LAPEER COUNTY COMMUNITY MENTAL HEALTH

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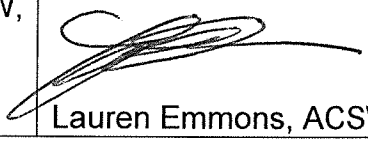
CHAPTER Service Delivery	**CHAPTER** 02	**SECTION** 004	**SUBJECT** 190
SECTION Clinical and Support Services	**DESCRIPTION** Secondary Interventions for non-responders to Integrated Dual Disorder Treatment (IDDT)		
WRITTEN BY Stephanie Rudow, LMSW, CAADC Michelle Gould-Rice, LMSW QI Coordinator	**REVISED BY** Stephanie Rudow, LMSW, CAADC	**AUTHORIZED BY**  Lauren Emmons, ACSW, CEO	

APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☒Independent Contractors	☐Students	☒Interns	☐Volunteers

POLICY:

Lapeer County Community Mental Health (LCCMH) shall establish criteria to guide the Integrated Dual Disorder Treatment Team (IDDT) when there are concerns identified in the Periodic Review of a person who is not experiencing success with the current treatment plan (non-responders).

STANDARDS:

A. LCCMH shall have protocol to identify people who do not respond to basic treatment for IDDT.

B. The Individual Plan of Service (IPOS) Periodic Review shall be the primary mechanism to determine if new intervention strategies are needed and the success of those strategies.

C. LCCMH shall evaluate and link non-responders to appropriate secondary interventions.

D. Secondary Interventions shall be more intensive interventions such as:

1. Prescribing and monitoring medications that may help to reduce addictive behaviors

2. Intensive psychosocial interventions:

    a. Intensive family treatment

    b. Additional trauma interventions

    c. Increase contacts with person served

    d. Referral for intensive outpatient treatment

    e. Referral for Residential care

3. Intensive monitoring of which the legal system may impose:

    a. Protective payee or guardianship

    b. Additional monitoring by or communication with courts and probation officer or other legal entities involved with the person served if there is an active release of information on file

    c. Conditional discharge or diversion agreement (usually in cases with court ordered treatment)

PROCEDURES:

A. Phase 1

1. Clinician will determine the person's level of readiness for treatment using Stage Wise Treatment (see Exhibit 1).

2. Each IDDT person served will be discussed in individual and IDDT group supervision, and/or team meetings, to determine strategies for improving efficacy based on the stage of change and may include any of the following:

    a. Modifying treatment interventions [adding Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Family Therapy, Motivational Interviewing (MI), and Medication Assisted Treatment (MAT)].

    b. Individual phone calls and home visit attempts.

c. Contact with family and emergency contacts (if authorized by the person served and as applicable).

d. Consultation with psychiatrist and/or medical director (if applicable).

e. Consultation with program manager, peer support specialist and or other team members to determine risks for the person served based on level of engagement in treatment. Risks and intervention strategies shall be documented in a progress note for the person served. Risks may include but are not limited to:

i. Relapse
ii. Overdose
iii. Incarceration
iv. Infectious Diseases
v. Trauma or Violence

3. Clinicians shall utilize progress notes in the electronic health record to reflect efficacy of interventions added to assist non-responders and treatment resistant persons served.

B. Phase 2

1. IDDT Team identifies a concern from the Periodic Review that the person served is not responding to treatment as expected.

2. IDDT Team shall establish case consultation with other treatment providers such as the primary care physician, or integrated health services with Hamilton Community Health Network or Great Lakes Bay Health as applicable and with the appropriate releases.

3. Other key persons associated with the person served, such as family members or close friends, shall be consulted to explore available options, resources or new intervention ideas (if authorized by the person served and as applicable).

4. If clinically appropriate, the IDDT Team will invite the person served to a team meeting to discuss health, safety and treatment issues.

5. The IDDT Team will work with the person to identify new treatment strategies to implement.

6. The primary case holder shall complete a form requesting a case consultation with the Behavior Treatment Plan Review Committee (BTPRC). The BTPRC will brainstorm ideas and develop new intervention strategies. New strategies may include possible mechanisms to create leverage to improve treatment interest such as:
    a. Legal Payee or guardianship;
    b. Court ordered treatment;
    c. Legal consequences;
7. The IDDT Team will continue to use the Periodic Review and F368 (IDDT Program Progress Summary- Quarterly Review) to evaluate the effectiveness of new intervention strategies.
8. Progress notes in the electronic health record shall be used between Periodic Reviews to reflect efficacy of interventions added to assist non-responders and treatment resistant persons served.

DEFINITIONS:

Behavior Treatment Plan Review Committee: A LCCMH Team of at least 3 individuals will provide specific case consultation at the request of clinical staff of the agency. The BTPRC shall consist of:

1. A fully licensed or limited licensed psychologist as defined in Section 2.4 of the Medicaid Provider Manual with specified training and experience in applied behavior analysis;
2. A licensed physician / psychiatrist as defined in the Mental Health Code at MCL 330.11 00c (10) who is not specifically required to have a behavior management background;
3. A representative of the Office of Recipient Rights shall participate on the Committee as an ex officio, non-voting member, in order to provide technical assistance to the Committee.

4. The Committee may have other non-voting members at the discretion of the Committee and with consent of the individual whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support Specialist.

5. All BTPRC members attend professional development (continuing education) programs in behavior management.

Integrated Dual Diagnosis Treatment (IDDT): An evidence-based practice used to help improve the quality of life for adults with co-occurring mental and substance use disorders.

Secondary Interventions: Interventions designed by a clinical process, involving the person served that may be added to the standard of care for achieving efficacy and treatment goals.

Non-Responders: Persons served who are not experiencing success with the current plan of treatment and may be in need of secondary intervention(s).

Treatment Resistant Persons Served: Persons served who may be emotionally fragile or ambivalent about relinquishing the addictive substance and have not been successful in the early stages of treatment.

REFERENCES/EXHIBITS:

Exhibit 1IDDT Stage-Wise Treatment and Staging
IDDT Fidelity Treatment Subscale for Secondary Interventions for non-responders

SR:mgr

IDDT STAGE-WISE TREATMENT & "STAGING"

	Stages of Change	Stages of Treatment	*Definition of stage of treatment: Substance use disorder	Definition of stage of treatment: Mental disorder
				Objective criteria have not been established for stages of change or stages of treatment as they relate to mental health symptoms.
			The consumer demonstrates the following behavior ...	
1	Pre-Contemplation	Engagement	***ENGAGEMENT*** • Has irregular contact with service providers • No working alliance with service providers • No readiness to change substance use ***Frequency of use*** • Is known to use alcohol, tobacco, and/or other drugs actively	***ENGAGEMENT*** • Not thinking about change (engagement)
2	Contemplation and Preparation	Persuasion	***EARLY PERSUASION*** • Has regular contact and working alliance with service provider, will discuss substance use, but unmotivated to take action • Does not acknowledge negative consequences of substance use ***Frequency of use*** • Continues to use same amount or has reduced use for less than one month (i.e., fewer substances, smaller quantities, or both)	***EARLY PERSUASION*** • Thinking about change (persuasion)
			LATE PERSUASION • Has regular contact and working alliance with service provider, discusses substance use and/or attends a persuasion group, is more motivated to take action • Begins to acknowledge negative consequences of substance use ***Frequency of use*** • Shows evidence of reduced use for at least one month (i.e., fewer substances, smaller quantities, or both)	***LATE PERSUASION*** • Thinking about change (persuasion)
3	Action	Active Treatment	***EARLY ACTIVE TREATMENT*** • Has regular contact and working alliance with service provider, discusses substance use, and is engaged in treatment (attends group and/or individual treatment) • Explores negative consequences of substance use, continues to use, but works toward abstinence as goal ***Frequency of use*** • Shows evidence of reduced use for at least the past 4 weeks (i.e., fewer substances, smaller quantities, or both)	***EARLY ACTIVE TREATMENT*** • Trying out changes (active treatment)
			LATE ACTIVE TREATMENT • Has regular contact and working alliance with service provider, discusses substance use, attends a group, engaged in treatment • Acknowledges negative consequences of substance use, may slip-back or relapse ***Frequency of use*** • Has achieved abstinence for less than 6 months, or has not experienced symptoms of substance abuse or substance dependence for at least 6 months	***LATE ACTIVE TREATMENT*** • Trying out changes (active treatment)
4	Maintenance	Relapse Prevention	***RELAPSE PREVENTION*** • Has regular contact and working alliance with service providers, is engaged in treatment ***Frequency of use*** • No substance use for at least 6 months	***RELAPSE PREVENTION*** • Maintaining the changes (relapse prevention)
			IN REMISSION OR RECOVERY • Has not used substance(s) for more than one year	***IN REMISSION OR RECOVERY*** • Maintaining the changes (relapse prevention)
			*This column was adapted from the Substance Abuse Treatment Scales (SATS). (See Mueser, et. al. (2003) in Sources on page 46.)	

	Clinical focus	Psychosocial interventions	
		Each person in recovery may express a need for meaningful activity like employment at a different time or stage. When this occurs, make it a priority or the centerpiece of psychosocial interventions.	
	For substance use and mental disorders . . .	**Use comprehensive services . . .**	**Use psychosocial approaches to support pharmacological (medication) treatment . . .**
1	***ENGAGEMENT*** • Develop therapeutic alliances and build trust • Assess and explore the impact of substance use and mental disorders. • Learn what is important to consumers and demonstrate an understanding of their values • Gain permission from consumer to share in his/her process of change	***ENGAGEMENT*** • Provide assertive outreach • Provide practical assistance for daily living (e.g., food, clothing, shelter, medicine) • Assess continuously • Develop a relationship with outreach, regular contact • Crisis intervention when necessary	***ENGAGEMENT*** • Offer education to consumer and family about benefits and side effects of current and proposed medication • Use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence • If prescribed, monitor timeliness of prescriptions and refills to support adherence to treatment
2	***EARLY PERSUASION*** • Maintain and enhance therapeutic alliance • Help consumer identify and express his/her goals • Help consumer develop hope that his or her life can improve	***EARLY PERSUASION*** • Use motivational interviewing/ interventions • Assure consumer that ambivalence to change is normal and the decision to change or not is his or hers to make • Use a pay-off matrix to help consumers tip decisions away from ambivalence and toward positive action • Encourage peer support • Provide support to family members • Offer persuasion groups and/or individual treatment	***EARLY PERSUASION*** • Continue to use motivational interviewing to explore with consumer the pros and cons of medication use and/or adherence • Monitor medication regimen agreed upon with consumer • Encourage consumer to report medication usage honestly and to describe adverse effects • Encourage consumer to make requests for medication changes to medical provider rather than altering the prescription regimens alone • Help consumer identify and resolve barriers to medication adherence • Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking medications during daily activities, such as meals; use prompts like Post-It notes) • Offer education regarding tobacco use and its impact upon relapse and recovery
	LATE PERSUASION • Help consumer develop awareness of symptoms of mental illness and negative effects of substance use upon symptoms and quality of life	***LATE PERSUASION*** • Educate consumer about alcohol, drugs, mental illness, and activities that promote health and wellness • Offer skills-training opportunities • Help evoke change toward healthier choices • Offer persuasion groups and/or individual treatment	***LATE PERSUASION*** Continue to ... • Help consumer identify and resolve barriers to medication adherence • Help consumer use behavioral tailoring to incorporate medication into daily routines (e.g., simplifying med regimen; taking meds during daily activities, such as meals; use prompts like Post-It notes) • Offer education regarding tobacco use and its impact upon relapse and recovery
3	***EARLY ACTIVE TREATMENT*** • Help consumer reduce substance use and attain periods of abstinence • Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals	***EARLY ACTIVE TREATMENT*** • Teach illness management skills for both disorders • Encourage positive peer support • Encourage lifestyle changes • Utilize cognitive behavioral interventions • Offer family interventions • Encourage self-help and/or 12-step groups and/or individual treatment • Encourage active-treatment groups	***EARLY ACTIVE TREATMENT*** • Continue to support consumer's choices and needs for pharmacological treatment • Offer education regarding tobacco use and its impact upon relapse and recovery • Consider inpatient residential treatment as an option as needed
	LATE ACTIVE TREATMENT Continue to ... • Help consumer reduce substance use and attain periods of abstinence • Help consumer acquire skills and support for managing symptoms of both disorders and for pursuing personal goals	***LATE ACTIVE TREATMENT*** Continue to ... • Encourage lifestyle changes • Utilize cognitive behavioral interventions • Offer family groups and family therapy • Encourage self-help groups and/or individual treatment • Encourage active-treatment groups • Begin to develop a relapse-prevention plan with consumer	***LATE ACTIVE TREATMENT*** • Offer education regarding tobacco use and its impact upon relapse and recovery • Begin to develop a relapse-prevention plan with consumer
4	***RELAPSE PREVENTION*** • Maintain awareness that relapse can and does occur • A "slip" is not a failure; it's a learning opportunity • Help consumer maintain awareness that relapse can occur • Help consumer extend recovery to other areas of life (e.g., social relationships, work) • Shift focus to healthy lifestyle	***RELAPSE PREVENTION*** • Develop a relapse-prevention plan with consumer • Help consumer develop strategies to monitor feelings, thoughts, and behavior • Support consumer as he/she maintains healthy lifestyle changes learned in active treatment • Offer group treatments and social skills training • Encourage self-help groups • Encourage relapse-prevention groups and/or individual treatment • If a consumer experiences a decrease in motivation, use Motivational Interviewing to help consumer recommit to maintaining his or her change	***RELAPSE PREVENTION*** • Help consumer take more responsibility for coordinating his/her medications • Teach consumer skills to monitor, log, and report symptoms and to negotiate with medical provider for changes to prescriptions • Develop relapse-prevention plan with consumer • Support self-sufficiency of consumer: requesting refills directly from medical provider, picking up medications from pharmacy, filling pill-minders (planners), and monitoring side effects • Offer education regarding tobacco use and its impact upon relapse and recovery
	IN REMISSION OR RECOVERY • Help consumer in stable remission develop and use strategies for maintaining recovery • Prepare consumer for a transfer to a lower level of care	***IN REMISSION OR RECOVERY*** • Continue to utilize a full range of recovery support	***IN REMISSION OR RECOVERY*** • Gradually reduce monitoring activities
		• See "Comprehensive Services" column on page 53.	

	Pharmacological Interventions	Comprehensive services
	Prescribers re-evaluate medication regimens based upon consumer feedback in all stages of treatment. Use medication to support psychosocial treatments ...	■ **Integrated substance abuse and mental health counseling** ■ **Stages-of-change approach** ■ **Motivational Interviewing (MI)** ■ **Time-unlimited Services** ■ **Cognitive Behavioral Therapy (CBT)**
1	***ENGAGEMENT*** • Facilitate therapeutic alliance • Reduce acute symptoms of mental disorders and/or substance use disorders • Minimize impairments to consumer's insight and judgment • Minimize withdrawal symptoms • Improve cognitive functioning ***Rx*** • (see below)	■ **Assertive Community Treatment (ACT) and/ or Intensive Case Management (ICM)** • Low caseload • Assertive outreach & engagement • Close monitoring • Team approach • Community-based services ■ **Housing/residential services** Offer a full continuum of housing resources, for example: • Continuum of wet-, damp-, and dry-housing • Residential treatment • Group home • Transitional independent living (includes onsite groups and supervision) • Independent living
2	***EARLY PERSUASION*** • Stabilize and help decrease psychiatric symptoms to improve cognitive functioning and enhance insight about negative effects of substance use ***Rx*** • Treat psychiatric illness, which may have secondary effects upon cravings/ addiction (e.g., selective serotonin reuptake inhibitors, atypical antipsychotics, buspirone) • Avoid (or judiciously prescribe) medications that may be addictive (e.g., benzodiazepines, amphetamines, opiates) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication ***LATE PERSUASION*** • (see above)	■ **Medical services (to promote health)** • Pharmacological treatments • Integrated primary health services • Tobacco recovery (cessation) ■ **Illness Management and Recovery (IMR)** • Psychoeducation • Cognitive behavioral methods for using medication • Relapse prevention services • Coping skills interventions ■ **Group interventions** • Persuasion groups or motivational groups • Social-skills training • Active-treatment groups • Relapse-prevention groups • Family therapy (see family services) • Recreational group activity
3	***EARLY ACTIVE TREATMENT*** • Stabilize and manage psychiatric symptoms and/or symptoms of substance use disorders • Create opportunities for participation in counseling and enhanced social relationships • Provide detox treatment as needed ***Rx*** • Support abstinence (e.g., disulfuram, naltrexone, suboxone) • Reduce craving (e.g., naltrexone) • Avoid meds that may be addictive (see Persuasion stage Rx above) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication ***LATE ACTIVE TREATMENT*** • (see above)	■ **Self-help groups** • Double Trouble/ Dual Recovery Anonymous (DRA) • Alcoholics Anonymous (AA) • Narcotics Anonymous (NA) • Cocaine Anonymous (CA) • Depression and Bipolar Support Alliance (DBSA) • Schizophrenia Anonymous (SA) • Emotions Anonymous (EA) ■ **Family services** • Family outreach • Consultations with individual families • Collaborations with NAMI • Family psychoeducation • Multiple family groups • Behavioral Family Therapy (BFT) • Multisystemic Family Therapy (MFT) • Al-Anon
4	***RELAPSE PREVENTION*** • Consider medications known to support abstinence and ongoing recovery • Reduce risk of relapse of symptoms of both disorders • Help consumer stay focused on his/her personal recovery goals ***Rx*** • Support abstinence (e.g., disulfiram, naltrexone, suboxone) • Avoid meds that may be addictive (see Persuasion stage Rx above) • Discuss pros and cons of nicotine replacement therapies and/or other medications for tobacco cessation and recovery • Explore the relationship between tobacco use and psychotropic medication ***IN REMISSION OR RECOVERY***	■ **Supported Employment/Individual Placement and Support (SE/IPS)** • Zero exclusion • Consumer preferences are important • Rapid job search • A competitive job is the goal • Employment is integrated with mental-health services • Time-unlimited support • Personalized benefits planning • Job development ■ **Supported Education (SEd)**
	• See tables on pages 35 & 36.	