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| 1. **Multidisciplinary team:** Case managers, psychiatrist, nurses, residential staff, employment specialists work collaboratively on mental health treatment team

**SCORE:**  | < 20% of clients receive care from multidisciplinary team (i.e., most care follows a brokered case management or traditional outpatient approach) OR Cannot rate due to no fit | 21% - 40% of con-sumers receive care from a multidiscipli-nary team | 41% - 60% of consumers receive care from a multidiscipli-nary team  | 61% -79% of consumers receive care from a multidiscipli-nary team | >80% of consumers receive care from a fully multidisciplinary team with a strong emphasis on accessing a broad range of services and excellent communication among all disciplines |
| 1. **Integrated treatment specialist:** Integrated treatment specialist work collaboratively with the multidisciplinary treatment team, modeling integrated treatment skills and training other staff in evidence-based practice principles and practice

**SCORE:**  | No integrated treatment specialist connected with agency OR Cannot rate due to no fit | Consumers with co-occurring disorders are referred to a separate Integrated Treatment program within the agency (for example, referred to integrated treatment specialists) | Integrated treatment specialists serve as consultants to treatment teams, but are not fully integrated; attend some meetings; may be involved in treatment planning but not systematically | Integrated treatment specialists are assigned to treatment teams, but are not fully integrated; attend some meetings; may be involved in treatment planning but not systematically | Integrated treatment specialists are fully integrated members of the treatment team, attend all team meetings, are involved in treatment planning, model and train other staff in Integrated Treatment for Co-Occurring Disorders |
| **3. Stage-wise interventions:**  All services are consistent with and determined by each consumer’s stage of treatment engagement, persuasion, active treatment, relapse prevention)**SCORE:** | ≤20% of interventions are consistent with consumer’s stage of treatment OR Cannot rate due to no fit | 21%- 40% of interventions are consistent with consumer’s stage of treatment | 41%- 60% of interventions are consistent with consumer’s stage of treatment | 61% - 79% of interventions are consistent with consumer’s stage of treatment | >80% of interventions are consistent with client’s stage of recovery |

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| **4. Access comprehensive services** Consumers in the Integrated Treatment program have access to comprehensive services including the following:* Residential services
* Supported employment
* Family interventions
* Illness management and recovery
* Assertive community treatment

**SCORE:**  | Fewer than 2 services are provided by the agency or consumers do not have genuine access to these services OR Cannot rate due to no fit | 2 services are provided by the agency and consumers have genuine access to these services | 3 services are provided by the agency and consumers have genuine access to these services | 4 services are provided by the service provider and IDDT clients have genuine access to these services | All 5 services are provided by the agency and consumers have genuine access to these services |
| **5. Time-unlimited services** Consumers in the Integrated Treatment program are treated on a time-unlimited basis with intensity modified according to each consumer’s needs.**SCORE:**  | Services are provided on a time-unlimited basis 20% or less of the time (for example, consumers are closed out of most services after a defined period of time), OR Cannot rate due to no fit. | Services are provided on a time-unlimited basis 21%-40% of the time | Services are provided on a time-unlimited basis 41%-60% of the time | Services are provided on a time-unlimited basis 61%-79% of the time | Services are provided on a time-unlimited basis with intensity modified according to each consumer’s needs >80% of the time |
| 1. **Outreach:** Integrated treatment specialists demonstrate consistently well-thought out outreach strategies and connect consumers to community ser-vices, whenever appropriate, to keep consumers engaged in the Integrated Treatment program.

**SCORE:**  | Integrated treatment specialists are passive in recruitment and re-engagement; almost never use outreach mechanisms,  OR Cannot rate due to no fit | Integrated treatment specialists make initial attempts to engage, but generally focus efforts on most motivated consumers | Integrated treatment specialists try outreach mechanisms only as convenient | Integrated treatment specialists usually have plan for engagement and use most available out-reach mechanisms | Integrated treatment specialists demon-strate consistently well-thought out out-reach strategies and connect consumers to community services, whenever appropriate, to keep consumers engaged. |

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| **7. Motivational interventions:** All interactions with consumers in the Integrated Treatment program are based on motivational interventions that include the following:* Expressing empathy
* Developing discrepancy
* Avoiding argumentation
* Rolling with resistance
* Instilling self-efficacy and

 hope **SCORE:**  | Integrated treatment specialists do not understand motivational interventions, <20% of interactions with consumers are based on motivational approaches,  OR Cannot rate due to no fit | Some integrated treatment specialists understand motivational interventions, and 21%- 40% of interactions with consumers are based on motivational approaches | Most integrated treatment specialists understand motivational interventions, and 41%- 60% of interactions with consumers are based on motivational approaches | All integrated treatment specialists understand motivational interventions and 61%- 79% of interactions with consumers are based on motiva-tional approaches | All integrated treatment specialists understand motivational interventions and >80% of interactions with clients are based on motivational approaches |
| **8. Substance abuse counseling:**  Consumers who are in the active treatment or relapse prevention stages receive substance abuse counseling that includes: * How to manage cues to use and consequences of use
* Relapse prevention strategies
* Drug and alcohol refusal skills training
* Problem-solving skills training to avoid high-risk situations
* Coping skills and social skills training
* Challenging consumers’ beliefs about substance abuse

**SCORE:**  | Integrated treatment specialists do not understand basic substance abuse counseling principles and ≤20% of consumers in active treatment stage or relapse prevention stage receive substance abuse counseling OR Cannot rate due to no fit | Some integrated treatment specialists understand basic substance abuse counseling principles and 21%- 40% of consumers in active treatment stage or relapse prevention stage receive substance abuse counseling | Most integrated treatment specialists understand basic substance abuse counseling principles and 41%- 60% of consumers in active treatment stage or relapse prevention stage receive substance abuse counseling | All integrated treatment specialist understand basic substance abuse counseling principles and 61% - 79% of consumers in active treatment stage or relapse prevention stage receive substance abuse counseling | All integrated treatment specialists understand basic substance abuse counseling principles and >80% of consumers in active treatment stage or relapse prevention stage receive substance abuse counseling  |

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| 1. **Group treatment for co-occurring disorders:** Consumers in the Integrated Treatment program are offered group treatment specifically designed to address both mental health and substance abuse problems

**SCORE:**  | <20% of Consumers regularly attend group treatment,  OR Cannot rate due to no fit | 20% - 34% of Consumers regularly attend group treatment | 35% - 49% of Consumers regularly attend group treatment | 50% - 65% of Consumers regularly attend group treatment | >65% of Consumers regularly attend group treatment |
| 1. **Family interventions for co-occurring disorders:** With consumers’ permission, integrated treatment specialists involve consumers’ family (or other supporters), provide education about co-occurring disorders, offer coping skills training and support to reduce stress in the family, and promote collaboration with the treatment team

**SCORE:**  | Consumers are not asked for permission to involve family (or other supporters) or <20% of families (or other supporters) receive family interventions for co-occurring disorders OR Cannot rate due to no fit | Consumers are asked for permission to involve family (or other supporters) and 20% - 34% of families (or other supporters) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and 35% - 49% of families (or other supporters) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and 50% - 65% of families (or significant others) receive family interventions for co-occurring disorders | Consumers are asked for permission to involve family (or other supporters) and >65% of families (or significant others) receive family interventions for co-occurring disorders |
| 1. **Alcohol and drug self-help groups:**  Consumers in the active treatment or relapse prevention stages attend self-help programs in the community

**SCORE:**  | <20% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community – OR - Cannot rate due to no fit | 20% - 34% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | 35% - 49% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | 50% - 65% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community | >65% of consumers in the active treatment or relapse prevention stages attend self-help programs in the community |

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| **12. Pharmacological** **Treatment:** Prescribers for Integrated Treatment program are trained in the evidence- based model and use the following strategies:* Prescribe psychiatric medications despite active substance use
* Work closely with consumers and the treatment team
* Focus on increasing adherence to psychiatric medication
* Avoid prescribing medications that may be addictive
* Prescribe medications that help reduce addictive behavior

**SCORE:**  | Prescribers use less than 2 of the strategies listed,  OR Cannot rate due to no fit | Approximately 2 of 5 strategies used | Approximately 3 of 5 strategies used | 4 of 5 strategies used | Evidence that all 5 strategies used; medi-cations are prescribed despite active sub-stance use, prescribers receive pertinent input from the treatment team about medication decisions, use strate-gies to maximize ad-herence to psychiatric medications avoid pre-scribing medications that are addictive and offer medications known to be effective for reducing addictive behavior |
| **13. Interventions to promote health:** Integrated treatment specialists promote health by encouraging consumers with co-occurring disorders to do the following:* Avoid high-risk behavior and situations that can lead to infectious diseases
* Find safe housing
* Practice proper diet and exercise

**SCORE:**  | Integrated treatment specialists offer no interventions to promote health, OR Cannot rate due to no fit | Integrated treatment specialists may have some knowledge of reducing negative consequences of substance abuse, but rarely use concepts | Less than half of all consumers receive services to promote health; integrated treatment specialists use concepts unsystematically | 50%- 79% of consumers re-ceive services to promote health; all integrated treatment special-ists are well versed in techniques to reduce negative consequences of substance abuse | >80% of consumers receive services to promote health; all integrated treatment specialists are well versed in techniques to reduce negative consequences of substance abuse |

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| 1. **Secondary Interventions for nonresponders:** The Integrated Treatment program has a protocol to identify consumers who do not respond to basic treatment to basic treatment for co-occurring disorders to evaluate them, and to link them to appropriate secondary interventions

**SCORE:**  | ≤20% of non-responders are evaluated and referred for secondary interventions  OR There is no recognition of a need for secondary interventions for nonresponders  OR Cannot rate due to no fit | 21%- 40% of non-responders are evaluated and referred for secondary interventions OR Secondary interventions, are not systematically offered to available nonresponders | Program has protocol and 41%- 60% of non-responders are evaluated and referred for secondary interventions OR No formal method to identify nonresponders  | Program has protocol for identifying nonresponders and 61%- 79% of non-responders are evaluated and referred for secondary interventions | Program has protocol to identify nonresponders and >80% of non-responders are evaluated and referred for secondary interventions |