

	IDDT	ACT
What is it:	Clinical Care / Intervention Model	Structural / Organizational Service Delivery Model
Philosophy:	Integration of Care Services	Integration of Care Services
Purpose:	<p>Provide care to those who need it, regardless of whether they would come seek it, follow through, or embrace full readiness. To prevent decompensation / hospitalization.</p> <ul style="list-style-type: none"> • What skills do you use to provide good care • Provides framework for how to work with people (Stage-wise; Motivational, Integrated) <p><i>* ACT teams often reach new heights when they add IDDT Principles</i></p>	<p>Provide care to those who need it, regardless of whether they would come seek it, follow through, or embrace full readiness. To prevent decompensation / hospitalization.</p> <ul style="list-style-type: none"> • Who is served? • How often do you meet? • Structure of the team meeting is last 24/next 24. • How often should clients be seen?
Who:	<p>Quadrant IV</p> <p><i>*Caution surrounding primary Axis II Diagnoses</i></p>	<p>Quadrant II & Quadrant IV</p> <p><i>*Caution surrounding primary Axis II Diagnoses</i></p>
Includes:	<ul style="list-style-type: none"> • Multi-disciplinary Team Approach to service • Assertive Outreach • Intensive services (Based on assessed need) • Time Unlimited Services • Flexible service delivery • Secondary Tx non-responders • Interventions to promote health • Access to comprehensive services 	<ul style="list-style-type: none"> • Multi-Disciplinary Team Approach to service • Community based expectation • Assertive Outreach • Intensive services (Based on assessed need) • Time Unlimited Services • Flexible service delivery • Fixed point of clinical responsibility • Crisis management 24/7
	High fidelity to the IDDT model produces best outcomes	High fidelity to the ACT model produces best outcomes.

Model Item	IDDT	ACT
Multidisciplinary Team	<ul style="list-style-type: none"> • A Dual Diagnosis Clinician and at least 2 or more team members. • Could include: <ul style="list-style-type: none"> ▪ Team Leader* ▪ Case Manager ▪ Counselor ▪ Nurses ▪ Psychiatrists / Prescriber* ▪ Substance Abuse Specialist* ▪ Employment Specialist ▪ Housing Specialist ▪ Criminal Justice Specialist • Allows for multiple perspectives and viewpoints. • Offers shared responsibility and decreased taxation on team. 	<ul style="list-style-type: none"> • 10 person team (ideal) • To include: <ul style="list-style-type: none"> ▪ Team Leader (“Air traffic controller”)* (Full FTE) ▪ Case Manager* ▪ Counselor/Therapist* ▪ Nurse (<i>ID physical health and linkage too</i>) ▪ Psychiatrist* (<i>Must see ALL ACT clients</i>) ▪ Substance Abuse Specialist* ▪ Vocational Specialist* ▪ Peer Support Specialist* ▪ Dedicated Office-Based Support Person • Allows for multiple perspectives and viewpoints. • Offers shared responsibility and decreased taxation on team.
Stage-Wise Interventions	<ul style="list-style-type: none"> • Foundation of service provision to increase retention and adherence to treatment 	<ul style="list-style-type: none"> • Not explicitly required in DACTS • Is required in TMACT throughout scale items
Access to Comprehensive Services	<ul style="list-style-type: none"> • Work to ensure genuine access to services that are needed. 	<ul style="list-style-type: none"> • Single point of clinical responsibility. If it needs done – let’s do it! • If not in scope – it’s the team’s job to know about it. • TMACT has “Interventions Target Broad Range of Life Domains”
Time-Unlimited Services	<ul style="list-style-type: none"> • Services will be delivered as long as needed with very clear and explicit (narrow) discharge criteria) • Service intensity adjusted based on assessed need. 	<ul style="list-style-type: none"> • There are to be no arbitrary time limits on ACT • Model has evolved from “Once ACT, Always ACT” • Service intensity adjusted based on assessed need
Assertive Outreach	<ul style="list-style-type: none"> • Team caseload ratio: 15-20:1 • No required number of interventions each week, but instead highly determined by assessed level of need. • Creative, Innovative and Persistent 	<ul style="list-style-type: none"> • Team caseload ratio 10:1 • Goal of 2+ hours a week; 3-4 face-to-face contacts with multiple providers each week, (but determined by assessed level of need.) • Creative, Innovative and Persistent

Model Item	IDDT	ACT
Motivational Interventions	<ul style="list-style-type: none"> • Client choice is essential in retention and outcomes. • Must understand principles of motivation and behavior change. • Utilize client motivators for progress 	<ul style="list-style-type: none"> • DACTS does not explicitly require motivational approaches, but consistent with model principles. • TMACT does make focus on being motivational approach to treatment.
Substance Abuse Specialist / Counseling	<ul style="list-style-type: none"> • Ability to intervene on SA issues within team. • Role to continue to focus on impact of interaction of addiction and MH. • Encourage all team members to have competency. • All clients in active treatment should receive SA counseling 	<ul style="list-style-type: none"> • Carries responsibility for all “treatment” • All team members should have competency • Single point of clinical SU responsibility. (Staging, Tx plan oversight, etc.) • Individual and Group options
Group Treatment	<ul style="list-style-type: none"> • Should offer stage-wise groups; specifically focused on persuasion stage groups • Should offer skill training when helpful 	<ul style="list-style-type: none"> • Looks to ensure group option for those with dual disorders. • DACTS does not stipulate stage-wise groups; TMACT moves to looking for stage-wise groups.
Family Psychoeducation	<ul style="list-style-type: none"> • IDDT focuses on family interventions of psycho-education to help increase natural connections and supports for clients. 	<ul style="list-style-type: none"> • ACT looks at how informal supports are engaged and collaborated with. • TMACT looks at education, coping strategies and connect with social support network
Participation in Alcohol & Drug Self Help Groups	<ul style="list-style-type: none"> • When clients are in Active Treatment or Relapse Prevention they are introduced to, oriented to and referred to (with agreement) to 12 step meetings. 	<ul style="list-style-type: none"> • Not explicitly stated in DACTS or TMACT???, but consistent with model principles.
Pharmacological Treatment	<ul style="list-style-type: none"> • IDDT Trained • Integrated onto the team for optimum effect • Collaborative at minimum • Prescribes despite use (with safety measures) • MAT’s • Avoids prescribing addictive medications 	<ul style="list-style-type: none"> • Integrated onto the team for optimum effect • Collaborative at minimum • Ideally all ACT clients see the same Prescriber • TMACT: Monthly evaluations, Monitors non-psych meds also, educates all providers, direct communication with inpatient facility, conducts home and community visits.
Interventions to Promote Health	<ul style="list-style-type: none"> • Addresses activities of daily living skills • Facilitates physical Health needs being addressed • Infectious disease management • Prevention of exploitation and victimization • Harm Reduction 	<ul style="list-style-type: none"> • Strong focus on “Everyday living skills” • Physical Health Needs • Nurse’s role includes monitoring physical health • Linkage and collaboration with primary care

Model Item	IDDT	ACT
Secondary Interventions for Treatment Non-Responders	<ul style="list-style-type: none"> • IDDT uses innovative and flexible approaches in pursuit of client retention and participation in treatment. • Have actual “Treatment Non-Responder Policy” that ensures exhaustive attempts at engagement. 	<ul style="list-style-type: none"> • ACT uses assertive, persistent, innovative and flexible approaches in pursuit of client retention and participation in treatment. • ACT keeps clients on the caseload through long periods of not being able to engage the client.
Supervision	<ul style="list-style-type: none"> • IDDT experienced • Weekly individual supervision focused on IDDT consistent interventions and a clinical focus. • Weekly team meeting to stage clients and establish stage appropriate interventions. 	<ul style="list-style-type: none"> • Fully devoted Team Leader • ACT focus is more on group supervision (implicitly) • Required portion of “direct care” of team clients.
Dual Disorder Model	<ul style="list-style-type: none"> • IDDT is a “Dual Disorder Model” 	<ul style="list-style-type: none"> • Must have a “Dual Disorder Model” to address substance use issues. • TMACT moves to IDDT being the model of choice