



NMRE Integrated Dual Diagnosis Treatment (IDDT) Practice Guidelines

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Definitions

American Society of Addiction Medicine (ASAM) Criteria: A national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

Assertive Community Treatment (ACT): ACT is a specialized model for treatment/service delivery in which a multi-disciplinary team provides basic services and supports essential to maintaining the beneficiary's ability to function in community settings, including assistance with accessing basic needs through available community resources, such as food, housing, and medical care and supports to allow beneficiaries to function in social educational and vocational settings. ACT services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the beneficiaries.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Co-Occurring: A term used when an individual has co-existing mental health and substance use disorders.

Evidence-based Practice (EBP): Approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Integrated Dual Disorder Treatment (IDDT): An evidence-based practice that improves quality of life for people with co-occurring severe mental illness and substance use disorders by combining substance abuse services with mental health services.

MDHHS: Michigan Department of Health and Human Services

Michigan Fidelity Assistance Support Team (MIFAST): Provides technical assistance in moving the publicly funded behavioral health system forward in ascertaining the degree to which an evidence-based program has been implemented and is functioning for both fidelity and efficacy.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

Person-centered Planning: The process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities.

Practice Guidelines: Systematically developed statements to standardized care and to assist the treatment team and beneficiaries with decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines.

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of his/her choice, while working toward his/her full potential.

Serious Mental Illness: Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.

Substance Use Disorder: The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety or welfare, or a combination thereof.

Purpose

The purpose is to provide integrated treatment to beneficiaries with co-occurring disorders of a serious mental illness and a substance use disorder. In the IDDT treatment model the clinician or treatment team provides both mental health and substance use disorder services.

Practice Guidelines

The provision of IDDT services assumes that Network Providers have met the requirements for IDDT services as determined by at least one fidelity review by the Michigan Fidelity Assistance Support Team (MiFAST) with approval by the MDHHS. Network Provider practitioners must be licensed to provide substance use disorder services and have an integrated service license.

A. Identified Population

The IDDT population will include 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.

B. Assessment

Practitioners 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.

C. Services

1. The same practitioners or a multidisciplinary team of practitioners will provide all mental health and substance use disorder services, stated interventions, assertive outreach, motivational interventions, comprehensive services and long-term approaches to treatment.
2. Services will be provided in the same location for both substance use disorder and mental health treatment through one integrated care plan. When treating an individual with co-occurring disorders, both disorders will be considered primary.
3. Services other than screening and assessment will include stage-wise interventions. Stage-wise interventions will utilize treatment consistent with each beneficiary's stage of recovery, including engagement, motivation, action, and relapse prevention.

D. Intensity

Treatment will be determined by the beneficiary's stage of change and stage-wise treatment interventions that address co-occurring disorders recognizing the need for persuasion of beneficiaries in denial, referring beneficiaries to persuasion groups and active treatment groups. Services and interventions will be consistent and balanced based on medical necessity and preferences of the beneficiary while embracing person-centered principles and recovery with the goal of maximizing independence. IDDT will provide a wide array of clinical, medical, or rehabilitative services during face-to-face interactions that are designed to help beneficiaries to live independently or facilitate movement from dependent to independent settings. These services and supports will be focused on maximizing independence and the beneficiary's quality of life, such as maintaining employment, social relationships, and community inclusion.

E. Transition

Recognizing that recovery is a gradual process with setbacks, IDDT beneficiaries will be treated with the intensity modified according to need and degree of recovery. Teams will 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 will be developed through the person-centered process. The plan will identify what supports and services will be made available to address the beneficiary's co-occurring disorders.

F. Qualifications/Credentials

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

Approval Signature



NMRE Chief Executive Officer

7/19/19

Date