



## *IDDT - a note from the Division of Behavioral Health*

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Part of effectively maintaining strong adherence to a proven model of treatment is collecting data that reflects how closely the program follows that model. Fidelity reviews are provided to gather and examine this data as well as report findings and recommendations to help strengthen the program.

Two tools are commonly used to monitor how integrated treatment for co-occurring services are provided: the Integrated Treatment Fidelity Scale and The General Organizational Index. You are familiar by now with the 14 fidelity scale items for integrated treatment. The General Organizational Index (GOI) is a second set of process measures that has been developed. In contrast to fidelity scales, which are specific to each evidence-based practice, the GOI can be used when implementing any of

the evidence-based practices. The GOI measures agency-wide operating procedures that have been found to affect agencies' overall capacity to implement and sustain any evidence based practice (EBP). To learn more about the GOI look at appendix D within this "Evaluating your Program" section of the evidence based practice tool-kit: <http://store.samhsa.gov/shin/content//SMA08-4367/EvaluatingYourProgram-ITC.pdf>

Both tools will now be used in all future fidelity reviews. Reviewers plan to do this without changing the length of the review, as GOI questions have been incorporated into the reviewer activities. The interview with IDDT case managers was discontinued to accommodate. Fidelity reports will now include the GOI process measures in addition to the IDDT scales.

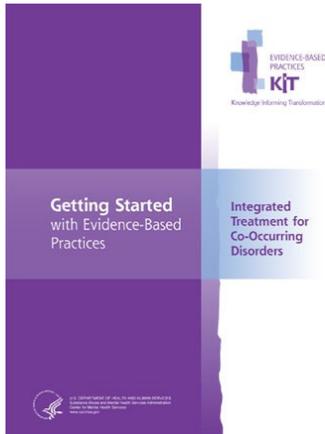
## *Fidelity Facet*



Many consumers in the Integrated Treatment programs drop out of treatment due to problems in their lives, low motivation, cognitive impairment, and hopelessness. Effective IDDT programs use **assertive outreach** to keep consumers engaged. IDDT Specialists provide assertive outreach by offering practical assistance or connecting consumers with other community services (housing as-

sistance, medical care, crisis management, legal aid, etc.) that meet their needs as a means of developing trust and a working alliance. Does your program demonstrate consistently well thought-out strategies to keep consumers engaged in the IDDT program? If so, your team may receive a perfect rating for outreach in fidelity review.

# IDDT Resources



*SAMHSA Toolkit for integrated treatment for co-occurring disorders*

<http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367>



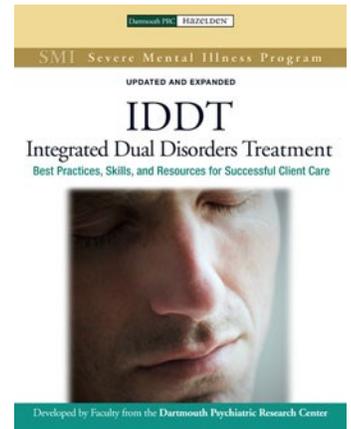
*Center for Evidence-Based Practices—Substance Abuse & Mental Illness*  
<http://www.centerforebp.case.edu/practices/sami/iddt>

**Missouri Credentialing Board**  
[www.missouricb.com/](http://www.missouricb.com/)

*Hazelden Integrated Dual Disorders Treatment Curriculum*

[http://www.hazelden.org/OA\\_HTML/ibeCCtpItnDspRte.jsp?](http://www.hazelden.org/OA_HTML/ibeCCtpItnDspRte.jsp?)

*Peer Support Services Website:*  
[www.peerspecialist.org](http://www.peerspecialist.org)



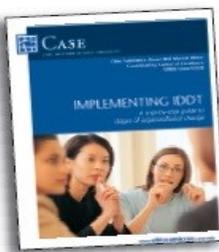
**AT-A-GLANCE**

**INTEGRATED DUAL DISORDER TREATMENT**  
*the evidence-based practice*

## IMPLEMENTING IDDT

*A step-by-step guide to stages of organizational change*

STAGE	1	2	3	4	5
<b>Stages of change</b>	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
<b>Stages of implementation</b>	Unaware or uninterested	Consensus building	Motivating	Implementing	Sustaining

- |   |  |   |  |   |
|---|--|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 ASK IMPORTANT QUESTIONS</li> <li><input type="checkbox"/> 2 BEGIN THE CHANGE PROCESS</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 CONDUCT A NEEDS ASSESSMENT</li> <li><input type="checkbox"/> 2 DEVELOP AWARENESS OF AVAILABLE OPTIONS</li> <li><input type="checkbox"/> 3 IDENTIFY CURRENT PRACTICES AND RATIONALES</li> <li><input type="checkbox"/> 4 EXAMINE YOUR MISSION, VALUES, GOALS, AND VISION</li> <li><input type="checkbox"/> 5 CHECK IT OUT</li> <li><input type="checkbox"/> 6 ENGAGE TECHNICAL ASSISTANCE</li> <li><input type="checkbox"/> 7 ASSESS THE PROS AND CONS</li> <li><input type="checkbox"/> 8 DEVELOP INFORMED CONSENT AND CONSENSUS</li> <li><input type="checkbox"/> 9 EXPLORE CONCERNS</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 DEFINE YOUR RATIONALE</li> <li><input type="checkbox"/> 2 IDENTIFY STAKEHOLDERS</li> <li><input type="checkbox"/> 3 BUILD CONSENSUS</li> <li><input type="checkbox"/> 4 FIND YOUR IDDT "CHAMPIONS"</li> <li><input type="checkbox"/> 5 IDENTIFY FINANCIAL RESOURCES</li> <li><input type="checkbox"/> 6 ASSEMBLE A STEERING COMMITTEE</li> <li><input type="checkbox"/> 7 CONDUCT A READINESS ASSESSMENT</li> <li><input type="checkbox"/> 8 DECIDE TO IMPLEMENT OR NOT</li> <li><input type="checkbox"/> 9 RECRUIT A TEAM LEADER</li> <li><input type="checkbox"/> 10 PLAN TO START SMALL</li> <li><input type="checkbox"/> 11 ASSEMBLE THE MULTI-DISCIPLINARY SERVICE TEAM</li> <li><input type="checkbox"/> 12 BEGIN AN IMPLEMENTATION PLAN</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 CONDUCT A BASELINE FIDELITY REVIEW</li> <li><input type="checkbox"/> 2 DEVELOP A BASELINE FIDELITY ACTION PLAN</li> <li><input type="checkbox"/> 3 DEVELOP STAGE-WISE INTERVENTIONS</li> <li><input type="checkbox"/> 4 ACQUIRE AND INTEGRATE TRAINING</li> <li><input type="checkbox"/> 5 ENGAGE IN CLINICAL CONSULTATION</li> <li><input type="checkbox"/> 6 PROVIDE STAGE-WISE INTERVENTIONS</li> <li><input type="checkbox"/> 7 DEVELOP AND MONITOR OUTCOMES</li> <li><input type="checkbox"/> 8 CONTINUE TO EDUCATE AND TRAIN STAKEHOLDERS</li> <li><input type="checkbox"/> 9 ADDRESS BARRIERS</li> <li><input type="checkbox"/> 10 ADDRESS UNINTENDED CONSEQUENCES</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 MAINTAIN OVERSIGHT</li> <li><input type="checkbox"/> 2 MONITOR FIDELITY</li> <li><input type="checkbox"/> 3 MONITOR OUTCOMES</li> <li><input type="checkbox"/> 4 NETWORK WITH OTHERS</li> <li><input type="checkbox"/> 5 PROVIDE ONGOING TRAINING</li> <li><input type="checkbox"/> 6 ENGAGE IN ONGOING CONSULTATION</li> <li><input type="checkbox"/> 7 EXPAND IDDT SERVICES</li> <li><input type="checkbox"/> 8 TRANSFORM THE ORGANIZATIONAL CULTURE</li> </ul> |
|---|--|---|--|---|

Excerpted from the following:  
 Ric Knuszynski, MSSA, LISW, LICDC; Paul M. Kubek, MA; Patrick E. Boyle, MSSA, LISW, LICDC; Lenore A. Kola, Ph.D. (2006). *Implementing IDDT: A Step-by-Step Guide to Stages of Organizational Change*. Cleveland: Ohio SAMI CCOE, Case Western Reserve University, p34-35.  
 Obtain an order form for this booklet from our web site.  
 © 2006: Ohio SAMI CCOE, Center for Evidence-Based Practices at Case Western Reserve University



Family Therapy for individuals struggling with co-occurring disorders helps to address unhealthy patterns and behaviors in relationships. The healing process for both the individual and the family as a whole can begin and steps toward actual recovery can become a reality. Remember to invite your clients to participate in family therapy today!



**Wellness Recovery Action Plan**

By Mary Ellen Copeland, PhD

**Discover more here:**

<http://www.mentalhealthrecovery.com/>

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## IDDT TEAM FEATURE

SUBMITTED BY Kirsten Hildahl-Dewey, LMSW, CCDP-D, IDDT Specialist

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# Preferred Family Health

Our Mission Statement reads: *“Preferred Family Healthcare is a dynamic and caring organization committed to providing integrated care to assist individuals in achieving overall health and wellness.”* The IDDT program at the Hannibal CPRC facility is a fine example of the fulfillment of this statement.

The IDDT program began in 2007, facilitated with grant money through the Missouri Foundation for Health. The first group of IDDT consumers numbered four individuals. We now serve thirty five consumers with co-occurring concerns. Our program is multifaceted. We offer co-occurring individual therapy, co-occurring group therapy, anger management and an educational substance abuse group. An important feature of our program is the in-house Dual Recovery Anonymous, a twelve step group that meets three times per week, facilitated by our Certified Peer Specialist. Family and friends of our co-occurring consumers are educated by a bi-monthly newsletter that covers mental health and substance use disorder topics.

The IDDT Team is multi-faceted also. We have a housing specialist, an employment specialist, a psychiatrist, a nurse and Certified Peer Specialist. Our CSSs are trained on Stage-Wise interventions and Motivational Interviewing. Many of them hold a RASAC I or RASAC II. Our Management Team is also part of the IDDT Team and our Clinical Manager holds a CRAADC and an ICAADC. Our IDDT Specialist has a CCDP-D. We staff consumers with Co-Occurring disorders on a weekly basis.

The PFH Hannibal IDDT Team is proud of the work that is being done in concert with our consumers, as we assist consumers towards that goal of “overall health and wellness.”

## COLLECTING PROCESS MEASURES

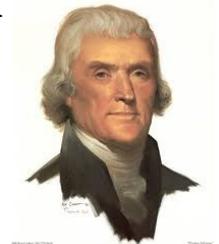
Process measures give you an objective, structured way to determine if you are delivering services in the way that research has shown will result in desired outcomes. Programs that adhere more closely to the evidence-based model are more effective than those that do not. Adhering to the model is called *fidelity*.



The safety of e-cigarettes is becoming increasingly more concerning to many. Find out how the California Department of Public Health is responding by clicking [here](#)

Our greatest happiness does not depend on the condition of life in which chance has placed us, but is always the result of a good conscience, good health, occupation, and freedom in all just pursuits.

~ Thomas Jefferson



## Motivational Interviewing Corner

By Scott Kerby, Truman Behavioral Health IDDT Specialist

Recently I was in line at a gas station when the man next to me caught my attention. He was a slender man in his fifties, buying some knickknacks. I noticed his stoma and gravelly voice as he asked for a couple packs of cigarettes. I would love to say that I looked over in compassion, pondering the difficulty of behavior change, but that was not my first thought. No, my first thought was “What is it going to take for this guy to quit?” About three seconds later I looked down and realized that I was buying a giant pretzel and two jumbo hot dogs. As a man with a BMI that sounds like a good score in a football game, it dawned on me that the man buying cigarettes may go home and tell his wife a story about the obese guy at the gas station who cannot stop eating junk—“What is it going to take for that guy to change?” I cannot speak for that gentlemen, but I know I struggle with change when I lose sight of the things I most value. I value my health, being around for my children, enjoying sports, seeing my feet, and feeling well much more than I value unhealthy food. However, I have a tendency to take my eyes off the most important, and focus only on the urgent, the

here and now, “head above water” types of things. Before I know it, that hamburger I grabbed rushing to my son’s basketball practice has become a habit, and my waist line begins to slowly grow.

One of the main goals in motivational interviewing is to help people clarify and tap back into their values, the things that are most important to them. Over a period of days, weeks and months, they may have gradually stopped focusing on these core values. Now their goals may seem out of reach, and they’ve lost confidence in their ability to ever get back on the road they had hoped to take. Your job is to draw out their passions, to help pinpoint what makes them tick. You are the skilled navigator helping get out of the ditch by guiding them to focus *their* spotlight on *their* own values. This can revitalize motivation. At the heart of MI we want to help people connect with what they hold most dear...and then maybe, just maybe, my new friend will put back the cigarettes and I might reach for a salad—or at least one less hot dog.

## *IDDT Specialist Qualifications*

### **9 CSR 30-4.0431(5)(A)5.**

A qualified substance abuse professional defined as a person who demonstrates substantial knowledge and skill regarding substance abuse by being one (1) of the following:

A. A physician or qualified mental

health professional who is licensed in Missouri with at least one (1) year of full-time experience in the treatment of persons with substance use disorders; or

B. A person who is certified or registered as a substance abuse professional by the Missouri Credentialing Board.

C. An individual who is within one year of meeting one of the above criteria and has a department approved written training plan.

A **QSAP** is one of the following:

A licensed (or provisionally licensed) QMHP with one year of full time experience in substance use treatment. If an individual has less than one year of experience in Integrated Treatment (IT), they must be actively acquiring 24 hours of training in IT specific content and receive supervision (could be via phone under contract) from experienced IT staff. The 24 hours of training in IDDT specific content can include, but not limited to:

- Co-occurring mental health and substance use disorders
- Motivational interviewing
- Stage-wise treatment interventions
- Addictions treatment
- Relapse prevention
- Cognitive behavioral treatment

**OR**

A person who is certified or registered (not recognized) as a substance abuse professional by the Missouri Credentialing Board. <http://www.missouricb.com/careerladder.pdf>

Further clarification of credentials includes:

#### Qualified Substance Abuse Professional Credentials:

CCDP - Co-Occurring Disorders Professional

CCDP-D - Co-Occurring Disorders Professional - Diplomate

CCJP - Certified Criminal Justice Addictions Professional

CADC - Certified Alcohol Drug Counselor

CRADC - Certified Reciprocal Alcohol Drug Counselor

CRAADC - Certified Reciprocal Advanced Alcohol Drug Counselor

RSAP-P - Registered Substance Abuse Professional – Provisional

***The below credentials are NOT Qualified to provide the Co-Occurring Counseling or Supplemental Assessment (Not a QSAP):***

RASAC I - Recognized Associate Substance Abuse Counselor I

RASAC II - Recognized Associate Substance Abuse Counselor II

There is no application to be a QSAP, just as there is no application to be a QMHP. The person in the position just needs to meet the above criteria as evidenced by documentation in their personnel file. The original language - “co-occurring counselor competency requirements established by the Department of Mental Health”- was used as a placeholder for the co-occurring credential that did not yet exist.

Finding a community AA or NA group that is a good fit for your client can be challenging. Teams who have a staff liaison with community groups can benefit greatly in assisting clients to link up with groups where they have the best chance for success. Liaisons keep current on which groups are available, where they are held and often find a contact person for each group to inquire about a group's "climate".



## IDDT CLIENT SUCCESS FEATURE

SUBMITTED BY ALICIA MCLAMORE, MA LPC, IDDT SPECIALIST

# ReDiscover Mental Health

ReDiscover's IDDT team currently serves about 65 individuals out of our South Kansas City office. Of those, we've seen many successes since we started building our team in fall 2013. One such success is \*Lynda.

Lynda has been engaged in CPRP services with ReDiscover for a number of years for treatment of Schizoaffective disorder. During that time, Lynda continued to struggle with maintaining sobriety. Lynda's substance use has posed a barrier to treatment in the past and has caused problems with stable housing. Historically, Lynda's treatment has focused on her mental health symptoms and substance use was addressed only when consequences of her use complicated her mental health treatment or housing stability. We identified Lynda as appropriate for IDDT and moved her over as one of our first clients on our team. At the time, she had recently been asked to leave her group home due to continued substance use and was struggling in independent community housing.

We increased the support Lynda received from our team, referred her to IDDT groups and substance use counseling. We also referred her to our Clustered Apartment Program where she would

receive around the clock support from counselor techs and a full team of supporters. After a brief setback including several hospitalizations for physical and mental health concerns, our team stepped in and was able to provide wrap around support to get Lynda back on top of her treatment. Thanks to the help from her counselor, Lynda has a relapse prevention plan that has enabled her to maintain sobriety throughout this entire adjustment period. Rather than using, Lynda has turned to the support of her groups and has shared that she is currently experiencing her longest period of sobriety in her adult life. Lynda's case manager, prescriber, and housing support team have worked hand in hand to develop a thorough crisis plan and plan for Lynda's continued medication management. So far, this plan has been utterly successful. Our team has seen more smiles from Lynda than ever before and she has taken ownership of her treatment. She openly discusses challenges and successes with both her mental health and sobriety and feels a deep sense of pride for the stability that she has recently achieved.

\*pseudo name



Website: [www.dmh.mo.gov/mentalillness/provider/iddtproviders.htm](http://www.dmh.mo.gov/mentalillness/provider/iddtproviders.htm)

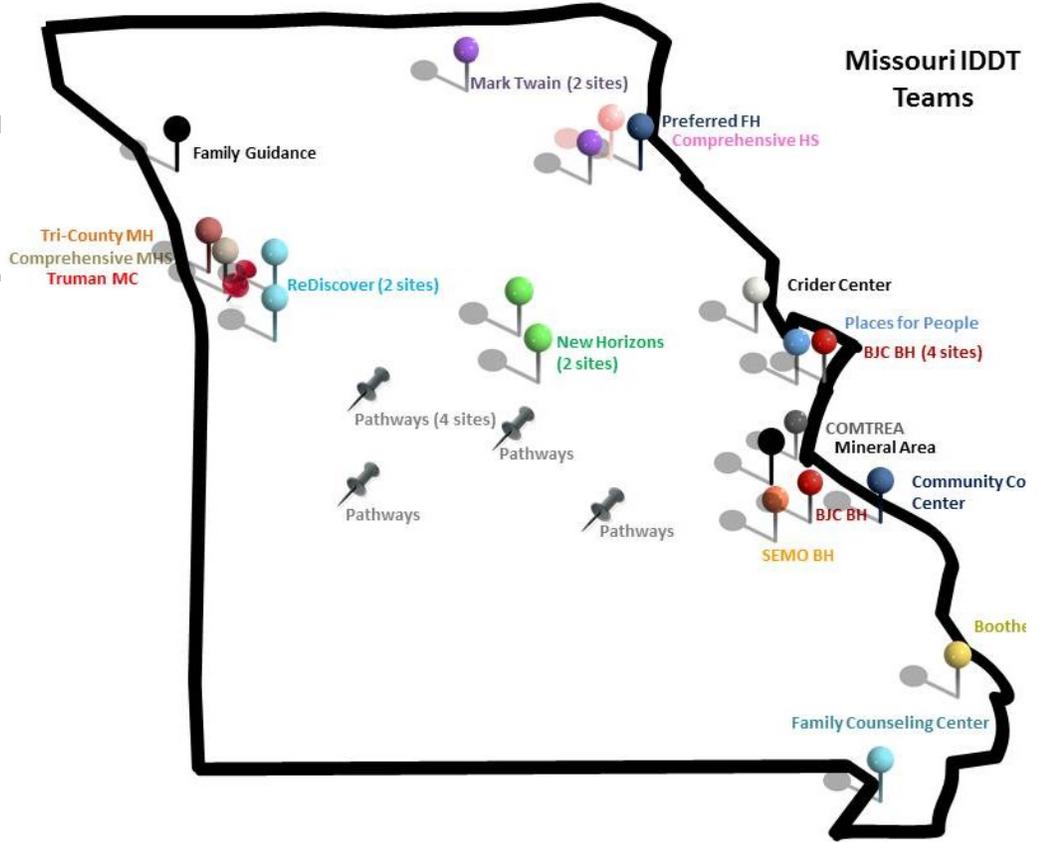
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**Mineral Area Community  
Psychiatric Rehabilitation  
Center (MACPRC)**

# Missouri IDDT teams

**COMPREHENSIVE  
Health Systems, Inc.**  
*"for quality mental health care"*

**BJC Behavioral Health**

**placesforpeople**  
Community Alternatives for Hope, Health and Recovery

**BCS**  
Bootheel Counseling  
Services

Mark Twain  
Behavioral Health

COMPREHENSIVE  
MENTAL HEALTH  
SERVICES, INC.

New Horizons  
Community Support Services

Family Counseling Center, Inc.

Southeast Missouri  
Behavioral Health

Crider  
HEALTH CENTER  
*Full, Productive, Healthy Lives for Everyone*

Pathways  
COMMUNITY HEALTH

Help, Hope, and Healing  
**ReDiscover**

**COMTREA**  
Founded 1973

Preferred  
Family Healthcare

FAMILY  
GUIDANCE  
CENTER for behavioral healthcare



**TMC**  
TRUMAN MEDICAL CENTER  
Behavioral Health

COMMUNITY  
COUNSELING CENTER

TRI-COUNTY  
MENTAL HEALTH  
SERVICES, INC.