Model of Care Guidelines

Contained within this CenterPointe Model of Care Guidelines document are the approved guidelines for providing care as a member of the CenterPointe team. It is our mission “to help the people we serve get better, sooner, for longer,” and these guidelines enable us to implement the policies of CenterPointe accomplish this mission.

Most Recent Review Completed by:
Ryan Paul Carruthers, PhD, LMHP, LADC – Chief Clinical Officer – 11/04/25

CenterPointe, Inc. Model of Care Guidelines

CenterPointe's Model of Care Guidelines shall be written by the Chief Clinical Officer, working in conjunction with the Executive Team, Administrative Team, and Senior Directors, and shall maintain consistency with CenterPointe's Mission, Vision, and Values.

CenterPointe Mission:

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

CenterPointe Vision:

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

CenterPointe Pillars:

- People
- Service
- Innovation
- Sustainability
- Community

CenterPointe Values:

- Quality
- Dignity
- Belonging
- Collaboration
- Opportunity

Model of Care Guidelines Annual Review:

All clinical programs will abide by these guidelines, which shall be reviewed on an annual basis. Reviews and updates to this Model of Care Guidelines shall be documented below:

Implementation Date:	Approved By:	Implementation Notes:
09/11/2023	Ryan Paul Carruthers, CCO Amber Dirks, Senior Director Amy Borchers, Senior Director Ashley Volnek, Senior Director	Combined all the following pre-existing documents into the Model of Care Guidelines, and updated each one (formatting and content): • "The CenterPointe Model of Care" (added two more evidence-based practices) • "CenterPointe's Language Guide" (separating language expectations by topic) • "CarePointe Overview" (condensed this from previous guidance document which was 13 pages in length, clarified contents of CarePointe Implementation Plan in Program Plan) • "Managing the Therapeutic Environment" (Separated into Outpatient and Residential versions and updated document) Added the following newly created guidance documents: • "CenterPointe Model of Care Management" • "CenterPointe Model of Peer Support"

Review Date:	Person(s) Conducting Review:	Review Notes/Policy Adjustments:
07/03/2024	Ryan Paul Carruthers, CCO Amy Borchers, Senior Director	Updated the Language of CenterPointe to specify difference between mental health and symptomolgy language expectations. Updated the Managing the Therapeutic Environment --- OUTPATIENT version to replace Behavioral Chain Analyses with written reminders about expectations.
04/18/2025	Ryan Paul Carruthers, CCO	Updated Pillar IV of the model of care to add MAT and EMDR. Updated Pillar V of the model of care to add Lean Six Sigma. Minor wording changes in the model of care. Added CenterPointe Program Phases.
11/04/2025	Ryan Paul Carruthers, CCO	Updated Pillar II and III to comply with federal executive orders.

The CenterPointe Model of Care

At CenterPointe, we strive to provide the highest quality care available in the community. This means that we aim to "Be the Best" provider of care, and work hard to not only meet, but also exceed, and ultimately set the standards for care. There are five central pillars of the CenterPointe Model of Care:

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 help 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: Low-Barrier, High-Access Availability and Individualized Goals/Outcomes

- **Low-Barrier, High-Access Availability**: We prioritize getting the person to safe, stable, supportive, permanent, and affordable housing whenever possible, and removing all systemic barriers possible in order to accomplish this.
- **Individualized Goals/Outcomes**: We strive to "meet the person where they are at, but we don't leave them there" and believe in the idea that "better is better." We do not push goals onto people that they do not want for themselves.

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

- **Strength-Based Care**: We focus on people's strengths, needs, abilities, and preferences for their life and recovery, rather than on people's deficits, diagnoses, labels, or problems.
- **Trauma-Informed Care**: We assume that everyone, including team members and each individual in service, has experienced trauma. We actively work to recognize trauma and take active steps to avoid retraumatizing individuals.
- **Person-Centered Care**: We treat people as unique individuals. We use strength-based language, personalize Recovery Plans to the needs of the individual, and customize the care we provide in every interaction we have.

Pillar IV: Using Evidence-Based Practices

- **Zero Suicide Framework (ZS)**: A systems framework wherein every individual is screened for suicide risk, those with identified risk are assessed and provided with suicide-specific care, called our "Life Worth Living Pathway."
- **Medication for Addiction Treatment (MAT)**: The use of FDA-approved medications to treat substance use disorders and support sustained recovery.
- **Motivational Interviewing (MI)**: A set of communication techniques that are designed to help people engage in a change process.

- **Cognitive-Behavioral Therapy (CBT)**: 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 set of techniques that helps people change maladaptive behaviors and learn new skills, focused on mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance.
- **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.
- **Eye Movement Desensitization and Reprocessing (EMDR):** A structured therapy that helps individuals process and resolve traumatic memories by using bilateral stimulation.
- **Collaborative and Concurrent Documentation**: The practice of documenting the relevant information, interventions, responses, and plan during the session with the individual, in order to improve rapport.

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**: We have identified 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)**: We utilize real-time reporting tools inside of our electronic-health record and program-level committees to inform our CQI approach to providing better care.
- **Lean Six Sigma:** A data-driven methodology that combines Lean principles and Six Sigma tools to reduce waste, eliminate variation, and improve efficiency and quality in organizational processes.

CenterPointe's Language Guide

"If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart." – Nelson Mandella

Should	Should NOT
• Focus on OUR sense of hope, commitment, and belief in the individual's ability to get better.	• Focus on OUR frustrations, struggles, or any belief that the individual will not get better.
• Focus on their strengths, assets, abilities, and personal experiences of their symptoms.	• Focus on their diagnoses, deficits, labels, and a generalized list of symptoms.
• Reflect our respect and unconditional positive regard for them as a unique individual.	• Reflect our values, judgments, and opinions of their identity, decisions, behaviors, or lifestyle.
• Be clear, understandable, and free of jargon.	• Be difficult to understand.
• Be based upon evidence-based best practice.	• Be based upon confusing data, speculation, or assumptions.

Generalized Language Expectations:

At CenterPointe, We:	While Others May:
• Refer to people as People, or Individuals.	• Use general terms like: Patient, Client, or Consumer.
• Put the person first and focus on their struggle.	• Focus on the use of labels and diagnoses.
• Recognize the specific symptoms that individuals experience.	• Generalize the symptoms to the individual.
• Use destigmatizing and empowering terminology.	• Use stigmatizing and condescending terminology.

Specific Substance Use Language Expectations:

At CenterPointe, We Say:	Whilte Others May Say:
• The people in our services struggle with addictive behaviors.	• The clients we see are alcoholics/addicts.
• Substance Use Disorder	• Substance Abuse

Specific Mental Health Language Expectations:

At CenterPointe, We Say:	While Others May Say:
• They have struggled with mental health issues.	• They are mentally ill.
• They have been diagnosed with schizophrenia.	• They are a schizophrenic.
• They are experiencing a return of symptoms.	• They are decompensating.

Specific Symptomology Language Expectations:

At CenterPointe, We Say:	While Others May Say:
• They are skilled at getting their needs met.	• They are being manipulative.
• They choose not to, would rather not, or prefer other options.	• They are non-compliant, and treatment resistant.
• They have a tough time with this activity/skill.	• They are low functioning.
• They tend to become aggressive when upset.	• They are dangerous.
• They haven't found anything that sparks their motivation yet.	• They are unmotivated.
• They are not sure if they have a problem yet.	• They are in denial.
• They haven't slept in days and struggle with trusting others.	• They are manic and paranoid.
• We aren't on the same page. I'm unsure how to work with them.	• They are being very difficult.
• Wow! That's wild. I can't believe it.	• Wow! That's crazy. I can't believe it.

Specific Suicide-Related Language Expectations:

At CenterPointe, We Say:	While Others May Say:
• They died by suicide.	• They completed suicide.
• They survived their suicide attempt.	• They failed at their suicide attempt.