



Timeline

2001- Funding awarded through the Office of Mental Health and Substance Abuse Services and Bureau of Drug and Alcohol Programs
--Only forensic model
--Gateway Rehabilitation Center - jail-based treatment provider

2002 - Services commenced

2004 - The Re-Entry Program

2005 - The System of Care Grant: BC-SCORES

2006 - Two new grants
- The Jail Crowding Grant
- Seeking Safety

2007 - Dr. Minkoff provides training to 240 interested parties
- First COD Steering Committee meeting
- BCBH announces COD program
- Work begins on the Consensus Document
- Providers commit to completion of COMPASS

2008 - Providers' first draft of completion of COMPASS
- Dr. Minkoff meets with COD Steering Committee and visits providers
- First Change Agent Training

****JUNE 11, 2008 - Signing Ceremony**

- Paulette Miller from Beaver County Rehabilitation Center and Karen Madden from Value Behavioral Health agreed to be the first Steering Committee co-chairs.

2009

- Change Agents begin to meet on their own
- Google Groups begin
- Initial evaluation report is distributed

ILSA™

The Integrated Longitudinal Strength-Based Assessment™ or ILSA™ is a process designed to help agencies, programs, and care providers with diverse backgrounds understand and organize the core process of a recovery-oriented assessment. ILSA™ is an appropriate process to use with adults and adolescents, who have behavioral health concerns of any type, including mental health and/or substance use problems, as well as other

ILSA™ Features

- ILSA™ is a format which organizes a process of assessment that is designed to develop the life story of a person with complex needs, in order to achieve an approach aligned with the individual's recovery.
- ILSA™ supports the development of an empathic, hopeful working partnership between the person and the provider.
- ILSA™ begins with "welcoming" and provides

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health care and social needs. Co-occurring disorders are sufficiently common in people seeking or needing behavioral health services that it is reasonable to screen and assess all people with an expectation of complex needs. Extensive experience in system-wide implementation of best practices for individuals with co-occurring disorders has demonstrated that a good integrated assessment is a critical foundation for effective care.

ILSA™ is a part of the implementation tool kit for the Comprehensive, Continuous, Integrated System of Care (CCISC). ILSA™ is consistent with the evidence-based principles of CCISC and is complementary to approaches described in SAMHSA consensus publications. ILSA™ can be used independently, as well as within the context of program- or system-level CCISC implementation.

a structure for emphasizing personal engagement over collecting data.

- ILSA™ organizes the assessment with a focus on achieving person-centered goals and hopeful outcomes.

- ILSA™ provides a framework for incorporating screening and other tools, as they are appropriate for the person being interviewed.

- ILSA™ is strength-based, longitudinal, and integrated. It is formatted to

encourage detailed narratives of periods where the person did well, and to integrate discussion of all elements of functioning, as well as mental health, substance abuse, and medical care during such periods.

- ILSA™ incorporates a multi-dimensional formulation adaptable to individuals presenting any combination of problems that is consistent with multi-dimensional protocol.

First-Hand Experience

Submitted by Maria Daniel, Recovery Coordinator

My participation in the case study presented by Drs. Minkoff and Cline was two-fold. I was present as a consumer and in my role as Recovery Coordinator. During the case study, I was amazed to see the doctors interview and assess Ann with such a personal and friendly approach. The case study represents the very best of what it means to work collaboratively and shows how inspirational a leader like Ann can be. The evaluation used language that allowed Ann to see her abilities, not her limitations. Self-identified as having trauma, substance abuse, and relationship issues, she knew how to actively seek out treatment and benefit from the tools she had embraced in her everyday life. What became apparent was that the current system could not help Ann break the cycle she was repeating. My story as a consumer, along with Ann's, are the start of a cornerstone of a transformed system of care that looks at people's strength, wants, needs, and desires instead of their diagnosis, past shortcomings, and system-imposed goals.

Submitted by Darlene Tindell, Recovery Coordinator

I was really excited to participate in the Co-Occurring Disorder training with Dr. Chris Cline and Dr. Ken Minkoff. In the morning session, Dr. Cline taught us how to do a strength-based interview with someone living with a COD. After lunch, Dr. Minkoff did an actual interview with a woman, who has lived with a COD. It was amazing. Dr. Minkoff was genuine and kind and one could tell that Ann felt comfortable. While Ann shared her history, Dr. Minkoff focused on her successes. Time and time again, he asked her what went wrong before a relapse. Dr. Minkoff was able to help her see a pattern. To Ann's surprise, she recognized that when she experienced difficult events in her life, she didn't have enough support systems to help her cope. When that happened, there would be a downward spiral of alcohol abuse, which would exacerbate the bipolar and seizure disorders. The answer was a lifestyle change of learning how to build a few strong support systems. If one fails, she would have another to fall back on. It was a very emotional experience. Halfway through the interview, I became overwhelmed knowing that this has the capacity to change everything. I welcome this change, as it will truly change the way people recover.

More Thoughts/Comments

"I thought the lecture was informative and we plan to review the information and practice more of that technique in our intake process and when we begin working with an individual. Their life story could help us set up a better vocational plan for what they choose to do. Dr. Minkoff made the interview flow very naturally and I came away knowing a great deal about the young woman in that span of time." ~**Kathy Davis**~

"I was very impressed with the way Dr. Minkoff conducted the interview. He put her completely at ease and made it seem so easy to acquire information. Hats off!" ~**Gail Ackland**~

"I find that being a Change Agent has given me the opportunity to better understand the ins and outs of MH/MR and D&A Services. The interview Dr. Minkoff conducted was very interesting and informative. I do think that the client was very cooperative and receptive. My only thought is that I would have liked to have maybe seen a less cooperative client, so we could get a better understanding on how to handle such situations." ~**Patricia Grimm**~

Fifth Principle of COD

When psychiatric and substance disorders co-exist, both disorders should be considered primary, and integrated dual primary diagnosis-specific treatment is recommended. The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle. The system should incorporate psychopharmacology guidelines that define the expectation of continuing necessary non-addictive medication for the treatment of known serious mental illness for individuals, who are continuing to use substances and the utilization of specific "disease management" skills training in either disorder to individuals in treatment for the other disorder.