Dual Diagnosis Treatment Team

(DDT T)
Objectives

• To gain an overall understanding of the structure of the DDTT

• To understand the dynamics of this team’s approach

• To understand the effectiveness of this model
What is a Dual Diagnosis Treatment Team?
What is DDTT?

- Dual Diagnosis Treatment Team (DDTT)
  - Recovery oriented
  - Diagnosis of MI and IDD
  - Team approach to service coordination and treatment
  - Person-centered, holistic approach
  - Community based
  - Focus on skill transfer
The Origin of the DDT Team
NHS Human Services DDTT Service

- Divisional (Service Line) Structure supports integrated approach
- Collaboration between service line experts and operations leadership (Behavioral Health and Intellectual Disabilities)
- Intensive development phase
- Ongoing monitoring and review of service delivery
Dual Diagnosis Treatment:

Focus on:
- continuity of care
- hospital diversion
- service coordination
- specialized staff education and training

Concepts based on:
- Assertive Outreach
- Mobile Treatment Teams
- Continuous Treatment Teams
- Person Centered Orientation
- Holistic Approach
DDTT is characterized by:

- A team approach
- Services in natural environment
- A small caseload of 14-20 individuals
  * Extended team 30 DDTTA
- Time-limited services (12-18 months)
- A shared caseload
- Flexible service delivery
- Fixed point of responsibility
- Crisis management available 24 hours a day, 7 days a week
Attention to Individuals’ Needs

- DDTT staff work closely with individuals to develop plans to help facilitate their recovery
- An average of 3 face to face contacts per week
- Maintain open availability for updates and ongoing collaboration for coordination of care
- Communication through morning meeting structure
- As individuals’ needs change the team adapts immediately
Short Term Service

- Services will be provided for an individual over a 12-18 month period in various phases:
  - Assessment ...
  - Stabilization...
  - Treatment …
  - Transition …
- Discharge Planning begins at Day 1
- Brief Service Period
Admission Criteria

▫ 18 years of age or older

▫ Major Psychiatric Disorder

▫ Intellectual Developmental Disability (IDD)

▫ Frequent Crisis Services and have had at least one Psychiatric Hospitalization within the last year

▫ At risk of losing current community housing/support

▫ At risk of placement in a criminal detention setting

▫ Requires transitional services back to the community from a higher level of care
### CLINICAL SUPERVISION

<table>
<thead>
<tr>
<th>Person Receiving</th>
<th>Person Able to Provide</th>
<th>Minimum Frequency</th>
<th>Type of Supervision</th>
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</thead>
<tbody>
<tr>
<td>DDTT Behavior Specialist</td>
<td>DDTT Program Director</td>
<td>1 x monthly</td>
<td>Clinical (Individual and/or Group)</td>
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<tr>
<td>DDTT Recovery Coordinator</td>
<td>DDTT Program Director and/or DDTT Behavior Specialist</td>
<td>1 x monthly</td>
<td>Clinical (Individual and/or Group)</td>
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<tr>
<td>DDTT Nurse</td>
<td>DDTT Program Director and/or DDTT Psychiatrist</td>
<td>Monthly</td>
<td>Clinical (Individual and/or Group)</td>
</tr>
<tr>
<td>All DDTT Staff</td>
<td>Service Line</td>
<td>Monthly</td>
<td>Group Supervision available, not mandatory</td>
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### ADMINISTRATIVE SUPERVISION

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<th>Person Receiving</th>
<th>Person Providing</th>
<th>Minimum Frequency</th>
<th>Type of Supervision</th>
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<tbody>
<tr>
<td>DDTT Program Director</td>
<td>BH Regional Director</td>
<td>1 x monthly</td>
<td>Individual</td>
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<tr>
<td>DDTT Staff</td>
<td>DDTT Program Director</td>
<td>2 x monthly</td>
<td>Individual</td>
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### MORNING SUPERVISION

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<th>Type of Supervision</th>
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<tbody>
<tr>
<td>All DDTT Staff</td>
<td>DDTT Program Director</td>
<td>3 x Weekly</td>
<td>Group</td>
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### CLINICAL CONSULTATION

<table>
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<th>Person Involved</th>
<th>Person Providing</th>
<th>Frequency</th>
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<tr>
<td>DDTT Staff</td>
<td>IDD Clinical Services/BH Resource Group</td>
<td>As needed</td>
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<tr>
<td>DDTT Psychiatrist</td>
<td>DDTT Pharmacist and Program Director and Peer consultation</td>
<td>As needed</td>
</tr>
<tr>
<td>DDTT Program Director</td>
<td>DDTT Psychiatrist and/or IDD Clinical Services and/or BH Resource Group and/or Program Director through DD Peer Consultation Group</td>
<td>As needed</td>
</tr>
<tr>
<td>DDTT Nurse</td>
<td>DDTT Psychiatrist</td>
<td>As needed</td>
</tr>
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</table>
DDTT Provides Care Coordination with ...

- Activities of daily living
- Housing
- Family life
- Employment
- Benefits
- Behavioral Supports
- Health care
- Medications
- Co-Occurring disorders integrated treatment (IDD/MH)
- Counseling
- Evidence Based/Best Practice Treatment
DDT Team, a Recap ...

- Explicit admission criteria
- Small Caseload of 14- 20* Individuals
- 24-hour coverage
- Responsibility for coordination of care with existing and new providers
- Delivery of direct treatment services
- Time-limited services ... 12-18 months
DDTT
Cycle of Care
Referral

- Referral criteria
- Interagency Meeting
Admission Responsibilities & Documentation

- Intake completed day of interagency meeting
- Completion of Initial Treatment Plan
- Completion of Personal Safety Plan
- Develop communication strategy
Comprehensive Assessment

• Multimodal in design
  ▫ Bio-psycho-social

• Typically includes:
  ▫ Functional Behavior Assessment
  ▫ Medical Assessment
  ▫ Sensory Evaluation
  ▫ Trauma Assessment
  ▫ Timeline
  ▫ Psychiatric Evaluation
Integrated Recovery Treatment Plan

✓ Person centered outcomes
✓ Long term and short term objectives
✓ Actions steps
✓ Addresses specific aspects and complexities of individual
✓ Includes the Personal Safety Plan
✓ Resource Guide
Continuous Treatment Planning

Evaluates the individuals needs and effectiveness of treatment

- Morning Meeting – 3 x week
- Treatment team/planning meetings every 30 days
- Updated Treatment Plan every 120 days
- Psychiatric evaluations every 6 months
Discharge

• Short term service is 12-18 months

• Discharge Summary

• Timeline
Brief Service Period

- Available within 1 year of discharge
- If relapse of original behaviors
  - Life event
    - Trauma
    - Change of supports
- 4 weeks
- Review of original assessment and IRTP
DDTT
Quality Assessment and Improvement
Challenges, Concerns, Improvement Area’s

- Large geographic area - travel time
- Unbillable crisis services / 15 minute unit
- Individuals with challenging behavior but do not meet criteria
- Level of traumatization of this group
- Lack of stabilization options that is a unique need of this population
- Co-morbidity issues that effect this group
- Building dual diagnosis capacity in the community
Lessons Learned

• Recruitment and Retention of skilled team members

• Building Partnerships

• Continuum of Care Options
DDTT Data for 5 programs

Start Date for DDTT: 1/4/12
Current program participants:
- Active Cases: 68
- Total Discharges: 68
- Total Cases Served: 136
- Individuals that have participated in Brief Service Period: 5
Outcome Expectations

• Reduction # of ER Presentations and Inpatient Hospitalizations
• Reduction in # of incarceration and days incarcerated
• Increase length of time an individual maintains housing
• Increase in acquisition of Independent living skills
• Increase # of individuals engaged in meaningful day activities
• Reduction in # of calls to Crisis Services and Law Enforcement
• Increase in connections to and support from Natural Supports
• Evidence of Satisfaction w/ Program Delivery

Key Performance Indicators
• ER visits
• Reduction in inpatient hospitalizations
• Readmissions
Outcome results

Primary Diagnosis Upon Admission per Individual

- Bipolar Disorder
- Intermittent Explosive Disorder
- Impulse-Control Disorder
- Autistic Disorder
- Schizophrenia
- Schizoaffective Disorder
- Mood Disorder
- Psychotic Disorder
- Major Depressive Disorder
- Depressive Disorder
- Adjustment Disorder
- ADHD
- Posttraumatic Stress Disorder
- Panic Disorder with Agoraphobia
- Oppositional Defiant Disorder
- Obsessive-Compulsive Disorder
- Developmental Coordination Disorder
- Depressive Type Psychosis
- Conduct Disorder
- Asperger's Disorder
Outcome results

Living Arrangements

- CLA: 37
- Family: 6
- Independent: 2
- Life Sharing: 1
- CRR: 1
- Personal Care Home: 1
- CSRU: 2
- Homeless: 2

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Outcome results

2nd Quarter 2015

Number of Emergency Room Presentations: 64
Number of Hospital Admissions: 18
Number of days Hospitalized: 295
Outcome results

Individuals Involved in Educational or Vocational Activity

- Yes: 62%
- No: 38%
Outcome results

Length of Stay

Number of Individuals

<table>
<thead>
<tr>
<th>Months of Service</th>
<th>Number of Individuals</th>
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<tbody>
<tr>
<td>0-3</td>
<td>12</td>
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<tr>
<td>4-6</td>
<td>13</td>
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<td>7-9</td>
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<td>19-21</td>
<td>5</td>
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<td>21+</td>
<td>3</td>
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Case Presentations
Case #1

- “Lily” is a 26 year old Caucasian female.
- Living/work situation: DDTT supported “Lily’s” transition from her family home to a CLA. She worked 5 days weekly in a sheltered workshop environment.
- Presenting concerns: Aggressive outbursts, social skills needs, frequent boundary violations, difficult relationship between parents and CLA.

Diagnosis upon admission:
- Axis 1: Bipolar Disorder, OCD, and Anxiety Disorder
- Axis 2: Mild Intellectual Developmental Disability, Autism
- Axis 3: Seizure Disorder, GERD, hypothyroidism, urinary incontinence
- Axis 4: housing transition, history of behavior difficulties
- Axis 5: GAF 40
Case #2

• “Robin,” 57 year old African American female, resides with her husband and 14 year old son (who has been diagnosed as having Autism).
• She was referred to the DDTT by CCBH (Allegheny County) in 2014 for refusing to eat, multiple hospitalizations each year, and refusing to engage with prior supports.
• In the 3 month period prior to admission to DDTT, Robin displayed 320 reported incidents of verbal aggression, 8 incidents of property destruction, 3 episodes of physical aggression and was hospitalized 4 times.

Diagnosis:
• Axis I  Major Depression, recurrent
• Axis II  Mild MR/ID
• Axis III  Hypertension; Diabetes mellitus, type II; Gastroesophageal reflux; Hx of Seizure disorder; Incontinence
• Axis IV  Moderate – chaotic home environment
• Axis V  GAF 40
Case # 3

- “Jane,” a 25 year old Caucasian female, currently residing in a community living arrangement.
- She was referred to DDTT February 2013 for severe physical and verbal aggression, tantrums, hitting and punching, biting, throwing objects, urinating on the floor, significant property destruction, multiple hospitalizations and incarcerations.

Diagnosis:
- Axis I: Autism, Anxiety Disorder NOS, Mood D/O NOS, Intermittent Explosive Disorder
- Axis II: Mild ID, *Full Scale IQ 57*, Cluster Personality Disorder
- Axis III: Obesity
- Axis IV: Moderate to severe secondary to Axis 1
- Axis V: 25