

**NORTHERN MICHIGAN REGIONAL ENTITY
INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)
Practice Guidelines
07-04-004**

PREREQUISITES

The provision of IDDT services assumes that the provider has met requirements for IDDT services as determined by at least one fidelity review by MiFAST (Michigan Fidelity Assessment and Support Team) with approval by the Michigan Department of Health and Human Services (MDHHS). The provider must be licensed as a substance abuse provider and have the integrated service license.

PURPOSE

To provide integrated treatment to individuals with co-occurring disorders of a serious mental illness and a substance use disorder. In this treatment model the clinician or treatment team provides both mental health and substance use disorder services.

IDENTIFIED POPULATION

The IDDT population includes individuals with a serious mental illness as well as a co-occurring significant substance use disorder who require intensive services and supports and meet eligibility criteria for Assertive Community Treatment (ACT) services. (Reference Medicaid Manual and ACT Practice Guidelines)

ASSESSMENT

Clinicians will utilize a comprehensive assessment that includes history and treatment of medical, psychiatric and substance use disorders current stages of all existing disorders, vocational history and existing support network, and evaluation of bio-psychosocial risk factors utilizing ASAM placement criteria. Use of other assessment and screening tools are individualized and compatible with this EBP.

SERVICES

- The same clinicians or a multidisciplinary team of clinicians will provide all mental health and substance abuse services, stated interventions, assertive outreach, motivational interventions, comprehensive services and long-term approach to treatment.
- Services are provided in the same location for both substance abuse and mental health needs through one integrated plan. When treating an individual with co-occurring disorders, both disorders are considered primary.
- Services other than screening and assessment, including stage-wise interventions. (Stage-wise intervention is utilizing treatment that is consistent with each person's stage of recovery, including engagement, motivation, action, and relapse prevention.)

INTENSITY

Treatment is determined by the consumer's stage of change and stage-wise treatment interventions that address co-occurring disorders recognizing the need for persuasion of consumers in denial, referring consumers to persuasion groups and active treatment groups. Services and interventions must be consistent and balanced through medical necessity and preferences of the consumer while embracing person-centered principles and recovery with the goal of maximizing independence. IDDT provides a wide array of clinical, medical, or rehabilitative services during face-to-face interactions that are designed to help consumers to live independently or facilitate movement from dependent to independent settings. These services and supports are focused on maximizing independence and the

beneficiary's quality of life, such as maintaining employment, social relationships, and community inclusion.

TRANSITION

Recognizing that recovery is a gradual process with setbacks, IDDT consumers are treated with the intensity modified according to need and degree of recovery. Teams should have plans to identify individuals who are not responding to IDDT treatment (non-responders) and develop secondary interventions and strategies for this group. If clinical evidence supports the transition to lesser intensive services, a transition plan should be developed through the person-centered process. The plan must identify what supports and services would be made available to address the consumers' co-occurring disorders.

QUALIFICATIONS/CREDENTIALS

Due to the intensive array of components needed to support IDDT services, these services typically fit within ACT Team service provision. They may also be incorporated into targeted case management. Staff qualifications should meet the specific training experience, and credentialing as required by the MiFAST guidelines.

REVISED:

REVIEWED:

APPROVED: June 16, 2015

Signed copy is on file with NMRE

Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date