

### **Integrated Dual Disorders Treatment (IDDT) Services**

1. The PIHP/CMHSP follow the IDDT model outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services and show progress in fidelity ratings over time. Information regarding this model can be accessed from SAMHSA at

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/default.asp>.

2. The PIHP/CMHSP must meet the following requirements for IDDT services:

a. PIHP/CMHSP must have policies and procedures that are consistent with the IDDT model. At a minimum each CMHSP must have an IDDT team.

b. A multi-disciplinary team that includes representation, at a minimum, of the following disciplines: a psychiatrist, a nurse, a qualified mental health professional, a peer support specialist and a substance abuse professional. The number and patterns of IDDT team in agency will be guided by the needs and number of consumers being supported. The team shall include individuals with knowledge and training in IDDT skills including co-occurring disorders, motivational interviewing, stage-wise treatment, cognitive behavioral strategies and substance use disorders treatment.

Residential/housing services and vocational/supported employment services will be available and accessible, through referral or provided directly, until a specialist in these areas can be added to the team.

c. All IDDT team members are expected to pursue professional development in the area of IDDT. IDDT team members will also have a training plan developed which addresses specific IDDT philosophies, as well as motivational interviewing, stage-wise treatment, pharmacological treatment, cognitive behavioral interventions and substance use treatment. If an individual staff has less than one year of experience in IDDT, he/she must be actively acquiring 24 hours of training in IDDT specific content and receive supervision from experienced IDDT staff.

d. Staff must be able to provide individual counseling, group counseling, and assessment based on their scope of practice.

e. Quality improvement plan includes monitoring adherence of IDDT program philosophy and mission statement, identifying and measuring consumer outcomes specific to IDDT treatment, and consumer satisfaction.

f. Services will be delivered according to the IDDT model; will be time unlimited with the intensity modified according to level of need and degree of recovery; will include specific interventions to promote physical health; and will target specific services to non-responders. The following will be expected:

All consumers receive a screening for both mental health and substance use disorders. If a consumer presents with both mental health and substance use identified service needs, then consumer(s) will receive integrated mental health/substance abuse assessment, which identifies service needs as well as the individual's stage of readiness to change. The assessment of readiness to

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change should be multi-dimensional and address a variety of life areas, symptoms, etc.

An integrated treatment plan will be developed by the consumer and

the multi-disciplinary team. For persons with both mental health and substance use disorders, the treatment plan will always address mental health and substance use, and will typically involve building both skills and supports for recovery goals. All interventions are consistent with and determined by the individual's stage of treatment (engagement, persuasion, active treatment, relapse prevention) that is identified.

□ IDDT services will include crisis intervention, medication services, medication administration, community support, outreach/engagement, co-occurring individual counseling, cooccurring group counseling, and co-occurring group education. Until and unless housing and vocational specialists are part of the multidisciplinary team, referral arrangements must be established and available for those services. Referral arrangements and linking/coordination must also be established and available for those needing detoxification or hospitalization services.

□ Staff will help consumer(s) in the engagement and persuasion stages recognize the consequences of their substance use, resolve ambivalence related to their addiction, and introduce them to self-help principles. Consumer(s) in the active treatment or relapse prevention stage are assisted to connect with self-help programs in the community.

□ In order to establish an understanding of the nature of the mental illness and its interaction with substance use, families and significant others will receive education and, as appropriate, be involved in therapy.

3. Fidelity to the IDDT model and successful consumer outcomes is the goal of this evidence based practice. Fidelity to the IDDT model is a developmental process. PIHP at a minimum evaluate the team(s) annually using the fidelity scales included in the SAMHSA tool kit. The expectation is that PIHPs/CMHSPs will develop a plan and make gradual steps to full fidelity.

4. PIHPs report IDDT services after receiving department approval using HH&TG modifier.

5. IDDT teams must obtain an integrated treatment license.