



Houston Recovery Center Service Model 2014

Service Model Overview

A. Service Philosophy:

We operate on a recovery platform based on the premises that:

1. American Medical Association defines addiction as a chronic disease which can be successfully treated but not cured.
2. Treatment is only one small step on the road to recovery.
3. Success in recovery is largely influenced by the length of engagement in a structured recovery program.
4. For individuals that maintain recovery for 3-5 years and are engaged in a structured recovery program, the likelihood of re-occurrence in substance use drops below 15%.
5. Not all clients have a substance use disorder (SUD) or addiction. We provide information to all clients on misuse or abuse of alcohol and other drugs and the risks associated with those behaviors.
6. We utilize the following promising and best practices:
 - a. motivational interviewing
 - b. warm handoff
 - c. peer engagement and support
 - d. community collaboration
 - e. telephone recovery support
 - f. case management
7. Data is collected, tracked, monitored and used for performance reporting.

The comprehensiveness of this service model allows individuals served by the Houston Recovery Center a greater chance/opportunity of achieving long-term recovery.

Long-term recovery affords the individual improved quality of life and increased self-sufficiency.

B. Service Model:

Services supporting clients while at the Sobering Center (funded by City of Houston):

1. *Source of clients:*
 - a. Law enforcement
 - b. Emergency room
 - c. Self-referrals (call in, walk in, family)
 - d. Follow-up telephone calls
2. *Sobering Center Services*
 - a. Health screening
 - b. Monitor client
 - c. SUD screening
 - d. Information and referral
 - e. Laundry, shower and clothing services
 - f. Triage (hospital, psych)
 - g. Counseling (LCDC), Assessment and Case management
 - h. TRS- telephone follow-ups

Services supporting clients after leaving the Sobering Center (funded by the 1115 Waiver):

1. *Recovery and Case Management Services*
 - a. Detox- referral
 - b. Treatment- referral
 - c. Case management
 - d. Coaching- face to face and telephone
 - e. Sober housing- referral
 - f. Transportation- cab/bus
2. *Community Partners*
 - a. Non-duplication of effort
 - b. Leveraging existing community resources
 - c. Developing continuum of care
3. *Outreach Activities- plan for expansion*
 - a. Van (tbd)
 - b. Jail in-reach (tbd)
 - c. Housing (tbd)