**Team: Strong Recovery**

In 2010, Strong Recovery volunteered to participate in a pilot project integrating the services of our Opioid Treatment Program with our Chemical Dependency Service Tracks. Of the four pilot projects of this sort in NYS, the Strong Recovery project is the only one that survived. This is likely due to inherent differences in approach and difficulties surrounding the provision of care when combining these services. Now, five years later, the combined clinical team at Strong Recovery is 18 counselors including 6 Senior Counselors, 3 Nurse/Counselors, 3 Clinical Supervisors and a Director.

Teamwork was demanded by the redesign. In order for our diverse team to come together into an integrated effort, differing counselor roles had to be blended and collaboration increased across functions. Challenges included team decision-making, not-yet-written rules for patient progression through the program, philosophical differences in goals for treatment and attitude toward patients, separate procedural regulations and new terminology for some, redefinition of roles and responsibilities, and collaboration despite separate spaces in the building.

**Goals for the Redesign – Measures of Success**

* Ease of referral of patients across clinics
* Merging the resources from two clinics
* Increased availability of Medication-Supported Recovery
* Collaboration among counselors and with medical staff
* Creation of a integrated multidisciplinary team
* Creative combinations of group and individual services that better meet patient needs
* Effective co-counseling when patients have two counselors

**Benefits Realized from the Cross-Function Team Approach**

Our patients have been the major beneficiaries of team-based care in this redesign. They have reported very positive experiences with the services provided in their new form. They can now attend a customized program of recovery-based groups while receiving Methadone or other medication support to assist them. More counselors have become available to deliver group services. This offers patients greater flexibility in their choice of groups including specialty groups that address specific patient needs.

Counselors from the two clinics have come to rely on each other more, since communication, coordination and collaboration were demanded by the new model. Trust among counselors has grown and significant organizational learning has occurred.

Our patients have become a part of the team also. A Patient Advisory Committee now meets regularly to offer suggestions for improvements in care and to act as a voice for other patients. A counselor facilitates these meetings but the agenda is set by the patients. This group has made valuable contributions to creating change in the clinic’s operations.

