced in its battle against addiction and substance abuse.

## From the Office of the CEO

Lewis Ware, MSW, Chief Executive Officer

I dedicate this edition of the Lennard Newsletter to John H. Brooks (1936-2005), founder of the Narcotic Addicts Rehabilitation Center Organization (NARCO) in Atlantic City, NJ, now known as the Institute for Human Development (IHD).

I consider John to be one of the great pioneers in substance abuse treatment. The pioneers most Americans are familiar with are people like Daniel Boone who opened up the American west. But during the middle French period, a pioneer was considered a foot soldier. This was a member of a unit who marched ahead of the army and prepared the way by excavation and construction. Because of this advanced position, anyone who develops something new or prepares the way for others to follow came to be called a pioneer. So what makes John Brooks a pioneer?

He had a vision over 40 years ago about how the treatment of substance abuse should be approached. Unlike too many treatment providers today, John knew that one mode of treatment would not be appropriate for all substance abusers. He envisioned and implemented what I believe to be the first multi-modality model in New Jersey for treating substance abusers; drug free residential/outpatient services; inpatient methadone detoxification and outpatient methadone maintenance; inpatient alcoholism services; and a residential prevention program for juvenile delinquents.

Beyond Atlantic City, John managed and/or founded programs in Mercer and Hunterdon Counties and was responsible for a peer counseling program in the Trenton High School.

I believe the roads John paved for substance abuse treatment are the true attributes of a pioneer. Long live the legacy of John H. Brooks.

## TLC Among Thousands in Recovery Walk 2005

Samuel Roberson, M.P.A., Coordinator of Staff Development

The Lennard Clinic, for its second year in the four-year history of NJ's Recovery Walk, turned out in full force on Sunday, September 25, to be counted among the 2,500 walkers at Liberty State Park. The TLC staff was enthusiastic in putting their plan together to make sure their clients had transportation and lunch for what turned out to be an exciting day. The efforts of some key TLC staff like David Clark, Fatima Oliveira and Tanya Laughinghouse, along with their tremendous team, made a statement that carries the message of TLC's vision – that we are committed to improving behavioral health

care outcomes of our clients to the benefit of all our stakeholders.

Samuel Roberson, another TLC coordinator, in an interview with Friends of Addiction Recovery-NJ, which spearheads this event, saw it as "a true coming together of the addiction community involving every stakeholder you could

imagine." Roberson said that one client embraced the Walk as an opportunity to be with other recovering people. The TLC family is now eagerly looking forward to Recovery Walk 2006.



## Working for quality care

Robyn Marks

The Addiction Treatment Providers of New Jersey (ATPNJ) was created to represent the interests of our members, so they may meet the needs of all individuals affected by alcohol, tobacco and other drug abuse and addiction and be the voice of addiction treatment in New Jersey. The staff and members of ATPNJ work hard for the programs by influencing public policies concerning access to care, maintain funding, regulations, licensing and working for cost effective quality care. ATP members provide 90 % of all treatment in New Jersey.

ATPNJ's companion corporation, Addiction Treatment Providers Management Services Network (ATPMSN) provides members services like Workforce Development through several training programs, Technical Support through several initiatives, and Public Relation advocacy work to improve public perception of the addiction field.

ATPNJ and ATPMSN are proud to provide these services for members and are always looking for opportunities to enhance the addiction therapy field in any way possible. Also, ATPMSN's Annual Conference will be held between April 25-27, 2006, at the Trump Taj Mahal Casino Resort in Atlantic City, NJ. For more information, including job postings, please visit our web page at [www.atpnj.org](http://www.atpnj.org).

*Ms. Marks is ATPMSN's Public Relations Manager.*

## Counseling beats addiction

Tanya Laughinghouse, MA, LCADC,  
Corporate Clinical Director

The Lennard Clinic's Methadone Intensive Outpatient Program offers counseling and group therapy sessions to help clients overcome their addiction. Applicants to the program will be provided nine hours of substance abuse treatment per week, for a period of 12 weeks, in the form of three three-hour sessions per week.

Interventions consist of at least one hour of individual or family counseling, at least three hours of group counseling, with no more than 12 clients per group, and up to three hours of didactic counseling. Counseling sessions typically last 45 minutes.

The types of groups offered include:

1. Didactic groups
2. Vocational groups
3. Self-help groups
4. Support groups
5. Therapeutic intervention groups

Over the course of the treatment period, six random urine samples will be taken to gauge progress, and the intensity of counseling shall increase if a client shows positive results.

## Making any door the right door

Eddy Jehnings, MSW, Clinic Manager - TLC-III

The Lennard Clinic's Co-Occurring Program is our effort to provide another level of care for those clients in our program who are both substance users and mentally ill. The Substance Abuse and Mental Health Services Administration (SAMHSA), in its 2002 report to Congress, listed the following principles as necessary to understanding and integrating services for this client population: "Ensure development of a system in which 'any door is the right door' to receive treatment for co-occurring disorders; develop client-centred, individualized treatment plans, based on an accurate assessment of the person's condition and the degree of service coordination he or she requires."

The report continued: "Family members must be involved in treatment, where appropriate. Ensure the maximum, feasible degree of integration for the individuals with the most serious substance use disorders and mental disorders. Provide prevention and treatment services that are culturally competent, age, sexuality- and gender-appropriate, and that reflect the diversity in the community, and promote the expansion and enhancement of service providers' capabilities to treat individuals of all ages who have co-occurring substance use and mental disorders."

To that end, currently The Lennard Clinic has developed a co-occurring program that provides a dual assessment of both substance use and mental illness at the time of admission and for other clients already enrolled in the program. The Lennard Clinic's physicians and psychologist comprise the primary staff who provide diagnoses and recommended treatment for clients who are dually diagnosed. We have added three clinical psychologists to our staff to give patients the best care possible. Treatment intervention may include, but is not limited to, individual psychotherapy, group therapy, family therapy, information and referrals to psychiatrists for medication assistance for the mental illness. TLC is exploring telepsychiatry to enhance this initiative. In addition, any of TLC's clients on our Maintenance Program can be referred to the Co-Occurring Program.

## Added services needed for patients with pain

Both clinicians and researchers have expressed doubts that opioid-dependent patients with significant pain can be effectively treated in methadone maintenance treatment (MMT) programs, But little research exists on this topic. Patients who report significant pain in the month preceding entry to MMT often also have a distinctly more severe pattern of polysubstance use and medical and psychosocial problems than do those without pain.

The present study investigated the one-year treatment outcomes of MMT patients with opioid dependence and pain. Analyses were based on a national sample of 200 patients who reported pain severity during the month preceding treatment entry. Substance use and related problems were measured at treatment entry and 12 months later. Compared with patients not experiencing significant pain, those who did report significant pain at baseline (n=103) showed similar substance-

related functioning but poorer psychosocial functioning after one year.

The authors concluded that patients with and without significant pain experience comparable reductions in substance use when provided with standard care in MMT programs. However, those with pain require additional medical and / or mental health treatment for their pain and other problems.

Resource: *Addiction Treatment Forum*  
[www.atforum.com](http://www.atforum.com)

## Focus on Performance Improvement

Michael Foster, BA, SPHR, Director of Human Resources

The Lennard Clinic is committed to continuously improving the quality of its services, improving the behavior health outcomes of its clients, and implementing innovative ways to serve the needs of the community. We formed Continuous Quality Improvement (CQI) committees to involve our line staff in this process.

To accomplish our goals, the clinic has subscribed to the Commission on Accreditation Rehabilitation Facilities (CARF) standards, conducted client and employee surveys, developed policies, and collected data for specific outcome objectives. Some of our accomplishments include receiving a three-year accreditation from CARF, hiring additional Hispanic bilingual staff to accommodate our client population, establishing formal performance standards for our staff, reducing our staff turnover rate, making progress on our succession plan, conducting supervisor training, and standardizing client record maintenance.

Other issues such as building leases, flooding and software support have challenged us to be more creative in our solution development. Despite old and new challenges, TLC takes great pride in being a nationally recognized program for its flagship approach to management.

Some recent TLC initiatives include structuring our clinical supervision to align with the Division of Addiction Services (DAS) and DCA requirements. Another initiative to enhance our performance improvement is the development of the Office of Strategic Management (OSM). The OSM unit ensures that the strategic processes are carried out and fully reflected at all levels of the company.

TLC is also initiating company-wide competency training for all staff positions. We are studying several re-organizational options to decentralize our controls without diminishing our service standards. CQI committees may be replaced by focus groups formed to deal with specific problems. Line staff close to the issue would be selected to comprise the particular focus group.

## Additional Detoxification Services

Through a cooperative agreement with the Division of Addiction Services (DAS), Mt. Carmel Guild at 1160 Raymond Boulevard, Newark, NJ will be making available approximately 900 bed-days per year of enhanced detoxification to medically indigent clients at no charge. To be eligible for these beds, a client must be in need of detoxification and meet at least one of the following criteria:

1. Require detoxification from benzodiazepines
2. Require methadone maintenance while undergoing detoxification
3. Be in the first or second trimester of pregnancy
4. Have moderate to severe co-occurring symptoms (psychiatric)

To make a client referral to these services, an assessing agency must call Mt. Carmel Guild (MCG) at 973-596-4040 to assure availability and to facilitate the referral. In addition, a full assessment on NJSAMS must be completed and forwarded to MCG via the referral field of NJSAMS.

Clients will be admitted Monday through Thursday from 9 am - 4 pm and on Fridays from 9 am - 1 pm. MCG does not admit on Saturday, Sunday and holidays. For more information, please contact Kathy Goat-Delgado at 609-292-0563.