

VOLUME: D

Management of Drug Dependence Treatment Services



Module 2

OPERATIONAL MANAGEMENT



**Leadership,
teamwork &
organizational
change**



Workforce



**Services,
partnership &
recovery**

Workshop 3

SERVICES, PARTNERSHIP AND RECOVERY



Training objectives

At the end of this workshop you will be able to:

- ▶ Describe different models for delivery of services across different settings
- ▶ Discuss the role of partnerships in service delivery
- ▶ Define and discuss an integrated care pathway
- ▶ Define and explain recovery
- ▶ Identify and discuss recovery models in drug dependence treatment and mental health services



Services



Effective treatment



Effective treatment increases individual, family and the community well-being

Key standards

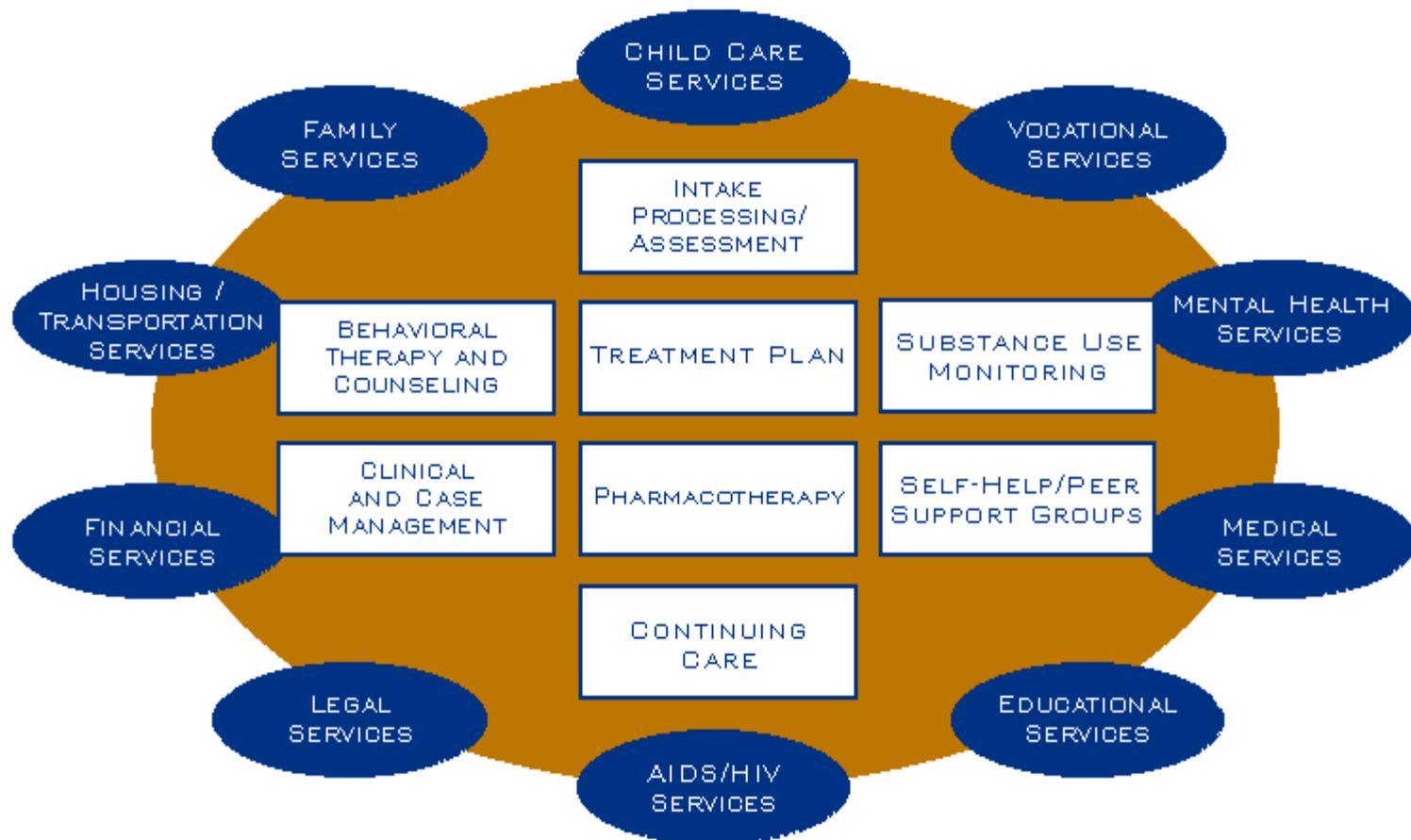
- ▶ Respect for human rights and dignity/confidentiality
- ▶ Continuum of care
- ▶ Community-based service delivery
- ▶ Minimal disruption of social links and employment
- ▶ Involve/build on community resources
- ▶ Integrated into health and social services

Key standards

- ▶ Relevant services for special populations
- ▶ Comprehensive approach
- ▶ Close collaboration between civil society, law enforcement, health and social sector
- ▶ Evidence-based interventions
- ▶ Acceptance of relapse as part of process



Components of comprehensive and integrated drug dependence treatment



Suggested interventions at different settings

Settings	Possible Interventions
Informal community care	Outreach/self-help groups
Primary health care services	Screening/brief interventions/health care referrals/contact with specialized treatment service/continued support
Generic social welfare	Housing/shelter/food
Specialized drug dependence treatment (In- and outpatient)	Assessment/case management/treatment planning/detoxification/psychosocial interventions/medication-assisted treatment/relapse prevention
Specialized health care services	Mental health treatment/internal medicine/dental treatment/Hep/HIV/TB/STIs
Specialized social welfare services	Family support/reintegration/vocational training/education programs/income generation/microcredits/leisure time
Long term residential service	Housing/vocational training/protected environment/life skills/ongoing support

Outreach services

Outreach services provide at minimum the following 'core services':

- ▶ Provision of basic support (safety, food, shelter, hygiene and clothing)
- ▶ Education on drug-effects and risks involved in drug use
- ▶ Screening for substance use disorders
- ▶ Brief Intervention to motivate change in substance use
- ▶ Referral to substance use treatment
- ▶ Needle exchange and condom distribution
- ▶ Outreach interventions can be delivered through various modes

Screening, brief interventions and referral to treatment

Candidates include:

- ▶ General practice/primary/mental healthcare patients
- ▶ Hospital patients
- ▶ Individuals in contact with social service and welfare agencies
- ▶ Patients in infectious disease clinics
- ▶ People in contact with outreach services
- ▶ People with alcohol- or drug-related legal offenses (e.g., driving under the influence)

Outpatient treatment services

- ▶ Treatment and care for people who **do not reside** in the facility
- ▶ Services **vary** considerably in terms of their components and intensity
- ▶ Ideal for providing **long-term maintenance care** for patients with sufficient social support and resources at home and in the community
- ▶ Both **psychosocial and pharmacological interventions** can be provided
- ▶ Suitable for high-intensity and mid to low-intensity interventions

Short-term in-patient or residential treatment

Combinations of models and methods should be used in short-term residential treatment:

- ▶ Pharmacotherapy
- ▶ Motivational counselling
- ▶ Psycho-education
- ▶ Support through drug withdrawal
- ▶ Introduction to behavioural therapy
- ▶ Orientation to self-help groups
- ▶ Referral and introduction to social services



Short-term in-patient or residential treatment

Other models and methods to be used in short-term residential treatment:

- ▶ Comprehensive bio-psychosocial assessment of the incoming patient
- ▶ Treatment plan which best addresses the needs of the individual
- ▶ Strategy to foster patients' motivation for change
- ▶ Medication-assisted detoxification and maintenance treatment
- ▶ Group counselling and educational interventions
- ▶ Individual and family counselling and education

Long-term residential treatment services

- ▶ Comprehensive bio-psychosocial assessment of the incoming patient
- ▶ Treatment plan which best addresses the needs of the individual
- ▶ Strategy to foster patients' motivation for change
- ▶ Medication-assisted detoxification and maintenance treatment
- ▶ Group counselling and educational interventions
- ▶ Individual and family counselling and education

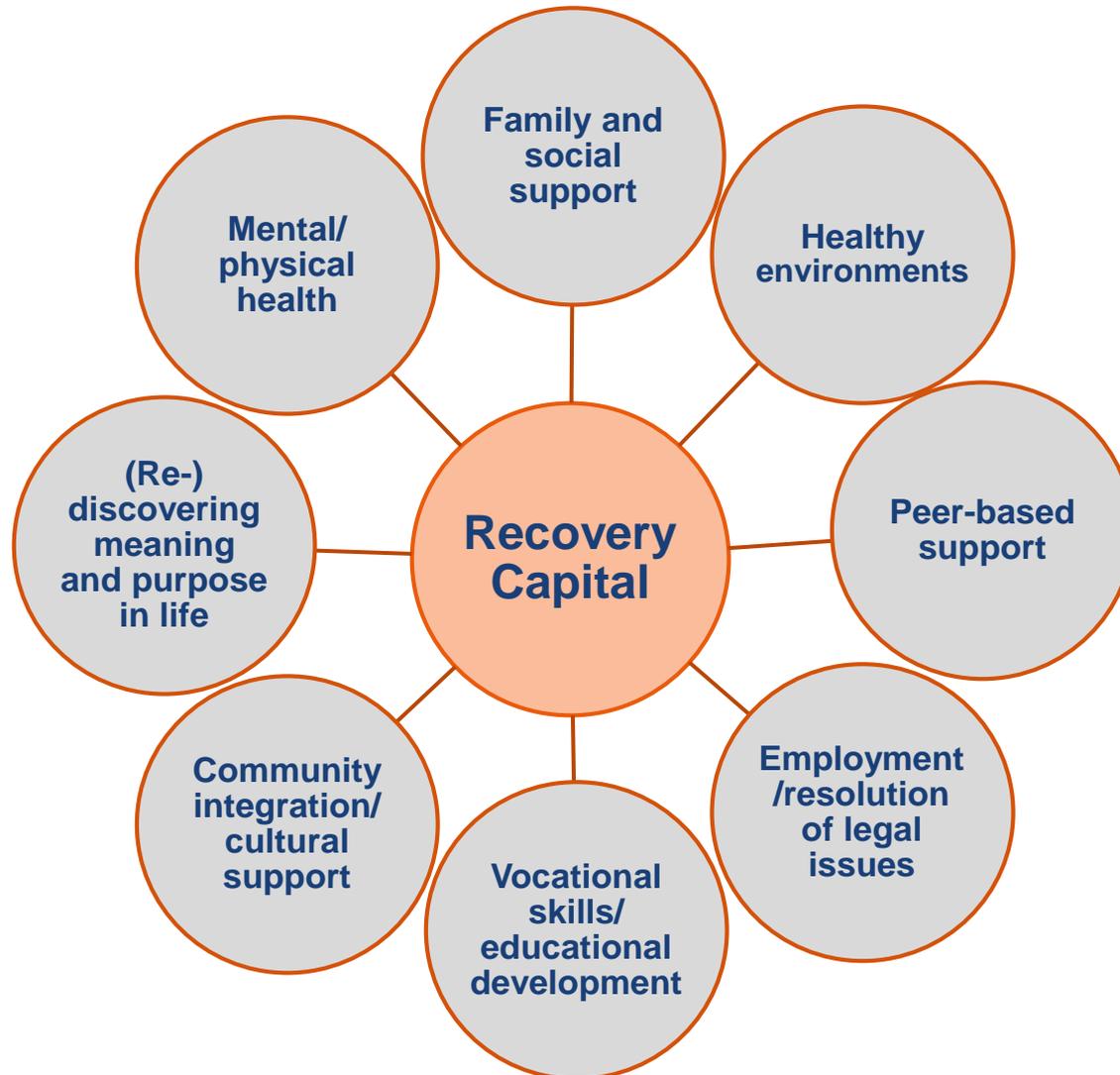
Long-term residential treatment services

- ▶ Initiation of behavioral treatment strategies for addiction treatment
- ▶ Initiation of treatment for co-occurring medical and psychiatric disorders, if time and resources permit
- ▶ Ongoing evaluation of patient's progress in treatment and continuous clinical assessment that is built into the programme

Long-term residential treatment services

- ▶ Address special needs
- ▶ Discharge planning with relapse prevention and continuing care strategies for the period after residential treatment, including:
 - maintenance medication (if indicated)
 - an appropriate level of psychosocial treatment for the addiction
 - ongoing treatment for co-occurring medical and psychiatric problems

Sustained recovery management services



Let's practice!



Develop a treatment plan and a case management plan

Reshad is a 25 years old single man just released from prison a week ago and has been using drugs for the last five years, and has been injecting drugs off and on. He also suffers from psychoses. Reshad has been rejected by his family, because of the quarrels he often starts with them, and is at present homeless and jobless. He has been repetitiously in prison the latter incarceration being the fifth time in his life. He sometimes exchanged sex for drugs while in prison.

Partnership
working

COLIC (kol'ik), n. acute pain in the abdomen or bowels.

COLLABORATE (ko-lab'o-rat) to work jointly, especially in literary or scientific work.

COLLABORATION (-o-ra'shun) united labour.

COLLABORATOR (-lab'o-ra-ter), another, especially in literary or scientific work.

COLLAPSE (ko-laps'), n. a failure or together; sudden failure.

COLLAPSIBLE

Vision of partnership working

- ▶ The vision of a partnership working is for all services for the service user to **work together** towards a common goal of empowering the service users
- ▶ Each and every agency has a key role and responsibility in working together with each other to **see the client** through this journey
- ▶ The **service user** should be **at the centre** of the planning of care and treatment

Partnership responsibilities

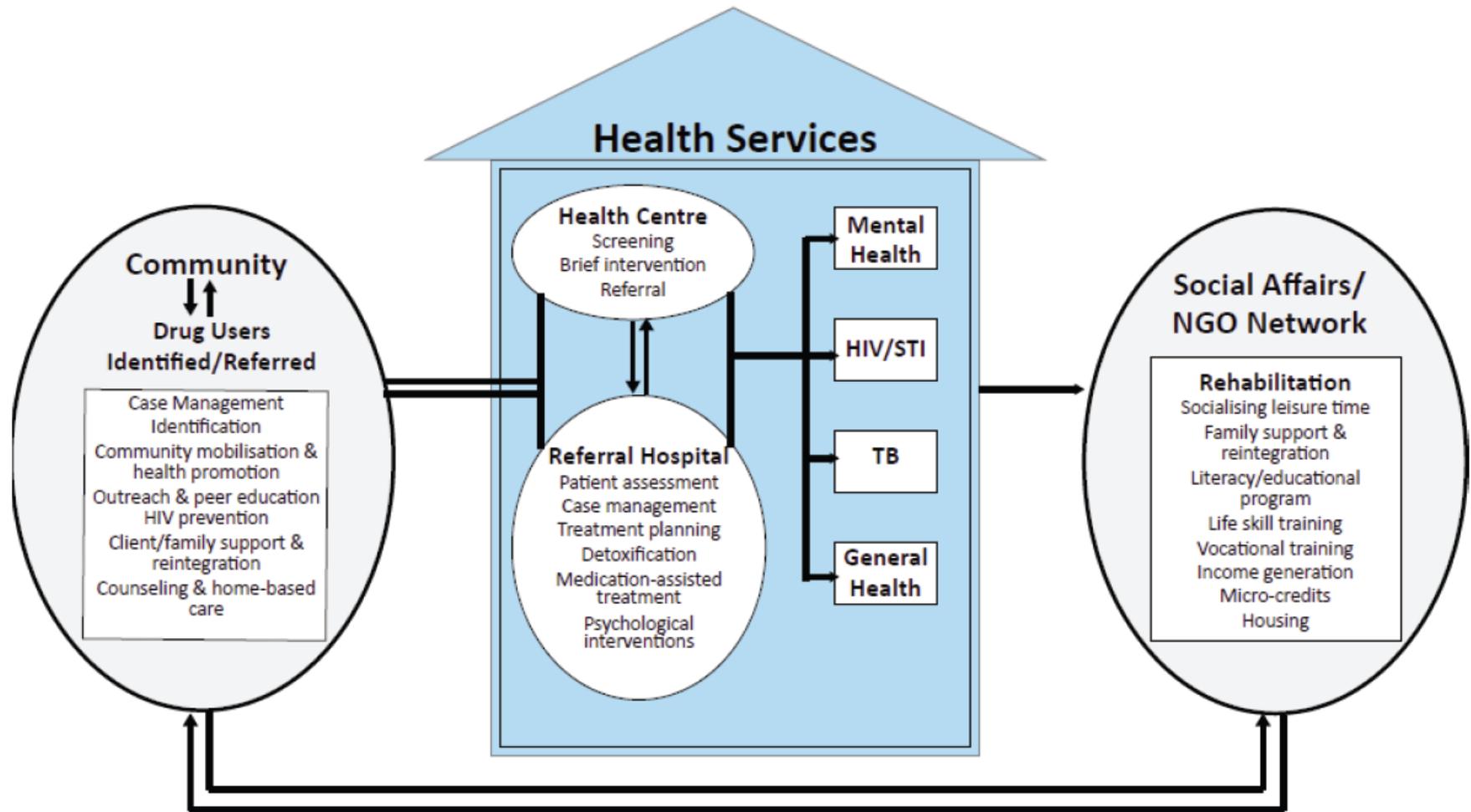
Funding level

- Develop local partnership strategy
- Identify funding gaps in service provisions
- Agree on partnership funding framework on joint collaborating issues
- Research and development

Provider level

- Establish positive working relationships with other providers
- Develop an integrated care planning system for service users
- Share of information, good practices, protocols/guides and experiences
- Conduct joint training and meetings

Partnership in the community





**Integrated care
pathway**

What is an integrated care pathway?

Integrated Care Pathway

- ▶ It is about **all services involved** with the service user to facilitate the detection, treatment, and follow-up of people with substance use disorders
- ▶ It is a process involving all relevant agencies **working together**, and defining and agreeing who is going to do what based on their expertise and commissioned mandates in relation to the clients comprehensive needs as affected by his/her drug use
- ▶ A **team based** approach

Definition

- ▶ Integrated Care Pathways (ICPs) provide a template for multi-disciplinary care that is **evidence-based and coordinated**
- ▶ An ICP determines locally agreed **multidisciplinary and multi-agency practice**, based on guidelines and evidence where available for a specific patient/client group
- ▶ It forms all or part of the clinical record, **documents the care given, and facilitates the evaluation of outcomes** for continuous quality improvement

Overill, 1998

Goals of an effective care coordination

REDUCE HEALTHCARE DISPARITIES/INEQUALITIES

REDUCE MORTALITY

REACH PEOPLE WHO CANNOT OR WILL NOT ACCESS
DRUG & PRIMARY HEALTHCARE SERVICES

IMPROVE EFFECTIVE EARLY INTERVENTION AND
DETECTION

IMPROVE PREVENTION BEFORE ISSUES DEVELOP OR
WORSEN

Developing the integrated care pathway to recovery

Addressing the basics:

- ▶ Problem identifications & care planning
- ▶ Shared decision making
- ▶ Identifying the partners in care
- ▶ Developing the care pathway system
- ▶ Care coordination
- ▶ Continuous monitoring and evaluating

Let's practise!



**Build together an
integrated care
pathway to recovery**

Benefits of care coordination

Improve health
and wellbeing by

- Regular screenings and registry tracking
- On-site integrated care prevention, screening, and treatment services
- Wellness education and support activities
- Referral and follow-up
- In short: the continuity of care

Increase service
user participation
through

- Involvement in the delivery, planning and evaluation of services
- Incorporate satisfaction feedback on from service users and their social network in service provision

How will we know if care coordination is being effective?

We know it's effective because...

- ▶ Increased treatment retention rate
- ▶ Improved healthier lifestyle
- ▶ Improved social functioning
- ▶ Increased education/re-skilling/employment opportunities
- ▶ Decreased re-offending/improved community safety

Let's practice!



A 17 year old pregnant woman comes to your centre. She is a commercial sex worker, injecting one gram of heroin/cocaine per day.

- ▶ What services would she require to provide integrated care?
- ▶ How would you go about developing her treatment plan?
- ▶ What are the risks, if we could not offer her integrated care?

A black and white photograph of a person's hands clasped together in prayer, with an orange text box overlaid on the left side. The hands are positioned in the center-right of the frame, with fingers interlaced. The background is a soft, out-of-focus white surface. An orange rectangular box is positioned on the left side of the image, containing the word "Recovery" in white, bold, sans-serif font.

Recovery

Definition

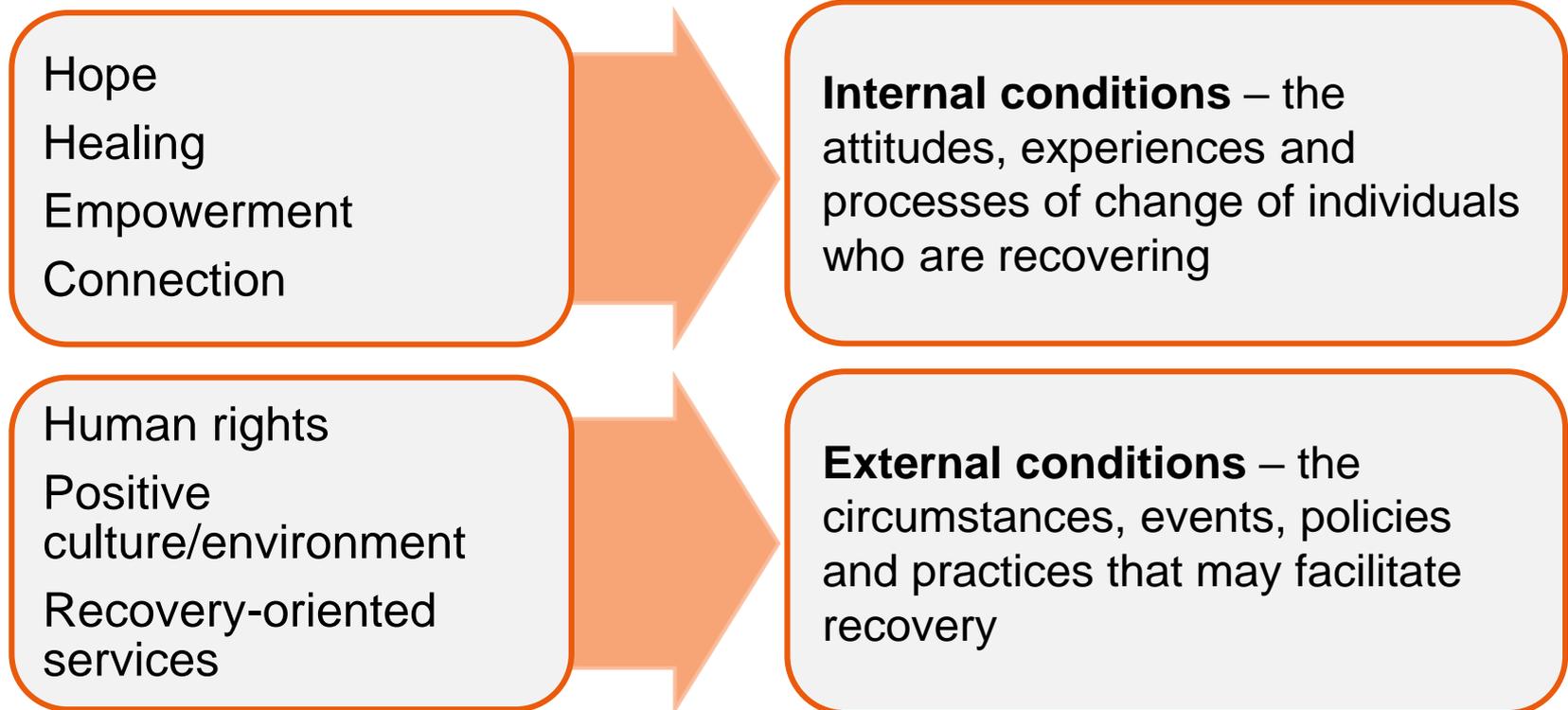
**There are multiple definitions of Recovery.
Here are some familiar ones:**

It “involves three overarching principles – wellbeing, citizenship, and freedom from dependence...It is an individual, person-centered journey, as opposed to an end state, and one that will mean different things to different people.” (*UK Drug Strategy 2010*)

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (*SAMHSA*)

Recovery model

Together, internal and external conditions produce the process called RECOVERY.



Recovery capital



- ▶ Social capital
- ▶ Physical capital
- ▶ Human capital
- ▶ Cultural capital

Traditional vs Recovery lead approach

Traditional approach	Recovery lead service
<ul style="list-style-type: none">• Emphasis on illness, pathology and medication is the primary treatment	<ul style="list-style-type: none">• Emphasis on opportunities for community linkages and building a life in the community
<ul style="list-style-type: none">• Once a drug user, always a drug user	<ul style="list-style-type: none">• Today a drug user, tomorrow an employee with family and social responsibilities
<ul style="list-style-type: none">• Stability and maintenance are the treatment goals	<ul style="list-style-type: none">• Recovery and leading a full life is the ultimate goal
<ul style="list-style-type: none">• One size fits all is the model of treatment	<ul style="list-style-type: none">• Wide range of options together with client's participation in his/her care plan is the norm

Traditional vs Recovery lead approach

Traditional approach	Recovery lead service
<ul style="list-style-type: none">• Lack or poor defined partnership working	<ul style="list-style-type: none">• Personalized recovery plan with inclusion and advocacy to work towards clients' hopes and aspiration as norm
<ul style="list-style-type: none">• Families are rarely involved	<ul style="list-style-type: none">• Families are educated about addictions, supported and encouraged to be involved
<ul style="list-style-type: none">• Little or no attention to community reintegration	<ul style="list-style-type: none">• Treatment, follow up, aftercare and recovery are an integral part of the user's re-engagement into society
<ul style="list-style-type: none">• Services promote dependence/revolving door culture	<ul style="list-style-type: none">• Focus is on interdependence, self care, mutual aid support, training and employment as part of recovery

From treatment to recovery

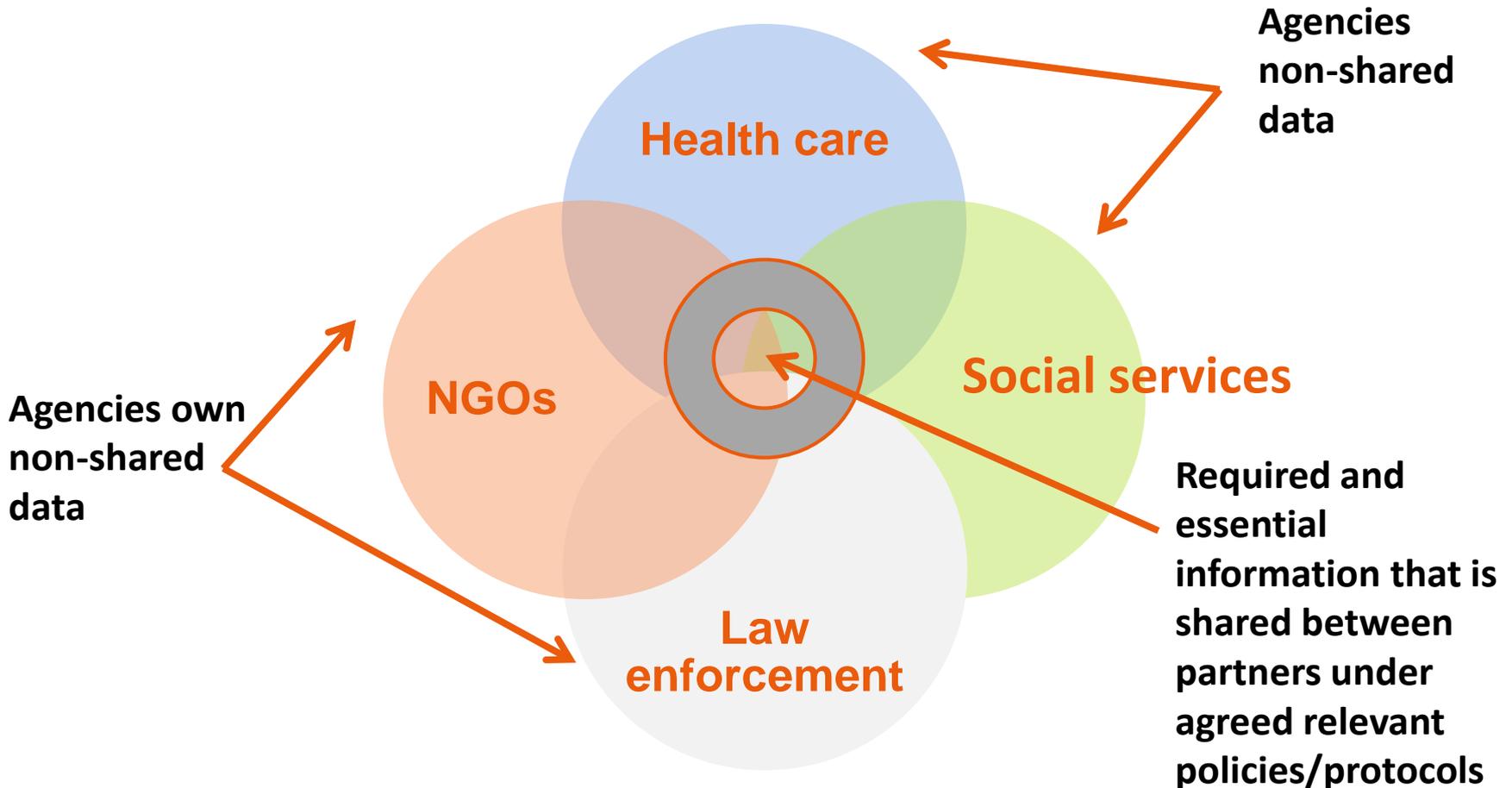
Referral

Working together

- **Assessment and treatment**
- **Follow up and aftercare:** CBT & RP counselling, general health wellbeing, mutual aids, NGOs
- **Family support, community engagement** through social support system and NGOs
- **Softer training skills and employment apprenticeship opportunities**
- **Sustained recovery** through: social capital, physical capital, human capital, cultural capital

Full integration into society

A model of information sharing in partnership working



Take-home messages

- 
- ▶ Drug treatment services need to be comprehensive and based on individual needs
 - ▶ Partnership working and integrated care pathways are key when providing comprehensive treatment packages
 - ▶ Recovery is a process that strives towards reaching best possible quality of life

Questions



Wrap-up



- ▶ What is the role of partnerships in service delivery?
- ▶ Why follow integrated care pathway?
- ▶ Why use recovery lead approach?

Thank you for your time!

End of module 2

Treat  net