


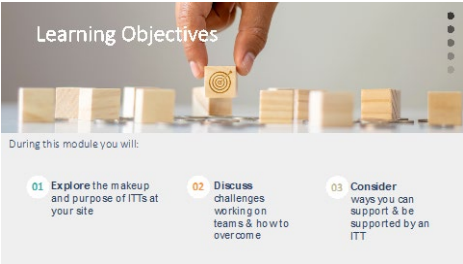

# Integrated Treatment Team (ITT) Approach

## Facilitator Guide

*Note: This module has 2 handouts*

*(1) Common Acronyms in ACCS*

*(2) Example of ITT roles for role play activity (slide 21)*

<p><b>Slide 1</b></p> 	<p><b>Slide 1: Title Slide</b></p> <p>Introduce Trainers</p> <p>Establish any ground rules for discussion</p>
<p><b>Slide 2</b></p> 	<p><b>Slide 2: Learning Objectives</b></p> <p><b>Explain:</b></p> <p>During this module you will:</p> <ul style="list-style-type: none"><li>• Explore the makeup and purpose of ITT at your site</li><li>• Discuss challenges working on teams and ways to overcome those challenges</li><li>• Consider ways you can support and be supported by an ITT</li></ul>
<p><b>Slide 3</b></p> 	<p><b>Slide 3: Acronyms</b></p> <p><b>Discuss</b></p> <p>Refer to Handout “Common Acronyms in ACCS”</p>

#### Slide 4



- How is working on Integrated Treatment Teams different from other teams?
- What is most important when working on any team?

#### Slide 4: Activity

##### Ask:

Have you worked on Integrated Treatment Teams before?  
(Acknowledge the experience of participants).

What is most important when working on any team?

#### Slide 5



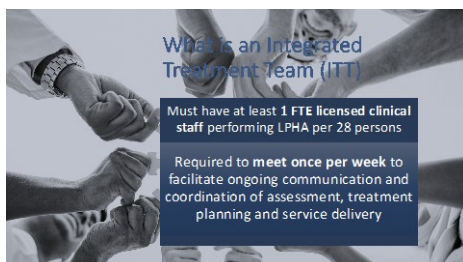
#### Slide 5: What is an Integrated Treatment Team (ITT)?

##### Explain:

An Integrated Treatment Team (ITT) is a multi-disciplinary team of clinical, direct care and peer supporter staff working collaboratively with persons served and ITT members to provide all service components of ACCS.

- ACCS persons served are assigned to an integrated treatment team that is involved with their care.
- ACCS persons served remain with the same Team throughout their tenure in ACCS, including when the person's housing setting changes (e.g., moves from a GLE to independent housing)

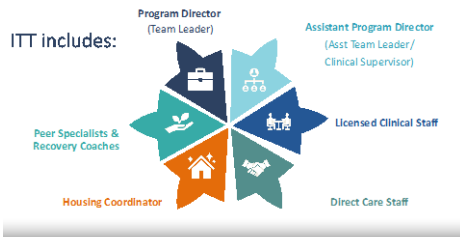
#### Slide 6



#### Slide 6:

- ACCS Teams (ITT) must have, at a minimum, at least 1 FTE licensed clinical staff member performing the LPHA responsibilities per 28 persons served.
  - These Teams (ITT) are required to meet once per week, to facilitate ongoing communication and coordination of assessment, treatment planning and service delivery.

## Slide 7



## Slide 7: The ITT includes: (Overview Slide)

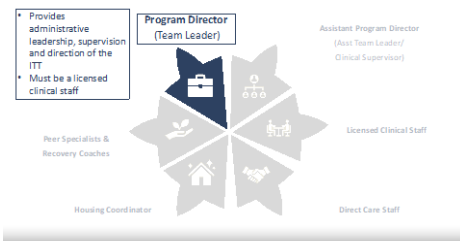
**Note:** Slide 7 is an overview – slides 8-13 highlight specific roles

As agency trainers go through these slides:

### Explain:

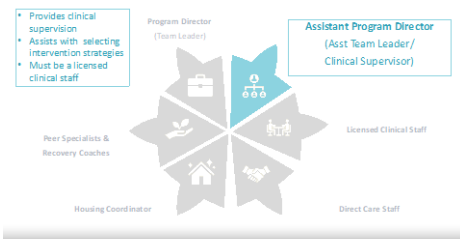
- Provide details of the composition of **your** ITTs – including responsibilities and roles in treatment planning
- Add - We must also ensure that Teams (ITT) have access to psychiatry, vocational therapy, occupational therapy and psychology consultation time and interpreter services.

## Slide 8



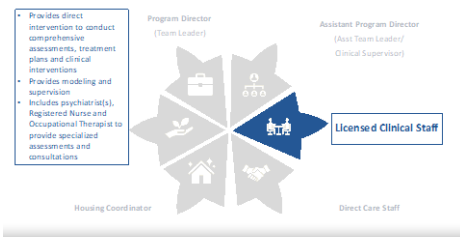
## Slide 8: Program Director

## Slide 9



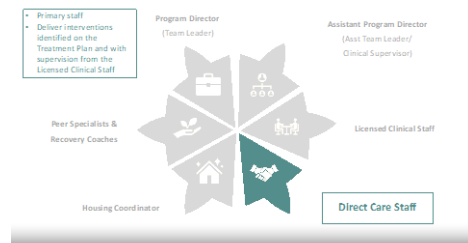
## SLIDE 9: Assistant Program Director

## Slide 10



## SLIDE 10: Licensed Clinical Staff

## Slide 11



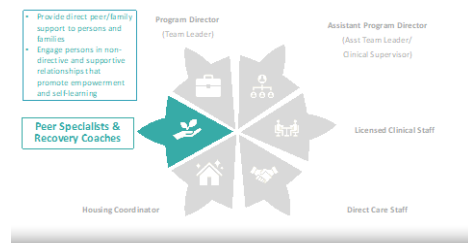
## SLIDE 11: Direct Care Staff

## Slide 12



## Slide 12: Housing Coordinator

## Slide 13



## Slide 13: Peer Specialists & Recovery Coaches

## Slide 14



## Slide 14: Core Principles of the ACCS Integrated Treatment Team


### Explain:

ACCS Integrated Treatment Teams are guided by the following Core Principles :

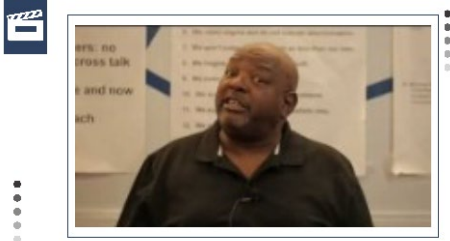
### 1.Emphasis on Relationship Building.

The service approach is individualized and emphasizes the use of evidence-based strategies to engage, build a relationship with, and promote active involvement with the persons served to assist with his/her daily activities and treatment goals. Members practice active listening to understand person's needs and preferences instead of listening to respond.

### 2.Clinical and Recovery Oriented Service Delivery.

	<p>Clinical services and a recovery-oriented approach are utilized by Integrated Treatment Teams in partnership with the person served to improve their health and wellness; achieve symptom stabilization and self-management; develop and/or restore skills impacted by their mental health conditions; live a self-directed life; and strive to reach their full potential.</p> <p><b>3.Services are Flexible and Timely.</b></p> <p>The frequency, duration and type of supports are readily adjusted in response to the changing needs, preferences, or life situations of persons served.</p> <p><b>4.Team Approach.</b></p> <p>ACCS is anchored by an Integrated Treatment Team model designed to ensure early and sustained persons served engagement and clinical accountability. This approach ensures the full complement of services are person-centered and available to all persons served. Members of the Team bring their individual expertise while working together- where each member’s contribution is heard and acknowledged-in response to persons’ preferences and to achieve optimal service delivery.</p> <p><b>5.Services are Aligned and Integrated with Other Systems.</b></p> <p>The service aligns with health care, including addiction treatment, employment, and housing services, and leverages existing resources to improve coordination and avoid duplication of services.</p> <p><b>Ask:</b> (Discussion/Activity): How do these core principles align with your past experiences? Which do you think will be challenging? Discuss possible solutions with the group.</p>
<p>Slide 15</p>  <p>Activity</p> <p>· If your parent, child, or other family member were served by an ITT, how would you want the team to function?</p>	<p><b>Slide 15: Activity</b></p> <p><b>Ask:</b> If your parent, child, or other family member were served by an ITT, how would you want the team to function?</p>

## Slide 16

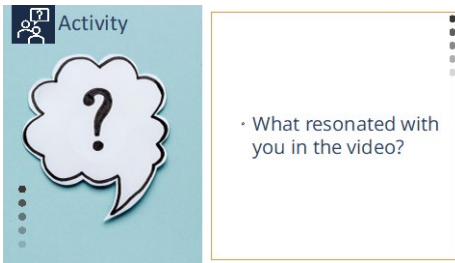


## Slide 16: Video

### Video:

Show video clip from Disability Etiquette – Moses Mallard (NAMI) talking about the person as the expert in “me”, you don’t have to do it alone, use your allies.

## Slide 17



## Slide 17: Activity

### Ask:

What resonated with you in this video?

## Slide 18



## Slide 18: Why is it important to have ITT involved in our persons' served care ?


### Read through each reason adding explanations:


#### Reason 1:

- 25-30% of the adult population with serious and persistent mental health conditions also present with a substance use disorder or other co-occurring conditions. Addiction and substance use disorder expertise are required on the ITT.
- Individuals with severe and persistent mental health conditions can also have **co-occurring developmental or intellectual disabilities**, some severe enough to require specialized treatment expertise beyond mental health and addiction expertise.

#### Explain:

- Interdisciplinary teams that bring both mental health and addiction expertise (or clinicians that are cross-trained) are essential for effectively treating persons served with dual diagnosis.
- Integrated treatment teams that include peer supporters and recovery coaches have demonstrated effectiveness in helping people with behavioral health conditions to connect to,

	<p>engage in, and be active participants in treatment and recovery support services across all levels of care.</p> <p><u>Reason 2:</u> Housing and Financial Specialists are key members of the integrated treatment team.</p> <ul style="list-style-type: none"><li>• Prevention of homelessness is a core treatment function of the integrated treatment team. Poverty, unemployment, and lack of affordable housing are commonly recognized causes of homelessness.</li></ul> <p><b>Explain:</b> These risk factors can be exacerbated in the behavioral health population, but can be recognized, addressed, and resolved by members of the Team (ITT)</p> <ul style="list-style-type: none"><li>• Research shows interventions to prevent homelessness are more cost effective than addressing issues after someone is already homeless.</li></ul> <p><b>Explain:</b> The longer a person is homeless, the harder and more expensive it becomes to re-house this person, which can negatively impact a person’s served overall well-being and impede recovery.</p> <p><u>Reason 3:</u> Employment and Education Services and resources are critical services for Person’s treatment and recovery.</p> <p><b>Explain:</b> Unemployment worsens mental health and gaining employment can improve mental health, even for people with the most serious mental health conditions. Opportunities for employment and education can also increase community engagement and social support.</p>
<p>Slide 19</p> <div><div><p>Different perspectives from individuals with different levels of expertise</p><p>Clinicians do not make all the decisions, which provides collaboration, consensus building, and person-centered care</p><p>Comprehensive services and specialized expertise that contribute to a person’s holistic health and overall well-being</p><p>Selected treatment interventions are supported by the person served and the team and implemented during every interaction</p><p>Information shared by team members, referrals, advocacy, and services they often did not know were available to them or how to access</p></div></div>	<p><b>Slide 19: Benefits of the Integrated Treatment Team approach for our persons served?</b></p> <p><b>Explain:</b></p> <ul style="list-style-type: none"><li>• Persons served benefit from the richness of perspective from different individuals with different levels of expertise.</li></ul>

	<ul style="list-style-type: none"> <li>• Clinicians do not make all the decisions, it is a balanced team approach, which provides collaboration, consensus building, and person-centered care.</li> <li>• Integrated treatment teams provide comprehensive services and specialized expertise that contribute to a person’s holistic health and overall well-being.</li> <li>• Integrated Treatment Teams help to ensure that selected treatment interventions are supported by the person served and the team and implemented during every interaction with the persons served-at all levels of care.</li> <li>• Persons served benefit from information shared by team members, referrals, and advocacy and are connected to services they often did not know were available to them or how to access.</li> </ul>
<p>Slide 20</p> <div> <div> <p>Increases staff’s self-reported confidence and produces lasting changes in clinician and staff confidence and practice</p> <p>Offers opportunities for coaching and mentoring across different expertise and specialties</p> <p>Provides a format for support and shared decision-making</p> <p>Spreading assignments and tasks across a broader group reduces burn out</p> <p>Contributes to job satisfaction and employee retention</p> </div> <div>  </div> </div>	<p><b>Slide 20: Benefits of the Integrated Treatment Team approach to ACCS staff?</b></p> <p><b>Explain:</b></p> <ul style="list-style-type: none"> <li>• Integrated treatment teams not only improve persons served outcomes but also contribute significantly to each team member’s occupational well-being.</li> <li>• Serving on an integrated treatment team <ul style="list-style-type: none"> <li>○ Increases staff’s self-reported confidence and produces lasting changes in clinician and staff confidence and practice (based on self-reported survey results).</li> <li>○ Offers opportunities for coaching and mentoring across different expertise and specialties.</li> <li>○ Provides a format for support and shared decision-making.</li> <li>○ Spreading assignments and tasks across a broader group reduces burn out, benefiting team members as well as improving persons served care.</li> <li>○ Contributes to job satisfaction and employee retention.</li> </ul> </li> </ul>



## Slide 21

**Slide 21: Activity – Role Play**

**Scenario: Victor**

- Dual diagnosis (Bi-Polar Disorder and alcohol abuse)
- Uses tobacco, is overweight (high BMI), is pre-diabetic, and has a history of hypertension
- Recently evicted from independent housing
- Recent involvement with law enforcement after which he lost his job

**Identify/select from the roles below for the Role Play:**

- Lead Clinician
- Substance Use Specialist
- Nurse
- Housing Specialist
- Direct Care Worker
- Peer Specialist
- Recovery Coach

**Potential External Partners:**

- Massachusetts Rehabilitation Commission
- Primary Care Provider
- Day/Community Programs
- 12 Steps AA

## Slide 21: Activity – Role Play

*Refer to Handout #2*

### Describe what group will be doing:

This is an interactive Role Play with each person having an assigned role.

### Read scenario:

Person being served presents with dual diagnosis (Bi-Polar Disorder and alcohol abuse). Person served also uses tobacco, is overweight (high BMI), is pre-diabetic, and has a history of hypertension. Person served is age 65, was recently evicted from independent housing, has had recent involvement with law enforcement after which he lost his job, and has no known family connections or support.

### Ask :

**Ask** participants to volunteer for each role. *If a role is attending the training they can play their own role.* (List is also on Handout #2)

- Lead Clinician
- Substance Use Specialist
- Nurse
- Housing Specialist
- Direct Care Worker
- Peer Specialist
- Recovery Coach

### Facilitator Instructions for activity:

Guide the role play on how the agency's ITT would work together to assist this person:

- For instance, clinical would do this, peer supporters take this approach, nursing does this, direct care would do this, etc. we meet once a week to coordinate, OR
- Discuss how each member of the team supports a recovery-oriented approach addressing each "job role" represented in the audience - and how that role fits into the ITT

### Facilitator follow-up notes :

**But this person also needs to be connected to other resources** - so we'll need to look at potential external partners to meet those needs – such as:

- Massachusetts Rehabilitation Commission

	<ul style="list-style-type: none"><li>• Primary Care Provider</li><li>• Day/Community Programs</li><li>• 12 Steps AA</li></ul> <p><i>If you like, you can discuss how your ITT will connect the person with these other systems, as well as how these external services will be coordinated.</i></p> <p><b><i>However, coordination with external partners will be covered in the Integration with Systems of Care Module.</i></b></p> <p>-----</p> <p><b>Reference</b> Ehrlich, C., Slattery, M., Vilic, G., Chester, P., &amp; Crompton, D. (2019). What happens when peer support workers are introduced as members of community-based clinical mental health service delivery teams: a qualitative study. <i>Journal of interprofessional care</i>. 34(1):107-115. doi: 10.1080/13561820.2019.1612334.</p>