

# *LITS Bulletin*

**Louisiana Integrated Treatment Services (LITS) Technical Assistance Bulletin (TAB)**  
**Issued by the LA Behavioral Healthcare Taskforce**  
**TAB No. 7**

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*It is the goal of LITS to develop a treatment delivery system within the state of Louisiana in which all publicly-funded Mental Health and Substance Abuse programs are Co-occurring Diagnosis Capable (CODC). It is anticipated that as each local area formulates and implements their LITS strategic plans, which are focused on increasing COD Capability within their area, that specialized technical assistance needs will arise. This TAB will provide a menu of available Technical Assistance which are designed to enhance 1) the LITS planning process and 2) the LITS implementation process.*

## ***Types of TA:***

General LITS/COSIG Inquiry  
Information/Materials  
Off-Site Expert Consultation  
On-Site Expert Consultation  
Training  
Speakers/Conference Presentations  
Other

## ***Technical Assistance Menu***

### ***The “Appetizers”* (TA for the development of local strategic plans)**

***All Appetizers on this menu are FREE – no local TA dollars will be utilized for Planning TA, so choose as many as you need!***

- Objective review of draft local plans by small committee headed up by Dr. Mark McGovern, developer of the DDCAT (*required*)
- Offsite consultation and review of plans by the national consultants utilized at the 2<sup>nd</sup> Annual LITS Leadership Summit
- Offsite consultation and review of plans by state-level executive staff
- Onsite consultation meeting with identified Local Steering Committee members and COSIG Project Leadership & Evaluation Team
- Consultation focused on the enhancement of local consensus for formal adoption of the plan and implementation motivation of local steering committee members
- Assistance with the identification of future Implementation TA needs

***All Appetizer Menu items are focused on the enhancement of your local strategic plans. Consultation will NOT focus on changing your identified goals – it WILL focus on making***

*your goals S.M.A.R.T. (Specific, Measurable, Achievable, Realistic & Time-limited).*

### ***The “Entrées” (TA for local LITS implementation)***

***Each entrée menu item comes with a side of Policy Development, Staff Training, and Quality Assurance!***

#### ***Program Structure***

- Mission Statements
  - Refinement of regional, district, clinic, and program mission statements to reflect expectation of COD
  - Staff training on revised missions and COD program structures
  - Development of Quality Assurance & Supervision Plans regarding the implementation of revised COD missions and program structures
  
- Enhancement of coordination and collaboration activities between MH & AD agencies
  - Development of coordination and collaboration activities
  - Identification of staff and staff training on coordination and collaboration activities
  - Development of Quality Assurance & Supervision Plans regarding the appropriate utilization, effectiveness, and documentation of coordination and collaboration activities

#### ***Program Milieu***

- Routine expectation of and welcome to treatment for both MH & AD disorders
  - Refinement of intake policies and procedures to ensure an open-door approach
  - Staff training on revised intake policies and procedures and basic customer service
  - Development of Quality Assurance & Supervision Plans regarding implementation and case record documentation of revised intake policies and procedures
  
- Purchase of COD, MH, & AD literature for display and distribution

#### ***Clinical Process: Screening & Assessment***

- Routine COD *screening* methods
  - Development of policies and procedures for pre-admission screening for the potential identification of MH and/or AD disorders
  - Identification of staff and staff training on appropriate screening methods
  - Development of Quality Assurance & Supervision Plans to ensure effective implementation and case record documentation of appropriate screening methods
  
- Routine COD *assessment* methods

- Development of policies and procedures for routine assessment for those individuals who screen positive for potential MH and/or AD disorders
- Identification of staff and staff training on appropriate assessment methods
- Development of Quality Assurance & Supervision Plans to ensure effective implementation & case record documentation of appropriate assessment methods
- *Diagnosing COD*
  - Development of policies and procedures for formal diagnosis or diagnostic impressions of COD for those individuals who meet DSM criteria for MH and/or AD disorders
  - Identification of staff and staff training on appropriate diagnosing standards
  - Development of Quality Assurance & Supervision Plans to ensure effective implementation and documentation of appropriate diagnosing standards
- Documentation of MH & AD history
  - Development of policies and procedures for formal collection of MH & AD history
  - Identification of staff and staff training on collecting MH & AD history
  - Development of Quality Assurance & Supervision Plans to ensure MH & AD histories are reflected in the case record
- Service Matching based on symptom acuity (low, moderate, high) and severity of persistence and disability of COD (low, moderate, high)
  - Development of policies and procedures for appropriate service matching based on screening and assessment results
  - Identification of staff and staff training on appropriate provision of care
  - Development of Quality Assurance & Supervision Plans to ensure appropriate provision of care and documentation within the case record
- Initial Stage-wise treatment
  - Development of policies and procedures for appropriate assessment and documentation of initial stage-wise treatment approaches
  - Identification of staff and staff training on assessment and documentation of initial stage-wise treatment
  - Development of Quality Assurance & Supervision Plans to ensure appropriate assessment and documentation of initial stage-wise treatment

***Clinical Process: Treatment***

- Treatment planning and the monitoring of the interactive courses of both disorders
  - Development of policies and procedures for appropriate treatment planning methods which address both disorders and the routine assessment of the course of both disorders
  - Identification of staff and staff training on the development of treatment plans which identify, address, and routinely assess the course of both disorders
  - Development of Quality Assurance & Supervision Plans to ensure treatment plans

address both disorders and progress notes identify the routine assessment and treatment effectiveness for both disorders

- Procedures for intoxicated/active-using clients and psychiatric emergencies
  - Development of policies and procedures for crisis interventions with intoxicated clients and/or psychiatric emergencies
  - Identification of staff and staff training on appropriate crisis intervention strategies and possible referrals to detox and/or acute psychiatric care
  - Development of Quality Assurance & Supervision Plans to ensure appropriate management, documentation, and review of crisis situations
- Ongoing Stage-wise treatment
  - Development of policies and procedures for appropriate assessment and documentation of ongoing stage-wise treatment approaches
  - Identification of staff and staff training on assessment and documentation of ongoing stage-wise treatment
  - Development of Quality Assurance & Supervision Plans to ensure appropriate assessment and documentation of ongoing stage-wise treatment
- Medication evaluation, management, monitoring, and compliance.
  - Development of coordinated policies and procedures for the evaluation, management, monitoring, and compliance of psychotropic and substance use medication
  - Identification and training of provider or consultant provider in order to increase provider capabilities in the treatment of the COD population
  - Development of Quality Assurance & Supervision Plans to regularly assess the services of the prescriber and appropriate medication documentation in the case record
- Specialized treatment interventions
  - Identification and implementation of specialized, evidence-based treatment interventions for COD, MH, and AD populations
  - Identification of treatment providers and provider training on appropriate treatment interventions
  - Development of Quality Assurance & Supervision Plans to ensure the appropriate implementation and documented effectiveness of the adopted treatment interventions
- Routine educational sessions
  - Identification and routine implementation of client educational sessions focused on AD, MH, and the interaction of the two.
  - Identification of education providers and provider training
  - Development of Quality Assurance & Supervision Plans to ensure the appropriate implementation and documentation of the routine educational sessions
- Family education and support

- Development and implementation of specialized family education and support programs for COD, MH, and AD populations
- Identification of education and support program providers and provider training on appropriate family education and intervention
- Development of Quality Assurance & Supervision Plans to ensure the appropriate implementation of family programs and documented effectiveness of the family interventions
- Specialized interventions to facilitate use of COD self-help groups and peer recovery supports
  - Assistance with the establishment and support of local COD self-help groups and peer recovery supports
  - Development of coordinated policies and procedures for the utilization and appropriate referral to identified COD self-help groups and peer recovery supports
  - Training for self-help group facilitators and recovery support peers
  - Development of Quality Assurance & Supervision Plans to ensure the appropriate referral and documentation of the utilization and effectiveness of COD self-help groups and peer recovery supports

### *Continuity of Care*

- COD addressed in discharge planning process
  - Development of policies and procedures regarding realistic discharge criteria and discharge planning methods which address both disorders
  - Identification of staff and staff training on discharge planning methods
  - Development of Quality Assurance & Supervision Plans to ensure effective implementation and case record documentation of appropriate discharge planning methods
- Capacity to maintain treatment continuity
  - Active exploration of capacity to maintain treatment continuity on- or off-site for monitoring and recovery maintenance
  - Development of plans to address lack of resources for continuity of care needs.
  - Development of Quality Assurance & Supervision Plans to ensure effective implementation and case record documentation of exploration of capacity to maintain treatment continuity.
- Focus on ongoing recovery and facilitation to self-help recovery network
  - Assistance with the establishment and support of local COD self-help groups and peer recovery supports
  - Development of coordinated policies and procedures for the utilization and appropriate referral to identified COD self-help groups and peer recovery supports
  - Training for self-help group facilitators and recovery support peers
  - Development of Quality Assurance & Supervision Plans to ensure the appropriate referral and documentation of the utilization and effectiveness of COD self-help groups and peer recovery supports

- Sufficient supply and compliance for medications
  - Development of policies and procedures for a sufficient supply of medications when transitioning clients to another level of care
  - Identification & training of component prescribers
  - Development of Quality Assurance & Supervision Plans for ensuring a sufficient supply of medications at client discharge

### ***Staffing***

- Access to psychiatrist, physician, and/or prescriber competent in the treatment of COD
  - Explore options for securing provider or contract provider services
  - Explore resource sharing options between agencies
  - Provide education and training in AD treatment to current psychiatrists and physicians as it applies to the COD population
  
- Access to licensed and competent AD staff within MH facilities and licensed and competent MH staff within AD facilities for provision of service, as well as supervision and consultative services
  - Review hiring practices and potential revision of job descriptions to increase capabilities to treat COD
  - Establish more formal affiliations among staff in both MH and SA clinics
  - Development of a formal process for consultative and supervision services between agencies
  - Address barriers which may exist with the collaboration between multiple disciplines
  
- Supervision, case management or utilization review to emphasize and support COD treatment services
  - Development of policies and procedures for supervision, case management or utilization review
  - Identification of staff and staff training on appropriate supervision, case management or utilization review methods
  
- Peer and alumni supports
  - Assistance with the establishment and support of local COD self-help groups and peer recovery supports
  - Development of coordinated policies and procedures for the training and utilization of recovery support peers

### ***Workforce Development***

- Coordination and implementation of training for all program element areas
  - Identification of training needs and appropriate trainers
  - Development of trainer contracts
  - Development of necessary pre- and post- training activities
  - Evaluation of training effectiveness

*Note: Remember when identifying training needs, training focused on evidence-based COD treatment interventions will not be successful until the necessary program structures are put in place at clinic level to support these new interventions.*

- Coordination and implementation of Essential Learning (EL) online training management program
  - Development of policies and procedures regarding EL
  - Appropriate utilization of EL
  - Evaluation of EL effectiveness

### **The “Dessert”**

**More technical assistance dollars next federal fiscal year ☺**

### **“Placing your order” for the utilization of Expert Consultants & Trainers**

*The Local Steering Committee may place a TA request for a specific consultant and/or trainer, but prior approval by Project Leadership is required. If a specific consultant and/or trainer is not identified, then Project Leadership will assist the local committee in identifying the appropriate person.*