




# An Integrated Co-occurring Treatment Model in a System of Care

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NDTAC Webinar  
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## History of Family Child and Adolescent Recovery Experience (CARE) Integrated Co-occurring Treatment (ICT) Program

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- **Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant awarded in October 2005**
  - Targeted population: Youth with co-occurring mental health & substance abuse disorders (one of four populations targeted by Family CARE)
  - Family and youth involvement - exposed to Integrated Co-Occurring Treatment (ICT) Model at SAMHSA Conferences
- **SAMHSA planning grant awarded in October 2007**
  - Established a collaborative community group
  - Partners: Court Services, Law Enforcement, Psychiatric Inpatient, Mental Health Agencies, Crisis Program, Special Education
  - Reviewed different models of treatment
- **ICT Model Selected – June, 2008**
  - Training started - July 2008
  - Goals for ICT Program:
    - Specialized treatment for mental health & substance abuse
    - Treatment option for youth being served by Screening, Assessment and Support Services Program
    - Prevent youth from entering the juvenile justice system; reduce arrests
    - Reduce hospitalizations and at-risk behaviors



## Definition of ICT

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- Integrated Co-occurring Treatment (ICT) Program is an Evidence-Informed home-based 24/7 treatment model developed to address the specific issues of youth with both mental health and substance abuse issues.
  
- Major Goals: Prevent JJ contacts, decrease substance abuse, and increase positive school, home and community interactions.



## Components of Family CARE ICT Program

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- Development of ICT Screening Committee
  - Subset of the Planning Committee Members – Weekly meetings to review admissions and discharges and program challenges; responsible for evaluation.
  - Screening Committee meetings began in September, 2008
  
- ICT Team
  - 3 ICT Therapists; 2 (.25) ICT Supervisors (1 Mental Health and 1 Substance Abuse)



## Participants

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- September 2008 to March 2009
- 18 youth were enrolled
- **Gender:**
  - 56% Male
  - 44% Female
- **Ages:**
  - 11% were 12 years old
  - 44% were 15 years old
  - 44% were 16 years old
- **Ethnicity:**
  - 72% White
  - 28% Hispanic



## Discharge Data

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- Average length of participation in program:  
185 days
- Number of discharges in first year: 18
  - 15 (83%) successful discharges
  - 3 (17%) unsuccessful discharges



## Positive Outcomes

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End of First Year:

- 67% decreased their substance use from intake to discharge
- 67% had more positive interactions in their home/family
- 28% had more positive interactions in the community
- 17% made positive changes in peers
- 55% had more positive interactions in school



## Lessons Learned

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- Older youth with more chronic substance abuse
- Youth involved with gangs
- Engagement of Schools
  - Did not understand the Reduction Theory of the ICT Model – wanted total abstinence
- Buy-in of psychiatrists



## Future Directions

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- Treating 45 - 60 adolescents in the ICT program per year
- Sustaining 4 full-time therapists
- Recruiting a Spanish speaking ICT therapist
- Soliciting more community referrals
- Collecting data and evaluating outcomes



## On the Horizon

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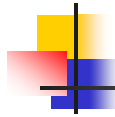
- Further developing:
  - Family Resource Developers
  - IFF (Illinois Federation of Families) Parent Group
  - Peer Leadership Support Group
  - Peer to Peer Mentoring



## Financing/Sustainability Plan

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- Blended Funding
  - State Authorized Funding for SASS
    - Program participants
  - Medicaid Clients/IL Rule 132
  - Private Insurance (if available)
  - Non Medicaid Billable Services (IL Department of Human Services)
  - Local Tax Dollars



## Contact Information

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