

Implementing Recovery Oriented Level I and Level II Clinical Services in Opioid Treatment Programs (OTP)

A Clinical Quality Improvement Program (CQI)

Institute for Research, Education and Training in Addictions

OTPs

- Medications approved to treat opioid addiction are:
 - Effective
 - Empirically validated, but only
 - ONE component of comprehensive therapeutic program

The other component is...

OTP's

Clinical / Counseling Services

Which by statute and accreditation requirements are...

OTP's

8 urinalysis
tests per year

2.5 Hours of
clinical/counseling
services a month

OTP's dispense methadone, an agonist...

OTP's

...That has become a synonym for
“Level of Care.”

Every client gets the same frequency
and intensity of clinical service

OTP's

As a Level of Care, OTP has a certain administrative elegance:

- Operations for medication dispensing are heavily regulated and are standardized for ease of replication
- Clinical programming is offered in standardized thematic groups to meet accreditation requirements for HIV education, orientation groups, etc.
- Treatment plans are standardized and virtually identical for each client
- Case management and record keeping are the primary functions of the counseling staff simplifying the scope of practice

And finally...

OTP's

As a Level of Care with limited service requirements,
An OTP can be funded by a flat per-week service fee.

OTP's

But...there is a perverse incentive:

Provide no more service than meets statutory and accreditation requirements.

Reason:

Constrain expenses to maximize the profit.

OTP's

Today:

- National completion rates for OTP's hover between 11 – 14%
- Retention is dropping
- Clients enter OTP's for a respite, get a “time out” and then move on
- OTP's are a harm reduction, not a recovery orientation
- The needs of the medication, not the client, organize the program

CQI for OTP

A recovery orientation:

- Shifts the focus from program based care to client-based care
- Medications are an important, but not sole focus of OTP treatment
- Requires a comprehensive clinical needs assessment
- Uses standardized placement criteria, and
- Matches the client to the most appropriate Level of Care

CQI for OTP

Implement recovery oriented Level I and Level II outpatient services in an existing OTP

6 OTP's
selected

2
underway

2 years on
site at each
OTP

CQI for OTP

Review and analyze outcome and performance data for past 2 years

Review policy and procedures

Attend staff meetings

Review clinical record keeping

Observe all counselors:

- Conducting individual sessions
- Conducting group sessions

CQI for OTP

Findings (Site #1)

- Patient outcomes are at the low end of national averages (11%)
- There is no particular clinical orientation
- There is not a recovery orientation
- Groups are didactic, open, thematic and disconnected to a theory of change
- Clinical staff display competent interviewing skills but program design limits their scope of practice
- **Clinical staff are eager to practice!**

CQI for OTP

Implementation Activities

- Introduction to Cognitive Behavioral Therapy (CBT)
- Introduction to group therapy concepts
- Advanced training and application in the use of CBT
- Introduction to case consultation as quality assurance
- Introduction to Recovery Oriented Methadone Maintenance

CQI for OTP

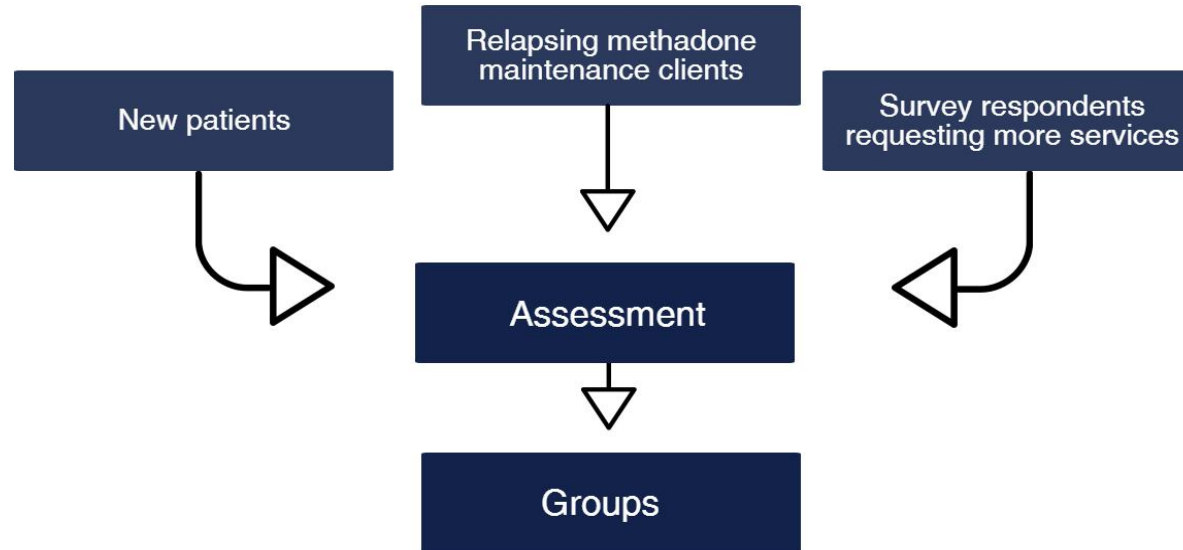
Next

- Surveyed clients on treatment satisfaction, perceived needs and openness to changes in their treatment
- Changing all open, thematic groups to ongoing CBT therapy groups
 - Clients are assigned to a group that meets weekly
 - Clients are assigned to a primary counselor
- Assess all new clients for Level of Care assignment within the OTP
- Plan to assess all relapsing clients for Level of Care assignment
- Case Consultation and Process Improvement modeling continue

Instituting Structured Groups at an Opioid Treatment Program



Sources of Referrals for Groups



Groups

Level I Outpatient

Up to 5 hrs/wk



Level II Outpatient

Group Options

Meditation
Psychotherapeutic
Psychoeducational
Emotional management

Problem solving
Relationship
Experiential



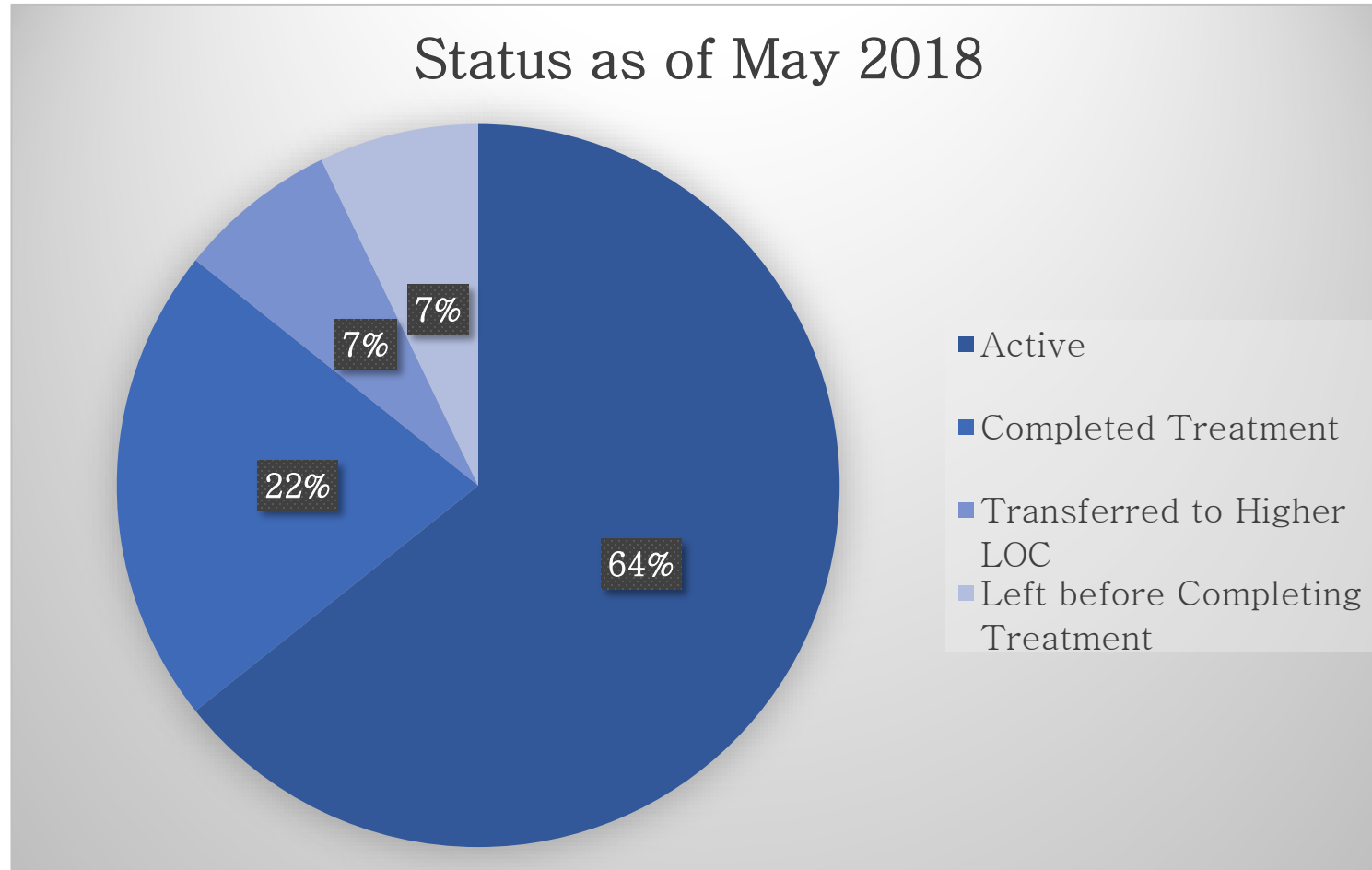
5-9
hrs/wk

Sample Data Analysis Plan

Baseline Measures	Clinical Matching	Expected Outcomes	Indicator
<ul style="list-style-type: none">• Retention Rates of prior years• Drug (non Rx) and alcohol use prior year/s• Employment rates prior year/s• Arrest rates while in Tx Prior year/s	<p>Clinical Assessment</p> <p>ASAM Criteria Match</p> <ul style="list-style-type: none">• Level I Outpatient• Level II IOP	<ul style="list-style-type: none">• Improved retention rate• Increased abstinence rate• Improved Employment Rate• Decreased Arrest rates	<p>Increase:</p> <ul style="list-style-type: none">• Days in treatment• Abstinence• Employment <p>Decrease:</p> <ul style="list-style-type: none">• Arrests while in treatment

CQI for OTP

Status of 42 Referrals



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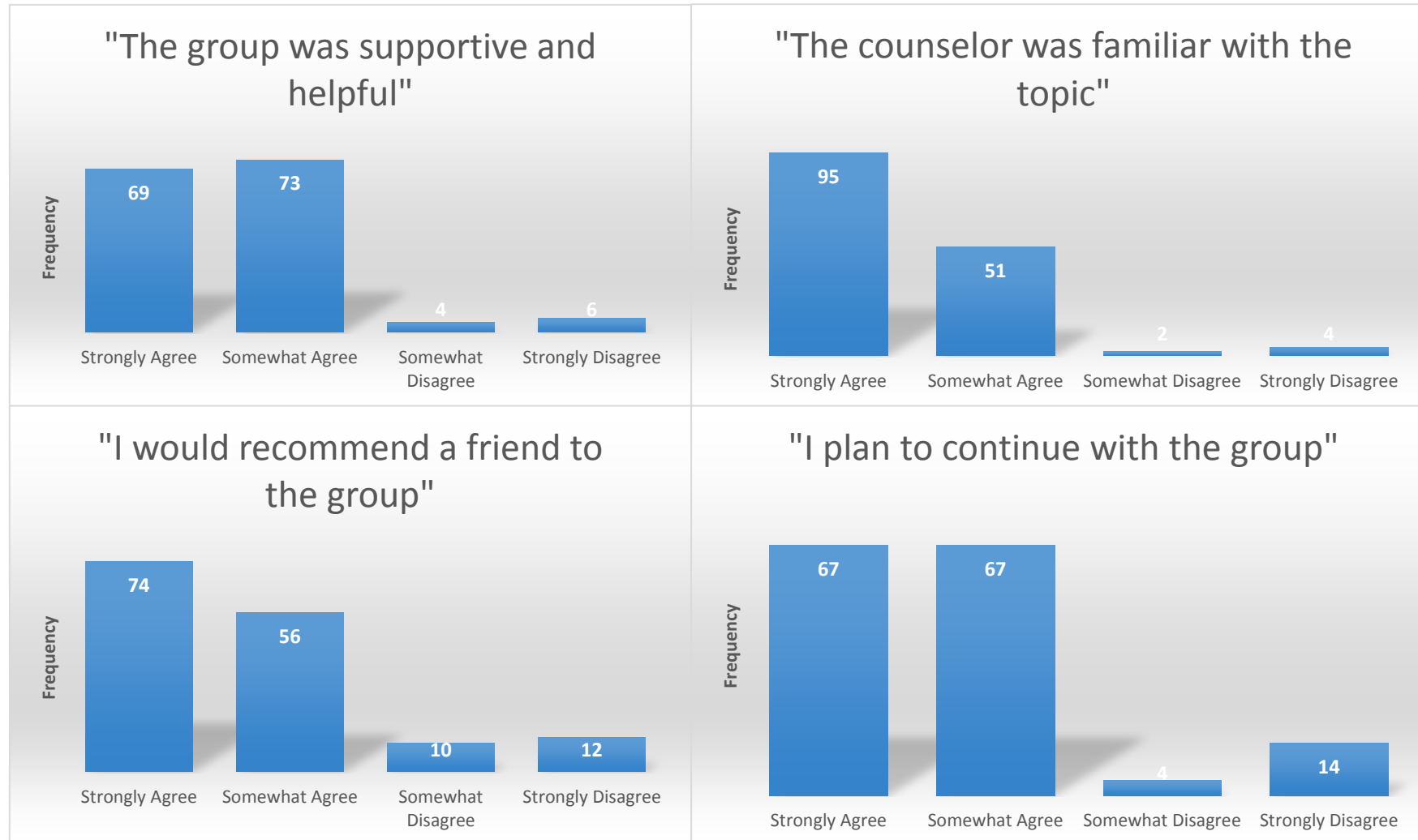
Weekly Survey Results

	Number of Groups	Number of Surveys	Number of Unique Clients	Average Size of Group
Phase I	27	152	37	6
Phase II	17	84	19	5

- Clients in Phase I and Phase II overlap (9 appear in both)
- Content of Phase I and Phase II groups differs

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Weekly Survey: Phase I (n=152)



CQI for OTP

Weekly Survey: Phase II (n=84)

