



IMPLEMENTING RECOVERY ORIENTED
CLINICAL SERVICES IN OPIOID
TREATMENT PROGRAMS
PILOT UPDATE

A Clinical Quality Improvement Program

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

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

IRETA is currently implementing recovery oriented Level I outpatient services in existing OTP programs

6 OTP's
selected

Pilot site
complete;
2 active

2 years on site
at each 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

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

Next

- Survey clients on treatment satisfaction, perceived needs and openness to changes in their treatment
- Implement 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

Pilot Site

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

Pilot Site Implementation Questions

- Can weekly therapy groups be established in an OTP?
- Are patients willing to attend the groups?
- Do patients see the groups as important to their treatment?

Pilot Site Implementation Questions

- Are staff able and willing to lead the groups?
- Do staff see the groups as an important part of treatment?
- Do the groups contribute to improved patient and program performance?

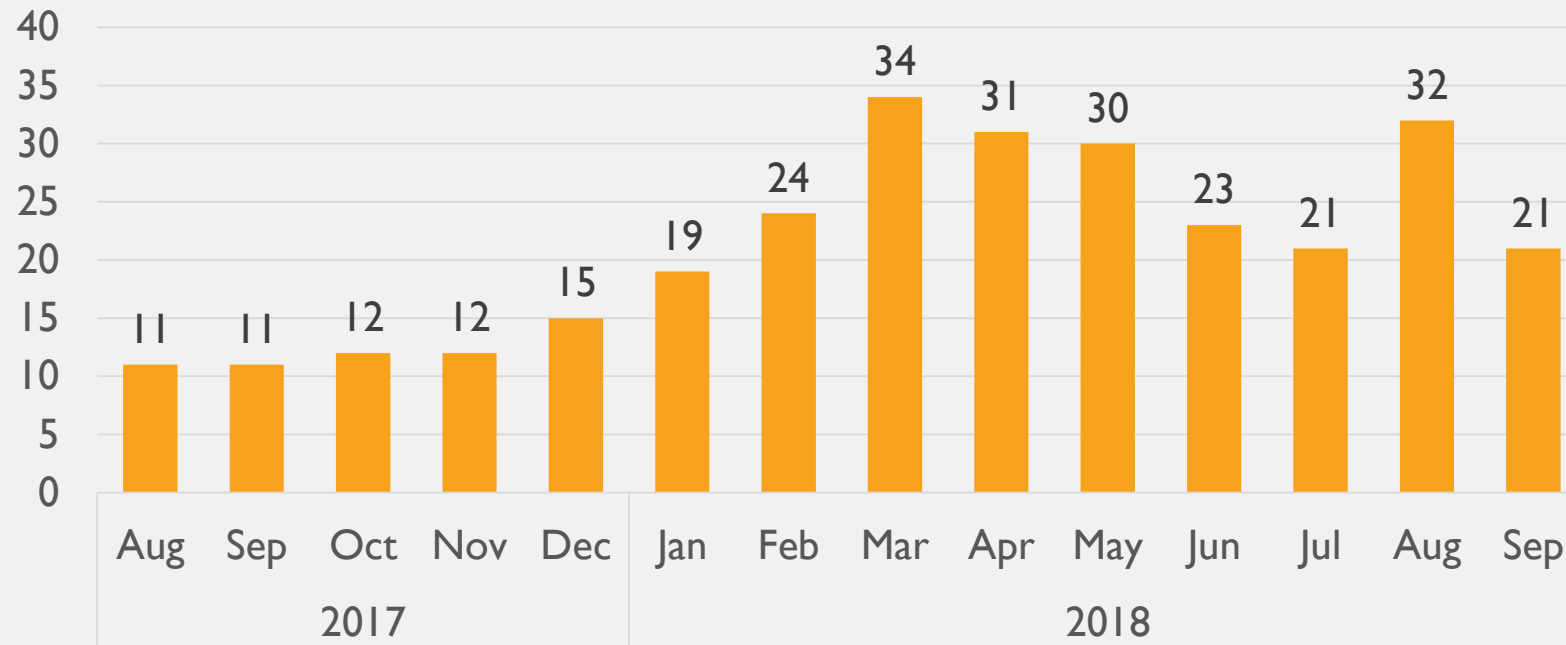


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RESULTS FROM PILOT SITE

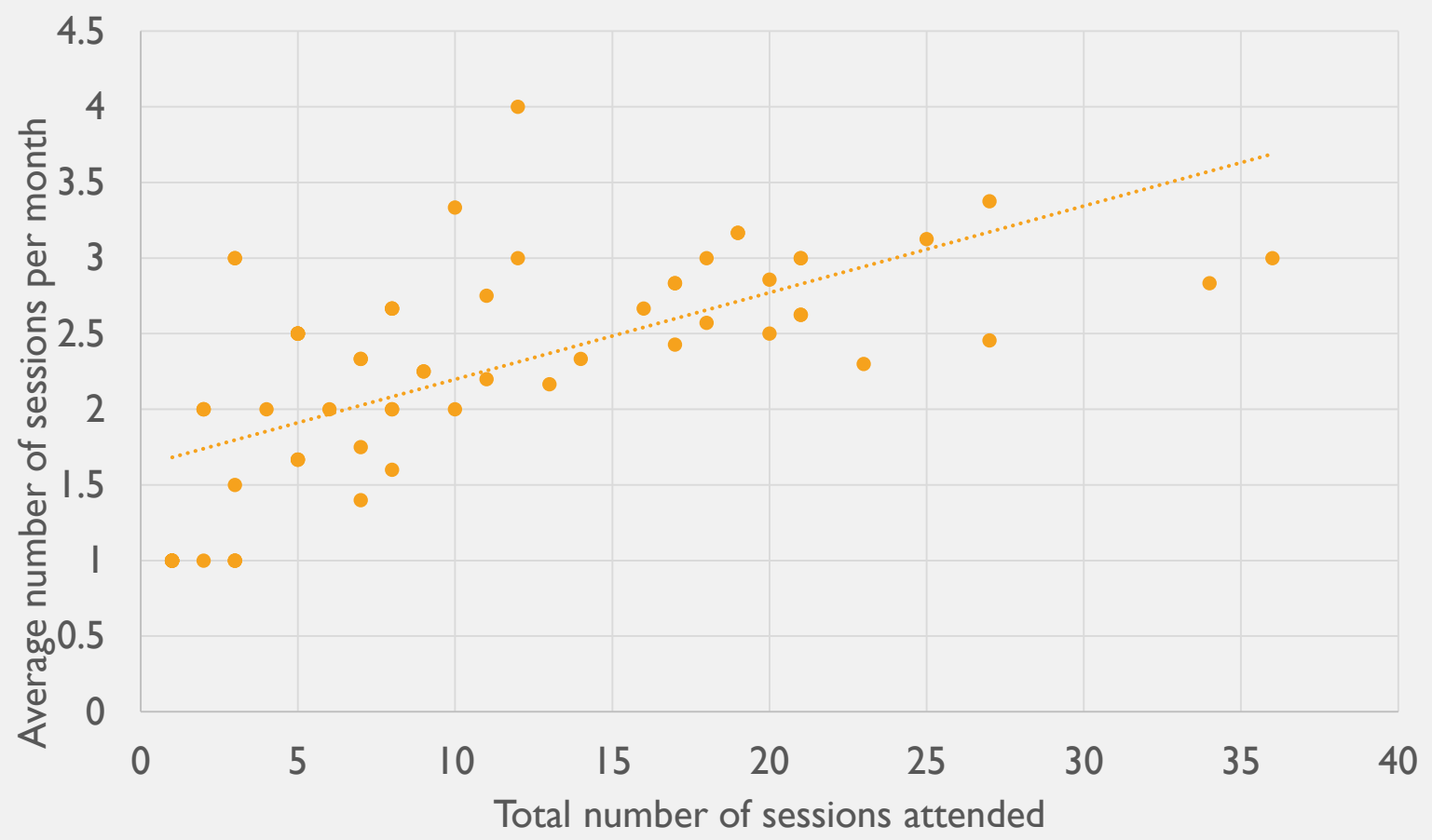
Can weekly therapy groups be established in an OTP?

Number of Clients Served per Month



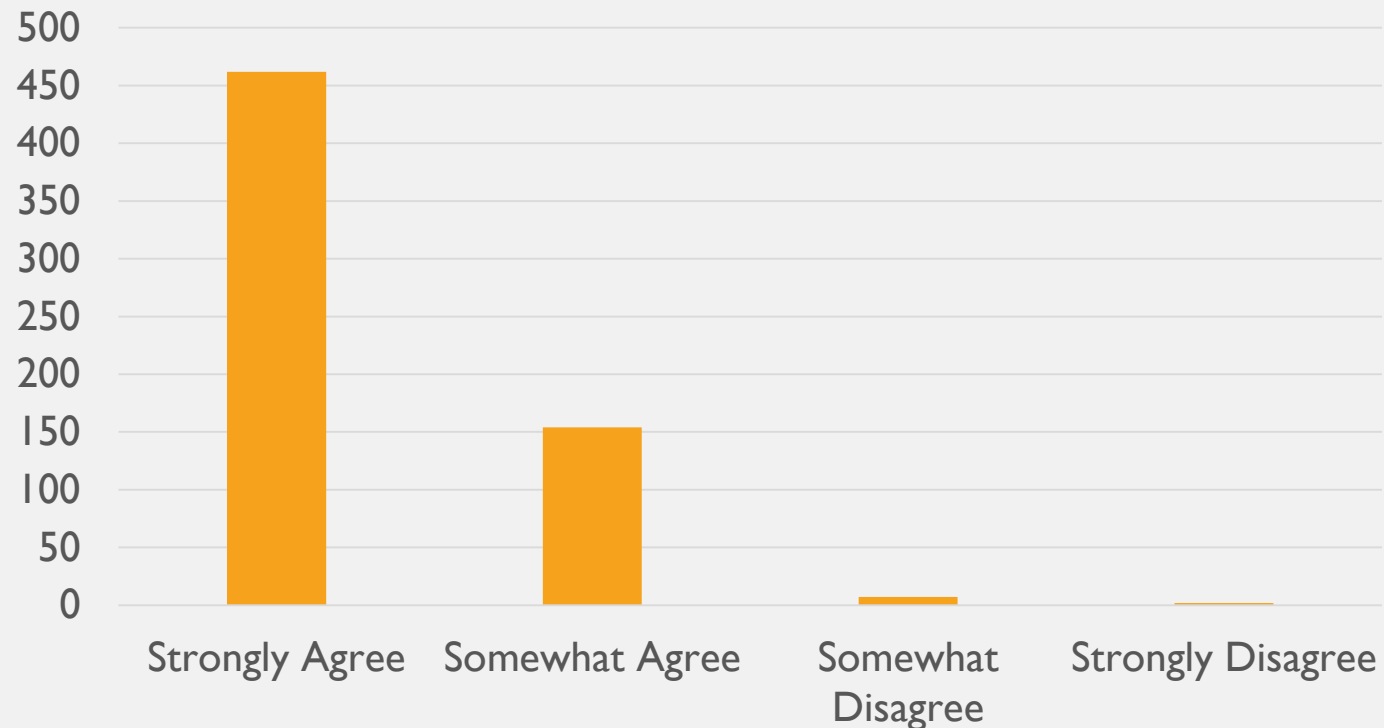
(Clients appear in multiple months)

Are patients willing to attend the groups?



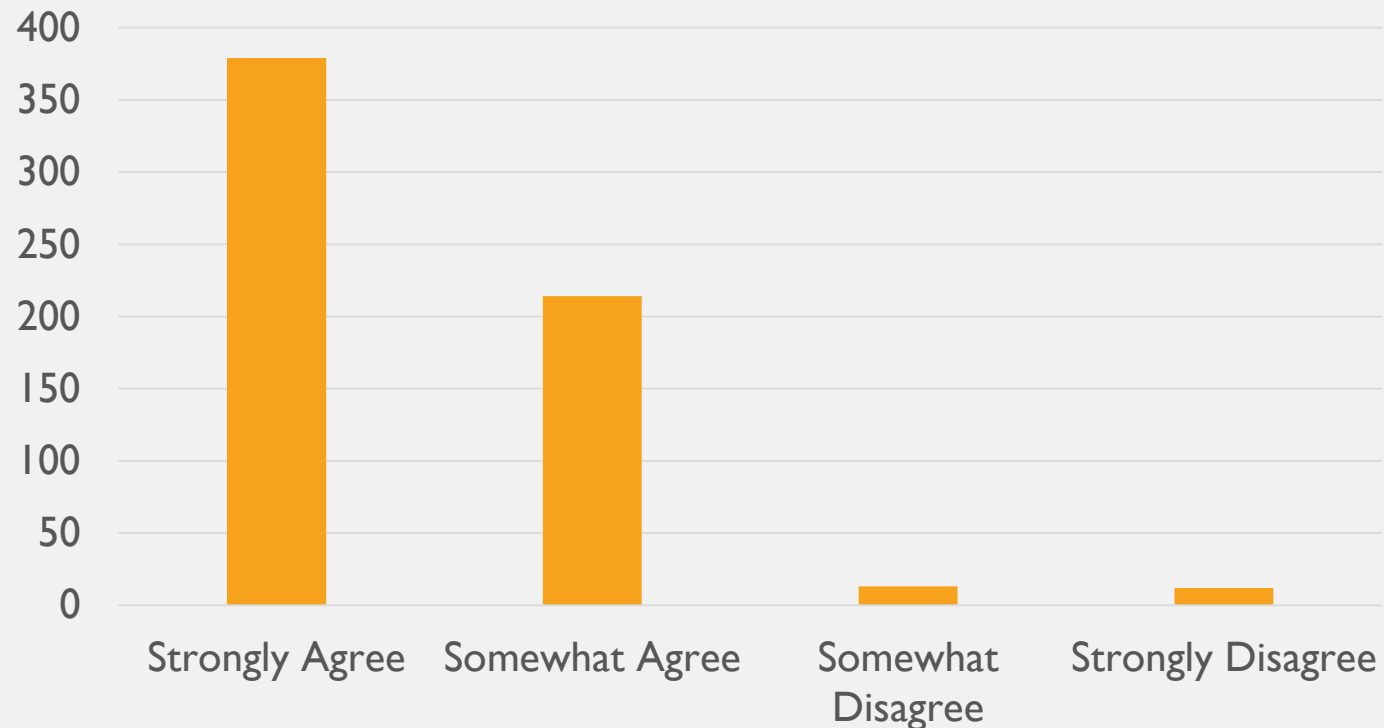
Do patients see the groups as important to their treatment?

“The group was supportive and helpful”



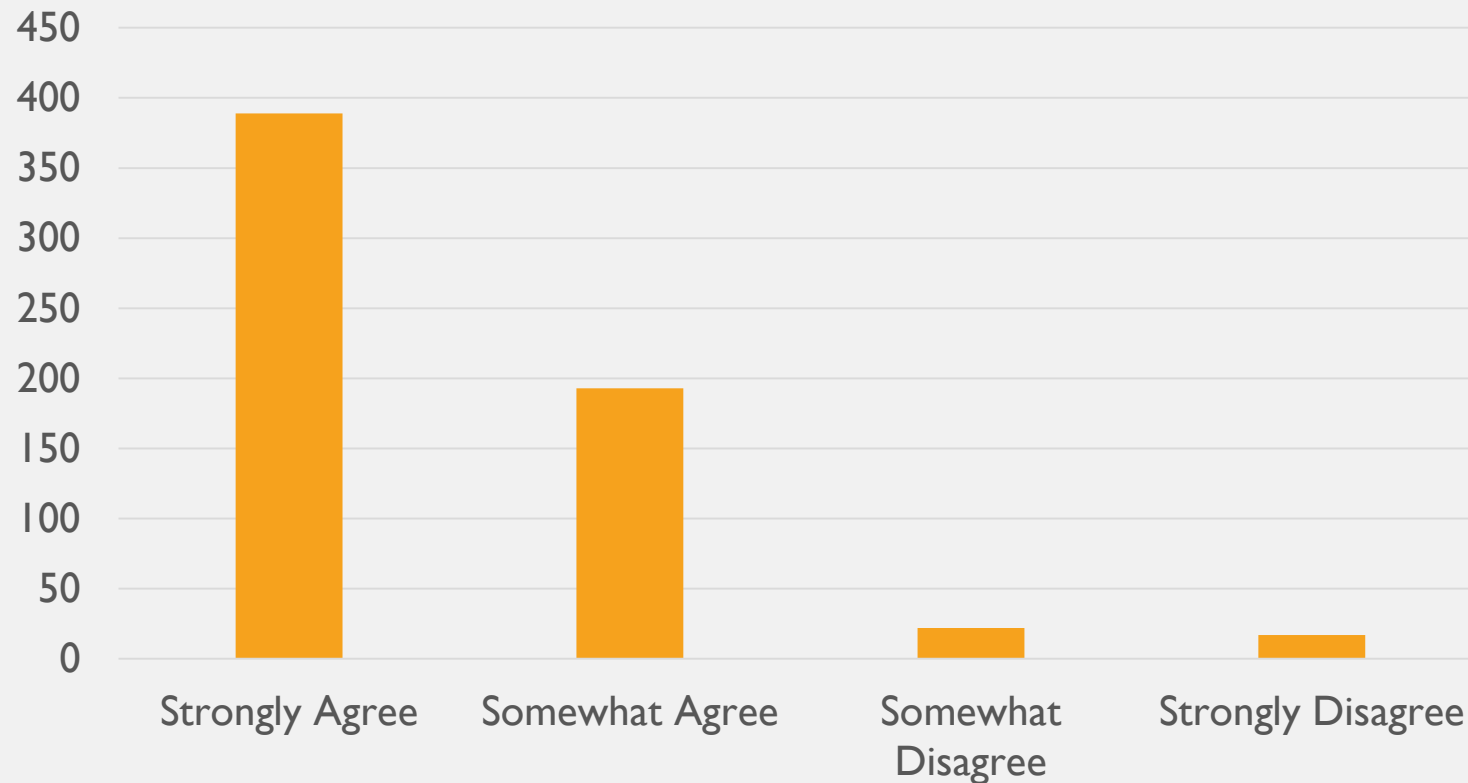
Do patients see the groups as important to their treatment?

“This group was helpful to my recovery”



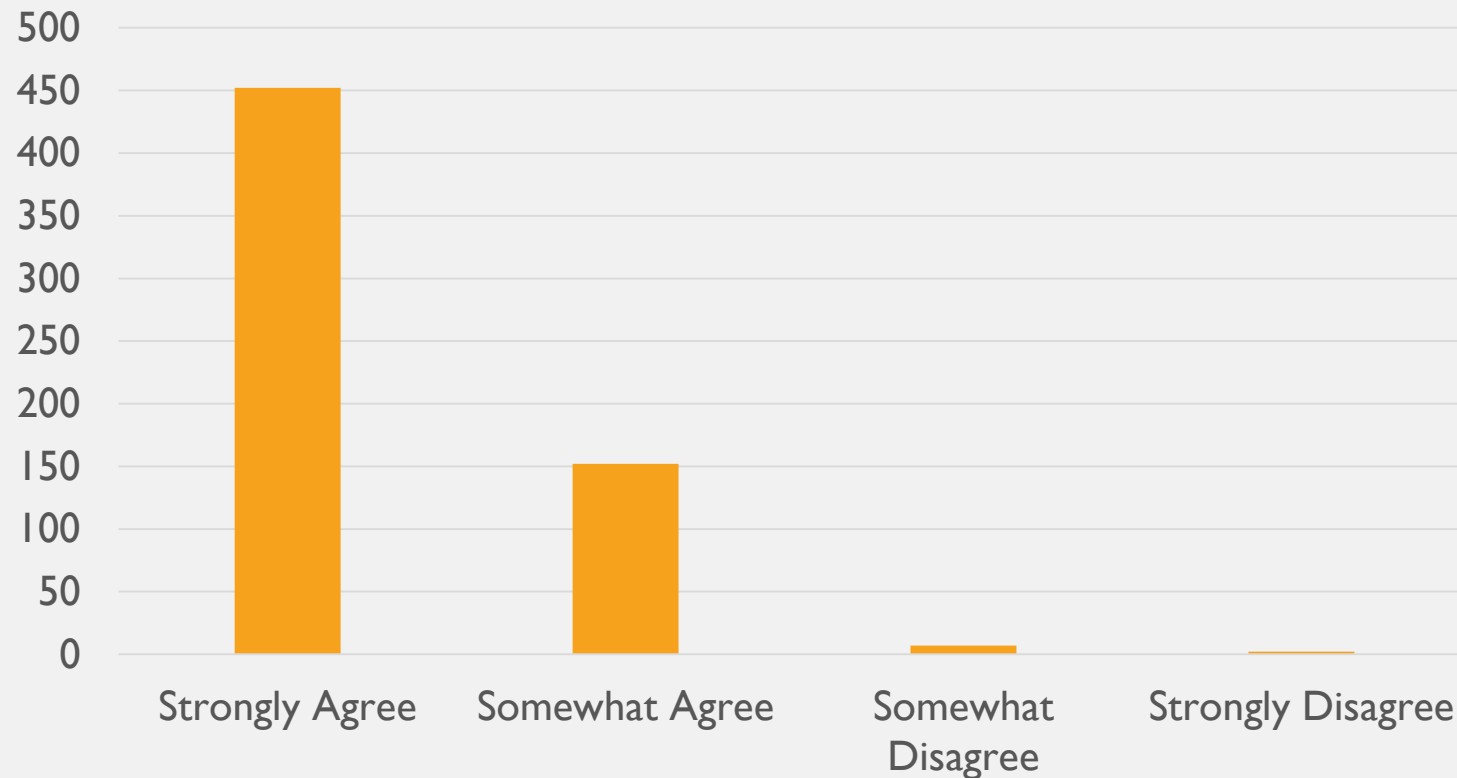
Do patients see the groups as important to their treatment?

“I would recommend this group to a friend”



Are staff able and willing to lead the groups?

“The counselor was familiar with the topic”



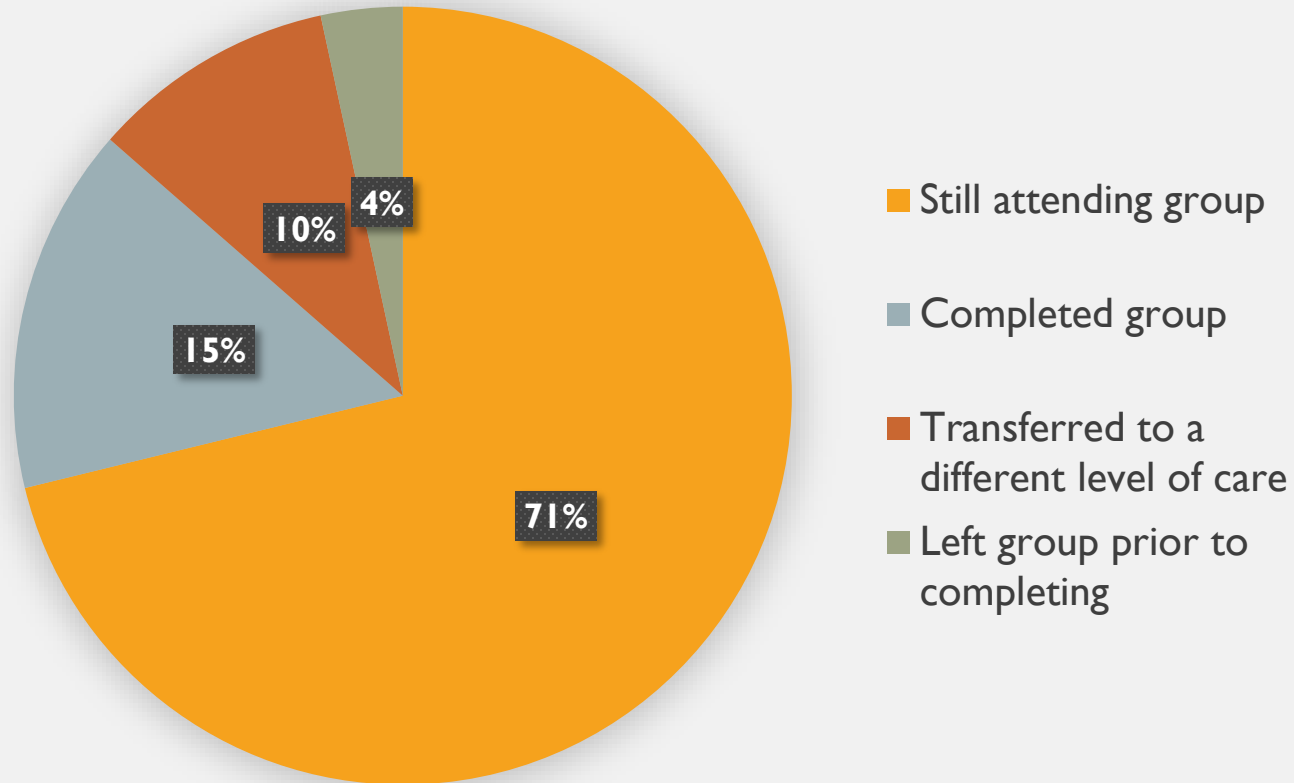
Do staff see the groups as an important part of treatment?

Stakeholder Meeting at the end of the project

- Staff at the clinic were clearly committed to continuing groups after the contracted project was over
- Staff shared examples of clients who went to residential treatment and/or jail, and then re-engaged at the clinic because of the groups
- One of the facilitators said she could not imagine going back to the way things were

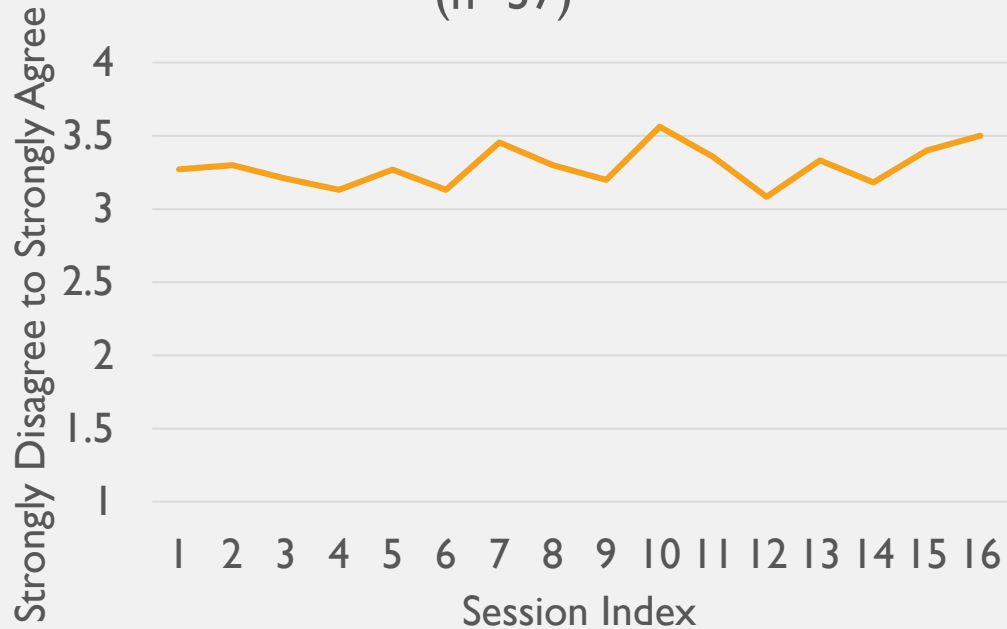
Do the groups contribute to improved patient and program performance?

Client status at end of project

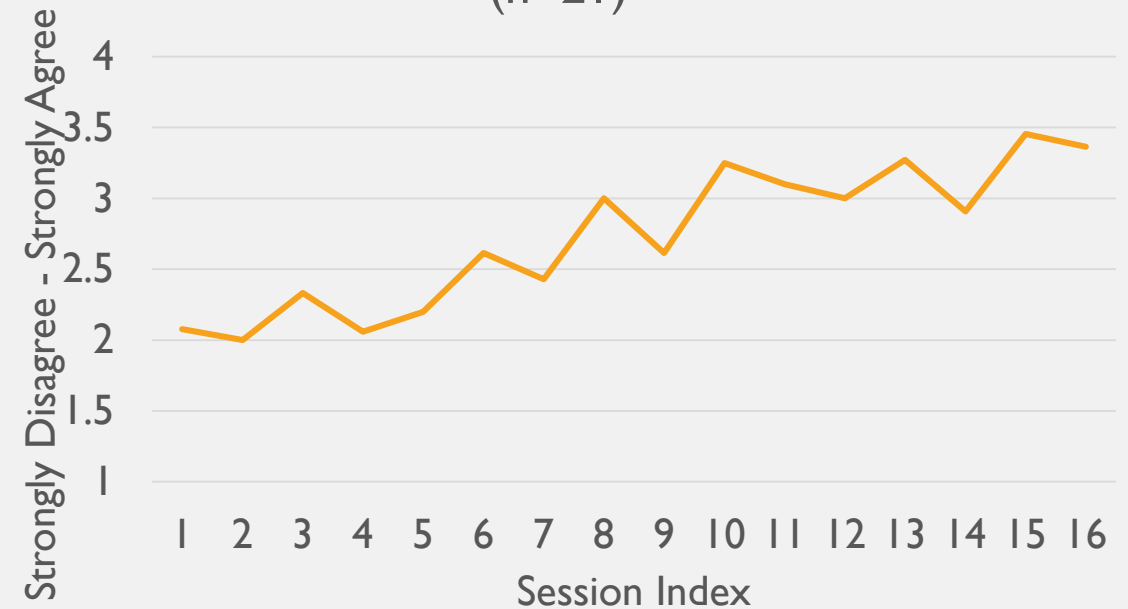


Comparison of Craving over Time

Among clients who never reported that their dose was **not** controlling craving (n=37)



Among clients who at some point reported that their dose was **not** controlling craving (n=21)



Sample Data Analysis Plan

Baseline Measures	Clinical Matching	Expected Outcomes	Indicators
<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

Thank you!

Questions?