




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

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NDTAC Webinar
December 14, 2009



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

- **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

- 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

- 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

- 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

- 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

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

- 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

- 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

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



Financing/Sustainability Plan

- 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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