Promoting A Client-Centered Recovery-Oriented System of Care

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A New Paradigm for Addictions Treatment

- Client-centered
- Chronic care model
- Recovery-oriented

Client-Centered Care
Definition

Crossing the Quality Chasm defines "patient-centered care" as care that is "respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions."

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

Client-Centered Care

Aim

- Clinical care that is based on individual client preferences, needs, values and decision making
- Patient access to and receipt of information that permits informed health care decisions

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

Client-Centered Care

Client-centered care involves:

- Supporting the client through disagreements about treatment decisions
- Asking the patient's goals for recovery
- Factoring these into shared decision making for the recovery process
- Assessing and supplementing education/information

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

Client-Centered Care

The Quality Chasm's Ten Rules to Guide the Redesign of Health Care

- Care based on continuous healing relationships
- Customization based on patient needs and values
- The patient as the source of control
- Shared knowledge and the free flow of information
- Evidence-based decision making

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

Client-Centered Care

The Quality Chasm's Ten Rules to Guide the Redesign of Health Care (con't)

- Safety as a system property
- The need for transparency
- Anticipation of needs
- Continuous decrease in waste
- Cooperation among clinicians

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

Client-Centered Care

Quality Chasm's Recommendations

Clinicians and organizations providing M/SU treatment services should:

- Incorporate informed, patient-centered decision making throughout their practices. Information on the effectiveness of M/SU treatment options should be provided.
- Adopt recovery-oriented and illness self-management practices that support patient preferences for treatment.
- Maintain effective, formal linkages with community resources to support patient illness self-management and recovery.
- Have in place policies that implement informed, patient-centered participation and decision making in treatment, illness self-management and recovery plans.

Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions.*

A Chronic Care Model

"*If addiction is best considered a chronic condition, then we are not providing appropriate treatment for many addicted patients.*"

Dr. Tom McLellan, 2002

"America may be treating a major health problem -- substance dependence -- with a treatment approach not appropriate to the nature of the illness"

Flaherty, M. (2006), *A Unified Vision for the Prevention and Management of Substance Use Disorders: Building Resiliency, Wellness and Recovery – A Shift from an Acute Care to a Sustained Care Recovery Management Model.*

A Chronic Care Model

- Substance dependence should be viewed as a chronic illness (such as hypertension, diabetes, asthma) and not as an acute illness
- The system of care, including treatment and funding mechanisms, must reflect the best practices proven to effectively achieve chronic illness recovery
- When treated as a chronic illness, the compliance and relapse rates of substance dependence are as good or better than other chronic illnesses *(O'Brien & McLellan)*

A Chronic Care Model
Principles of Care

- Must be evidence-based and jointly planned (i.e., client- centered) and support a healing relationship and lead to improved wellness and the opportunity for maintenance of recovery
- Must be specific to the needs of individuals who require more time, offering a broad array of resources over a continuum of care
- Must provide coordinated, continuous attention to the individual's needs for information and behavioral change
- Must provide access to necessary clinical expertise

A Chronic Care Model
Principles of Care (con't)

- Will recognize that effective self-care, prevention, intervention and recovery support, and management strategies are complimentary and necessary
- Is supported by the principles of recovery as well as prevention, intervention and treatment in a unified vision that can assist individuals, the family and the community in a culturally relevant, appropriate manner

Flaherty, M. (2006), *A Unified Vision for the Prevention and Management of Substance Use Disorders: Building Resiliency, Wellness and Recovery – A Shift from an Acute Care to a Sustained Care Recovery Management Model.*

What Is Recovery ?

Recovery refers to the ways in which persons with or affected by addiction tap resources within and beyond the self to move beyond experiencing these disorders to managing them and their residual effects to build full, meaningful lives in the community. It is regaining wholeness, connection to the community, and a purpose-filled life.

White, W. and Davidson, L. *Recovery: The bridge to integration? Part one.* Behavioral Healthcare, November 2006.

Recovery-Oriented Care

- Recovery-oriented care shifts the design of the addiction treatment system from an acute care model, focused on serial episodes of biophysical stabilization, to a model of sustained recovery management.

- Recovery-oriented care focuses on the acquisition and maintenance of recovery capital (internal and external assets required for recovery initiation and self-maintenance), global health (physical, emotional, relational, and spiritual), and community integration (meaningful roles, relationships, and activities).

White, W. and Davidson, L. *Recovery: The bridge to integration? Part one.* Behavioral Healthcare, November 2006.

Recovery Core Ideas

- Recovery is a reality for millions of individuals and families
- There are many pathways and styles of recovery
- Recovery is a voluntary process
- Recovery flourishes in supportive communities
- Recovery gives back (to individuals, families and communities) what addiction has taken away
- Behavioral healthcare must move beyond emergency and palliative care to care oriented to promoting long-term recovery

White, W. and Davidson, L. *Recovery: The bridge to integration? Part one.* Behavioral Healthcare, November 2006.

Recovery Core Values

- Choice is respected
- Right to participate
- Person defines goals
- Person selects provider
- Individually tailored care
- Culturally competent care
- Staff know resources
- Equal opportunity for wellness
- Recovery encompasses all phases of care
- Entire system supports recovery

Evans, A. *Promoting a Recovery Oriented System of Care*

Recovery Core Values (con't)

- Input at every level
- Recovery-based outcome measures
- System wide training culturally diverse, relevant and competent services
- Consumers review funding
- Commitment to Peer Support and to Consumer-Operated services
- Participation on Boards, Committees, and other decision-making bodies
- Financial support for consumer involvement

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Objectives of a Recovery System of Care

- To the extent possible, individuals should have responsibility and control over their personal recovery process
- Increase individual/family participation in all aspects of service delivery
- Expand recovery efforts to all aspects of individual's lives - social, vocational, spiritual - through direct services or linkage to natural helping networks
- Promote highest degree of functioning and quality of life for all individuals receiving care in our system

Evans, A. *Promoting a Recovery Oriented System of Care*

Signs of the Emerging Recovery Paradigm

- The New Recovery Advocacy Movement
- Emerging recovery research agenda at NIDA and NIAAA
- CSAT's Recovery Community Support Program (RCSP)
- White House initiated Access to Recovery (ATR) program
- New recovery support institutions and roles, e.g., recovery support centers, recovery coaches

Foundation of the Recovery Movement

- Destigmatization, demedicalization and decriminalization of illness
- Re-Affirms the reality of long-term care, attention for recovery
- Celebrates the various pathways to recovery (e.g. Medication Assisted Treatment, AA, Twelve Step, Wellbriety, Women for Sobriety, et al.)
- Supports treatment while building recovery focused systems of care

Flaherty, M. (2007). CSATS Recovery Supports Services Meeting.

Implications for Systems Change

- Greater focus on what happens BEFORE and AFTER primary treatment
- Transition from professional-directed treatment plans to client-developed recovery plans
- Greater emphasis on the physical, social and cultural environment in which recovery succeeds or fails
- Integration of professional treatment and indigenous recovery support groups
- Increased use of peer-based recovery coaches (guides, mentors, assistants, support specialists), and
- Integration of paid recovery coaches and recovery support volunteers within interdisciplinary treatment teams.
- Eradication of stigma and discrimination

Flaherty, M. (2007). CSATS Recovery Supports Services Meeting.

DAS Progress
Client-Centered Recovery-Oriented Activities

- **New Jersey Access Initiative (NJAI)**
  - **Mentors:** Trained 500 Recovery mentors
  - **Choice:** Client given choice of provider, including non-traditional faith-based and community-based programs
  - **Vouchers:** Funds given to the client, which reinforces choice and includes the client in fiscal management

- **DAS Client Advocate**
  - Advocates for clients
  - Initiates anti-stigma campaigns
  - Advises DAS so new policies and initiatives are developed with a client-centered focus

DAS Progress
Client-Centered Recovery-Oriented Activities (con't)

- **Client-Satisfaction Survey**
  - Implemented July 2005
  - 1,017 completed surveys received as of June 2006 from 105 agencies
  - 90% of respondents agreed or strongly agreed that they were satisfied with the services they received
  - Clients with longer treatment stays reported better outcomes

- **Best Practices**
  - Incorporating requirements for best practices into design of DAS programs