





IBH/IOP

an integrated approach to  
community based treatment




# Mock Up Case Study # 1

- Molly is a 24 year old female, 3 months pregnant with her second child
- Molly is currently in an informal agreement with CFS and her 1<sup>st</sup> child is placed with her mother
- Molly is currently “couch surfing”
- Molly is on probation related to “stealing some stuff at Walmart a while back”
- Molly is currently “about a month clean” from IV meth use
- Molly has a PTSD diagnosis related to domestic violence “from my kid’s dad”, he is currently incarcerated for “5 years” r/t “selling meth” and has a history of childhood traumas

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- Molly is referred by her probation officer to \_\_\_\_\_ for a mental health evaluation and Substance use disorder evaluation, these are also recommendations that have been made by CPS

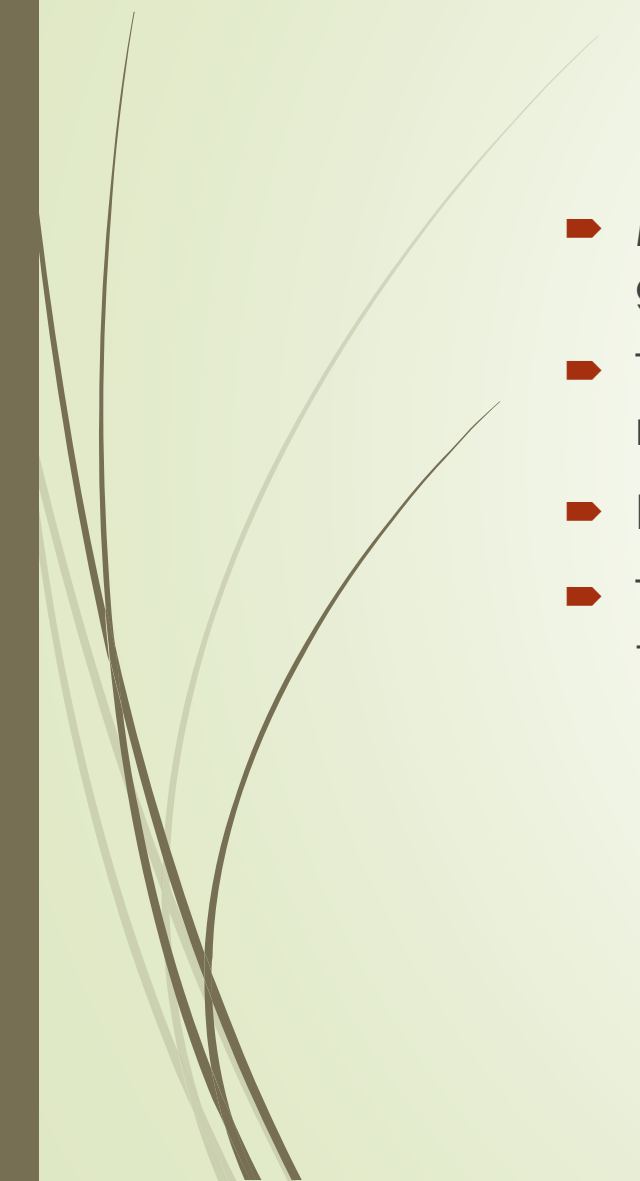
These evaluations can take place in a variety of settings, an Urban Indian Center, a stand alone CD provider, a stand alone MH provider or a provider that can dually diagnose

\*For the intent of this presentation Molly receives a co-occurring assessment through Sunburst in Missoula with her Medicaid being the pay source

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- ▶ Molly has been diagnosed with PTSD chronic
  - ▶ Molly has been diagnosed with Amphetamine Use Disorder Severe in warranting a Level 2.1



# TREATMENT PLANNING

- ▶ Molly is engaged in a co-occurring treatment plan where mental health goals, substance use disorder goals and life goals are identified.
  - ▶ The treatment plan will identify these goals and methods of measuring/tracking
  - ▶ Level 2.1 IOP will be addressed within this document
  - ▶ The Level of Intensity Worksheet will be utilized to guide the development of the treatment plan
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If none of the above apply, complete sections 1 and 2 below.

# Level of Intensity Worksheet

<b>SECTION 1</b> See manual for eligible diagnoses	
Primary SDMI Diagnosis:	ICD-10:
<b>SECTION 2</b>	
SDMI Level of Impaired Functioning Areas Level of Impairment (LOI) Score: <u>Level A</u>	
<input type="checkbox"/> 3 areas of at least moderate level impairment for a total score of 6 or above; or	
<input type="checkbox"/> 4 areas of at least moderate level impairment for a total score of 8 or above	
<u>Level B</u>	
<input type="checkbox"/> 3 areas of at least moderate level impairment for a total score of 9 or above; or	
<input type="checkbox"/> 4 areas of at least moderate level impairment for a total score of 12 or above	

Area 1 Self-Care/Basic Needs		Area 2 Employment/Education/Housing/Financial	
LOI	Description of Mental Health Impairment	LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: Able to care for self and provide for own needs; hygiene is good; demonstrates acceptable grooming; follows treatment recommendations/medication compliant at this time	<input type="checkbox"/> 0	No problems in this area: has an adequate income, housing, and manages finances appropriately at this time
<input checked="" type="checkbox"/> 1	Mild level of impairment: No assistance needed in caring for self and obtaining basic needs; household cleanliness and/or hygiene are sporadic; misses 1 of 4 appointments; medication compliant 5 out of 7 days	<input type="checkbox"/> 1	Mild level of impairment: problems in this area are by report only with minimal consequences
<input type="checkbox"/> 2	Moderate level of impairment: occasional assistance required in caring for self and obtaining basic needs; household cleanliness and/or hygiene are marginal; regularly misses 50 percent of appointments; medication compliant 50 percent of the time	<input type="checkbox"/> 2	Moderate impairment: occasional problems due to limited income, some difficulties with finances (pays bills but often 30+ days behind); reprimands at work/school (2 or more incidents of absenteeism/tardiness, inappropriate behavior in the past 30 days); received housing complaints
<input type="checkbox"/> 3	High level of impairment: assistance needed in caring for self and obtaining basic needs due to inability to care for self with poor household cleanliness and hygiene; lack of groceries and/or basic needs; inconsistent treatment and medication compliance	<input checked="" type="checkbox"/> 3	High level of impairment: assistance needed in managing finances (impulsive with money, debt higher than income due to spending habits); job/school instability/insecurity due to disciplinary action in last 60 days; housing instability due to eviction or living in group home
<input type="checkbox"/> 4	Severe level of impairment: unable to care for self and obtain basic needs in safe and sanitary manner (will only attend to grooming with assistance, will not grocery shop without assistance, not taking medication)	<input type="checkbox"/> 4	Severe level of impairment: easily overwhelmed by finances (has not maintained checkbook in past 60 days or has a representative payee); easily overwhelmed by demands of work/school; unable to work/attend school; (homeless, living with family/friends, couch surfing)
<input type="checkbox"/> 5	Gravely disabled: in extreme need of complete supportive care (shut in and requires grocery delivery, not taking medication)	<input type="checkbox"/> 5	Gravely disabled: severe and chronic difficulties; no income, risky/inappropriate financial behaviors (collection/garnishment/repossession); homeless with no options, (living on the street/homeless shelter)

Molly reported in her assessment(s) that: "I got kicked out of my last program" related to missed appointments, "I have never really had a job" "I was evicted a few months ago when my old man went to prison" and "I am really bad with money, I just buy everything until I am broke" and reports \$250 in credit card debt.




Area 3 Family/Interpersonal Relationships		Area 4 Mood/Thought Functioning	
LOI	Description of Mental Health Impairment	LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: has an adequate support system with family and friends; gets along well with others	<input type="checkbox"/> 0	No problems in this area: mood within normal limits, cognitive and thought process are appropriate
<input type="checkbox"/> 1	Mild level of impairment: problems in this area are reported only with minimal consequences	<input type="checkbox"/> 1	Mild level of impairment: mild impairment in mood; exhibits cognitive impairment 10% of the time (poor judgment, memory loss, insight, orientation); thought disturbance 10% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 2	Moderate impairment: difficulty developing or maintaining healthy relationships (difficulty meeting/greeting people, lack of eye contact, presents as odd, identifies 1+ friends); strained family relationships	<input type="checkbox"/> 2	Moderate impairment: moderate impairment in mood, exhibits cognitive impairment 25% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 25% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 3	High level of impairment: inadequate relational skills resulting in tenuous and strained relationships (argumentative, lack of give and take, does not wait turn, identifies 1 friend but not close)	<input type="checkbox"/> 3	High level of impairment: severe impairment in mood, exhibits cognitive impairment 50% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 50% of the time (worries/ruminations/obsessions/compulsions)
<input type="checkbox"/> 4	Severe impairment: impaired relational skills resulting in poor relationship formation and maintenance (poor boundaries, intense love/hate interactions, impulsive, frequent angry outbursts)	<input type="checkbox"/> 4	Severe impairment: severe impairment in mood, persistent cognitive impairment 75% of the time (poor judgment, memory loss, insight, orientation); odd or impoverished thought process/content 75% of the time (worries, ruminations, obsessions, compulsions)
<input type="checkbox"/> 5	Gravely disabled: interpersonal relationships are virtually nonexistent (has no friends, isolative or others avoid due to strange or intense behaviors/interactions)	<input type="checkbox"/> 5	Gravely disabled: severe impairment in mood, chronic impairment resulting in a higher level of care; thought processes are disorganized and tangential; persistent disruption in communication; extreme disconnection from reality

Molly has a difficult time maintaining healthy relationships, and reports current social isolation related to sobriety “all my friends use”, and that “my mom and sister won’t even talk to me anymore”, Molly is also reporting increased anxiety, frequent worry, “I am like paranoid about everything” and reports difficulty “remembering when I am supposed to do things”, Prior to sobriety Molly reports “I tried to kill myself last month but I didn’t go to the hospital” through intentional overdose and reports a history of “cutting” and inpatient related to suicide attempt “when I was 16” (related to a history of childhood sexual abuse”, and reports frequent SI although plan and intent are denied.

Area 5 Self-harm Behaviors/Harm to Others	
LOI	Description of Mental Health Impairment
<input type="checkbox"/> 0	No problems in this area: no self-harm, suicidal thoughts or behaviors, thoughts of harm to others or aggressiveness toward others
<input type="checkbox"/> 1	Mild impairment: in the past 90 days, thoughts of self-harm and/or suicide 1 to 2 times with no plan or intent; thoughts about harming others 1 to 2 times with no intent or plan; no history of aggressive behaviors
<input type="checkbox"/> 2	Moderate level of impairment: in the past 12 months, has recurrent thoughts of self-harm and/or suicide with no plan or intent; recurrent thoughts of harming others with no plan, intent, or actions
<input type="checkbox"/> 3	High level of impairment: has a history of self-harm behaviors but no thoughts of suicide; intent of self-harm behavior is not death; has a history of harming others that is impulsive without intent to harm others; verbal attacks
<input type="checkbox"/> 4	Severe impairment: recurrent thoughts of suicide; history of suicide attempts; recurrent aggressive behavior that is intended to cause injury or pain; verbal aggression leading to physical altercation
<input type="checkbox"/> 5	Gravely disabled: demonstrates imminent harm and/or danger to self or others

NUMBER OF AREAS OF MODERATE IMPAIRMENT: \_\_\_\_\_ TOTAL SCORE: \_\_\_\_\_



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- ▶ Mental Health goal: Molly will attend 1:1 therapy once a week over the next 90 days, Molly will be engaged in the development of new coping skills that she can utilize to minimize “my bad anxiety”. (additional measureable skills development would also be noted here) **1 hour p week**

Due to Molly's pregnancy and recent substance use a referral for psychiatric medication management at this time is not warranted pending OB consult, TCM assists with this linkage

- ▶ Substance Use Disorder Goal: Molly will attend 1:1 SUD therapy once a week over the next 90 days to develop skills aimed at reducing triggers (additional skill development would be noted here) **1 hour p week**

Molly will be provided the option to attend a variety of IOP groups in the community, Molly identifies Stepping Stones groups as having the most convenient times. Molly will participate in **2 two hours traditional IOP groups a week**. Molly will also begin to work with Stepping Stones Peer weekly towards additional goal attainment. A ROI will allow for integration of treatment planning between the two networks and identify when a Peer is utilized and when TCM is employed

# Needs assessment

## Outside of MH and CD how do you assess for needs?

**SUNBURST /Stepping Stones  
AXIS IV Consumer needs assessment**

Date: \_\_\_\_\_ Therapist and/or SUD provider: \_\_\_\_\_  
 Consumer Name: \_\_\_\_\_ ID # \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Active Medicaid?  Yes  No Approved for Case Management?  Yes  No  
 Current Address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AXIS IV (Please select all that apply)**

Chemical Dependency Services:	Date Requested:	Date Completed:
<input type="checkbox"/> Open Aids Alliance	<input type="checkbox"/> Hope Recovery Center	<input type="checkbox"/> Rinrock Foundation
<input type="checkbox"/> NA Linkage	<input type="checkbox"/> Courage to Change	<input type="checkbox"/> Flathead Valley Chemical Dependency
<input type="checkbox"/> MIP Classes	<input type="checkbox"/> Teen Recovery Center	<input type="checkbox"/> Tribal/Urban Indian health
<input type="checkbox"/> Wellbriety/White Bison	<input type="checkbox"/> Wrapped in Hope	<input type="checkbox"/> Open Aid Alliance
<input type="checkbox"/> Celebrate Recovery at 4 Square church	<input type="checkbox"/> Stepping Stones	<input type="checkbox"/> Turning Point
<input type="checkbox"/> MT Peer Network	<input type="checkbox"/> AA Linkage	<input type="checkbox"/> CD Evaluation/Assessment
<input type="checkbox"/> Pathways Treatment Center	<input type="checkbox"/> MCDC	<input type="checkbox"/> ALANON Linkage
<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> ACT Classes	<input type="checkbox"/> Other
<input type="checkbox"/> IOP psychoeducation group		

Domestic Violence Support:	Date Requested:	Date Completed:
<input type="checkbox"/> First Step	<input type="checkbox"/> Crime Victims' Advocates	<input type="checkbox"/> Law enforcement report (Supervisor approval)
<input type="checkbox"/> CSKT Victim Assistance Program	<input type="checkbox"/> Legal assistance (supervisor approval)	<input type="checkbox"/> Restraining Order Assistance (Supervisor Approval)
<input type="checkbox"/> Legal assistance (supervisor approval)	<input type="checkbox"/> Missoula Self-Help Law Center	<input type="checkbox"/> Police Intervention (Supervisor Approval)
<input type="checkbox"/> Missoula Self-Help Law Center	<input type="checkbox"/> Community Dispute Law Center	<input type="checkbox"/> Montana Legal Justice
<input type="checkbox"/> Community Dispute Law Center	<input type="checkbox"/> YWCA Missoula	<input type="checkbox"/> Centralized Intake Report (Supervisor Approval)
<input type="checkbox"/> YWCA Missoula	<input type="checkbox"/> Domestic Violence Shelter	<input type="checkbox"/> Safe Harbor
<input type="checkbox"/> Domestic Violence Shelter	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Other
<input type="checkbox"/> Support Groups		

Safer Sex/Family Planning	Date Requested:	Date Completed:
<input type="checkbox"/> STD Test	<input type="checkbox"/> HIV Test	<input type="checkbox"/> Lutheran Social Services
<input type="checkbox"/> Condom Use	<input type="checkbox"/> Care Net	<input type="checkbox"/> Public Health Linkage
<input type="checkbox"/> Tribal/Urban Indian Health Linkage	<input type="checkbox"/> Private Practice Linkage	<input type="checkbox"/> HepC Test
<input type="checkbox"/> Abortion Support	<input type="checkbox"/> Healthy Relationships Program (s)	<input type="checkbox"/> Adoption Supports
<input type="checkbox"/> 1 <sup>st</sup> Way Pregnancy Support	<input type="checkbox"/> Sexual Assault Support	<input type="checkbox"/> Blue Mountain Clinic
<input type="checkbox"/> Planned Parenthood	<input type="checkbox"/> Postpartum Supports	<input type="checkbox"/> Other
<input type="checkbox"/> Birth Control	<input type="checkbox"/> Open Aid Alliance	

Food:	Date Requested:	Date Completed:
<input type="checkbox"/> EBT Application	<input type="checkbox"/> City Food Ministries	<input type="checkbox"/> Bread Basket
<input type="checkbox"/> Union Gospels Day Center	<input type="checkbox"/> Tribal Commodities	<input type="checkbox"/> Food Bank
<input type="checkbox"/> River of Hope Food bank	<input type="checkbox"/> Expanded Food & Nutrition Ed	<input type="checkbox"/> WIC
<input type="checkbox"/> Polson Leaves and Fish	<input type="checkbox"/> Clark Fork City Church	<input type="checkbox"/> Other

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# Treatment planning/IOP

“A minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services. Such services may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapies. Services are provided in amounts and frequencies and intensities appropriate to the objectives of the treatment plan”

As clinicians we want to treat the whole human, identifying all areas of need relative to the individual, not just mental health and CD is key and should be reflected in treatment planning.

Connecting Molly with housing, WIC and when she meets with her CPS worker and her probation officer through case management this is considered “a skilled treatment service”, linking into parenting supports and health education can be classified as an education group.



# Treatment Plan Template(s)

- It is of critical importance to find continuity in treatment planning.
- Probation, CPS, SUD, MH, and at times medical providers all create treatment plans and objectives.
- Don't reinvent the Wheel! What can other groups do? What is being done? What remains to be done? COMMUNICATE






# Integrated Goal attainment/IOP

- ▶ Molly is homeless, Molly will benefit from TCM for accessing housing resources r/t anxiety, Molly will participate in going to housing orientation with housing authority, getting on Section 8 and Missoula Coordinated Entry over the next 3 weeks up to 4 hours a week until all applicable housing resources are accessed. (1 to 4 hours p week)
- ▶ Molly reports identifying with “my traditional Assiniboine ways” and is interested in “checking out” 1 Wellbriety group a week for the next 4 weeks (2 hours for the next 4 weeks) these groups are held in the Sunburst Missoula Drop-in location
- ▶ Molly will be linked to the Urban Indian Health Center to allow for access to an array of services, Molly will participate in **Mending Broken Hearts for 2 hours a week for the next 5 weeks**
- ▶ TCM links client into primary care and obstetrics within the next week following the initial assessment. A ROI is secured with provider to allow for continuum of care. (1 hour a month for the next 3 months). Ongoing primary health care will be provided through participation in the Urban Indian Health program (an area FQHC is another beautiful option)
- ▶ Molly will be linked to WIC, TANF and EBT
- ▶ Care coordination between CPS, probation and providers to establish transition plan for Molly parenting her child, linkages to Headstart, PAT and COC will allow for safer transitions.





Molly will work with Peer to access no less than 1 new healthy social activity per week over the next 8 weeks (1 to 4 hours p week)

## Summit Independent Living Center's BASE program

- ▶ BASE offers free supportive groups in the community and through a MOU with Sunburst also offers programming within the Sunburst drop-in center.
- ▶ Molly decides she would like to “try” All Abilities Yoga once a week for the next month as a health sober activity. Grounding and mindfulness are being explored in 1:1 so this offers a real world example.

(2 hours a week for 4 weeks)

\*Linkages to Area Independent Living Centers offers consumers a variety of advocacy supports and resources



# Mountain Home Linkage

Sunburst and Stepping Stones maintain a MOU with Mountain Home Montana. This allows for expeditious referrals and communications towards goal attainment.

Molly will be linked with Mountain Home's supportive employment and education program. Molly will be assisted in obtaining her HISET as well as valuable job skills development and linkages.

Molly will participate in this program no less than **3 hours a week over the next 90 days**

Molly is also now being considered for residency in the Mountain Home program "I don't want to leave Missoula" (**2 hour application**)

Similar programming and supports can be found with Florence Crittenton in Helena



# Missoula County Public Health

- ▶ Sunburst and Stepping Stones have met with and developed a system for monitoring shared client interactions with the Health Department
- ▶ Molly will engage in the WIC program **one hour a week over the next 3 months**
- ▶ In the event that Molly is housed independently at the time of her child's birth the Health Department will also provide in home Circle of Security and Parent's as Teachers along with lactation consultation and home visiting as needed.

Linking into County Health resources is an available and viable service linkage option across the state



# Open Aid Alliance

Molly was assisted during the first week of engagement in linking into a OB and is attending all scheduled appointments (1 hour p month)

Molly is reporting active sobriety and a ROI with her OB supports this assertion, Molly reports “I am too nervous to talk to the [OB] about my drug use(history)” and is linked to Open Aid Alliance for confidential harm reduction interventions, HIV and Hep C testing. (2 hours)

Upon engaging Open Aid Molly decides that “I really like their Peer group too” and is now attending 1 hour of Peer led group a week



# Urban Indian Health/area FQHC

Linking into these programs is critical for a variety of reasons.

Within the context of Molly these programs offer access to a variety of health resources, MAT programs, Mental health and Substance use disorder resources and education series. Linking Molly into these systems (when applicable) will allow for an ongoing safety net within the community.

\*These resources exist across the state and should always be considered





# How Do You Track?

- ▶ **Client's will be responsible for their own tracking sheet. This sheet will be provided to the client weekly and when the client engages community providers/supports as indicated in the treatment plan they will sign the tracking sheet, indicate the program, time and date**
- ▶ **In addition to a tracking sheet some networks we have engaged are also very willing to utilize IOP specific receipt books and provide consumers with a receipt**
- ▶ **HIPPA? The consumer is responsible for gathering and providing evidence of receipt of services—for continuum of care/treatment planning ROIs can be utilized**
- ▶ **These receipts/tracking sheets can be placed/scanned into the client file**

Stepping Stones will discuss their tool



# JUST FOR FUN

- ▶ So Molly is stabilized in Mountain home and has been reunified with her child and maintained sobriety through her pregnancy. New baby is 5 months old and Molly is close to obtaining her High School Diploma and has even obtained part time employment in the community. Molly is engaging in Mental Health and CD 1:1 twice a month now and upon treatment plan review no longer qualifies for TCM.

YAY!



# It is never that easy....


- ▶ Molly's ex was paroled early and they have decided to "make it work"
- ▶ After about two months a domestic violence incident has resulted in a new open case with CPS and Molly has not only lost her job but now she is also facing homelessness and has reported in her 1:1 "I messed up" and has relapsed. Probation is watching

Molly no longer meets Level of Intensity for TCM...

*The good news is we were able to create a broad network of provider groups that we could call upon to assist Molly from going into crisis. Criteria for TCM is never ideal and is not an option at this time*

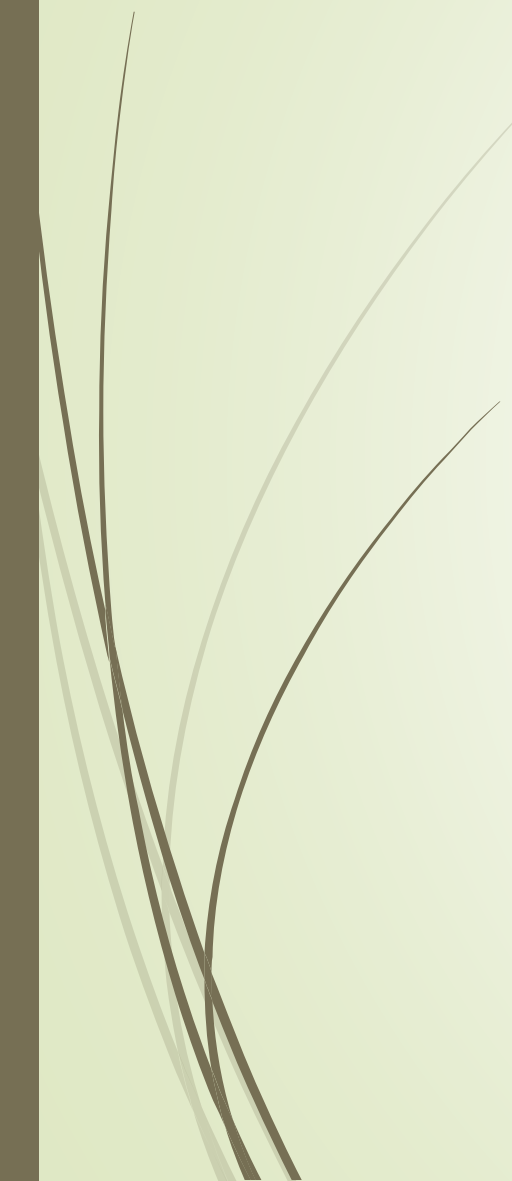


# WHO WILL LINK?

- ▶ In working with high acuity populations, mental health, substance use disorder, co-occurring and/or medically complex the need for someone to intervene and assist in warm hand offs, linkages to community resources and at times monitoring is needed.
  - ▶ Not all provider types can provide and not all client's meet the clinical definition of need for Targeted Case Management
  - ▶ Peer Support Specialists and Care Coordinators are also limited
  - ▶ The need for a “broker” in lieu of or in addition to standard models would be ideal in increasing positive health outcomes and reducing overall costs.
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## Secondary benefit to innovative IOP

- By virtue of assisting CD clients in achieving sobriety goals this system allows for frequent and ongoing collaborations with a variety of provider types, faith communities and volunteer networks which will allow for expeditious service linkage for all consumers within your network.
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# Final Thoughts



- ▶ The need for cross disciplinary access to this “broker” option is critical, with Molly as the example any network that she had engaged with would have the ability to intervene and assist in stabilizing, mitigating more costly interventions and outcomes (foster care for kids, probation, ER...)
- ▶ Tracking outcomes and data appears to be greatly needed, in this a unified system available to a variety of providers appears to be needed