

Appendix B

Focus Group Summary of Participant Ideas May 19, 2007

What Recovery issues do you feel are important to be included in a client-centered/recovery-oriented system of care?

- Involvement of support systems in and after treatment:
 - o Family when appropriate;
 - o Development of an after care support system;
 - o The opportunity to choose what support is best for them –to choose out of an array of support, where they want to go, whether its 12 steps, the chapters, the church;
 - o Identify as many supports as possible to address where the client is. Recovery involves life changes so you need as many supports as possible;
 - o Involvement of client chosen support systems- creation of a supportive “family” people that have your best interest at heart whoever they are (not necessarily the clients actual family) that can help the client without shame;
 - o Treatment close enough to the family;
 - o Creation of a healthy environment for the client to go to when they complete treatment;
 - o Family support services- the family needs treatment and education also, they don’t need to be condemned;
 - o 12 step programs or other self-help groups.

- Choice, clients making their own decisions. They need to be involved in their treatment plan:
 - o Treatment is reflective of the clients values and needs;
 - o Increasing input from the client as they go further into recovery and heal;
 - o To listen to choices you make such as not being on methadone.

- Case management that runs concurrently with treatment and follows the client after treatment into recovery:
 - o This should be funded case management;
 - o Aftercare plan;
 - o Takes into account all the things the client is involved with i.e. preparing the family for a drug exposed child.

- A continuum of care.
- Creation of a healthy environment for the client to go to when they complete treatment.
- Getting information out there to the client and family – a clearinghouse with information about addiction and about services.
- Treatment for the length of time a client needs it.
- System where in and after treatment they can learn life skills and how to handle the addiction.
- Integrated care where state agencies are talking to each other and best practices are used.
- Change of attitudes:
 - The attitude that you are an addict so services shouldn't be made easy and they don't need to accommodate you needs to be changed;
 - Offer services that accommodate the clients schedule, i.e., if they work during the day have counseling at night;
 - The attitude that addicts do not get better;
 - The attitude that if the client is not getting better it's the client's fault; if treatment is not working it's the addict's fault and failure. Treatment needs to take a different approach and needs to change. If treatment is not working it's the treatment centers job to find something that does work.
- Services that fit the client rather than the client fitting into a box.
- Follow up after a year.
- Access to counselors 24 hours during and after aftercare or outpatient.
- Respectful of different paths to recovery.
- Once out of inpatient treatment, provide ancillary services such as transportation.
- Services after treatment that teach the client life skills and how to live.
- Programs that address and can accommodate additional medical issues.
- Mentors. Someone to guide you into recovery during and after treatment

- Being able to get into treatment if you don't have insurance, being able to continue with your treatment, medication once you finish treatment. Insurance doesn't cover continued treatment like being able to take ciboxin:
 - o License more doctors to prescribe ciboxin.
- Listens to what people need and treats consumers individually to determine what that individual needs:
 - o Staff that truly listen to the client.
- Treatment needs to be more consumer-friendly so we intervene earlier, like in adolescents.
- Recovery needs to be part of treatment. They shouldn't be separate. It needs to be part of a continuum – how do we link all pieces to recovery.
- The system needs to be able to give people information and help with getting a job, going back to school, developing a plan that includes these things.
- System needs to be integrated. There needs to be a smooth transition from detox, treatment and aftercare. Clients need to be able to go back and forth. If they need that. If a client needs to go back into treatment or detox they have the freedom to do that without starting from the beginning.

Barriers to implementing a client-centered/recovery oriented system of care?

- Barriers to aftercare.
- Treatment centers are often isolated, they need to be involved in the outside community, be knowledgeable about outside resources and support systems.
- Departments need to be communicating with each other, for instance the Department of Education and Department of Social Services.
- Services are not integrated.
- Schools need to be involved and report the problems to the family and DAS.
- Money.
- Directing money for client-centered programs.
- Fragment of understanding on a local level regarding recovery. No one is talking about recovery and how it relates to prevention and treatment, what recovery looks like – all pieces need to be in place.

- There's treatment dollars, prevention dollars, but no recovery dollars so no one is talking about recovery- they're on their own.
- Treatment, prevention, and recovery are territorial.

Solutions?

- Becoming a recovery delegate in the municipality has helped that municipality understand recovery and what it looks like.
- Recovery needs to be part of treatment. They shouldn't be separate. It needs to be part of a continuum – how do we link all pieces to recovery:
 - o Have a dialogue that is all inclusive of prevention, treatment and recovery;
 - o Treatment, prevention and recovery have to work together.
- Be involved in an advisory capacity. Grass roots advocacy, we need to speak up and have a voice:
 - o Have our voice heard and ask for the things that will make this a better system;
 - o Have forums so we have input into where the money goes and input into what the system looks like otherwise treatment people will have all the input;
 - o For us to have a role in examine what is being funded and how treatment is being funded i.e. money is being spent upfront on training;
 - o Ensure that treatment includes involvement of client chosen supports, client choice, case management, integration, individual ancillary services, services after treatment.
- Education about addiction as a chronic disease and relapse rates are not higher than for other chronic diseases.
- Ask for money to have more consumer advocacy.
- Some prevention dollars need to going to treatment for kids that have addiction problems, into teaching them about drugs and prevention and continue it through the high school.
- We need dollars to support recovery, for programs that talk about recovery (what it looks like, what it feels like) not just addiction.
- Parity.
- Access to treatment.

- Require treatment centers with state funding to have mentors attached to it. There's no institutional use of mentors. We have mentors that aren't being used. We have programs that don't want mentors. People have to wait after they get their vouchers. Mentors paid to do nothing. We need to ensure they are being utilized.
- Collect data on client satisfaction. Implement true customer satisfaction survey. They are asking people that completed the program not the people that left early. Clients are being required to sign the forms before they get treatment. The forms need to reflect what is working as well as what is not working.
- Require case management to run concurrently with treatment. A primary counselor is not trained to do case management. Case management is not treatment. Mentors should be part of case management.
- Recovery Support Services need to be available.
- Integrate ourselves into boards of treatment centers and other advisory boards.
- Recovery centers that support people in recovery and family members:
 - o A clearinghouse to offer services;
 - o A place where you can be accepted without stigma, get skills, develop social networks, make friends, and learn activities such as yoga and stress reduction.