

LITS Bulletin

**Louisiana Integrated Treatment Services Technical Assistance Bulletin (TAB)
Issued by the LA Behavioral Healthcare Taskforce
TAB No. 3**

As you all well know, the development and implementation of new policy and procedures at the state level is a time-consuming process. Due to this, many of your immediate needs at the local level in regards to the treatment of persons with co-occurring disorders are not being met. In an effort to assist you at the local level with specific clinical treatment needs, the Taskforce has issued this bulletin to guide you in the development of a local Integrated Treatment Team that can effectively address some of the immediate clinical issues you, as direct service staff, face every day when working with this population. This is not a mandate, it is an encouraged recommendation.

Integrated Treatment Team Staffing (ITTS)

What is ITTS?

ITTS is designed similar to a regular clinical case staffing process which many of you currently have in place within your local agencies. Clinical case staffing usually occurs *within* an agency, involves multiple professionally disciplined staff members, and focuses on the development, implementation, and evaluation of the treatment planning process for the clients we serve. One very important difference between ITTS and a regular case staffing is the participation of multiple agencies, specifically Mental Health (MH) and Addictive Disorders (AD), in essence - a cross staffing.

Does ITTS really work and is it worth the effort?

Region 5 staff implemented the ITTS process a few years ago when working on the integration of treatment services in their local area. An external evaluator completed a formal review of the ITTS process in Region 5 and reported positive outcomes for the clients whose cases were brought to the monthly staffing, i.e. reduction in positive drug screens, increase in treatment compliance, fewer missed appointments, etc. In this process, not only did client treatment outcomes improve, but clinician confidence levels, in regard to working with the co-occurring client, increased as well. Region 5 MH and AD staff were able to come together in a neutral setting, learn about each other's clinical strategies, develop effective treatment interventions for clients, and were better equipped to identify gaps within their own systems.

How do we start ITTS in our area?

Remember when developing the ITTS process for your area to use the following steps just as a guide. Develop a process that works best for your local group.

- 1) Utilize your LITS Local Steering Committee and your Integrated Treatment Specialists to organize your first ITTS, i.e. schedule a time, secure a place, plan to bring refreshments!**
- 2) Request from your MH and AD clinicians a couple of cases they would like to present for staffing; it is a good idea to staff no more than 4 to 5 cases per two-hour staffing**
- 3) Have the primary clinician complete a case presentation form (example form attached) and pre-staffing evaluation form (example form attached)**

- 4) Request your fellow agency to complete a case search for those cases that may be shared between agencies
- 5) Invite those staff members involved in the specific cases being presented at the staffing, i.e. primary clinician, social worker, psychiatrist, clinical supervisor, etc.
- 6) Once you've set the stage and recruited the actors you are ready to staff! Follow the process of a general clinical staffing
- 7) Have the primary clinician complete a post-staffing evaluation form at 30 and 90 days to evaluate your ITTS process

TIPS for a successful ITTS

- 1) Find a neutral location for ITTS or alternate staffing location between the MH and AD facilities.
- 2) Identify a facilitator to guide the process and keep the group on track.
- 3) Call for cases at least 2 weeks before the scheduled staffing in order to give clinicians time to prepare.
- 4) Do not get "bogged-down" in the things you cannot change at this time (i.e. admission criteria, funding for psychiatric services); instead document these identified gaps.
- 5) Think "out of the box" when determining what is best for the client and the clinician
- 6) Conduct ITTS at least on a monthly basis.
- 7) Once you have completed a few ITTS and are comfortable with the process and when appropriate, invite other agency staff involved with the case, i.e. probation officers, OCS workers, etc. (ensuring appropriate releases of information are signed).
- 8) Keep the lines of communication open as well as your mind open to new ideas.

We all know that as direct care staff, we often consult across agencies. This is usually done in emergency situations. By implementing ITTS, your agencies will be able to come together in a structured manner to formulate the best treatment options for your clients in an effort to help prevent these emergency situations.