



Model of Care

Mission:

CenterPointe helps the people we serve get better, sooner, for longer.

Vision:

We foresee CenterPointe as the whole-health organization of choice.

Values:

- Do the right thing
- Accept everyone for who they are
- Help people help themselves
- Foster an environment for growth
- Be the best



Model of Care

CenterPointe strives to provide the highest quality care available and aim to “Be the Best.” Our approach is to provide care in a way that helps people achieve better overall health and well-being. We work hard to meet, exceed, and set the standards for care in the healthcare field. The five pillars of the CenterPointe Model of Care are as follows:

Pillar I: Bio-Psycho-Social Model of Integrated Care

- **Bio-Psycho-Social Model:** we provide care that treats the physical, behavioral, and environmental needs of the person served. By treating the whole person, we are able to helping people get better, sooner, for longer.
- **Integrated Teams Model:** we take pride in the interdisciplinary team model in our program, and value the voice of every professional and the individual in service.

Pillar II: Housing First, Harm-Reduction Approach

- **Housing First Approach:** our priority is on getting the person to safe, stable, supportive, permanent, and affordable housing whenever possible. Abstinence is not a requirement for housing.
- **Harm Reduction Approach:** based upon the ideas that we “meet the person where they are at, but we don’t leave them there” and that “better is better.”

Pillar III: Philosophy of Strength-Based, Trauma-Informed, and Person-Centered Care

- **Strength-Based Care:** we do not focus on people’s deficits, diagnoses, labels, or set of problems, and instead we focus on people’s strengths, needs, abilities, and preferences for their life and recovery.
- **Trauma-Informed Care:** the assumption is that everyone, including employees and individuals in service, has trauma. We actively work to avoid retraumatizing individuals and take specific steps to avoid triggering others’ trauma.
- **Person-Centered Care:** we treat people as unique individuals. This is present in how we speak about the people we serve, in getting their input into their Recovery Plan, and our every interaction with individuals in service.

Pillar IV: Using Evidence-Based Practices

- **Motivational Interviewing (MI):** a set of communication techniques that are designed to help people engage in a change process.
- **Cognitive-Behavioral Therapy (CBT):** is a set of techniques that focus on helping people identify their irrational beliefs that are leading to emotional discomfort and behavioral problems.
- **Dialectical-Behavioral Therapy (DBT):** a specific set of CBT techniques that helps people to change maladaptive behaviors and learn a set of practical skills that counteract their previous tendencies.
- **Contingency Management (CM):** a set of behavioral techniques that reward specific, pre-identified behaviors (such as attendance, participation, and engagement in a program) with a reward that has monetary value.

Pillar V: Making Data-Informed Decisions

- **Daily Living Activities (DLA-20):** a clinical assessment tool that we do in all of our behavioral health programs that focusing on whether or not the person’s functioning is improving in their day-to-day life.
- **CenterPointe Metrics:** the agency has identified 21 specific metrics that are evaluated overall as an agency and within each program, focused on: utilization, compliance, satisfaction, health & safety, outcomes, and employee engagement.
- **Continuous Quality Improvement (CQI):** using real-time reporting tools inside of our electronic-health record and program-level committees, the agency uses a CQI approach to providing better care.